



**World Health  
Organization**

**UNITED NATIONS DEVELOPMENT GROUP  
IRAQ TRUST FUND**

**ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT**

**REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2009**

***Submitted by:***

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***Country and Thematic Area<sup>2</sup>***

*Iraq Sector D-Health and Nutrition*

***Programme No:D2-25***

*MDTF Office Atlas No: 54904*

*Programme Title: Strengthening Primary  
Health Care System Phase II*

***Participating Organization(s):***

***WHO (lead) and UNICEF***

***Implementing Partners:***

- *National counterparts (MOH, MOHE, MOF and MOPDC)*
- *International Organizations, including NGOs*

***Programme Budget (from the Fund):***

*For Joint Programme provide breakdown by UN Organization*

WHO: 5930368

UNICEF:5987632

Etc.

***Programme Duration (in months):***

Start date<sup>3</sup>: 6 December, 2008

End date: 31 November, 2010

- *Original end date*
- *Revised end date, if applicable*
- *Operational Closure Date<sup>4</sup>, if applicable:*

Budget Revisions/Extensions: N/A

*List budget revisions and extensions, with approval dates, if applicable*

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> E.g. Priority Area for the Peacebuilding Fund; Thematic Window for the Millennium Development Goals Fund (MDG-F); etc.

<sup>3</sup> The start date is the date of the first transfer of funds from the MDTF Office as Administrative Agent.

<sup>4</sup> All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

## **I. Purpose**

The aim of Strengthening Primary Health Care System (SPHCS) phase II 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. This is in line with the MoH articulated vision for PHC as 'an accessible, affordable, available, safe and comprehensive quality health service of the highest possible standard that is financially sound and founded on scientific principles in order to meet the present and future health needs of Iraqi people regardless of their ethnicity, geographic origin, gender or religious affiliation.' This vision calls for an integrated reform of the Health Care System which is the main objective of this project. This project is also in conformity with the Ministry of Health (MOH) goal to transform inefficient, centrally-planned and curative care-based services into a new system based on prevention and evidence-based, equitable, high quality, accessible and affordable primary health care.

This project is a WHO-UNICEF joint project that builds on previous achievements under the Strengthening of Primary Health Care System (SPHCS) Phase I project in Iraq. The project is designed to contribute to upstream national policy level and at downstream health service delivery level.

### **Provide the main outputs and outcomes/objectives of the programme.**

The immediate objectives of phase II are to (a) invest in the national capacity of MoH/DOH staff in targeted areas to improve Integrated Health Delivery Services, including community psychosocial support (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.

### **Explain how the Programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund.**

SPHCS Phase II project has been designed according to the national priorities and in conformity to the Health and Nutrition Sector goals, objectives and benchmarks as stipulated in the National Development Strategy (NDS) 2007-2010, International Compact with Iraq (ICI), UN Assistance Strategy for Iraq 2008-2010 and MDGs. SPHCS project will contribute to successful accomplishments of the following strategic health and nutrition sector goals and objectives defined jointly by the government and partner agencies.

The implementation of this project has put in place the basic infrastructure for achieving the International Compact with Iraq (ICI) goal for health sector, which states: 'Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development, increase spending in health from 2.5% to a minimum 4% of GDP to secure access to basic health care for all while preserving the current share of payroll.

Similarly, the SPHCS project has been strongly linked to the national priorities as stipulated in the National Development Strategy (NDS) for Iraq. In order to fulfill the benchmark commitments of ICI the NDS 2007-2010 has been put in place by the GOI to address the various priorities which were identified by the government in a more concrete and precise manner. The NDS will

contribute to the attainment of the ICI health sector goals by focusing on the following strategic priorities:

- Strengthen the national healthcare delivery system, and to reorient it from being hospital-focused to being based on Primary Health Care delivery.
- Strengthen emergency preparedness and response in order to address the needs of Iraqis, especially vulnerable populations, while promoting a healthy living environment

Moreover, the SPHCS phase II project is in line with the UN Iraq Assistance Strategy 2008-2010. This assistance strategy which will guide UN activities from 2008-2010 has been developed in consultation with the government of Iraq, donor community and NGOs to ensure that it keeps with national priorities namely the National Development Strategy, objectives set forth in the International compact with Iraq (ICI) and Millennium Development Goals (MDGs) benchmarks. The SPHCS project will contribute substantially to the achievement of the Health & Nutrition Sector related objective of the UN Iraq Assistance Strategy which states that:

By 2010, health and nutrition related programs enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable groups.

It is worthwhile to reiterate the fact that the various outputs undertaken by this project will eventually contribute to the achievements of the following Health and Nutrition Sector related MDGs.

- Reduce child mortality (MDG 4);
- Improve maternal health (MDG 5);
- Combat HIV/AIDS, malaria, and other diseases (MDG 6);
- Eradicating extreme poverty and hunger (MDG 1)
- Ensure environmental sustainability (MDG 7)

## II. Resources

### *Financial Resources:*

<b>Funds Committed by WHO</b>	\$ 1,296,881	% of approved	21.78%
<b>Funds Disbursed by WHO</b>	\$ 1,052,063	% of approved	17.7%
<b>Funds Committed by UNICEF</b>	\$2,625,710.76	% of approved	44%
<b>Funds Disbursed by UNICEF</b>	\$391,674.76	% of approved	7%
<b>Forecast final date</b>	30th of November 2010	Delay (months)	0

### **Provide information on other funding resources available to the project, if applicable.**

WHO contributed to the completion of project activities under this project from its own financial resources through various direct and indirect mechanisms. Furthermore, the project was provided with a high level of technical and administrative support by the Field, Country,

Regional and HQ offices of WHO. This project also saw a high level of monitoring and supervisory support by the experts from the aforementioned various offices of WHO.

Due to the price increases for labor and construction materials the estimated project budget is no longer sufficient to construct 13 PHCCs. UNICEF allocated nearly \$1 mln. from its own resources to cover this shortfall contributing to construction of 3 PHCCs in Wassit, Diwaniyah and Basrah.

UNICEF has also covered the cost of the Senior Manager who was part time overseeing project implementation from Amman with frequent missions to Baghdad.

**Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.**

No Budget revision was considered during the reporting period.

**Provide information on good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.**

Use of additional UNICEF own resources to cover shortfall of price increases in order to meet overall project objectives.

***Human Resources:***

As mentioned above this project has been jointly implemented by WHO and UNICEF. The information provided below is agency specific.

**WHO National Staff:**

Two national staff who are based in Amman and one national staff based in Baghdad has been contributing to the implementation of the project activities by a regular follow up with the counterparts in the various ministries e.g. Ministry of Health, Ministry of Higher Education and Ministry of Planning and Development Corporation. These national staffs inputs have been instrumental in the accomplishments of the various activities undertaken by the project. In spite of the huge challenges and security restrictions the staff has been able to contribute to health system strengthening and the capacity building needs of the mentioned partner agencies. In addition, WHO regularly utilises the expertise of national consultants who are assigned to perform specific tasks under an Agreement for Performance of Works (APW) or under Special Service Agreement (SSA) contract for a very short period.

**WHO International Staff:** Though the recruitment of the international consultant for the project was under process, however it is worthwhile to mention that sufficient support was given to the project by the senior management of WHO office for Iraq.

**UNICEF National Staff:**

Two national staff – one in Baghdad and one assistant in Amman has been involved in day to day project management, liaising with the MOH, respective DOH, supervising monitoring engineers who are overseeing physical construction and verify quality.

**UNICEF International Staff:**

One Sr. Health and Nutrition officer was part time involved in overseeing implementation of the project from Amman with frequent visits to Baghdad. Other UNICEF resources were used to cover cost of this staff.

### **III. Implementation and Monitoring Arrangements**

The implementation of this joint project started in December 2008 and will continue up to November 2010. The project has successfully completed its one year of implementation and is on its way to contribute to the accomplishments of the project outputs. The Ministry of Health (MOH) is the main government partner with the primary responsibility for implementing this project. It is fully in charge of management, implementation of the overall project through the Directorates of Health (DOHs) in the governorates and PHCs at lower levels. Full support has been extended by a huge network of WHO national staff based in all governorates of Iraq to make sure the timely implementation of this project. The project implementation progress has been regularly monitored by the technical staff of WHO currently based in Amman. The project also enjoyed a high level of technical backstopping by the EMRO and WHO Head Quarter in Geneva. During this first crucial year of implementation this project contributed to the capacity building of a number of governmental ministries namely Ministry of Health, Ministry of Higher Education and Ministry of Planning and Development Corporation.

Close coordination was maintained with MOH and UN Health Cluster partners by the UNICEF Project officers, backed up by contracted facilitators based in Baghdad and in other governorates as well National Officers in Erbil and Amman. They are all responsible for overseeing project implementation, ensuring procurement and timely delivery of required supplies. The monitoring activities for this project include field visits as well as regular meetings with DOHs staff in all governorates, and the preparation of periodic reports. UNICEF staff in Erbil, Baghdad and Amman, in coordination with MoH, prepares and finalizes all technical and financial reports. In addition, all the provided support is coordinated with WHO through the Health and Nutrition SOT, whereby WHO provides overall technical as well as some financial support for routine and accelerated activities.

Based on the initial implementation scope three UNICEF's Specialized Engineer Facilitators are assigned to monitor and assess the quality of reconstruction works. Assessments are done jointly with technical staff from the relevant MOH/DOH health department, including a minuted handover process, documentation of completed work (including photography showing construction stages) and a certifying letter from Government of Iraq (GoI) partners addressed to UNICEF. Payments are processed based on UNICEF's receipt of all the above documents.

Throughout the project implementation WHO has placed high emphasis on the principles of ownership and national solidarity. WHO has endeavored to apply these principles in every activity it has undertaken and every result achieved. This approach has been exemplified through the formulation of a Project Management Structure for the Programme:

#### **Project Steering Committee:**

This committee is a senior level committee to follow up on the progress of project implementation. It met once every three months in Baghdad and WHO is represented at this committee, through one of its national staff. The Steering Committee consists of the following staffs.

Chairman:

H.E. Minister of Health

Members:

DG of Public Health and PHC Directorate

DG of Project and Engineering Services Directorate

DG of Planning and Human Resources Development Directorate

DG of Technical Affairs Directorate

Director of International Health Department

Director of PHC Centers Section

WHO Representative

**Executive Committee:**

This committee meet once every month in Baghdad to follow up on the progress of the project implementation and WHO is represented at this committee, through two of its national staff.

Chairman:

DG of Public Health and PHC Directorate

Members:

Director of Health Education Department

Representative of Project and Engineering Services Directorate

Director of Training and Development of Cadres

Director of Health Planning and Policies Department

Director of Health and Vital Statistics Department

Representative from the Center for Disease Control ( CDC) Center

Representative from International Health Department

Representative from Technical Affairs Directorate

Representative from PHC Centers Section

Representative from Financial Department

Director of PHC Centers Section

Director of Nursing

WHO Representative

***Focal Points:***

Five focal points were contracted by WHO as Agreement for Performance of Work (APW) for the Primary Health Care Facility which needs to be rehabilitated under this project. The focal points are responsible to keep close eye at the rehabilitation process and report regularly to the concerned DOHs and WHO on the progress.

Based on the initial implementation scope three UNICEF's Specialized Engineer Facilitators are assigned to monitor and assess the quality of reconstruction works..

**Provide details on the procurement procedures utilized and explain variances in standard procedures.**

WHO has well established procurement procedures and goods are generally delivered to Baghdad under international insurance coverage. The procurement process is being carried out based on WHO rules and regulations. These are aimed at ensuring quality, efficiency and cost effectiveness. In few cases, local procurement has been applied. That said, procurements and shipment of project material is a challenge in Iraq and delays due to difficulties at border crossings, processing and remote management is sometimes impacting the performance of programmes activities.

Iraqi contractors have been implementing most of the rehabilitation works, with close supervision from WHO focal points and WHO staff in Amman. All the equipments have been procured in Amman or Iraq (depends on the value), with announcements published through Iraqi and Jordanian newspapers, the IRRFI website and the WHO website. The contractors are generally responsible for delivery and security of goods to Iraq as part of the contract cost.

For the component supported by UNICEF, the detailed field assessment has been done by contracted facilitators in collaboration with MOH/DOH staff and local community council. Design work was prepared by the national staff in Iraq based on the detailed assessment. The preparation of tender documents, specifications, tender evaluation, contracting and procurement have been done outside Iraq by UNICEF support centre in Amman with the assistance of the UNICEF Regional Office in Amman as required. The bidding process was carried out through the following arrangements:

- Bills of Quantities (BOQ) are prepared inside Iraq by Iraqi engineers working for UNICEF under an institutional contract, in collaboration with the government engineers responsible for the work. These are costed jointly by the government and UNICEF-contracted engineers.
- The BOQs with a letter of request are sent by pouch to UNICEF Amman office where they are checked by technical staff from each section before being passed to the Contracts unit for bidding. A pre-qualification process was established in 2004 to evaluate the capacity of contractors/suppliers and NGOs.
- Bidding documents are delivered to Iraq by a courier service in sealed envelopes to the pre-qualified companies.
- The bid responses are subsequently collected in Iraq by ARAMEX in sealed envelopes and delivered to UNICEF Amman office for further action. UNICEF follows its standard procedures for procurement and award of contracts. After the award of contracts, the supervision and monitoring of the program is undertaken by GoI partners and UNICEF Facilitators. After completion, a handover committee is responsible to undertake the quality control and certify completion of work before processing payment.

All the work is undertaken by local contractors. The monitoring and supervision mechanism will rely on the use of local companies with coordination and administrative support role of the national staff in field offices in Iraq and the national/international staff in ISCA office. Periodic program review and coordination meetings will be conducted in Amman or Iraq as security situation permits.

There were no deviations from above described process.

#### **Report on any assessments, evaluations or studies undertaken.**

There has been no formal assessment or evaluation during the reporting period of the project. However prior construction or rehabilitation the detailed field assessment has been done by contracted facilitators in collaboration with MOH/DOH staff and local community council and design work was prepared by the national staff in Iraq based on the detailed assessment.

## **IV. Results**

WHO as the lead agency is the overall coordinator of the project, while UNICEF remained accountable for attainment of the specific outputs. The progress and results linked to the original outputs are described below.

**Provide a summary of Programme progress in relation to planned outcomes and outputs; explain any variance in achieved versus planned outputs during the reporting period.**

**Output 1. Capacity of the MoH in targeted areas developed for improved Integrated Health Delivery Services.**

**WHO** in collaboration with Hawler Medical University in Erbil – Nursing Faculty organized the First International Nursing Scientific Conference 23-25 June 2009 in Erbil, which aimed to provide an understanding and acquaintance with contemporary nursing issues on the national and international levels. A plan of action for the next steps for nursing was drafted and agreed upon. WHO further supported this conference by providing the MoH with a total of 25,000 copies of 'Nursing Codes of Ethics Guidebook' to be distributed to the concerned staff at different levels.

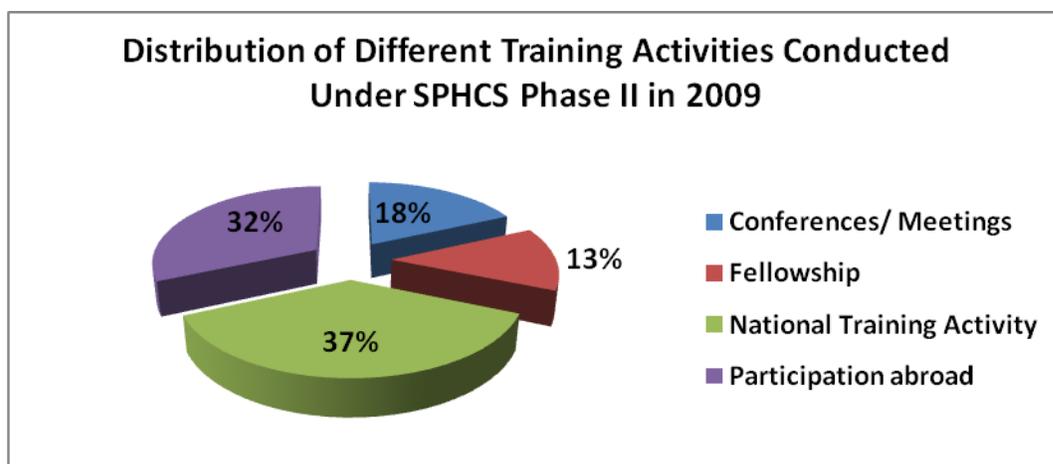
**WHO** in collaboration with the MoHE, the University of Basra-College of Dentistry and Hawler Medical University in Erbil – Medical Faculty supported a total of 30 students for one month from Basrah University in their 5<sup>th</sup> year of dentistry to fulfill the requirements of Bachelor of Dental Sciences Degree in different branches in Hawler University to achieve a high quality experience in practical field.

**WHO** based on the MoH request, conducted **Results Based Management Framework** training course, during the period of 19-21 October 2009 in Baghdad-AL Rashead Hotel for a total of 42 MoH officials from the center and the governorates, in addition to participants from Ministry of Environment and Baghdad University. The training was facilitated by the WHO Regional Adviser for Planning, Monitoring and Evaluation supported by four WHO technical Officers. The training objectives were designed to 1) introduces the logical approach and its application for programme development and Results Based Management. 2) Provide training on the preparation and the use of a results framework.

**WHO** supported 2 health professionals from the MoH to attend the Regional Workshop: Health Care Professional (HCP) Associations and their role in achieving MDGs 4 and 5 that took place in Amman on 17-19 December 2009. The overall objective of this workshop was to increase the contribution of HCP Associations to national Maternal, Newborn and Child Health plans through a strengthened participation in policy and programme development and an increased alignment of activities to the national targets regarding the achievement of MDGs 4 and 5.

Two trainings which were held on 6-8 and 13-15 December 2009 were conducted in Erbil for data entry personnel on how to use the electronic questionnaire adapted in Epi Info software. The candidates for these training were from the sentinel hospitals, forensic centers and from Directorate of Operation. The second phase of data collection started on 1st December for both old and newly included DOHs. Five Laptops and five photocopiers were purchased for sentinel hospitals in the newly added DOHs. WHO also supported the printing of data collection tools in both Arabic and English languages which were distributed to the concerned sentinel hospitals through MoH and Directorate of operation.

In summary, an extensive number of diverse capacity building activities were conducted by WHO during the first year of project implementation. As shown in the below chart, the capacity building activities were conducted in various forms both inside Iraq and abroad and Participants from various relevant ministries were considered to participate in the workshops and national training activities.



Activity Type	Number of Participants
Conferences/ Meetings	50
Fellowship	36
National Training Activity	102
Participation abroad	87
<b>Total</b>	<b>275</b>

**UNICEF:** Two model designs for the new PHC Centers and staff residence were developed in consultation with MOH engineers including detailed BOQs. In consultation with Ministry of Health and Ministry of Marshland, sites were identified for the construction of new PHCCs and staff residences. It was 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 3 and ThiQar 2 PHCCs and 2 staff residences). Six SSA contracts for constructing 6 PHCs centers were issued, and the BOQs for another 6 PHCs centers were finalized and sent for bidding. Ministry of health finalized the list of basic health supplies for the newly constructed health centres. There were some delays experienced at DOH level in assigning land for PHCCs construction. During initial bidding we realized that estimated project budget would not be sufficient to cover construction of 13 PHCCs and 2 residencies due to the price increases for labor and construction materials. In order to meet set objectives (as per scope of the project) UNICEF allocated nearly \$1 mln. from its own resources to cover this shortfall contributing to construction of 3 PHCCs in Wassit, Diwaniyah and Basrah.

**UNICEF:** In 2009, UNICEF and its partners from the Government of Iraq (GoI) have developed an initial Framework and a Strategy for the establishment of a national program for community based psychosocial support that would pave the way to strengthen outreach services to vulnerable children within their families and communities. The program aims at the empowerment of communities in order to enhance child resilience and positive dynamics of

social interaction for children (including better care practices). The community based psychosocial programmes will build on the ongoing school based psychosocial support under the implementation of UNICEF Education Programme together with the Ministry of Education, the Parenting Education Programme being implemented by the UNICEF Health and Nutrition Programme together with the Ministry of Health in Kurdistan Regional Government, the Child Centres Mental Health Programme being implemented by the Ministry of Health and the Open Centres for Special Needs Children Programme under the implementation of MoLSA. The actual roll out of the community based psychosocial support programme is expected to start in April after the national elections.

#### **Output 2: The ability of MoH on Human Resources planning is enhanced.**

As stipulated in the plan of action the activities which will contribute to the accomplishment of this project output will be carried out in the remaining part of the project period.

#### **Output 3: National Health Management Information System is strengthened**

WHO organized a basic and advanced Geographic Information System (GIS) training which took place from 5-15 April 09 in Amman (Royal Scientific Society) for 5 MoH staff working for the Central Health Information Department, 2 staff from Basrah DoHs who were funded under this project. Other participants from Erbil, Muthanna and Missan DoHs also participated, however their participation was supported by other funding sources. As it was agreed with the MoH, WHO supported the V SAT connectivity subscription fees for the Health Information System (HIS) last year under SPHCS phase I, and continued supporting the connectivity subscription fees for the year 2009. The aim is to make a gradual hand over to the MoH. Preparatory work with the Regional Office and MoH for the expansion of HIS programme is ongoing.

**WHO:** A planning meeting for HIS phase II implementation was conducted in Amman during the period of 16-17 September 2009, with the objectives to 1) Review the work that was done under phase I; 2) Update the forum on the current situation of the HIS in the MoH (hard ware and software applications); 3) Agree on the way forward for SPHCS-phase II. As a result of this meeting detailed work-plan for phase II implementation was drafted and agreed between WHO and the ministry.

#### **Output 4: Sustainable financing and social protection system of MoH is developed.**

In January 2009, WHO and MOH-Iraq finalized the Basic Health Service Package (BHSP). Critical to the implementation of the package is an analysis of the resource costs necessary to efficiently and equitably deliver BHSP to the population. Moreover, a thorough cost analysis of BHSP and National Health Account (NHA) survey will assist the MoH to establish a framework for advancing initiatives in the country, as well as proposing a National Health Financing Policy.

WHO conducted three inception missions to Baghdad in addition to a series of video conferences between Amman and Baghdad. The main objectives of these activities were to (i) assess and collect data required for the preparation of costing plan and (NHA) exercise; (ii) discuss the plan of action and implementation process for both exercises.

The following has been achieved so far: a detailed NHA work plan is drafted; Organizational Chart is proposed to the MoH; A multi-sectoral Steering Committee (SC) and Executive

Committee teams for NHA were formulated and ToRs were drafted; SC for the Costing team was formulated and ToRs were drafted; BHSP costing plan was developed and introduced its cost and classification. Finally, a national training for both NHA and Costing is planned to take place in January 2010 to compliment this process.

WHO was a major contributor to the International Scientific Conference of Health Research which was held in Baghdad from 12-15 December 2009. WHO contributed tremendously to the Health Economics, Health Administration and Health Financing sessions of this conference and contributed to the final recommendations for Iraq.

#### **Output 5: Enhanced MoH leadership and Governance.**

In the efforts of supporting the MoH and MoHE in introducing quality assurance for Medical Colleges, WHO in collaboration with the College of Medicine and Medical Sciences-Arabian Gulf University-Kingdom of Bahrain supported the 'Accreditation and Quality Assurance in Medical Schools Workshop' that took place on 24-27 May 2009. The objective was to enable the participants to set the national standards for the accreditation process and quality assurance of the Iraqi medical colleges that are in congruence with the international standards. A total of 20 participants from all over the country participated in this workshop, representing the Iraqi Medical Colleges, the National Accreditation Committee, the Ministry of Health and the Parliamentarians in addition to the participation of H.E. the Minister of Higher Education. As a follow up of the said activity, the second workshop took place from 12-13 July 2009 in Baghdad with the objective of setting guidelines for Iraqi Medical Collages to assist them in implementing their 'self reporting studies'.

Furthermore, WHO organized a study tour for the Community Based Initiative (CBI) Technical Committee which was held in Syria from 15-18 August 2009. The objective was to 1) Share experience on implementation of Healthy Village Programme (HVP) in Syria and BDN in Iraq 2) Have a better understanding of the existing community organizations and the role of Cluster Representatives and health volunteers in HVP 3) exchange experience on key elements of CBI sustainability including political commitment and how to maintain CBI as an integral part of the health agenda 4) Exchange knowledge in building partnerships for health development and mechanisms on inter-sectoral collaboration for health action 5) Conduct field visit to HVP Syria and also to health and social interventions provided by UNRWA to Palestinian Refugees in Syria. Eight participants who were also members of the CBI Technical Committee from the Ministry of Health, Planning, Agriculture, Higher Education, Municipality, Construction, including representatives of Al Waqf Al Sunni and Al Waqf Al Sheie participated in the study tour.

In addition, WHO supported the final independent evaluation of SPHCS phase I project and arranged for the orientation sessions for the focal points on evaluation objectives, methodology and scope.

### SPHCS Project Beneficiaries:

Direct Beneficiaries	Number of Beneficiaries
Men	A total of 450,000 in the catchments area of the reconstruction activities under this project.
Women	Out of the 450,000 are 18,000 pregnant and lactating women will benefit from the construction activities.
Children	Out of the 450,000 are 76,500 children who will benefit from the reconstruction activities in the project
IDPs	Indirect beneficiaries to this project
Others	MoH and other line ministries staff will benefit from many training activities planned under this project
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)
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.

### Report on the key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.

ACTIVITY	COMMENT	COMPLETION RATE	
FM and IMCI program expanded for enhanced integrated health service delivery	The implementation will improve in the second phase of project	% of planned	10
Ministry of Health supported to undertake the development and implementation of referral policies at national level	The policy on referral has been drafted by MoH and WHO will assist in capacity building	% of planned	50
Improved capacity of MoH at the national level in the area of health system research (specific areas of research will be identified based on need)	The implementation of this activity will be boosted in the first quarter of the second year of the project	% of planned	10
MOH supported to integrate MH services into PHC system	Work on this activity is still going on	% of planned	70
Ministry of health supported to construct 15 PHCs in selected governorates	There were some delays experienced at DOH level in assigning land for PHCCs construction. Expecting to award all 15 contracts and complete construction of 7 PHCCs by end of Q2 of 2010. Additional funds will be mobilized from other resources to complete construction of all 15 PHCCs.	% of planned	30
Improved capacity of community-based psychosocial support structures	The actual roll out of the community based psychosocial	% of planned	20

	support programme is expected to start in April after the national elections.		
Enhanced capacity of MoH to undertake sound human resources planning	A plan for Human Resources was developed as part of the overall Health & Nutrition Strategy by MoH and WHO will contribute to capacity enhancement of the responsible officials	<b>% of planned</b>	40
Enhanced ability of the health staff in selected districts on delivering basic health services package	The Basic Health Service Package was developed with technical assistance of WHO and was approved by MoH and this has yet to be implemented	<b>% of planned</b>	40
Strengthened institutional capacity of MOH at national level to manage national health information systems	There are pending issues in regards to HIS as part of the phase I of the PHC project which is affecting the progress in the current phase of the project	<b>% of planned</b>	20
MoH supported to develop and implement 10 emergency sentinel surveillance system in selected governorates	This activity has been supported both from technical and administrative perspective by WHO	<b>% of planned</b>	60
MoH supported to expand VSAT connectivity to the district level	Provision of yearly subscription fee continued in order to maintain active connection between the different levels of MoH	<b>% of planned</b>	10
Ministry of Health is supported for the revitalization of the national health accounts program	Sufficient preliminary work has already been done and the remaining will be done in the second year of the project	<b>% of planned</b>	40
Basic health service package piloted in 5 selected governorates	Will be done in the second year of the project implementation	<b>% of planned</b>	0
Ministry of health is supported to develop a healthcare financing policy	The basic work which will contribute to the formulation of this policy has been done	<b>% of planned</b>	30
Ministry of Health supported to develop a National Health Insurance policy	Almost all the initial work which will inform this strategy has already been completed	<b>% of planned</b>	20
Ministry of Health supported to develop a national health strategy ( 5 years)	MOH has already developed the strategy and WHO is working to provide the maximum possible technical assistance in terms of enriching the capacity of policy makers and implementers	<b>% of planned</b>	40
Enhanced national capacity to develop and National inter-sectoral action framework for health focusing on community development	All the intital steps which help the MoH to develop the strategy has been completed	<b>% of planned</b>	30

National MDG forum developed to monitor progress of health indicators	The forum has already been established and meet regularly to monitor the progress of health related MDGs along with other sector MDGs	<b>% of planned</b>	60
Ministry of Health supported to set up coordination mechanisms on mental health and psychosocial support within MOH central and governorate level structures	The set up to ensure close co-ordination is in place	<b>% of planned</b>	50

**Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.**

The focal point for this project who was based in the PHC and Public Health department of MoH was changed and a new focal point, the Director of Donor Section, from Deputy Ministry of Reconstruction and Donors efforts Office has been introduced by the MoH to lead and coordinate this project at the MoH level. The former focal person for the project had developed a good understanding and memory of the various project elements. This change caused delay in the implementation of the project activities which could also be attributed to the change not only in focal person but also the change in the department which was responsible for follow up and implementation of the project.

**Constraints;** Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project. Relocating the Primary Health Care Department from the MoH building to a new location that is distant from the MoH main building with no communication facilities (internet connectivity, telephone lines and video conferencing) is affecting coordination and communication, especially that the communications via mobile phones are not reliable in Baghdad.

The main constraint during the reporting period in the implementation of the community based psychosocial programme was the extended period it took UNICEF to identify a suitable institution to support the Ministry of Labour and Social Affairs (MOLSA) along with UNICEF in the development of the Community Based Psychosocial Support Framework and Strategy. Once the institution was identified and contracted the work on community based psychosocial support was able to move forward. One other problem that still persists is the coordination of psychosocial support interventions ranging from donor support to coordination with government institutions, UN agencies and international and national NGOs implementing psychosocial support programmes. The coordination of mental health programmes is going fairly well under the Ministry of Health and efforts are now being made to expand the mental health coordination to include psychosocial support programme coordination.

Towards the end of 2009, the Council of Ministers passed a new code/law that spells the decentralization of the Ministry of Labour and Social Affairs – basically removing the social affairs from the ministry and putting these under the authority and responsibility of the Provincial/Governorate Councils. By the end of the year and with on coming elections it was not clear whether the code/law would be implemented or not. The uncertainty continues and perhaps will be addressed when the new Government is formed after the national elections in March 2010.

**Actions taken to mitigate future delays:** In order to avoid future delays a mutual agreement has been achieved with MoH to convene a video conference each month and when needed and discuss the follow up and implementation progress of the project. This platform is aiming to bring together the implementing agencies including members of the steering committee and WHO and UNICEF to discuss issues which will impede the progress of the project and come up with joint solutions to tackle the constraints and obstacles.

An international staff who will be overseeing the project management and implementation has been recruited by WHO. The project manager is based in Amman office of WHO but will travel on frequent missions to Iraq to make sure the timely progress and implementation of various activities being taken care of by this project.

**List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results.**

WHO being the lead agency in this joint project with UNICEF worked closely with MOH representatives, key managers, middle managers and health professionals from the central, governorate and district levels, which directly increases levels of capacity building and long term sustainability.

The Ministry of Health and Health Cluster members (UNICEF, UNFPA, WFP and WHO) has been working closely together during the implementation of the project activities and coordinate their work in order to maximize the synergy and prevent any duplication of efforts.

From its base in Amman and its national staff network in the Governorates, WHO and UNICEF worked closely with the MOH/district directors through teleconferencing and direct meetings in Amman and Baghdad. The entire WHO network of staff, logistics and telecommunication contributed to support the MOH. Close collaboration has been sustained with the UN Health Cluster throughout this phase of implementation of the project.

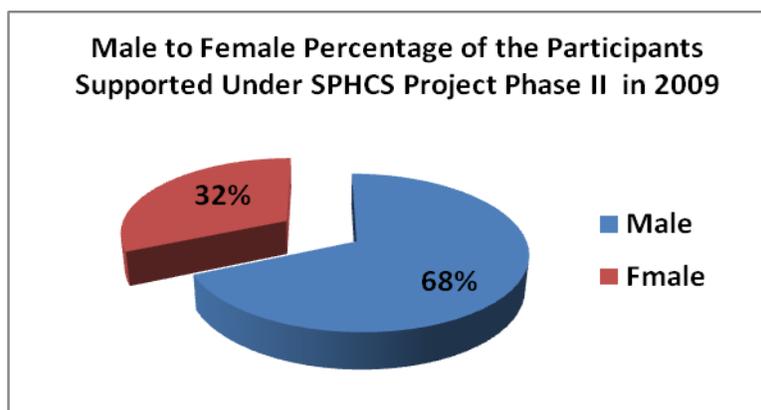
WHO also worked closely with MoF and MoP on the National Health Account and costing the Basic Health Service Package (BHSP). Close collaboration was maintained with Ministry of Higher Education in regard to the formulation of Accreditation and its guidelines for medical colleges and to convene the First International Nursing Scientific Conference in Erbil. WHO worked together with USAID and International Medical Corps (IMC) to convene the international health research conference and provided substantial support to its various technical discussion areas.

**Other highlights and cross-cutting issues pertinent to the results being reported on.**

**Human rights;** “The enjoyment of the highest attainable standard of health is a fundamental right of every human being, with special focus on the poorest and most vulnerable”. SPHCS Phase II project implementation contributed to improved access, availability, and quality of health services for the catchment population of the project.

**Gender equality;** Efforts have been instituted by this project to mainstream the gender in all policies and strategies of the MoH and other relevant Ministries. Both WHO and UNICEF ensured that gender equality be considered in the execution of various activities supported by

this project e.g. in recruitment and training activities, rehabilitation and reconstruction works etc. This project has also ensured that the collection of all data pertaining to this project be segregated on the basis of gender as shown by the chart below.



A number of activities which aimed to enhance the capacity of MoH and other relevant ministries were conducted during the first year of this project. Out of 275 trainees who benefited from various capacity building activities 87 (32%) were female participants while 188 (68%) were male participants. Efforts which intend to increase and encourage the number of female participants in various capacity building activities under this project are ongoing.

Project Area	Activity Type	Male	Female	Total
Access to Quality Health Services	National Training Activity	26	18	44
Access to Quality Health Services	Participation abroad	22	6	28
Access to Quality Health Services	Participation abroad	11	5	16
Access to Quality Health Services	Participation abroad	11	5	16
Access to Quality Health Services	Participation abroad	18	4	22
Access to Quality Health Services	National Training Activity	19	11	30
Access to Quality Health Services	National Training Activity	20	8	28
Access to Quality Health Services	Fellowship	21	15	36
Access to Quality Health Services	Conferences/ Meetings	39	11	50
Access to Quality Health Services	Participation abroad	1	4	5
<b>Total</b>		<b>188</b>	<b>87</b>	<b>275</b>

**Key environmental issues;** The project will have an overall positive impact on health and environment. It does not have a direct risk on the environment; on the contrary it is aiming for a cleaner environment.

**Employment generation;** The only component that includes employment generation is during construction where private contractors are approached. Moreover Iraqi experts will be recruited for a short term to support the Ministry of Health during implementation. The entire program

component on the construction of PHC centres will be executed through local contractors/ sub-contractors depending on skilled and unskilled worker from local communities of the selected areas, which will generate employment opportunities for local people. The estimated employment opportunities are about 600 jobs in the construction sector during the implementation period. Accordingly, this employment will provide livelihoods for about 3,000 persons during the implementation period. Indirect employment will also be generated in the building supplies, transportation and retail industries.

#### **V. Future Work Plan (if applicable)**

The project is planned to continue until November 2010, implementation in accordance to agreed workplan.

## VI. Performance Indicators

<b>Programme Title:</b>	Strengthening of PHC system in Iraq phase 2						
<b>NDS/ICI priority/ goal(s):</b>	<p>NDS Strengthen the national healthcare delivery system, and to reorient it from being hospital-focused to being based on Primary Health Care delivery.</p> <p>Strengthen emergency preparedness and response in order to address the needs of Iraqis, especially vulnerable populations, while promoting a healthy living environment</p> <p>ICI Protecting the poor and vulnerable groups from the deprivation and starvation and provide the Iraqi citizens with proper standards of public social services</p>						
<b>UNCT Outcome</b>	Improved performance of the Iraqi health system and equal access to services, with special emphasis on vulnerable, marginalized, and excluded.						
<b>Sector Outcome</b>	By 2010, health and nutrition related programmes enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable group.						
<b>IP Outcome 1</b>	Enhanced access to and delivery of integrated equitable sustainable quality health service			<b>NDS / ICI Priorities:</b> 4.4.1.4(Health)			
<b>IP Outputs</b>	<b>UN Agency Specific Output</b>	<b>UN Agency</b>	<b>Partner</b>	<b>Indicators</b>	<b>Source of Data</b>	<b>Baseline Data</b>	<b>Indicator Target</b>
IP Output 1.1: Capacity of Ministry of Health in target areas developed for improved integrated health delivery services	FM and IMCI program expanded for enhanced integrated health service delivery	WHO	MoH/DoH/ MoHE	Number of FM clinics rehabilitated Number of clinics implementing IMCI	WHO report/ MoH reports	3 clinics are currently rehabilitated and implementing IMCI	8 clinics ( 3+5 ) to be rehabilitated and implementing IMCI
	Ministry of Health supported to undertake the development and implementation of referral policies at national level	WHO	MoH/DoH	Referral policy developed MoH adopts and implements referral policy	WHO report/ MoH reports	No policy is available	National referral policy in place

Improved capacity of MoH at the national level in the area of health system research (specific areas of research will be identified based on need)	WHO	MoH/DoH	5 health system researches completed	Project reports Research reports	0	5
MOH supported to integrate MH services into PHC system	WHO	MoH/DoH	Number of Nurses and GPs trained on delivery of mental Health services (gender disaggregated) % of trainees passing the individual skills evaluation Guidelines for mental health service delivery developed	Training reports	0  Pretest results  guidelines are not available	75 GPs and nurses trained  100% of trainees  Guidelines for mental health service delivery in place
Ministry of health supported to construct 15 PHCs in selected governorates	UNICEF	MoH/DoH	15 new PHCs constructed in selected governorates		0	15 PHCs constructed
Improved capacity of community-based psychosocial support structures	UNICEF	MoH/NGO partners	Number of community volunteers trained % of community volunteers passing the individual skills evaluation	Project progress report Training report Pre-post tests results	0	200 community volunteers trained on Psychosocial support  100% of the Community volunteers passing the individual skills evaluation

	Enhanced capacity of MoH to undertake sound human resources planning	WHO	MoH/Do H/ MoHE	Guidelines on human resources planning is developed	Project report MOH / WHO records	0	1
IP Output 1.2: Enhanced ability of MOH on Human resources planning	Enhanced ability of the health staff in selected districts on delivering basic health services package	UNICEF	MoH/Do H	Number of health staff trained on delivering basic health services package (gender disaggregated)  % of health staff passing the individual skills evaluation	Project progress reports  Pre and post tests results	Training of 750 MOH staff ongoing  Pre-test results	1,500 (750+ 750) will be trained on delivering basic health services package  100% of the Community volunteers passing the individual skills evaluation
IP output 1.3 National Health Management information system strengthened	Strengthened institutional capacity of MOH at national level to manage national health information systems	WHO	MoH/Do H	No of staff trained on managing health Information systems 9 gender disaggregated) % of trainees passing the individual skills evaluation	WHO Reports  Pre-post tests results	0  Pre-test results	15  100% of health staff trained passing the individual skills evaluation

	MoH supported to develop and implement 10 emergency sentinel surveillance system in selected governorates	WHO	MoH/DoH	Surveillance system set up in 10 more governorates	MoH records WHO progress report	3 governorates	13 ( 3+10) governorates implementing emergency sentinel surveillance system
	MoH supported to expand VSAT connectivity to the district level	WHO	MoH/DoH	Number of districts connected through VSAT with MoH	MoH records WHO progress report	19 DoHs	19 DoHs and 19 Districts
IP output 1.4 Sustainable financing and social protection system for MoH developed	Ministry of Health is supported for the revitalization of the national health accounts program	WHO	MoH/MoP/DoH	National accounts program is implemented by MoH <i>Further indicators pending programme implementation</i>	MoH records WHO progress report	0	National accounts program is implemented by MoH
	Basic health service package piloted in 5 selected governorates	WHO	MoH/DoH	Number of governorates with trained staff to implement Basic Health Service package <i>Further indicators pending programme implementation</i>	MoH reports WHO progress report	0	5 governorates implementing Basic Health Service package
	Ministry of health is supported to develop a healthcare financing policy	WHO	MoH/MoP/MoF/Parliament	Policy document on health care financing policy developed	MoH reports WHO progress report	A health care financing policy is not available	Policy document developed

	Ministry of Health supported to develop a National Health Insurance policy	WHO/HNSOT	MoH/MoP/MoF/Parliament	Health Insurance policy document submitted to MoH for approval	MoH / WHO reports	No policy health insurance policy is available	Health Insurance policy document approved
IP output 1.5 Enhanced MoH Leadership and Governance for	Ministry of Health supported to develop a national health strategy ( 5 years)	WHO/HNSOT	MoH/Parliament	National Health strategy developed	MoH / WHO reports	No strategy is available	5 years National Health strategy in place
	Enhanced national capacity to develop and National inter-sectoral action framework for health focusing on community development	WHO/SOTs	MoH/Civil Society	Inter-sectoral framework on community development and submitted to MoH for approval	MoH / WHO reports	No Inter-sectoral framework on community	Inter-sectoral framework on community development approved by MoH
	National MDG forum developed to monitor progress of health indicators	WHO/SOTs	MoH/Parliament/MoHE/MoEv/MoP/MoWater resources/MoE	Multi sectoral MDG Forum is available Progress reports on health indicators	MoH / WHO reports Forum meeting minutes and progress reports	No forum is in place No reports are available	An MDG forum is in place Regular progress reports ( quarterly)
	Ministry of Health supported to set up coordination mechanisms on mental health and psychosocial support within MOH central and governorate level structures	UNICEF/WHO	MoH/MOLSA	Number of coordination meetings  A national coordination mechanism in place	MoH / WHO reports Minutes of coordination meetings between central and district levels of	No coordination mechanism in place	Coordination mechanisms on mental health and psychosocial support between central and governorate levels is in place

					MoH		
					Official TOR for national coordination mechanism		

## VII. Abbreviations and Acronyms

- List the main abbreviations and acronyms that are used in the report.

GoI: Government of Iraq

MoH: Ministry of Health

MoE: Ministry of Education

MoHE: Ministry of Higher Education

MoA: Ministry of Agriculture

MoEn: Ministry of Environment

MoPDC: Ministry of Planning and Development Corporation

MoF: Ministry of Finance

MoHR: Ministry of Human Rights

MOHK: Ministry of Health in Kurdistan

DoH: Directorate of Health

COSIT: Central Organization for Statistics and Information Technology

SPHCS: Strengthening Primary Health Care System

PHC: Primary Health Care

PHCC: Primary Health Care Centers

CD: Communicable Diseases

EPI: Expanded Programme on Immunization

NCD: Non Communicable Diseases

CBI: Community Based Initiative

BDN: Basic Development Needs

HIS: Health Information System

HAC: Health Action in Crisis

AOSHC: Action Oriented School Health Curriculum  
IMCI: Integrated Management of Childhood Illnesses  
NDQCL: National Drug Quality Control Lab  
BHSP: Basic Health Service Package  
CCCU: Community Child Care Units  
MDGs: Millennium Development Goals  
IFHS: Iraq Family Health Survey  
MICS: Multi Indicator Cluster Survey  
UNCT: UN Country Team  
IRFFI: International Reconstruction Facility Fund for Iraq  
SOT: Sector Outcome Team  
ICI: International Compact with Iraq  
NGO: Non Governmental Organizations  
INGO: International Non Governmental Organization  
WB: World Bank  
WHO: World Health Organization  
UNICEF: United Nation Children's Fund  
UNFPA: United Nations Population Fund  
WFP: World Food Programme  
UNOPS: United Nations Office for Project Services  
UNIDO: United Nations Industrial Development Organization  
UNDP: United Nations Development Programme

