

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

<p align="center">Participating UN Organization(s)</p> <p><i>WHO</i> <i>UNICEF</i></p>	<p align="center">Sector(s)/Area(s)/Theme(s)</p> <p>D, Health and Nutrition</p> <p>New Sector: Health and Nutrition SOT</p>																
<p align="center">Programme/Project Title</p> <p>Strengthening Immunizations Services in Iraq</p>	<p align="center">Programme/Project Number</p> <p>D2-16a Atlas project number: 66896 Atlas award number: 54896</p>																
<p align="center">Programme/Project Budget</p> <table border="0"> <tr> <td>UNDG ITF:</td> <td>Total USD 8,162,830, WHO USD (6,221,828), UNICEF USD 1,941,002</td> </tr> <tr> <td>Govt. Contribution:</td> <td>25 millions for vaccine for 2006, difficult to estimate other recurrent cost)</td> </tr> <tr> <td>Agency Core:</td> <td>798,369</td> </tr> <tr> <td>Other: UNICEF</td> <td>2,860,000</td> </tr> <tr> <td>TOTAL:</td> <td>USD 34,880,197</td> </tr> </table>	UNDG ITF:	Total USD 8,162,830, WHO USD (6,221,828), UNICEF USD 1,941,002	Govt. Contribution:	25 millions for vaccine for 2006, difficult to estimate other recurrent cost)	Agency Core:	798,369	Other: UNICEF	2,860,000	TOTAL:	USD 34,880,197	<p align="center">Programme/Project Location</p> <table border="0"> <tr> <td>Region (s):</td> <td>All over Iraq</td> </tr> <tr> <td>Governorate(s):</td> <td>All over Iraq</td> </tr> <tr> <td>District(s)</td> <td>All over Iraq</td> </tr> </table>	Region (s):	All over Iraq	Governorate(s):	All over Iraq	District(s)	All over Iraq
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Evaluation Report Attached	No																

FINAL NARRATIVE REPORT

I. PURPOSE

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

The project will strengthen Immunization services in 2006/2007 by expanding access to immunization service through supplementary immunization activities (campaigns) as well as the support of routine out reach activities to marginalized, difficult to reach and underserved population. Provision of urgently needed vaccine, auto-disabled syringes and other immunization related supplies for routine and supplementary immunization activities as well as capacity building for mid-level and peripheral level staff in addition to accelerated/disease surveillance and control activities.

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

- Maintain poliomyelitis free status during 2006 and 2007 all over Iraq.
- Measles cases reduced by more than 90% compared to 2004.
- Achieve routine infant coverage of 90% by all essential vaccine at the national level and at least 80%, in every district.
- National laboratories for measles and poliomyelitis were fully accredited by WHO as members in the global network for measles and poliomyelitis. The 2 laboratories were fully equipped; provided with reagents and supplies, staff trained and both laboratories Polio free status maintained for the seventh year in a row in the presence of high quality surveillance.

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, 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 and Goal 6: Combat HIV/AIDS and other diseases.

The project is also in line with NDS priorities; 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.

The primary implementing partners are Ministry of health and UNICEF. Key beneficiaries are women and children

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?

- Technical support for disease surveillance and planning, implementing and monitoring of vaccination activities sustained.
 - Supporting planning, implementation and monitoring of national immunization days.
 - Support MoH to move from aggregate surveillance to measles case based surveillance.
 - National Measles Laboratory (NML) and National Polio Laboratory (NML) fully accredited and recognized as members of WHO network of accredited laboratories.
- Two rounds RED approach were successfully conducted during 2008 in all health districts with immunization coverage below 80%. (Each round lasting for three months. The support included training of different level EPI staff to plan and implement RED approach, field work, and social mobilization and transportation services for 10 mobile teams per governorate for 10 days per month for three months). The initial result is convincing and final report will be compiled by MOH and shared with UNICEF. Implementation of the third round (Jan – Mar. 2009) is ongoing from another funding sources.

There have been some delays encountered during the first, second and third quarters 2008, mainly because of insecurity and violence, especially in Baghdad, Basra and Mosul. This was further complicated by the outbreak of measles in various parts of the country; Anbar, Ninewa, Baghdad, Salahadin and Kirkuk. As a result the National EPI staff had to focus more attention to the measles mop up campaigns. Political turmoil due forthcoming elections as well as ongoing cholera outbreak had led to additional delay for implementing the third round of RED approach during the second half of 2008

- To sustain polio free status 4 rounds of PNIDs were carried out and completed successfully in 2006 and 2007 (achieving over 90% coverage) through WHO/UNICEF technical and logistical support to the 10,000 vaccination teams. Additionally, UNICEF provided transportation services for nearly 2,500 vaccination teams during the 2007 MMR campaign and 2008 measles mopping up in selected districts.

- UNICEF supported the social mobilization activities linked to 2007 MMR campaign and 2006, 2007, 2008 PNIDs. The activities include mobilizing community leaders including teachers, women groups and religious groups; development of communication messages through TV, Radio and print media as well as conducting mobile campaigns in hard to reach areas.

- To ensure quality implementation of this project and providing professional guidance to the field teams UNICEF recruited qualified UNV – health officer for 12 months.

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.

High quality surveillance for EPI target disease was achieved through WHO extensive and continuous support in the area of disease surveillance.

Reaching and vaccinating more than 90% of children against poliovirus (during 4 rounds of house to house national immunization days) maintained the polio free status in the country.

Increase immunization coverage in 36 districts with low coverage across Iraq

Mothers and parents are better oriented regarding the importance of vaccinating their infants and children against the vaccine preventable diseases

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

The program succeeded in maintaining polio free status which is one of the major childhood crippling and killing diseases, thus contributed to reduction in child mortality and morbidity

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

UNICEF acting as the deputy of the health and nutrition cluster, provide support to WHO in leading the cluster. In addition UNICEF staff based in Amman backed by staff inside Iraq and contracted technical facilitators provide daily support to MoH/DoHs EPI program managers in implementing the project activities.

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

• Were the needs of particularly vulnerable or marginalised groups addressed?

All people – without distinction of gender, race, religion, political belief, economic or social condition, has a right to equal access to the needed vaccines.

Delivering the vaccine through out reach and house to house visits is the best guarantee of reaching the hardest to reach.

During planning, implementation, monitoring and evaluation of out reach activities and NIDs; special attention was given to reach the hard to reach and the marginalized population. Out reach activities and House to house immunization with special attention to marginalized groups is guarantee to equity and attention to the poor and the hard to reach.

• How did men and women benefit from the programme/project? How were gender inequalities handled?

Infants and children (boys and girls) were all vaccinated by out-reach services without distinction; also health staffs (male and female) were both involved in the implementation of the project activities.

Reducing the circulation of EPI targeted diseases among children will reduce the probability of transmission of the disease to younger and older household contacts, thereby reducing the overall occurrence of these killer diseases in community as a whole.

Delivering the vaccine through out reach and house to house visits is the best guarantee of all children irrespective of sex.

- **Were environmental concerns addressed including environmental impact/risk assessment where relevant?**

Special attention was given to injection safety; particularly disposal of used auto-destruct syringes, needles and empty vials is a paramount issue of immunization programme in Iraq. The 4,000,000 used syringes and needles as well as 500,000 empty vials were appropriately disposed off mainly by incineration. If incineration was unavailable open burning and proper dumping was a last resort. One of the functions of supervisors was to monitor how used needle, syringes and empty vials are disposed off.

- **Were there any specific issues in relation to the security situation?**

The project was planned at UN security phase four in Iraq, which is why it mainly counts on national capacity implementation. The security issues were handled through UNDSS security advisory notes. WHO national staff, through the guidance of the WHO international staff based in Amman, continued to maintain their low profile and observe both agency security guidelines and UNDSS security restrictions on the movement of national staff in Iraq.

UNICEF staff inside Iraq (Erbil and Basra) and contracted technical facilitators maintained low profile and visibility status as per UNDSS guidelines while they continued to provide required support in implementing the project activities. In most of the cases supplies provided by UNICEF were not marked with UNICEF logo to avoid any unexpected consequences for the health staff.

All members of immunization teams were well known and trusted members of the same community he/she is to immunize; this reduced security risks and facilitated acceptance and cooperation of the targeted population.

- **Did the project contribute to employment generation (gender disaggregated)?**

35% of the vaccination team needed hired vehicles for movement from village to village, therefore during the 10 days of the national immunization campaign there was an increased income for the 3500 vehicle drivers and owners whose vehicles were used during the campaign.

each of the out-reach mobile team needed one hired vehicle per week to conduct out reach visits and activities, this generated jobs for one day each week for 12 months for 500 vehicle owners who were hired to carry out this activity.

- f. **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/ 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?

Internal review of Polio eradication activities: by independent internal reviewers, selected from experienced medical schools staff. The selected staff were trained and provided with standard protocols for field activities that include all hospitals with special emphasis on children hospitals. Internal review findings and recommendations are discussed and agreed upon with MoH concerned staff. Special training and orientation sessions were designed for training of surveillance staff to understand and overcome identified deficiencies and draw backs.

One internal review was conducted in 2004 and another in 2006. Review reports attached.

Annual Accreditation of national polio and national measles laboratories as part of the global network for these laboratories. Is done according to standard global procedures including sending of unknown panels and testing all positive samples and a percentage of the negative samples. Both laboratories are now fully accredited by WHO; therefore, their results are recognized by WHO global network.

Weekly monitoring of Polio and Measles incidence and surveillance activities performance against a set of standard global indicators. Weekly feed back is sent to all surveillance staff at all levels.

Monthly monitoring of coverage progress among infants by essential vaccines as well as the availability of vaccine and the status of the cold chain system.

EPI coverage survey was carried out in June 2007 in Kurdistan region. The survey results shows that EPI programme in the three Governorates has a good capacity in reaching under one children. Nevertheless, there is a need to further strengthen the programme to reduce miss-opportunities and drop-out rates through; increasing and sustaining routine immunization services provided at health centers; supporting sustained out-reach and mobile immunization services specially for remote rural areas; enhancing EPI staff capacity; focused social mobilization campaign to raise knowledge about the importance of immunization specially TT for women and the importance of adhering to the immunization schedule set for children

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

Rapid turn-over of counterpart staff has adversely affected co-ordination and consequently delay the implementation process.

Increase in price of raw materials, fuel, oil and other basic commodities raised the value of local contracts unfavourably and limited the scale of the interventions.

Border closures for several days impeded the timely delivery of supplies

Insecurity have limited health staff access to some communities and resulted in the death of 2 paramedical staff while transferring vaccines in AL-Khalis (Dilyala Govenroarte)

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

Despite the difficult security situation that followed the war; WHO and UNICEF have supported MoH in the conduction of 4 rounds of house to house national immunization days with polio vaccine and 2 measles campaigns; all these campaigns were successful in reaching and vaccinating more than 95% of the targeted population. These campaigns lead to the maintenance of polio free status in Iraq and prevented the occurrence of measles epidemics during the last 3 years.

Investment in EPI system is the most cost effective approach in health in Iraq. WHO and UNICEF are working hard with MoH to take full responsibility of routine immunization, during the past year MoH for the first time purchased all vaccine for routine immunization, this cost MoH this year around 25 million dollars. MoH will have to invest more money next year by procuring improved

vaccine which have less side effects and are more stable than the traditional vaccines under use. In addition each vial of the improved vaccines will have a temperature monitor to ensure that every single dose administered is fully potent.

WHO is working now with MoH to study the burden of pneumonia, middle ear infection and meningitis caused by Haemophilus influenzae type b organism, the objective is to work out the needed base line data and cost effectiveness data to justify the introduction and measure the impact of Hib vaccine in the EPI. The procurement of this new vaccine is expected to cost MoH around 100 million dollars.

In conclusion WHO and UNICEF are working step by step to assist MoH shoulder all vaccine procurement as well as the recurrent cost of running and improving routine EPI program, however, UNICEF and WHO will definitely need to support supplementary immunization activities till routine EPI coverage reaches at least 80% in every district

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
IP Outcome 1							
• Maintain poliomyelitis free status during 2007 all over Iraq.							
IP Output 1.1 Support MoH to conduct 4 rounds of house to house polio National Immunization Days (NIDs) targeting 4.7 million under 5 children in each round.	Indicator 1.1.1 % of under 5 children reached and vaccinated through house to house visits during NIDs	Only 70% of under 5 children are vaccinated against poliovirus through the routine vaccination Programme	More than 90% of under 5 children vaccinated by 2 doses of oral polio vaccine through house to house visits	More than 90% of under 5 children vaccinated by 2 doses of oral polio vaccine through house to house visits	No variance	Routine MoH reports verified by national WHO and UNICEF staff as well as UNICEF MICS 3 survey	
	Indicator 1.1.2 Absence of poliomyelitis cases in the presence of good surveillance	No polio case was reported in the pervious 5 years	Maintain poliomyelitis free status	Poliomyelitis free status was maintained during 2006-2008	No variance	Routine MoH reports and results of testing stool samples verified by field staff and retesting positive cases in WHO reference laboratories	
IP Outcome 2							
Measles cases reduced by more than 90% compared to 2004							
IP Output 2.1 Vaccinate more than 80% of infants in every district by measles vaccine through defaulter tracing	Indicator 2.1.1 % of infants vaccinated against measles vaccine in 2007 disaggregated by district	during 2007 only 76% of infants received measles vaccine	During 2007 more than 80 % of infants should receive measles vaccine	During 2007 only 69% of children received measles vaccine	2007 witnessed severe deterioration of security that limited the access of children and women to immunization posts, not only that but also	WHO and UNICEF national staff reports and monthly reports received from MoH and provinces	

and out reach activities					there were shortages in all vaccines all over the country due to problems of vaccine distribution.		
IP Output 2.2 Support MoH to conduct one house to house measles campaign 3.9 million under 9-59 months old children in each round. 10,000 house to house immunization teams and 1500 MoH supervisors will plan, implement and monitor this activity	Indicator 2.2.1 % of children vaccinated against measles during the campaign	By the end of 2007 only 60% of children received measles vaccine	By the end of 2007 around 92% of targeted children received measles vaccine	By the end of 2007 only 92% of targeted children received measles vaccine	No variance	Routine MoH reports and results of testing stool samples verified by field staff and retesting positive cases in WHO reference laboratories	
IP Outcome 3 Achieve routine infant coverage of 90% by all essential vaccine at the national level and at least 80%, in every district.							
IP Output 3.2 Logistic support to out reach activities	Indicator 3.1.1 % of out reach vaccination teams provided with logistic support	10% of out reach vaccination teams have logistic support	70% of vaccination teams were provided with the needed logistic support By the end of 2007	40% of vaccination teams were provided with the needed logistic support By the end of 2007	Deterioration of security in 2007 prevented out reach teams activities in many districts.		
IP Output 4.1 National Measles Laboratory (NML) and National Polio Laboratory (NML) fully accredited and recognized as members of WHO network of accredited laboratories.							
IP Output 4.1 WHO provide all needed equipment, chemical, kits and supplies and raise	Indicator 4.1.1 NML and NPL achieve >80% in the global annual measles	Each laboratory must achieve 80% to be accredited	Both laboratories were fully accreted by WHO in the	Both laboratories were fully accreted by WHO in the	No variance	The accreditation is done through the sending unknown panel test to polio and measles laboratories	

the capacity of the national staff to the needed international standards	and polio laboratories accreditation tests		years 2006 and 2007	years 2006 and 2007		all over the world and based on the concordance of the results of each lab with the results of the reference laboratory each lab is given a mark, to pass the proficiency test the lab must achieve 80% or more.	
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