



**HIV/ AIDS POLICY SUPPORT AND CAPACITY BUILDING PROGRAM-
PREPARATORY PHASE /D2-26
FINAL PROGRAMME NARRATIVE REPORT**

Programme Title & Project Number
<ul style="list-style-type: none"> • Programme Title: HIV/ AIDS Policy support and capacity building programme – Preparatory Phase • Programme Number: D2-26 • MPTF Office Project Reference Number:

Country, Locality(s), Thematic Area(s)¹
<i>Country/Region: Iraq</i>
<i>Thematic/Priority: HIV National Strategy, Surveillance System and Awareness Raising</i>

Participating Organization(s)
WHO

Implementing Partners
UNDP, UNFPA, WFP, UNESCO, National HIV/AIDS Control Program Iraq

Programme/Project Cost (US\$)	
MPTF/JP Fund Contribution:	WHO: 1,000,000
Agency Contribution	NA
Government Contribution	NA
Other Contributions (donors)	NA
TOTAL:	1,000,000

Programme Duration (months)	
Overall Duration <i>(months)</i>	34 months
Start Date	02.03.2010
End Date	02.03.2011
Revised End Date	31.12.2012
Operational Closure Date	31.12.2012
Expected Financial Closure Date	31.12.2013

Final Programme/ Project Evaluation
Evaluation Completed
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Evaluation Report - Attached
<input type="checkbox"/> Yes <input type="checkbox"/> No

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¹ Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.

FINAL PROGRAMME REPORT

I. PURPOSE

- a. The main goal of the project is to enhance the national HIV/AIDS response through proper policy development, information generation and capacity building. The interventions in this project demonstrate a growing UN and Government of Iraq commitment to achieve the MDGs and universal access to health and social services as envisioned in the Constitution, NDS (2007-2010) and the ICI.
- b. The project pursued to achieve one outcome: “GOI has the institutional and policy framework for an enhanced multi-sectoral and decentralized National HIV/AIDS response in Iraq”.

To achieve this outcome the project had the following outputs:

Output 1.1 – Capacity of GOI and partners enhanced to develop HIV/AIDS related policies, plans and strategies in a participatory manner

- 1.1.1 Enhanced capacity of the National HIV/AIDS committee and line ministries to develop a Health Sector Response Strategy on HIV/AIDS
- 1.1.2 Enhanced capacity of National HIV/AIDS committee and line ministries to develop a national Multi-sectoral Strategic Plan on AIDS
- 1.1.3 Enhanced institutional capacity of key ministries (Interior , Education , Displacement and migration , Women Affairs and Youth and Sports) to respond to HIV/AIDS)

Output 1.2 – HIV/AIDS information generation system in place

- 1.2.1 Enhanced capacity of the national AIDS committee and focal points at key ministries to develop an M& E plan and Second Generation Surveillance for the National Response on HIV/AIDS
- 1.2.2 Support provided GOI to undertake studies and surveys on the HIV/AIDS among prisoners and IDUs
- 1.2.3 Support provided GOI to undertake Qualitative and Formative Research on HIV/AIDS and Sex Work

Output 1.3 – Enhanced capacity of the National AIDS Programme, NGO’s and Higher Committee on AIDS for better HIV/AIDS programming.

- 1.3.1 Enhanced capacity of NAP officers and youth organizations on HIV/AIDS Youth Programming
- 1.3.2 Enhanced capacity of women organizations to integrate gender and HIV/AIDS in development programming
- 1.3.3 Enhanced capacity of MOH to integrate HIV/AIDS in MCH Programs
- 1.3.4 Enhanced capacity of GOI, NGOs, UNCT and Higher Committee to better respond to the issue of HIV/AIDS in Iraq
- 1.3.5 Capacity of humanitarian NGOs enhanced to integrate HIV/AIDS within their humanitarian Programs

- c. The project relates to the following strategic guiding documents:

- 1) **NDS:** Goal 6, Target (8): Full access to water and health services for all people through establishing a more efficient information system, strengthening disease surveillance system, intensifying communicable disease control activities
- 2) **ICI:** Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development (4.4.1.4), and undertake specific measures to improve access to the PHC System and focus on prevention and healthy lifestyle (4.4.1.4.1).
- 3) **UNCT outcome:** Improved performance of the Iraqi health system and equal access to services, with special emphasis on vulnerable, marginalized and excluded persons

4) **Sector outcome:** Families and communities with specific emphasis on those affected by ongoing emergencies have improved access to and utilization of quality health and nutrition services (Outcome 1).

d. Key implementing partners: WHO, UNDP, UNFPA, UNESCO, WFP.

Key stakeholders: Ministry of Health in Baghdad and KRG, the National AIDS Control Program, the Ministry of Education, community learning centers, NGOs.

Additional partnerships in support of the project: WFP collaborated with the Iraq Anti-Tuberculosis Association (IATA); UNFPA entered a collaboration with the American University in Beirut; WHO collaborated with Regional Knowledge Hub for HIV Surveillance in Eastern Mediterranean Region at the Kerman University for Medical Sciences in Tehran, and with the WHO Collaborative Center on HIV in Zagreb, Croatia (Udruga Za Medjunarodna Istrazivanja I Razvoj - INAS). UNESCO partnered with the Ministry of Health in Jordan (NAP Jordan) to carry out a study tour for Iraqi stakeholders.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

Output 1: Capacity of GoI and partners enhanced to develop HIV/AIDS related policies, plans, strategies in a participatory manner

The national HIV/AIDS control strategy for Iraq was developed in a participatory manner including mainly different ministries which the Iraq National HIV/AIDS Control Program (NAP) sees as main carriers of duty towards implementing the national response. The process started on 19 February 2011, where during a meeting in Istanbul between MoH Iraq – NAP and WHO the requirements for drafting a National Strategic Plan (NSP) for HIV/AIDS Control in Iraq were discussed. This meeting was followed by the development of an epidemiology, situation and response analysis (ESRA) on the situation of HIV/AIDS in Iraq. This task was completed by December 2011. The comprehensive report was re-worked by NAP and WHO to reflect NAP's vision for future intervention. This analysis provided a departure point for the following national workshop supported by UNDP to develop the national strategy document for HIV/AIDS control and a national response which was held in February 2012 in Erbil, Iraq, and which was attended by different ministries and civil society. During this workshop the National Guiding Principles, Strategic directions, and priority areas were endorsed and merged to form the National Strategic Framework. During that workshop, a national 5-member task force was also elected to continue the work of drafting the NSP document together with the technical team of WHO. In December 2012, the Iraq National Strategic Plan for HIV/AIDS Control was finalized. On 5-7 January 2013, in the workshop in Erbil, the NAP presented the NSP for national endorsement so that the plan can be implemented with effect. The partners from UN agencies representing UNDP, WHO, UNFPA, WFP and UNESCO confirmed their commitment to support the NAP in operationalization and costing of the NSP, as well as in resource mobilization efforts.

In addition, under this output WHO implemented a workshop for 20 staff from the MoH Departments of Mother and Child Health and Reproductive Health as part of introducing these to the services and work conducted by NAP. The workshop included sessions on strengthening the cooperation between the different departments within the ministry, in addition to addressing the issue of stigma and importance of inclusion of counselling and training of relevant ministry staff (which is part of the NSP).

Output 2: HIV/AIDS information generation system in place

The following two processes below constitute essential steps towards improving the current information generation system:

1) **Assessment of National HIV Surveillance System for upgrading:** with the support of WHO, progress was achieved in so far as a comprehensive analysis of the current HIV/AIDS surveillance system was carried out by an expert institution, the Regional Knowledge Hub for HIV Surveillance in Eastern Mediterranean Region at the Kerman University for Medical Sciences in Tehran. The

analysis included an assessment of the current HIV Surveillance System in Iraq, focusing on a gap analysis of the system and identifying high risk priority groups. Recommendations for improvement were submitted and were assessed by NAP as a useful tool to guide the upgrading of the current surveillance system to a second generation HIV surveillance system that would focus on high-risk priority groups, behavioural data and epidemiological data. In addition, the analysis team also provided targeted training to NAP on surveillance and monitoring and evaluation.

2) Completion of the studies on HIV/AIDS among MARPs:

- 1. Completion of the study on HIV/AIDS in Injecting Drug Users (IDUs) and prisons:** The WHO Collaborating Center on HIV/AIDS in Zagreb, Croatia, provided technical assistance to the NAP in order to conduct two pre-surveillance assessments among MARPS (injecting drug users and prisoners). The technical assistance included a series of workshops throughout the process, assistance in development of questionnaires for survey, assistance in method of identifying hot-spots for conducting interviews with primary key informants, and analysis of data collected. By the end of 2012, all three phases of the pre-surveillance assessment were concluded by NAP based on the training received at the beginning of the process by the Collaborative Center, namely: interviews with tertiary, secondary and primary informants, analysis of data and final report. The final report was accepted by NAP. It also included two additional study protocols for surveys among prisoners and IDUs as a preparation for the next phase.
- 2. Formative research among female sex workers:** With support of UNFPA, since July 2012 workshop, all preparations had been undertaken for the case study including the protocol design, and consultancy identification. The questionnaire was reviewed by way of a workshop which was conducted with local NGOs and the national consultant, supported by experts from AUB – Beirut in order to fit the study within the Iraq context. Within this context several consensus meetings were conducted to finalize the questionnaire in form of a qualitative informative study. Questionnaires were tested via three days training of interviewees on data collection methodology, the national consultant was assigned the follow up on data collection, entry and preliminary report writing. At a time of writing this report the study has already been implemented and preliminary data analysis were conducted, the final report yet to be developed.

Output 3: Enhanced capacity of the National AIDS Program, NGOs, and the Iraq High Committee on AIDS for better HIV/AIDS programming.

WFP collaborated with Iraqi Anti Tuberculosis Association (Society-IATA) on the integration of HIV/AIDS into the humanitarian programs of humanitarian NGOs. In this collaboration an assessment was carried out of a number of NGOs/ CSOs on their technical and human capacity, official registration and their scope of influence and support provision within Iraqi communities. Based on the assessment, seven Iraqi humanitarian NGOs/CSs were chosen and their capacity was built in 5 workshops so as to enable them to interact as needed with 192 participants on the issue of HIV/AIDS in Iraq. The selected participants represent a homogenous and innovative combination of specialists, advocates, key figures of the community, representatives of media, journalists, college students, CHW and patients. A humanitarian tool kit was developed taking into consideration the current situation of HIV/AIDS situation in Iraq. This Humanitarian Response Tool Kit is built on: collection of primary data through interviews, focus group discussions and analysis of data collected. The toolkit is thought to support policy development and planning processes, guidance towards the generation of strategic information, and as a general tool for the capacity building and training.

UNESCO pursued the integration of HIV/AIDS into education programming for youth. For this purpose a study tour to Jordan was conducted for 17 NAP officials, staff of Ministries of Education and Health, community learning center managers, and NGOs. The targets of the study tour was to enhance the knowledge and skills of participants on integration of HIV/AIDS into programming for youth; to contribute to capacity building of the relevant stakeholders to develop a comprehensive educational component within the National Action Plan/Strategy on HIV/AIDS; to improve the capacity of participants in youth program design and implementation including HIV/AIDS; and also

to promote partnership building between formal/non-formal education and civil society actors on the issue of HIV/AIDS prevention and response through educational and extracurricular activities for youth.

UNFPA- Three trainings were conducted in Baghdad, Najaf and Erbil for woman and youth NGOs to raise their awareness and knowledge on HIV situation in Iraq. In close collaboration between MOY&S, MOWA, NAP and national consultants a workshop was conducted to increase knowledge among line ministries on gender and HIV/AIDSs, this workshop aimed at including HIV issues in the NGOs planning for future activities. In line with NAP a series of orientation sessions are planned to take place among local woman and youth NGOs in different areas in Iraq, and to be facilitated by youth and women NGOs who had already been trained.

- a. This project has one outcome: “GOI has the institutional and policy framework for an enhanced multi-sectoral and decentralized National HIV/AIDS response in Iraq”. The development of the NSP was a lengthy process with the vision of including all relevant stakeholders. This process strengthened the interaction and communication on HIV/AIDS between the Iraq stakeholders involved and also exposed them to other regional expertises. This clearly contributed to establishing the basis for a multi-sectoral and decentralized HIV/AIDS response in Iraq which is not only limited to the public sector but also includes civil society organizations which received specialized capacity building on HIV integration into planning and programming. In addition, strategic information and an updated understanding of the current situation of HIV were obtained through the assessments conducted on the nature of the current surveillance system, as well as the assessments conducted on Most At Risk Population Groups (MARPs) which were identified under this study as injecting drug users, prisoners and female sex workers.
- b. The focus of this project is on developing strategic guiding document for HIV/AIDS control in Iraq, strengthening and upgrading of surveillance system (data generation) and enhancing capacity for HIV control planning and program design of various stakeholders. Through this project’s set-up, it directly contributes to the:
- c. NDS: Goal 6, Target (8): Full access to water and health services for all people through establishing a more efficient information system, strengthening disease surveillance system, intensifying communicable disease control activities
- 5) **ICI:** Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development (4.4.1.4), and undertake specific measures to improve access to the PHC System and focus on prevention and healthy lifestyle (4.4.1.4.1).
- 6) **UNCT outcome:** Improved performance of the Iraqi health system and equal access to services, with special emphasis on vulnerable, marginalized and excluded persons
- 7) **Sector outcome:** Families and communities with specific emphasis on those affected by ongoing emergencies have improved access to and utilization of quality health and nutrition services (Outcome 1).
- d) This project created a platform for effective partnerships among the government, UN, CSOs and other public and private sectors. During the entire process of the NSP development WHO and UNDP have involved the regional UNAIDS to provide policy guidance and technical support in line with regional and global strategic perspectives. The two main collaborations that WHO deployed for achieving the outputs are with the Regional Knowledge Hub for HIV Surveillance in Eastern Mediterranean Region at the Kerman University for Medical Sciences in Tehran, and with the WHO Collaborative Center on HIV in Zagreb, Croatia (Udruga Za Medjunarodna Istrazivanja I Razvoj - INAS). Both collaborations were very successful and useful in earning expertise of the two institutions in assessing the current HIV surveillance system and developing standards and tools for introduction of second generation surveillance system Iraq.

WFP in collaboration with Iraqi Anti Tuberculosis Association (Society-IATA) developed the capacity of 7 NGOs (Family Planning and Productive Health Association, Iraq Development Center, Iraq Family Medicine Association, Iraq Gynaecology and Obstetrics association, Iraq Women

Society and Iraq Educated students society) to enhance the multi sectorial response and productively engage in policy discussions on HIV/AIDS in the context of Iraq. UNFPA established links and trained several NGOs to enable them to implement culturally and contextually sensitive studies on HIV among the MARPs. It is extremely difficult to reach MARPs in Iraq because of high stigmatization and openly practiced discrimination against such population groups and only through effective cooperation with local communities through NGOs such studies were possible to be implemented.

UNESCO formulated strategic partnerships with MoE counterparts and NGOs that helped to create an enabling environment for the achievement and sustainability of results. Great care was taken to ensure the engagement of technical official experts within the targeted institutions, so as to help ensure ownership and sustainability, as well as process-oriented capacity development. As stated in UNESCO's Strategy for Responding to HIV/AIDS, "education - especially education on prevention - contributes towards the knowledge and skills essential for the prevention of HIV and protects individuals, families, communities and institutions and nations from the impact of AIDS. Education also helps to overcome the conditions that facilitate the spread of HIV, including poverty, ill health, gender inequality, violence and abuse, particularly against girls and women. Beyond this, education can create the conditions for understanding, respect and tolerance - all of which contribute to reduced stigma and discrimination against vulnerable and marginalized communities and people living with HIV."

- e) The direct beneficiaries of the programme are the staff of the National HIV/AIDS Control Program (NAP) mainly, but also other MoH and other ministry staff who received training and exposure to specialized partners in this project. NGOs also received training on integration of HIV/AIDS control into planning of their programs. The entire population is the indirect beneficiary through the development and future endorsement of the NSP, staff at ministries who are more sensitized and aware of disease related stigma, and enhanced capacity to include HIV in planning and programming at public and civil society levels.
- f) Gender, as a cross-cutting aspect plays an important role in this project even though this is not specifically highlighted in the project documents. However, the fact that pre-surveillance assessments are conducted among female and male prisoners, among female and male injecting drug users, and among female sex workers will yield important insights into gender differences, and gender and poverty. In addition, the assessment of the surveillance system has already provided a sense of the ideological approach that was followed when the current system was set up.
- g) The main output of the project, the NSP, could only be achieved towards the end of the project. The NSP is a standard requirement by donors to seek additional funding. Therefore, the MPTF fund was not directly used to attract further funding from other sources. However, based on lessons learned from this project implementation another project document on "Capacity building of Civil Society Organizations to deliver community based TB and HIV/AIDS Control activities" with total 1,000,000 ML USD budget was developed that got approval for government co-financing.
- h) Please see template below for an assessment of the project based on performance indicators as per approved project document.

III. EVALUATION & LESSONS LEARNED

- a. There has been no external/ final evaluation of this project. The key components of this project could only be finalized towards the end of the project (NSP, MARP assessment) and therefore, within the project life cycle there was no scope for conducting a quality assessment of processes and outputs.
- b. In general, the project implementation has been relatively smooth, and challenges faced have been mitigated through appropriate management measures, including close collaboration and regular on-going communication with partners in the field. Generally, there were three main challenges with potential effect on timely achieving results:

1. Even though overall security situation and political context improved in recent years, however project faced difficulties in receiving consent from international experts travel to Iraq, and NAP's declared preference for holding meetings inside Baghdad. The compromise solution was then Erbil, but reaching this compromise was time consuming. Due to above, the project start as well as conduction of some key activities has been delayed. However, requests for extensions were granted with understanding to the issue.
 2. During the implementation of pre-surveillance studies among MARP the main challenge was difficulty of locating this hard-to-reach group due to high criminalization and stigmatization by local authorities and communities.
 3. In order to implement focused formative research studies involvement of local NGOs is essential to locate and reach the target group. Because of the nature of the study which requires contacts with stigmatized group of people, i.e. female sex workers, prisoners or IDUs, yet alone on a very highly stigmatized subject of HIV, finding local partners (NGOs) who are willing to get involved as well as having at the same time the capacity to implement were the additional challenges. In general, identifying NGOs who are willing to include HIV planning into their programming due to sensitivity of HIV subject was a challenge of the project.
- c. With regard to the challenges above the key lessons learned were:
1. Overall, the challenges related to security have been mitigated through appropriate management measures, including creating close collaboration and regular ongoing communication with national partners. The formation of strategic partnerships in the project has helped to create an enabling environment for the achievement and sustainability of results. Great care was taken to ensure the engagement of national technical official experts within the targeted institutions, so as to help ensure ownership and sustainability, as well as process-oriented capacity development.
 2. The stigmatization of MARP and HIV will continue in Iraq society, if not addressed properly. The stigmatization could be alleviated through implementing a community-based approach in providing support to the governmental structures/ efforts in fighting HIV/AIDS by involving civil society/ local communities who will specifically reach out to vulnerable local communities. The capacity building of civil society organizations on the managerial and in technical matters is important to obtain the desired outcome.

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance	Source of Verification	Comments (if any)
Outcome 1: “GOI has the institutional and policy framework for an enhanced multi-sectoral and decentralized National HIV/AIDS response in Iraq”							
Output 1: GoI and partners are able to develop HIV/AIDS related policies, plans and strategies in a participatory manner	Indicator 1.1: Draft National Strategy on HIV/AIDS finalized for endorsement GOI	No (2011)	Yes	Yes	NA	NSP document	Refer to WHO
	Indicator 1.2: Number of Line Ministries with established HIV/AIDS unit/focal points	1 (2011)	6	6	NA	NAP& Agencies Reports	Refer to WHO and other UN implementing partners
Output 2 HIV/AIDS Information generation system in place	Indicator 2.1: Bio-behavioral Study for HIV/AIDS among prisoners is conducted and findings are disseminated	No (2011)	Yes	Yes	NA	Study report	Refer to WHO
	Indicator 2.2: Formative and qualitative Research and mapping among IDUs is conducted and findings are disseminated	No (2011)	Yes	Yes	NA	Study report	Refer to WHO
	Indicator 2.3: Qualitative and formative research among FSWs are conducted and findings are disseminated	No (2011)	Yes	Yes	N/A	Initial Study report (still in draft format)	Refer to UNFPA
Output 3 Enhanced capacity of the National AIDS Program, NGOs and Higher Committee on AIDS for better HIV/AIDS programming	Indicator 3.1: Number of NGOs trained on HIV/AIDS in their programming	0 (2011)	10	25 MoE staff and 6 NGOs (by UNESCO) and 5 NGOs with MOW and MOH & 16 NGOs with MOY (by UNFPA) trained on Integrating HIV/AIDS into Education Programming for Youth.	N/A	Study report and Training report	Refer to UNESCO and UNFPA
	Indicator 3.2: Number of male and female staff from NGOs and Line Ministries trained on Gender and	0 (2011)	25	100 male and 92 female NGOs participants (N/A	Training report	Refer to WFP and UNFPA

	HIV/AIDS (disaggregated by sex)			WFP) 30 males and 30 females from Youth NGOs, 20f and 20m from Women NGOs (UNFPA)			
	Indicator 3.3: Number of male and female staff from MOH and NGOs trained on HIV integration in MCH programs (disaggregated by sex	0 (2011)	80	20 staff- 10 male and 10 female trained from MCH program on integration of HIV into MCH program	The originally set target was higher than the available key staff at MOH on MCH-HIV programming	Training report	Refer to WHO