



UNDG IRAQ TRUST FUND

ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

Programme Title & Number
<ul style="list-style-type: none"> • Programme Title: Addressing Micronutrient Deficiencies in Iraq : assessment and responses • Programme Number (if applicable): D2-27 • MDTF Office Atlas Number: 00074327

Country, Locality(s), Thematic Area(s) ² (if applicable)
<p>Country: Iraq Locality: Nationwide – all governorates Thematic Area/Sector: Health and Nutrition</p>

Participating Organization(s)
WHO (Lead Agency), UNICEF

Implementing Partners
<ul style="list-style-type: none"> • MOH (Lead Ministry) in Baghdad and KRG , MoP/CSO and KRSO

Programme/Project Cost (US\$)	
MDTF Fund Contribution:	US\$ 3,181,763
• by Agency (if applicable)	
Agency Contribution	
• by Agency (if applicable)	
-WHO Core:	US\$ 50,000
-UNICEF Core:	US\$ 100,000
	US\$ 50,000
Government Contribution (if applicable)	
Other Contribution (donor) (if applicable)	
TOTAL:	US\$ 3,381,763

Programme Duration (months)	
Overall Duration	18 months
Start Date ³	2 March 2011
End Date or Revised End Date, (if applicable)	2 September 2011
	<u>Budget Revisions/Extensions:</u>
	1 st extension: 2 September 2012
Operational Closure Date ⁴	
Expected Financial Closure Date	

¹ The term “programme” is used for programmes, joint programmes and projects.

² Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.

³ The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](http://mdtf.undp.org) (http://mdtf.undp.org).

⁴ All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

Programme Assessments/Mid-Term Evaluation

Assessment Completed - if applicable *please attach*

Yes No Date: Not Done

Mid-Evaluation Report – *if applicable please attach*

Yes No Date: Not Done

Submitted By

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NARRATIVE REPORT FORMAT

I. Purpose

- a. Provide the main outputs and outcomes/objectives of the programme.

This project, via its major components, is designed to build the capacity of the Ministry of Health (MoH) to more effectively manage existing nutritional interventions and to adequately plan, implement and monitor new prevention programs and evaluate their impact. Tools and systems for effective management, planning, monitoring and evaluation will be developed from local to central levels of the MoH. The integration of nutritional data as a new component into the national diseases surveillance and Health Information System (HIS) will improve sustainability of national nutritional monitoring and response.

The joint project aims at building capacity of the Government of Iraq (GoI) including MoH, Central Organization of Statistics and Information Technology (COSIT), and other Ministries) to address micronutrient deficiencies in Iraq through: 1) Undertaking a nationwide assessment of nutritional status and micronutrient deficiencies 2) Integration of Nutrition information in the national Health Information system and 3) initiation orientation and sustaining of new or ongoing nutritional responses. All these activities will be undertaken through building the capacity of the responsible health and other authorities.

Joint Programme/Project Outcome(s): Outcome 1: Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes aimed to improve micronutrient and supplementary nutrient services, that are cultivate gender sensitive and human rights focused

Integrated Programme Outputs

- JP Output 1.1: MoH, Ministry of Health/Kurdistan Region (MoHK), COSIT and Kurdistan Regional Statistical Office (KRSO) have improved capacity to develop and carry out a nutrition micronutrients assessment.
- JP Output 1.2: MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system
- JP Output 1.3: GoI are better able to provide nutritional response especially in vulnerable areas

- b. Explain how the Programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund/JP.

National priority or goals (NDS 2007- 2010 and ICI): NDS: Improve quality of Health

- **ICI Benchmarks (as per the Joint Monitoring Matrix 2008):** 4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development.
- **Sector Team Outcome(s):** Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes
- **The Iraqi MDGs in the National Development Strategy 2007-2010**
 - **MDG:** Success of at least six of the MDG's depends on bringing an end to hunger and under nutrition – MDG 1, Eradicate extreme poverty and hunger MDG 2, universal primary education; MDG 3, gender equality; MDG 4, reducing child mortality; MDG 5, improving maternal health; and MDG 6, combating HIV/AIDS, malaria and other diseases.

Iraq NDS: Article 3 of the Iraqi Millennium Development Goal (MDG) is to eliminate gender disparity, and at all levels by 2015 and this is a challenge Iraq has to address. Target 6: Reduce by two-thirds the under-five mortality rate. Target 7: Reduce by two thirds the maternal mortality rate

II. Resources

Financial Resources:

- Provide information on other funding resources available to the project, if applicable.
N/A
- Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.
Budget revision was requested by UNICEF and approved in the project extension document.
- Provide information on good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.
N/A

Human Resources:

- **National Staff:** Provide details on the number and type (operation/programme).

As mentioned above this project has been jointly implemented by WHO and UNICEF. The information provided below is agency specific.

- **WHO National Staff:**

Two national staff who are based in Amman and Baghdad have been contributing to the implementation of the project activities by a regular follow up with the counterparts in the various ministries e.g. Ministry of Health, and Ministry of Planning and Development Corporation (MoPDC). These national staff inputs have been instrumental in the accomplishments of the various activities undertaken by the project. In spite of the huge challenges and security restrictions the staff has been able to contribute to the capacity building needs of the mentioned partner agencies.

- **WHO International Staff:**

Three international consultants from the US Centres for Disease Control and Prevention (CDC) Atlanta were assigned to work with WHO technical staff and MoH on the finalization of the survey protocol and tools for the project was under process, however it is worthwhile to mention that sufficient support was given to the project by the senior management of WHO office for Iraq.

- **UNICEF National Staff:**

Two national staff are based in Baghdad have been contributing to the implementation of the project activities with different Iraqi ministries involved in the project, in addition two nutrition technical facilitators contracted through the project to facilitate the follow up of different activities with the national staff all over the country.

- **UNICEF International Staff:**

No international staff recruited particularly to the project but the senior international chief of Health and Nutrition section provided the necessary support whenever needed.

III. Implementation and Monitoring Arrangements

- a. Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.

WHO is the lead agency responsible for overall management and coordination. The assessment, integration of nutritional data in the national HIS and response, will be managed by WHO whilst the response part will be carried out by UNICEF. The entire project supervised by the *Micronutrient Assessment and Response Steering Committee* (MNARSC) consisting of MOH, COSIT /KRGSO (and related Ministries) in addition to UN lead agency, WHO, who are responsible for the planning and supervision of implementation of the Micronutrient Assessment and Response (MNAR). The Project Manager (MoH) will report to the overall Project Coordinator (WHO) and the MNARSC.

Figure 1: Organizational structure



The Ministry of Health (MoH) is the main government partner with the primary responsibility for implementing this project. It is fully in charge of management, implementation of the overall project through the Nutrition Research Institute (NRI) and the Nutrition sections in each Directorate of Health (DoH) in the governorates. Full support has been extended by a huge network of WHO national staff based in all governorates of Iraq to make sure the timely implementation of this project. The project implementation progress has been regularly monitored by the technical staff of WHO currently based in Amman. The project also engaged a high level of technical backstopping from the WHO Regional Office for the Eastern Mediterranean (EMRO) and CDC Atlanta. During this first crucial year of implementation this project contributed to the capacity building of a number of health professionals and laboratory technicians at NRI/Ministry of Health and Ministry of Planning and Development Corporation/COSIT.

Close coordination was maintained with MoH and UN partners (UNICEF Project officers) based in Baghdad and in other governorates as well as WHO National Officers in Erbil and Amman. They are all responsible for overseeing project implementation, ensuring procurement and timely delivery of required supplies. The monitoring activities for this project include field visits as well as regular meetings with DoH staff in all governorates, and the preparation of periodic reports. UNICEF staff in Erbil, Baghdad and Amman, in coordination with MoH, prepares and finalizes all technical and financial reports. In addition, all the provided support is coordinated with WHO through the Health and Nutrition SOT, whereby WHO provides overall technical as well as some financial support for routine and accelerated activities.

Throughout the project implementation WHO has placed high emphasis on the principles of ownership and national solidarity. WHO has endeavored to apply these principles in every activity it has undertaken and every result achieved. This approach has been exemplified through the formulation of a Project Management Structure for the Programme.

- b. Provide details on the procurement procedures utilized and explain variances in standard procedures.**

WHO has well established procurement procedures and goods are generally delivered to Baghdad under international insurance coverage. The procurement process is being carried out based on WHO rules and regulations. These are aimed at ensuring quality, efficiency and cost effectiveness. In few cases, local procurement has been applied. That said, procurements and shipment of project material is a challenge in Iraq and delays due to difficulties at border crossings, processing and remote management is sometimes impacting the performance of programmes activities.

All the equipment and supplies have been procured in Amman or Iraq (depending on the value), with announcements published through Iraqi and Jordanian newspapers, the IRRFI website and the WHO website. The contractors are generally responsible for delivery and security of goods to Iraq as part of the contract cost.

- c. Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing project.**

A major component of the program includes an integrated joint monitoring and evaluation system that will allow fast reaction to any sudden changes which might affect the implementation of the program. WHO as the leading agency will take primary responsibility in the designed system.

The implementation of the project is ensured with the establishment of steering committees at the central level . The National Steering Committee, which is responsible for the preparation of comprehensive implementation plans including monitoring the progress of implementation and reporting, has been appointed and is chaired by deputy Minister of Health with membership of the UN agencies and concerned Dg's from MoH,MoP and ,Ministry of environment.

Ongoing monitoring on the ground is done by national officials and facilitators of the UN agencies involved and focal points from MoH/MoPDC at governorate level. To assure quality monitoring, they were oriented on the programme and trained in monitoring techniques to be able to track performance towards the goals of this programme. Field visit reports are prepared including photos reflecting the quality and timely completion of different activities.

d. Report on any assessments, evaluations or studies undertaken.

The Micronutrient deficiencies assessment survey (data collection and biological sampling) was implemented on 24th December 2011 and completed in all governments in Iraq on 25 January 2012. The data entry has just recently started and the results of the study will be launched after completing the data entry and analysis.

IV. Results

- a.** Provide a summary of Programme progress in relation to planned outcomes (strategic results with reference to the relevant indicator) and outputs; explain any variance in achieved versus planned outputs during the reporting period.

Output 1: MOH, MoHK, COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment

- Development a data entry application design for "*Iraq Micronutrient Assessment and Response (MNAR) survey 2011*" using CSPro 4.0 for Ministry of Health and the Central Organization of Statistics in Iraq.
- Training courses for central supervisors and laboratory technicians was conducted successfully with UNICEF support
- Sampling parameters have been defined. Capacity building for two NRI lab technicians on Vit. A analysis methodology has been completed.
- Procurement of supplies and equipment needed for specimens
- Documents for MNAR survey reviewed and updated including the protocol, training manuals and questionnaire forms.
- Required resources needed for the implementation of the MNAR including logistical support for storage and transportation of specimens were discussed and identified.

- Potential Laboratories for conducting the biological analysis were identified.
- Plan of action with detailed budget outline and timetable for the MNAR implementation developed including training and survey implementation was developed.
- MNAR fieldwork implementation completed, this will be followed by data entry and data analysis. The second phase of the survey will be implemented in January 2012 which will involve school students 6-12 years.

Output 2: MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system

- WHO supported the training of 2 laboratory technicians on SPSS statistical training for 2 days.
- WHO supported research work at NRI on nutritional status of women and children under-five.

Output 3: GoI are better able to provide nutritional response especially in vulnerable areas

1- UNICEF supported the following General Nutrition Activities:

- Procurement of iodine salt testing kits to MoH Baghdad to improve quality control of salt available on the market as well as household.
- Emergency provision of 50 million ferrous folic acid tablets for MoH/Baghdad for the prevention and treatment of anemia in pregnant and lactating women.
- Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MoH/NRI for distribution with routine immunization for children under-five and lactating women.
- Procurement of 20 Spectrophotometers devices for the labs of MoT for better monitoring of wheat flour fortification.

2- UNICEF supported capacity building across all levels on nutrition & monitoring :

- 115 flour mills technicians and lab personal were trained on quality control and quality assurance of wheat flour fortification programme and maintenance of fortification feeders.
- Support the training of two lab technicians on the analysis of Vit. D in the collage of technology in Irbid, Jordan.
- Support the training of two lab technicians on the analysis of Folate in CDC lab in Atlanta.

3- UNICEF supported the Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials etc :

- Several meeting done to prepare the social mobilization plan for the survey and promotion for Salt Iodization.
- Social Mobilization plan developed with coordination of UNICEF, WHO and MoH
- Distribution of simple gifts to families involved in the survey

- b. Report on the key **outputs achieved in the twelve months period** including # and nature of the activities (inputs), % of completion and beneficiaries. Please also fill the table in section VI on annually performance indicators assessment.

Output	Achieved activities	Completion rate
<p>Output 1.1 MoH, MoHK , COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment (WHO)</p>	<p>WHO supported the following activities related to capacity building, procurement of supplies and equipments, fieldwork implementation and data entry and analysis:</p> <ol style="list-style-type: none"> 1. WHO Iraq in coordination with Ministry of health conducted the Training of Trainers (ToT) workshop on micronutrient assessment and response (MNAR) survey for the period 23 – 28 January 2011. The objectives of the training were to train survey team on survey design and methodology, data collection and standardise laboratory staff. The workshop was facilitated by Survey Steering Committee and Survey technical team, CDC Consultants and WHO and UNICEF technical staff -Iraq. The training included one day pilot survey to test the three questionnaire forms (household, women and child forms), also it included sample collection of blood and urine from non pregnant women (15-49 years) and children aged 6-59 years. 2. Steering committee technical meeting for 2 days (1-2 February 2011) to finalize the MNAR questionnaire, list of supplies and equipment required for the survey and work plan sheet for capacity building and training activities for the implementation of the MNAR survey end of April 2011. 3. Procurement of supplies and equipment worth of USD 326,000.00 including cold chain supplies and laboratory tests and solutions for the MNAR survey. 4. Coordination with MoH and CDC Atlanta advisors through Video and Tele Conference to discuss the MNAR implementation plan 	80%

	<p>and finalization of the survey questionnaire.</p> <ol style="list-style-type: none"> 5. Three training workshops on training of the teams involved in the implementation of Micronutrient Assessment and Response (MNAR) Survey ,Erbil, Iraq .The details for the workshops are as follow: <ul style="list-style-type: none"> • Training of 38 Central and Local Supervisors from all governorates in Iraq 18-20 November 2011 on supervision of the interviewers at each governorates • Training of 65 interviewers and statistician from MoH and MoP/CSO and KRSO, 21- 23 November 2011on the three questionnaires(household, women and child) • Training of 63 laboratory technicians and phlebotomist from MoH and DoH from all governorates on collection of blood and urine from the respondents (women and children) 24-26 November 2011. 6. Steering committee technical meeting for 2 days (16-17 November 2011) in Erbil to finalize the MNAR questionnaire and methodology for the training activities for the implementation of the MNAR survey end of December 2011. 7. Training of the 18 central editors in Baghdad (Dec. 2011) 8. Training of 20 health workers on the cold chain procedures(Dec. 2011) 9. Two days refreshing course for the teams at each governorate prior to the survey . 10. 5 days field work to update the sample prior to the survey implementation by the Statisticians from CSO and KRSO (10-14 December 2011) 11. Implementation of MNAR survey 24th December in all governorates in Iraq for 30 working days (ended 25th January 2012). 12. Provided Technical support to MoH jointly 	
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	<p>with UNICEF to develop the National Nutrition Strategy in Iraq ,Erbil 24-25 July 2011.</p> <p>13. Support the participation of three MoH staff to participate in the workshop of harmonization of maize and wheat flour fortification in Amman which arranged by the regional office of WHO.</p>	
<p>Output 1.2 MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system(WHO)</p>	<ul style="list-style-type: none"> ➤ Training of 2 laboratory technicians on ICP equipment for 2 weeks in Amman by Ministry of water and irrigation as part of capacity building of Iraqi NRI staff. ➤ WHO organized a 6 days training course for 15 trainees from MoH and MoP in Baghdad and Kurdistan on Electronic Data Processing using CSPro 4.0 Package for the period 16 April - 21 April, 2011. ➤ supported research work at NRI on nutritional status of women and children under 5 	605%
<p>Output 1.3 GOI are better able to provide nutritional response especially in vulnerable areas (UNICEF)</p>	<p>1- UNICEF supported the following General Nutrition Activities:</p> <ul style="list-style-type: none"> • Procurement of 3,900 iodine salt testing kits to MOH Baghdad to improve quality control of salt available on the market as well as household. • Nutrition survey and study on Anemia and Iron Deficiency in 3 Governorates. • Vit A prevalence study for U5children, pregnant and lactating women. • Emergency provision of 50 million ferrous folic acid tablets for MOH/ Baghdad for the prevention and treatment of anemia in pregnant and lactating women. • Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MOH/NRI for distribution with routine immunization for children under 5 and lactating women. 	75%

	<ul style="list-style-type: none"> • Procurement of 20 Spectrophotometers devices for the labs of MOT for better monitoring of wheat flour fortification. • Procurement of 4,000 salt testing kits for the monitoring and supervision of salt iodization programme. • Procurement of 14 metric tons of therapeutic spread sachets for the management of sever acute malnutrition in nutrition rehabilitation units in hospitals. <p>2- UNICEF supported capacity building across all levels on nutrition & monitoring:</p> <ul style="list-style-type: none"> • 115 flour mills technicians and lab personal were trained on quality control and quality assurance of wheat flour fortification programme and maintenance of fortification feeders. • Training of two lab technicians on the analysis of Vit. D in the college of technology in Irbid, Jordan • Training of two lab technicians on the analysis of Folate in CDC lab in Atlanta. • Training of field teams on the collection, storage of blood samples, anthropometric measurement and filling of questionnaire (3 staff from 17 governorates plus 12 from Baghdad were trained for 3 days). • Training of 1500 staff working in PHCCs on different nutrition programmes implemented in PHCCs (one paramedical staff from each PHCC who is working in nutrition unit) to follow the growth charts of children under 5 and do health education and counseling parents on the development of children and befits of micronutrients like Vit A caps distribution at PHC centers • Training of one lab technicians on the analysis of urinary iodine in CDC lab in Atlanta. • Training of pediatric doctors working in rehabilitation nutrition units on the management of sever acute malnutrition a total of 400 doctors trained). 	75%
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	<ul style="list-style-type: none"> • Support technical assistance of MOH by hiring technical experts with part time duty to assist MoH in MNAR preparation and implementation. • Support the participation of two members from the ministry of trade in the workshop of harmonization of maize and wheat flour fortification in Amman which arranged by the regional office of WHO. • Provided logistical support for the field teams to facilitate the collection and transfer of samples to DoH and then to NRI by hiring transportation company to provide vehicles for the teams and cargo transportation. • Conduct workshop in Basra for the nutrition focal points and NRI to discuss the lessons of MNAR and the next step with over view of the nutrition activities for 2012. <p>3- UNICEF supported the Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials etc :</p> <ul style="list-style-type: none"> • Several meeting done to prepare the social mobilization plan for the survey and promotion for Salt Iodization. • Social Mobilization plan development with coordination of UNICEF, WHO and MOH, • Support the consultation meeting of health education focal points from different DOHs to finalize the micro plan of social mobilization of MNAR survey. • Support the social mobilization plan of MNAR survey which includes symposiums for the community at the level of DOHs and districts involved by the survey, supporting printing of IEC materials and field teams' work and incentive package for the families involved by survey. • Implementation of the media plan by HP department with support of UNICEF with clear messages to the community about 	75%
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	the objectives of the survey 2 weeks before the survey implementation.	
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The following qualitative achievements have been materialized:

- Development a data entry application design for "*Iraq Micronutrient Assessment and Response (MNAR) survey 2011*" using CSPro 4.0 for Ministry of Health and the Central Organization of Statistics in Iraq.
- WHO and UNICEF granted the project extension for 12 months till July 2012 as the MNAR survey will be implemented on the 3rd December 2011 and the field work will last for 30 working days.
- Sampling parameters have been defined for the households and the schools .
- Procurement of supplies and equipment needed for specimens collection and analysis has been finalized with a total cost of US\$ 326,000.00
- Implementation of the MNAR survey for the first time in Iraq including socio demographic data collection biological testing (blood and urine) from children 6-59 months and women 15-49 (non pregnant) successfully in all governorates
- Good training of the survey teams and proper supervision by the central and local supervisors had led to successful implementation of the survey with almost 98% response rate by families despite the security situation faced during implementation phase.

Project beneficiaries:

Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men	All men (household head will directly benefit from the implementation of the MNAR survey that will be conducted at household level – 3000 households)	80% response after implementation
Women	1200 Non pregnant women (15-49) will directly benefit from the the MNAR survey and the biological testing that will be conducted at household level (3000 HH)	75% response after implementation
Children	800 Children 6-11 months old and 2200 children (12-59 months) will directly benefit for the MNAR survey and the Biological testing	85-90% response
students	2200 School students (6-12 years) will benefit directly	90% response after implementation
IDPs	Some of the targeted groups are IDPs	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 200 GoI additional staff within Iraq in addition to the agency network already operating in the country. There	

	will be 30 teams and around 150 members. Each team will consist of four members, including: one interviewer/team monitor; one lab technician; one anthropometrics; and a member from COSIT.	
Employment generation (men/women)	Employment generation is not one of the main objectives of this joint Programme However, 100 vehicles and drivers will be hired for the transportation of the teams to the households	100%

- c. Explain, if relevant, delays in Programme implementation, the nature of the **constraints, actions taken to mitigate** future delays and **lessons learned** in the process.

WHO and UNICEF requested extension of the project for another 12 months (1 August 2011- 2 September 2012) as there was a delay in the implementation of the survey (from May till December 2012) due to the following:

1. Delay in implementation of MICS 4 survey which started after April 2011. For this reason it was difficult to conduct the MNAR survey back to back as the same household sample was used for both surveys.
2. Delay in the process for the procurement of supplies and equipments needed for the survey.
3. The targeted school children (age 6-12 years) included in the survey for assessment of urinary iodine are already in summer holiday so the Survey should be postponed for the next academic year 2011-2012.
4. Ministry of Health sent a request for extension of the Programme for 12 months so that to enable them to conduct the survey in November-December 2011 for 40 days.

The MNAR couldn't be conducted before this date even if the supplies and equipments were to arrive in a month time due to the difficulty in conducting the survey by the interviewers during summer time where the temperature reaches 58-60 C and this will affect the efficacy of the biological tests as there will be collection of blood and urine from mothers and children that will be transferred to Baghdad central lab and then to Amman and Erbid /Jordan by Road and this will affect the cold chain and storage

Actions taken to mitigate future delays:

1. Due to delay in delivery of some items by the contactor (expected to be deliver by 25th Nov 2011), it was agreed by the MNAR high committee to postpone the field work for two week and to start on 24th Dec 2011 instead of 10th Dec.
2. To cover the additional cost of the LAB testing for the sample, it was agreed on the following:

- Transportation cost for the survey to be covered by UNICEF, NRI/MOH agreed to shift the fund under the ITF from service delivery to cover this cost.
 - Central supervisors transportation to the governorates to be on weekly bases to assure timely delivery of the filled questionnaires
 - WHO will shift the allocated fund for the transportation to cover the additional cost of testing in Jordan
3. WHO will assure all the logistic requirement for the transportation of the samples to Jordan for testing including facilitating letter for trans-border shipment of the samples.
 4. Operational room at MOHs and WHO/UNICEF will be on call throughout the survey fieldwork and assure daily report to WHO Iraq Programme officer on the fieldwork progress
- d. List the key **partnerships and collaborations**, and explain how such relationships impact on the achievement of results.

WHO being the lead agency in this joint project with UNICEF worked closely with MoH representatives, key managers and health professionals from the central, governorate and district levels, which directly increases levels of capacity building and long term sustainability.

The Ministry of Health and Health and Nutrition Sector Outcome Team members (WHO, UNICEF, WFP and FAO) has been working closely together during the implementation of the project activities and coordinate their work in order to maximize the synergy and prevent any duplication of efforts.

From its base in Amman and its national staff network in the Governorates, WHO and UNICEF worked closely with the MoH/NRI through teleconferencing and direct meetings in Amman, Baghdad and Erbil. The entire WHO network of staff, logistics and telecommunication contributed to support the MoH.

- e. Other highlights and **cross-cutting issues** pertinent to the results being reported on.

Human Rights: The Government of Iraq among others have committed themselves to the full realization of this human right. Concrete steps towards this realization include addressing underling determinants of health such as safe water and adequate housing, and also access to quality health care (including immunization, nutrition etc).⁵ The right to health requires that the whole government is engaged, not only the MoH, but also areas such as areas of labour, trade, planning etc. Access, availability, equity and quality of health services will be supported for all sectors of the population. To ensure equity during project implementation,

⁵ <http://www.who.int/hhr/en/>

the project is targeting five areas (Baghdad, Center, Kurdistan, North and South). Within each of these five regions, 50 Primary Sample Units (PSUs) will be selected.

Gender equality: Efforts have been instituted through this project to mainstream the gender in all policies and strategies of the MoH and other relevant Ministries. Both WHO and UNICEF ensured that gender equality is considered in the execution of various activities supported by this project e.g. in recruitment and training activities, rehabilitation and reconstruction works etc. This project has also ensured that the collection of all data pertaining to this project be segregated on the basis of gender as shown by the chart below. The need for gender mainstreaming throughout all policies and activities will be addressed in the various trainings and technical support rendered to the GoI within the context of this programme. Gender equality will be also ensured through the response component which will be based on the assessment and the disaggregated information provided. Efforts which intend to increase and encourage the number of female participants in various capacity building activities under this project are ongoing.

Key environmental issues: No direct adverse effect to the environment will result from the implantation of this project.

Employment generation: This project will generate direct and indirect local employment opportunities in Iraq. It offers 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 250 professionals and similar number of support staff will be involved/supported/recruited throughout the period of the project.

V. Future Work Plan (if applicable)

- Summarize the projected activities and expenditures for the following reporting period (1 January-31 December 2012), using the lessons learned during the previous reporting period including outputs that were not achieved in 2011.

VI. Future Work Plan (if applicable)

- Summarize the projected activities and expenditures for the following reporting period (1 January-31 December 2012), using the lessons learned during the previous reporting period including outputs that were not achieved in 2011.

The project will continue till the 2 September 2012. Extension of the duration of the project was requested for 12 months so that to complete the activities related to the fieldwork implementation of the MNAR survey, collection and analysis of blood and urine sample and data analysis and report writing.

- **Indicate any major adjustments in strategies, targets or key outcomes and outputs planned:** N/A

No adjustment was made in strategies, targets or key outcomes and outputs

Future work plan for 2012 (Please see next page)

Future work plan for 2012

	Activity	2011	2012									
		December	January	February	March	April	May	June	July	August	September	
1	Implementation of MNAR survey	X	X									
2	Provision of supplies and equipments for the MNAR survey		X	X	X	X						
3	Implementation of MNAR Phase 2 survey at schools			X	X							
4	Shipment of the blood sampled to Amman/Jordan and Just Laboratories					x						
5	data entry and management					X	X	X				
6	Analysis of blood samples and transferring the results to Moh /Iraq					X	X	X				
7	Report writing and printing the report								X	X		
8	launching and dissemination of study results											X
9	Integrating nutrition in national disease surveillance and Health Information System			X	X	X	X	X	X	X	X	X
10	Monitoring and evaluation for field work implementation and surveillance system			X	X	X	X	X	X	X	X	X
11	provision and distribution of Fero folic tabs for the management and prophylaxis of anaemia in pregnant and lactating women			X	X	X	X	X	X	X	X	X
12	provision and distribution of Vit A caps for children under 5 years old and lactating women			X	X	X	X	X	X	X	X	X

13	Strengthen the monitoring of Wheat flour fortification and ensure the availability of Premix for mills thought ministry of trade.	X	X	X	X	X	X	X	X	X	X
14	Strengthen the monitoring and supervision of iodized salt available in the market.	X	X	X	X	X	X	X	X	X	X

VI - ANNUAL INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
Outcome 1: Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes aimed to improve micronutrient and supplementary nutrient services, that are cultivate gender sensitive and human rights focused							
Output 1.1: MOH, MoHK , COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment	Indicator 1.1.1 Number of COSIT and KRSO staff trained on data collection and analysis (disaggregated by sex)	0	40	72	Increase in number of interviewers	Training report	12 training workshops conducted
	Indicator 1.1.2 Percentage of COSIT and KRSO trained staff satisfied with quality of training in terms of relevance and usefulness	N/A	80%	70%		Post training participants' assessment	Training activities is in progress
	Indicator 1.1.3 Number of MoH, MoHK field workers, governorate focal points trained on	0	40	46	Number is higher than the target as there was increase in the number of central supervisors	Training report	A second refreshing course will be conducted in April

	anthropometric measurement (disaggregated by sex)						
	Indicator 1.1.4 Percentage of trained MoH field workers, governorate focal points satisfied with quality of training in terms of relevance and usefulness	N/A	80%	70%		Post training participants' assessment	Training activities is in progress
	Indicator 1.1.5 Number of MoH, MoHK laboratory staff trained on blood sampling and testing	0	100	22		Training report	Two lab technician trained on Vit D analysis in Amman, two lab technician trained on folate analysis in Atlanta, one lab technician trained on Urinary Iodine analysis in Atlanta
	Indicator 1.1.6 Percentage of trained MoH laboratory staff satisfied with quality of training in terms of relevance and usefulness	NA	80%	60%		Post training participants' assessment	Training activities is in progress

	Indicator 1.1.7 Number of height measuring boards, scales, and computers provided to MoH	0	100 height measuring boards 100 scales 20 computers	100 100 2		MoH, WHO, UNCEF reports	Procurement for the mentioned amount has been initiated but not yet delivered
	Indicator 1.1.8 Micronutrient assessment report completed	0	1	0		Assessment report	The survey has just been completed, data entry and analysis is in process. Shipment of the blood samples to Jordan is still in process.
Output 1.2: MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system	Indicator 1.2.1 Number of MoH and MoHK staff trained on data collection and analysis of	0	150	35		Training report	Further training courses to be conducted
	Indicator 1.2.2 Percentage of trained MoH laboratory staff satisfied with quality of training in terms of relevance and usefulness	0	80%	60%		Post training participants' assessment	Further training courses to be conducted
	Indicator 1.2.3 National nutrition	No	Yes			Programme progress report	In process

	management information system in place						
Output 1.3: GOI are better able to provide nutritional response especially in vulnerable areas	Indicator 2.1.1 A monitoring mechanism in place	No	Yes			Programme progress report	In process
	Indicator 2.1.2 Number of inspectors trained on how to monitor fortified flour and iodized salt inspection (2 per district = 237)	0	100%	78%		Training report	5 workshops for technicians on WFF programme monitoring, 4 workshops for field teams of MNAR
	Indicator 2.1.3 Number of MoH staff trained on monitoring availability of micronutrients at PHC level (one in each PHC)	2000	100%	65%		Training report	Training courses done in all PHCCs for nutrition pocal points on the follow up of Micronutrient distribution (Vit A, Ferofolic tabs total of 1500)
	Indicator 2.1.4 Percentage of trained MoH staff satisfied with quality of training in terms of relevance and usefulness	NA	80%	50%		Post training participants' assessment	Further training courses to be conducted
	Indicator 2.1.5 Number of	1000	100%	100%		Distribution plan	Quantities provided by

	PHC 1 MCH units provided with micronutrients						UNICEF of Vit A caps and Ferofolic tabs distributed to all PHCCs
	Indicator 2.1.6 Number of Information education Communication materials developed	NA	Five media advocacy materials produced 65 social mobilization events 2000 IEC material and brochures developed	70%		Meeting minutes and progress report	Part of social mobilization plan, simple gifts were distributed to families in the households that were interviewed in the survey

MNAR photos from Fieldwork implementation December 2011



The team is collecting blood samples from children under 5 at the household



Interview with women 15-49 of age (targeted group in MNAR survey)



The team is collecting blood samples from children under 5



Interview with head of the household