

United Nations Development Group Iraq Trust Fund
Project #: D2-25: ATLAS# 00066904
Date and Quarter Updated: January-March 2012 (1st Quarter)

Participating UN Organisation: WHO & UNICEF **Sector: D- Health and Nutrition**
Government of Iraq – Responsible Line Ministry: Ministry of Health

Title	Strengthening Primary Health Care System- Phase II				
Geo. Location	Iraq - National Coverage				
Project Cost	US\$ 11,918,000- UNICEF (\$5,987,632) WHO (5,930,368)				
Duration	24 months + 24 months extension				
SC Approval Date	04.12.2008	Starting Date	09.12.2008	Completion Date	09.12.2010 extended to 31.12.2012
Project Description	This project is a WHO-UNICEF joint project that builds on previous achievements under the Strengthening of Primary Health Care System Phase-I (SPHCS) in Iraq. The project is designed to contribute to upstream national policy level and at downstream health service delivery level.				

Development Goal and Immediate Objectives

The **main goal** of this project is to support the MoH efforts in the area of Health Sector Reform and strengthening the decentralized District Primary Health Care System in Iraq. The restructuring of the system will improve equity, efficiency, effectiveness and responsiveness of system. **The immediate objectives** are to (a) invest in the national capacity of MoH staff in targeted areas to improve Integrated Health Delivery Services (b) invest in improving the Human Resources Planning capacity for the MoH staff (c) strengthen the national capacity of National Health Information System (d) strengthen the National Health Care Financing System (e) strengthen the health governance and policy environment.

Outputs, Key activities and Procurement

Outputs	Capacity of the MoH in targeted areas developed for improved Integrated Health Delivery Services Ability of MoH on Human Resources Planning enhanced National Health Management Information System strengthened Sustainable financing and social protection system of MoH developed Enhanced MoH leadership and Governance.
Activities	1.1 To expand the FM and IMCI programmes for enhanced integrated health service delivery 1.2 To support the MoH to undertake the development and implementation of referral policies at national level 1.3 To Improve capacity of MoH at the national level in the area of health system research (specific areas of research will be identified based on need) 1.4 To support the MOH support to integrate MH services into PHC system 1.5 Ministry of health supported to construct 15 PHCs and 2 residence houses in selected governorates 1.6 Improved capacity of community-based psychosocial support structures 2.1 To enhance the MoH capacity to undertake sound human resources planning 2.2 Enhanced ability of the health staff in selected districts on delivering basic health services package. 3.1 To strengthen the institutional capacity of MOH at national level to manage National Health Information Systems 3.2 To support the MoH to develop and implement 10 emergency sentinel surveillance system in selected governorates 3.3 To support the MoH to expand VSAT connectivity to the district level 4.1 To support the MoH in the revitalization of the National Health Accounts Program 4.2 To pilot the Basic Health Service Package in 5 selected governorates

	<p>4.3 To support the MoH in developing a healthcare financing policy</p> <p>4.4 To support the MoH to develop a National Health Insurance Policy</p> <p>5.1 To support the MoH in the development a National Health Strategy (5 years)</p> <p>5.2 To enhance the national capacity to develop National Inter-Sectoral Action Framework for health focusing on community development</p> <p>5.3 To develop the National MDG forum to monitor progress of health indicators.</p> <p>5.4 To support MoH set up coordination mechanism on mental health and psychological support within MoH central and governorate level structure.</p>
Procurement	

Funds Committed by UNICEF WHO (as of 31 March 2012)	\$ 5,123,595.76 \$ 5,854,259	% of approved	85.5% 92.9%
Funds Disbursed by UNICEF WHO	\$ 4,894,199.53 \$ 5,149,727	% of approved	81.7% 87%
Forecast final date	UNICEF 31 st of December 2012 WHO: 30 th of June 2012	Delay (months)	UNICEF: 24 WHO: 18 months

Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men	A total of 450,000 in the catchments area of the reconstruction activities under this project.	40%
Women	Out of the 450,000 are 18,000 pregnant and lactating women will benefit from the construction activities.	10%
Children	Out of the 450,000 are 76,500 children who will benefit from the reconstruction activities in the project	40%
IDPs	Indirect beneficiaries to this project	60%
Others	MoH and other line ministries staff will benefit from many training activities planned under this project	50%
Indirect beneficiaries	All the population in Iraq, since strengthening PHC system in a country proved to count for better health outcomes (decrease mortality and morbidity rates related to common diseases)	50%
Employment generation (men/women)	This will be achieved mainly through the reconstruction activities, where around 600 job opportunities is expected to be generated for skilled and semi skilled workers. Indirect employment will be generated in building supplies, transportation and retail industries.	30%

Quantitative achievements against objectives and results		% of planned
To invest in the national capacity of MoH staff in targeted areas for improved Integrated Health Delivery Services	<p>WHO: The MoH with cooperation of WHO completed successfully a five days introductory workshop on implementation of Basic Health Service Package (BHSP) through Integrated District Health System based on Family Practice Approach (IDHS-FPA) which was held from 16- 21 April 2011 in Beirut. 41 high level government officials from all the 3 levels of government i.e. central MOH in Baghdad and MOH of KRG, piloted governorate and districts participated actively in the workshop.</p> <p>The above meeting was followed by another three days meeting that was conducted in Amman-Jordan during the period of 13-15 June 2011 for the assessment teams of IDHS.</p> <p>Prior to implementing IDHS, 8 assessment tools were developed, discussed and finalized during Beirut meeting, except for assessment tools number 6 and 7 which address assessing Primary Health Care Centers and assessing Hospitals in the 4</p>	90%

pilot selected districts, it was further discussed during June meeting, approved by the MoH officials and coded by WHO consultant. The MoH officials were also trained on data collection and data entry on the Statistical Package for Social Science (SPSS) in preparation for analyzing the outcomes of this assessment and developing District Health System Profile for each pilot district. Action plan with responsible persons and set timeframe was also agreed among all parties by the end of this meeting. The data which has been collected by the trained members of the assessment teams have been analysed by WHO consultant and 4 different reports one for each piloted district has been developed reflecting the situation of that particular district in terms of number of health facilities their current situation and functionality and the exact location, in addition to that, one comprehensive Analysis of Health System Profile for the four Piloted Districts was also drafted.

Following up on this initiative, a training workshop took place in Erbil during the period of 26-29 March 2012. The workshop focused on the planning and implementation phase, based on analysis, discussions and findings of the health system assessment of the four pilot. The main objectives of the workshop were to: present and discuss the findings from the health system assessment in the four pilot districts; identify and agree on priorities for each district; establish a mechanism for implementation of interventions; reach a consensus on the 2012–2013 action plan and the expected results for each district; and develop a plan of action on family practice implementation for the Erbil district.

The workshop was attended by 55 high-level delegates representing ministries of health at central, governorate and district levels and representatives of UNICEF, the United Nations Population Fund, United States Agency for International Development, European Commission and the media. Senior staff from the WHO Regional Office for the Eastern Mediterranean, Iraq, Jordan and Lebanon country offices facilitated the workshop.

The rehabilitation of 4 PHC centres has been completed. The rehabilitation work for the four facilities is 100% completion rate. Those PHCs are expected to provide services based on Family Practice Approach. The needed imaging, dental and general laboratory equipment, medical instrumentations, medical furniture, non-medical furniture and IT equipment, are currently undergoing the process of delivery at different levels, where all of the equipment has been handed over to the MoH.

UNICEF: To improve access to quality primary health care services for the remote rural communities, including those who have been affected by high influx of IDPs and Returnees in the south/centre part of the country. UNICEF within the current joint ITF project with WHO and as agreed with the SOT in consultation with Ministry of Health, Ministry of Marshland and the health directorates, utilized the available allocation to construct 13 PHCs and two residence houses for the medical staff in the following Governorates (one PHC in Ninewa, Kerbala, Muthana, Babil, and Salah Al-Din; and two PHCs in Basra, Missan, Wassit, Diwaniyah, and ThiQar and 2 staff residences. The Original Number was 15 PHCCs, but the number decreased to 13 due to inflation in prices; however UNICEF succeeded to mobilize other funds - mainly emergency funds - to construct residency for 9 PHCs instead of 2 PHCs only, to ensure sustainable availability of medical staff throughout the week in the remote rural districts. Currently, 9 PHCs have been completed and handed over to MOH/DOHs, and the construction work is on-going in another 3 sites with over 90 % achievement. The remaining two sites still not decided yet by MOH due to the land ownership and

85%

	<p>soil testing issues. In addition, 213 different level PHC staff working in the same selected districts has enhanced capacity on quality PHC services through conduction of several training courses on emergency obstetric care, safe delivery practices, essential neonatal care, growth development and monitoring, and proper management of diarrheal cases and acute respiratory tract infections. Some of these courses are still on going and targeting additional.</p> <p>UNICEF: In collaboration with the Child Protection section within the UNICEF Iraq country office, and the “Play Therapy Africa – NGO partner” rolled out a Community Based Psychosocial Support study/assessment, which is the first of its kind in Iraq and its output will convey crucial understandings and valuable data on psychosocial situation in Iraq. The study has been endorsed by MoLSA and is currently on going. Based on the result of this study: 1. Parents, caretakers and community members will reach a deeper understanding of boys and girls emotional and developmental needs enabling the provision of better care practices in selected communities.</p> <p>2. Selected communities will be empowered and capacitated to enhance internal (resilience) and external (social capital) protective factors for Iraqi children and youth.</p> <p>3. Boys and girls in Iraq will enjoy a renewed protective environment and an expanded psychosocial wellbeing as a result of strengthened processes of community mobilization, participation and empowerment geared around positive caring practices.</p> <p>4. Institutional capacity of Government of Iraq to develop and implement psychosocial support programmes for boys and girls and their families.</p> <p>A national framework and a strategy for the establishment of a national program for community based psychosocial support were developed by the Government of Iraq (GoI) with the support of UNICEF to pave the way to strengthen outreach services to vulnerable children within their families and communities. In the same time, inter-ministerial collaboration was strengthened between the different Ministries working in the area of PSS at the federal level. While the collaboration with MoLSA intensified, increased engagement from the Ministry of Education was noted in the PSS sector. Several meetings and joint field visits were conducted with the MoDM. Assessments of child centred programs run in Baghdad by MoLSA were conducted to plan with MoLSA increased service provision and strengthening quality of human resources</p>	100%
<p>To invest in improving the Human Resources Planning capacity for the MoH staff</p>	<p>WHO: World Health Organization (WHO) experts joined more than 42 high-level representatives from the Ministries of Higher Education and Research and Health, deans of medical institutions and members of the Accreditation Committee for Iraq in Amman, Jordan, from 27 to 29 February 2012 to evaluate the current status of accreditation of health professions education in Iraq, set priorities, and discuss how to ensure an effective structure and mechanism for a quality accreditation system in the country. The participants agreed to develop a road map clearly outlining steps to be taken and the roles various partners should play in establishing and strengthening an accountable accreditation system that is compatible and harmonized with global standards.</p> <p>Iraq has a long and distinguished history of medical education in the region and the world. The first medical school in Iraq, established in 1927, was a pioneer that supplied health care providers not only for Iraq, but also for various other countries. With the support of WHO, the Ministry of Higher Education and Scientific Research has worked hard to sustain this heritage and is committed to improving the quantity and quality of medical education institutes in Iraq.</p>	80%

	<p>The number of medical schools in Iraq has increased markedly over the past decade, and there is a need for stronger human resources to address the health issues the country faces in the 21st century and to meet the country development goals highlighted in the National Development Plan for Iraq and the Millennium Development Goals.</p> <p>All available means and methods must be used to ensure that Iraqi graduates are capable of practising in the reality of a changing world. Mastering core clinical competencies, in addition to acquiring a range of non-clinical (and even non-health-related) competencies, in areas such as management and leadership, information technology and e-learning modalities, is considered a basic prerequisite for any health professional today. Cultural competencies and social accountability are similarly important to ensure graduates are in tune with the needs of the populations and communities they serve.</p> <p>All of this has highlighted the need for accreditation as a tool to ensure quality and the necessary modernization of medical and health care education.</p> <p>An initiative on the accreditation of medical schools emerged in April 2007 as a result of recommendations by the Ministry of Health and WHO on medical education and accreditation standards. This initiative was followed by a series of workshops, meetings and consultations in Baghdad and Erbil, which led to the endorsement of national accreditation standards and guidelines and self-assessment tools for medical schools, which were based on the WHO/World Federation for Medical Education Guidelines for Accreditation of Medical Schools. It is this system which is now being reviewed.</p>	
To strengthen the national capacity of National Health Information System (HIS)	WHO: Following the outcome of the HIS assessment that took place in Baghdad in a national workshop on 8-10 March 2011, assessment report was developed jointly by MOH with technical assistance of WHO. It has thoroughly been reviewed by MOH and WHO, endorsed by H.E. the Minister of Health, published and disseminated to all concerned parties within MoH, WHO regional and HQ offices and other UN agencies. The findings from this report will be used in the development of HIS strategic plan for Iraq.	100%
To strengthen the National Health Care Financing System	WHO: The first round of National Health Accounts report for Iraq is finalised, endorsed by H.E. the Minister of Health, published and distributed to all concerned parties, including MoH, WHO Regional and HQ Offices and other UN agencies.	100%
To strengthen the health governance and policy environment.	<p>WHO: The Government of Iraq has requested the World Health Organization to support the MOH/Iraq in building the capacity of Iraqi professionals in the area of advanced managerial skills. As part of an agreement done by the Ministry of Health in Iraq and World Health Organization Office Iraq to strengthen the health management skills of a core group of health professionals, the leadership of Ministry of Health and WHO office for Iraq are pleased to embark on this initiative. This program aimed to strengthen the skills of the decision makers in strategic planning, health care financing, hospital reform, decentralization and change management. The advanced knowledge in the mentioned areas will enable this core team of health professionals to carry out the evidence based analysis of organizational and institutional functioning and governance in order to streamline service delivery structures, procedures and decision-making as part of the overall modernization efforts ... etc</p> <p>It is expected that by the end of the Program, the participants will be able to:</p> <p>Speak a common language about dimensions of health sector reform and sustainable development;</p>	80%

	<p>Analyze organizational and institutional functioning and governance towards streamlining service delivery structures, procedures and decision-making; Analyze how to select and apply tools and procedures to make desired changes that would affect image and utilization of health services in facilities; Draft a strategic plan that would provide directions to improve the planning, development, delivery and evaluation of health programs and services; Prepare evidence based policy briefs to decision makers.</p> <p>This Program will consist of nine modules whose content will be adapted to reflect the needs of Iraq and the plans to reform the Iraqi public sector. Each module will span over five days and will be conducted jointly by two faculty members (lead and co-facilitator) from FHS or affiliated resource persons with experience in adult learning. All training activities will feature interactive training techniques as well as emphasis on practical application skills that incorporate both adult learning pedagogy and material specifically tailored to the needed technical medical skills. Furthermore, the content will feature exercises and case studies adapted to reflect the health sector in Iraq and some others from the Middle East and other regions as appropriate. The first two modules were conducted in November 2011, another 4 modules were in December and February, while in March one module was finalised and it is expected that by the end of April 2012, the 9 modules will be conducted.</p> <p>The Iraqi Ministry of Health and the Ministry of Health of the Kurdistan Regional Government, in collaboration with the World Health Organization, conducted a workshop in Erbil on 27-29 February 2012 to review training activities carried out in the governorates throughout 2011, and to exchange experiences and lessons learned in implementing mental health in primary healthcare services.</p> <p>WHO mental health training modules, finalized in May 2011, have been adopted by Iraq. WHO has so far helped train a total of 1,685 health professionals, of whom 1,218 were male and 467 female, through 57 four-day national training sessions.</p>	
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<p>Qualitative achievements against objectives and results</p>
<p>The construction/rehabilitation and equipment of a good number of health facilities and residency houses especially in rural remote governorates of Iraq will certainly improve the access and quality of services provided by these facilities. Furthermore, the improvement in quality will ultimately cause improvement in utilization of health services by the beneficiaries which will eventually lead to reduction of morbidity and mortality and thus improved health status of the population. It is imperative to say that the large number of capacity building activities which has been supported and will be supported under this project for various categories of health care professionals will have a long lasting effect on the sustainability and quality of health services provided by them.</p>

<p>Main implementation constraints & challenges (2-3 sentences)</p>
<p>Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project. This has been contributing to the delays in implementation of activities under this project.</p>