

**United Nations Development Group Iraq Trust Fund**  
**Project : D2-28: ATLAS Award: 59448, Project: 74328 2010, 2<sup>nd</sup> Quarter 2010**

**Participating UN Organisation: WHO (Lead) & UNICEF**

**Sector: Health and Nutrition**

**Government of Iraq – Responsible Line Ministry: Ministry of Health (MoH)**

<b>Title</b>	Support National Measles and Polio Vaccination Campaign				
<b>Geographic Location</b>	Nationwide				
<b>Project Cost</b>	US\$ 2488748				
<b>Duration</b>	18 months				
<b>Approval Date (SC)</b>	24 Feb 2010	<b>Starting Date</b>	March 2010	<b>Completion Date</b>	Sep 2011
<b>Project Description</b>	<p>In response to the huge measles outbreak of 2008 and first half of 2009, which led to 38,000 measles cases and 200 deaths, WHO, UNICEF and the Center for Disease Control (CDC) in Atlanta held several meetings and technical consultations and advised the Ministry of Health (MoH) to conduct high quality, nationwide house to house measles and poliomyelitis (polio) campaigns to stop the outbreak and boost population immunity against measles and poliomyelitis viruses MoH accepted the technical consultation recommendations and requested WHO and UNICEF to monitor the planning and implementation of the campaigns as well as provide the needed support to enable MoH develop the needed integrated epidemiological, laboratory and programme monitoring network to strengthen surveillance of Vaccine Preventable Disease (VPDs) and monitoring of immunization programme performance</p> <p>While the MoH is able to provide the materials and staff to undertake such campaigns, this joint programme is a direct response to a MoH request to WHO and UNICEF to provide continued technical and logistic support to ensure the quality of nation wide vaccination campaigns, routine monitoring of immunization programme performance and optimizing the surveillance of vaccine preventable diseases (VPDs) and to establish a network to continue such activities This network will provide the high quality information needed to measure the impact of vaccines and maximize their safe, effective and equitable use at country, regional and local levels to reduce or eliminate the burden of VPDs and clearly contribute to the reduction of under 5 and infant mortality and morbidity, as well as improve the quality of life of children and families</p>				

**Development Goal and Immediate Objectives**

This Programme, via its major components, is designed to ensure that:

1. All children targeted by national measles and polio, house to house immunization campaigns are reached and vaccinated by supporting Medical schools and Iraqi Red Crescent Society to independently monitor these activities; verify to what degree administrative reports reflect the real vaccination coverage, identify campaigns planning and implementation gaps and problems; develop appropriate strategies to immunize children who were missed during campaigns
  2. High quality Social mobilization activities are designed and implemented to increase family and community demand for immunization;
  3. The needed technical and other support is provided to MoH to conduct a nationwide serosurvey to assess the disease burden of measles, rubella, tetanus and hepatitis B diseases
  4. MoH capacity for high quality measles and poliomyelitis case based and laboratory surveillance are sustained through training, provision of specialized equipment, reagents as well as quality control procedures
- All these activities will be undertaken through building the capacity of the responsible health and other authorities

**Outputs, Key activities and Procurement**

<b>Outputs</b>	<ol style="list-style-type: none"> <li>1.) MoH is better able to monitor routine and supplementary immunization activities</li> <li>2.) Health authorities and communities, especially in hard to reach and low coverage areas, are more aware of the importance of measles, polio (OPV) and other infant vaccinations</li> <li>3.) MoH has improved capacities for planning and implementing outreach immunization activities</li> <li>4.) MoH has improved capacity for case based surveillance for measles and polio</li> <li>5.) MoH has improved capacity to access the burden of measles, rubella, tetanus and hepatitis</li> </ol>
<b>Activities</b>	<ol style="list-style-type: none"> <li>1.) Contract Iraq Red Cross/Crescent Society (IRCS) and medical schools to independently monitor national measles and polio vaccination campaigns</li> </ol>

	<p>2.) Engage community members, non-governmental organizations and interest groups in immunization advocacy and implementation</p> <p>3.) Ensure ways of targeting un-reached communities, establishing well informed community demand, and addressing the problem of immunization refusal</p> <p>4.) Strengthen the managerial skills of national and district immunization providers and managers and develop and update supervisory mechanism and tools</p> <p>5.) Expand the existing system for polio and measles surveillance systems for polio and measles surveillance in order to progress towards effective case based surveillance for vaccine preventable diseases</p> <p>6.) Assure that sustainable systems for training, equipment and quality control procedures needed to sustain high quality diagnostics for measles and poliomyelitis are in place</p> <p>7.) Regularly review district indicators of performance, including risk status for vaccine preventable diseases and use surveillance and monitoring data to advocate for improved access to, and quality of, immunization</p> <p>8.) Monitor the quality and performance of coverage monitoring and surveillance system through surveys, monitoring of performance indicators, data quality assessments, disease modelling and supportive supervision</p> <p>9.) Related IEC materials/tools developed , procured, distributed</p> <p>10.) Support social mobilization activities at the targeted districts as well as nationwide measles and polio campaigns</p> <p>11.) Support RED approach implementation in the 19 districts with less than 80% coverage, including field monitoring</p>
<b>Procurement (major items)</b>	Supplies reagents and laboratory kits for the National Polio Laboratory and National Measles Laboratory are under procurement

<b>Funds Committed</b>	UNICEF \$131,866.59 WHO 175,021	<b>% of approved</b>	14.7% 14%
<b>Funds Disbursed</b>	UNICEF \$89,366.59 WHO 86,769	<b>% of approved</b> WHO	10% 7%
<b>Forecast final date</b>	September 2011	<b>Delay (months)</b>	No delay

<b>Direct Beneficiaries</b>	<b>Number of Beneficiaries</b>	<b>% of planned (current status)</b>
Men	All men and women will indirectly benefit from the control of childhood ailments	>30%
Women	All men and women will indirectly benefit from the control of childhood ailments	>30%
Children	Direct: 107 M under 12 year old children	40%
IDPs	Some of the targeted groups are IDP's	NA
Others	MoH and other line ministries staff will benefit from many training activities planned under this project	10%
Indirect beneficiaries	Religious visitors and travellers who will be immunized if they are coming to Iraq unvaccinated or if Iraqis are travelling to a country that require special vaccinations	<ul style="list-style-type: none"> <li>•Religious visitors 3-5%</li> <li>•Travellers 90%</li> </ul>
Employment generation (men/women)	Employment generation is not one of the main objectives of this joint programme However, 400 vehicles and drivers, as well as 456 monitors will be hired for 20 days during 2010	100%

<b>Quantitative achievements against objectives and results</b>		
<b>Strengthen data and information management</b>	<p><b>WHO:</b></p> <p>Two computer programs one for measles case based surveillance and the second for immunization coverage data managements were developed by a professional programmer, all concerned surveillance and immunization staff were trained on the use of these programs Now Immunization coverage data is entered and managed at the province level and forwarded to central level and to WHO on monthly basis</p> <p>Measles data is entered analyzed and a weekly feed forward report to senior management and WHO is generated and sent At the same time a weekly feedback is sent to all PHC staff</p> <p>Two field manuals one for measles surveillance and the second for poliomyelitis surveillance were developed, field tested and distributed to more than 2000</p>	<b>% of planned:</b> <b>30%</b>

	midlevel and field health workers The national poliomyelitis laboratory as well as the national measles national laboratory has both been fully accredited by WHO and are now considered as full members of the global WHO network for both diseases	
<b>Use a combination of approaches to reach all children targeted by immunization</b>	<b>WHO</b> National house to house vaccination campaigns; targeting 5.4 million under 5 children; using oral poliomyelitis vaccine were conducted in May and June 2010 More than 90% coverage was achieved WHO contracted IRCS to monitor both rounds; monitoring data did not show much difference from administrative data	<b>% of planned: 40%</b>
<b>Health authorities and communities especially in hard to reach and low coverage areas are better aware of the importance of measles and other infant vaccinations</b>	<b>UNICEF:</b> Supporting social mobilization activities at the targeted districts as well as nationwide measles and polio campaigns and RED approach implementation in the 19 districts with less than 80% coverage, and related IEC materials/tools development and distribution is ongoing. Up to date; UNICEF supported the social mobilization activities for the first and second rounds of spring PNIDs targeting 5.4 mln U5 children across the country, with over 90% national coverage rate achieved. This invaluable efforts maintained the polio free status in Iraq since Jan 2000	<b>% of planned 25%</b>
<b>MoH has improved capacities for planning and implementing outreach immunization activities</b>	<b>UNICEF and WHO</b> As a first step, UNICEF in collaboration with WHO supported the first technical meeting for the EPI managers and health promotion /education team to review the situation of each governorate (at district level) in term of immunization coverage, causes, challenges/bottle necks, and support needed to achieve better coverage. Building on that meeting and the side meeting held in Cairo during the EPI Intercountry Meeting 4-7 July 2010, experts from the WHO/UNICEF Regional Offices & Headquarters suggested another meeting for all EPI managers facilitated by WHO/UNICEF experts to enhance the capacity of the EPI managers for planning and implementing outreach immunization activities. The above mentioned meeting will be held in the second half of August in Istanbul	<b>% of planned 25%</b>

#### **Qualitative achievements against objectives and results**

During the reporting period, WHO, in cooperation with MoH and the Iraqi Red Cross/Crescent Society (IRCS) completed the first two rounds of independent monitoring of the National Immunization Days (NID) A total of 484 volunteers from IRCS toured 121 districts in Iraq to monitor the vaccination of children under the age of 5 that were targeted by the MOH vaccination teams The volunteers were supervised by 121 district supervisors and 20 branch coordinators.

Between 13-15 June 2010, UNICEF and WHO facilitated a senior level meeting on the National Expanded Programme on Immunization (EPI) Critical areas such as the need for acceleration of immunization services in low performing districts were discussed and plans from each of the performing districts are now being developed. The action plan for preparation for introduction of new vaccines (Hib and Rotavirus) was also on the agenda It was further agreed that continuation of technical support (social mobilization, cold chain) from the UN is needed. A special technical consultation on introduction of new vaccines is planned to takes place in July/August 2010

#### **Main implementation constrains & challenges (2-3 sentences)**

Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project, the turn over within the MoH officials is delaying the our work, changing the project focal points and transferring it to another directorate, the elections that took place during March 2010 has also had an impact on the implementation, where many activities were postponed Finally, WHO in Eastern Mediterranean Region is launching a new system General Management System (GSM) that is replacing the old system CAMS (Country Assistance Mangement System) this has also contributed to the delays in the implementation