



EXTERNAL EVALUATION REPORT

JOINT WHO/UNICEF PROJECT

**Project Title:
DISEASES ERADICATION, ELIMINATION
AND INTRODUCING NEW VACCINES (D2-19)**

**Submitted to
World Health Organization (WHO)**

**Presented by:
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Abbreviations and Acronyms

AFP	- Acute flaccid Paralysis
DOH	- Directorate of Health
DPT	- Diphtheria, Pertusis and Tetanus Vaccine
EPI	- Expanded Programme on Immunization
GOI	- Government of Iraq
Hib	- Haemophilus influenza type-b
HBV	- Hepatitis B vaccine
ICI	- International Compact with Iraq
IMR	- Infant Mortality Rate
IRCS	- Iraq Red Crescent Society
ITF	- Iraq Trust Funds
MCV	- Measles-containing-Vaccine
MDCs	- Millennium Development Goals
MIDs	- Measles Immunization Days
MMR	- Measles, Mumps and Rubella vaccine
MoH	- Ministry of Health
NDS	- National Development Strategy
NID	- National Immunization Days
OPV	- Oral Polio vaccine
PHC	- Primary Health Care
PNIDs	- Polio National Immunization Days
RED	- Reaching Every District
SIAs	- Supplementary Immunization Activities
SOT	- Sector Outcome Team
UNDG	- United Nations Development Group
UNEG	- United Nations Evaluation Group
UNICEF	- United Nations Children Emergency Fund
WHO	- World Health Organization

Executive Summary:

The “Disease Eradication, elimination and Introducing New Vaccines” project was launched by WHO and UNICEF in order to assist the Ministry of Health of Iraq to revitalize the vaccination programme for infants and children and reverse the down trend of coverage of infants by essential vaccines, decentralize vaccines storage facilities and to assess the need for introducing new vaccines into the national immunization programme. The key developmental goal of the project was to contribute to the reduction of infant and child morbidity and mortality through protecting more children against vaccine preventable diseases.

The project was funded by UNDG-ITF earmarked for the UN Cluster-D: Health and Nutrition of USD 12 million, of which WHO receives USD 6,101,841 and UNICEF USD 5,798,159. On top of this budget (all provided by the Japanese Government), the MoH pledged USD 25 million and each of WHO and UNICEF allotted USD 52,254 and USD 1,400,000 respectively.

The project beneficiaries were children less than 5 years of age at the national level in the 18 governorates of Iraq, with some interventions of focused on selected districts.

The original project duration was February 2007 to March 2008. However, due to unavoidable delays in implementation, the project was extended to June 2009 and the target dates for achieving the desired outcomes were also deferred.

The project major implementation partner was the Ministry of Health, all WHO and UNICEF programmes were implemented in close coordination with MoH staff with active participation of WHO and UNICEF national staff in Iraq. At central level, the Ministry of Health was involved in setting policy and strategic direction and Macro-plans and was responsible for the overall monitoring and evaluation of the project. The national Expanded Immunization Programme (EPI) manager was entrusted with the overall management of the programme. At the governorate level, a governorate EPI manager was responsible for micro-planning and implementation and monitoring of the activity in the governorate. At a Community level local community leaders including religious leaders were involved in social mobilization and were responsible for encouraging families to immunize children and facilitate mobile teams’ movement from house to house. Other partners included 400 fields’ monitors from IRCS and around 40 supervisors from medical schools who were involved in monitoring the campaign.

The under 5-children in Iraq as a whole and without discrimination benefited from various public health control activities of this programme through support of immunization campaigns including NIDs and social mobilization.

The evolution took also into consideration the effect of unstable security situation in Iraq during the project implementation period, and the remote nature of managing, implementing and monitoring the project activities inside Iraq from WHO – Iraq, based in Amman, Jordan. This resulted in further challenges and difficulties during project implementation.

The following outcomes resulted from project implementation as at end of 2008:

- 90% of the urgently needed vaccines, syringes and measles laboratory equipment and supplies were provided, with no reported shortages.
- Only 60% of districts reported 80% or more infant coverage with DPT3 in remote/hard-to-reach areas (This was addressed by SIAs after expansion of the

project duration) and regular reports on EPI coverage were received from 80% of districts.

- Two rounds of house-to-house OPV immunization campaigns were launched in September/October 2007 and October/November 2008, which reached more than 90% of under 5 children.
- Measles case-based surveillance and measles laboratory-based diagnosis was well established.
- 92% of 9-59 months old children were vaccinated by measles-containing-vaccine through house-to-house national MMR campaign (April/May 2008).
- Eight hospitals had a well functioning rotavirus surveillance system, but only 50% of the selected hospitals, had a well functioning system for surveillance of bacterial meningitis.
- The three regional vaccine stores in Erbil, Babel and Basra were constructed and became functional.

The implementation phase of the project has witnessed a complex and volatile security situation. The 2005-2007 time periods was referred to as most insecure period with very high incidence of violence. The fragile situation resulted in massive turnover in the government in general and in particular the MoH staff at all levels, this situation was complicated with attacks against health professionals and migration of the skilled health professionals. Lack of MoH operational running costs, security situation on the ground not allowing for freedom of movement have also affected the implementation of this project resulting in prolonged and extended implementation period.

On top of these difficulties, delays in disbursement of funds and deficiencies in documentation, reporting, data analysis and structured supervision, non-participation of some DoH focal points in training, limited distribution of technical guidelines had all contributed to delays and to unsatisfactory performance in certain districts.

Recommendations for WHO, UNICEF and MoH:

- a) The expanded programme on immunization is an integral part of the regular PHC activities. It is the most cost-effective intervention for reduction of infant and child morbidity and mortality from vaccine- preventable diseases. The success of this programme is dependent on maintaining above 80% vaccination coverage with vaccines that meet internationally recognized standards.

The MoH of Iraq should therefore, maintain close cooperation with WHO and UNICEF to ensure that the awareness and political commitment that was developed through this project does not diminish or be compromised as a result of possible changes in government structures.

- b) The assistance of specialized UN agencies is indispensable under emergency situations. However, the MoH should develop its capacity to assume full leadership and national ownership of the EPI.

Continuous capacity development, allocation of funds for procurement of urgently needed vaccines and supplies and exercising overall supervision and oversight of immunization services are fundamental pre-requisites in this respect.

Nevertheless, the MoH should continue to call on WHO for technical assistance and capacity development, in areas where the national technical capacity and experience is limited or incomplete.

- c) House-to-house national campaigns remain the most effective strategy for addressing the decline in immunization coverage under emergency situations.

The sudden drop in vaccination coverage in communities which had traditionally maintained high coverage brings about the risk of disease outbreaks because as new cohorts of unimmunized children accumulate, pockets of susceptible build-up.

The MoH should therefore, continue to launch NPNIDs and measles mopping up campaigns on regular basis, as long as measles is not eliminated and polio free status is not declared by WHO in neighboring countries, especially under a situation where there is flood of visitors to religious places in Iraq from these countries.

- d) The MoH should continue to carry out periodic assessments of the trends of incidence of vaccine- preventable diseases and conduct surveys to identify pockets of un-immunized infants and children nation-wide, with special emphasis on remote and hard-to-reach areas. The ultimate objective is to ensure that at least 80% coverage of children is fully immunized for all essential EPI antigens.
- e) The evaluation revealed that deficiencies were identified in documentation, detection of adverse events following vaccination, reporting and, surveillance of bacterial meningitis.

The MOH should therefore, ensure that an effective health information system is in place to ensure that surveillance of EPI diseases meets the WHO criteria of acceptability (by health workers), completeness, accuracy, timeliness, representativeness, consistency and sensitivity.

This would require further capacity development of MoH staff at all levels, through continuing education, on-the-job-training and supervision in close coordination with WHO and UNICEF technical staff.

- f) The internally displaced population represents a major problem with regard to immunization because they often live under appalling conditions and their movements are difficult to track. Identifying the needs of that population through periodic assessments, should therefore be considered as a high priority for EPI national managers who should spare no effort to reach them through mobile vaccination teams.
- g) There are good reasons to believe that further efforts need to be exerted in order to strengthen AFP surveillance and measles laboratory-based diagnosis. This could be best achieved by continuous capacity development of the technical and managerial capabilities of MoH staff through on-the-job-training and supervision.
- h) The current reporting channels at central level need to be unified to ensure that data is analyzed on a regular and timely manner and findings are followed up.
- i) The current supervisory structure of the EPI should be decentralized to ensure effective and timely response to any declining drop in vaccination coverage or sudden onset of localized outbreaks.

- j) Plans should be developed for periodic training of DoH and surveillance focal points to update their knowledge, orienting new staff and develop capacity to conduct training of trainers' sessions at district level.
- k) The technical guidelines and operation manuals on EPI diseases and laboratory surveillance should be widely distributed to all PHCU use and staff adequately oriented on their contents.
- l) The facilities for bacterial meningitis and rotavirus laboratory surveillance have been established in the selected 8 hospitals, but the facilities are not fully functional. The MoH should follow up to ensure that all facilities are functioning to their full capacity.
- m) The decision on introducing new vaccines in the EPI is still pending. Should a decision be made in this respect, the MOH should ensure that the necessary funds are secured for procurement of the new vaccines.
- n) The potency of vaccines procured through the international market, the continuous supply of vaccines and the safety of vaccination procedures, are pre-requisites for the success of EPI.

The MoH should therefore, maintain effective system for quality assurance of vaccines from the point of collection to the point of service delivery.

- o) The MoH should follow up to ensure that used syringes, needles and empty vaccine vials are disposed of according to the recommended safe methods at the service delivery level and not dumped with other solid waste.

This requires undertaking undeclared supervisory visits to PHC facilities and vaccination teams to ensure compliance.

Introduction and Context

WHO and UNICEF have long history of partnership and work with the health sector in Iraq that goes for many decades. Currently WHO is leading and UNICEF is deputizing the UN Health and Nutrition Sector Outcome Team since 2004. WHO and UNICEF health response is tailored to address the eight Primary health Care components (that was agreed during Al Mata declaration in 1978) which are:

- 1) prevention and control of communicable and non-communicable diseases;
- 2) Promotion of food supply and proper nutrition;
- 3) Education concerning the prevailing health problems and methods of prevention and control;
- 4) Maternal and Child Health including family Planning;
- 5) Immunization against the major vaccine preventable diseases.
- 6) Adequate supply of safe water and basic sanitation;
- 7) Appropriate treatment of common diseases and injuries and;
- 8) Provision of essential drugs.

WHO and UNICEF have been implementing projects countrywide, covering the whole population and area specific in accordance to the needs that were identified by the Government of Iraq.

WHO and UNICEF have been supporting EPI all over the world, including Iraq since its inception in 1979. WHO and UNICEF supported MoH in conducting house to house campaigns since 1999. Since that time and up to 2008 at least 22 rounds of house to house national campaigns were conducted targeting children by Oral Polio Vaccine or the combined Measles, Mumps and Rubella vaccines.

Vaccination is one of the basic child rights for the enjoyment of the highest attainable standard of health. Vaccination is globally considered as the most successful and cost effective public health interventions in history. It has globally eradicated smallpox, maintained polio free status in Iraq since 2000; achieved dramatic reductions in illness and death from diphtheria, tetanus, whooping cough and measles worldwide.

The prolonged economic sanctions against Iraq, the 2003 war and its devastating consequences had resulted in adverse repercussions on infants and children morbidity and mortality from communicable diseases preventable by immunization, due to the slight but progressive decline in vaccination coverage between 2001 and 2006.

The coverage of infants with measles, DPT3 and OPV3 dropped from 84% in 2005 to 78% in 2006 and was expected to drop more in 2007 owing to deterioration of the security situation rendering the access to health facilities difficulties.

The ITF funded project “Diseases Eradication; Elimination and Introducing New Vaccines”, was jointly implemented by WHO and UNICEF together with the national counterparts particularly MoH. The aim of the project was to assist the MoH to:

- Strengthen national commitment to ongoing immunization activities through policy and strategy development.
- Increase community demand for immunization.
- Strengthen country capacity to determine and set policies and priorities for the introduction of new vaccines (Rotavirus, and Hemophilus influenza type b Vaccines).
- Ensure that un-reached children and women are reached in every district through throughout and Supplementary vaccination activities.
- Incorporate immunization services in emergency preparedness plans and activities.
- Improve vaccine, immunization and injection safety.

- Improve, strengthen and decentralize vaccine storage and management system.
- Strengthen collection, analysis, interpretation, use and exchange of coverage and EPI targeted disease data at all levels.
- Strengthen laboratory capacity to sustain quality diagnosis for polio, measles and rubella diseases.

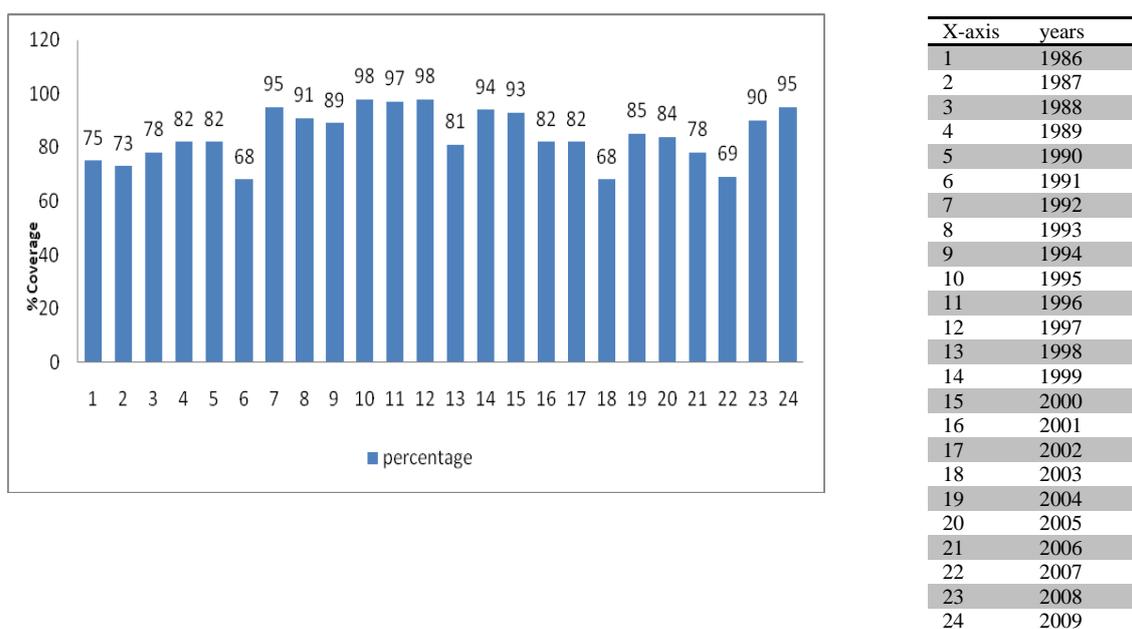
Project Description

Following the 2003 war, Iraq immunization figures started to slip back from previously established average coverage of more than 80% of infants to below 60%. WHO and UNICEF through UNDG-ITF and bilateral funding supported the revitalization of the vaccination programme for children thus prevented further deterioration and reversed the down trend of coverage of infants by essential vaccines from below 60% in 2003 to above 80% in 2005. In addition, WHO and UNICEF strong and continuous advocacy among policy makers (in MoH and other ministries) created strong political and financial commitment for vaccination. Now MoH is not only purchasing its own vaccine, cold chain equipments and disabled syringes but also providing all the needed logistical and other support to supplementary immunization campaigns.

Despite considerable challenges on the ground, difficult living conditions, violence and insecurity Ministry of Health (MoH) succeeded to sustain basic health and nutrition services. However the severe deterioration of security during 2006-2007 led to the declining of infant vaccination coverage from above 80% in 2005 to below 70% during 2006 and 2007 for all vaccines and specially measles, see figure (1) below. This led to the accumulation of more than one million children susceptible to measles among under-5 children alone in 2006 and 2007. The improvement of security in 2008, meant that children have more freedom to move and mix with other children, therefore measles virus have a good chance to circulate among the huge pool of susceptible.

A major measles outbreak in 2008 and first 9 months of 2009 led to more than 38000 measles cases, claiming the lives of nearly 200 children in 2008 and 2009. MoH using its own resources decided to conduct a nation wise outbreak response house to house immunization campaigns to immunize all children 6 months to 12 year old against measles and under 5-year children against poliomyelitis.

Figure1: Reported Measles infant vaccination coverage, Iraq 1986-2009



Iraq has been polio free since 2000. This achievement should be sustained especially in the view of ongoing poliomyelitis outbreaks in Afghanistan, Pakistan and in other countries.

The key developmental goal of the “Disease Eradication, Elimination and Introducing New Vaccines” was to contribute (by the end of 2007) to the reduction of infant and child morbidity and mortality through protecting more children against more diseases.

Immediate objectives of the projects were described as follows:-

- 1) Achieve by the end of 2007 coverage of at least 80%, by all essential vaccines among infants in every district.
- 2) Maintain poliovirus free status through 2007 and Eliminate measles from Iraq by the end of 2007.
- 3) Provide evidence base for the introduction of rotavirus and Hib vaccines in the EPI programme by the end of 2007.
- 4) Decentralization vaccines storage and management by the end of 2007.

However, due to delays in implementing the planned project activities, the target date for achieving the contemplated results was pushed from end of 2007 to the end of 2008 and further extended to September 2009. The target date for elimination of measles was delayed to 2010 instead of the end of 2007.

Project’s activities were described as follows:

- Carry out 3-4 advocacy meetings per governorate per year on the importance of routine and supplementary immunization activities among policy makers and medical personnel.
- Conduct 2 advocacy meetings for clinicians per hospital per year to reinforce their role in polio eradication and measles elimination.
- Upgrade the managerial and technical capacity of all governorate and district EPI teams on monitoring and supervision of EPI activities at the district and health centre levels.
- Conduct 4 times a year out reach visits to high risk areas by health centre EPI teams to review and vaccinate defaulters in remote and high risk population.
- Implement 2 rounds of house to house polio NIDs targeting 4.8 million under 5 children in each round.
- Conduct a house to house measles campaign targeting 4 million 9-59 months children using the combined measles, mumps and rubella vaccine.
- Procure and deliver to MoH urgently needed vaccines; laboratory equipment supplies and reagents.
- Conduct weekly visits to all hospital to review records and hold meetings and discussions with clinicians and nurses to ensure that all measles, acute flaccid paralysis (AFP) cases and other EPI targeted diseases are timely reported and professionally investigated.
- Ensure the timely notification, investigation, collection of blood and fecal specimens in addition to the proper storage and timely transportation and handing of specimens till they reach the Central Public Health Laboratory in Baghdad.
- Conduct special studies to assess the disease burden of rotavirus and Haemophilus influenza type b (Hib).
- Expand and equip the vaccine warehouses in Erbil, Basra and Babil to become regional stores for the northern and southern governorates.

- Hiring of vehicles for 35% of field vaccinators and their supervisors. (4000 vehicles will be hired for 20 days during the implementation of this project. In addition 20,000 vaccinators will be working overtime for 20 days).
- Training/reorientation of 20,000 field vaccinators and their supervisors
- Conduct a communication and social mobilization campaign to ensure that local communities, parents and mothers are well aware of the importance and supportive of routine and supplementary immunization activities.
- Fellowships for polio and measles laboratory and surveillance staff.
- Strengthen laboratory capacity to ensure high quality diagnosis for polio, measles, rubella and rotavirus, in addition to homophiles type-b.

Evaluation Purpose and Scope

This evaluation exercise is part of the UNDG-ITF project evaluation where specific criteria were applied to select some projects for evaluation purposes. This independent evaluation comes at the end of the implementation cycle of the project and aims to assess the overall contribution of the project towards childhood diseases eradication and elimination and the introduction of new vaccines for the EPI programme in Iraq while distilling lessons and good practices to feed into future programming. The evaluation provided recommendations to enhance operational and programmatic effectiveness of similar initiatives in comparable situations. In addition, the evaluation assessed how WHO and UNICEF has contributed towards an enhanced partnership with MoH in addressing critical issues affecting under 5 children and immunization programmes in Iraq.

The evaluation findings will be disseminated to all stakeholders at different levels including decision makers both within the Government of Iraq and the MoH to support future policy development especially in the areas of child health and primary health care and the best ways for enhanced *decentralization of EPI programme activities with a focus on community outreach and community involvement*.

This evaluation followed the project geographical coverage and was of national scope. However, for specific interventions and as guided by the project document, more focus was given to selected districts where intensified interventions were conducted. The project targeted activities implemented across all selected PHC facilities at the target districts, focusing on both direct and indirect project beneficiaries and implementing partners including EPI officials at central, governorate and district levels, community representatives, independent monitors and WHO and UNICEF staff.

Technically, the evaluation covered all key components as per project design including:

- Procurement and delivery of OPV and other essential vaccines by MOH.
- Reaching and vaccinating of all infants with basic vaccines in high priority districts throughout reach activities.
- House to house visits to reach and vaccinate under 5 children against poliomyelitis and measles.
- Monitoring visits to all hospital for AFP surveillance to ensure that all cases of acute flaccid paralysis and suspected measles cases are reported to MoH and WHO.
- Notification and investigation of suspected measles and polio cases.
- Strengthen measles and polio laboratories.
- Independent monitoring of NIDS.
- Capacity Building "Training/reorientation" of field vaccinators and their supervisors.
- Community involvement.

- Implementation of studies to determine the disease burden of Hib and rotavirus disease.
- Strengthening and decentralize vaccine storage and cold chain.
- Fellowships for polio and measles laboratory and surveillance staff.

The evaluation findings will serve as an advocacy tool to demonstrate the outputs and feasibility of NIDs, social mobilization programmes and the independent monitoring through NGOs and academia. The project evaluation will also provide donors with a comprehensive assessment of the outcomes and utilization of their investment in these programmatic areas. In addition, the evaluation will support WHO and UNICEF own capacity for programming, project management and accountability towards donors, GOI and the target population. The lessons from the evaluation and the evaluative evidence will also feed into the upcoming UNDG ITF lessons learned process as well as the proposed UNDG ITF project evaluations. Last but not least, the evaluation will also contribute to the next WHO Country Cooperation Strategy (2010-14) for Iraq that guides the partnership and joint programming between WHO and Gol.

Evaluation Methodology:

The evaluation addressed the Organization for Economic Cooperation and Development – Development Assistance Committee (OECD-DAD) evaluation criteria including relevance, effectiveness, efficiency, and sustainability. In addition, the evaluation also looked at the contribution of the project towards partnership building within UN, Gol and civil society. Specifically, the evaluation was guided by the following key objectives:

1. To assess and showcase the achieved progress and results against stipulated project objectives and outputs for improved immunization programmes in Iraq;
2. To assess the efficiency and effectiveness of the interventions included in the project.
3. To assess the relevance of project components in strengthening the EPI in Iraq vis-à-vis needs of the target population the catchments area;
4. To understand the extent to which this project has contributed to forging partnership with MoH at different levels, the Government of Iraq, Civil Society and UN/donors;
5. To appreciate the management arrangements in place by the Gol and/or the beneficiary communities towards the sustainability of various project-initiated services and benefits;
6. To generate lessons on good practices based on assessment from the aforementioned evaluation objectives and to provide recommendations to Gol, UNICEF and WHO on how to maximize the results from similar initiatives in comparable situations.

A. Evaluation Methodology:

The evaluation process comprised of the following:

Desk review

The evaluation team reviewed the project document, progress reports, external reviews and evaluations with focus on UNDG ITF and other documentary materials generated during project implementation to extract information, identify key trends and issues, develop key questions and criteria for analysis, and compile relevant data during the preparatory phase of the evaluation. The team also reviewed relevant national strategies to see the links between the project objectives and national priorities.

Data collection and analysis

In consultation with WHO and UNICEF the evaluation team identified all stakeholders to be included in the evaluation exercise. The evaluation team devised participatory approaches for collection of firsthand information. These included interviews, focus group discussions, observations, end-user feedback survey through questionnaires, etc.

Field visits to target districts

Field visits were conducted to all project sites and meetings were held with all partner institutions including primary health centres and EPI offices at national and high priority districts where intensified project activities were implemented. To the extent possible, field vaccinators, supervisors and beneficiary populations in all districts were engaged in the evaluation process to get their feedback and reflection on project benefits.

- Field visits for MoH – central level staff, where focus group discussion were held;
- Field visits to the DOHs where questionnaire, focus group discussion, interviews and site observations were used to gather the needed information;
- Field visits to the district levels/at the facility level where questionnaire, focus group discussion, interviews and site observations were used to gather the needed information;
- Focus group discussions were held with the community leaders and Sheikhs and the beneficiaries from the upgraded services;
- Questionnaires were used for beneficiaries from the different capacity building activities including independent monitors, supervisors, field vaccinators and AFP surveillance officers.

Evaluation Guidelines

In preparation of the evaluation report due consideration was given to the UNEG evaluation guidelines and the UNDG-ITF guidelines on Development Effectiveness and Operational Effectiveness.

B. Pre-Evaluation Meetings:

Prior to the start of the evaluation, two days workshop took place with the purpose of ensuring the effective coordination between the WHO, MoH, and SOC. These meetings laid the groundwork for the evaluation of D2-05 and served to introduce SOC team to key staff within the MoH and WHO. The following is a summary of these meeting's goals and the people in attendance. Attendance of this meeting in Annex B

This meeting took place in ElBatra Hall, Land Mark Hotel, Amman on 8 & 9 February 2010, this meeting was attended by more than 27 participants from MoH, UNDG, WHO, UNICEF & FAO.

The main objectives of this meeting were:

- Lunch the evaluation convention.
- Insure the support of the related ministries and their deputies in support of the evaluation convention.
- To orient the Ministry of Health Counterparts on the Terms of References for the Independent Evaluation including the evaluation purpose, scope, objectives, methodology and management arrangements.
- SOC to update the meeting on the methodology and the data collecting tools that will be used during the field evaluation.
- To agree on the implementation timetable
- Below were the attendants of this meeting:

C. Evaluation Field Activities:

A detailed evaluation methodology, approach and programme of work were agreed upon between WHO, UNICEF and the evaluation team before the start of the evaluation. The evaluation team met in Amman for orientation, briefing and initial interviews with WHO and UNICEF staff in Amman followed by similar discussions/briefings by WHO and UNICEF staff based in Baghdad and the national counterparts.

As the evaluation team started field work, staff of WHO extended all possible assistance to facilitate the mission of the team, be it through in-depth interviews or by providing supporting documents on the progress of the various components of the project.

SOC mobilized 12 staff to carry out the field work. The activities of the evaluation field team covered 8 governorates (Erbil, Sylimania, Duhuk, Mosel, Kirkuk, Baghdad, Babel and Basra). 13 facilities were inspected. 30 official interviews were made with government staff and 4 interviews were made with UN international and national staff. In addition a total number of 150 project beneficiaries were interviewed to obtain their views and perceptions and on-how the project addressed their needs and aspirations.

The evaluation team made every possible effort to bridge information gaps and obtain copies of official documents exchanged between WHO and UNICEF on the one hand and Ministry of Health on the other as well as to obtain copies of all printed material including technical guidelines, manuals, field surveys and assessments, registers and health education publications.

D. Limitations:

- The high turn-over among MoH staff at all levels, made it difficult to obtain first hand information, from those who were directly involved in project implementation when the Team proceeded to conduct interviews and complete end-user questionnaires .During interviews, MOH staff in certain governorates were unable to provide information on the progress of the project outside their geographical area, which suggests that coordination between the MoH and EPI district managers still leaves much to be desired .
- In spite of the intensive training that was carried out to develop the technical and managerial capacity of MoH staff, certain deficiencies in staff performance were detected especially in the area of surveillance of targeted diseases, documentation and reporting, which are not unexpected after introduction of new systems and procedures.

However, despite these limitations, the comprehensive progress reports prepared by WHO provided invaluable quantitative and qualitative analysis on project implementation, which helped to bridge information gaps. In addition the vigorous efforts exerted by the evaluation team during field visits and interviews enabled them to collect evidence-based information on the progress of the project.

Evaluation Findings:

A. Achievements and results:

The activities undertaken and results achieved during the project cycle are outlined below:

Outcome 1:

Achieve by the end of 2008 infant vaccination coverage of at least 80% in every district.

Output 1.1:

Supply of urgently needed vaccines, syringes and measles laboratory equipment and supplies: This was 90% achieved as verified through field visiting WHO and UNICEF staff as well as by reviewing reports from vaccine warehouses. The MoH is now procuring all needed vaccines, syringes, and cold chain equipment. WHO and UNICEF are bridging gaps and providing special reagents. Shortages at central or regional levels are now rare events. Implementation was also verified by independent monitoring undertaken by IRCS as well as by rapid coverage surveys in selected high risk districts.

Output 1.2:

- a) Access to immunization services improved in remote and hared to reach areas throughout reach activities:
The planned target was to ensure that at least 80% of districts will achieve 80% coverage by DPT3 among infants. As at 31 December 2008, only 60% of districts reported 80% coverage.
- b) Better management of all EPI activities and district at health centre level, including vaccine management:
The planned target was to ensure that regular monthly reports reflecting coverage for every vaccine by district are received from at least 90% of districts. As at 31 December 2008, regular reports were received from 80% of districts. Further progress in this respect could be achieved by introduction of computerized data management as well as by more training on EPI data management including data quality self-assessment.

Outcome 2:

Maintain poliovirus free status through 2007 and 2008

Output 2.1:

The last indigenous wild polio virus case was isolated in Iraq in January 2000. AFP surveillance indicators suffered immediately after the war but the efforts of the national staff were successful in achieving a rate of $> 2/100,000$ among children below 15 years. The non-polio AFP rate increased from 1.6 in 1999 to 2.8 in 2005 and 3.0 in 2006. Stool adequacy rate has also increased from 79.7% in 1992 to 94% in 2005 and 92% in 2006. Except in high risk areas such as Anbar, all governorates achieved the non-polio rate of $2/100,000$.

A national plan for preparedness and control of imported wild polio virus was prepared, with the main objectives of maintaining polio free status; ensure adequate preparedness for possible imported cases and maintaining high quality surveillance of AFP. A team of 24 national experts were recruited and oriented on AFP surveillance and monitoring activities. The team members held discussions with more than 400 key persons at 16 hospitals and 50 PHCUs and concluded that there is an established AFP surveillance system and structure within EPI at national level.

In addition, the MoH prepared and distributed a field manual on acute flaccid paralysis and trained EPI focal points on AFP surveillance.

Access to immunization services improved for all under 5 years old children through two rounds of house-to-house OPV vaccination campaigns in 2007 and 2008:

The two rounds were conducted in September/October 2007 and October/November 2008 and reached more than 90% coverage of under 5 children except in Baghdad/Karkh and Diyala. The relevant administrative reports were verified by WHO and UNICEF staff, which affirms that Polio free status was maintained in 2007 and 2008, (consistent 8 year polio free status was maintained in the country since 2000).

The MoH is now preparing periodic reports on AFP which are submitted to WHO regional office on regular basis.

Outcome 3:

Eliminate measles from Iraq by the end of 2008

Output 3.1:

Replace measles aggregate based reporting with measles case-based reporting and, introduce laboratory based classification of measles instead of clinical based classification:

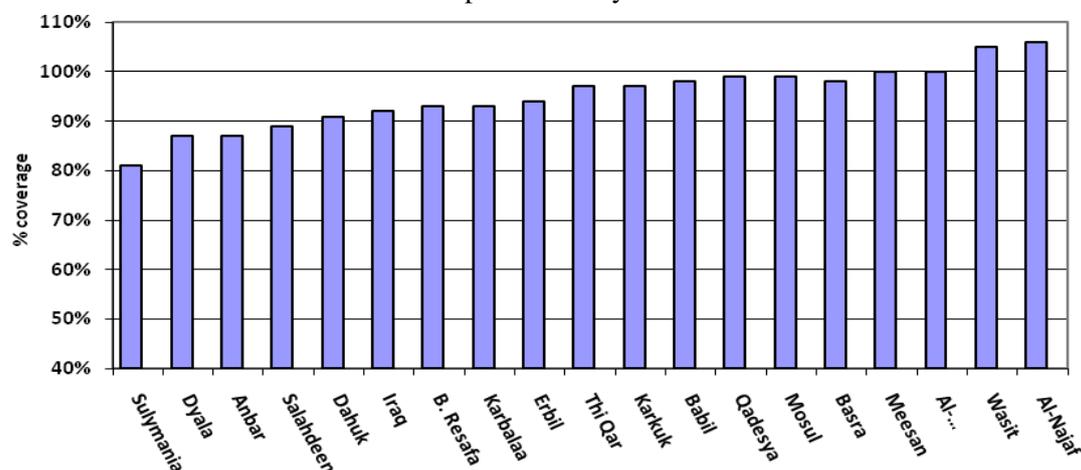
As at 31 December 2008, measles case-based surveillance and measles laboratory based diagnosis was well established.

Measles situation is reported on weekly basis to WHO and MoH and WHO are now issuing weekly reports on measles situation in Iraq. The measles national laboratory is now accredited by WHO and is generating weekly reports about its activities and WHO is receiving weekly data about measles situation from the national measles laboratory.

Output 3.2:

Immunize 3.8 million 9-59 months old children by measles vaccine through house-to-house national campaign. Field visits by WHO and UNICEF staff, reports from warehouses and review and scrutiny of administrative data and reports, revealed that 92% of 9-59 children were reached during the April/May 2008 MMR vaccination campaign, with a range from 105% in Najaf DOH to 61% in Baghdad, Karkh. The lower rates were in districts, which were hit by high waves of violence mainly Baghdad/Karkh, Sulymania, Dyala, Anbar, and Salah-Din (see chart below)

Reported MMR campaign coverage by DoH, Iraq,
22 April – 10 May 2007



The above 100% coverage is due to influx of refugees, to more safe havens, whereas, the low coverage may explain the onset of measles outbreaks, which later on spread from central areas to north and south.

The MoH is now preparing weekly feedback reports on measles which are submitted to WHO regional office on regular basis. In addition WHO and MoH prepared, published and distributed a field manual in Arabic and English on measles and rubella surveillance and trained EPI focal points on surveillance methodology. Also a special publication on measles outbreak in Iraq 2008-2009 was prepared.

Outcome 4:

Provide evidence base for the introduction of rotavirus and Hib vaccines in the EPI by the end of 2008

Output 4.1:

Introduce bacterial meningitis and rotavirus surveillance in 8 main hospitals: Monthly reports received from the National Public Health Laboratory, revealed that rotavirus surveillance have clearly indicated the size of rotavirus diarrhea and made the introduction of rotavirus vaccines a high priority. However, although 8 hospitals have well functioning rotavirus surveillance, surveillance of bacterial meningitis is progressing slowly as only 50% of hospitals have a well functioning system.

According to the feedback obtained during field evaluation , the activity seems to be confined to Baghdad but not in other areas where laboratories are not as yet available

Outcome 5:

Decentralize vaccine storage and management by the end of 2008

Output 5.1:

Vaccine warehouses storing and distributing vaccines to the north and south completed and functioning. This was fully achieved as three regional vaccine stores in Erbil, Babil and Basra were constructed and functioning. UNICEF and WHO field reports confirm the functioning of the regional vaccine warehouses. However, during interviews with MoH officials in the governorates , it was reported that the regional stores are not as yet functional because some essential equipment is still missing while other equipment was not in a functional condition when it was received .

The above results were achieved through the vigorous efforts exerted by WHO and UNICEF in close coordination with MoH staff. Intensive training was undertaken to strengthen the capacity development of staff, which covered:

- Training of province and national EPI managers and surveillance officers on RED strategy to enhance infant and child immunization coverage, measles strategies and activities to achieve measles elimination by 2010 and introduction of new vaccines.
- Pre-measles training of all vaccination teams (7,176 vaccinators) and 1,024 field supervisors.
- Training on micro-planning and mapping activities.
 - In addition, two training workshops were conducted during November/December, 2007 where 60 medical officers participated and another workshop was conducted in Amman, Jordan for EPI medical personnel.

It can be noticed from the above, that the activities undertaken had contributed to the realization of the underlying project objectives especially with regard to revitalization of the immunization programme and reversing the down trend of coverage of infants and children by essential vaccines. The project was able to achieve the stipulated results, with few

exceptions relevant to inadequate vaccination coverage in certain sub-districts, incomplete reporting from some districts, non-completion of the bacterial meningitis surveillance and deferred decision on introducing new vaccines in the national EPI pending further assessment of the needs and costs. Nevertheless, the project had contributed to strengthening the EPI programme at the national level, by vaccinating all infants and children in all governorates including high priority districts as well as by development of the technical and managerial capacity of MoH staff.

The table below shows the percentage of one year old infants immunized in 2008 for the various EPI antigens:

% of one-year old infants immunized in 2008¹

Vaccine Type	% Immunized
BCG	83
DPT	80
OPV3	80
Measles	91
HBV3	79

In addition to these direct-achievements and results, the project will on the long run contribute towards achievement of the UN millennium development goals, in particular:

Goal 3: Promote gender equality, by providing equal access of infants and children to immunization services without gender discrimination.

Goal 4: Reduce child mortality, by protecting children against vaccine-preventable diseases.

Goal 6: Combat Diseases, by reducing infant and child morbidity from vaccine-preventable diseases.

The above achievements are very important in addressing the national priorities and making progress towards attaining the MDGs, especially if the fact that 43% of the total country population are children below 15 years of age.

B. Efficiency and effectiveness:

- It was noticed that flexibility was exercised in re-programming funds within budget lines in order to implement the project activities in a cost-effective manner vis-à-vis the Iraqi context, including response to unforeseen developments/newly emerging needs and priorities such as the sudden surge of violence in certain districts, onset of disease outbreaks and additional demands arising during implementation. Examples on such situations was the onset of cholera outbreak in Sulymania in January 2007 and measles outbreaks in March/April 2008 in Anbar, Ninewa, Baghdad, Salah Al-Din and Kirkuk provinces which witnessed high violence.
- Out of the 10 million doses of oPV needed for the project, only 2 million doses were procured. The remaining 8 million doses were procured from MoH resources as a result of intensive advocacy for self-financing. The MoH requested to utilize balance of funds for supporting social mobilization activities, printing of 12,000 registry books and supporting vaccination teams in carrying

¹ Source: WHO Iraq country office statistics

out the Oct./Nov. 2008 PNIDS, which reached more than 5 million children across Iraq as well as in providing transportation services to nearly 5,000 mobile teams for the two rounds of 2008 PNIDs and measles mopping up campaigns, which reached nearly 580,000 children.

- In general, the project resulted in improved access and coverage to immunization services by the target population country-wide as well as in the high priority districts through the house-to-house vaccination campaigns, SIA activities and mopping up campaigns.

These cumulative efforts results in attaining the target of reaching above 80% coverage of infants and children with essential vaccines, containment of the series of measles outbreaks in

2008 and 2009, which spread from the central provinces to North and South and maintaining the polio free status all through 2006-2009.

In Addition vaccine safety was enhanced through expansion and decentralization of vaccine storage and distribution facilities, provision of the urgently needed cold chain equipment and supplies as well as adopting safe methods for disposal of used syringes, needles and empty vaccine vials.

C. Relevance:

Apart from the delays in project implementation, which were partly due to setting rather ambitious target dates for completion of the planned activities but mainly due to the prevailing state of violence, the project has been responsive to the over all issues of EPI in Iraq by attaining high immunization coverage rates in all governorates and hard to reach districts through the house-to-house campaigns, mobile vaccination teams and adopting the RED approach.

In addition, the project strategies were tailored to the current Iraqi context by adopting the house-to-house strategy for reaching all infants and children instead of relying on access of the target population to fixed immunization posts and/or PHC facilities, which is rather difficult under the prevailing security situation.

The project strategies were also in line with the National Development Strategy 2005 – 2007, which calls inter-alia for strengthening integrated health services with emphasis on PHC, quality improvement and human resources development.

The project strategies were also in line with the following urgent priorities identified in the national plans for health sector reforms, in particular:

- Increasing immunization coverage of women and children
- Strengthening the disease surveillance system
- Intensifying communicable disease control activities
- Developing a plan for human resources development
- Strengthening capacity for strategic planning, management, procurement, decentralization and change to evidence-based decision-making
- Upgrading health professional education (basic, post-graduate and continuing)

D. Partnerships:

- The responsibility of health and well being of Iraqi people falls 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, worked 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.
- WHO as the leading agency in the health and nutrition cluster acts as the secretariat for the Health Sector working groups Biweekly meetings. These meeting are led by the MoH with the participating international organizations and donors. During these meeting different policies are discussed, proposals are endorsed.
- WHO's major implementation partner was the Ministry of Health. All WHO programmes are implemented by MoH staff, with the active participation – especially in the area of monitoring and capacity building- of WHO national staff in Iraq who are considered experts at international levels.
- WHO also worked with UNICEF, IRCS, Medical schools and other key health-related line ministries and works in close collaboration with the UN Health Cluster members.
- UNICEF was mainly responsible for vaccine and cold chain equipment procurement and social mobilization.
- During this period WHO has been actively engaged with USAID and other international organizations.
- IRCS and medical schools were mainly responsible for independent monitoring of SIAs and internal reviews of activities.

It can therefore, be said that in addition to the longstanding cooperation between the MoH, WHO and UNICEF, the project was able to forge new partnerships with international and national NGOs such as USAID and IRCS as well as with medical schools and community leaders, who assisted in advocacy, social mobilization and conduct of studies to assess the burden of Hib and rotavirus diseases.

However, it should be noted that the project was implemented while Iraq was under the UN security phase IV, WHO and UNICEF international staff remained based in Amman providing distance guidance and support to national staff whose movements were subject to the UNDSS security restriction, nevertheless, these difficulties and restrictions did not hinder effective partnership development because appropriate measures were taken to overcome problems on the ground.

Last but not least, new partnerships were developed through this project with community leaders, religious figure-heads and the community at large during all phases of project implementation, which was very crucial for success of the targeted interventions.

Based on the above, it can be concluded that the project contributed to capacity development of the main partner, namely the MoH, other participating government/authorities and the

community thus enhancing the national ownership involved in the programme, which is a pre-requisite for the future sustainability of EPI activities.

E. Sustainability:

- The project "Disease Eradication, Elimination and Introducing New Vaccines" was a onetime undertaking to revitalize the vaccination programme and reverse the down trend of coverage of infants and children by essential vaccines. However, the EPI is an integral part of the ongoing PHC activities and cannot be treated as a project that can be closed at the end of its cycle.

Any relaxation in maintaining routine immunization and national campaigns could compromise, the results achieved by the project and reverse the epidemiological trend of diseases incidence especially in countries hit by violent conflict, where access to basic health services remains difficult.

- The Ministry of Health assumed responsibility for the EPI programme after the end of the project cycle, but there is an urgent need for exerting further efforts to strengthen the capacity development of MoH staff at all levels through the sustained support of WHO and UNICEF. During interviews with MoH staff in the governorates,

It was reported that the plan to conduct new vaccination campaigns has not as yet been implemented because the needed vaccines are still to be provided . This suggests that service provision was adversely affected after the project was handed over.

- The EPI surveillance system is still maintained with special emphasis on AFP and measles surveillance.

During the first week of 2010, only 5 AFP cases were reported from all 19 DOHs. The AFP rate of 2 cases per 100,000 populations under 15 years of age was attained for the country as a whole. Only Erbil and Thi Qar reported rates more than the expected: 16 and 7 respectively. Moreover, the percentage of AFP cases with the standard two stool specimens collected within 14 days of onset and at least 24 hours apart was very satisfactory. All DOHs that reported cases, achieved the standard target of reporting >80% stool adequacy for AFP cases. The total AFP cases reported in 2009 were 410 compared to 431 in 2008.

Regarding measles, the situation was somewhat different. A total of 30,190 suspected measles cases were reported during the first 42 weeks of 2009.

The northern governorates and Najaf reported only 2% of the cases, which is a clear evidence of the positive impact of measles campaign. The provinces where containment immunization was implemented reported 6% of cases only. The majority of the containment groups (60%) were reported from Mosul, where only selective SIAs were implemented.

The remaining 8 provinces in central Iraq reported the remaining 76% of cases.

It is clear that the outbreak is mainly concentrated in the Central Part of Iraq and from where it had spread to south and north. This first measles outbreak were reported from Anbar and Salah-al Din provinces followed by districts plagued by lack of security, such as Ninewa and Kirkuk provinces, where routine measles coverage in these areas is generally below the average for the country.

WHO and UNICEF supported MoH's efforts in conducting house-to-house mop up campaign targeting all children 1-5 years of age in Anbar, Salah-al Din provinces in

selected districts and sub-districts in Ninewa, Kurkuk. The mop up campaign succeeded in controlling the outbreak.

However, as of week 13, other outbreaks started in some areas where similar immunization campaigns were not implemented such as Diwaniya, Babil, Karbala, Diala and Baghdad.

It is therefore, evident that more concerted efforts need to be exerted towards elimination of measles by end of 2010.

- In general, there is an apparent need to establish core teams of train-the trainers (TOT) in each governorate and district, who are adequately capacitated to transfer knowledge to MoH staff at the management and service delivery level, if the future sustainability of the EPI is to be maintained and the positive results of the WHO/UNICEF project are not compromised.

F. Other considerations relevant to development:

Cross-cutting issues relevant to security, gender, human rights, environmental concerns and employment, were addressed through the project.

Provision of vaccines through house-to-house campaigns with special focus on high risk areas ensured equal access to immunization services regardless of gender, ethnic group, religion political belief and socio-economic conditions.

Environmental concerns were addressed by adopting safe methods for disposal of used syringes, needles and empty vaccine vials, through collection, incineration and dumping in an environmentally friendly way.

The project also provided employment opportunities for local contractors as 4,000 vehicles were hired for the house-to-house visits and mobile teams and 20,000 vaccinators were recruited to carry out the vaccination activities.

The project addressed four out of six matrix outcomes from the joint UN-Iraq Assistance Strategy, namely 50% reduction in under 5 child mortality, 15% reduction of maternal mortality, and increased access to quality health care services, especially for the vulnerable and unreached population and enhancing disease prevention and control.

G. Operational effectiveness:

The Ministry of health (MoH) is the main government partner with the primary responsibility for implementing this project. It is fully in charge of management, implementation of the overall project through the Directorates of Health (DoHs) in the governorates and PHCs at lower levels. In close coordination with MoH and UN Health Cluster partners WHO and UNICEF Project officers, backed up by contracted facilitators based in Baghdad and in other governorates as well National Officers in Erbil and Amman. They were all responsible for overseeing project implementation, ensuring procurement and timely delivery of required supplies. The monitoring activities for the project include field visits as well as regular meetings with DoHs staff in all governorates, and the preparation of periodic reports. UNICEF staff in Erbil, Baghdad and Amman, in coordination with MoH, prepared and finalized all technical and financial reports. In addition, all the provided support was coordinated with WHO through the Health and Nutrition SOT, whereby WHO provided overall technical as well as some financial support for routine and accelerated activities.

WHO and UNICEF have a well established procurement procedure; usually the procurement is done through WHO logistic support division in HQ or Regional office. As for UNICEF its Supply division in Copenhagen handles the bulk of procurement. Procurement is based on a long-established international competitive bidding procedure and delivered to Baghdad under international insurance coverage. WHO logistic staff in Baghdad, Erbil and Basra and UNICEF-contracted facilitator verifies the receipt of the supplies at MoH/EPI Ware House in Baghdad. Sometimes under request of MoH, UNICEF assisted with distribution (through separate contract) of these equipment/supplies to governorates/DoH level. UNICEF-contracted facilitators, through their regular monitoring visits, confirm distribution of these supplies to end-user locations, i.e. health facilities and reports on their use.

The monitoring system in place is usually through the MOH/DOH/PHC on the government side which is complemented by WHO national staff, UNICEF contracted facilitators who in collaboration with MoH/DoH staff, carry out regular visits to various facilities to oversee the implementation and collect relevant data for monitoring the progress in the implementation of EPI immunization coverage and other information related to EPI. In collaboration with WHO and other health and Nutrition SOT members regular discussion meetings with the cluster as well as with MoH EPI officials are held on how to incorporate lessons learned to assure effectiveness and improve delivery of immunization services.

Well structured forms for data collection and consolidation have been developed by the National EPI manager under WHO and UNICEF technical guidance. Computerized data entry spreadsheets also have been developed for data consolidation at the Governorate and National level.

Data Collection disaggregated by district and governorates is being gathered for monitoring coverage. The independent Monitoring & Evaluation by IRCS and Medical Colleges provided data on the coverage at the household level. Data was made available for other UN agencies, GOI partners, NGOs etc.

UNICEF has a very elaborate and stringent programme monitoring system through the use of its global software tool – ProMS (Programme Management System). ProMS enable the daily monitoring of physical and financial progress of the project. Periodic accounting audits are conducted to ensure transparency and proper utilization of funds.

WHO deployed 6 national surveillance focal points in strategic locations in every region of Iraq and one in Amman, while UNICEF has 2 staff based in Erbil and 5 contracted facilitators as well as 3 staff in Amman (1 technical officer and 2 programme assistants).

In addition to the above the national staff, each of WHO and UNICEF provided the services of two technical officers based in Amman.

Lessons Learned

- Use of fixed vaccination posts under emergency situations, where access of the population to health services is limited, does not achieve the desired outcomes. Example: the low coverage of 80% achieved in Sulymania during the 2007 MMR campaign, compared to the above 90% coverage in other governorates.

The only strategy that can guarantee more than 90% coverage is the house-to-house canvassing and vaccination of children.

- Advocacy and social mobilization before and during national immunization campaigns, is of crucial importance for the success of these campaigns.

The social mobilization activities undertaken during the implementation of this project played a vital role in parents and community acceptance of immunization and guaranteed their support to vaccination campaigns.

- Military operations, curfews, closures and roadblocks were the main obstacles for the mobility of vaccination teams and access of children to vaccination services.

Some of the good practices employed during vaccination campaigns, included modifying scenarios to complete the work of vaccinating teams by working in holidays, joining two or three teams to finish work in one place and rapidly shifting to another and avoiding marking on houses in risky areas to hide the movement of vaccination teams. On many occasions telephone or electronic mail was used as a means of communication and exchange of data, views and comments.

- In spite of the devoted efforts exerted by WHO and MoH to enhance the national capacity in the areas of EPI disease surveillance all through the project cycle, nevertheless certain deficiencies and shortcomings in the overall performance were detected including:
 - Non-participation of some DoH focal points in the training activities, which reflected on the quality of surveillance activities.
 - The membership and activity of the national expert committee and the national polio certification committee was limited.
 - The guidelines on surveillance of measles and AFP were developed but their distribution was limited.
 - Structured supervisory visits from central level to DoH and from DoH to districts were inadequate.
 - Data submitted from governorates to the central level were not regularly analyzed and feedback was inadequate.
 - There is no committee to follow up on implementation of the preparedness and response plan regarding imported polio especially in relation to IDPs and pilgrims. These deficiencies need to be addressed in order to ensure the future sustainability of programme activities.
- Should the current unstable situation continue to prevail during the design of similar projects in the future, the MoH should maintain close co-ordination with the Ministry of Interior and other concerned security authorities, in order to ensure safe passage of staff implementing the project. Such coordinated arrangements are necessary for protection of staff and avoiding delays in implementation.
- Despite the unstable security situation in Iraq during the project implementation period, and the remote nature of managing, implementing and monitoring the project activities inside Iraq from WHO – Iraq, based in Amman, Jordan. It is the opinion of SOC evaluation team that the project met its objectives and goals.

Recommendations for WHO/UNICEF and MOH:

- p) The expanded programme on immunization is an integral part of the regular PHC activities. It is the most cost-effective intervention for reduction of infant and child morbidity and mortality from vaccine- preventable diseases. The success of this programme is dependent on maintaining above 80% vaccination coverage with vaccines that meet internationally recognized standards.

The MoH of Iraq should therefore, maintain close cooperation with WHO and UNICEF to ensure that the awareness and political commitment that was developed through this project does not diminish or be compromised as a result of possible changes in government structures.

- q) The assistance of specialized UN agencies is indispensable under emergency situations. However, the MoH should develop its capacity to assume full leadership and national ownership of the EPI.

Continuous capacity development, allocation of funds for procurement of urgently needed vaccines and supplies and exercising overall supervision and oversight of immunization services are fundamental pre-requisites in this respect.

Nevertheless, the MoH should continue to call on WHO for technical assistance and capacity development, in areas where the national technical capacity and experience is limited or incomplete.

- r) House-to-house national campaigns remain the most effective strategy for addressing the decline in immunization coverage under emergency situations.

The sudden drop in vaccination coverage in communities which had traditionally maintained high coverage brings about the risk of disease outbreaks because as new cohorts of unimmunized children accumulate, pockets of susceptible build-up.

The MoH should therefore, continue to launch NPNIDs and measles mopping up campaigns on regular basis, as long as measles is not eliminated and polio free status is not declared by WHO in neighboring countries, especially under a situation where there is flood of visitors to religious places in Iraq from these countries.

- s) The MoH should continue to carry out periodic assessments of the trends of incidence of vaccine- preventable diseases and conduct surveys to identify pockets of un-immunized infants and children nation-wide, with special emphasis on remote and hard-to-reach areas. The ultimate objective is to ensure that at least 80% coverage of children is fully immunized for all essential EPI antigens.

- t) The evaluation revealed that deficiencies were identified in documentation, detection of adverse events following vaccination, reporting and, surveillance of bacterial meningitis.

The MOH should therefore, ensure that an effective health information system is in place to ensure that surveillance of EPI diseases meets the WHO criteria of acceptability (by health workers), completeness, accuracy, timeliness, representativeness, consistency and sensitivity.

This would require further capacity development of MoH staff at all levels, through continuing education, on-the-job-training and supervision in close coordination with WHO and UNICEF technical staff.

- u) The internally displaced population represents a major problem with regard to immunization because they often live under appalling conditions and their movements are difficult to track.
Identifying the needs of that population through periodic assessments, should therefore be considered as a high priority for EPI national managers who should spare no effort to reach them through mobile vaccination teams.
- v) There are good reasons to believe that further efforts need to be exerted in order to strengthen AFP surveillance and measles laboratory-based diagnosis. This could be best achieved by continuous capacity development of the technical and managerial capabilities of MoH staff through on-the-job-training and supervision.
- w) The current reporting channels at central level need to be unified to ensure that data is analyzed on a regular and timely manner and findings are followed up.
- x) The current supervisory structure of the EPI should be decentralized to ensure affective and timely response to any declining drop in vaccination coverage or sudden onset of localized outbreaks.
- y) Plans should be developed for periodic training of DoH and surveillance focal points to update their knowledge, orienting new staff and develop capacity to conduct training of trainers' sessions at district level.
- z) The technical guidelines and operation manuals on EPI diseases and laboratory surveillance should be widely distributed to all PHCU use and staff adequately oriented on their contents.
- aa) The facilities for bacterial meningitis and rotavirus laboratory surveillance have been established in the selected 8 hospitals, but the facilities are not fully functional. The MoH should follow up to ensure that all facilities are functioning to their full capacity.
- bb) The decision on introducing new vaccines in the EPI is still pending. Should a decision be made in this respect, the MOH should ensure that the necessary funds are secured for procurement of the new vaccines.
- cc) The potency of vaccines procured through the international market, the continuous supply of vaccines and the safety of vaccination procedures, are pre-requisites for the success of EPI.

The MoH should therefore, maintain effective system for quality assurance of vaccines from the point of collection to the point of service delivery.

- dd) The MoH should follow up to ensure that used syringes, needles and empty vaccine vials are disposed of according to the recommended safe methods at the service delivery level and not dumped with other solid waste.

This requires undertaking undeclared supervisory visits to PHC facilities and vaccination teams to ensure compliance.

Annex A: ToR

**Evaluation Terms of Reference
Diseases Eradication; Elimination and Introducing New Vaccines**

1. Introduction and Context

WHO and UNICEF have long history of partnerships and work with the health sector in Iraq that goes for many decades. Currently WHO is leading and UNICEF is deputizing the UN Health and Nutrition Sector Outcome Team since 2004. WHO and UNICEF Health response is tailored to address the eight Primary Health Care components (that was agreed during Al Mata declaration in 1978) which are: 1) Prevention and control of communicable and non communicable diseases; 2) Promotion of food supply and proper nutrition 3) Education concerning the prevailing health problems and methods of preventing and control 4) Maternal and Child Health including family Planning 5) Immunization against the major vaccine preventable diseases 6) Adequate supply of safe water and basic sanitation 7) appropriate treatment of common diseases and injuries and 8) Provision of essential drugs. WHO and UNICEF have been implementing projects countrywide, covering the whole population and area specific in accordance to the needs that were identified by the Government of Iraq.

WHO and UNICEF have been supporting EPI all over the world, including Iraq since its inception in 1979. WHO & UNICEF supported MoH in conducting house to house campaigns since 1999. Since that time and up to 2008 at least 22 rounds of house to house national campaigns were conducted targeting children by Oral Polio Vaccine or the combined Measles, Mumps and Rubella vaccines..

Vaccination is one of the basic child rights for the enjoyment of the highest attainable standard of health. Vaccination is globally considered as the most successful and cost effective public health interventions in history. It has globally eradicated small pox, maintained polio free status in Iraq since 2000; achieved dramatic reductions in illness and death from diphtheria, tetanus, whooping cough and measles worldwide.

Following the 2003 war, Iraq immunization figures started to slip back from previously established average coverage of more than 80% of infants to below 60%. WHO and UNICEF through UNDG-ITF and bilateral funding supported the revitalization of the vaccination program for children thus prevented further deterioration and reversed the down trend of coverage of infants by essential vaccines form below 60% in 2003 to above 80% in 2005. In addition; WHO and UNICEF strong and continuous advocacy among policy makers (in MoH and other ministries) created strong political and financial commitment for vaccination. Now MoH is not only purchasing its own vaccine, cold chain equipments and disabled syringes but also providing all the needed logistical and other support to supplementary immunization campaign.

Despite considerable challenges on the ground, difficult living conditions, violence and insecurity Ministry of Health (MOH) succeeded to sustain basic health and nutrition services. However the severe deterioration of security during 2006-2007 lead to the declining of infant vaccination coverage from above 80% in 2005 to below 70% during 2006 and 2007 for all vaccines and specially measles. This led to the accumulation of more than one million children susceptible to measles among under-5 children alone in 2006 and 2007. The improvement of security in 2008, meant that children have more freedom to move and mix with other children, therefore measles virus have a good chance to circulate among the huge pool of susceptible.

A major measles outbreak in 2008 and first half of 2009 led to more than 38000 measles

cases, claiming the lives of nearly 200 children in 2008 and 2009. MoH using its own resources decided to conduct a nationwide outbreak response house to house immunization campaigns to immunize all children 6 months to 12 year old children against measles and under 5 year children against poliomyelitis.

Iraq has been polio free since 2000. This achievement should be sustained especially in the view of the ongoing poliomyelitis outbreaks in Afghanistan, Pakistan and in other countries.

One of the project that was implemented to improve the immunization services is the ITF funded project "Diseases Eradication; Elimination and Introducing New Vaccines" that was jointly implemented by WHO and UNICEF together with the national counterparts particularly MOH. The aim of the project was to assist the MOH to:

- Strengthen national commitment to ongoing immunization activities through policy and strategy development.
- Increase community demand for immunization.
- Strengthen country capacity to determine and set policies and priorities for the introduction of new vaccines (Rotavirus, and Heamophilus influenza type b Vaccines).
- Ensure that un-reached children and women are reached in every district through out reach and Supplementary vaccination activities.
- Incorporate immunization services in emergency preparedness plans and activities.
- Improve vaccine, immunization and injection safety.
- Improve, strengthen and decentralize vaccine storage and management system.
- Strengthen collection, analysis, interpretation, use and exchange of coverage and EPI targeted disease data at all levels.
- Strengthen laboratory capacity to sustain quality diagnosis for polio, measles and rubella diseases.

The key developmental goal of the "Diseases Eradication, Elimination and Introducing New Vaccines" was to contribute (by the end of 2007) to the reduction of infant and child morbidity and mortality through protecting more children against more diseases.

Immediate objectives of the projects were described as follows:

1. Achieve by the end of 2007 coverage of at least 80%, by all essential vaccines among infants in every district.
2. Maintain poliovirus free status through 2007 and Eliminate measles from Iraq the end of 2007.
3. Provide evidence base for the introduction of rotavirus and Hib vaccines in the EPI program by the end of 2007.
4. Decentralize vaccine storage and management by the end of 2007.

With that context, the expected outputs of the project were as follows:

- All policy makers are aware, supportive and committed to vaccination of children and women, polio eradication and measles elimination strategies.
- Community members, nongovernmental organizations and interest groups committed and engaged in immunization advocacy and implementation.
- Regular, reliable and safe immunization services that match demand provided by MoH
- Good management, analysis, interpretation, use and exchange of vaccination coverage and EPI targeted disease data at all levels Strengthened.
- Un-reached children are reached -through out reach teams- in every district at

least 4 times yearly.

- Access to immunization services in complex humanitarian emergencies ensured.
- Polio free status and measles elimination maintained through polio national immunization days and measles campaigns
- The disease burden and cost of introduction of vaccines against Rota virus and hemophilus influenza type b bacteria assessed and verified.
- Laboratory capacity for the diagnosis for rotavirus and Hemophilus influenza type b bacteria Strengthened.
- Vaccine storage facilities by building regional vaccine stores in the northern and southern areas are decentralized

The project was implemented during the period of February 2007 to March 2008 at a national level with some interventions focused on selected districts. It was funded from UNDG-ITF with a total ITF budget of 12 million USD.

The project major implementation partner was the Ministry of Health. All WHO and UNICEF programs are coordinated by MoH staff with the active participation of WHO and UNICEF national staff in Iraq. At central level, the Ministry of Health was involved in setting policy and strategic direction and Macro-plans and was responsible for the overall monitoring and evaluation of the project. The national Expanded Immunization Programme (EPI) manager was entrusted with the overall management of the program. At the governorate level, a governorate EPI manager was responsible for micro-planning and implementation and monitoring of the activity in the governorate. At a Community level local community leaders including religious leaders were involved in social mobilization and were responsible for encouraging families to immunize children and facilitate mobile teams' movement from house to house. Other partners included 400 field monitors from IRCS and around 40 supervisors from medical schools who were involved in monitoring the campaign

The under 5 children in Iraq a whole and without discrimination has benefited from various public health control activities of this program through support to immunization campaigns including MIDs and social mobilization

The implementation phase of the project has witnessed a complex and volatile security situation. The 2005-2007 time periods was referred to as most insecure period with very high incidences of violence. The fragile situation resulted in massive turnover in the government in general and in particular the MOH staff at all levels, this situation was complicated with attacks against health professionals and migration of the skilled health professionals. The absence of an appointed Minister of Health for some period, friction among the different departments within the ministry, lack of MoH operational running cost, security situation on the ground not allowing for freedom movement have also affected the implementation of this project resulting in prolonged and extended implementation period

2. Purpose of the Evaluation

This evaluation exercise is part of the UNDG-ITF project evaluation where specific criteria were applied to select some projects for evaluation purposes. This independent evaluation comes at the end of the implementation cycle of the project and aims to assess the overall contribution of the project towards childhood diseases eradication and elimination and the introduction of new vaccines for the EPI program in Iraq while distilling lessons and good practices to feed into future programming. The evaluation will provide recommendations to enhance operational and programmatic effectiveness of similar initiatives in comparable situations. In addition, the evaluation will assess how WHO and UNICEF has contributed towards a enhanced partnership with MOH in addressing critical issues affecting under 5

children and immunization programs in Iraq

The evaluation findings will be disseminated to all stakeholders and at different levels including decision makers both within the Government of Iraq and the MOH to support future policy development especially in the areas of child health and primary health care and the best ways for enhanced *decentralization of EPI program activities with a focus on community outreach and community involvement*.

The evaluation findings will serve as an advocacy tool to demonstrate the outputs and feasibility of NIDs, social mobilization programs and the independent monitoring through NGOs and academia.

The project evaluation will also provide donors with a comprehensive assessment of the outcomes and utilization of their investment in these programmatic areas. In addition, the evaluation will support WHO and UNICEF own capacity for programming, project management and accountability towards donors, GOI and the target population. The lessons from the evaluation and the evaluative evidence will also feed into the upcoming UNDG ITF lessons learned process as well as the proposed UNDG ITF project evaluations. Last but not least, the evaluation will also contribute to the next WHO Country Cooperation Strategy (2010-14) for Iraq that guides the partnership and joint programming between WHO and GoI

3. Evaluation Objectives

The evaluation will address the Organization for Economic Cooperation and Development – Development Assistance Committee (OECD-DAC) evaluation criteria including relevance, effectiveness, efficiency, and sustainability. In addition, the evaluation will also look at the contribution of the project towards partnership building within UN, GoI and civil society. Specifically, the evaluation will be guided by the following key objectives:

1. To assess and showcase the achieved progress and results against stipulated project objectives and outputs for improved immunization Programs in Iraq ;
2. To assess the efficiency and effectiveness of the interventions included in the project
3. To assess the relevance of project components in strengthening the EPI in Iraq vis-à-vis needs of the target population the catchments area
4. To understand the extent to which this project has contributed to forging partnership with MOH at different levels, the Government of Iraq, Civil Society and UN/donors;
5. To appreciate the management arrangements in place by the GoI and/ or the beneficiary communities towards the sustainability of various project-initiated services and benefits;
6. To generate lessons on good practices based on assessment from the aforementioned evaluation objectives and to provide recommendations to GoI , UNICEF and WHO on how to maximize the results from similar initiatives in comparable situations

4. Scope of the evaluation

This evaluation will follow the project geographical coverage and will be of national scope. However, for specific interventions and as guided by the project document, more focus would be given to selected districts where intensified interventions were conducted. The project will target activities implemented across all selected PHC facilities at the target districts, focusing on both direct and indirect project beneficiaries and implementing partners including EPI officials at central, governorate and district levels, community representatives, independent monitors and WHO and UNICEF staff.

Technically, the evaluation will cover all key components as per project design including:

- Procurement and delivery of OPV and other essential vaccines by MOH
- Reaching and vaccinating of all infants with basic vaccines in high priority districts throughout reach activities
- House to house visits to reach and vaccinate Under 5 children against poliomyelitis and measles
- Monitoring visits to all hospital for AFP surveillance to ensure that all cases of acute flaccid paralysis and suspected measles cases are reported to MoH and WHO
- Notification and investigation of suspected measles and polio cases
- Strengthen measles and polio laboratories
- Independent monitoring of NIDS
- Capacity Building "Training/reorientation" of field vaccinators and their supervisors
- Community involvement
- Implementation of studies to determine the disease burden of Hib and rotavirus disease.
- Strengthening and decentralize vaccine storage and cold chain
- Fellowships for polio and measles laboratory and surveillance staff

5. Key Evaluation Questions

Achievements and results

- How the project components have contributed to the realization of underlying project objectives, as perceived by the beneficiaries?
- Has the project been able to achieve the stipulated project results?
- How the project contributed to strengthening EPI programs at a national level and the high priority districts?
- What has been the contribution of this project towards national priorities identified in NDS, ICI and MDGs?

Efficiency and effectiveness

- The extent to which the project activities were implemented in a cost-effective way vis-à-vis the Iraqi context
- How project results contribute to improved access and coverage to immunization services i.e. improved services utilization by the target population and improved coverage in the high priority district

Relevance

- Has the project been responsive to the overall issues of EPI in Iraq and how?
- Were the project strategies tailored to the current Iraqi context and in line with the national policies and strategic plans?

Partnerships

- Who are the partners in this project? How they are selected? Has the project forged new partnerships/ strengthened existing partnerships and how?
- What factors hindered or fostered effective partnership development?
- To what extent has the project contributed to capacity development of the involved partners?

Sustainability

- What is current status of the project components? Are functions and facilities still maintained? Who is responsible for the management and oversight of project facilities after the project closure?
- What is current status of services provision in the country and high priority districts ? Has the service provision been affected (negatively or positively) after the end of the project cycle and why?
- Has the project resulted in knowledge transfer from those who were trained and capacitated in different competencies and how?
- How the project did address the issues of insecurity during the implementation phase? Were there any risk mitigation undertaken? If yes, how?

Lessons learned and good practices

- What are the good practices that have resulted from this project? How and why some these practices can be labeled as a ‘good practice’? Substantiate with evidence.
- What are the key lessons learned from the project implementation? What recommendations could be replicated in similar projects implemented in comparable situations?
- Are there any specific recommendations to be considered when designing similar projects in the future?

Other considerations:

- Value-added of the programmes and projects in comparison with alternatives
- UN’s partnership strategy and its relation to effectiveness in achieving the outcome
- UN’s strategic positioning and its comparative advantage
- Cross-cutting issues applicable to the project/ programme
- Operational effectiveness of the programme/ project and the extent to which underlying strategies, processes and management structures contribute to development effectiveness of each UNDG ITF programme/ project
- Each evaluation question should be substantiated with evidence and disaggregated information by gender, ethnicity, location and/ or other relevant criteria

Please also refer to Annex 1 and Annex 2 of the Terms of References and Guidance from RCO which provide recommended questions on development and operational effectiveness respectively. The suggested questions will generate the necessary evaluative evidence and information at programme/ project level to feed into the UNDG ITF Lessons Learned Exercise.

6. Evaluation Methodology

A detailed evaluation methodology, approach and programme of work will be agreed upon between WHO, UNICEF and the evaluation team before the start of the evaluation. The evaluation team will meet in Amman for orientation, briefing and initial interviews with WHO and UNICEF staff in Amman followed by similar discussions/ briefings by WHO and UNICEF staff based in Baghdad and the national counterparts. An inception report will be prepared by the Evaluation Team Leader outlining the evaluation framework, key challenges if any and implementation arrangements including a detailed work plan.

Desk review

The evaluation team will review the project document, progress reports, external reviews and evaluations with focus on UNDG ITF and other documentary materials generated during project implementation to extract information, identify key trends and issues, develop key

questions and criteria for analysis, and compile relevant data during the preparatory phase of the evaluation. The team will also review relevant national strategies to see the links between the project objectives and national priorities.

Data collection and analysis

In consultation with WHO and UNICEF the evaluation team will identify all stakeholders to be included in the evaluation exercise. Once stakeholders are identified, the evaluation team will devise participatory approaches for collecting first hand information. These will include interviews, focus group discussions, observations, end-user feedback survey through questionnaires, etc.

Field visits to target districts

Field visits will be conducted to all project sites and meetings will be held with all partner institutions including primary health centers and EPI offices at national and high priority districts where intensified project activities were implemented is integrated. To the extent possible, field vaccinators , supervisors and beneficiary populations in all districts will be engaged in the evaluation process to get their feedback and reflection on project benefits.

- Field visits for MoH – central level staff, where focus group discussion will be held;
- Field visits to the DOHs where questionnaire, focus group discussion, interviews and site observations will be used to gather the needed information.;
- Field visits to the district levels/ at the facility level where questionnaire, focus group discussion, interviews and site observations will be used to gather the needed information;
- Focus group discussions will be held with the community leaders and Sheikhs and the beneficiaries from the upgraded services;
- Questionnaires will be used for beneficiaries from the different capacity building activities including independent monitors , supervisors , field vaccinators and AFP surveillance officers.

7. Expected Deliverables

The expected outputs from the evaluation exercise are:

- Output and possible outcomes Evaluation Report agreeable to the UN Evaluation Groups (UNEG) standards and requirements is produced;
- Presentation of the final report to WHO and UNICEF team.

The evaluation report will contain but not limited to:

- A detailed assessment of project achievements – what went well and why? What went wrong and why?
- Relevance of the project design in addressing underlying problems
- Sustainability of the project
- Assessment of project's effectiveness in addressing the key problems associated with quality immunizations service delivery
- Efficiency of the project components/ approaches in delivering immunization services (resource usage)
- Overview of partnerships developed and coordination mechanisms in support of project implementation
- Lessons learned
- Recommendations on future projects development and implementation:
 - Defining good management/ implementation practices, opportunities and challenges.

- Other appropriate recommendations on implementation arrangements.

It should include a description of:

- how gender issues were implemented as a cross-cutting theme in programming, and if the project gave sufficient attention to promote gender equality and gender-sensitivity;
- whether the project paid attention to effects on marginalized, vulnerable and hard-to-reach groups;
- whether the project was informed by human rights treaties and instruments;
- to what extent the project identified the relevant human rights claims and obligations;
- how gaps were identified in the capacity of rights-holders to claim their rights, and of duty-bearers to fulfill their obligations, including an analysis of gender and marginalized and vulnerable groups, and how the design and implementation of the project addressed these gaps;
- How the project monitored and viewed results within this rights framework.

The evaluation report outline should be structured along the following lines:

- Executive summary
- Introduction
- Description of evaluation methodology with challenges
- An analysis of situation in line with evaluation objectives and key evaluation questions
- Findings and Conclusions
- Recommendations
- Lessons learned
- Annexes

The evaluation report should not exceed 30 pages in total (excluding annexes). First draft of the report should be submitted to WHO-Iraq Office within 2 weeks of completion of in-country evaluation process.

8. Management Arrangements

The Evaluation will be undertaken by independent evaluator/s (individual consultant/s or organization) that is in line with the UNEG Norms and Standards and in accordance with the parameters included in the terms of reference.

The evaluation will be undertaken in close consultation with MOH and efforts will be made to allow the GoI partner/s to drive the evaluation process in line with UNEG Norms and Standards.

Role of WHO and UNICEF:

- Provide project background information and any other relevant data required by the evaluation team
- Ensure that all stakeholders are informed about the evaluation process
- Oversee the process in accordance with the agreed terms of reference and the UNEG Norms and Standards, and ensure that the process remains neutral, impartial and independent
- Approve the evaluation final report and disseminate evaluation findings

- Facilitate the field work for the evaluation team and contact with the MoH/DoH and other relevant partners and stakeholder
- Provide management response to evaluation findings and recommendations

Role of National Counterparts

In line with Paris Declaration, the national counterparts will be encouraged to participate in the evaluation process right from planning to sourcing information to the dissemination of evaluation findings and contribution to management response. This would enhance national ownership of the process and promote the spirit of mutual accountability.

Role of Evaluation Team/ Evaluator/s

The Evaluation Team is responsible for:

- Undertaking the evaluation in consultation with WHO , UNICEF and MOH and in full accordance with the terms of reference;
- Complying with UNEG Norms and Standards as well as UNEG Ethical Guidelines;
- Bringing any critical issues to the attention of the Evaluation Manager (appointed by WHO) that could possibly jeopardize the independence of the evaluation process or impede the evaluation process;
- Adhering to the work plan, to be mutually agreed with WHO, as commissioner for this evaluation; and
- Ensuring that the deliverables are delivered on time, following highest professional standards.

The evaluation team will report to the Evaluation Task Manager while providing regular progress updates on the overall process to WHO Senior Management and the Evaluation Task Force.

MoH-WHO-UNICEF Task Force:

A WHO-UNICEF-MoH team will be formed to provide oversight and overall guidance to the evaluation process. The team will comprise of a coordinator nominated by the MoH to coordinate this process within the ministry at central, governorate and district levels as well as a focal points from WHO and UNICEF

The team will oversee that the evaluation process is in line with the TORs, UNEG Norms and Standards and implemented in a participatory, neutral and impartial manner.

9. Indicative Work Plan

Phase	Key Activities	Time Frame*	Responsibility
Preparatory phase	Agreement on methodology and detail work plan	November and Dec 2009	Evaluation Team, UNICEF, WHO and MOH
	Participate at the initial stakeholder meeting to launch the evaluation process	January 2010	WHO (Lead) , UNICEF and Evaluation Team
Field work/ Data Collection	Review of documents, reports, supporting	ongoing	Evaluation Team

	materials		
	Meetings with MoH/DOHs, Baghdad on the field work	January 2010	
	Finalize questionnaires for primary data collections	January 2010	
	Visit project facilities	February 2010	
	Meeting with secondary beneficiaries (community leaders, sheikhs and project beneficiaries)	February 2010	
Data Analysis	Undertake data analysis of the qualitative and quantitative data acquired from the field work and data collection processes	March 2010	Evaluation Team
Reporting preparation	Preparation of the draft evaluation report	March 2010	Evaluation Team
	Presentation on draft findings/ report to WHO, UNICEF and Ministry of Health	April 2010	
	Finalization of the Report based on feedback from peers, MOH, UNICEF and WHO	April 2010	
	Submission of Evaluation report to WHO , UNICEF and MOH	April 2010	
Dissemination		To be advised	WHO and UNICEF

* Tentative and to be finalized in discussion with Evaluation Team/ Evaluator(s)

Annex B: Source of Information

Annex B I: Key Official WHO documents

Project Documents

- UNDG-ITF D2- 19 project document

Project Progress Reports

- UNDG-ITF Progress Reports

External Review Reports

- Interim report of the external auditor to the sixtieth WHO Health Assembly: Audit of the WHO for financial report 2006-2007.
- ‘Stocktaking Review of the International Reconstruction Fund Facility for Iraq’ (IRRFI) - January 2009.
- Immunization updates
- AFP Surveillance report
- Strategic Programme Documents
- UN Assistance Strategy 2008-10
- Normative Guidance
- UNEG Norms for Evaluation
- UNEG Standards for Evaluation
- UNEG Ethical Guidelines
- UNDG RBM Harmonized Terminology

Strategic Programme Documents

- UN Assistance Strategy 2008-10

Normative Guidance

- UNEG Norms for Evaluation
- UNEG Standards for Evaluation
- UNEG Ethical Guidelines
- UNDG RBM Harmonized Terminology

Annex B II: Key MoH and DoH Documents

Letter Number	Letter Date	Department
10032	4 March 2008	MoH / PHC department
35444	13 August 2007	MoH / KIMADIA
36634	21 August 2007	MoH / MoH KRG
389	6 April 2009	MoH / immunization
2044	16 January 2008	MoH / PHC department
25265	6 June 2007	MoH / PHC department
532	22 March 2007	DoH / Babel
10619	13 December 2008	DoH / Babel
10837	19 December 2006	DoH / Babel

Annex B III: Desk Study Documents

- Internal AFP surveillance review conclusion and recommendations / 2006
- National plan for preparedness and control of imported wild poliovirus.
- Final national documentation for regional certification of poliomyelitis eradication.

- Review of acute flaccid paralysis (AFP) surveillance in Iraq December 2006 – January 2007.
- PNIDs Polio September – October 2007 / Iraq
- Guidelines to EPI workers on adverse events following immunization.
- MMR campaign in primary school and kindergarten results
- NID Sept.20 04
- PNIDs November 07 cumulative results
- Workers guide for surveillance of adverse events following immunization
- National immunization programme for children below 5 years
- Format for final national document for Regional certification , polio free status
- Pamphlet on the importance of immunization
- Notebook on measles

Awareness Campaign Documents / Brochures:

- الجدول الوطني لتلقيحات الاطفال دون الخامسة في المراكز الصحية / حملات التلقيح الوطنية ليس بديلا عن اللقاحات الاعيادية المتوفرة في المراكز الصحية
- الحصبة / الحملة الوطنية لتلقيح طلاب رياض الاطفال و المدارس بعمر ٦ - ١٢ سنة بلقاح الحصبة المنفردة للفترة من ١١/١ و لغاية ١٢ / ١١ / ٢٠٠٩
- اللقاح الامن يحميني / يحميك / يحميننا

Annex B IV: Preliminary Interviews

- WHO Amman Office
- WHO Iraq
- MoH

Annex B V: Attendance of Pre - evaluation meeting

MoH	WHO	UNICEF	UNDG	SOC
<ul style="list-style-type: none"> • Dr. Hassan Muslim – Director of communicable disease control centre • Dr. Muataz Mohammed – Director of Vaccination programm • Dr. Ari Hama Saed – Director of immunization unit / KRG • Dr. Ahlam Aziz – Donors department 	<ul style="list-style-type: none"> • Dr. Naeema Al-Gasseer-WR • Dr. Omar Makki • Dr. Faris Farid • Dr. Eltayab Mansour • Dr. Ezechiel Bisalinkumi • Eng. Mohammed Hamasha 	<ul style="list-style-type: none"> Ms. Hayat Kitani 	<ul style="list-style-type: none"> Mr. Usman Akrum RCO 	<ul style="list-style-type: none"> SOC evaluation team

Annex B VI: In-depth Interviews

Governorates	Location / Job description	Names
Baghdad	MoH / Director of Vaccination Department	Dr. Moataz Mohammed Aukab
Baghdad	AFP surveillance	Dr. Yusra Hafidh
Baghdad	Center for Control of communicable diseases	Dr. Adnan Nawar
Baghdad	CPHL	Dr. Ghada Ghalib
Baghdad	CPHL	Dr. Faisal Ghasi
Baghdad	Director of immunization department / Karkh	Dr. Majida Mahmoud
Baghdad	Director of immunization department / Rusafa	Dr. Hanan Butrus
Erbil	Director of immunization department	Dr. Sarhank Jalal
Sulaymania	Director of immunization department	Dr. Ari Hama Saeed
Mosel	Director of immunization department	Dr. Rawaa Museeb
Kirkuk	Director of immunization department	Dr. Waleed Ezat Kadhum
Kirkuk	PHCC manager / Ideal PHCC Teseen	
Kirkuk	Employees	
Babel	Director of immunization department	Dr. Haifa Hadi
Basra	Director of immunization department	Dr. Safaa Muslim
Basra	Al Aqsa PHCC / manager	Dr. Suad Hasun
Basra	Pharmacologist / Al Aqsa PHCC	Dr. Wijdan Sajit
Basra	Pharmacologist / Al Aqsa PHCC	Dr. Jalal Omran
Basra	Pharmacologist / Al Khaleej Al Arabi PHCC	Dr. Kwader Qasim
	Beneficiaries from all targeted communities	

Annex C: Field Guidelines & Questionnaires:

UNDG – ITF Project No. D2 – 19 Disease Eradication Elimination and Introducing New Vaccines Evaluation Questionnaire For Stakeholders at Management level

1- Stakeholders

- MOH officials' (central, governorate and district levels)
- EPI offices (health professionals at central , governorate and district levels)
- WHO (WHO representative , project manager and technical staff)
- UNICEF (UNICEF program officer, project manager and technical staff)
- WHO and UNICEF officers in charge of north, Baghdad and south
- WHO UNICEF focal points in the governorates

2- Identity of respondent

- Post title _____
- Location _____
- In position since _____
- Academic and professional qualifications _____

1- Immediate objectives of the project

- 1.1- Achieve by the end of 2007 coverage of at least 80%, by all essential vaccines among infants in every district
- 1.2- Maintain poliovirus free status through 2007 and eliminate measles from Iraq by the end of 2007
- 1.3- Provide evidence base for the introduction of rotavirus and Hib vaccines in the EPI program by the end of 2007
- 1.4- Decentralize vaccine storage and management by the end of 2007

2- Key Evaluation Guidelines (All four activities combined)

2.1- achievements and results

- What national and international human resources were mobilized to ensure implementation, supervision and monitoring of project activities?
- What project implementation and supervision arrangements and mechanisms were used to ensure attainment of the stipulated project results?
- What systems were used for project monitoring and how well they were implemented?
- What training activities were undertaken to upgrade the management and technical capacity of EPI staff at all levels?(list in detail the fellowships, in- country and intra – country workshops by subject , sponsor, number of trainees and location)
- To what extent did the training program contribute to capacity development of ministry of health staff at the various country levels?
- What arrangements and procedures were used for procurement and delivery of vaccines, disposable syringes and cold chain supplies?
- What control measures were used to ensure quality of procured vaccines and monitor transportation and storage of vaccines at all levels of the cold chain?

- What studies and surveys were undertaken to assess immunization coverage and pockets of un-immunized children? (Provide details on the household EPI survey, MMR campaign and mobile out-reach activities)?
- How was analysis, interpretation, use and exchange of data, strengthened at the various ministry of health levels?
- To what extent did the UNICEF – led advocacy and social mobilization campaign, contribute to acceptance of immunization by families?
- What was the outcome of each of the following immunization activities in terms of achieving the stipulated project objectives:
 - a- The two rounds of house – to – house polio national immunization days(NIDs)
 - b- The house-to-house vaccination campaign with measles – containing vaccine (MMR)
 - c- The RED (reaching every district) activities
 - d- Measles mopping up campaign
 - e- Bacterial meningitis and rotavirus sentinel surveillance
- Has evidence and baseline data on the disease burden of bacterial meningitis , hemophilus influenza type – b and rotavirus diarrhea been established
- What mechanisms have been used to ensure active surveillance of acute flaccid paralysis and suspected measles at PHC facilities and hospitals?
- Have the regional vaccine ware houses in north and south been functioning?
- How did the project, as a whole, contribute to strengthening EPI program at the national level and the high priority districts? (substantiate with evidence – based information)
- What has been the contribution of this project towards the national priorities identified in the millennium development goals, in particular, promoting gender equality, reducing child mortality and combating communicable diseases?
- Does the MoH have well functioning laboratory control facilities for quality assurance and certification of procured vaccines?

2.2- efficiency and effectiveness

- To what extent were the project activities implemented in a cost – effective manner vis-à-vis the Iraqi context?
- Was the system of financial tracking and accounting audit adequately transparent with regard to proper utilization of funds?
- How did the project results contribute to improved access and coverage of immunization services in terms of improved utilization by the target population and improved coverage in the high priority districts?

2.3- relevance

- Has the project been responsive to the over all issues of EPI in Iraq and how?
- Where the project strategies tailored to the current Iraqi context and in line with the national priorities and strategic plans? Substantiate

2.4- partnerships

- In addition to the long standing and sustained cooperation between MOH, WHO and UNICEF, did the project forge new partnerships? how?
- What factors hindered or fostered effective partnership development?
- To what extent has the project contributed to capacity development of the involved partners especially MOH, NGOs and community leaders?

2.5- sustainability

- What is the current status of the project? Are functions and facilities still maintained?
- Who is responsible for the management and oversight of the project facilities and ongoing functions after the end of the project cycle?
- What is the current status of service provision in the country and high priority districts? Has service provision of the routine EPI been affected (negatively or positively) after the end of the project cycle
- Did the project result in knowledge transfer from those who were trained and capacitated in the different competencies? To other counterparts and how?
- How did the project address the issues of insecurity during the implementation phase?
- What measure were undertaken to minimize or mitigate risks?
- Who is responsible for financing and procurement of vaccines after the end of the project?

2.6- lessons learned and good practices

- What are the good practices that have resulted from this project?
- How and why some of these practices can be labeled as good practices? (substantiate with evidence)
- What are the key lessons learned from this project?
- What recommendations could be replicated in similar projects implemented in comparable situations?
- Are there any specific observations or recommendations to be considered in the design of similar projects in the future?

2-7 other considerations

- How were cross-cutting issues in relation to gender, human rights and environmental risks addressed in the project design / implementation?
- How were the needs of marginalized, vulnerable and hard –to – reach groups addressed in the design and implementation of the project?

Diseases Eradication, Elimination and Introducing New Vaccines
Funded by: UNDG – ITF
Evaluation questionnaire
For Doctors and Nurses in PHC facilities

Identity of respondent

- Post title _____
- Gender _____
- Ethnicity _____
- Location _____
- In position since _____
- Qualifications _____

Key Evaluation Guidelines

1. What is the status of the routine immunization activities for women and children in this center?
2. Did you detect any cases of acute flaccid paralysis during the last six months?
3. Are measles cases diagnosed on clinical basis or laboratory testing?
4. Is there a system for referral of samples of suspect poliovirus and measles to the national laboratory?

5. Is there a system for referral of suspect cases to hospitals conducting bacterial meningitis and rotavirus surveillance?
6. Are vaccine refrigerators in a good functioning condition?
7. How are used syringes, needles and other consumables disposed of?
8. Are vaccine monitors available and daily check records of refrigerator temperatures maintain in the center?
9. Has there been any significant interruptions in the supply of essential vaccines and disposables?
10. What is the level of families awareness of the need to vaccinate pregnant women and infants on schedule?
11. Did your center participate in any of the national campaigns to ensure optimal immunization coverage or target disadvantaged and hard – to – reach communities?
12. In what of the above activities did your center participate and what were the results? elaborate
13. Are there any significant gender, ethnic or socio –economic status differences in access to and utilization of immunization services?
14. Are technical guidelines on EPI available in the center?
15. Does the center have appropriate health educational material to raise public awareness on immunization?
16. Do MOH district officials pay regular supervisory visits to the center?-
17. Did you receive any training on EPI technical or management skills?-
18. Where and for how long?
19. What is your opinion about the quality and effectiveness of training?
20. Do you have any observations or recommendations to improve immunization services at the national level or your catchment area?

إستبيان للمستفيدين من خدمات الرعاية الصحية الأولية

الجنس _____
 العمر _____
 الوضع العائلي _____
 العرق _____
 المذهب _____
 مكان السكن _____
 المحافظة _____
 المسافة بين مكان السكن و المركز _____
 مدة الإنتظار في المركز _____
 مستوى التعليم _____

- ما هو سبب مراجعتك للمركز الصحي اليوم؟
- هل لديك أطفال دون الخامسة من العمر (للمتزوجين فقط)؟
- هل يعاني أي من هؤلاء الأطفال من مشاكل صحية؟ ما هي ؟
- هل حصل هؤلاء الأطفال على كل اللقاحات اللازمة؟
- هل تم تلقيح هؤلاء الأطفال عن طريق المركز الصحي أو من خلال حملات التلقيح الوطنية؟
- هل تعرف /تعرفين ما هي الأمراض التي يشتمل عليها برنامج التلقيح؟ إذكرها / إذكرها؟
- هل سبق أن أحضرت /أحضرتي طفلك إلى المركز بغرض الحصول على اللقاحات و لم تكن متوفرة ؟
- هل سبق و أن قامت فرق التلقيح التابعة لوزارة الصحة بزيارة مركزك بقصد تلقيح الأطفال خلال العام الماضي؟
- هل أنت / أنتي راضي / راضية عن خدمات التلقيح التي يوفرها المركز؟
- هل تحتفظ الأسرة ببطاقات تتضمن معلومات عن اللقاحات التي حصل عليها كل طفل؟
- هل تحرص/تحرصين على تلقيح أطفالك بصورة منتظمة بغض النظر عما إذا كانوا ذكوراً أو إناثاً؟
- هل لديك أي ملاحظات أو إقتراحات لتحسين خدمات التلقيح التي يوفرها المركز؟

ANNEX D: SOC Background

SOC background:

Stars Orbit Consultants is an external Monitoring and Evaluation organization; its strength lies in the long experience of the corporate management team and its employees. SOC's mission is to achieve professional Monitoring and Evaluation aiming to evaluate the past, monitor the present and plan for the future.

Between 2004 and 2009, SOC successfully performed Monitoring and Evaluation activities on more than 200 programmes and grants on behalf of donors and international organizations in various parts of Iraq including (Baghdad, Basrah, Missan, Thi Qar, Mothanna, Qadisiya, Najaf, Babil, Karbala, Anbar, Mosel, Salah El Din, Diyala, Kurkuk, Erbil, Sulaymanyia and Dohuk), the Monitoring and Evaluation activities have been carried out by more than 30 qualified, well trained and professional employees stationed in all the 18 governorates.

Since most of the projects implemented in Iraq are now remotely managed from outside Iraq, the need for professional, effective, objective and honest monitoring and evaluation mechanism starts to grow to ensure that the program meets its original objectives, donor perspective and expected outputs.

For more details on SOC and its activities, please visit www.starsorbit.org