



UNDG IRAQ TRUST FUND

ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

<p style="text-align: center;">Programme Title & Number</p> <ul style="list-style-type: none"> • Programme Title: Pilot Assessment of Congenital Birth Defects in Iraq in selected districts of Six Governorates • Programme Number (if applicable) D2-33 • MDTF Office reference number: 00075703 	<p style="text-align: center;">Country, Locality(s), Thematic Area(s)² (if applicable)</p> <p>Country: Iraq</p> <p>Locality: Eight governorates (Baghdad/karch and Rasafa ,Anbar, Basrah, Thi Qar, Sulaymaniyah, Mosul,Babil and Dialah)</p> <p>Thematic/Priority: Health and Nutrition</p>
<p style="text-align: center;">Participating Organization(s)</p> <p>World Health Organization</p>	<p style="text-align: center;">Implementing Partners</p> <ul style="list-style-type: none"> • MOH (Lead Ministry) Fedral and Kurdistan/Iraq ,MoP/COSIT and KRSO
<p style="text-align: center;">Programme/Project Cost (US\$)</p> <p>MDTF Fund Contribution: US\$336,650</p> <ul style="list-style-type: none"> • by Agency (if applicable) <p>Agency Contribution</p> <ul style="list-style-type: none"> • by Agency (if applicable) <p>-WHO Core: US\$ 15,000</p> <hr/> <p>Government Contribution (if applicable)</p> <p>Other Contribution (donor) (if applicable)</p> <p>TOTAL: US\$ 351,650</p>	<p style="text-align: center;">Programme Duration (months)</p> <p>Overall Duration 18 months</p> <p>Start Date³ 1 July 2010</p> <p>End Date or Revised End Date, (if applicable) 31 December 2011 End date granted from 1st extension : 31 October 2012</p> <p>Operational Closure Date⁴</p> <p>Expected Financial</p>

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.

Closure Date

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

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

There are continued concerns raised regarding increased number of congenital birth defects (CBD) in Iraq. However there is no scientifically reliable data on the magnitude of the birth defects and associated risk factor in Iraq. There is a need for a comprehensive programme and to learn more about birth defects in Iraq that could shed light on the incidence of various conditions, such as the congenital heart defects and neurological defects in different geographic areas over time in Iraq. The proposed study aims at:

1. Drawing initial baseline data from selected districts in 8 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
2. Capacity building of MoH national public health TORCH (Toxoplasmosis, Rubella, Cytomegalo and Herpes virus) laboratory and technicians.

The initial descriptive study is intended to answer the basic questions regarding the distribution, type, trend and magnitude of the birth defects in the selected governorates, which are affected, where they live and when the anomaly appeared. Determination as to why these defects are happening in specific populations, in specific locations and during specific times will be done during later phases of the programme.

The data will be collected from selected districts in eight governorates (Baghdad/karch and Rasafa, Anbar, Basrah, Thi Qar, Sulaymaniyah, Mosul, Babil and Dialah). The selection of areas was done according to the following criteria:

- Feasibility and security conditions;
- Vulnerability and identified need (using the recent Analysis in the framework of IHAP and UNDAF);
- Catchments population; and
- Regional balance

Ministry of Health has submitted a study protocol to WHO for revision and finalization by WHO experts. The methodology of the study protocol involved collecting data on congenital birth defects at household level from 18 districts at 8 governorates as a pilot. A draft tool for data collection is prepared which was reviewed by experts at the global level because assessing the magnitude of congenital birth defects and its correlation with a probable cause is not something which can be arrived using simplistic tools, that is why the need for review of the tool from experts who have been engaged in similar exercises globally was very crucial for the outcome of the process.

Joint Programme/Project Outcome(s): Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes.

Joint Programme Outputs

JP Output 1.1: MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates

JP Output 1.2: MoH TORCH laboratory technicians have improved capacities to conduct tests on risk factors associated to birth defects.

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

The provision of solid baseline data and information on congenital birth defect amongst the Iraqi population at national and Governorate levels contributes to the NDS Goal: 7. Improve quality of Health. It directly contributes to ICI Benchmarks 4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development, and to the UNCT's health and nutrition outcome: "Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes." Existing figures indicate that work on reducing the incidence of and mortality associated with congenital anomalies needs to be linked to efforts to achieve the Millennium Development Goal (MDG) 4 target of a two thirds reduction in the mortality rate of children under-five years of age between 1990 and 2015.

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.**
No budget revision was considered during the reporting period
- **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).**

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. 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:**

Two international consultants were assigned to work with WHO technical staff and MoH on the finalization of the survey protocol and tools for the project and is 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.

III. Implementation and Monitoring Arrangements

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

The MoH and the DoH in the selected governorates are the key implementing partners whilst WHO is responsible for overall management, coordination and reporting. In addition to the close collaboration between WHO expertise at Hq and the Regional office and the Government, WHO had worked extensively with WHO Collaborating Centers which enabled timely and efficient access to the best experts in the area of congenital birth defects. The WHO collaborating centers are institutions such as research institutes, parts of universities or academies, which are designated by the WHO Director-General to carry out activities in support of the Organization's programmes.

WHO will also seek active participation of relevant UN agencies and Non Governmental Organizations (NGOs). The study will be coordinated and complemented by other surveys and studies, including the Multiple Indicator Cluster Survey (MICS 4) and the Iraq Women's Health Survey (I-WISH) whereby both have agreed to include additional questions that will complement the data from this study.

The Project Manager will be in charge of the day-to-day management of the project, including implementation the work plan, budget planning and oversight, drafting terms of reference for the acquisition of services and supplies and the oversight of operations in the field. The WHO Regional for the Eastern Mediterranean and WHO Headquarters will provide technical support and back up as needed.

The project team will have monthly meetings and will review the progress of the project, plan ahead and/or resolve problems and bottlenecks and follow up activities related to the study planning, implementation, monitoring and maintaining documentation. In addition to this, the national director of primary health care and deputy director of Public Health directorate based in Baghdad will manage the technical aspects of the study and coordination between WHO Iraq Country Office, COSIT and KRSO. These two persons will be responsible for ensuring that the technical quality standards of the study, coordination of training workshops and reporting are maintained.

The MoH has established and chaired a Programme Steering Committee (PSC) in coordination with WHO in order to oversee the project and serve as the guiding mechanism for the larger programme once additional funding is secured. The steering committee consist of representatives from other stakeholders. The PSC will meet at least on a quarterly basis and ad hoc whenever needed to review the implementation and provide feedback. The PSC will supervise the activities of a Technical Project Committee (TPC) and also be responsible for following and ensuring that the project is implemented in accordance with relevant standards and guidelines.

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

- No procurement of supplies and equipment were done during the reporting period.

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

WHO will follow its monitoring and evaluation guidelines benefiting from existing monitoring structures in Iraq such as WHO offices and meeting points in the North, South and Central regions, as well as the Governorate-based facilitator network. Field staff will monitor the implementation of the project on the ground with oversight from the Project Manager who reports to the PSC. Progress will be monitored against outputs and indicators as detailed in the results framework in

this project document. The regular meetings of PSC and periodic reports from the technical experts, COSIT and KRSO will provide regular updates on the progress of activities.

WHO will use its internal monitoring and evaluation process as described below.

- Track implementation of activities
- Identify risks and provide contingency action
- Ensure that technical support is timely provided as necessary
- Provide a financial updates
- Submit the quarterly fiches

WHO will also produce quarterly reports to be submitted to the PSC Chair. The report will cover the following:

- Follow up on progress in the implementation of all programme activities as outlined in the programme annual plans of action
- Identify any delays in programme implementation and recommend corrective action needed
- Review quarterly financial reports for each of the programme activities.

The PSC will conduct quarterly meetings to:

- Review quarterly progress narrative and financial reports submitted by WHO to report on results,
- Take action over any contingencies and risks that may delay/hinder the project implementation,
- Oversee the midterm review process.

In addition, a regular monthly monitoring and reporting mechanism will be instituted. This will enable the Project Manager and Project Coordinator to regularly monitor the implementation process. In addition, to ensure the effectiveness of monitoring system, the six Governorate Focal Points will work in close coordination with the Project Manager and Project Coordinator.⁵ This standardized WHO integrated monitoring system will allow fast reaction to any sudden changes which might affect the implementation of the programme.

- **Report on any assessments, evaluations or studies undertaken.**

None were undertaken during the reporting period. The table below summarizes the beneficiaries at midterm and at the end of the project.

Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men	All men (household heads will directly benefit from the implementation of the CBD survey that will be conducted at household level In 6 governorates(600 house hold 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

⁵ WHO has a network of national staff in Iraq at governorate level. This network will back up the implementation of the program whenever needed and will provide an additional monitoring mechanism.

Children	100 Children under-5 will indirectly benefit from CBD survey and the medical examination	NA
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 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%

IV. Results

- **Provide a summary of Programme progress in relation to planned outcomes and outputs; explain any variance in achieved versus planned outputs during the reporting period.**

Output 1.1

MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates

- WHO /Iraq in coordination with the WHO/HQ and regional office/EMRO expert, Consultant from WHO collaborating center in Rome and Professor of community genetics from University college ,London have reviewed and finalized the first draft of the CBD survey protocol and questionnaire
- 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.

Output 2.1

MoH/TORCH laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects.

- Organization of three fellowships for the three participants from the TORCH lab to participate in a training in Rome on Congenital Birth Defects Surveillance.
- **Report on the key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.**

Output	Activities	% implementation rate
Output 1.1 MoH is better able to understand	○ WHO /Iraq in coordination with the WHO/HQ expert, Consultant from WHO	55 %

<p>the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates</p>	<p>collaborating center in Rome and Professor of community genetics from University college, London have reviewed and finalized the first draft of the CBD survey protocol and questionnaire</p> <ul style="list-style-type: none"> ○ Review of literatures by WHO in coordination with members of steering committee and WHO experts to finalize the study protocol ○ More discussions were made through meetings with Ministry of environment about environment pollutions and its effect on birth defects. ○ Ministry of Health in Iraq in collaboration with WHO organized the second Technical Consultation Meeting on the project "Pilot Assessment of Congenital Birth Defects (CBD) in Iraq 27-29 July 2011, Erbil-Iraq. During the three days meeting, the members had the chance to review and update the study questionnaire, discuss the sampling theme for the study including the sample size, methodology and they come out with a work plan which includes the logistic and financial resources and time frame for key activities; ○ Development of social mobilization plan for conducting the CBD survey ○ 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. The meeting participated by 7 members of the CBD project steering committee from MoH, Fedral and Kurdistan –Iraq, CSO and MoHE, and WHO CBD Programme manager. The meeting was facilitated by WHO Regional Advisor/EST, Dr. Mohamed Ali. During the 2 days meeting, the members had the chance to review and update the study questionnaire, discuss the sampling frame for the study including the sample size, methodology and they come out 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; ○ WHO conducted quarterly VC meetings 	
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	<p>with MoH steering committee members and WHO/ EMRO to discuss the survey tools(March , June ,September and November 2011)</p> <ul style="list-style-type: none"> ○ Finalization of the sampling frame in the 8 selected governorates and 18 districts 	
<p>Output 1.2 MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects</p>	<ul style="list-style-type: none"> ○ Organization of three fellowships for the three participants from the TORCH lab to participate in training in Rome on Congenital Birth Defects Surveillance. ○ Conducted 4 steering committee meeting to discuss the plan of action for CBD surveillance ○ Three training course for 75 participants from central Lab technicians on TORCH 	7%

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

- Delay in the implementation of the household survey was due to late finalization of the study protocol and questionnaire by the experts from WHO/HQ and WHO collaborating centre.

Actions taken to mitigate future delays: In order to avoid future delays, WHO communicated with other centers and research institutes in the United Kingdom and Iran to assign an international consultant in order to finalize the process. The project manager is based in the Amman office of WHO but will travel on frequent missions to Iraq to make sure the timely progress and implementation of various activities being taken care of by this project.

- WHO exploring all possible options by seeking support from other donors to fund the phase 2 of the study. Moreover, some discussion has taken place with the Ministry of health to cater for funding part or whole of the survey.

- WHO has requested the extension of the project for another 10 months (1 January- 31 October 2012) as there was a delay in the implementation of the survey. Therefore, the fieldwork implementation at household level in 18 districts in 8 governorates is expected will be carried out by MoH in April – May 2012 as it was difficult to implement during the period October – December 2011 due to other major activities committed by Ministry of Health such as a) national measles campaign 18- 24 October 2011; and b) Micronutrient assessment and response (MNAR) survey 3rd December -4 January 2012. The fieldwork will take around 2-3 weeks which will be followed by data entry, analysis , peer review and report writing.

- **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 have worked closely with MOH and MoP/CSO representatives, key managers, middle managers and health professionals from

the central, governorate and district levels, which directly increases levels of capacity building and long term sustainability.

- From its base in Amman and its national staff network in the Governorates, WHO worked closely with the MoH/district directors through teleconferencing and direct meetings in Amman and Baghdad. The entire WHO network of staff, logistics and telecommunication contributed to support the MoH. Close collaboration has been sustained with the UN Health Cluster throughout this phase of implementation of the project.
- Other highlights and **cross-cutting issues** pertinent to the results being reported on.

Human Rights: This programme will contribute to identifying the magnitude of the population exposed to risk factors and hence will provide clear independent evidence on CBD in Iraq to assist in formulating human rights based policy and targeted interventions.

Gender equality: This proposal will support the Ministry of Health and Ministry of Planning and Development Cooperation, COSIT and KRSO, Ministry of Higher Education in data collection that is segregated by sex which will provide accurate information on distribution of CBD burden on the health system. 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.

Key environmental issues: Implementation of the project does not have any direct effect on the environment. However, there are selected environmental risk factors for congenital anomalies based on evidence. Phase two which will deal with the environmental interventions will be taking into consideration the results of Phase One.

Employment generation: This programme 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 200 professionals and similar number of support staff will be involved/supported/recruited throughout the period of the programme.

- Provide an assessment of the programme based on performance indicators as per approved programme document using the template in Section VI, providing clear evidence on the linkages of outputs and outcomes achieved, if applicable.
- Qualitative assessment of overall achievement with reference to the applicable strategic results indicator.
 - Finalization of the sample size of the households by Ministry of Planning/Central Statistical Organization.
 - A draft tool for data collection is prepared which is currently being reviewed by experts at the global level
 - 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

V. Future Work Plan (if applicable) Please see the details at the next page

- 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.
 - WHO will finalize the study tools. This will be followed by the implementation of the household survey in 18 districts in 8 governorates.
 - Procurement of supplies and equipments
 - Resource mobilization to cover the cost of the household survey as the allocated funds under UNDG ITF will not be enough to cover the implementation of the survey as requested by MoH.

- Indicate any major adjustments in strategies, targets or key outcomes and outputs planned in 2012.

MoH has changed the protocol of the study from a cross sectional study and collection of data through revision of: a) Birth certificates kept by midwives and at birth registration b) Hospital logbooks and medical records; c) Death certificates of newborn stillborn babies at maternity units in the main general hospitals within the study area for 10 years (2000-2009) to collection of data at household level through using questionnaire for both Household and women. This entails that the study will actually establish the baseline through household survey.

Future Work Plan (2012)

	Activity	2012									
		January	February	March	April	May	June	July	August	September	October
1	Training of trainers and Pre-testing of the questionnaire (MoH Fedral and KRG /PHC Department)		X								
2	Preparation for the Field work Implementation		X	X							
3	Printing of the questionnaire Stationary for the team			X							
4	Training of interviewers at governorate level in all governorates				X						
5	4 days data entry training workshop for updating the sample frame(MoH/CSO/KRSO)				X						
6	Field work implementation in 18 districts in 8 governorates				X	X					
7	Data entry and CSpro training				X	X					
8	Data cleaning and editing					X	X				
9	Data analysis						X	X			
10	Report writing							X	X	X	
11	Launching of preliminary report										X

VIII. 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: <i>Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes</i>							
Output 1.1 MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates	Indicator 1.1.1 A protocol on assessment of congenital birth defects developed	0	1	Protocol finalized but the questionnaire is in process		MoH and WHO progress report	
	Indicator 1.1.2 Number of districts which successfully completed the initial descriptive study	0	18 districts in 8 governorates	0	Survey not implemented yet	Survey reports	The survey will be implemented April -May 2012
	Indicator 1.1.3 Number of data collectors(field workers) trained on data collection tools	0	48	12		Training reports	Members of the steering committee
	Indicator 1.1.4 % of trainees satisfied with the quality of training in terms relevance and usefulness	NA	80%	40%		Pre-post training assessment	-All trainees were satisfied from the quality of training. - two training courses will be

							conducted in April 2012 for the interviewer and data entry staff
	Indicator 1.1.5 Number of local supervisors trained on study on data collection tools	0	7	0		Training reports	The activity implemented early 2012 and will be reported in 2013 annual report
	Indicator 1.1.6 % of trainees satisfied with the quality of training in terms relevance and usefulness	NA	80%	Not implemented		Pre-post training assessment	The activity implemented early 2012 and will be reported in 2013 annual report
	Indicator 1.1.7 Assessment on type, trends and magnitude of birth defects in 6 districts completed	0	1	0	Survey not yet implemented	Assessment Report	The survey will be implemented in April-May 2012
Output 1.2	Indicator 1.2.1 Number of laboratory personnel trained on PCR for detecting associated risk factors (Toxoplasmosis, Rubella Cytomegalo and Herpes virus)	0	30	8		Training report	
	Indicator 1.2.2 % of trainees satisfied with the quality of training in terms relevance and usefulness	0	80%	40%		Pre and post training tests	

	Indicator 1.2.3 Number of PCR equipment provided to MoH laboratories	0	2	In process		Receiving reports	
	Indicator 1.2. 4 Number of Diagnostic kits provided to MoH laboratories	0	10	In Process		Receiving reports	

Second Technical Consultation meeting on CBD, Erbil, Iraq July 2011



Third Technical Consultation meeting on CBD, Amman, Jordan December 2011

