

**FINAL NARRATIVE REPORT
IRFFI/UNDG IRAQ TRUST FUND (UNDG ITF)**

Participating UN Organization(s)	Sector(s)/Area(s)/Theme(s)
<i>WHO</i>	Health and nutrition

Programme/Project Title	Programme/Project Number
Improving preparedness and response to an impending cholera outbreak	D2-07 ATLAS Award: 54888 Project: 66888

Programme/Project Budget	Programme/Project Location
UNDG ITF: USD US\$ 857,964 - received September 2005 Govt. Contribution: USD Agency Core: Other: TOTAL: US\$ 857,964 -	Region (s): All over Iraq with a focus upon the regions bordering Iran Governorate(s): All over Iraq with a focus upon the governorates bordering Iran District(s) All over Iraq with a focus upon the districts bordering Iran

Final Programme/ Project Evaluation	Programme/Project Timeline/Duration
Evaluation Done No Evaluation Report Attached No	Overall Duration 09 September 2005 to 30 November 2006 Original Duration <i>09/09/2005 to 08/03/2006</i> Programme/ Project Extensions <i>The project was extended for 9 months to end 30/11/2006</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

In response to the cholera outbreak that started in Iran mid 2005, UNDG approved a \$US 857,964 for WHO to support MoH. The objective was minimize the risk of importing cholera from Iran and to ensure early identification, verification, reporting and prompt containment of any cholera cases and reduction of mortality and morbidity by proper management of cases. The project can be seen as successful as no suspected or laboratory confirmed cholera case was reported from Iraq by the time of project closure.

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

The expected outcome of the project

Mortality and morbidity from diarrheal diseases in general and cholera in particular reduced by early identification, verification, reporting and proper management of cases.

The expected outputs of the project

- Cholera specific emergency supplies for the management of up to 5000 hospitalized cholera cases Procured.
- all clinicians trained on the correct identification, management and immediate reporting of any suspect cholera cases
- one team in each district has been trained and equipped for the rapid investigation and containment of any reported cholera case

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

The project is in line with the UN strategy outcomes:

- 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?

- Cholera specific emergency supplies for the management of up to 5000 hospitalized cholera cases were procured and received by MoH..
- All clinicians were trained on the correct identification, management and immediate reporting of any suspect cholera cases.
- One team in each district has been trained and equipped for the rapid investigation and containment of any reported cholera case

The project achieved all expected results. The primary beneficiaries are all Iraq population, with special emphasis on those living near the border with Iran. Community and religious leaders played a major role in social mobilization and protection of water resources.

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 outputs succeeded in fulfilling its main objective of minimizing the risk of importing cholera cases since no laboratory confirmed cholera case was reported from Iraq till the end of the project. Medical staff was trained to immediately identify, investigate case/s of cholera. Buffer stocks of Medicine and medical supplies enough to manage 5000 cholera cases were procured and delivered to MoH in 3 strategic locations in the North, Centre and South.

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

The program succeeded in preventing the importation of cholera from Iran. Therefore it mitigated a cholera outbreak that was expected to result in more than 5000 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, MDGs 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, 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 cholera was not imported and a cholera out break averted.
- *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 2005 and 2006 access to Baghdad drug ware houses was difficult, therefore an sgreement 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.

e. Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section IV

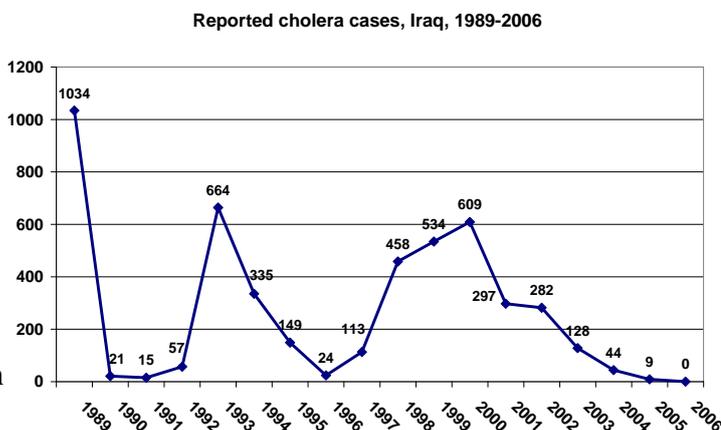
III. EVALUATION & LESSONS LEARNED

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

(Report on any assessments, evaluations or studies undertaken relating to the programme/ project and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no evaluation of the programme/ project have been done yet?)

The project succeeded in fully achieving its primary objective of preventing the importation and occurrence of a cholera outbreak in Iraq and strengthening the PHC and health care delivery system.

Following the cholera outbreak in Iran; 9 cholera cases reported in Iraq during 2005, no cases were reported in 2006. In comparison; 44 cases in 2004 and 128 cases in 2003. The figure to shows that Iraq used to experience a cholera outbreak every 3-5 years, the expected outbreak in 2006 was successfully avoided.



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

The main constrain was directly linked to the bad security situation that prevented the storage of emergency supplies in Baghdad. As mentioned above, 3 strategic locations in the north, centre and south of the country were used for the storage. The 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 families on household 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	Indicat or Baselin es	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comme nts (if any)
IP Outcome 1 Mortality and morbidity of diarrheal diseases in general and cholera in particular reduced by early identification, verification, reporting and proper management of cases							
IP Output 1.1 Cholera specific emergency supplies for the management of up to 5000 hospitalized cholera cases Procured.	Indicator 1.1.1 A buffer stock of IV fluids to treat 5000 cholera cases has been procured and handed over to MoH.	No Buffer stock	A buffer stock of IV fluids to treat 5000 cholera cases procured	All planned IV fluids were procured and prepositioned in 3 strategic locations	NA	Receiving reports from MoH confirming the receipt of the agreed upon IV fluids	
IP Output 1.2 all clinicians trained on the correct identification, management and immediate reporting of any suspect cholera cases	Indicator 1.2.1 20 surveillance staff attend a training tour in Iran		20 surveillance staff completed one week training tour in Iran	20 surveillance staff completed successfully one week training in Iran	NA	Reports from MoH and WHO Iran	
	Indicator 1.2.2: 7848 medical and paramedical staff trained on the correct identification, management and immediate reporting of any suspect cholera cases through 208 training sessions		7848 staff trained	All targeted staff was trained	NA	MoH and WHO national staff reports. with lists of national staff trained.	

IP Output 1.3 one team in each district has been trained and equipped for the rapid investigation and containment of any reported cholera case	116 rapid response teams trained and equipped with the needed investigation and response tools	District staff not trained	A fully functional rapid response in each district	Fully achieved	NA	WHO nation staff and MoH reports.	
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