

United Nations Development Group Iraq Trust Fund
Project #: D2-25: ATLAS# 00066904
Date 20 January 2011 and Quarter Updated: October-December 2010 (Quarter 4)

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

Title	Strengthening Primary Health Care System- Phase II				
Geo. Location	Iraq - National Coverage				
Project Cost	US\$ 11,918,000- UNICEF (\$5,987,632) WHO (5,930,368)				
Duration	24 months				
Approval Date	04.12.2008	Starting Date	09.12.2008	Completion Date	09.12.2010 extended to 31.12.2011
Project Description	This project is a WHO-UNICEF joint project that builds on previous achievements under the programme for Strengthening of Primary Health Care System Phase-I (SPHCS) in Iraq. The project is designed to contribute to upstream national policy level and at downstream health service delivery level.				

Development Goal and Immediate Objectives

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

Outputs, Key activities and Procurement

Outputs	<ol style="list-style-type: none"> 1. Capacity of the MoH in targeted areas developed for improved Integrated Health Delivery Services 2. Ability of MoH on Human Resources Planning enhanced 3. National Health Management Information System strengthened 4. Sustainable financing and social protection system of MoH developed 5. Enhanced MoH leadership and Governance.
Activities	<ol style="list-style-type: none"> 1.1 Expand the FM and IMCI programmes for enhanced integrated health service delivery 1.2 Support the MoH to undertake the development and implementation of referral policies at national level 1.3 Improve capacity of MoH at the national level in the area of health system research (specific areas of research will be identified based on need) 1.4 Support the MOH support to integrate MH services into PHC system 1.5 Ministry of health supported to construct 15 PHCs and 2 residence houses in selected governorates 1.6 Improved capacity of community-based psychosocial support structures 2.1 Enhance the MoH capacity to undertake sound human resources planning 2.2 Enhanced ability of the health staff in selected districts on delivering basic health services package. 3.1 Strengthen the institutional capacity of MOH at national level to manage National Health Information Systems 3.2 Support the MoH to develop and implement 10 emergency sentinel surveillance system in selected governorates 3.3 Support the MoH to expand VSAT connectivity to the district level 4.1 Support the MoH in the revitalization of the National Health Accounts Program 4.2 Pilot the Basic Health Service Package in 5 selected governorates 4.3 Support the MoH in developing a healthcare financing policy 4.4 Support the MoH to develop a National Health Insurance Policy 5.1 Support the MoH in the development a National Health Strategy (5 years) 5.2 Enhance the national capacity to develop National Inter-Sectoral Action Framework for health focusing on community development 5.3 Develop the National MDG forum to monitor progress of health indicators. 5.4 Support MoH set up coordination mechanism on mental health and psychological support within MoH central and governorate level structure.
Procurement	

Funds Committed by UNICEF	\$ 4,311,853	% of approved	72%
Funds Committed by WHO	\$2,695,473		45%
Funds Disbursed by UNICEF	\$1,247,504	% of approved	20.8%
Funds Disbursed by WHO	\$ 1,819,015		30%
Forecast final date	31 st of December 2011	Delay (months)	12

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

Quantitative achievements against objectives and results		% of planned
To invest in the national capacity of MoH staff in targeted areas for improved Integrated Health Delivery Services	<p>WHO: On 1-2 December 2010, WHO-Iraq Office in collaboration with WHO Regional Office, organized a preparatory meeting on Basic Health Service Package (BHSP) Implementation in Amman. The meeting was chaired by MoH Director General for Planning and Development with the participation of the Director of PHC in MoH, the Head of Donor Affairs Section and other MoH officials. <i>The BHSP was developed by the MoH with the technical assistance of WHO and was endorsed by H.E. the Minister of Health in February 2010.</i> During the said meeting, a one year plan-of-action was drafted and agreed upon to implement this package, the agreement included piloting the BHSP in three governorates (Baghdad, Basra and Mossul), and in accordance with the outcome of the implementation BHSP will subsequently be expanded to other governorates. Doing so will assist the ministry to comply with the Health benchmarks commitments as illustrated in the National Development Strategy (NDS) 2010-2014, the International Compact on Iraq(ICI), the Millennium Development Goals (MDGs) and the 2005 Constitution of Iraq which stipulates the devolution and decentralization of financial and administrative authority to the regional and governorates level.</p> <p>The rehabilitation of 5 PHC centres has been substantially progressing. Those PHC centres are expected to provide services based on Family Practice Approach. The needed imaging, dental and general laboratory equipment, medical instrumentations, medical furniture, non medical furniture and IT equipment, are currently undergoing the process of procurement at different levels.</p> <p>As for the physical rehabilitation: the Bills of Quantities (BOQs) and the bids announcement are finalised and bids analysis are in process for some centers, while bids were awarded to contractors for other centers.</p>	55%

	<p>UNICEF: Two model designs for the new PHCC and staff residence have been developed in consultation with MOH engineers including detailed BOQs.</p> <p>In consultation with Ministry of Health and Ministry of Marshland, sites have been identified for the construction of new PHCCs and staff residence. It has been agreed to build 13 new Health centres and 2 residence houses in the following Governorates (Ninewa 1 PHCC, Kerbala 1, Muthana 1, Basra 1, Missan 2, Wassit 2, Diwaniyah 2, Saleheldeen 1 and ThiQar 2 PHCCs and 2 staff residences). Ten SSA contracts for constructing 10 PHCs have been issued, and the BOQs preparations for another 3 PHCs are ongoing.</p> <p>As MOH committed itself to provide the necessary furniture and supplies; UNICEF requested to transfer the \$210,000 (originally allocated for furniture & supplies) to be utilized for constructing another small PHC.</p> <p>UNICEF: CPP hired an international firm to help with developing a framework and implementation plan for a community based psychosocial support programme for children, young people and their families.</p> <p>Following the development of the Framework and the Strategy for the Community Based Psychosocial Assistance Programme, UNICEF supported the Ministry of Labour and Social Affairs (MOLSA) to develop the terms of reference (TOR) to roll out the Community Based Psychosocial Assistance Programme and TOR has been re-advertised again in September, proposals received and consultancy firm selected. The roll out of the first phase was expected to start in May covering Erbil, Baghdad and Missan but this has now changed to July due to the delay in selecting the consultancy firm. Furthermore, the pending decentralisation of MOLSA has created uncertainty as to where the psychosocial support programme will be located within government.</p>	54%
To invest in improving the Human Resources Planning capacity for the MoH staff	<p>WHO: As a follow up on the recommendations of 9-10 June 2010 meeting in Amman with regards to the Human Resources for Health (HRH) that was organized by WHO (<i>Iraq field Office in coordination with the WHO Regional Office and WHO HQ</i>), a workshop was organized in Amman between 24 and 27 October 2010 on Assessment and Strategic Planning on HRH. The workshop achieved the following: introduced the framework and capacity assessment tool for HRH; introduced the strategic planning, coordination mechanisms, communication and monitoring of HRH. Consequently to the workshop, a 6 months action plan was designed and approved to assess the HRH in Iraq and this will mark the first step in developing the HRH strategy for Iraq.</p>	30%
To strengthen the national capacity of National Health Information System (HIS)	<p>WHO: will work with MOH to strengthen Health Information Capacity through the following 3 phases: the first phase will be to hold the first stakeholder meeting to discuss the current HIS situation at national level; the second phase will be 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 will be to convene the 2nd stakeholder meeting to come up with the mechanisms of addressing the identified bottlenecks and gaps. The first phase was accomplished; where a workshop on HIS for Iraq (HIS stakeholders meeting and training on HIS Assessment Tools) was conducted between 3 and 6 October 2010 in Amman with the technical assistance of WHO-RO 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 and committed to the need to conduct HIS assessment for Iraq, which will be the basis for formulating Iraq HIS strategic plan, hence, 6 months action plan was agreed among all stakeholders.</p> <p>Furthermore, and in order to strengthen the HIS, 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, a total of 22 physicians and statisticians participated in this training from the center and the North.</p>	25%

To strengthen the National Health Care Financing System	<p>WHO: A nationwide National Health Account (NHA) survey was completed by the end of August 2010 by Ministry of Health with technical and financial support of WHO. The aim of this survey was to provide MOH with the best financing options and will serve as a critical input to the formulation of National Health Financing Strategy.</p> <p>The data entry and analysis will be completed by the beginning of 2011 and the final report of the preliminary NHA for Iraq is expected to be ready in the coming quarter of year 2011.</p> <p>The process of costing the BHSP has been completed and the final report is currently under review by the national counter parts, it is expected to be finalized in early 2011.</p>	45%
To strengthen the health governance & policy environment.	<p>WHO: In order to strength and support Iraq mental health strategy through integration of mental health into primary health care; WHO is currently preparing for a national workshop in Erbil during the period of 17 to 20 January 2010 with the objective: to adopt WHO Mental Health Modules to Iraq for standardised national training activities.</p>	40%

Qualitative achievements against objectives and results

The holistic and overarching approach which has been considered by WHO under this project to resolve and address a number of health system gaps and shortcomings will positively influence the functions i.e. (health services delivery, human resources for health, financing, governance and leadership etc.) and consequently the outcomes of health system including improvement in health status, fair financing and responsiveness.

The large number of training activities which has been supported and will be supported under this project for various categories of health care professionals will have a long lasting effect on the quality of health services provided by them.

Main implementation constraints & challenges (2-3 sentences)

Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project. The uncertainty and delay in the formation of new government affected the pace and momentum of work in all ministries including Ministry of Health. This unpredictable and volatile post election situation slowed down the implementation progress of the project.

The new code passed by the Council of Ministers in January and which is meant to decentralize the Ministry of Labour and Social Affairs has created some confusion within the Ministry as well as outside the ministry. This has also slowed down the decision making processes within the Ministry and therefore, UNICEF is facing/has faced delays in getting back feedback from the ministry on a number of things such as the draft terms of reference, the Community based psychosocial assistance programme framework and strategy as well as decisions on programme activities. Hopefully, this situation will be clarified once the new government comes on board.