UNDG Iraq Trust Fund

ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

Programme Title & Number	Country, Locality(s), Thematic Area(s)[1]
Programme Title: Strengthening Primary Health Care System Phase II. **Programme Number:** D2-25 **MDTF Office Atlas Number:** 54904	Iraq Sector D-Health and Nutrition

Participating Organization(s)	Implementing Partners
WHO and UNICEF	**National counterparts** *(MOH, MOHE,MOF and MOPDC).*

Programme/Project Cost (US$)	
MDTF Fund Contribution:	**$11,968,000**
WHO: **5, 930,368**	
UNICEF : **5, 987,632**	
Agency Contribution	
WHO: **200,000**	
Government Contribution	
WHO and UNICEF:	
500,000	
Other Contribution (donor)	
TOTAL: 12,618,059	

Programme Duration (months)	
Overall Duration:	36 months
Start Date[2]	9 December 2008
Original End Date	9 December 2010
Revised End Date	31 December 2011
Operational Closure Date : 31.12.2011	
Expected Financial Closure Date: 31.12.2012	

Programme Assessments/Mid-Term Evaluation	Submitted By
Assessment Completed - if applicable *please attach* ☐ Yes ☐ No Date: _____ Mid-Evaluation Report – *if applicable please attach* ☐ Yes ☐ No Date: _____	○ Name: Dr. Aqila Noori ○ Title: Technical Officer, Health Systems Development ○ Participating Organization (Lead): WHO ○ Email address: wriraq@irq.emro.who.int

[1] Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.
[2] 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).

Acronyms

APW: Agreement for Performance of Work
BHSP: Basic Health Service Package
BOQ: Bills of Quantities
CBI: Community Based Initiative
CBPSS: Community Based Psychosocial Care Programme
DG: Director-General
DM: Diabetes Mellitus
DoH: Directorate of Health
EMRO: Eastern Mediterranean Regional Office
GoI: Government of Iraq
GDP: Gross Domestic Product
HRH: Human Resources for Health
HIS: Health Information System
HT: Hypertension
ITF: Iraq Trust Fund
ICI: International Compact with Iraq
IRFFI: International Reconstruction Facility Fund for Iraq
IDHS-FPA: Integrated District Health System- Based on Family Practice Approach
IMCI: Integrated Management of Childhood Illness
ICD-10: International Classification of Disease- 10^{th} version
IDPs: Internally Displaced Persons
MoH: Ministry of Health
MoHE: Ministry of Higher Education
MoE: Ministry of Education
MoLSA: Ministry of Labour and Social Affairs
MoPDC: Ministry of Planning and Development Cooperation
MH: Mental Health
MDGs: Millennium Development Goals
NGOs: Nongovernmental Organization
NDS: National Development Strategy
NTAs: National Training Activities
NHA: National Health Accounts
PHC: Primary Health Care
PHCCs: Primary Health Care Centers
SCSO: Steering Committee Support Office
SC: Steering Committee
SOTs: Sector Outcome Teams
SPHCS: Strengthening of Primary Health Care System
ToT: Training of Trainers
UNICEF: United Nations Children's Fund
WHO HQ: World Health Organization- Headquarters
WHO: World Health Organization

NARRATIVE REPORT FORMAT

I. Purpose

The aim of Strengthening Primary Health Care System (SPHCS) phase II project is to support the MoH efforts in the area of Health Sector Reform and strengthening the decentralized District Primary Health Care (PHC) System in Iraq. The restructuring of the system will improve equity, efficiency, effectiveness and responsiveness of system. This is in line with the Ministry of Health (MoH) articulated vision for PHC as 'an accessible, affordable, available, safe and comprehensive quality health service of the highest possible standard that is financially sound and founded on scientific principles in order to meet the present and future health needs of Iraqi people regardless of their ethnicity, geographic origin, gender or religious affiliation.' This vision calls for an integrated reform of the Health Care System which is the main objective of this project. This project is also in conformity with the MoH goal to transform inefficient, centrally-planned and curative care-based services into a new system based on prevention and evidence-based, equitable, high quality, accessible and affordable primary health care.

This project is a WHO-UNICEF joint project that builds on previous achievements under the Strengthening of Primary Health Care System (SPHCS) Phase I project in Iraq. The project is designed to contribute to upstream national policy level and at downstream health service delivery level.

The immediate objectives of phase II are to (a) invest in the national capacity of MoH/DoH staff in targeted areas to improve Integrated Health Services Delivery, including community psychosocial support (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.

SPHCS Phase II project has been designed according to the national priorities and in conformity to the Health and Nutrition Sector goals, objectives and benchmarks as stipulated in the National Development Strategy (NDS) 2007-2010, International Compact with Iraq (ICI), UN Assistance Strategy for Iraq 2008-2010 and the Millennium Development Goals (MDGs). SPHCS project will contribute to successful accomplishments of the following strategic health and nutrition sector goals and objectives defined jointly by the government and partner agencies.

The implementation of this project has put in place the basic infrastructure for achieving the ICI goal for heath sector, which states: 'Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development, increase spending in health from 2.5% to a minimum 4% of GDP to secure access to basic health care for all while preserving the current share of payroll.

Similarly, the SPHCS project has been strongly linked to the national priories as stipulated in the National Development Strategy (NDS) for Iraq. In order to fulfill the benchmark commitments of ICI the NDS 2007-2010 has been put in place by the Government of Iraq (GoI) to address the various priorities which were identified by the government in a more concrete and precise manner. The NDS will contribute to the attainment of the ICI health sector goals by focusing on the following strategic priorities:

- Strengthen the national healthcare delivery system, and to reorient it from being hospital-focused to being based on Primary Health Care delivery.
- Strengthen emergency preparedness and response in order to address the needs of Iraqis, especially vulnerable populations, while promoting a healthy living environment.

Moreover, the SPHCS phase II project is in line with the UN Iraq Assistance Strategy 2008-2010. This assistance strategy which will guide UN activities from 2008-2010 has been developed in consultation with the government of Iraq, donor community and NGOs to ensure that it keeps with national priorities namely the National Development Strategy, objectives set forth in the International compact with Iraq (ICI) and MDG benchmarks. The SPHCS project will contribute substantially to the achievement of the Health &Nutrition Sector related objective of the UN Iraq Assistance Strategy which states that:

By 2010, health and nutrition related programs enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable groups.

It is worthwhile to reiterate the fact that the various outputs undertaken by this project will eventually contribute to the achievements of the following Health and Nutrition Sector related MDGs.

- Reduce child mortality (MDG 4)
- Improve maternal health (MDG 5)
- Combat HIV/AIDS, malaria, and other diseases (MDG 6)
- Eradicating extreme poverty and hunger (MDG 1)
- Ensure environmental sustainability (MDG 7)

II. Resources

Financial Resources:

- Provide information on other funding resources available to the project, if applicable.

  WHO contributed to the completion of project activities under this project from its own financial resources through various direct and indirect mechanisms. Furthermore, the project was provided with a high level of technical and administrative support by the Country, Regional and HQ offices of WHO. This project also saw a high level of monitoring and supervisory support by the experts from the aforementioned various offices of WHO.

  Due to the price increases for labor and construction materials the estimated project budget is no longer sufficient to construct 13 PHCCs. UNICEF allocated nearly $1 million from its own resources to cover this shortfall contributing to construction of 3 PHCCs in Wassit, Diwaniyah and Basrah. UNICEF has also covered the cost of the Senior Manager who was part time overseeing project implementation from Amman with frequent missions to Baghdad.

- Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.

  A request for project extension was submitted to the Steering Committee Support Office (SCSO), where a 12 months extension for the project implementation was granted. The extension request involves only a change of 10% among some of the budget lines.

As per the agreement between WHO and the government of Iraq, WHO did not consider any payment in advance and the payments to all types of transactions took place after submission of the statement of account and other proofs of expenditure which facilitated the financial management of grants under this project as well as contributed to transparency and accountability of the funds used. However, payments were sometimes delayed due to the complexity of the operation, where most of the financial transactions are processed and certified in Amman before sending them back to Baghdad due to the absence of a reliable banking system in Iraq.

Human Resources:

WHO National Staff: One national technical officer and one administrative assistant who are based in Amman has been contributing to the implementation of the project activities by a regular follow up with the counterparts in the various ministries e.g. MoH, MoHE and MoPDC. These national staffs' 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 health system strengthening and the capacity building needs of the mentioned partner agencies. In addition, WHO regularly utilizes the expertise of national consultants who are assigned to perform specific tasks under an Agreement for Performance of Work (APW).

WHO International Staff: The project was successfully managed and closely monitored by a full time international medical officer who is based in Amman with frequent travels to Iraq. The project has seen remarkable progress in a number of planned technical areas of strategic importance due to availability of the full time international medical officer.

UNICEF National Staff: two national staff – one in Baghdad and one assistant in Amman has been involved in day to day project management, liaising with the MOH, respective DOH, supervising monitoring engineers who are overseeing physical construction and verify quality.

UNICEF International Staff: One Senior Health and Nutrition Officer was part time involved in overseeing implementation of the project from Amman with frequent visits to Baghdad. Other UNICEF resources were used to cover the cost of this staff.

III. Implementation and Monitoring Arrangements

The implementation of this joint project started in December 2008 and will continue up to December 2011. The project has successfully completed its two years of implementation and is on its way to contribute to the accomplishments of the project outputs. The MoH is the main government partner with the primary responsibility for implementing this project. The project implementation is assisted by the technical counterparts at National and Sub National levels of MoH. Full support has been extended by a large 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 international medical officer and the National Technical Officer of WHO currently based in Amman. The project also enjoyed a high level of technical backstopping by the WHO Regional Office EMRO in Cairo and WHO-HQ in Geneva. Throughout its implementation the project contributed to the capacity building of a number of governmental ministries namely MoH, MoHE and MoPDC as well as private sector and civil society organizations.

Close coordination was maintained with MoH and UN Health and Nutrition Sector Outcome Team (SOT) partners by the UNICEF Project officers, backed up by contracted facilitators based in Baghdad and in other governorates to oversee project implementation. The monitoring activities for this project include field visits

as well as regular meetings with DoHs staff in all governorates, and the preparation of periodic reports. UNICEF staff in Baghdad and Amman, in coordination with MoH, prepares and finalize all technical and financial reports. In addition, all the provided support is coordinated with WHO through the Health and Nutrition Sector Outcome Team, whereby WHO provides overall technical as well as some financial support for routine and accelerated activities.

Up to date, 6 UNICEF Specialized Engineer Facilitators are assigned to monitor and assess the quality of reconstruction works. Assessments are done jointly with technical staff from the relevant MoH/DoH health department, including handover process, documentation of completed work (including photography showing construction stages) and certifying letter from GoI partners addressed to UNICEF. Payments are processed based on UNICEF's receipt of all the above documents.

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:

Project Steering Committee:

This committee is a senior level committee to follow up on the progress of project implementation. It met once every three months in Baghdad and WHO is represented at this committee, through one of its national staff. The Steering Committee consists of the following staffs.

Chairman:

- H.E. Minister of Health

Members:

DG of Public Health and PHC Directorate; DG of Project and Engineering Services Directorate; DG of Planning and Human Resources Development Directorate; DG of Technical Affairs Directorate; Director of International Health Department; Director of PHC Centers Section; WHO Representative

Executive Committee:

This committee meet once every month in Baghdad to follow up on the progress of the project implementation and WHO is represented at this committee, through two of its national staff.

Chairman:

- DG of Public Health and PHC Directorate

Members:

Director of Health Education Department; Representative of Project and Engineering Services Directorate; Director of Training and Development of Cadres; Director of Health Planning and Policies Department; Director of Health and Vital Statistics Department; Representative from the Center for Disease Control (CDC); Representative from International Health Department; Representative from Technical Affairs Directorate; Representative from PHC Centers Section; Representative from Financial Department; Director of PHC Centers Section; Director of Nursing; WHO.

Focal Points:

Four focal points were contracted by WHO as APWs for the Primary Health Care facilities which needs to be rehabilitated under this project. The focal points are responsible to keep close eye at the rehabilitation process and report regularly to the concerned DoHs and WHO on the progress.

Based on the initial implementation scope six UNICEF's Specialized Engineer Facilitators were assigned to monitor and assess the quality of reconstruction works.

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.

Iraqi contractors have been implementing most of the rehabilitation works, with close supervision from WHO focal points and WHO staff in Amman. All the equipments have been procured in Amman or Iraq (depends 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.

For the component supported by UNICEF, the detailed field assessment has been done by contracted facilitators in collaboration with MoH/DoH staff and local community council. Design work was prepared by the national staff in Iraq based on the detailed assessment. The preparation of tender documents, specifications, tender evaluation, contracting and procurement have been done outside Iraq by UNICEF support centre in Amman with the assistance of the UNICEF Regional Office in Amman as required. The bidding process was carried out through the following arrangements:

- Bills of Quantities (BOQ) are prepared inside Iraq by Iraqi engineers working for UNICEF under an institutional contract, in collaboration with the government engineers responsible for the work. These are costed jointly by the government and UNICEF-contracted engineers.
- The BOQs with a letter of request are sent by pouch to UNICEF Amman office where they are checked by technical staff from each section before being passed to the Contracts unit for bidding. A pre-qualification process was established in 2004 to evaluate the capacity of contractors/suppliers and NGOs.
- Bidding documents are delivered to Iraq by a courier service in sealed envelopes to the pre-qualified companies.
- The bid responses are subsequently collected in Iraq by ARAMEX in sealed envelopes and delivered to UNICEF Amman office for further action. UNICEF follows its standard procedures for procurement and award of contracts. After the award of contracts, the supervision and monitoring of the program is undertaken by GoI partners and UNICEF Facilitators. After completion, a handover committee is responsible to undertake the quality control and certify completion of work before processing payment.

All the work is undertaken by local contractors. The monitoring and supervision mechanism will rely on the use of local companies with coordination and administrative support role of the national staff in field offices in Iraq and the national/international staff in ISCA office. Periodic program review and coordination meetings conducted in Amman or Iraq as security situation permits.

There were no deviations from above described process except for procurement of basic supplies and furniture (for the newly constructed PHCs) which were included in the original project proposal, worth of USD 210,000. MoH-Iraq sent an official letter to UNICEF requesting utilizing the originally suggested budget mentioned above for constructing a new additional PHC, as MoH will provide the required supplies and furniture from their own resources. MoH has also committed themselves to deploy the necessary staff

for the new PHCCs. The commitment of MoH to utilize their own financial and human resources to complement this project reflects the good partnership between MoH and UNICEF and the eagerness and firm commitment of MoH counterparts to expand the PHCCs services across the country and better investment on the children and women health. The request submitted to ITF steering committee and MoH request approved accordingly.

Report on any assessments, evaluations or studies undertaken.

It is worth pointing out that a number of capacity building activities were undertaken during the reporting period in order to prepare the ground and develop a core team of experts who will be equipped with the knowledge and skills on how to undertake assessment in the pivotal areas of Health Information System (HIS) and Human Resources for Health (HRH). It is worthwhile to iterate the active and timely support of MOH both in terms of welcoming the support in the area of HIS and HRH as well as formulating high level steering and technical committees which shall support the implementation of the mentioned assessments. All the members of the committees have been trained by WHO and oriented to the assessment tools in a number of consultative meetings and workshops both inside and outside Iraq. The assessments for both HRH and HIS will be conducted in the first to second quarter of 2011. The findings of these assessments will be used to formulate the National HIS and HRH strategic plans which will chart the direction of MOH and stipulate its priorities in the short to medium term with regard to the mentioned health system building blocks of HIS and HRH.

In addition WHO assisted MOH in the preparation and completion of the *Health Expenditure Review for Basic Health Services in Iraq for the year 2008.*A national survey was conducted in July 2010 by the MoH with the technical and financial assistance of WHO. After the development of the survey instruments and its adaptation to Iraqi context the Iraqi team was trained on these instruments. After finalizing the training and the sampling the survey was conducted in July 2010. A period of one and a half month was needed to finalize the data collection. The survey was conducted in 16 district hospitals, 98 Main Primary Health Centers and 48 Sub Primary Health Care Centers, so all in all survey results were derived from 162 health facilities. The report is expected to be finalized and endorsed by the MoH in early 2011.

UNICEF conducted prior to construction activities, a detailed field assessment by the contracted facilitators in collaboration with MoH/DoH staff and local community councils and design work was prepared by the national staff in Iraq based on that detailed assessment.

IV Results

WHO as the lead agency is the overall coordinator of the project, while UNICEF remained accountable for attainment of the specific outputs. The progress and results linked to the original outputs are described below.

Output 1. Capacity of the MoH in targeted areas developed for improved Integrated Health Services Delivery.

An array of vital measures were taken during the project reporting period to successfully accomplish the above output which is meant to strengthen the capacity of MoH in order to have a context specific services delivery model. The following achievements have been made in the following areas of strategic importance which will pave the way for the successful reform of health system based on the principles of PHC and will establish a successful model of health services delivery which will respond to the health care needs of Iraqi population in an effective and sustainable manner.

1.1 Basic Health Service Package (BHSP):

The MoH with the technical and financial support of WHO developed the Basic Health Service Package which was approved by the MoH in a formal session that was conducted in Baghdad in February 2010.H.E. the Minister of Health declared that this package will pave the way for a successful reform of the health care system and will establish the basic and essential milestone of a decentralized PHC system which is based on the principles of Alma-Ata Declaration. This package was translated to Arabic, published and distributed.

An extensive policy support was given by MoH of Iraq in order to initiate the implementation of BHSP.A National Steering Committee headed by the Deputy Minister of Health for Donors Affairs and Technical Committee for BHSP implementation was formulated. On 1-2 December 2010, WHO-Iraq Office in collaboration with WHO Regional Office organized a preparatory meeting on (BHSP) Implementation in Amman. The meeting was attended by all Directors of all relevant departments including the Director General for Planning and Resource Development the Director of PHC and the Director of Donor Affairs Section. During the said meeting, a one year plan-of-action in support of BHSP implementation in the context of Integrated District Health System (IDHS) based on Family Practice Approach was drafted and agreed upon with all the relevant counterparts from MoH. The BHSP will be implemented under the umbrella of a holistic integrated district health system (IDHS) approach with focus on Family Practice model of services delivery. The pilot implementation of Integrated District Health system will be initiated only in 4 governorates (Baghdad, Kirkuk, Missan and Erbil) and after the evaluation; it will be expanded to the rest of the governorates. The whole district will be covered in this initiative and special attention will be given to the special health care needs of the deprived and underserved population in the targeted districts i.e. women and children, internally displaced populations, returnees.

In order to set the base line for this initiative (IDHS-FPA) before implementing in the 4 districts, WHO Iraq Country Office in collaboration with the WHO Regional Office developed *Assessment Tools*. These tools will cover the following areas:

National level indicators, district level indicators, PHC facility assessment, the policy commitment to DHS strengthening based on Family Practice Approach, District Health Management and Support System, Social Determinants of Health and Inter-sectoral Action for Health, District Hospital Information and Community Organization and Mobilization. Adoption of the assessment tools to Iraq was done, and the assessment is expected to take place early 2011.

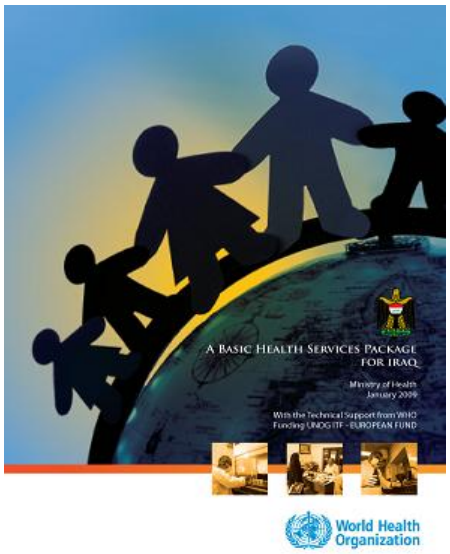


Figure 1 Basic Health Service Package for Iraq

The successful implementation of the BHSP based on IDHS-FPA will assist the MOH to comply with the Health benchmarks commitments as illustrated in the National Development Plan (NDP) 2010-2014, the ICI, the MDGs and the 2005 Constitution of Iraq which stipulates the devolution and decentralization of financial and administrative authority to the regional and governorates level.

It is worth pointing out that the district health system is the tier where health care delivery comes into direct contact with community. It is for this reason that many attempts to improve health system performance have

focused on this level over the last three decades. A District Health System Approach also allows detection of all the problems and shortcomings that may exist elsewhere in the health system. In other words, a district health system in many ways mirrors the status of the national health system and any attempt to improve it should eventually encompass the health system as a whole if sustainable outcomes are to be achieved.

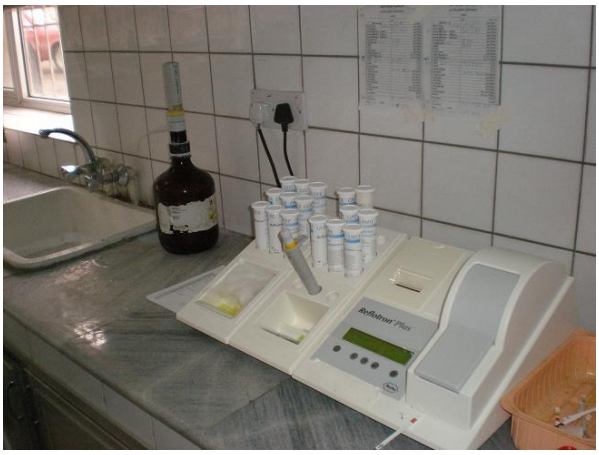
While PHC based on a district health system approach is well known, there is now a need to revitalize it given the changing global and local scenario over the last several decades. Significant among these changes are the demographic and epidemiologic profiles of populations, rising expectations of a more educated community; growth of the private health sector; changes associated with globalization such as improved access to information; and a renewed approach to PHC embedded in the four reform areas as advocated by the 2008 World Health Report. The main features of this new approach as mentioned earlier, focuses on Family Practice Approach; integration of health programs delivered in a single service package; engagement of the private sector in services delivery and regulation of all kinds of service providers i.e. public and private, licensed and unlicensed, current medicine and traditional practitioners.

1.2 Family Practice Approach

Iraq started the implementation of Family Practice in 2006 with the technical assistance of WHO and the co-financing of some activities with the MoH. Today, Iraq is running 20 PHC Centres that are implementing the Family Practice Approach.

Figure 2 Mother & Child in a PHC center in Baghad

In order to contribute to the already ongoing efforts WHO with the support of this project will fully equip and rehabilitate five PHC Centers located in Basra, Baghdad (Al Karkh and Al Rasafa), Mousel and Karbala. These five facilities will be able to establish a successful model of health services delivery by implementing BHSP based on the IDHS approach with focus on Family Practice Approach. The rehabilitation work was preceded by a *need assessment* which was conducted in the five facilities by the MoH officials and the report was shared with WHO in March 2010. The findings of this report were used to determine the needs of these facilities in terms of rehabilitation and the supply of medical and non medical equipment including the dental equipment, general lab equipment, medical instruments, medical furniture, non-medical furniture and the IT equipment. The procurement of mentioned equipment is expected to be finalized soon and some equipments like IT and non-medicals have already been delivered to MOH.



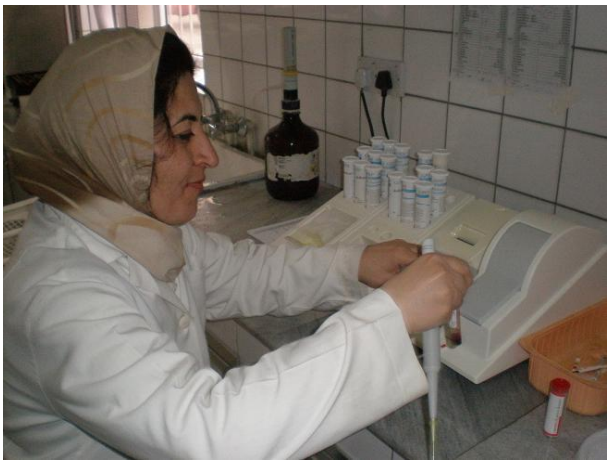


Figure 3 Clinical Analyzer that was procured under this project

The mentioned support was supplemented by the printing of a total 10,000 copies of patient files which will contribute to strengthening the patient record keeping and thus health information system at the facilities level. These files have been used by the already functioning PHC centers where the Family Practice Approach is being implemented.

The rehabilitation work was monitored by four engineers who were contracted on short term basis by WHO to support and technically oversee the implementation progress of physical rehabilitation in close co-ordination with MoH focal points. The Bills of Quantities (BOQs) and the Bids Announcement are finalized for the five facilities and the work for different facilities is at different stages of progress i.e. Calls for Bids and Awarding the Contracts, etc.

1.3 Integrated Management of Childhood Illness (IMCI) and Nutrition:

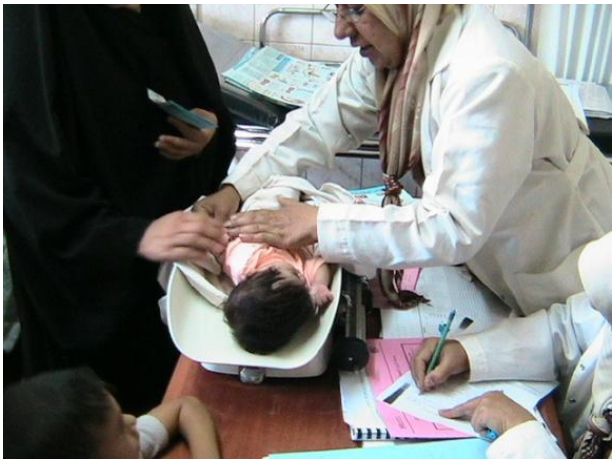


Figure 4 Baby Regular Check in the PHC center in Missan

In addition the following National Training Activities (NTAs) were implemented in order to promote and expand the use of innovative interventions aiming to improve the health of mothers and children and thus will accelerate the progress towards MDGs 4 and 5. Five NTAs were undertaken to train 25 assessors in order to undertake the assessment of mother baby friendly hospital initiative. Seven NTAs were conducted successfully in order to train 175 doctors and nurses on the 10 steps of Mother Friendly Hospital Initiative.

Generation of knowledge and evidence is crucial for evidence based decision making and planning. Thus WHO supported MoH to undertake research pertaining to the following areas identified by MoH:1) Breast Feeding 2) Measure the Indicators of Information Technology and 3) Job Satisfaction at central MoH.

WHO also supported the implementation of Integrated Management of Childhood Illness (IMCI) at PHC facilities implementing the programme as a pilot as follows:

An 11 days IMCI case management training course for 24 physicians working at primary health care centers in Baghdad and Babylon was conducted. Similarly, 5 days training course on IMCI was conducted

for 20 paramedics who work in PHC centers. Additionally a 3 days follow up training course on IMCI was convened for 12 health professionals.

1.4 Construction of 13 Primary Health Care Centers

To improve access to quality primary health care services for the remote rural communities, including those how have been affected by high influx of IDPs and Returnees in the south/center 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.

Two model designs for the new PHCCs and staff residence have been developed in consultation with MOH engineers including the detailed BOQs:

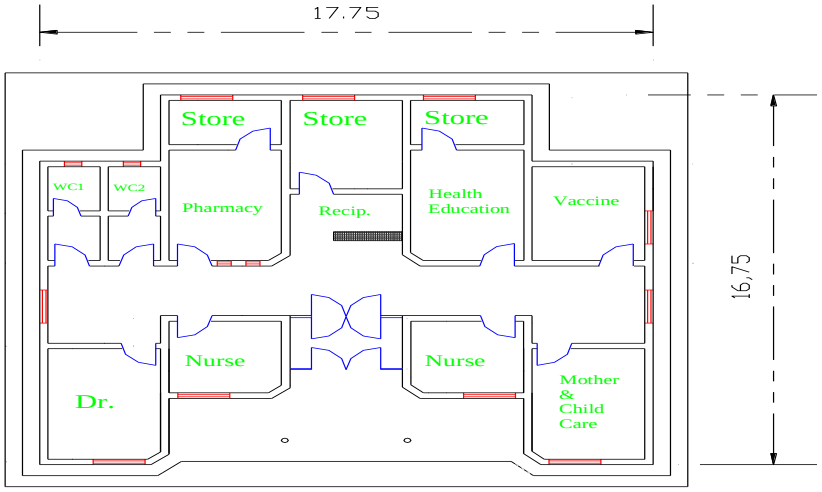


Figure 5 Type A PHC center

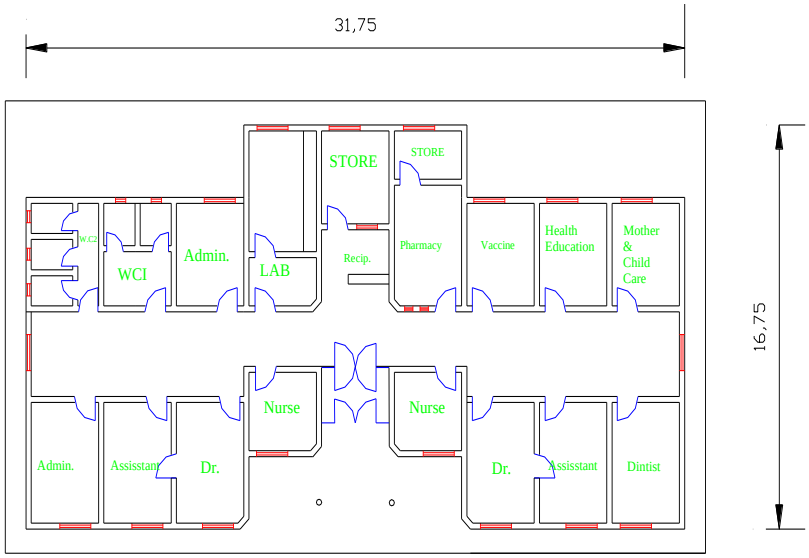


Figure 6 Type B PHC Center

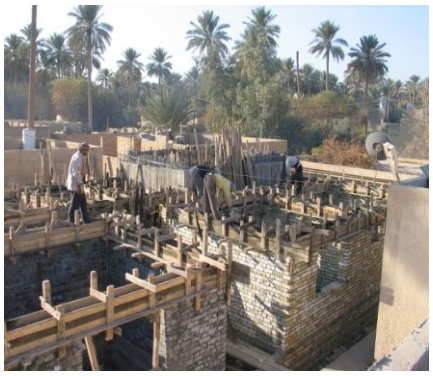




Figure 7 UNICEF engineers closely monitor & document the day to day work

Up to date, 7 PHCs completed and handed over to MOH/DOHs, and the construction work is ongoing in the remaining 4 sites. Additionally, two PHC submitted for bidding and the BOQs for another PHC will be finalized next week. MOH has promised to furnish and equip these PHC, as well as, deploying the needed staff and assuring the running cost.

Status of progress as of to March 2011

Description	Implementation Site	28-Feb-11
Construction of new PHC centerType B with residence in Al-Fuhood District	Thiqar	100%
Construction of new PHC centerType A with residence in Al-Hamza/Al-Sadair District	Qadisiya	67%
Construction of new PHC centerType A with residence in Al-Shanabrah area, Al-Sumawa District	Muthana	100%
Construction of new PHC in Garmet Bani Saeed Type B	Thiqar	100%
Construction of Al-Rafaee PHC type B with residence in Al Kahlah District	Missan	100%
Construction of Al-Usir PHC Type B with residence in Al-Hindia District	Kerbala	100%
Construction of Al-Khoumis new PHC centerType B with residence in Al-Maymouna	Missan	100%
Construction of new PHC in Al-Medaina District with residence	Basra	100%
Construction of new PHC in Nu'mania	Wasit	18.5%
Construction of new Medical Staff Residence in Chibayesh district	Thiqar	85%
Construction of new PHC with residence in Tureisha village	Salahiddin	33%
Construction of new PHC Type B in Al-Khudhariya village	Babel	For Bidding
Construction of new PHC- Type A in Makhmoor	Ninawa	For Bidding
Construction of Al-Tuba PHC - Type B in Al-Haritha district	Basra	BOQs Preparation

Additionally, 213 different level PHC staff working in the same selected districts has enhanced capacity on quality PHC services through conducting 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 ongoing and targeting additional health care staff.

1.5 Child Protection

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 ongoing. 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.
2. Selected communities will be empowered and capacitated to enhance internal (resilience) and external (social capital) protective factors for Iraqi children and youth.
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.
4. Institutional capacity of Government of Iraq to develop and implement psychosocial support programmes for boys and girls and their families.

Output 2: The ability of MoH on Human Resources planning is enhanced.

WHO assisted MoH in order to strengthen its capacity to precisely plan, deploy, retain and train the right number and right mix of human resources according to the forecasted needs. Among the efforts it is worthwhile to focus on the importance of two workshops which were specifically held to assess the current situation of MoH and understand the current HRH needs and challenges of the MoH.

Figure 8 HRH meeting in Amman-Sept 2010

The first training workshop was held in Amman from 9-10 June 2010.The workshop was attended by officials from MoH, MoHE, MoE, MoP and WHO/EMRO and a representative from the High Health Council -Jordan and Iraqi Embassy in Amman-Health Attaché.

The objectives of the workshop were to: Share the evolving concept of HRH function of the health system; review the current state of national HRH, including Country Cooperation and Facilitation (CCF) to pave the way for development of HRH coherent and CCF framework; present the concept of HRH observatory and best approach to establish and maintain its structure and core functions in Iraq; and draft work plan for development of nation-wide health workforce plan with WHO technical support.

As a follow up on the recommendations of the above mentioned workshop, WHO Iraq Country Office in coordination with WHO Regional Office and WHO HQ organized the 2nd training workshop in Amman which was held from 24 to 27 October 2010. The main theme of the workshop was to train the participants on the Assessment tools and *Strategic Planning on HRH*. The workshop covered a number of areas of strategic importance i.e. introduction to the framework and capacity assessment tool for HRH; introduction to the strategic planning, coordination mechanisms, communication and monitoring of HRH. In addition, a

Figure 9Figure 9 HRH training workshop in Amman-Oct 2010

six months action plan was designed and approved which will assist MoH to carry out HRH assessment which once completed will be used as an input in the formulation process of HRH strategic plan.

It is expected that during early 2011, the assessment for the HRH will be conducted and report will be finalized which will provide the evidence based ground to define the strategic priorities with regard to HRH in Iraq and thus be used as a reference document in the development of relevant policies and strategies.

Output 3: National Health Management Information System Strengthened

As the global evidence has clearly supported the notion that those reform efforts which are based on evidence and the true priorities and needs of the population are more successful and result in long term and more sustained impact, in the same lines, with the support of this project the capacity of MoH at National and Sub- National level was strengthened in order to have a strong, robust and responsive health information system.

The process of technical assistance by WHO was undertaken in 3 phases **the first phase** was to hold the first stakeholder meeting to discuss the current HIS situation at national level; **the second phase** was to carryout situation assessment in order to come up with the problem definition, priorities and gaps which hinders the progress of HIS; and the **third phase** was to convene the 2nd stakeholder meeting to come up with the mechanisms of addressing the identified bottlenecks and gaps.

Figure 10 HIS meeting in Amman-Oct 2010

The first phase was successfully accomplished; where a workshop on HIS for Iraq (HIS stakeholders meeting and training on HIS Assessment Tools) was conducted from 3 to 6 October 2010 in Amman with the technical assistance of WHO-EMRO with the objectives to: Review the current situation of HIS in Iraq with different stakeholders; Identify the gaps and needs for the HIS; agree on the way forward; train the participants on the HIS assessment tools. By the end of this workshop the government officials agreed on a six months action plan which determined the way forward with regard to conduction of HIS assessment and highlighted the capacity building needs which were required to successfully accomplish the exercise of HIS assessment.

This workshop covered presentations on the experience of some neighboring countries and countries in the region which showed the involvement of senior level policy makers both in the process of HIS assessment as well as the process of strategy formulation. In the context of Iraq it was also decided and agreed with MOH to have a senior level Steering and Technical Committees in order to oversee the implementation of the assessment and subsequently the development of strategic plan. Fortunately active follow up of the workshop recommendations resulted in the formation of two high level committees a National Steering Committee headed by the Deputy Minister of Health for Donors Affairs and a Technical Committee which comprises of heads of relevant technical departments.

In order to technically assist the process of HIS assessment WHO organized a follow up consultative meeting in Erbil to clarify some of the technical areas which were identified by MOH for more clarity and explanation.. The HIS assessment is expected to be conducted in mid March 2011 and the assessment report is expected to be finalized by the MoH by the end of March 2011.The assessment report will be used to draft

the HIS strategic plan which will guide all the stakeholders working to improve the health system about the evidence based strategic priorities of MOH.

Furthermore, in order to strengthen the capacity of central MOH in strategic planning, WHO sponsored the participation of the Head of the Information and Communication Technology (ICT) department of MOH to attend Strategic Health Information System Planning which took place from 25-28 May 2010 at Alexandria city in Egypt.

Figure 11 ICD-10ToT-Istanbul 2010

Moreover, a very successful Training of Trainers on International Classification of Diseases (ICD-10) was conducted in Istanbul-Turkey during the period of 26 to 30 December 2010 with the objectives to: strengthen HIS in Iraq; and enhance the statistics and registration system utilization based on WHO standards. This training workshop was attended by a total of 22 physicians and statisticians from both MOH Baghdad and KRG.

Figure 12 ICD-10 NTA in Karbala

WHO also supported 5 National Training Activities (NTAs) on the 10th edition of International Classification of Disease (ICD-10). It is orth noting that these NTAs were cascade trainings of a ToT on ICD-10 which was supported by WHO in December of 2009 in Amman. A total of 128 statisticians and health professionals from different governorates were trained in order to enhance their capacity in data collection, analysis and interpretation which are pre-requisite of a strong and responsive health information system.

Finally, in order to improve the report writing skills of field supervisors under the injury surveillance program a three days training was conducted from 1-3 August 2010.The participants were mainly from the sentinel sites and forensic medicines in the 9 DOHs that WHO is supporting technically and financially. The purpose of training was to review the data collected during the first half of 2010, by compiling the data received from all reporting sites, discuss the challenges and constraints through the data collection and data entry process and produce a preliminary data analysis.

Output 4: Sustainable Financing and Social Protection System of MoH Developed.

National Health Accounts and Health Expenditure Review:

There is a need for a strong health financing system if any country aims to achieve the objective of universal coverage which is one of the main goals of a successful health system. In Iraq two crucial exercises i.e. National Health Account (NHA) and expenditure review of basic health services which will provide information on the current performance and gaps of health care financing system were successfully undertaken. The results of these two exercises will set out the baseline information which will assist the

MOH to determine the trends in the performance of the health financing system as well as determine the cost efficiency and cost effectiveness of its relevant policies and strategies.

The Health Expenditure Review Report for the years 2008 is finalized and the first Preliminary National Health Accounts (NHA) Report for Iraq is expected to be finalized by the end of March 2011.

The following main steps were taken in order to support the implementation of the mentioned two exercises. A detailed NHA work plan was drafted; a multi-sectoral Steering Committee (SC) and Executive Committee teams for NHA were formulated and ToRs were drafted; SC for the Health Expenditure Review team was also formulated and ToRs were drafted; and a plan of action was developed and introduced its cost and classification.

Figure 13. NHA training in Baghdad

A national training for both NHA and Health Expenditure Review teams took place during 17-20 January 2010 in Baghdad. The aim of this training was to understand the context and reasons for the development of NHA methodology; be able to communicate the basic concept of NHA, what it attempts to measure, and its role as a tool for the policy process; and recognize the distinctions and similarities of various tools for measuring health expenditures. Finally, costing methodology manual for the BHSP in Iraq was drafted and a national training for the MoH officials on this manual took place in Baghdad in May 2010.

Based on the above proceedings a nationwide National Health Account (NHA) survey was launched by MoH with technical and financial support of WHO. The aim of this survey was to collect the needed information for the NHA exercise from the different stakeholders and thus to provide MOH with the best financing options which will serve as a critical input to the formulation of National Health Financing Strategy.

The data collection started in mid July 2010 and was completed by the end of August 2010. The data entry and analysis was completed by the end of November 2010. The survey included 16 district hospitals, 98 Main Primary Health Centers and 48 Sub Primary Health Care Centers, so all in all survey results were derived from 162 health facilities. The final report of the preliminary NHA for Iraq will be ready by mid March 2011.

Four National Trainings in regards to revitalization of National Health Account (NHA) were carried out successfully in which 112 participants took part from all governorates of Iraq.

On the other hand, and in order to raise the capacities in the Health Care Financing field the participation of 3 high level officials from MOH was supported to attend the Regional Conference on “Achieving Better Health Equity and Efficiency in the Middle East and North Africa’ which was held on June 6-8, 2010 in Amman, Jordan.

Output 5: Enhanced MoH leadership and Governance.

5.1 Millennium Development Goals (MDGs)

The United Nations Millennium Development Goals (MDGs) are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015 including Iraq. In 2009, Iraq tailored the international MDGs to the Iraqi context, and a national MDGs Steering Committee was formulated, where the MoH was an integral part of this committee. In light of this and in order to further raise the capacities of MoH officials at central and governmental levels on MDGs on September 22-28 2010, 20 senior leaders from the Ministry of Health and related components of the Government of Iraq met under the WHO auspices in Beirut, for an intensive leadership development experience designed to strengthen the pursuit of Millennium Development Goals (MDGs) for the people of Iraq.

Figure 14Group work during MDGs workshop- Lebanon- September 2010

The purpose of the program was to provide an interactive and practical opportunity for group of senior Government of Iraq leaders to strengthen their leadership roles in the development and implementation of policy and programs that help ensure enhanced health gain and health care for the people of Iraq.

In order to assist MoH efforts in the area of mental health WHO held two days refreshing training on integration of Mental Health (MH) care into primary health care services which was conducted during the period of 2 – 3 August 2010. The training has been facilitated by the Mental Health (MH) Regional Advisor and three MH consultants from KRG. The participants were from Erbil, Suleimaniyah and Mosul. An Action plan for Mental Health (MH) Activities was agreed with the MoH, and the implementation was expected to start by 1st of December 2010.

5.2 Community Based Initiative

This project has assisted in providing the technical assistance for the Community Based Initiative (CBI). A Lessons Learned Workshop was convened by WHO that took place in Lebanon from 17-21 January, 2010. The workshop aimed at providing communications and advocacy training to the key national and local managers of the CBI program as well as document the lessons learned from the CBI program and to plan for World Health Day 2010 activities.

A high level mission comprising of health system experts from the Head Quarter, Regional Office and Country office visited Iraq-Baghdad for the period from 15-23 May 2010. The objective of this mission was to reassure the Government of Iraq about the continued support of WHO in strengthening the health system and considering Primary Health Care as the corner stone for successfully launching any reform process.

5.3 Support to Basrah Children's Hospital

The inadequate level of English language proficiency has been considered as a barrier in order to get access to the advanced knowledge and new technologies which are being implemented with success elsewhere

globally. To enable the health care workers to understand and adapt the highly developed knowledge and successful new technologies in the area of curative medicine and to get orientation to the concept of telemedicine, WHO supported under this project a two months course of English language for the medical and paramedical staff of Al Basra Children's hospital, a total 71 students of the Basrah Children's Hospital medical and non medical staff were supported under this initiative.

Figure 15 English courses for Basra Children's Hospital Staff

5.4 Nursing

The role and scope of nursing in Iraq is expanding and is one of the top priorities on the MoH agenda in particular and the Government of Iraq in general. Hence, in the efforts of supporting the MoH in addressing its priorities, WHO supported under this project 12 NTAs, training a total of 360 nurses in both Diala and Al Muthnna, on the following areas:

- Nursing and Code of Ethics;
- Nursing and Communication Skills;
- Infection Control for Nursing Staff.

Furthermore, WHO supported the participation of five nurses from MoH and DoH (in Baghdad & Anbar) to represent Iraq in the Third International Nursing Conference which was Held by the Jordanian Nursing Council from 27-28 April 2010 in Amman, Jordan .Under the theme "The Heart of Matter: Relevance of Nursing Responsiveness". The conference was attended by different highly professional and experienced nurses from all over the world.

5.5 Noncommunicable Diseases

A series of training activities aiming to enhance and upgrade the knowledge of doctors and other essential health care staff in relation to screening of Diabetes Mellitus (DM) and Hypertension (HT) at PHC centers were supported. Due to the success of this capacity building endeavor and its popularity among health workers, MOH is intending to expand it further so that essential health care staff of at least 25 % of PHC facilities is trained on the screening and detection process of DM and HT. In order to build the local capacity all these workshops were held in Iraq and in each DOH where standard lectures were given by local Clinicians and epidemiologists to explain the clinical and managerial aspects of the this intervention which aims at early detection of DM and HT among patients aged over 25 years of age who visited PHCs facilities in their geographical areas of residence. The trainings also focused to enhance the knowledge of participants on the use of comprehensive steps of registration, clinical assessment, including Lab investigations and periodic follow up. The training included a simple software package session for documenting and generating the full information on the patients. All the participants of the workshops were taken on a one day field visit to practically observe the performance of a reference model PHC centre in the centre of each DOH which have already adopted the system of screening and detection of DM and HT using the software package.

5.6 Mental Health

WHO country office in collaboration with Regional Office convened a 5 days refresher training in Erbil in order to improve and update the clinical skills of a diverse group of audience including psychiatrists, general practitioners, psychotherapists and sociologists working on mental health in Mosul, Erbil and Sulaimania. These officials were trained earlier in 2009 on a multisectoral approach and integration of mental health care with PHC services.

Figure 16 Mental Health NTA in MoH-Erbil

Capacity building activities pertaining to all the five outputs:

Location	Total
Inside Iraq	70
Outside Iraq	10

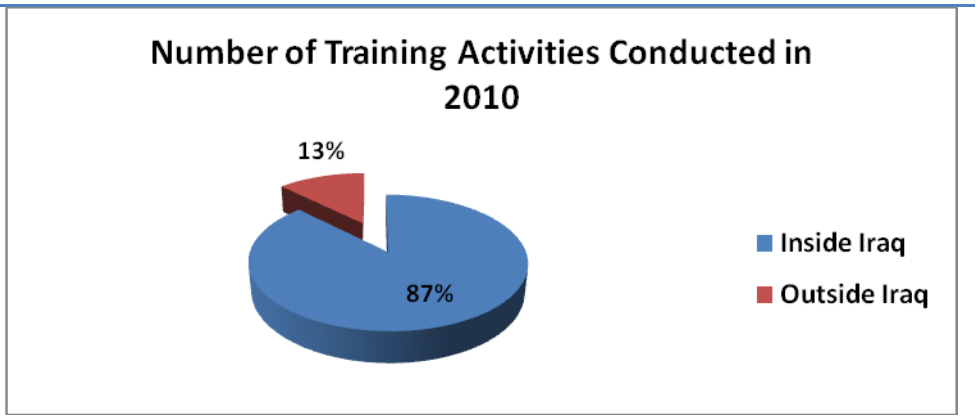


Figure 17 Number of Training Activities Conducted Inside and Outside the Country in 2010

It is worth pointing out that a large number of trainings were conducted both inside and outside Iraq in order to enhance the clinical, managerial and communication skills of Iraqi officials. Out of the total trainings conducted in year 2010 70 training activites i.e. 87 % were conducted inside Iraq. The participants of these trainings were from all relevant departments of MOH and other line ministries as well as from private sector and civil society organizations. Some of the training activities where we needed the facilitation by experts were held outside Iraq mainly in neighbouring countries. The aim of holding these activites outside Iraq was also to expose the participants to the successful models of health services delivery of those countries and to provide them with the opportunity to gain practical knowledge and skills related to the particular topics which were identified by the government as the priority needs. Thus in year 2010 only 10 traininig activites i.e. 13% of the total were being held outside Iraq.

Location	Total
Inside Iraq	1,115
Outside Iraq	139

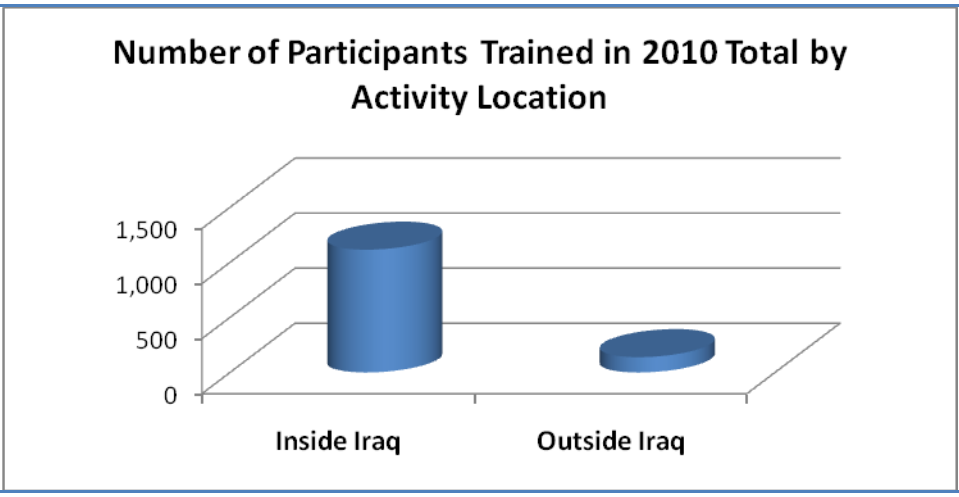


Figure 18 Total Number of Participants Trained in 2010

The above charts interpret the trainings both inside and outside Iraq. In summary 1,115 participants were trained inside Iraq and 139 participants took part in the trainings outside Iraq. This reflects the fact that high focus was given to hold trainings and other capacity building activites inside Iraq which will make sure the participantion of a larger number of audience and will lead to insititulaization and sustainability of capacity building efforts.

Gender	Total
Male	893
Female	371

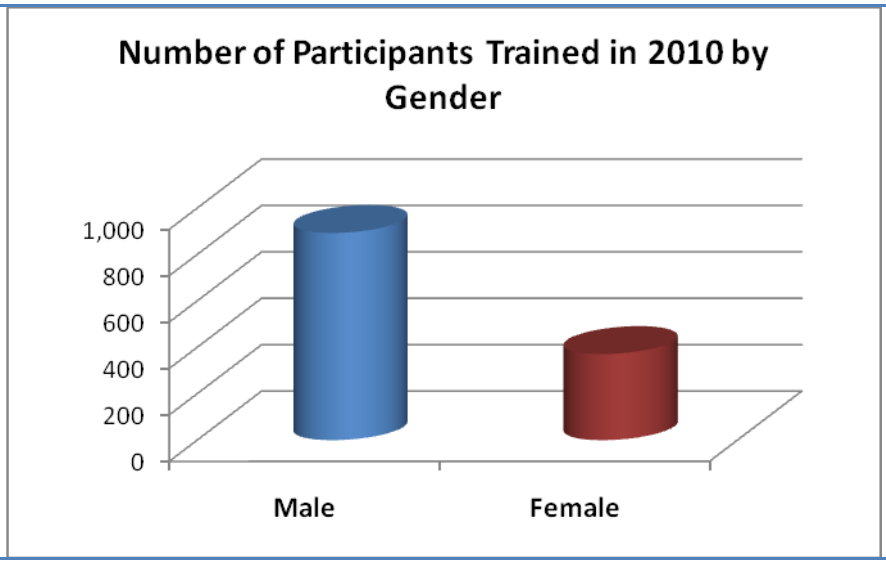


Figure 19 Number of Participants Trained Classified by Gender

In addition, out of the total number of participants trained in year 2010, 371 were female participants and 893 were male participants. It is imperative to pinpoint that high emphasis was placed by WHO to increase the number of relevant female participants in all the capacity building activities and will continue the same effort in all its activities for year 2011.

Country	Province	Female	Male
Iraq	DAHUK	2	0
Iraq	ERBIL	47	40
Iraq	SULAYMANIYAH	2	5
Iraq	NAJAF	8	29
Iraq	DIWANIYA		2
Iraq	DIYALA	41	115
Iraq	ANBAR	0	8
Iraq	BABYLON	19	74
Iraq	KERBALA	17	37
Iraq	KIRKUK	32	56
Iraq	WASSIT	2	4
Iraq	THI-QAR	4	11
Iraq	SALAH AL-DIN		8
Iraq	MUTHANNA	33	118
Iraq	BASRAH	9	58
Iraq	NINEWA	9	62
Iraq	MISSAN	15	48
Iraq	BAGHDAD-KARKH	2	3
Iraq	BAGHDAD-RESAFA	52	104

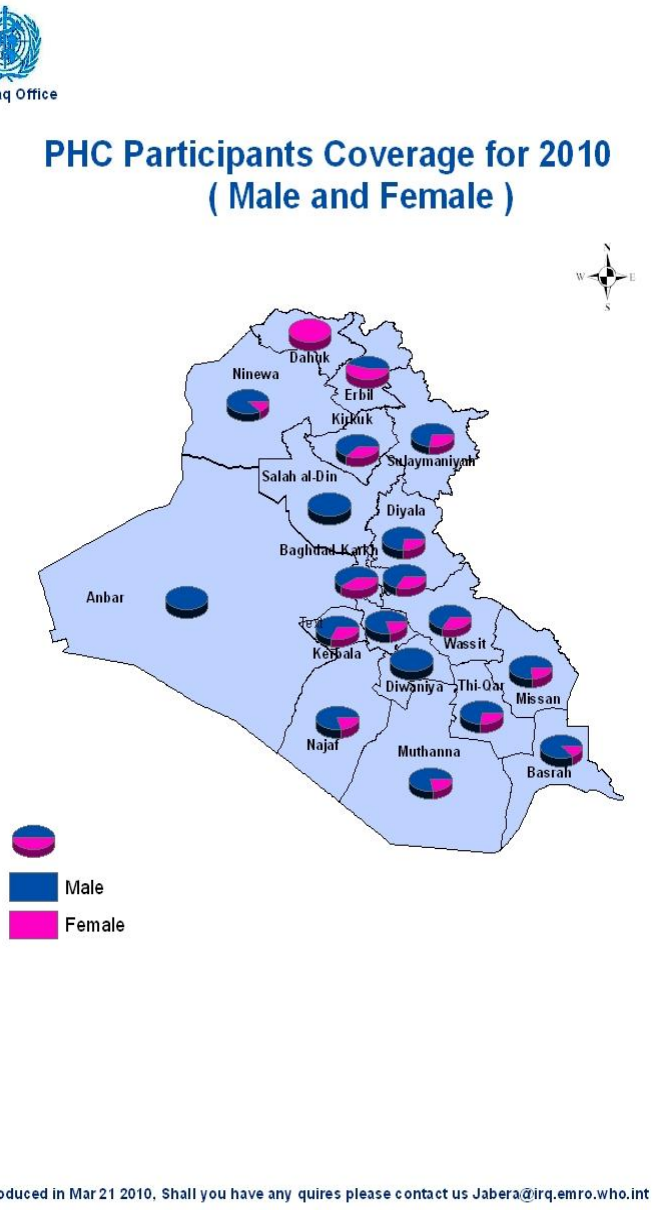


Figure 20 Number of Participants Grouped by Governorates

The above map shows the number of trained participants disaggregated by gender per each governorate. The difference in the number of participants per each governorate is partly explained by the need of that particular governorate for certain categories of training activities indentified by the local and national officials of MOH. However every possible effort was made by WHO to ensure the equal participation of both males and females health professionals from all the 18 governorates of Iraq.

V Future Work Plan (if applicable)

Follow up on the above five project outputs will be ensured during the year of 2011, the expected outputs in the year will be as follows:

Output number 1: The IDHS-FPA will be introduced and the pilot implementation of the BHSP package in four governorates including the North of Iraq will be initiated. The ongoing construction of 7 PHCs centers

will be completed and the capacity building for different level PHCC staff through 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 will be completed.

Output number 2: The HRH assessment will be conducted and the assessment report will be finalized in preparation for drafting the HRH strategy for Iraq.

Output number 3: The national HIS assessment will be conducted and the report will be finalized in preparation of drafting the National Health Information System Strategy for Iraq. The process will include many training activities for both SC and technical committee.

Output number 4: The Health Expenditure Review Report for the year 2008 will be finalized and the first preliminary NHA report will be finalized. Additionally, children, youth, their families and the communities in the selected governorates will re-establish and enjoy a state of well-being and normality that is necessary for the healthy emotional and psychosocial development of the community through developing/implementing the Psychosocial Multi-Sectoral Framework and the Strategy of interventions.

Output number 5: Adopting WHO Mental Health Training Modules to Iraq will be finalized; this activity will be followed by ToT which will result into a cascade training covering the whole country through conducting national training activities for health workers.

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 part of the PHC phase II project have now moved towards a phase of rapid implementation. In the past, the project progress has been slowed down by a number of factors some of which were beyond WHO sphere of control and influence. For instance, the project manager of the PHC program at MOH and the focal point responsible for liaising and following the project implementation were replaced which resulted in weak and delayed co-ordination of the project activities. The scope of this project is nationwide and requires strong political commitment and will given the policy and strategy development component it has, the implementation of such element was seriously hampered as a consequence of the delay of in the formation of the new government. It is worth to mention that this situation have been compounded by the challenging security situation that have lead to restricted movement of staff needed to implement various elements of the project, and hence, delayed implementation.

Moreover, Eastern Mediterranean Regional Office (EMRO) of WHO launched the roll out of Global Management System (GSM) to most countries in this region including Iraq office in early 2010 in order to standardize the operations of the organizations and enhance transparency throughout all layers of organization. The transfer of project financial and technical details in order to match the special requirements of the new system and familiarity of the staff contributed to delay in the implementation of the project.

A number of vital measures have already been considered in order to avoid further delay and to ensure compatibility with the extension we have requested.

The project manager is in place and will be available for the duration of the extension period. The Ministerial Focal point for the project and the Director of PHC program of MOH will remain for the whole duration of the project. An architect engineer to co-ordinate and follow up the construction/rehabilitation

who is funded under other sources part of the project has been recruited and will be available until the construction part is completed.

Furthermore the project is receiving a strong and more frequent technical backstopping from both the regional and the HQ office particularly in regards to the launch of vital initiatives like National Health Account (NHA), Basic Health Service Package (BHSP).

For UNICEF's part, there were two main reasons for the delays in the implementation of the Psychosocial Support component of the aforementioned project: a) There was a delay in recruiting an institution to assist the MOLSA and UNICEF to develop the Framework and the Strategy for the Community Based Psychosocial Care Programme (CBPSS); b) Once the development of the framework and the strategy was completed, MOLSA was undergoing the Council of Ministers' decree to decentralize so for nearly four months we had no contact with the focal point for the CBPSS in MOLSA and so it took time before the CBPSS Framework and Strategy to be cleared by MOLSA.

Fortunately, in collaboration with the Child Protection section within the UNICEF Iraq country office, the "Play Therapy Africa – NGO partner" has been contracted and 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 ongoing.

VI. INDICATOR BASED PERFORMANCE ASSESSMENT

Programme Title:	Strengthening of PHC system in Iraq phase 2						
NDS/ICI priority/ goal(s):	NDS Strengthen the national healthcare delivery system, and to reorient it from being hospital-focused to being based on Primary Health Care delivery. Strengthen emergency preparedness and response in order to address the needs of Iraqis, especially vulnerable populations, while promoting a healthy living environment ICI Protecting the poor and vulnerable groups from the deprivation and starvation and provide the Iraqi citizens with proper standards of public social services						
UNCT Outcome	Improved performance of the Iraqi health system and equal access to services, with special emphasis on vulnerable, marginalized, and excluded.						
Sector Outcome	By 2010, health and nutrition related programmes enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable group**.**						
IP Outcome 1	Enhanced access to and delivery of integrated equitable sustainable quality health service			**NDS / ICI Priorities:** 4.4.1.4(Health)			
IP Outputs	**UN Agency Specific Output**	**UN Agency**	**Partner**	**Indicators**	**Source of Data**	**Baseline Data**	**Indicator Target**
IP Output 1.1: Capacity of Ministry of Health in target areas developed for improved integrated health delivery services	FM and IMCI program expanded for enhanced integrated health service delivery	WHO	MoH/ DoH/ MoHE	Number of FM clinics rehabilitated Number of clinics implementing IMCI	WHO report/ MoH reports	3 clinics are currently rehabilitated and implementing IMCI	8 clinics (3+5) to be rehabilitated and implementing IMCI
	Ministry of Health supported to undertake the development and implementation of referral policies at national level	WHO	MoH/ DoH	Referral policy developed MoH adopts and implements referral policy	WHO report/ MoH reports	No policy is available	National referral policy in place
	Improved capacity of MoH at the national level in the	WHO	MoH/	5 health system researches	Project reports	0	5

	area of health system research (specific areas of research will be identified based on need)		DoH	completed	Research reports		
	MOH supported to integrate MH services into PHC system	WHO	MoH/ DoH	Number of Nurses and GPs trained on delivery of mental Health services (gender disaggregated % of trainees passing the individual skills evaluation Guidelines for mental health service delivery developed	Training reports	0 Pretest results guidelines are not available	75 GPs and nurses trained 100% of trainees Guidelines for mental health service delivery in place
	Ministry of health supported to construct 15 PHCs in selected governorates	UNICEF	MoH/ DoH	15 new PHCs constructed in selected governorates		0	15 PHCs constructed
	Improved capacity of community-based psychosocial support structures	UNICEF	MoH/ NGO partners	Number of community volunteers trained % of community volunteers passing the individual skills evaluation	Project progress report Training report Pre-post tests results	0	200 community volunteers trained on Psychosocial support 100% of the Community volunteers passing the individual skills evaluation
IP Output 1.2: Enhanced ability of MOH on Human resources planning	Enhanced capacity of MoH to undertake sound human resources planning	WHO	MoH/ DoH/ MoHE	Guidelines on human resources planning is developed	Project report MOH / WHO records	0	1
	Enhanced ability of the health staff in selected districts on delivering basic health services package	UNICEF	MoH/ DoH	Number of health staff trained on delivering basic health services package (gender disaggregated	Project progress reports	Training of 750 MOH staff ongoing	1,500 (750+ 750) will be trained on delivering basic health services package

				% of health staff passing the individual skills evaluation	Pre and post tests results	Pre-test results	100% of the Community volunteers passing the individual skills evaluation
IP output 1.3 National Health Management information system strengthened	Strengthened institutional capacity of MOH at national level to manage national health information systems	WHO	MoH/ DoH	No of staff trained on managing health Information systems 9 gender disaggregated) % of trainees passing the individual skills evaluation	WHO Reports Pre-post tests results	0 Pre-test results	15 100% of health staff trained passing the individual skills evaluation
	MoH supported to develop and implement 10 emergency sentinel surveillance system in selected governorates	WHO	MoH/ DoH	Surveillance system set up in 10 more governorates	MoH records WHO progress report	3 governorates	13 (3+10) governorates implementing emergency sentinel surveillance system
	MoH supported to expand VSAT connectivity to the district level	WHO	MoH/ DoH	Number of districts connected through VSAT with MoH	MoH records WHO progress report	19 DoHs	19 DoHs and 19 Districts
IP output 1.4 Sustainable financing and social protection system for MoH	Ministry of Health is supported for the revitalization of the national health accounts program	WHO	MoH/ MoP/ DoH	National accounts program is implemented by MoH ***Further indicators pending programme implementation***	MoH records WHO progress report	0	National accounts program is implemented by MoH
	Basic health service package piloted in 5 selected governorates	WHO	MoH/ DoH	Number of governorates with trainied staff to implement Basic Health	MoH reports WHO	0	5 governorates implementing Basic Health Service package

developed				Service package ***Further indicators pending programme implementation***	progress report		
	Ministry of health is supported to develop a healthcare financing policy	WHO	MoH/ MoP/ MoF/ Parliament	Policy document on health care financing policy developed	MoH reports WHO progress report	A health care financing policy is not available	Policy document developed
	Ministry of Health supported to develop a National Health Insurance policy	WHO/ HNSOT	MoH/ MoP/ MoF/ Parliament	Health Insurance policy document submitted to MoH for approval	MoH / WHO reports	No policy health insurance policy is available	Health Insurance policy document approved
IP output 1.5 Enhanced MoH Leadership and Governance for	Ministry of Health supported to develop a national health strategy (5 years)	WHO/ HNSOT	MoH/ Parliament	National Health strategy developed	MoH / WHO reports	No strategy is available	5 years National Health strategy in place
	Enhanced national capacity to develop and National inter-sectoral action framework for health focusing on community development	WHO/ SOTs	MoH/ Civil Society	Inter-sectoral framework on community development and submitted to MoH for approval	MoH / WHO reports	No Inter-sectoral framework on community	Inter-sectoral framework on community development approved by MoH
	National MDG forum developed to monitor progress of health indicators	WHO/ SOTs	MoH/ Parliamnet/ MoHE/ MoEv/ MoP/Mo Water resources /MoE	Multi sectoral MDG Forum is available Progress reports on health indicators	MoH / WHO reports Forum meeting minutes and progress reports	No forum is in place No reports are aailable	An MDG forum is in place Regular progress reports (quarterly)
	Ministry of Health supported to set up coordination	UNICE	MoH/	Number of coordination	MoH / WHO	No	Coordination mechanisms on

	mechanisms on mental health and psychosocial support within MOH central and governorate level structures	F/ WHO	MOLSA	meetings A national coordination mechanism in place	reports Minutes of coordination meetings between central and district levels of MoH Official TOR for national coordination mechanism	coordination mechanism in place	mental health and psychosocial support between central and governorate levels is in place