

United Nations Development Group Iraq Trust Fund

Project #: S D2- 33 WHO

Date and Quarter Updated: 1 October – 31 December 2011 (4th Quarter)

Participating UN Organisation: WHO (Lead Agency), Government of Iraq – Responsible Line Ministry: MOH (Lead Ministry), COSIT, KRSO	Sector: Health and Nutrition
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Title	Pilot Assessment of Congenital Birth Defects in Iraq in Six Governorates				
Geographic Location	Six governorates (Baghdad ,Anbar, Basrah, Thi Qar, Sulaymaniyah and Dialah)				
Project Cost	US\$ 336,548				
Duration	18 months				
Approval Date (SC)	27 June 2010	Starting Date	1 July 2010	Completion Date	31 December 2011 1 st extension:31 October 2012
Project Description	<p>Currently, there are no reliable and adequate data on incidence, prevalence and trends of congenital birth defects (CBD) in Iraq. The 2006 Multiple Indicator Cluster Survey (MICS-3) reported that 20% of children under 5 years of age have some forms of disabilities; some of these cases have been attributed to congenital malformations. There is a need for a comprehensive programme to better understand the distribution, trends and the magnitude of birth defects in Iraq. Based on the fact that the total required funding was not fully available, the programme has been divided into two phases, the first is to be implemented with the available UNDG ITF funds. The proposed study in the first phase aims at drawing initial baseline data and understanding the trends of birth defects in the selected governorates in Iraq; analyzing spatial and temporal trends and detect changes in the incidence of birth defects in Iraq and capacity building of MoH laboratory technicians in investigation techniques. The assessment in the second phase will aim at conducting observational and analytical epidemiological and laboratory investigations to understand underlying risk factors; strengthening the disease registry/surveillance for birth defects in Iraq and finally the proposed study will assist in assessing the burden of the problem on Iraqi health care system and communities and in formulating evidence-based recommendations to address the problem.</p>				

Development Goal and Immediate Objectives	
<p>Based on the fact that the total required funding not being fully available, the programme has been divided into two phases. The first is to be implemented with the available UNDG ITF funds. The proposed study in the first phase aims at:</p> <ul style="list-style-type: none"> • Drawing initial baseline data from selected districts in 6 governorates and understanding the trends of birth defects in the selected governorates in Iraq; • Analyzing spatial and temporal trends and detect changes in the incidence of birth defects in Iraq • Capacity building of MoH national public health TORCH (Toxoplasmosis, Rubella, Cytomegalo and Herpes virus) laboratory and technicians <p>The second phase will aim at:</p> <ul style="list-style-type: none"> • Conducting observational and analytical epidemiological and laboratory investigations to understand underlying risk factors; strengthening the disease registry/surveillance for birth defects in Iraq and finally the proposed study will assist in assessing the burden of the problem on Iraqi health system, medical services and communities and formulating evidence-based recommendations to address the problem 	

Outputs, Key activities and Procurement	
Outputs	<p>Output 1. MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates</p> <p>Output 2. MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects.</p>

Activities	<u>Output 1:</u> 1.1.1 Consultation and technical meetings (MoH, UN partners and Consultants) 1.1.2 Finalize assessment protocols and plan of work 1.1.3 Assessment team recruited and operational 1.1.4 Technical assistance to PSC 1.1.5 Training of Trainers (TOT) and for assessment team personnel 1.1.6 Training of data collectors at governorate levels 1.1.7 Training on data entry and management 1.1.8 Data collection and field work 1.1.9 Data entry and management 1.1.10 Report writing, printing and dissemination of study results 1.1.11 Mid term evaluation 1.1.12 Preparation of work plan for phase two 1.1.13 Social mobilisation and advocacy activities related to field work 1.1.14 Consultation workshop on discussing the results and next steps 1.1.15 Final evaluation <u>Output 2:</u> 2.1.1 Training of (TORCH) Lab Technicians 2.1.2 Provision of Equipment for the Central Lab.
Procurement (major items)	NA

Funds Committed (as of 31 December 2011)	171,582.00	% of approved	51%
Funds disbursed (as of 31 December 2011)	149,133.00	% of approved	44%
Forecast final date	31 December 2011	Delay (months)	10 months

Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men	All men (household head) will directly benefit from the implementation of the CBD survey that will be conducted at household level in the 6 governorates (600 household head)	NA
Women	1500 women (15-49) will directly benefit from CBD survey and the biological testing that will be conducted at household level (600 families in each district (Total HH/14 district will be 8400).	NA
Children	100 Children under 5 will indirectly benefit from CBD survey and the medical examination	NA
IDPs	Some of the targeted groups are IDP's	NA
Others	MoH and other line ministries staff will benefit from many training activities planned under this project	30%
Indirect beneficiaries	The programme foresees the mobilization of some 50 GoI additional staff within Iraq.	
Employment generation (men/women)	The project will offer opportunities for participants to acquire specific training skills that they will be able to utilize for individual and social development. Supplies will be locally procured which indirectly will create employment opportunities and income generation. Around 200 professionals and similar number of support staff will be involved/supported/ recruited throughout the period of the programme.	100%

Quantitative achievements against objectives and results			
<p>MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates)</p>	<p>Ministry of Health in Iraq in collaboration with World Health Organization organized the third Technical Consultation Meeting on the project "Pilot Assessment of Congenital Birth Defects (CBD) in Iraq 17-18 December 2011</p> <p>The meeting participated by 7 members of the CBD project steering committee from MoH, Federal and Kurdistan –Iraq, CSO and MoHE, and WHO CBD Programme manager. The meeting was facilitated by WHO Regional Advisor/EST, Dr. Mohamed Ali.</p> <p>During the 2 days meeting ,the members had the opportunity to review and update the study questionnaire, discuss the sampling frame for the study including the sample size, methodology and they come up with a work plan for CBD survey implementation for the period 1st January -31 July 2012 which includes budget and time line for key activities.</p> <p>WHO conducted 2 VC meetings with MoH steering committee members to discuss the survey tools (October and November 2011)</p> <p>Finalization of the sampling frame in the 8 selected governorates and 18 districts.</p>	<p>% of planned</p>	<p>50 %</p>
<p>MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects</p>	<p>- Conducted 2 steering committee meetings to discuss the plan of action for CBD surveillance</p> <p>- Two training courses for 30 participants from central Lab technicians on TORCH</p>	<p>% of planned</p>	<p>45%</p>

Qualitative achievements against objectives and results
<ul style="list-style-type: none"> ○ Finalization of the sample size of the households by Ministry of Planning/Central Statistical Organization. ○ The CBD study protocol and Survey tools were finalized with the assistance of WHO consultants ○ Development of a Plan of action for implementation of the CBD survey in March-April 2012 with time frame and budget line.

Main implementation constrains & challenges (2-3 sentences)
<p>WHO will be able to implement the survey during the extension period.. Therefore, the fieldwork implementation at household level in 18 districts in 8 governorates is expected will be carried out by MoH in March-April 2012. The fieldwork will take around 25 working days weeks which will be followed by data entry ,analysis ,peer review and report writing</p>