



**FINAL NARRATIVE REPORT
IRFFI/UNDG IRAQ TRUST FUND (UNDG ITF)
CLOSED 18 JULY 2009**

Participating UN Organization(s)	Sector(s)/Area(s)/Theme(s)
World Health Organization (WHO) United Nations Children's Fund (UNICEF)	Health and nutrition

Programme/Project Title	Programme/Project Number
Cholera outbreak, early detection and mortality reduction	D2-24 ATLAS Award 54902 ATLAS Project 66902

Programme/Project Budget	Programme/Project Location
UNDG ITF: TOTAL: US\$ 4,433,172 Of which: WHO US\$ 3,469,718 UNICEF: 963,454 Govt. Contribution: 0 USD Agency Core: Other: TOTAL: US\$ 4,433,172	Region (s): All over Iraq with focus on Baghdad, Basra, Sulamania, Kirkuk and Erbil Governorate(s): All over Iraq with focus on Baghdad, Basra, Sulamania, Kirkuk and Erbil District(s) All over Iraq with focus on district of Baghdad, Basra, Sulamania, Kirkuk and Erbil provinces

Final Programme/ Project Evaluation	Programme/Project Timeline/Duration
Evaluation Done No Evaluation Report Attached No	Overall Duration 21 January 2008 to 18 July 2009 Original Duration 21/01/2008 to 21/01/2009 Programme/ Project Extensions <i>The project was extended for 6 months to 18/07/2009</i>

Report Formatting Instructions:

- Number all sections and paragraphs as indicated below.
- Format the entire document using the following font: 12point _ Times New Roman & do not use colours.

FINAL NARRATIVE REPORT

I. PURPOSE

a. Provide a brief introduction to the programme/ project (one paragraph)

This project supported the efforts of the MoH to prepare and respond to an ongoing cholera outbreak through out the country with special focus on Baghdad, Basra, Suleimania, Kirkuk and Erbil, contributing to the over all national preparedness and response plan, through enhancing the required capacity response, intensive health education on hygiene promotion including media campaigns; pre-positioning the needed essential drugs and supplies; provision logistics for mobile teams and distribution of supplies, ensuring the rapid identification; reporting, investigation, and prompt containment of any outbreak, In addition the proposal aims to ensure the proper management of cases to reduce morbidity and mortality.

b. List programme/project outcomes and associated outputs as per the approved Project Document.

The expected outcome of the project

- Prevent occurrence of a large scale cholera epidemic with high death rates through raising community awareness, rapid identification, reporting, immediate investigation and containment of case/s including proper management of cases.

The expected outputs of the project

- National cholera preparedness and response plan updated and implemented.
- Strengthened diarrhoeal disease surveillance system all over the country with special focus on Baghdad, Basra, Suleimania, Kirkuk and Erbil.
- Health facilities equipped with cholera emergency supplies (drugs, IV fluids, chlorine tablets antiseptics and laboratory supplies, chemicals and reagents) sufficient for the proper investigation and management of up to 20,000 hospitalized cases and 200,000 out patient acute watery diarrhea/cholera cases.
- Enhanced capacity of 3,000 key health personnel in the mostly affected governorates on diarrhea case management and prevention.
- Strengthened social mobilization and advocacy campaigns including media for the general public and health staff on diarrhea prevention and control.

c. List the UN Assistance Strategy Outcomes, MDG's, Iraq NDS Priorities, ICI benchmarks relevant to the programme/ project

The project is in line with the UN strategy out comes:

- Availability of safe water, personal hygiene and a sanitary environment for the most vulnerable population ensured
- By 2010, health and nutrition related programs enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable groups

The project is also in line with MDGs:

- Goal 4: Reduce child mortality.
- Goal 6: Combat HIV/AIDS and other diseases.
- Goal 7: Ensure environmental sustainability

The project is also in line with NDS priorities:

- Full access to water and health services
- Reduce child and maternity death.

ICI relevant benchmarks:

Design and carry out specific policies including reforms and investments toward achieving the Millennium Development Goals

d. List primary implementing partners and stakeholders including key beneficiaries.

Primary implementing partners are the ministry of health, Ministry of environment, Ministry of education and Ministry of information. Key beneficiary is the Iraqi population at large with special emphasis on population living in near the Iranian border.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS**a. Report on the key outputs achieved and explain any variance in achieved versus planned results. Who have been the primary beneficiaries and how they were engaged in the programme/ project implementation?**

- National cholera preparedness and responses plan; including all governorates with special focus on Baghdad, Basra, Suleimania, Kirkuk and Erbil finalized and endorsed by MoH.
- A system for Cholera and AWD surveillance is now fully functional in all provinces.
- A total of 500,000 sachets of ORS have been ordered and expected to be delivered in Baghdad in mid year ready for distribution to the mostly affected governorates end of may and early June.
- Sodium bicarbonate infusion 20,000 vials; Glucose 5% IV infusion;150,000 bottles; Cpd sodium lactate IV infusion 250,000 bottles; Ciprofloxacin 20,000 tablets Cefotaxime inj. 10,000 Tetracycline HCL 250 mg capsules 30,240; Doxycyline 400,000 capsules have been delivered to MoH.
- Training of master trainers on AWD surveillance is completed and within country training is ongoing.
- Government is fully committed to the National cholera preparedness and response plan.

The project achieved all expected results. The primary beneficiaries are all Iraq population, with special emphasis on those living in high risk areas.

b. Report on how achieved outputs have contributed to the achievement of the outcomes and explain any variance in actual versus planned contributions to the outcomes. Highlight any institutional and/ or behavioural changes amongst beneficiaries at the outcome level.

The project out puts succeeded in fulfilling its main objective of preventing the occurrence of a large scale cholera epidemic with high death rates. The death rate was within the expected standard of <1%. This was a direct result of community awareness, rapid identification, reporting, immediate investigation and containment of case/s including proper management of cases.

c. Explain the overall contribution of the programme/ project/ to the ICI, NDS, MDG's and Iraq UN Assistance Strategy.

The program succeeded in preventing the occurrence of a large scale cholera epidemic with high death rates. Therefore it averted a huge cholera out break that was expected to result in more than 10000 cholera cases with an expected mortality of >1%. Thus it contributed in the reduction of child mortality and morbidity and combating cholera disease which is in line with the ICI, NDS, MDG's and Iraq UN Assistance Strategy

d. Explain the contribution of key partnerships including national, international, inter-UN agency, CSO or others towards achievement of programme/ project results.

The UN has had to be innovative in the modalities adopted on how to operate in Iraq. The deterioration of the security situation, high turnover of staff and the paradox of humanitarian and developmental assistance are factors that have led to the use of cross border operations.

The responsibility of enhancing and improving health indicators falls heavily on the MOH, but it is recognized that the actions undertaken by other ministries also have a great impact on successful implementation. Hence, WHO works closely with Ministries of: Education, Higher Education, Environment, Municipalities and Public Works, Agriculture, Interior, Finance and Planning.

Through the programmatic approach adopted by the UN in Iraq, WHO as the leading agency in health, works in close collaboration with all the other Health Cluster members including UNICEF, UNDP, WFP, UNFPA, UNIDO UNOPS, IOM and UNIFEM. This collaboration occurs at the planning and implementation stages to ensure consistency and continuity and to prevent overlapping.

During this period WHO has been actively engaged with USAID and other international organizations.

WHO as the leading agency in the health and nutrition cluster acts as the secretariat for the Health cluster working group biweekly meetings. These meeting are led by the MOH with the [participation of the international organizations and donors. During these meeting different policies are discussed, proposals are endorsed.

e. Highlight the contribution of the programme/ project on cross-cutting issues:

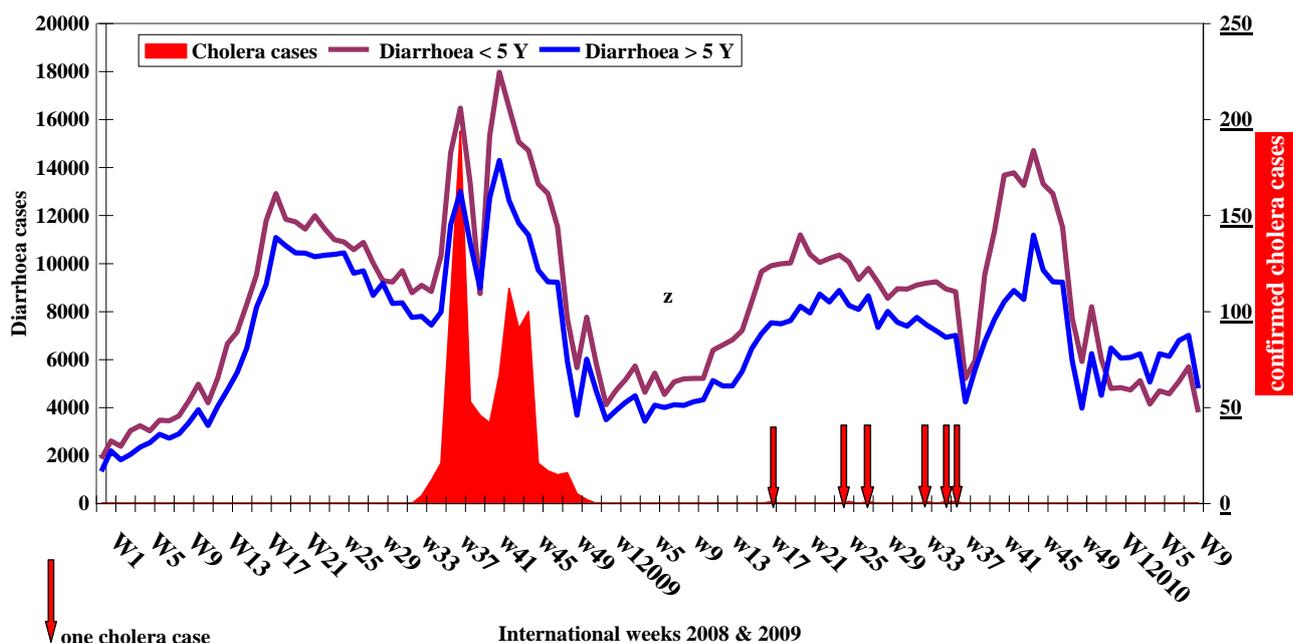
- *Were the needs of particularly vulnerable or marginalised groups addressed?* Yes, all needed medicine and medical supplies were procured and stored in 3 strategic locations in the country. Quick response teams were trained and equipped to the needs of the public at large with specific emphasis on the high risk population.
- *How did men and women benefit from the programme/project? How was gender inequalities handled?* All Iraqis irrespective of age or gender benefited since a huge cholera was prevented and a cholera death rate kept within the accepted international standard.
- *Were environmental concerns addressed including environmental impact/risk assessment where relevant?* A full review of water supply in terms of quality and quantity was done, gaps identified, corrective measures including increasing the chlorine dose were implemented.
- *Were there any specific issues in relation to the security situation?* During early 2008 access to Baghdad drug ware houses was difficult, therefore an agreement with MoH was reached to preposition all emergency supplies in Basra, Babil and Mosul and from there distribute needed supplies to all Iraq.
- *Did the project contribute to employment generation (gender disaggregated)?* The projected contribution in this respect is minimal.

III. EVALUATION & LESSONS LEARNED

a. Report on any assessments, evaluations or studies undertaken relating to the programme

The project succeeded in fully achieving its primary objective of preventing the occurrence of a large scale cholera epidemic with high death rates through raising community awareness, rapid identification, reporting, immediate investigation and containment of case/s including proper management of cases. The below figure show clearly that during the last 2 years only 6 cholera cases were reported from Iraq.

**Diarrhoea and laboratory confirmed cholera by international week, 2008, 2009
and up to week 10, 2010, Iraq**



b. Indicate key constraints including delays (if any) during programme/ project implementation

The only constrain was the bad security situation in Baghdad that prevented the storage of emergency supplies in Baghdad. As mentioned before, 3 strategic locations in the north, centre and south of the country were used for the storage. The bad security situation in the country forced WHO to conduct most of the training activities out side Iraq.

c. Report key lessons learned that would facilitate future programme design and implementation.

- The water and sanitation systems situation in the country is in a very bad shape and may need decades to be rehabilitated, thus the majority of the population will remain with no access to continuous running potable water supply or proper sewage disposal system.
- There is need to educate every family on house hold water treatment.
- There is a need to continue support and monitor the diarrhoea surveillance system to ensure that over 90% of health unit collect and submit in a timely and regular manner a weekly report on the situation of diarrhoea in every district in the country.
- Cholera is endemic in Iraq since 1966 with epidemics occurring every few years. Hence there is a need to review and update the cholera preparedness and response plan every year and make sure that enough emergency medicines and medical supplies are preposition are available for the immediate respond to any sudden out break

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance	Source of Verification	Comments (if any)
IP Outcome 1 National cholera preparedness and response plan updated and implemented.							
IP Output 1.1 National cholera preparedness and responses plan; including all governorates with special focus on Baghdad, Basra, Suleimania, Kirkuk and Erbil finalized and endorsed by MoH.	Indicator 1.1.1 National and province Cholera operation rooms established and active in supervising and monitoring implementation of the cholera preparedness and response activities at the province and national levels	Number of national or province operation rooms	National and province operation rooms in place and active	National and province operation rooms in place and active	NA	Regular Weekly reports from CDC/Baghdad about diarrhea and cholera	
IP Output 1.2 Enhanced capacity of 3,000 key health personnel in the mostly affected governorates on diarrhea case management and prevention	Indicator 1.2.1 20 master trainers attend a training tour in Bangladesh		20 master trainers completed 2 weeks training tour in Bangladesh	20 master trainers completed successfully one week training in Bangladesh	NA	Reports from MoH and WHO Iran	
	Indicator 1.2.2: 3000 medical and paramedical staff trained on the correct identification, management and immediate reporting of any suspect cholera cases through 208 training sessions		3000 staff trained by master trainers	All targeted staff were trained	NA	MoH and WHO national staff reports with lists of national staff trained.	
IP Output 1.3 Health facilities equipped with cholera emergency supplies (drugs, IV fluids, chlorine tablets antiseptics and laboratory supplies, chemicals and reagents) sufficient for the proper investigation and management of up to 20,000 hospitalized cases and 200,000 out patient acute watery diarrhoea/cholera cases.	All health facilities equipped with needed supplies and IV fluids	Shortages of IV fluids and cholera rugs in the majority of health	No reports of IV fluid or cholera drugs	Fully achieved	NA	WHO nation staff and MoH reports.	