United Nations Development Group Iraq Trust Fund Project #: S D2- 27 WHO and UNICEF

Date and Quarter Updated: 1 January – 31 March 2012 (1st Quarter)

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

Title	Addressing Micronutrient Deficiencies in Iraq: Assessment and Responses				
Geog. Location	All governorates				
Project Cost	US\$ 3,181,763				
Duration	18 months + 12 months extension				
Approval Date	23.02.2010	Starting	02.03.2010	Completion	02.09.2011 extended to
(SC)		Date		Date	02.09.2012
Project Description	This programme, via its major components, is designed to build the capacity of the MoH to				
	more effectively m	more effectively manage existing nutritional interventions and to adequately plan, implement			
		and monitor new prevention programs and evaluate their impact. Tools and systems for			
	effective management, planning, monitoring and evaluation will be developed from local to				
	central levels of the MoH. The integration of nutritional data as a new component into the				
	national diseases surveillance and Health Information System (HIS) will improve				
	sustainability of national nutritional monitoring and response.				

Development Goal and Immediate Objectives

The joint programme aims at building capacity of the Government of Iraq (GOI) (incl. MOH, COSIT, and other Ministries) to address micronutrient deficiencies in Iraq through: 1) Undertaking a nationwide assessment of nutritional status and micronutrient deficiencies 2) Integration of Nutrition information in the national Health Information system and 3) initiation orientation and sustaining of new or ongoing nutritional responses. All these activities will be undertaken through building the capacity of the responsible health and other authorities.

Outputs, Key	activities and Procurement		
Outputs	Output 1.1 MoH, MoH Kurdistan (MOHK), COSIT and KRSO have improved capacity to develop		
	and carry out a nutrition micronutrients assessment. (WHO,WFP,FAO)		
	Output 1.2: MoH and MoH Kurdistan has a strengthened Nutrition Management Information system		
	integrated in the Health Information system(WHO,WFP,FAO)		
	Output 1.3 GOI are better able to provide nutritional response especially in vulnerable		
	areas(UNICEF)		
Activities	Output 1:1: (WHO,WFP, FAO)		
	1.1.1Finalize assessment protocols and plan of work		
	1.1.2 Assessment team recruited and operational		
	1.1.3 Training (TOT and training at governorate levels) for assessment and response team personnel		
	1.1.4 Equipment for household blood testing		
	1.1.5 Equipment to support Lab in Baghdad		
	1.1.6 Blood and Urine sample transport		
	1.1.7 Technical assistance to PSC		
	1.1.8 Technical assistance to PSC		
	Output 1.2 : (WHO,WFP, FAO)		
	1.2.1 Sampling of target population		
	1.2.2 Data collection and management		
	1.2.3 Report writing, printing and dissemination of study results		
	1.2.4 Integrating nutrition in national disease surveillance and Health Information System		
	1.2.5 Monitoring and evaluation		

	1.2.6 Technical assistance to PSC			
	Output 1.3: (UNICEF)			
	1.3.1 General micronutrient activities			
	1.3.2 Capacity building across all levels on nutrition & monitoring			
	1.3.3 Social mobilisation and advocacy activities including communication media campaign,			
	development of media health education and promotion materials etc			
Procurement	Procurement of the following with a total cost of USD 152,781:			
	1 Procurement of 50 Hemocue and accessories.			
	2 Procurement of laboratory supplies and equipments(Deep portable freezers -70C)			
	3 Procurement of blood collection kits.			
	4 Procurement of weight and height measurement kits			
	5 Procurement of. temperature data logger			

Funds Committed (as 31March 2012)	WHO: \$ 1,544,954 UNICEF: \$ 916,101.06	% of approved % of approved	85% 67.6 %
Funds disbursed (as 31	WHO: \$ 1,243,697	% of approved	68%
March 2012)	UNICEF: \$ 873,542.21	% of approved	64.4%
Forecast final date	02 September 2012	Delay (months)	12 months

Direct Beneficiaries	Number of Beneficiaries	% of planned	
		(current status)	
Men	All men(household head will directly benefit from the	80% response after	
	implementation of the MNAR survey that will be conducted at	implementation	
	household level (3000 HH)		
Women	1200 Non pregnant women (15-49) will directly benefit from the	75% response after	
	MNAR survey and the biological testing that will be conducted at	implementation	
	household level (3000 HH)		
Children	800 Children 6-11 months old and 2200 children (12-59 months)	85-90% response	
	will directly benefit for the MNAR survey and the Biological		
	testing		
students	2200 School students(6-12 years) will benefit directly	90% response after	
		implementation	
IDPs	Some of the targeted groups are IDP's	NA	
Others	MoH and other line ministries staff will benefit from many	30%	
	training activities planned under this project		
Indirect beneficiaries	The programme foresees the mobilization of some 200 GoI		
	additional staff within Iraq in addition to the agency network		
	already operating in the country. There will be 30 teams and		
	around 150 members. Each team will consist of four members,		
	including: one interviewer/team monitor; one lab technician; one		
	anthropometrist; and a member from COSIT.		
Employment generation	Employment generation is not one of the main objectives of this	100%	
(men/women)	joint programme However, 100 vehicles and drivers will be hired		
	for the transportation of the teams to the households		

Quantitative achievements against objectives and results		% of
		planned
MOH, MoHK, COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment	 MoH in close coordination with WHO/Iraq, have completed the implementation of the second phase of Micronutrient assessment and response (MNAR) survey at schools in all governorates in Iraq on the 8th March 2012. The survey targeted 3000 school students 6-12 years of age. The students were investigated for urinary iodine 	

(WHO)	level, anthropometric measurements (weight and height) and haemoglobin estimation (HB %). The results will be launched after	
	completing the data entry and analysis of MNAR survey phase 1&2.	
	Three training courses for data entry team responsible for MNAR at Nutrition Research Institute (NRI).	
	 Steering committee technical meeting and VC meetings (February 2012) with CDC Atlanta advisors to discuss the issue of storage and shipment of blood samples to Jordan laboratories at MoH/Central Public Health Laboratories. 	
MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system (WHO)	Finalization of the National Nutrition Strategy and plan of action 2012-2021 and endorsement of the strategy officially by Ministerial council(March 2012)	80%
	 Capacity building of 22 NRI data entry Staff in Baghdad and Erbil on CSpro data entry programme. 	
GOI are better able to	1- UNICEF support the following General Nutrition Activities	85%
provide nutritional response especially in vulnerable areas (UNICEF)	 Procurement of 14 metric tons of therapeutic spread sachets for the management of severe acute malnutrition in nutrition rehabilitation units in hospitals. 	
	2- UNICEF supported capacity building across all levels on nutrition & monitoring	85%
	 Support the participation of two members from the ministry of trade in the workshop of harmonization of maize and wheat flour fortification in Amman which arranged by the regional office of WHO. 	
	 Provide logistical support for the field teams to facilitate the collection and transfer of samples to DOH and then to NRI by hiring transportation company to provide vehicles for the teams and cargo transportation. 	
	 Conduct workshop in Basra for the nutrition focal points and NRI to discuss the lessons of MNAR and the next step with over view of the nutrition activities for 2012. 	
	3- UNICEF supported the Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials etc:	85%
	 Support the consultation meeting of health education focal points from different DOHs to finalize the micro plan of social mobilization of MNAR survey. 	
	 Support the social mobilization plan of MNAR survey which includes symposiums for the community at the level of DOHs and districts involved by the survey, supporting printing of IEC materials and field teams' work and incentive package for the families involved by survey. 	

Qualitative achievements against objectives and results

The following qualitative achievements have been materialized:

- Implementation of the MNAR survey for the first time in Iraq including socio demographic data collection biological testing (blood and urine) from children 6-59 months and women 15-49 (non pregnant) successfully in all governorates
- Good training of the survey teams and proper supervision by the central and local supervisors had led to successful implementation of the survey with almost 98% response rate by families despite the security situation faced during implementation phase.
- Implementation of phase two MNAR survey at primary schools
- Data entry of MNAR started in Baghdad and Kurdistan

Main implementation contraints & challenges (2-3 sentences)

Currently, the implementation of the project is running according to the time line set in the project document and will be completed within the new extension end date of the project. So far no constrains or challenges to be reported.