

United Nations Development Group Iraq Trust Fund

Project #:D2-26 Atlas # 00074326

2 February, 2012; Quarter 4: October - December 2011

Participating UN Organisation: WHO (Lead) in partnership with UNDP, UNFPA, WFP and UNESCO

Sector: Health and Nutrition

Government of Iraq – Responsible Line Ministry: Ministry of Health

Title	HIV/ AIDS Policy support and capacity building				
Geographic Location	[Nationwide,]				
Project Cost	\$1,000,000				
Duration	28 months				
Approval Date (SC)	23 Feb 2010	Starting Date	2 March 2010	Completion Date	30 June 2012
Project Description	The project is structured around three Key Services Delivery Areas (SDAs): (i) Support to Policy Development and Planning (ii) Generation of Strategic Information (iii) Capacity Development and Training				

Development Goal and Immediate Objectives

The **main goal** of the project is to enhance the national HIV/AIDS response through proper policy development, information generation and capacity building. The interventions in this project demonstrate a growing UN and Government of Iraq commitment to achieve the MDGs and universal access to health and social services as envisioned in the Constitution, NDS (2007-2010) and the ICI.

The **immediate objectives** of the project are (a) development of the National AIDS Strategic Plan (b) development of M&E framework, M&E plan including surveillance plan, (c) establish surveillance system addressing most at risk and vulnerable populations and (d) capacity building of national program officers and NGO partners.

Outputs, Key activities and Procurement

Outputs	<p>Output 1.1 – Capacity of GOI and partners enhanced to develop HIV/AIDS related policies, plans and strategies in a participatory manner</p> <p>1.1.1 Enhanced capacity of the National HIV/AIDS committee and line ministries to develop a Health Sector Response Strategy on HIV/AIDS</p> <p>1.1.2 Enhanced capacity of National HIV/AIDS committee and line ministries to develop a national Multi-sectoral Strategic Plan on AIDS</p> <p>1.1.3 Enhanced institutional capacity of key ministries (Interior , Education , Displacement and migration , Women Affairs and Youth and Sports) to respond to HIV/AIDS)</p> <p>Output 1.2 – HIV/AIDS information generation system in place</p> <p>1.2.1 Enhanced capacity of the national AIDS committee and focal points at key ministries to develop an M& E plan and Second Generation Surveillance for the National Response on HIV/AIDS</p> <p>1.2.2 Support provided GOI to undertake studies and surveys on the HIV/AIDS among prisoners and IDUs</p> <p>1.2.3 Support provided GOI to undertake Qualitative and Formative Research on HIV/AIDS and Sex Work</p>
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	<p>Output 1.3 – Enhanced capacity of the National AIDS Programme, NGO’s and Higher Committee on AIDS for better HIV/AIDS programming.</p> <p>1.3.1 Enhanced capacity of NAP officers and youth organizations on HIV/AIDS Youth Programming</p> <p>1.3.2 Enhanced capacity of women organizations to integrate gender and HIV/AIDS in development programming</p> <p>1.3.3 Enhanced capacity of MOH to integrate HIV/AIDS in MCH Programs</p> <p>1.3.4 Enhanced capacity of GOI, NGOs, UNCT and Higher Committee to better respond to the issue of HIV/AIDS in Iraq</p> <p>1.3.5 Capacity of humanitarian NGOs enhanced to integrate HIV/AIDS within their humanitarian Programs</p>
Activities	<ol style="list-style-type: none"> 1. Develop the NSP and conduct consensus and validation workshop for NSP development 2. Support resources mobilization through GF application by CCM 3. Conduct HIV/AIDS situation, response analysis and priority setting as part of NSP development process 4. Dialogue and advocacy meetings with the Ministries of Education, Women Affairs, Youth & Sports, Displacement & Migration and Interior on establishment of HIV/AIDS Units/focal points 5. Develop M&E framework, M&E plan with reporting tools 6. Develop protocol and implementation plan for second generation HIV surveillance activities 7. National training of surveillance officers on surveillance and M&E 8. Develop study protocols and implement assessment of HIV among prisoners and IDUs 9. Develop study protocol and implement assessment of HIV among FSWs 10. National training of NGOs and NAP officers on out of school youth programming 11. National training of NGOs and NAP officers on out in school youth programming 12. National training of women organizations on HIV and Gender 13. National training for MOH staff and NGOs on HIV integration in MCH program 14. Study tour for officers from the NAP, NGOs and Higher Committee to a country in the with good HIV program 15. National training of local NGOs in HIV/AIDS integration in humanitarian programs
Procurement (major items)	No major procurements were conducted.

Financial report

Budget (USD)	Committed funds (USD)	Committed funds (%)	Disbursed funds (USD)	Disbursed funds (%)
1,000,000	856,219	86%	760,835	76%

Agency share of budget

Agency	USD
WHO	614,359
UNDP	104,954
UNFPA	170,646
UNESCO	60,302
WFP	49,739
TOTAL	1,000,000

Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men		0
Women		0
Children		0
IDPs		0
Others	The main beneficiary of the project will be the MOH, as it is the key duty bearer for	0

	formulation, implementation and monitoring of the HIV Control Program. Participants in the various trainings will also be direct beneficiaries.	
Indirect beneficiaries	People living with HIV/AIDS, most at risk population, young people and institutions that would benefit from the policy and capacity building programs	0
Employment generation (men/women)	This project doesn't directly generate local employment. However, it offers opportunities for national officers and consultants to build their skills and utilize the skills gained for individual and social development.	0

Quantitative achievements against objectives and results

<ul style="list-style-type: none"> UNESCO and WFP implemented 100% of planned activities. Around 80% of activities assigned to WHO including responsibilities transferred from UNODC are implemented. UNDP's activities are linked to NSP development and will be completed with completion of NSP development process by May 2012. UNFPA has initiated development of TORs for initiation of assessment of HIV among FSWs. The Joint UN Team on functioning also as UNDG ITF coordination mechanism holds regular meetings every 2 months. The next meeting will be held in February 2012. Coordination and support among UN agencies has improved significantly. 	% of planned Overall 60%	
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Qualitative achievements against objectives and results

<p>WHO</p> <ul style="list-style-type: none"> The draft report on epidemiological, situation and response analysis has been submitted to the NAP for review. WHO, in December, sent an international expert specifically to meet the National AIDS Program (NAP) team at its premises in the red zone for the duration of 4 days. During the daily meetings, NAP comments on the HIV epidemiology, situation and response analysis report, which was prepared as part of this project and which constitutes a basic element of the planned strategy development process, were discussed. Coordination and communication between WHO and NAP is smooth and regular and is conducive towards implementing the Strategy Development Workshop in the first quarter of 2012. NAP's comments were taken and integrated into the first draft. This is a key milestone in the development of the national AIDS strategic plan as the epidemiological, situation and response analysis forms a basis of the strategy. Coordination and communication between WHO and NAP is smooth and regular and is conducive towards implementing the Strategy Development Workshop in the first quarter of 2012. The date for the workshop to develop the national HIV/AIDS strategy was set and agreed on between WHO and NAP and communicated to UNDP. The workshop will be with broad participation of all stakeholders and will be a major step towards developing the strategy. An international HIV/AIDS consultant was contracted to facilitate the workshop and assist in the development of the strategy accordingly. The pre-surveillance assessment on Most at Risk Populations (MARPs) has concluded its second phase. The data collection for HIV pre surveillance assessment among injecting drug users (IDUs) and prisoners has completed this phase of conducting interviews with secondary key informants in prisons and other identified high-risk communities. The original questionnaires are in the process of being translated to be sent to the technical consulting organization in Zaghreb which will also produce a study report. The preparations for conducting the final stage of interviewing primary informants are ongoing and will be

carried out in Q1 of 2012. The data collection team received a refresher training locally in Q4.

- The findings of the pre-surveillance assessments among injecting drug users and prisoners will be highly informing to the national HIV strategy development.
- 2 NAP staff members participated in a training workshop on Sampling and Data Analysis on HIV Survey among MARPs, November 20-24, Tehran, Iran.

UNESCO

- UNDG – ITF activities finalized and report submitted.

WFP

- UNDG – ITF activities finalized and report submitted.

UNDP

- After the cancellation of the workshop planned in Beirut on June 12 - 16, UNDP and WHO are working towards organizing two workshops instead of one as planned initially.
- 1st workshop: 3 days workshop will take place in February 2012 with broad participation of stakeholders to discuss the strategy (objectives, directions, targets, activities) which will flow into the first draft of the national strategy.
- 2nd workshop: 3 days workshop in Mid April, 2012, to refine the first draft and develop the national strategic plan.

UNFPA

- The recruitment of the consultant to conduct formative assessment on HIV/AIDS among female sex workers is under way. The idea to coordinate the HIV assessments among FSWs with the on-going assessments among prisoners and injecting drug users needs to be explored further.

Main implementation constraints & challenges (2-3 sentences)

- A main challenge remains implementing the planned HIV assessments among female sex workers in Iraq. General challenges relate to the administrative division of the Iraqi public health sector between the GoI and KRG. Decision taking processes at the central level are often not implemented in KRG, or decisions are taken in KRG for the three governorates only. The unintentional support to the creation of parallel systems needs to be avoided and efforts should be directed, at the level of this project, to encouraging joint decision making and implementation between the different administrative regions.