**United Nations Development Group Iraq Trust Fund**

**Project #: S D2- 33 WHO**

**Date and Quarter Updated: 1 January -31 March 2011(1st Quarter)**

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| **Participating UN Organisation**: WHO (Lead Agency), | **Sector:** Health and Nutrition |
| **Government of Iraq – Responsible Line Ministry:** MOH (Lead Ministry), COSIT, KRSO |

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| **Title** | Pilot Assessment of Congenital Birth Defects in Iraq in Six Governorates  |
| **Geographic Location** | Six governorates (Baghdad ,Anbar, Basrah, Thi Qar, Sulaymaniyah and Dialah) |
| **Project Cost** | US$ 336,548 |
| **Duration** | 18 months |
| **Approval Date (SC)** | 27 June 2010 | **Starting Date** | 2 July 2010 | **Completion Date**  | 02.01.2012 |
| **Project Description** | Currently, there are no reliable and adequate data on incidence, prevalence and trends of congenital birth defects (CBD) in Iraq. The 2006 Multiple Indicator Cluster Survey (MICS-3) reported that 20% of children under 5 years of age have some forms of disabilities; some of these cases have been attributed to congenital malformations. There is a need for a comprehensive programme to better understand the distribution, trends and the magnitude of birth defects in Iraq. Given the funding not being fully available, the programme has been divided into two phases, the first to be implemented with the available UNDG ITF funds. The proposed study in the first phase aims at drawing initial baseline data and understanding the trends of birth defects in the selected governorates in Iraq; analyzing spatial and temporal trends and detect changes in the incidence of birth defects in Iraq and capacity building of MoH laboratory technicians in investigation techniques. The assessment in the second phase will aim at conducting observational and analytical epidemiological and laboratory investigations to understand underlying risk factors; strengthening the disease registry/surveillance for birth defects in Iraq and finally the proposed study will assist in assessing the burden of the problem on Iraqi health care system and communities and in formulating evidence-based recommendations to address the problem. |

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| **Development Goal and Immediate Objectives** |
| Given the funding not being fully available, the programme has been divided into two phases, the first to be implemented with the available UNDG ITF funds. The proposed study in the first phase aims at:* Drawing initial baseline data from selected districts in 6 governorates and understanding the trends of birth defects in the selected governorates in Iraq;
* analyzing spatial and temporal trends and detect changes in the incidence of birth defects in Iraq
* Capacity building of MoH national public health TORCH (Toxoplasmosis, Rubella, Cytomegalo and Herpes virus) laboratory and technicians

The second phase will aim at:* conducting observational and analytical epidemiological and laboratory investigations to understand underlying risk factors; strengthening the disease registry/surveillance for birth defects in Iraq and finally the proposed study will assist in assessing the burden of the problem on Iraqi health system, medical services and communities and formulating evidence-based recommendations to address the problem
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| **Outputs, Key activities and Procurement** |
| **Outputs** | **Output 1.** MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates**Output 2.** MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects.  |
| **Activities** | Output 1:* + 1. Consultation and technical meetings (MoH,UN partners and Consultants)
		2. Finalize assessment protocols and plan of work
		3. Assessment team recruited and operational
		4. Technical assistance to PSC
		5. Training of Trainers (TOT) and for assessment team personnel
		6. Training of data collectors at governorate levels
		7. Training on data entry and management
		8. Data collection and field work
		9. Data entry and management
		10. Report writing, printing and dissemination of study results
		11. Mid term evaluation
		12. Preparation of work plan for phase two
		13. Social mobilisation and advocacy activities related to field work
		14. Consultation workshop on discussing the results and next steps
		15. Final evaluation

Output 2:* + 1. Training of (TORCH) Lab Technicians
		2. Provision of Equipment for the Central Lab
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| **Procurement** | N/A |

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| **Funds Committed (as of 31 March 2011)** |  101,928.37  | % of approved | 30% |
| **Funds disbursed (as of 31 March 2011)** |  75,124.38  | % of approved | 22% |
| **Forecast final date**  | 31 December 2011 | **Delay (months)** | N/A |

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| **Direct Beneficiaries** | **Number of Beneficiaries** | **% of planned (current status)** |
| Men | All men (household head will directly benefit from the implementation of the CBD survey that will be conducted at household level In 6 governorates (600 household heads)  | N/A |
| Women | 1500 women (15-49) will directly benefit from CBD survey and the biological testing that will be conducted at household level (600 families in each district (Total HH/14 districts will be 8400)  | N/A |
| Children | 100 Children under 5 will indirectly benefit from CBD survey and the medical examination  | N/A |
| IDPs | Some of the targeted groups are IDPs | N/A |
| Others | MoH and other line ministries staff will benefit from many training activities planned under this project  | 30% |
| Indirect beneficiaries | The programme foresees the mobilization of some 50 GoI additional staff within Iraq  |   |
| Employment generation (men/women) | The project will offer opportunities for participants to acquire specific training skills that they will be able to utilize for individual and social development. Supplies will be locally procured which indirectly will create employment opportunities and income generation. Around 200 professionals and similar number of support staff will be involved/supported/ recruited throughout the period of the programme | 100% |

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| **Quantitative achievements against objectives and results**  |
| MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates | -Ministry of Health in Iraq in collaboration with World Health Organization organized two steering committee meetings after the technical consultation meeting that was held in Istanbul, Turkey 26-30 September 2010. The meeting discussed the study protocol and the questionnaire design and a consensus was reached that WHO will assign a consultant for 2 weeks to finalize the protocol and draft survey tools. - WHO is recruiting a short term consultant to review and finalize the study protocol and questionnaire.  | 12% |
| MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects.  | - Organization of three fellowships for the three participants from the TORCH lab to participate in training in Rome on Congenital Birth Defects Surveillance. - One training course organized for 6 participants on TORCH project. | 7% |

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| **Qualitative achievements against objectives and results**  |
| * Ministry of Health has submitted a study protocol to WHO for revision and finalization by WHO experts. The methodology of the study protocol involves collecting data on congenital birth defects at household level from 14 districts at 6 governorates as a pilot. A draft tool for data collection is prepared which is currently being reviewed by experts at the global level because assessing the magnitude of congenital birth defects and its correlation with a probable cause is not something which can be arrived using simplistic tools, that is why the need for review of the tool from experts who have been engaged in similar exercises globally will be very useful for the outcome of the process.
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| **Main implementation constrains & challenges (2-3 sentences)**  |
| WHO is exploring all possible options by seeking support from other donors to fund Phase 2 of the study. Moreover, some discussion has taken place with the Ministry of Health to cater for funding part or whole of Phase 2. However, WHO will still very much value the partnership and support from UNDP in this regard. |
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