**United Nations Development Group Iraq Trust Fund**

**Project #: S D2- 27 WHO and UNICEF**

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

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

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| **Title** | Addressing Micronutrient Deficiencies in Iraq: Assessment and Responses |
| **Geographic Location** | All governorates |
| **Project Cost** | US$ US$ 3,181,763 |
| **Duration** | 18 months |
| **Approval Date (SC)** | 23.02.2010 | **Starting Date** | 02.03.2010 | **Completion Date**  | 02.09.2011 |
| **Project Description** | This programme, via its major components, is designed to build the capacity of the MoH to 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.  |

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| **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. |

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| **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 work1.1.2 Assessment team recruited and operational1.1.3 Training (TOT and training at governorate levels) for assessment and response team personnel1.1.4 Equipment for household blood testing1.1.5 Equipment to support Lab in Baghdad1.1.6 Blood and Urine sample transport1.1.7 Technical assistance to PSC1.1.8 Technical assistance to PSCOutput 1.2 : (WHO,WFP, FAO) * + 1. Sampling of target population
		2. Data collection and management
		3. Report writing, printing and dissemination of study results
		4. Integrating nutrition in national disease surveillance and Health Information System
		5. Monitoring and evaluation
		6. Technical assistance to PSC

Output 1.3: (UNICEF)1.3.1 General micronutrient activities1.3.2 Capacity building across all levels on nutrition & monitoring1.3.3 Social mobilisation and advocacy activities including communication media campaign, development of media health education and promotion materials etc |
| **Procurement****(major items)**  | 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
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| **Funds Committed**  |  WHO: $ 515,000.61 UNICEF: $ 533,231.44  | % of approved% of approved | 28%39.4 % |
| **Funds disbursed** | WHO: $ 394,676.05UNICEF: $ 364,344.9 | % of approved% of approved | 22%26.9% |
| **Forecast final date**  | 2 September 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 MNAR survey that will be conducted at household level (3000 HH)  | 80% response after implementation |
| Women | 1200 Non pregnant women (15-49) will directly benefit from the MNAR survey and the biological testing that will be conducted at household level (3000 HH)  | 75% response after implementation |
| Children | 800 Children 6-11 months old and 2200 children (12-59 months) will directly benefit for the MNAR survey and the Biological testing  | 85-90% response |
| students | 2200 School students (6-12 years) will benefit directly  | 90% response after implementation |
| IDPs | Some of the targeted groups are IDPs | NA |
| 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 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 (men/women) | Employment generation is not one of the main objectives of this joint programme However,100 vehicles and drivers will be hired for the transportation of the teams to the households | 100% |

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| **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 **(WHO)** | * WHO Iraq, in coordination with Ministry of health, conducted the Training of Trainers (ToT) workshop on Micronutrient assessment and response (MNAR) survey for the period 23 – 28 January 2011. The objectives of the training were to train survey team on survey design and methodology, data collection and standardise laboratory staff. The workshop was facilitated by Survey Steering Committee and Survey technical team, CDC Consultants WHO and UNICEF -Iraq. The training included one day pilot survey to test the three questionnaire forms (household, women and child forms), also it included sample collection of blood and urine from non pregnant women (15-49 years) and children aged 6-59 years.
* WHO Iraq supported 13 days training course on data entry and CSpro programme for 15 participants from MoH, MoP in Baghdad and Kurdistan region from 29-31 January 2011.
* Steering committee technical meeting for 2 days (1-2 February 2011) to finalize the MNAR questionnaire, list of supplies and equipment required for the survey and wok plan sheet for capacity building and training activities for the implementation of the MNAR survey end of April 2011.
 | 40 % |
| MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system**(WHO)** | * Training of 2 laboratory technicians on ICP equipment for 2 weeks in Amman by Ministry of water and irrigation as part of capacity building of Iraqi NRI staff.
* Supported research work at NRI on nutritional status of women and children under 5
 | 15% |
| GOI are better able to provide nutritional response especially in vulnerable areas **(UNICEF)** | 1. **UNICEF support the following General Nutrition Activities:**
* Procurement of iodine salt testing kits to MOH Baghdad to improve quality control of salt available on the market as well as household.
* Support for Nutrition survey and study on Anemia and Iron Deficiency in 3 Governorates.
* Support for Vit A prevalence study for U5children, pregnant and lactating women.
* Emergency provision of 50 million ferrous folic acid tablets for MOH/ Baghdad for the prevention and treatment of anemia in pregnant and lactating women.
* Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MOH/NRI for distribution with routine immunization for children under 5 and lactating women.
* Procurement of 20 Spectrophotometers devices for the labs of MOT for better monitoring of wheat flour fortification
1. **UNICEF supported capacity building across all levels on nutrition & monitoring:**
* 115 flour mills technicians and lab personal were trained on quality control and quality assurance of wheat flour fortification programme and maintenance of fortification feeders.
* Support the training of two lab technicians on the analysis of Vit. D in the collage of technology in Irbid, Jordan
* Support the training of two lab technicians on the analysis of Folate in CDC lab in Atlanta.
* Support the training of field teams on the collection, storage of blood samples, anthropometric measurement and filling of questionnaire (3 staff from 17 governorates plus 12 from Baghdad were trained for 3 days).
1. **UNICEF supported the Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials etc:**
* Several meetings were conducted to prepare the social mobilization plan for the survey and promotion for Salt Iodization.
* Social Mobilization plan development with coordination of UNICEF, WHO and MOH, fund will be transferred very soon to implement it at the beginning of May.
 |  75%75%20% |

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| **Qualitative achievements against objectives and results**  |
| The following qualitative achievements have been materialized:* Development of a detailed work plan for the coming activities for 2011 and implementation of the training of trainers(ToT) workshop in Erbil for 66 participants from MoH and MoP/COSIT. It was facilitated by CDC consultants, WHO and UNICEF technical officers and MoH and MoP experts.
* Training courses for central supervisors and laboratory technicians was conducted successfully with UNICEF support.
* Sampling parameters have been defined. Capacity building for two NRI lab technicians on vit A analysis methodology has been completed.
* Procurement of supplies and equipment needed for specimens collection and analysis has been finalized with a total cost of US$ USD 152,781.
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| **Main implementation contraints & challenges (2-3 sentences)**  |
| * The project has started in March 2010 and during that period WHO in Eastern Mediterranean Region launched a new Global Management System (GSM) that is replacing the old system CAMS (Country Assistance Management System) and this has contributed to some delays in the implementation
* Currently, the implementation of the project is running according to the time line set in the project document and so far no constrains or challenges to be reported.
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