**United Nations Development Group Iraq Trust Fund**

**Project #: D2-25: ATLAS# 00066904**

**Date and Quarter Updated: January-March 2011**

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

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| **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** | 08.12.2008 | **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 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. | | | | |

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| **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. |

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| **Outputs, Key activities and Procurement** | |
| **Outputs** | 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** | 1.1 To expand Family Medicine (FM) and Integrated Maternal and Childhood Illnesses (IMCI) programmes for enhanced integrated health service delivery  1.2 To support the MoH to undertake the development and implementation of referral policies at national level  1.3 To 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 To support the MOH support to integrate Mental health (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 To 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 To strengthen the institutional capacity of MOH at national level to manage National Health Information Systems  3.2 To support the MoH to develop and implement 10 emergency sentinel surveillance system in selected governorates  3.3 To support the MoH to expand VSAT connectivity to the district level  4.1 To support the MoH in the revitalization of the National Health Accounts Program  4.2 To pilot the Basic Health Service Package in 5 selected governorates  4.3 To support the MoH in developing a healthcare financing policy  4.4 To support the MoH to develop a National Health Insurance Policy  5.1 To support the MoH in the development a National Health Strategy (5 years)  5.2 To enhance the national capacity to develop National Inter-Sectoral Action Framework for health focusing on community development  5.3 To develop the National MDG forum to monitor progress of health indicators.  5.4 To support MoH set up coordination mechanism on mental health and psychological support within MoH central and governorate level structure. |
| **Procurement** |  |

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| **Funds Committed by UNICEF**  **WHO** | $ 4,399,660.6  $ 3,216,007 | **% of approved** | 73%  54% |
| **Funds Disbursed by UNICEF**  **WHO** | $ 2,651,997.45  $ 2,358,682 | **% of approved** | 44.3%  39% |
| **Forecast final date** | 31st of December 2011 | **Delay (months)** | 12 |

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| **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 (decrees 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% |

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| * Quantitative achievements against objectives and results | | % |
| To invest in the national capacity of MoH staff in targeted areas for improved Integrated Health Delivery Services | **WHO:** A three-day meeting was conducted in Erbil during the period of 13-16 February 2011 with key MoH Officials from the central and Erbil ministries. The objectives of this meeting were to: agree on the strategic direction of Primary Health Care Programme implementation for the coming 4 years; review the action plan of Basic Health Services Package Implementation (BHSP); revise and finalize the Assessment Tools for *Integrated District Health Systems Based on Family Practice Approach (IDHS-FPA).*  After having three days discussion with the Director of Donors Section, Director of PHC Department, Director of Health Centers Section, Director of Family Medicine Section, the Head of Therapeutic Department/Technical Affairs, and the Director of Planning Department in Erbil, the IDHS-FPA in Iraq for the coming 3 years and to implement the BHSP within this approach. The agreement was also to pilot the implementation of IDHS-FPA in four districts within four different governorates. In accordance to this decision the Plan of Action of BHSP implementation was revised and updated during this meeting. It is worth noting that this PoA was developed in Amman during the *Preparatory Meeting for BHSP implementation in December 2010,* after which a Steering Committee for BHSP implementation was developed in addition to Technical Committee.  The rehabilitation of 5 PHC centres has been substantially progressing. Those PHCs 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 delivery at different levels, where some of the equipment has been handed over to the MoH, while others are still in the process of procurement.    As for the physical rehabilitation: the Bills of Quantities (BOQs), the bids announcement, bids opening and recommendations for contract award were finalised for both Mousel and Baghdad-Al Karkh centers, as for Baghdad Al Rasafa the call for bid is expected to be announced by early April, Basra center, a re-announcement was recommended by WHO engineer, bids opening and analysis was finalised for the re-announcement. Finally, as for Karbalaa no offers were received after the call for bids due to the relatively low budget, WHO is looking into solutions with MoH officials.  **UNICEF:** to improving 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/centre 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 PHCC and staff residence have been developed in consultation with MOH engineers including detailed BOQs. And 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.  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  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 Iraqi 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. | 55%      59% |
| To invest in improving the Human Resources Planning capacity for the MoH staff | **WHO**: Part of the efforts that WHO is taking to assist the MoH in drafting the Human Resources for Health (HRH) strategy, a shortened version of the HRH assessment tools were finalised by WHO Regional Office and it was shared with the MoH, in preparation of conducting this assessment during the coming quarter. | 30% |
| To strengthen the national capacity of National Health Information System (HIS) | **WHO:** A two-day meeting workshop took place in Erbil- Iraq from 16-17 February 2011. This meeting workshop comes as a follow-up to the *Stakeholders Meeting for Health Information System* (HIS) that took place in Amman October 2010*.* By the end of this stakeholders meeting the MoH officials and other stakeholders decided on developing HIS strategy and the team was trained on the HIS regional assessment tools. As a result, the team raised this issue with H.E. the Minister of Health, who in turn approved this initiative and supported it by being the Head of the Steering Committee for developing the HIS strategy.  The MoH formulated also the Technical Committee to follow up on the assessment of the HIS. Three national meetings were conducted by the Technical Committee during which the regional assessment tools were adopted to Iraq and finalised. Another meeting was organised under the request of the MoH with the following objectives to: re-orient the participants with the standards and components of HIS including the HMN framework for assessment; review and exercise the HIS assessment tools; Present the Rapid Assessment (RA) tool for Civil Registration and Vital Statistical (CR&VS) system and prepare ground for the RA of CR&VS in Iraq; and agree on the timeline for the assessment to finalise the team building that will be carrying out this assessment in Erbil 16-17 February with the Technical Committee with the technical support of WHO.  Based on the outcome of this meeting, the assessment took place in Baghdad in national workshop on 8-10 March 2011, after finalizing the team building exercise and the draft the assessment report was submitted to WHO on 31st of March 2011, where WHO will be revising and finalising this report in preparation for drafting the HIS strategy. | 45% |
| To strengthen the National Health Care Financing System | **WHO:** Iraq Country Office in collaboration with EMRO organised a three days training workshop on Health Care Financing (HCF) in Amman during the period of 27, 28 February- 1 March 2011. This training workshop comes at a time, where the MoH with the technical assistance of WHO are in the final stages of finalising the 1st National Health Accounts (NHA) Report for Iraq, which is used to provide evidence to help the governmental policy makers and managers to make better and informed decisions in their efforts to improve health system performance, which is highly needed at this stage in Iraq. It is worth noting that the NHA exercise started in late 2004, but due to the deteriorating security situation especially in 2006 and 2007, and the change in Ministry of Health priorities of that time, it was decided to withhold the work on NHA. In 2009, the NHA was revitalised by WHO under the financial and technical support of Primary Health Care phase II project.  During the above mentioned workshop the National NHA Steering Committee was trained on different topics of HCF. In order to enhance the hands on experience of the National NHA team, the team was assigned to use the real data during the group work sessions as well as guidance was provided on how to populate the NHA matrices using the figures of Iraq. The aim of this practical exercise was to enhance the skills of the National NHA team on the use of software and thus institutionalize the capacity building efforts which will enable the National team to carry out the upcoming rounds of NHA with minimal or no external assistance. Important conclusions were made at the last day of the workshop which included the development of first draft of NHA report by the end of March 2011 and publication and dissemination of the Report by mid May 2011. | 70% |
| To strengthen the health governance and policy environment. | **WHO** Iraq Office in collaboration with UN ESCWA organised a national training workshop in Erbil during the period of 6-10 February 2011 on Millennium Development Goals (MDGs). This activity comes as a follow up to September 22-28 2010 training workshop, which was conducted for 20 Senior Leaders from the Ministry of Health and other line ministries at the Central and Southern Governorates, who met under WHO auspices in Beirut, for an intensive leadership development experience designed to strengthen the pursuit of MDGs for the people of Iraq. The February 2011 activity was initiated under the request of the MoH in order to cover the Northern Governorates needs to be trained on MDGs.  The training workshop objectives were to raise the awareness on the global MDGs and the national MDGs tailored for Iraq with a special focus on Health related MDGs. The main discussion focused on the current situation of Iraq with regard to health MDGs; strengthening Planning, Monitoring and Evaluation as well as reporting functions of the government officials, taking into account the National Development Plan and the Health Sector Strategy in addition to other related national strategies.  A total of 20 participants from both Central Ministry of Health in Baghdad and Central MoH in Erbil as well as from DoH in Erbil, Sulimanyia, Dohuk and Kirkuk. The private sector was represented in the mentioned workshop by the Head of the Dental Syndicate in Baghdad. By the end of this training workshop, the following was agreed as recommendations and way forward for MDGs: Advocate for formulation of an inter-sectoral committee for MDGs; Assign a focal point for MDGs at the central MoH in Erbil; Conduct National Training Activities in all the 3 governorates on MDGs; Alignment of Strategies, Plans with NDP, MoH Strategic Plan and MDGs for Iraq; Repeat the workshop for policy makers in the region; National awareness for MDGs in the media; Involvement of private sector and other line ministries in MDGs.  A 4 days Training of Trainers (ToT) took place on Mental Health in Erbil during the period of 17-20 April 2011, with the objectives to: revise WHO mental health training modules and produce a standardized training package; assess the current situation of mental health in Iraq; identify the suitable WHO and national mental health manuals for training PHC staff; and agree on plan of action for the integration of mental health in the PHC services. This workshop will be followed by a ToT on the finalised mental health training modules and it will be followed by a cascade of national trainings on these modules. | 40% |

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| **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. |

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| **Main implementation contraints & 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. |
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