

UN Assistance Strategy for Iraq - Results Matrix

HEALTH

NATIONAL PRIORITY OR GOAL (NDS 2007-2010 & ICI):																
Health status of the Iraqi population improved																
UNCT OUTCOME (2009-2011):																
Improved performance of the Iraqi health system and equal access to services, with special emphasis on vulnerable, marginalized and excluded persons																
Indicators																
1) % of Iraqis having access to basic health and nutritional services disaggregated by Age, Sex and geographical locations. 2) Number of integrated, comprehensive, and multi-year plans and policies with clear goals which are adequately funded by the government																
Results	Indicators	Baseline	2009 Target	10Target (from MICS IV Stu	2011 Target	Related ICI Benchmark	Role of Partners	Resources Mobilization Target (\$US Million)								
								2008			2009			2010		
								Required	Funded	Unfunded	Required	Funded	Unfunded	Required	Funded	Unfunded
Outcome 1: Families and communities, with specific emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services.	1.1 % of districts reporting DPT3 coverage at least 80% among infants. 1.2 Incidence rate of Measles per Million of population 1.3 % of ANC coverage 1.4 % of skilled attendants at delivery 1.5 Number of families with malnourished children receiving food support 1.6 Number of vulnerable pregnant and lactating women receiving food support 1.7 % of TB cases successfully completed treatment under DOTS 1.8 % of lactating women practicing breast feeding exclusively for 0-5 months.	1.1 Baseline: 37% districts >80% (2007 routine reporting) 1.2 Baseline: 190 cases per million 1.3 Baseline: 85% 1.4 Baseline: 91% 1.5 Baseline :0 1.6 Baseline : 0 1.7 Baseline :0 1.8 Baseline:25.1%.	1.1 Target: Target 2009- 75 % of districts have DPTS >80% 1.2 Target 2009- >1 measles case per mil population 1.3 Target 90% 1.4 Target 95% 1.5 Target 278741 1.6 Target 20075 1.7 Target 8649 1.8 Target 0.35	1.1 >80% of districts have DPT3 coverage >80% 1.2 1 per million 1.3 95% 1.4 95% 1.5 278,743 1.6 20,075 1.7 8649 1.8 50%	1.1> 85% of districts have DPT3 coverage over 80% 1.2) 1 per million 1.3 95% 1.4 95% 1.5 278,743 1.6 20,075 1.7 8649 1.8 50%	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3(Education) 3.1.1.7(Governanc e) 3.3.1.3 (Human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, Mol, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv ,M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj management, Log FAO, MEDCHILD : Tech, CB,IEC, LIFE; NGOs; Log, Proc	168.00	80.00	88.00	144.00	76.00	66.00	47.00	42.00	47.00
Output 1.1: Service providers at health and health-related institutions, particularly in low coverage areas, are able to deliver improved services.	1.1.1: # of Health care facilities provided with equipments and medical supplies according to national standards. 1.1.2: # of Health related personell trained in the new equipments and supplies	1.1.1) 210 facilities 1.1.2) 30,000	1.1.1.) 150 facilities 1.1.2) 40,000	1.1.1) 100 facilities 1.1.2) 40,000	1.1.1) 100 facilities 1.1.2) 40,000	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3(Education) 3.1.1.7(Governanc e) 3.3.1.3 (Human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, Mol, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv ,M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj management, Log FAO,	60.00	25.00	35.00	41.00	21.00	20.00	15.00	0.00	15.00
Output 1.2: Iraqi's are better able to demand and access quality health and nutrition practices	1.2.1: # of people accessing and utilizing psychosocial support services by sex. 1.2.2: % of anaemia cases among pregnant women attending ANC. 1.2.3: % of household consuming adequately iodized salt. 1.2.4: # of women with timely initiation of breast feeding. 1.2.5: % of US children with diarrhea in the last 2 weeks receiving ORT.	1.2.1) No data 1.2.2) 37.9% (IFHS 2006) 1.2.3) 23.4% CFSVA 2007 1.2.4) 25.1 % (MICS INDICATOR) 1.2.5) 50.8% MICS3 2006	1.2.1) 80,000 (4% of the population suffer from severe psychosocial disorder) 1.2.2) 35% 1.2.3) 60% of households 1.2.4) 0.25 1.2.5) (70%)	1.2.1) 120,000 1.2.2) 34% 1.2.3) 80% 1.2.4) 35% 1.2.5) > 70%	1.2.1) > 120,000 1.2.2) 34% 1.2.3) 85% 1.2.4) 35% 1.2.5) > 70%	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3(Education) 3.1.1.7(Governanc e) 3.3.1.3 (human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, Mol, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv ,M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj management, Log FAO, MEDCHILD : Tech, CB,IEC, LIFE; NGOs; Log, Proc	60.00	44.00	16.00	60.00	44.00	16.00	40.00	30.00	10.00

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								2008			2009			2010		
								Required	Funded	Unfunded	Required	Funded	Unfunded	Required	Funded	Unfunded
Output 1.3: Iraqi government and non government institutions have an improved capacity to provide HIV/AIDS prevention, care, treatment, and support services	1.3.1 # of national NGOs and national institutions supported to integrate HIV/AIDS in their programmes. 1.3.2 National strategic plan updated and implemented (Y/N) 1.3.3 # of Government and NGO staff trained on HIV/AIDS 1.3.4 # young people outreached by raising awareness campaigns on HIV/AIDS	1.3.1 Baseline: 0 1.3.2 Baseline: No 1.3.3 Baseline: 0 1.3.4 Baseline 1 million in 2006	1.3.1 11% 1.3.2 Yes 1.3.3 300 1.3.4 2 millions	1.3.1 18% 1.3.2 Yes 1.3.3 500 1.3.4 5 millions	1.3.1 18% 1.3.2 Yes 1.3.3 700 1.3.4 10 millions	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3 (Education) 3.1.1.7(Governance) 3.3.1.3 (human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, MoI, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv ,M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj management, Log FAO	13.00	8.00	5.00	16.00	9.00	5.00	19.00	12.00	7.00
Output 1.4: People most affected by emergencies and vulnerable groups have access to quality basic health and nutritional services, including psychosocial support.	1.4.1: Availability of national emergency preparedness and response plan. 1.4.2: # of natural and man-made disasters responded to. 1.4.3: # of beneficiaries benefitting from emergency response.	1.4.1)No 1.4.2) 0 1.4.3) 1 million vulnerable persons received humanitarian assistance	1.4.1) No 1.4.2) 4 1.4.3) 1 million vulnerable persons received humanitarian assistance	1.4.1) Yes 1.4.2) all are responded to 1.4.3) 1 million vulnerable persons received humanitarian assistance	1.4.1) Yes plus Plan is Tested and well coordinated 1.4.2) all are responded to 1.4.3) 1 million vulnerable persons received humanitarian assistance	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3 (Education) 3.1.1.7(Governance) 3.3.1.3 (Human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, MoI, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv ,M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab,	35.00	3.00	32.00	27.00	2.00	25.00	15.00	0.00	15.00
Outcome 2: Health and nutrition policy makers and service providers at all levels have equitable policies, strategies, plans, and programmes in place.	2.1) By 2010 existing policies, strategies, plans, and programmes are fully reviewed for quality and equity. 2.2) By 2010 policies, strategies, and plans in mother and child healthcare (MCH), HIV/AIDS, communicable and non-communicable diseases, expanded program of immunization (EPI), food and nutrition are drafted and advocated for place.	2.1.) 0 2.2) 2	2.1)2 2.2)2	2.1.)4 2.2)4	all plans are available to respond to needs within international health standards.	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3 (Education) 3.1.1.7(Governance) 3.3.1.3 (Human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, MoI, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv ,M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj management, Log FAO, MEDCHILD : Tech, CB,IEC, LIFE; NGOs; Log, Proc	22.80	7.20	15.60	21.40	6.80	14.60	15.00	0.00	15.00
Output 2.1: Policy makers and other relevant stakeholders develop, review, and update policies, strategies, plans, and guidelines to conform to international norms and standards	2.1.1: Number of policies developed. 2.1.2: Number of Strategic Plans developed. 2.1.3: Number of complete guidelines developed	2.1.1: 0 2.1.2: 0 2.1.3: 0	2.1.1: 0 2.1.2: 2 2.1.3: 3	2.1.1: 2 2.1.2: 5 2.1.3: 4	(all plans,policies and strategies are available to respond to needs within international health standards.)	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3 (Education) 3.1.1.7(Governance) 3.3.1.3 (Human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, MoI, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv ,M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj management, Log FAO,	3.4	1	2.4	3.90	1.40	2.50	2.50	0.00	2.50

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								2008			2009			2010		
								Required	Funded	Unfunded	Required	Funded	Unfunded	Required	Funded	Unfunded
Output 2.2: National, district, and governorate officials have enhanced capacities in planning, implementation, and monitoring and evaluation in health and nutrition programmes	2.2.1: Number of managers (male and female) at central and governorate level trained in planning, implementation, and monitoring and evaluation in MCH.	2.2.1) 150	2.2.1) 150	2.2.1) 150	2.2.1) 150	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3(Education) 3.1.1.7(Governance) 3.3.1.3 (Human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, Mol, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv .M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj management, Log FAO, MEDCHILD : Tech, CB,IEC, LIFE; NGOs; Log, Proc	16.00	6.00	10.00	15.00	5.00	10.00	10.00	0.00	10.00
	2.2.2: Number of managers (male and female) at central and governorate level trained in planning, implementation, and monitoring and evaluation in PHC.	2.2.2)150	2.2.2)150	2.2.2)150	2.2.2)150			16.00	6.00	10.00	15.00	5.00	10.00	10.00	0.00	10.00
	2.2.3: Number of managers (male and female) at central and governorate level trained in planning, implementation, and monitoring and evaluation in EPI.	2.2.3)150	2.2.3)150	2.2.3)150	2.2.3)150			16.00	6.00	10.00	15.00	5.00	10.00	10.00	0.00	10.00
	2.2.4: Number of managers (male and female) at central and governorate level trained in planning, implementation, and monitoring and evaluation in TB.	2.2.4)150	2.2.4)150	2.2.4)150	2.2.4)150			16.00	6.00	10.00	15.00	5.00	10.00	10.00	0.00	10.00
	2.2.5: Number of managers (male and female) at central and governorate level trained in planning, implementation, and monitoring and evaluation in HIV/AIDS	2.2.5)150	2.2.5)150	2.2.5)150	2.2.5)150			16.00	6.00	10.00	15.00	5.00	10.00	10.00	0.00	10.00
	2.2.6: Number of service providers (male and female) at central and governorate level trained in planning, implementation, and monitoring and evaluation in MCH, PHC, EPI, TB, HIV/AIDS	2.2.6)10000	2.2.6)10000	2.2.6)10000	2.2.6)10000			16.00	6.00	10.00	15.00	5.00	10.00	10.00	0.00	10.00
Output 2.3: Civil society and community members are empowered to effectively participate in planning, implementation, and monitoring and evaluation of health and nutrition programmes	2.3.1: Number of government council members, civil society members, and key community leaders (male and female) trained in planning, implementation, and monitoring and evaluation in MCH PHC, EPI, TB, HIV/AIDS	2.3.1)0	2.3.1)800	2.3.1)800	2.3.1) 800	ICI 4.4.1.4 (Health) 4.4.1.5 (WESH) 4.4.1.3(Education) 3.1.1.7(Governance) 3.3.1.3 (Human rights)	MoH,DoH,MoE, MoHE, MoEnv, MoF, MoT, Mol, MoPDC, MoDM, parliamentarian: Implementation, policy setting, coordination WHO; Sector Lead, Tech, log CB, SD, CE, ADV, M&E, rehab UNICEF, Tech, CB, SD, CE, ADV, M&E UNFPA; Tech, log, Proc, Rehab, SD, CE, Adv .M&E WFP ; Tech, Log IOM ; CB, Rehab, Awar Camp UNHCR; Medevac, SD,Log UNDP SD UNIDO Tech, Log, CB, Rehab, Proc UNOPS, Proc, Proj	3.40	0.20	3.20	2.50	0.40	2.10	2.50	0.00	2.50
TOTAL																
PROGRAMME MODALITY: Coordination of assistance through regular Food SOT meetings. Targeting of those requiring food assistance is coordinated to ensure that different Food SOT member organizations are targeting different vulnerable groups and that there is no duplication. For example, WFP targets food assistance only to registered IDPs (with MoDM), while IOM provides food to IDPs not yet registered by MoDM. Also, complementarities with the Agriculture and Health & Nutrition SOTs will be ensured.																
Gender considerations suggested by GTF: Ensure in all capacity building activities at least 30% women participation.																
✓ All data to be desegregated by sex.																
✓ Ensure gender sensitive and HRB approaches in designing and implementation and M&E processes.																
✓ Ensure documentation and reporting on gender specific achievements.																