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**BUILDING THE CAPACITY OF THE
MINISTRY OF HEALTH IN IRAQ TO
STRENGTHEN MATERNAL AND CHILD
HEALTH SERVICE DELIVERY**

BASICS III

INTRODUCTION

USAID/BASICS' Iraq program began in March 2005 with the directive to build capacity of the Ministry of Health in Iraq to strengthen maternal and child health service delivery. Limited to a cross-border approach by its contract, the organization established an office in Amman, Jordan and worked from a distance to meet its directive in Iraq through the following types of interventions: child health strategy development, technical guidance, training and skills-building. Its work plan, which was developed in consultation with the Iraq Ministry of Health, USAID/Iraq and USAID/Washington, included activities in multiple technical areas, with control of diarrheal disease, nutrition (infant and young child feeding), and capacity-building identified as high priorities.

ACTIVITIES AND RESULTS

Nutrition

In May 2005, USAID/BASICS, USAID/Iraq, WHO/Iraq and the Iraq MOH began the process of adapting the 2002 WHO/UNICEF Global Strategy for Infant and Young Child Feeding (IYCF) into a comprehensive national strategy and guidelines.

In lieu of a baseline assessment on infant and young child feeding in Iraq, USAID/BASICS updated the "Compilation of Available Data on Infant and Young Child Feeding in Iraq." The original document had been developed in November 2004 by LINKAGES, a USAID-funded project of the Academy for Educational Development. The "report does not presume to recommend a course of action based on such a limited review....[Instead it] summarizes limited information on infant and young child feeding practices and conveys related recommendations for program interventions that have been put forth in the various reports, papers, and documents we reviewed."

Data in the "Compilation of Available Data on Infant and Young Child Feeding in Iraq" show the importance of developing a national IYCF strategy and guidelines. The report notes that "even though the 2004 Iraq Living Conditions survey does show slight improvements for underweight and stunted categories, malnutrition rates may have stabilized but at very high levels. This is a challenging situation which warrants interventions that address these deficiencies.

Table 1. Prevalence of underweight, stunting, and wasting among children (< 2 years old)

	1999 MOH/UNICEF	2000 MICS	2004 Iraq Living Conditions
Underweight (weight-for-age <-2SD)	12.8%	17.9%	11.7%
Stunted (height-for-age <-2SD)	20.1%	28.5%	22.7%
Wasted (weight-for-height <-2SD).	4.0%	7.1%	7.5%

The “Compilation of Available Data on Infant and Young Child Feeding (IYCF) in Iraq” was used as a reference document at a 6-day workshop hosted by USAID/BASICS, in collaboration with WHO and UNICEF, to draft the Iraq National Infant and Young Child Feeding Strategy.

Click [here](#) to download the *Iraq National Strategy for Infant and Young Child Feeding* (in English).

Click [here](#) to download the *Iraq National Strategy for Infant and Young Child Feeding in Arabic*.

Twenty-six Iraqi stakeholders participated in technical and programmatic working groups to develop the strategy, which has the stated overall goal “to improve the survival, growth and development of all children during the first three years of life through protection, promotion and support of optimal infant feeding and related maternal support.” USAID/BASICS printed the draft strategy in English, Arabic and Kurdish and shipped the copies to Iraq for distribution to stakeholders. After comments and review by regional and national stakeholders, the Iraq MOH adopted the Arabic version of the strategy in December 2005.

MOH Capacity-Building: Virtual Leadership Development Program

The Virtual Leadership Development Program (VLDP), proven effective at building leadership skills and getting teams to produce measurable results that move them towards a longer term vision of improved health, was chosen as the vehicle for improving the Iraq MOH management and leadership capacity. The VLDP is a 13-week internet-based, blended learning program developed by Management Sciences for Health (MSH) that combines face-to-face team work with distance learning methodologies. VLDP participants complete seven learning modules, work in teams to identify an organizational challenge, and develop an action plan to address this challenge with support and feedback from the program facilitators.

VLDP Iraq was planned and delivered by USAID/BASICS through a subcontract with the VLDP team at MSH. The use of the program for Iraq marked the first time it had been used in the Middle East. An advantage of the program was that it is conducted via the internet, allowing participants to be involved at their work place, to organize their participation around work schedules and does not require unnecessarily travel.

Click [here](#) to download the *Compilation of Available Data on Infant and Young Child Feeding in Iraq*.

Before the VLDP Iraq started, an initial meeting with three Ministry of Health officials was held in Amman from August 15 to 20, 2005. The meeting's primary purpose was to orient a core team of champions to the structure and process of the VLDP, the core leadership concepts, and to determine interest in the program. This was received with great enthusiasm by the three-member core team. At the end of the meeting, the core team had developed a plan for recruitment and practiced their leadership skills on their new challenge.

Click [here](#) to download the *Virtual Leadership Development Program for Iraq 1*.

The VLDP Iraq was offered in English to a total of eighty participants from the central Iraqi MOH from September 25 to December 22, 2005. Teams were composed of senior and mid-level staff, representing a mixture of professional and administrative disciplines.

A second face-to-face workshop in Amman took place from October 9 to October 11, 2005 at the request of USAID/Iraq. This meeting allowed the facilitators to observe participants as they worked on the VLDP site, and to gauge participants' language skills. The subsequent messages posted by the facilitators on the site were adjusted for context and appropriateness so an audio element, in Arabic, could be added to the VLDP site.

The participants in the VLDP Iraq had a high level of program participation throughout and showed continuing engagement after the official end of the program. Less than a month after its conclusion, several VLDP Iraq teams had already reported some progress on the implementation of their action plans and 55 of the 80 participants had continued to visit the VLDP website. One of the participants reflected:

[The VLDP] was very helpful in developing and strengthening my leadership skills without my having to spend significant time away from my workplace or in a car traveling and incurring the related expenses.
— Iraqi MOH VLDP participant

Success in that initial offering led to second session (VLDP Iraq 2), delivered from April 24 to July 23, 2006 to 74 participants, representing 12 teams from the central Ministry of Health of Iraq. The VLDP Iraq 2 incorporated lessons learned from the VLDP Iraq 1 including inclusion of the face-to-face workshops which proved useful to participants and facilitators. As a result, participants could devote more time to completing their action plans. Further, having the program in Arabic proved extremely valuable for making the VLDP more effective in raising the leadership and management skills of participants.

Thus, the VLDP was translated into Arabic for the second offering in Iraq and included two face-to-face workshops. The first workshop was conducted in Amman from April 22 to April 27, 2006. The main objectives of this six-day workshop were to launch the program, train new

facilitators, orient team leaders on the VLDP components and requirements, and introduce them to the basic leadership and management practices. The second workshop, from July 11 to 13 in Amman, was to help team leaders gain a more profound understanding of the Challenge Model, complete their action plans in order to address their team's challenge, and produce results in a short period of time. The training was an opportunity for all team leaders to present the draft action plans they had done together with their teams.

Click [here](#) to download the *Virtual Leadership Development Program for Iraq 2*.

As with the VLDP Iraq 1, participant engagement was high and seventy-six percent of the participants said their teams had begun to introduce organizational changes as a result of participating in the program. In addition, the program helped the participants deal with the difficult security situation in Iraq. Though the security situation sometimes negatively affected the work climate and morale of the teams, many of the team members recognized this, as a challenge that they needed to address. In doing so, they followed the leadership slogan "never, never, never give up."

Just prior to VLDP Iraq 2's second workshop, a three-day facilitator training was conducted with Iraq MOH staff who had enthusiastically completed the first VLDP Iraq in English and who had shown commitment to using the acquired leadership skills in their work environment. This meeting was a significant help with training team leaders and building local facilitation capacity to run future VLDP programs with limited support from outside organizations, such as BASICS and Management Sciences for Health. The three-day training covered the following topics:

- Overview of the VLDP objectives
- Overview of VLDP modules, tools, and materials
- Orientation to the facilitators' daily responsibilities
- Summary of the Challenge Model and action-planning process
- Overview of the M&E support needed throughout the action planning process
- Introduction to the Workgroup Climate Assessment
- Program preparation and management
- File management for facilitators
- Overview of program exercises
- Program evaluation

The results of the refined VLDP Iraq 2 workshop reflect the progress made.

Integrated Management of Childhood Illnesses (IMCI)

The USAID/BASICS Iraq program consulted with the MOH and its partners, WHO and UNICEF, about promoting the implementation of child health programs in Iraq through BASICS. The MOH and USAID/BASICS identified the printing of IMCI (Integrated Management of Childhood Illnesses) training materials as being the best opportunity for having substantial impact on the health of Iraqi children. In October 2009, USAID/BASICS printed 1,000 copies of each of the 7 Iraq IMCI training modules and counseling chart used for in training health workers in IMCI.

Click [here](#) to download the *IMCI 1-Introduction*.

Click [here](#) to download the *IMCI 2-Management of the Sick Young Infant up to 2mo*.

Click [here](#) to download the *IMCI 3-Assess and Classify the Sick Child 2mo to 5yrs*.

Click [here](#) to download the *IMCI 4-Identify Treatment*.

Click [here](#) to download the *IMCI 5-Treat the Child*.

Click [here](#) to download the *IMCI 6-Counsel the Mother*.

Click [here](#) to download the *IMCI 7-Follow-up*.

Click [here](#) to download the *IMCI 8-Chart Booklet*.

Control of Diarrheal Disease (CDD)

USAID/BASICS also supported the MOH in implementing a diarrheal disease control intervention in Iraq. This effort included strengthening the capacity of MOH health providers to treat cases of diarrhea and counsel the families of patients effectively. USAID/BASICS conducted a CDD/Health Education workshop for 26 Iraqi participants and a CDD/Clinical Services Improvement workshop for 19 participants.

In conjunction with these workshops, USAID/BASICS assisted in the development of a media campaign promoting appropriate diarrheal disease prevention and treatment behaviors. Additionally, infant and young child feeding content and messages were included in the design of the national public awareness campaign. USAID/BASICS developed options for the MOH for a CDD media campaign for Iraq. The actual implementation was deferred due to cost-effectiveness issues.

KEY CONSTRAINTS OF IMPLEMENTATION

USAID/BASICS' Iraq Program faced unique challenges because it was a cross-border program working to improve health in a security-challenged country and USAID/BASICS could not spend money directly inside Iraq. The challenges that were overcome by USAID/BASICS were:

Unpredictable ability of colleagues in Iraq to travel outside Iraq

Due to an evolving security environment within Iraq, travel plans for Iraq MOH officials to participate in the various training activities proved to be unpredictable. For instance, once USAID/BASICS technical advisors travelled to Amman only to discover that their Iraqi counterparts were unable to come to Amman. The team had to resort to e-mail, telephone and video-conferences to help move objectives of the effort forward.

Restriction to spending money inside of Iraq

USAID/BASICS agreement with USAID/Iraq stipulated that USAID/BASICS would not be reimbursed for expenses incurred in Iraq. Thus, USAID/BASICS could not fund follow-up or implementation activities to its work within the country. USAID/BASICS mitigated this restriction by working with partner organizations to assist the Iraq MOH in writing proposals to other organizations for funding of follow-up activities and implementation.

Listing of Documents Linked in the Iraq Final Report (click on titles to download)

Title	Type	Description	Technical Focus Area(s)
Compilation of Available Data on Infant and Young Child Feeding in Iraq	Assessment Report	A compilation of available data for use as background reference at an Iraq Ministry of Health workshop to develop a national infant and young child feeding strategy.	<ul style="list-style-type: none"> ▪ Nutrition
Iraq National Strategy for Infant and Young Child Feeding (in English)	Draft Policy Document	English version of the Draft National Strategy for Infant and Young Child Feeding that was circulated in Arabic and Kurdish for review and comment in Iraq. The stated objective of the document is to, "Improve the survival, growth and development of all children during the first three years of life through protection, promotion and support of optimal infant feeding and related maternal support."	<ul style="list-style-type: none"> ▪ Nutrition
Iraq National Strategy for Infant and Young Child Feeding in Arabic	Policy Document	Officially approved version of the National Strategy for Infant and Young Child Feeding.	<ul style="list-style-type: none"> ▪ Nutrition
Virtual Leadership Development Program for Iraq 1	Internet-Based Training Modules	This final report describes findings and lessons learned from the Virtual Leadership Development Program (VLDP) for the Iraq Ministry of Health. The program was delivered by the BASICS Project to a total of eighty participants from the central level of the Iraq Ministry of Health from September 25 to December 22, 2005. The VLDP is a 13-week Internet-based, blended learning program developed by Management Sciences for Health that combines face-to-face team work with distance learning methodologies and is facilitated by two organizational and leadership development specialists.	<ul style="list-style-type: none"> ▪ Capacity Building

Listing of Documents Linked in the Iraq Final Report (click on titles to download)

Title	Type	Description	Technical Focus Area(s)
Virtual Leadership Development Program for Iraq 2	Internet-Based Training Modules	This final report describes findings and lessons learned from the second Virtual Leadership Development Program for the Iraq Ministry of Health (VLDP IRAQ 2). The program was delivered by BASICS to a total of 74 participants from the central level of the Iraq Ministry of Health from April 24 to July 23, 2006. The VLDP is a 13-week Internet-based, blended learning program developed by Management Sciences for Health that combines face-to-face team work with distance learning methodologies and is facilitated by two organizational and leadership development specialists.	<ul style="list-style-type: none"> ▪ Capacity Building
IMCI 1-Introduction	Training Module	Introduction to Iraq’s IMCI training course that is designed to teach the case management process to doctors, nurses, and other health care workers who see sick children and infants. The course materials include case management charts and six modules. The introduction includes a glossary at the back.	<ul style="list-style-type: none"> ▪ IMCI
IMCI 2-Management of the Sick Young Infant up to 2mo	Training Module	One of 6 modules in Iraq’s IMCI training course. This module teaches how to manage a sick infant up to 2months of age from assessing and classifying the illness, to treating the infant, to counseling the mother, to follow-up care. The module refers to charts within the chart booklet below and includes practice exercises.	<ul style="list-style-type: none"> ▪ IMCI
IMCI 3-Assess and Classify the Sick Child 2mo to 5yrs	Training Module	One of 6 modules in Iraq’s IMCI training course. This module teaches how to assess and classify a sick child from 2mo to 5yrs of age. The module refers to charts within the chart booklet below and includes practice exercises.	<ul style="list-style-type: none"> ▪ IMCI
IMCI 4-Identify Treatment	Training Module	One of 6 modules in Iraq’s IMCI training course. This module teaches how to identify treatment for a sick child, including whether referral is needed. The module refers to charts within the chart booklet below and includes practice exercises.	<ul style="list-style-type: none"> ▪ IMCI

Listing of Documents Linked in the Iraq Final Report (click on titles to download)

Title	Type	Description	Technical Focus Area(s)
IMCI 5-Treat the Child	Training Module	One of 6 modules in Iraq’s IMCI training course. This module teaches how to give the treatments to a sick child and how to teach the mother how to care for the sick child. The module refers to charts within the chart booklet below and includes practice exercises.	<ul style="list-style-type: none"> ▪ IMCI
IMCI 6-Counsel the Mother	Training Module	One of 6 modules in Iraq’s IMCI training course. This module teaches the health worker on counseling the mother on feeding, danger signs, and when to return for further care for her sick child. A different module “Treat the Child” includes teaching the mother to provide home treatment for her sick child. The module refers to charts within the chart booklet below and includes practice exercises.	<ul style="list-style-type: none"> ▪ IMCI
IMCI 7-Follow-up	Training Module	One of 6 modules in Iraq’s IMCI training course. This module teaches how to manage any follow-up visit of a sick child. The module refers to charts within the chart booklet below and includes practice exercises.	<ul style="list-style-type: none"> ▪ IMCI
IMCI 8-Chart Booklet	Counseling Chart	A tool accompanying the IMCI Training Modules. A series of charts which show the sequence of IMCI case management steps and provide information for performing them. The charts are designed to help health workers manage children correctly and efficiently.	<ul style="list-style-type: none"> ▪ IMCI