

**UNDG IRAQ TRUST FUND**  
**MPTF OFFICE GENERIC FINAL PROGRAMME NARRATIVE REPORT**  
**REPORTING PERIOD: FROM 1 JANUARY – 31 DECEMBER 2010**

<p><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: Medical Oxygen Supply and Production (Reprogrammed later for Humanitarian Emergency Response)</li> <li>Programme Number: D2-11</li> <li>MPTF Office Project Reference Number: 66892</li> </ul>	<p><b>Country, Locality(s), Priority Area(s) / Strategic Results</b></p> <p><i>Country/Region :Iraq- Nationwide</i></p> <p><i>Priority area/ strategic results: Essential Services/Health and Nutrition: Increased access to quality health intensive care services.</i></p>
<p><b>Participating Organization(s)</b></p> <p>WHO</p>	<p><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>MOH (Lead Ministry) in Baghdad</li> </ul>
<p><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: <b>US\$2,824,760</b></p> <p>MPTF /JP Contribution:</p> <p>Agency Contribution: 0</p> <p>Government Contribution: 0</p> <p>Other Contributions (donors)</p> <p><b>TOTAL: US\$ 2,824,760</b></p>	<p><b>Programme Duration</b></p> <p>Overall Duration: 56 months (with a suspension of the programme for 16 months in between)</p> <p>Start Date<sup>1</sup> 9 September 2005</p> <p>Original End Date<sup>2</sup> (9 March 2006)</p> <p>Actual End date<sup>3</sup>(30 April 2010)</p> <p>Have agency(ies) operationally closed the Programme in its(their) system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Expected Financial Closure date<sup>4</sup>:</p>
<p><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Evaluation Completed</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date:</p> <p>Evaluation Report - Attached</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd. mm. yyyy</p>	<p><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li>Name: Dr. Ezechiel Bisalinkumi</li> <li>Title: Technical Officer,</li> <li>Participating Organization (Lead):WHO</li> <li>Email address: bisalinkumie@irq.emro.who.int</li> </ul>

<sup>1</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>2</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>3</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>4</sup> Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

## **FINAL PROGRAMME REPORT FORMAT**

### **EXECUTIVE SUMMARY**

Initially, when this programme was developed, it had two main objectives :(1) to supply medical oxygen to hospitals in Baghdad, Mosul and Kirkuk and (2) install 3 medical oxygen production plants in Basrah, Diwaniyah and Baghdad governorates.

While the first objective has been fully achieved, the implementation of the second objective encountered a lot of challenges and technical difficulties with regard to allocation of lands where the three plants were to be installed as well as for the Government counterparts in defining and agreeing on the specifications of the oxygen plants. The project implementation was then suspended for about 15 months. While WHO was on the point of returning the remaining balance to the donor, the Ministry of Health requested a change of scope of the project in order to use these remaining funds to respond to acute humanitarian needs that prevailed in the country at the end of 2007 and early 2008. On 10 April 2008, the scope of the project was changed into emergency humanitarian response. The reprogrammed funds were used for the following activities

1. Provision of list of emergency medicines and supplies requested by the Ministry of Health
2. Replacement of some of the basic and advanced life support equipment and supplies in a number of ambulances
3. Conducting capacity building activities in the form of training of trainers of professionals with a focus on workers involved in first aid and ambulance management and blood transfusions

These three main activities were fully achieved and have made a great impact on hospitals in the targeted locations where they have allowed timely response to emergencies in intensive care units and have also improved outcomes of visits to hospitals emergency units with reduced morbidity and mortality.

While the programme was limited to selected hospitals, the programme had a sensible impact in contributing in a certain way moving forward the agenda on health related MDGs (Millenium Development Goals)

### **I. Purpose**

This project aimed at (1) increasing access to quality health intensive care services especially for vulnerable groups and increase emergency preparedness and response capacity to deal with emergencies; and (2) reducing disability and mortality, including maternal and children under 5 mortality rate caused by lack of basic emergency medicines and supplies, including oxygen and other anesthetics among patients requiring emergency attention and health care.

There were two main objectives linked to the following expected outcomes:

1. Timely response to emergencies in intensive care units through better access to needed emergency medicines and supplies;
2. Improved outcomes of visits to hospital emergency units with reduced morbidity and mortality

Both outcomes are linked to the UN Development Assistance Framework (UNDAF) outcome 4.3: Government of Iraq has enabled improved access to and utilization of quality Primary Health Care services for all people in Iraq.

## **II. Assessment of Programme Results**

### **i) Narrative reporting on results:**

The whole programme (in its initial form and after the scope change) aimed at reducing disability and mortality, including under-five mortality rates due to the lack of basic emergency medicines such as medical oxygen and other anesthetics.

The delivery of these essential medicines and supplies has made a sizable difference at local level for patients who arrived in specific hospitals covered by the programme as they were able to have easy access to life saving medicines and hence contributed to reducing the risk of dying prematurely of preventable emergencies.

The initial list of medicines and medical supplies requested by the MoH was received mid-April 2008 and comprised of the four types of items (anesthetics, sutures and external fixators and quadruple blood bags).

The delivery of all the 42 different types of sutures, external fixators and 10 types of different anesthetics, helped surgeons to save lives of patients who have sustained severe injuries as a result of violence or accidents from different causes.

The delivery of quadruple blood bags to the Iraq National Blood Transfusion Center assisted the center in collecting, storing and in timely delivering safe blood products to hospitals that urgently needed them and hence contributing to saving lives.

There were two main **outputs** resulting from the project: **(1)Timely health response to emergencies ensured** and **(2) improved outcomes of visits to hospital emergency units**. In this regard, regular visits made to the hospitals in Ninewah, Kirkuk and Baghdad that were supplied with medical oxygen have constantly revealed that the outcomes of visits to emergency rooms in these hospitals were better compared to hospitals who were supplied in the traditional way without any support from the programme as these hospitals could timely respond to the needs and low mortality and morbidity rates were recorded in these hospitals.

- Qualitative assessment:**

The programme has assisted in providing better quality services in selected and targeted hospitals and institutions such as the National Blood Transfusion Center. This was also achieved as a result of the contribution to quality services by health professionals who were trained in managing emergencies and in organizing ambulance services. This has led to reducing mortality rates among patients brought to these health facilities.

This has also triggered the decision of the departments of health (DOHs) and the Ministry of Health to allocate more resources than before to all health facilities in the relevant governorates.

The coordination of the implementation of this programme was done in the framework of the Health and Nutrition Sector Outcome Team (HNSOT) where regular briefing on the progress made in implementing this programme was discussed with members of the SOT.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWPs** - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

	<b>Achieved Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 1</b> <b>Increased access to quality health intensive care services in targeted hospitals</b>  <b>Indicator: Availability of a list of emergency medicines and supplies</b> <b>Baseline: 0</b> <b>Planned Target: 1 (list of medicines available)</b>	The targeted indicator was fully achieved in all the 40 hospitals part of the pilot scheme		Visits to the Pharmacy store units in the targeted hospitals and records of receipt and disbursement of medicines inn response to the requests of pharmacy units
<b>Output 1.1:</b> Timely response to emergencies in intensive care units ensured  <b>Indicator 1.1.1:</b> Average time for ambulance to arrive to the incident scene <b>Baseline: 30 minutes</b> <b>Planned Target: 15 minutes</b>  <b>Indicator 1.1.2:</b> Availability of at least one emergency medical doctor 24 hours/7 days <b>Baseline: 0</b> <b>Planned Target: 1 (present)</b>	<p>The average time for ambulances to arrive to incident scenes has reduced drastically in the selected hospitals and has reached an average of 17 minutes which is close to the targeted 15 minutes</p> <p>Fully achieved (in all targeted hospitals, a trained medical doctor was always available to respond to emergencies)</p>	<p>The discrepancy is very minimal about 2 to 3 minutes which could be explained by the traffic which in some cases is so heavy that even ambulances are not given a priority</p> <p>There is no variance</p>	Ambulance log books  Hospital Rotation roster records
<b>Output 1.2:</b> Improved outcomes of visits to emergency units  <b>Indicator 1.2.1:</b> Number of MoH staff trained in Basic and Advanced Life Support <b>Baseline: 0</b> <b>Planned Target: 25</b>	This target was full achieved and even surpassed. A total of 29 professionals were trained BTS and ALS emergency medicine	The positive discrepancy was due to the fact that the DOHs and hospitals requested WHO to support additional trainings that it was initially planned for.	Training records and field visits to selected health facilities

### **iii) Evaluation, Best Practices and Lessons Learned**

As earlier mentioning, the scope of the programme was changed and the objective of installing 3 oxygen production plants was dropped from the programme. This was done after a review and evaluation of the difficulties faced by the programme during the first months of implementation

Similarly, the lists of medicines and medical needs for procurement were developed based on the results of an exercise of quantification of emergency medicines and medical supplies needed for year. Given the limited budget compared to the needs, the quantities to be procured have been prorated to the budget available

A study (survey) on first aid and medical gases services in Iraq was conducted between Nov 2005-Feb 2006 and the preliminary findings were used to design and develop a programme for training of staff involved in the management of ambulances. For instance , the training and capacity building in the area of Basic and Advanced Life Support, were developed on the basis of the results of the workshop on Emergency Medical Services which was held in Amman in March 2007.

The fact that the programme was suspended for about 15 months because of the difficulties and disagreement that occurred in the course of implementation about the kind of oxygen plants to procure was a major source of lessons learned in terms of ensuring that feasibility studies should be completely finalized and all aspects cleared before the programme is launched.

### **iv) A Specific Story (Optional)**

The programme was suspended for about 15 months despite several consultations, just because there were differences of opinion of the type of oxygen plants should be procured

The problem could not solved easily and WHO was ready to return back funds to donors but following several meetings with the Government, it was agreed that the scope of the programme should change into a humanitarian emergency response oriented programme.

The results of the negotiations led to a newly designed programme which focused on making available medicines that can have a real impact on access to medications.

One of the main lessons learned was the need to remain flexible and capacity to adapt and adjust to very rapidly changing situations

#### **Abbreviations**

**ALS:** Advanced Life Support

**BLS** Basic Life Support

**HNSOT:** Health and nutrition Sector Outcome team

**MDG:** Millennium Development Goals

**MoH:** Ministry of Health

**MoP:** Ministry of Planning

**NCDR:** National Center for Drug Control and Research

**NBTC:** National Blood Transfusion Center

**UNDAF PWG:** United Nations Assistance Framework Priority Working Group

**UNICEF:** The United Nations Children's Fund

**WHO:** World Health Organization

## Photos



Picture 1: Emergency Medical services working under difficult conditions: Arrival of a child patient victim of violence in one of the hospitals in Baghdad covered by the programme (2006)