

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

<p align="center">Participating UN Organization(s)</p> <p><i>(if joint programme, indicate the lead agency)</i> WHO</p>	<p align="center">Sector(s)/Area(s)/Theme(s)</p> <p>Health and Nutrition</p>
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<p align="center">Programme/Project Title</p> <p>Health Care Waste Management</p>	<p align="center">Programme/Project Number</p> <p>ITF D2-10 Atlas Award Number 54891 Atlas Project Number 66891</p>
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<p align="center">Programme/Project Budget</p> <p>UNDG ITF: USD 1,407,722 Govt. Contribution: USD Agency Core: Other: TOTAL: USD 1,407,722</p>	<p align="center">Programme/Project Location</p> <p>Region (s): Iraq Governorate(s): Baghdad District(s) Karkh & Rasafa</p>
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<p align="center">Final Programme/ Project Evaluation</p> <p>Evaluation Done <input type="checkbox"/> Yes <input type="checkbox"/> No Evaluation Report Attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Programme/Project Timeline/Duration</p> <p>Overall Duration <i>9th Sep2005 – 30th June 2008</i> Original Duration <i>9th Sep2005 – 9th March 2006</i> Programme/ Project Extensions 9th March 2006- 30th June 2006 30th June 2006- 30th Sep 2006 30th Nov 2006 – 30 June 2008</p>
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Report Formatting Instructions:

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

FINAL NARRATIVE REPORT

I. PURPOSE

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

The project aimed at developing national health-care waste management guidelines, developing technical guidance materials for assessing the quantities and type of waste produces in different health facilities, building capacity at national level and provision of essential equipment, consumable supplies for environmentally sound management of health-care waste management at the 19 selected health facilities in Baghdad. The project was one of the priorities of both Ministry of Health and Ministry of Environment, and about 500 job opportunities have been created by this project.

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

1. Improved the capacity building of health workers involved in the health-care waste management at central and regional level;
2. Develop a sustainable health-care waste management programme within the 19 selected health facilities in Baghdad;
3. Initiate an awareness programme on the importance of health-care waste management in the selected 19 health facilities;
4. Provision of basic equipment and supplies for proper management of health-care waste for the 19 selected health facilities.

Outputs as per the approved Project Document:

- 1.1 Technical and managerial capacity of about 300 professionals dealing with health-care waste management in the selected 19 health facilities enhanced.
- 2.1 19 Infectious disease control committees will be established in the 19 selected health facilities.
- 3.1 Four hygiene awareness campaign aiming workers and patients at the 19 selected health facilities will be implemented.

Essential equipment and supplies (shredder autoclaves, bins, plastic bags, trolleys ...etc) for the proper management of health-care waste are provided for the 19 selected health facilities.

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

The project is in line with the UN Iraq assistance strategy and the UN Health Cluster matrix, as it addresses the outcomes related to

- Enhancing disease prevention and control (including HIV/AIDS);
- Healthy living environment enhanced and healthy lifestyle promoted.

The project is also contributing to the core pillar of the National Development Strategy which is “**Improving the Quality of Life**”. Furthermore, it is linked to **MDG 6** (Combating HIV/AIDS, Malaria and other diseases) and **MDG 7** (Ensure Environmental Sustainability).

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

Primary implementing partners and stakeholders are:

- Ministry of Health
- Ministry of Environment
- Mayoralty of Baghdad
- WHO
- Private contractors

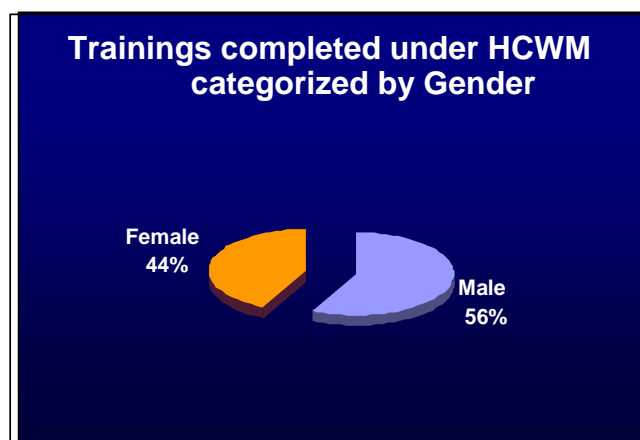
The key beneficiaries are:

- Surgical Hospital
- Al-Yarmouk Teaching Hospital
- Al-Nouman General Hospital
- Al-Karkh General Hospital
- Central Paediatric Hospital
- Mohammad Baker Al-Hakim Hospital
- Al-Kadmieh Teaching Hospital
- Ibn Al-Nafis Hospital
- Alwia Paediatric Hospital
- Alwia Obstetric Hospital
- Al-Imam Ali Hospital
- Ibn Al-Baladi Hospital
- Al-Kindi Teaching Hospital
- Al-Sadr General Hospital
- Zaiona Health Centre
- Al-Sadr City Health Centre
- Al-Fdailieh Health Centre
- Hai Al-Adel Health Centre
- Al-Noor Health Centre

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

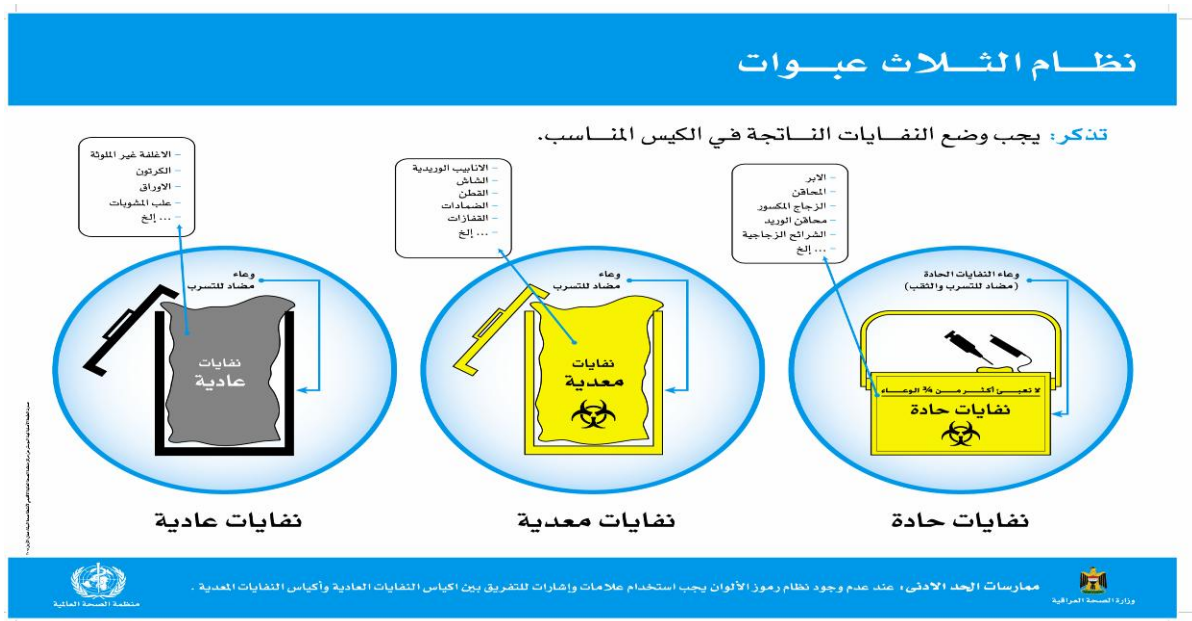
a. Report on the key outputs achieved and explain any variance in achieved versus planned results. Who have been the primary beneficiaries and how they were engaged in the programme/ project implementation?

- During the implementation of the project, the focus was on the following four key outputs :
1. Technical and managerial capacity of about 300 professionals dealing with health-care waste management in the selected 19 health facilities enhanced. **180% achieved, 542 health professionals** received trainings on management of HCW within the 19 selected health facilities. Gender balance was taken into consideration in the selection of the participants for the trainings as shown in the diagram below. These training sessions will have a positive impact through the good practice of management of healthcare waste in the health facilities, ensuring a clean and healthy environment for both health workers and patients.



2. 19 Infectious disease control committees established in the 19 selected health facilities. **100% achieved**, currently there is an Infectious disease committee in each of the 19 selected health facilities. The 19 selected health facilities are practicing proper medical waste management, from segregation of the wastes to the final treatment, leading to improvement of hygiene conditions within the health facilities.
3. Four hygiene awareness campaign targeting workers and patients at the 19 selected health facilities

implemented. **100% achieved**, information materials and **68000** copies of posters were printed and distributed in the 19 health facilities and also to other health facilities in Baghdad. The impact of the awareness programme will be in enhancing the daily practices of the health workers and patients relating to the clinical waste generated within the health facilities.



Sample of printed posters

4. Essential equipment and supplies (shredder autoclaves, bins, plastic bags, trolleys ...etc) for the proper management of health-care waste are provided for the 19 selected health facilities. **100% achieved** in terms of shredder autoclaves and **100% achieved** in terms of the other supplies comprising of bins, plastic bags, trolleys and the workers safety materials.
- b. **Report on how achieved outputs have contributed to the achievement of the outcomes and explain any variance in actual versus planned contributions to the outcomes. Highlight any institutional and/ or behavioural changes amongst beneficiaries at the outcome level**

The achieved outputs contributed to the achievement of the outcomes through the followings:

- The capacity building of health workers involved in the health-care waste management at central and regional level improved through the TOT and on job training within the health facilities and that has been noticed in the current management of the medical waste in the selected health facilities.
- The impact of the awareness programme on the importance of health-care waste management in health facilities have contributed to the improvement of the management of the medical waste in the selected health facilities and to a healthy working environment.
- The provision of the equipment and supplies have facilitate the work for the health workers within the selected health facilities to manage the medical waste in a scientific way starting from segregation process till the final disposal.
- All the above (Capacity building, awareness campaign and provision of equipment and supplies) have contributed to practicing a sustainable health-care waste management program in the selected health facilities which is environmentally sound practice.

During the implementation of the project there was no any variance in actual versus planned outcomes, the project implemented according to the plan. In fact the project contributed positively to the behavioral change of the health workers in the concept of the medical waste.

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

The project is in line with the UN Iraq assistance strategy and the UN Health Cluster matrix, as it addressed the outcomes related to

- Enhancing disease prevention and control (including HIV/AIDS);

- Healthy living environment enhanced and healthy lifestyle promoted.

The project is also contributed to the core pillar of the National Development Strategy which is “**Improving the Quality of Life**”. Furthermore, it is linked to **MDG 6** (Combating HIV/AIDS, Malaria and other diseases) and **MDG 7** (Ensure Environmental Sustainability).

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

The good coordination and continuous cooperation between all partners (MOH, MOEnv, Mayorality of Baghdad and WHO) has led to a smooth implementation of the major activities, which as a consequence will have a positive impact on the performance and functionality of the HCWM and thus have a positive impact on the health of the working environment within the selected health facilities. UNEP, as a member of the Health Cluster, have been consulted since the submission of the proposal.

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

- Were the needs of particularly vulnerable or marginalised groups addressed?
- How did men and women benefit from the programme/project? How were gender inequalities handled?
- Were environmental concerns addressed including environmental impact/risk assessment where relevant?
- Were there any specific issues in relation to the security situation?
- Did the project contribute to employment generation (gender disaggregated)?

The project is solely related to the environment and health. One of the objectives is to protect the environment from healthcare waste pollution by proper management of clinical waste. The right of health care providers and those working in the health sector to work in a hazard / risk free environment is vital and numerous policies implemented to ensure this happens. It is expected that the health facilities environment and the environment in general, will be protected from the impact of medical waste pollution. Children, men and women are all exposed to healthcare waste risks and hence, benefited from the proper handling and management of the healthcare waste within the selected health facilities in particular and in the environment in general. Since the beginning of the project, decision makers were involved, and were made aware of each step of project implementation. Gender balance was taken into consideration in the training sessions, assessment committees and Infectious Diseases Committees. In addition to that the project contributed to the generation of 40 job opportunities (30% female)

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

III. EVALUATION & LESSONS LEARNED

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

At the beginning of the project implementation, an assessment was done for the 19 health facilities by MoH & WHO teams to measure the real needs of the hospitals in terms of the supplies and to evaluate the condition of the existing incinerators. Based on the assessment, the supplies identified in terms of types and quantities, In addition to that, the assessment help in identification of the spare parts and maintenance needed for the existing incinerators.

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

The major constraint is security, which slows the rate of implementation of many activities. Security restrictions impede the movement of both WHO national staff and Ministry of Health staff in visiting the selected health facilities when following up implementation of the project components.

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

Lessons learnt include:

- MoH remained a critical partner and national owner of the implementation. Despite all the constraints and problems, the cooperation between WHO and MoH was critical in the efforts to manage expectations;
- Continuous coordination and cooperation between MOH and WHO technical teams led to quick implementation of many activities such as rapid assessment and training both inside Iraq and abroad;
- Engagement of Iraqi counterparts at every stage of planning and implementation is essential to ensure ownership and congruence with their future vision. Building capacity at different hierarchical levels also ensures efficient and effective implementation of the programmes.
- Utilization of all connectivity means, such as the internet, mobile phones, teleconferencing and videoconferencing leads to better dialogue with line ministries and WHO national staff inside Iraq, which as a consequence has enhanced the implementation of different activities.

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
IP Outcome 1							
IP Output 1.1 Technical and managerial capacity of about 300 professionals dealing with health-care waste management in the selected 19 health facilities enhanced.	Indicator 1.1.1 No. of health workers trained on health-care waste management	0	300	542	Cost of on-job training was less than the estimated.	MOH	
	Indicator 1.1.2 No. of infectious disease control committees established in the 19 selected health facilities.	0	19	19		MOH	
IP Output 1.2 Initiate awareness program on importance of health-care waste management in the selected 19 health facilities	Indicator 1.2.1 No. of hygiene awareness campaigns aiming workers and patients at the 19	0	4	4		MOH	

	selected health facilities						
	Indicator 1.2.2						
IP Outcome 2							
IP Output 2.1 Essential equipment and supplies (shredder autoclaves, bins, plastic bags, trolleys ...etc) for the proper management of health-care waste are provided for the 19 selected health facilities.	Indicator 2.1.1 No. of shredder autoclave provided to the selected health facilities.	0	14	14		MOH	
	Indicator 2.1.2 No.of health facilities implementing a comprehensive health-care waste management	0	19	19		MOH	