



**FINAL NARRATIVE REPORT
IRFFI/UNDG IRAQ TRUST FUND (UNDG ITF)**

<p align="center">Participating UN Organization(s)</p> <p>United Nations Population Fund (UNFPA)</p>	<p align="center">Sector(s)/Area(s)/Theme(s)</p> <p>Health Sector Outcome Team</p>										
<p align="center">Programme/Project Title</p> <p>Support to Emergency Obstetric Care (EOC) in Iraq</p>	<p align="center">Programme/Project Number</p> <p>Project ID. 00066883</p>										
<p align="center">Programme/Project Budget</p> <table border="0"> <tr> <td>UNDG ITF:</td> <td>US \$ 12,603,476.55</td> </tr> <tr> <td>Govt. Contribution:</td> <td>USD</td> </tr> <tr> <td>Agency Core:</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> <tr> <td>TOTAL:</td> <td>US \$ 12,603,476.55</td> </tr> </table>	UNDG ITF:	US \$ 12,603,476.55	Govt. Contribution:	USD	Agency Core:		Other:		TOTAL:	US \$ 12,603,476.55	<p align="center">Programme/Project Location</p> <p>Region (s): Nationwide</p> <p>Governorate(s): Ninewa, Diyala, Salah-El-Din, Al-Anbar, Baghdad, Babel, Al-Muthanna, Al-Qadissia, Thi-Qar, Basrah, Duhok, Sulaimaniah, Najaf, Kerbela, Ta'meem, Wasit, Missan, Erbil.</p> <p>District(s)</p>
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<p align="center">Final Programme/ Project Evaluation</p> <p>Evaluation Done <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Evaluation Report Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Programme/Project Timeline/Duration</p> <p>Overall Duration <i>June 2004 – August 2009</i></p> <p>Original Duration <i>June 2004 – December 2006</i></p> <p>Programme/ Project Extensions <i>Extension 1: 30 June 2007</i> <i>Extension 2: 30 June 2008</i> <i>Extension 3: 31 December 2008</i> <i>Extension 4: 31 August 2009</i></p>										

FINAL NARRATIVE REPORT

I. PURPOSE

a. Introduction:

The project “Support to Emergency Obstetric Care (EMOC) in Iraq” mainly focused on addressing the deficiencies in the provision of emergency obstetric care services in the 18 governorates of Iraq. The project contributed to strengthening the technical capacity of health providers and managers working in Maternity units at the MoH facilities. At the same time it aimed at upgrading the referral and surveillance systems for maternal health. The work also entailed a process of physical rehabilitation of 29 maternity wards in hospitals around the country, equipping them with up to date medical equipments and supplies needed for providing quality care for women during delivery.

b. Programme/project main objectives, outputs, and activities:

Development Objective: Reduction of maternal mortality through improved quality of health services

Immediate objective 1: Enhanced quality of maternal health services

Immediate objective 2: Improved skills of service providers

Output 1: Maternity wards in 21 major hospitals rehabilitated and equipped.

Output 2: Service providers from MOH working in 21 hospitals are trained.

Activities:

Activity 1: Rapid assessment to verify and update needs (MOH, WHO, UNFPA)

Activity 2: TOT training and refresher courses to cover urgent capacity development needs (MOH, UNFPA, WHO).

Activity 3: Rehabilitation and equipping of maternal wards (UNFPA)

Activity 4: Re-establishing Surveillance system for maternal health (MOH, UNFPA, WHO, UNICEF).

Activity 5: Re-establish referral system (MOH, UNFPA, WHO, UNICEF)

Activity 6: Strengthen national training capacities (MOH, UNFPA, WHO, UNICEF)

c. Project linkages and relevance:

This project is in line with the UN Iraq assistance strategy and the UN Health Cluster outcomes, as it addresses the UNCT Goal 2: Assist in the provision of basic services and promotion of community development and participation; and Outcome 2.2: Health status of Iraqis improved through reduction in U5 and IMR and reduction in MMR. The project

contributed significantly to the achievement of the MDGs 4&5 by preventing disease and reducing mortality and morbidity among women and newborns. The project will assist the Iraqi government in reaching the Millennium Development Goals 4&5; and goal 4&5 of the Iraq National Development Strategy listed below:

- Goal (4): Reduce child mortality
 - Target 6- Reduce by two-thirds the under-five mortality rate
- Goal (5): Reduce maternal mortality
 - Target 7- Reduce by two thirds the maternal mortality rate.

d. Primary implementing partners and stakeholders:

Project implementation was undertaken in partnership with the Iraqi authorities, namely MOH at the central and regional levels; the directorates of health at the governorates; and other partners in the UN Health Cluster such as WHO, UNICEF and UNOPS. While WHO and UNICEF collaborate with UNFPA in the area conducting the need assessment study, UNOPS intervention was focused on the rehabilitation of maternity hospitals throughout the 18 governorates countrywide. The projects' sites of implementation were selected in collaboration with the Ministry of Health at the central and regional levels.

AMAR ICF, a key partner for expanding UNFPA's EmOC activities in the southern region of Iraq is a British charitable organization that has been implementing UNFPA-funded activities in the Marshes areas in the south of Iraq.

The direct beneficiaries of the project were managers and health providers working in maternal health care; especially those working in maternity wards in the targeted areas. The indirect beneficiaries are Iraqi women in reproductive age that needed assistance during delivery and complicated pregnancies.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

a. key outputs achieved:

Output 1: Maternity wards in 21 major hospitals rehabilitated and equipped;

By the end of December 2008 the original 21 sites were completed (100 %). 3 additional maternity wards in the Northern governorates were rehabilitated and equipped upon the MoH request. Additional five delivery rooms at 5 Primary Health Care centers were rehabilitated, thus raising the total number of rehabilitated sites to 29.

48 ambulances were delivered to work in maternity hospitals to transfer women during emergencies of pregnancy and delivery.

List of rehabilitated and handed over sites:

Ref.	Hospital	Governorate	District
1	Sinjar Hospital	Ninewa	Sinjar
2	Al Shattrah Hospital	Thi Qar	Al Shattrah
3	Al-Hamdania Hospital	Ninewa	Al-Hamdania
4	Samawa Maternity Hospital	Al-Muthanna	Samawa
5	Al khalis Hospital	Diyala	Al khalis
6	Sammarra' General Hospital	Salah-El-Din	Sammarra'
7	Balad General Hospital	Salah-El-Din	Balad

8	Heet General Hospital	Anbar	Heet
9	Al-Noor (Al-Hakeem)	Baghdad	Al Shua'lah -Kadhimiya
10	Al-Emam Ali Hospital	Baghdad	Al Sader
11	Hilla Teaching Hospital	Babel	Hilla
12	Al-Rumaitha Hospital	Al-Muthanna	Al-Rumaitha
13	Al-Khudir Hospital	Al-Muthanna	Al-Khudir
14	Al-Hindiyah General Hospital	Kerbala	Al-Hindiyah
15	Afak General Hospital	Al-Qadissia	Afak
16	Al-Furat Al-Awsat Hospital	Najaf	Kufah
17	Al-Tahreer (Al-Mawanie') Hospital	Basrah	Basra
18	Kirkuk General Hospital	Tameen	Kirkuk
19	Al-Sheik Jala Al-kinani Hospital	Wassit	Al Aziziyah
20	Ali-Al-Gharbi Hospital	Missan	Ali-Al-Gharbi
21	Al-Majar Al-Kabeer Hospital	Missan	Al-Majar Al-Kabeer
22	Azadi Hospital	Duhok	Duhok
23	Kalar Hospital	Sulaimaniyah	Kalar District
24	Hareer Hospital	Erbil	Hareer Sub-District
25	Bastorah PHC	Erbil	Salahadin Sub-District
26	Batas PHC	Erbil	Hareer Sub-District
27	Sersenk PHC	Duhok	Sersenk Sub-District
28	Kalkchi PHC	Duhok	Kalakchi Sub-District
29	Garmiyan	Sulaimaniyah	Rizgaree Sub District

Output 2:

700 service providers from MOH are trained:

A study Tour was organized for MoH managers to Egypt; discussion with the MoH& Population/Egypt officials and the National Training Institute/Egypt, culminated in the agreement to conduct a TOT on Emergency Obstetric Care “EMOC” for 36 participant’. A second TOT on “Surveillance of Maternal Deaths and Referral System for 24 participants took place after wards. Cascade training followed inside Iraq, to build the capacity of 700 health service providers from across the country. The total number of doctors, nurses, and skilled birth attendants who were trained inside the country reached 1411; against the originally planned 700.

Anatomical Training models were delivered to the MoH to be used in the training workshops.

b. Contribution to the achievement of the project’s outcomes:

In spite of the delays in project implementation, it can be concluded that most expected results of the planned activities were achieved. The training and capacity building of managers and health providers, along with the rehabilitation and requisite equipping of facilities, was sufficient in raising the level of knowledge and performance of the targeted health practitioners. Health providers were more able to deal with emergency cases during delivery including bleeding, hypertension and toxemia of pregnancy. Evidence obtained during the final project evaluation suggests clearly that the quality of care and service provision (both pre- and post-natal, and during delivery) at the targeted sites (sample was taken) improved meaningfully during the project implementation through enhanced access and quality of service provision.

c. Contribution of the programme/project to the ICI, NDS, MDGs and Iraq UN Assistance Strategy:

The project was designed and implemented in accordance with relevant policy frameworks of ICI, NDS, MDGs and Iraq UN Assistance Strategy. It was aligned with the priorities identified

in the National Development Strategy for Iraq, 2007- 2010 with regard to Reducing Child and Maternal Mortality. The improvement in emergency obstetric services, if properly maintained, will make a significant contribution towards attaining the Millennium Development Goals 4 and 5 of Reducing Child and maternal mortality. At the end of project external evaluation; data were collected and aggregated from 4 sites indicated a trend of dramatic increase in the number of births delivered at these facilities (from 13,390 total in 2005, to 18,680 total in 2009), a decrease in proportion of infant deaths from 2005 to 2009; a decrease in the proportion of deaths of pregnant women from 2005 to 2009; and decrease in referral incidents (both in real numbers and in proportion to births) which all reflect the improvement of maternal health care.

d. Contribution of key partnerships including national, international, inter-UN agency, CSO or others.

The Iraqi MOH; the main partner, was responsible for implementing local training programmes of services providers; distributing and equipping the rehabilitated maternity wards, and coordinating with the DOHs at the governorate level to facilitate the rehabilitation activities of project sites. All rehabilitation activities were executed by UNOPS. Partners in the UN health sector outcome teams such as WHO and UNICEF co-operate in developing of national capacities. Other external partners, such as the National Training Institute (NTI) of Egypt, have been instrumental in upgrading the capacity and skills of the master trainers of EMOC.

In the southern marshlands region, AMAR ICF was the implementing partner for this project's activities in Basra, Maysan and The Qar.

e. Cross cutting issues:

- **Human rights:** Regarding human rights, the project mainly addressed the health rights and needs of women at reproductive age, as well as newborn infants, and their right to have equal access to basic health services, specifically emergency obstetric care. The project targeted mostly districts health facilities; focusing on women's reproductive health needs and requirements in urban and rural parts of the country.
- **Gender:** Gender goals were an explicit focus of the project. The project was designed to improve women's health through the provision of quality emergency obstetric care services countrywide, and to make sure that all Iraqi women in the reproductive age can have access to high quality services provided to them. Furthermore, female doctors, nurses and midwives were included in high proportions in the capacity development programmes within the project.
- **Environment:** This project has no impact on the environment.
- **Security:** The unfavorable security situation during the years 2005-2008 and its consequential impact remained the prime factor in affecting the delays in implementing the project activities, such as the rehabilitation processes and the local training. UNOPS had had great difficulties in recruiting and hiring local contractors due to difficulties in travelling and moving inside the country.
- **Employment generation:** The number of short-term jobs created for the implementation of the project is 6 project staff (5 national and 1 international).

f.

IV. 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: Enhanced Quality of Maternal Health services in Iraq through							
Output 1.1 Maternity Wards in 21 major Hospitals Rehabilitated and Equipped.	Indicator 1.1.1 21 maternity wards rehabilitated, and equipped	0	21	29	The increase in the number of sites took place upon the request of the MoH	Progress reports	
	Indicator 1.1.2 Procurement of equipment	0		- 48 ambulances delivered -3 monitoring vehicles. - 4 mobile clinics	All vehicles were requested by the MoH		
Outcome 2: Improved Skills of Service Providers							
Output 2.1 Rapid assessment of RH needs.	Indicator 2.1.1 Rapid need assessment report	0	One report	Report on RH situation and needs produced		The published report	Needs assessment conducted to evaluate the actual needs for capacity building of service providers as well as the need for medical equipment, supplies, medicines and drugs
Output 2.2 Capacity building of 700 Service Providers from MOH	Indicator 2.2.2 700 MOH Staff Trained	0	700	1411		Progress reports	

<p>Output 2.3 Re-establishing Surveillance and referral system for maternal health</p>	<p>Indicator 2.2.3 surveillance and referral system in place</p>	<p>0</p>	<p>Surveillance and referral system in place</p>	<p>Experience gained from the training in Egypt contributed to improving the surveillance system of maternal mortality but not to the referral of EMOC cases</p>			<p>Upgrading the referral system was not accomplished due to administrative reasons within the MoH</p>
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III. EVALUATION & LESSONS LEARNED

a. Project evaluation

An external final project evaluation was conducted, the evaluation report is annexed (Annex 1), Key findings were:

1. All hospitals visited have undergone improvements through rehabilitation and/or delivery of equipment.
2. Feedback obtained from hospital staff during the field data collection confirmed that those capacity development activities (training workshops) had taken place as planned, and with satisfactory results.
3. Staff who received training were generally satisfied with the quality of training, and affirmed that it was much relevant to real and practical needs in the areas of emergency obstetric care and maternal health surveillance.
4. Evidence obtained from both document review and interviews during site visit suggests clearly that the quality of care and service provision (both pre- and post-natal, and during delivery) at the targeted sites improved during the project implementation.
5. Information concerning delivery of medical equipment was also confirmed by the hospital management and staff at the targeted sites.
6. Site visits confirmed that the vehicles were being utilized according to their intended purposes.
7. All ambulances and medical equipment procured for the maternity wards were obtained in accordance with UNFPA rules and regulations, and according to the specifications and approved bills of quantity.

b. Key constraints and delays

Delays in completing the project's rehabilitation activities were mainly due to difficult security situation which prevailed in the country during the years 2005-2008. Despite the above successes, it should be noted however, that due to the delays in completing the rehabilitation works of the maternity wards, UNFPA was required to deliver the equipment to the MoH warehouses for subsequent distribution, rather than directly delivering the equipment to the rehabilitated hospitals. As such, the handover took place centrally, which is not optimal for ensuring that the equipment is used as intended.

c. The main challenges encountered during project implementation included the following:

- The unstable security situation, which affected access of women in need of emergency obstetric care, to the improved services.
- Site visits by UNOPS for inspection of rehabilitation/upgrading works could not be undertaken in a timely manner due to the unstable security situation.
- The lengthy governmental procedures and delays in identification of sites that required rehabilitation.
- Some of the selected sites were found to be unsuitable for rehabilitation, from a budgetary cost point of view.
- The bidding and awarding of rehabilitation contracts, as well as the complex administrative procedures employed for preparation and approval of the designs of the selected sites through UNOPS, all contributed to delays in the implementation of construction works.

d. Key lessons learned

1. UNFPA and UNOPS national staff played an important role in monitoring project progress, identifying bottlenecks and constraints, undertaking risk mitigation measures, coordination with involved partners inside Iraq, and reporting and providing feedback to UNFPA office in Amman.
2. The lengthy governmental procedures, selection criteria and delays in identification of sites that required rehabilitation, coupled with the complex administrative procedures followed in preparation and approval of technical designs, delayed project implementation. This suggests that mutual approval between the UN sponsoring agency and the government of Iraq on more effective procedures and selection criteria should be considered during the planning and final approval of future projects to avoid confusion and incompatible priorities.
3. Projects involving capacity development of national staff should be based on building the capacity of focal master trainers (ToTs), who would afterwards transfer the knowledge and skills acquired to other staff through cascade training inside the country.
4. The delay in implementing the steps to upgrade the referral system for EMOC inside the country were due largely to intra-ministerial lack of identification of leadership of this particular activity and uncertain division of labor between the different departments.
5. Delivery of project equipments and supplies should be appropriately planned and delivery timed to ensure compatibility with the project sites rehabilitation activities.