

# AN EVALUATION OF DRUG RESISTANT TUBERCULOSIS (DRTB) INTERVENTION IN BAGHDAD, IRAQ

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## BACKGROUND

MSF has been working in Iraq since 1991. In 2016, potential projects emerged including the need to intervene in Sadr City in Baghdad (e.g., DRTB, support reconstructive surgery, etc.), and in Mosul city. MSF decided to support an intervention focusing on DRTB in Baghdad aimed to support building the capacity of government entities responsible for delivering DRTB services. MSF will use the evaluation to inform conversations about strategic and programmatic approaches and practices most appropriate in Iraq, in general, and concerning TB.

## METHODOLOGY



MIXED-METHODS APPROACH



THEORY OF CHANGE DEVELOPMENT



DESK REVIEW (46)



ROUTINELY COLLECTED MEDICAL DATA



KEY INFORMANT INTERVIEWS (23)

## LESSONS LEARNED

L.L.1: It is essential to conduct a comprehensive **needs-assessment** before the commencement of the project **targeting advocacy efforts**.

L.L.2: With support from central units, the MSF mission should **devote more attention to new catalytic projects during their initial stage**. The project team should focus on developing a written advocacy strategy and change strategy document.

L.L.3: The **early engagement of MSF mission leadership** to support the introduction and initiation of projects is crucial in terms of vision and problem-solving.

L.L.4: The project team needs to start with **more comprehensive support to TB/ DRTB** in a new catalyst project for buy-in and ensuring the MSF efforts are well integrated into the program to achieve clear results.

L.L.5: **The results should be measured against clear and measurable outcomes**. The effectiveness of the project could be demonstrated at different levels of the results chain. This results chain should consider both short- and long-term targets.

## CONCLUSIONS

1. The project was **highly relevant to its context** in Iraq. However, the evaluation highlights the importance of conducting a **comprehensive needs assessment prior to the start** of the advocacy-focused project.
2. There are **different influencing factors that hindered or supported the DRTB project implementation** (mainly on how the project will be implemented and received by the stakeholders). During the planning stage, such factors should have been considered key assumptions behind MSF's strategy.
3. **Importance of early engagement of MSF mission leadership** to support the introduction and initiation of projects. The initiation phase should be considered an opportunity for MSF leadership to communicate a clear vision of what and how MSF consider changing the problems.
4. **Catalytic projects are different in design and implementation. Building a clear change strategy to achieve the project objectives is essential**. The approach assumed that the project should be delivered with a service provision mindset; however, as it was catalytic, that required a different implementation strategy (including a well-informed advocacy strategy).
5. **The agile project management approach adopted by MSF for the DRTB project was appropriate** and helped maintain the project's relevance and engagement with partners.
6. **Crucial to recruit staff who can understand and deal with the context** and apply an appropriate approach to manage change and deal with resistance. Adopting a good and fit-for-purpose human resource matching is critical in a country like Iraq.