



United Nations Development Group Iraq Trust Fund
Project: D2-28: ATLAS Award: 59448, Project: 74328

ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

Programme Title & Number <ul style="list-style-type: none">• Programme Title: Support National Measles and Polio Vaccination Campaign• Programme Number D2-28• MDTF Office Atlas Number: 59448, Project: 74328	Country, Locality(s), Thematic Area(s)² Iraq nationwide
Participating Organization(s) WHO and UNICEF	Implementing Partners Ministry of Health

MDTF Fund Contribution: WHO \$ 1,488,748 UNICEF : \$ 1000,000
Government Contribution \$20,683,000
Other Contribution (donor) (if applicable) \$ 23,471,748

Overall Duration: 27 Months
Start Date: March 2010
End Date or Revised End Date: 30 June 2012 (if applicable)
Operational Closure Date ³ : 30 June 2012
Expected Financial Closure Date 31 December 2012

Programme Assessments/Mid-Term Evaluation
Assessment Completed - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Mid-Evaluation Report – <i>if applicable please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

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¹ The term “programme” is used for programmes, joint programmes and projects.
² Priority Area for the Peace building Fund; Sector for the UNDG ITF.
³ All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

NARRATIVE REPORT

I. Purpose

1. MoH is better able to monitor routine and supplementary immunization activities.
2. Health authorities and communities, especially in hard to reach and low coverage areas, are more aware of the importance of measles, polio (OPV) and other infant vaccinations.
3. MoH has improved capacities for planning and implementing outreach immunization activities.
4. MoH has an improved capacity for case based surveillance for measles and polio.
5. MoH has improved capacity to assess the burden of measles, rubella, tetanus and hepatitis B diseases.

The program has one outcome:

Families and communities with specific emphasis on vulnerable groups and those affected by ongoing emergencies have improved access to and utilization of quality health and nutrition services.

This project is in line with Strategic (UN) Planning Framework guiding the operations of the Fund/JP through preventing disease and reducing mortality and morbidity especially among women and children, and contributing to poverty reduction and development efforts.

II. Resources

Financial Resources:

MoH is procuring all vaccines for routine and Supplementary Immunization activities and providing all the logistical support for National Immunization Campaign. In addition, MoH is the sole employer of all EPI staff at all levels.

No Budget revision has been requested. The financial situation as of 31 Dec 2011:

Funds Committed	UNICEF \$ 473,238.01 WHO \$ 1,462,314	% of approved WHO	47.3 % 98.2%
Funds Disbursed	UNICEF \$ 460,693.32 WHO \$ 1,413,164	% of approved WHO	46.06 % 94.9%
Forecast final date	30 June 2012	Delay months)	No delay

Human Resources:

- National Staff: Provide details on the number and type (operation/programme).
 - One senior technical officer in Amman full time
 - One medical officer in almost every province part time
- International Staff: Provide details on the number and type (operation/programme):
 - One medical officer in Amman full time.
 - VPI team in WHO regional (10 technical officers) office; part time.

III. Implementation and Monitoring Arrangements

- Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.
 - The project was planned at UN security phase four in Iraq, which is why it mainly counts on national capacity implementation. The security issues were handled through UNSSI security advisory notes. WHO national staff, through the guidance of the WHO international staff based in Amman, continued to maintain their low profile and observe both agency security guidelines and UNDSS security restrictions on the movement of national staff in Iraq.
 - UNICEF staff inside Iraq (Erbil and Basra) and contracted technical facilitators maintained low profile and visibility status as per UNDSS guidelines while they continued to provide required support in implementing the project activities. In most of the cases, supplies provided by UNICEF were not marked with UNICEF logo to avoid any unexpected consequences for the health staff.
 - All members of immunization teams were well known and trusted members of the same community he/she is to immunize; this reduced security risks and facilitated acceptance and cooperation of the targeted population.
- Provide details on the procurement procedures utilized and explain variances in standard procedures.
 - Since 1995, WHO and UNICEF were providing support to MoH routine EPI and NIDs at the rate of at least 4 rounds each year. For this reason, WHO and UNICEF have a rich experience regarding the cost of the different inputs, whether it is for renting vehicles (done through contractors) or for minimizing costs of internal training and reorientation of staff.
 - UNICEF and WHO administrative procedures are in accordance with quality management practices. In term of procurement of supplies/ equipment, UNICEF has extensive global procurement facilities managed by the global supply division based in Copenhagen. This highly experienced unit of UNICEF have been ensuring cost effectiveness and timely procurement of all supplies under the project. Again, the UNICEF's vast logistics management experience in emergency programming across the globe as well as in Iraq was important to ensure efficiency in all logistics operations, despite the many challenges on the ground. Besides, UNICEF has been working in Iraq for more than two decades and thus has close collaboration with the many line ministries and other local partners, which assisted in ensuring local appropriateness, acceptability and ownership using very stringent existing UNICEF monitoring, tracking, supervision, and audit mechanisms which have been applied to the project implementation.
- Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing project.
 - The Ministry of Health is the project executing Ministry for the programme, through the National EPI program managers
 - WHO International Medical officer with the assistance for 4 national medical officers were monitoring the implementation on daily basis.

- WHO has worked closely with medical schools and IRCS during the past 10 years in monitoring such campaigns. IRCS monitors were distributed in all districts to oversee the project implementation and monitor coverage. This was a sufficient assurance that all targeted children will be reached and vaccinated
- WHO team in Amman and Iraq were supported by the WHO Regional office and WHO HQ to provide the needed technical assistance
- Part time UNICEF International staff and two national project managers guided the monitors and supported the smooth implementation of UNICEF project components, this was done with periodic support from UNICEF ISCA office and international specialist staff based in Amman.
- Three technically senior qualified national Iraqi monitors were engaged in this project to monitor the daily implementation of the activities
- UNICEF supported social mobilization, provided logistic support through printing of registers and procure 10 million doses of polio vaccines. WHO supported all the training activities, independent monitoring, provided support to outreach and their supervisors in addition to strengthening diseases surveillance.

IV. Results

- Provide a summary of Programme progress in relation to planned outcomes and outputs; explain any variance in achieved versus planned outputs during the reporting period.

1. MoH is better able to monitor EPI target diseases and routine and supplementary immunization activities

WHO

- 5 data and information management systems were developed; 2 of them were for Acute Flaccid Paralysis (AFP) and other 2 for measles case based surveillance and the 5th for immunization coverage data managements.
- All concerned surveillance and immunization staff were trained on the use of new programs. Now Immunization coverage data is entered and managed at the province level and forwarded electronically to central level and to WHO on monthly basis.
- Measles and AFP data is entered and analyzed and a weekly feedback report to senior management and WHO is generated and sent. At the same time a weekly feedback is sent to all PHC staff.
- Two field manuals: one for measles surveillance and the second for poliomyelitis surveillance were developed, field tested and distributed to more than 2,000 midlevel and field health workers.
- The national poliomyelitis laboratory as well as the national measles national laboratory have both been fully accredited by WHO and are now considered as full members of the global WHO network for both diseases.

2. Health authorities and communities especially in hard to reach and low coverage areas are better aware of the importance of measles and other infant vaccinations

UNICEF

- UNICEF: Supported social mobilization activities at the targeted districts as well as nationwide measles and polio campaigns and RED approach implementation in the 19 districts with less than 80% coverage rate. Furthermore, development and distribution of related IEC materials/tools is

ongoing. UNICEF supported the social mobilization activities for: a) four rounds PNIDs targeting 5.4 mln U5 children across the country, with over 90% national coverage rate achieved. b) Measles NIDs (6-36 months children) with a coverage of over 92%. This intensive work resulted in maintained the polio free status in Iraq since January 2000 as well as in containing measles outbreaks (over 32,000 reported cases in 2009 to less than 1000 cases in 2010); in 2011 one campaign for Polio targeted 5.6 mln U5 with result of over 97% coverage and measles campaign for 18-24 years old age group as the last surveillance showed them as highly affected age group with result of 1.8 mln vaccinated during the campaign.

3. MoH has improved capacities for planning and implementing outreach immunization activities

UNICEF and WHO

- UNICEF, in collaboration with WHO, supported the first technical meeting for the EPI managers and health promotion /education team to review the situation of each governorate (at district level) in term of immunization coverage, causes, challenges/bottle necks, and support needed to achieve better coverage.
- Building on that meeting, another follow up meeting for all EPI managers was held in Istanbul. The meeting was facilitated by WHO/UNICEF experts with the aim to: a) enhance the capacity of the EPI managers for planning and implementing outreach immunization activities; b) discuss introduction of new vaccines (Rota and Hib); c) accelerate Hepatitis B control efforts; d) validate Maternal Neonatal Tetanus - MNT elimination in Iraq (process & steps).
- To expedite the submission of the final RED plans; WHO, UNICEF and MOH teams have conducted field visits to some of the selected districts and met the EPI teams there. The meetings have been conducted at PHCs and village level to ensure the active engagement of field staff and community and come up with real and mature micro-plans, as well as, conducting on job training.
- WHO/UNICEF health officers and field teams accompanied the EPI MOH teams during all these meetings, and the entire team is very much satisfied with the quality of the work.
- Five DOHs (Baghdad Karkh, Anbar, Wasit, Muthana and Sulaymaniyah governorates) finalized their micro plan and funds were transferred. The work is ongoing and expected to be finalized by end of April 2012. Some delay has been encountered due to the ongoing unrest in the middle east which affects Iraq as well. Additionally, MOH teams have been busy with other commitments i.e preparation for the introduction of new vaccines, MICS4 survey, EPI week, etc.

Qualitative achievements against objectives and results

- During the reporting period, WHO, in cooperation with MoH and the Iraqi Red Crescent Society (IRCS) completed the 4 rounds of independent monitoring of the National Immunization Days (NID). A total of 484 volunteers from IRCS toured 121 districts in Iraq to monitor the vaccination of children under the age of 5 that were targeted by the MOH vaccination teams. The volunteers were supervised by 121 district supervisors and 20 branch coordinators.
- In 2011 health officers from WHO and UNICEF attended the MNT survey in Ghana to support MOH in conducting it in Iraq, several consultation meetings were conducted to review the methodology and plan of Iraq survey which is planned to be conducted during 2012.
- With the support of UNICEF and WHO; Hib and rotavirus vaccines were smoothly introduced as of the first of January 2012. Monitoring of coverage at the district level is progressing as planned using the software developed by WHO consultants.

Report on the key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.

- Support advocacy and planning of 4 rounds of house to house 4 rounds of Polio National immunization targeting all under 5 children. In each round, not less than 90% of children were reached and vaccinated in every province.
- 5 data and information management systems were developed; 2 of them were for Acute Flaccid Paralysis (AFP) and another 2 for measles case based surveillance and the 5th for immunization coverage data managements were developed by a professional programmer, all concerned surveillance and immunization staff were trained on the use of these programs.

Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.

- There were delays in the implementation of Polio National Immunization due to delays in the arrival of the vaccines due to frequent sudden imposition of curfews in Baghdad leading to delayed shipment of vaccines to Baghdad or delayed distribution within the country.
- Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project.
- The high turn over of MoH officials is delaying implementation. Such turn over changing the project focal points and transferring it to another directorate.

List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results

- WHO is working very closely with UNICEF at all stages of planning and implementation; this prevented overlapping and facilitated advocacy for EPI at all levels.
- WHO and UNICEF have been working together supporting MoH in EPI activities since its inception in 1980. Therefore a rich tradition and experience in coordinating and solving problems is available within the two organisations.

Other highlights and cross-cutting issues pertinent to the results being reported on.

- Human rights: The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. It is also the core of the WHO Constitution. Efforts were made to target children most likely to be missed in the most vulnerable districts during the national immunization campaigns. Furthermore, the programme ensured equity of access to immunization services and contributes to reducing morbidity and mortality of communicable vaccine preventable diseases. It also addresses any limitation and inequities of access to these services. Similarly, the programme supports the GoI in meeting its obligations to all people of Iraq in this regard.
- Gender equality: House to house vaccination; followed by house to house monitoring is the best assurance that all targeted children, irrespective of sex, are reached and vaccinated and reasons for missing or leaving behind a child unvaccinated are made clear. In order to ensure that monitors will have good acceptance and access to houses and families, the members of the monitoring teams are selected from well known, trusted members of the same community and over half of the members are females. The social mobilization element of the programme will increase awareness of importance of access of female to essential health services like immunization.

- Key environmental issues: Vaccine and injection safety plan have included proper disposal of used syringes and needles. 25 million auto disabled syringes, needles and vaccine vials are used annually. This programme contains training and supervisory components to ensure that all syringes, needles and used vials will be properly collected, incinerated, and finally disposed of in a way that will not harm the environment.
- Employment generation: Employment generation is not one of the main objectives of this joint programme. However, 400 vehicles and drivers, as well as 456 monitors were hired for 20 days during the implementation of this programme.

Summarize the projected activities and expenditures for the following reporting period (1 January-31 December 2011), using the lessons learned during the previous reporting period.

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VIII. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator or Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
Outcome 1 : Families and communities with specific emphasis on vulnerable groups and those affected by ongoing emergencies have improved access to and utilization of quality health and nutrition services,							
Output 1.1 MoH is better able to monitor routine and supplementary immunization activities	1.1.1 A monitoring system for NIDs in place	No	Yes	100%	No variance	WHO national officers and IRCS reports	100% implementation rate
	1.1.2 Number of district monitoring reports completed	0	114	100%	No variance	Weekly reports received regularly by WHO	100%
	1.1.3 Number of provinces integrating data quality self assessment system (DQS) in routine monitoring of immunization coverage	0	19	100%	No variance	DQS reports	
	1.1.4 EPI routine coverage data management soft ware developed and in use	0	Yes	100%	No variance	Monthly feed back to DoHs and forward to WHO	
Output 1.2 Health authorities and communities especially in hard to reach and low coverage areas are sensitized on	1.2.1 Number of district and local community leaders sensitized on importance of measles and other vaccinations	zero	4	100%	No variance	MoH as well as WHO and UNICEF field staff reports	
	1.2.2 Number of Information education Communication materials				No variance		

the importance of measles and other vaccinations	produced						
Output 1.3: MoH has improved capacities for planning and implementing outreach immunization activities	1.3.1 Number of MoH staff participating in inter-country immunization meetings/ workshops	1	3	93%	No variance	Administrative and independent monitoring reports	
	1.3.2 Number of MoH field staff trained on micro-planning for supplementary immunization	200	1000	90%	No variance		
	1.3.3 Percentage of trained staff satisfied with quality of training in terms of relevance and usefulness	30%	70%	90%	No variance		
	1.3.4 Field manual on measles and polio surveillance developed	0	2	100%	No variance	Weekly reports from the National polio laboratory and from the AFP case base surveillance focal point in Baghdad Center for disease control.	
Output 1.4: MoH has an improved capacity for case based surveillance for measles and Polio	1.4.1 National laboratories for Measles and Polio surveillance meets WHO standards for accreditation	2	2	100%	No variance		
	1.4.2 Number of national measles and polio lab staff trained on advanced laboratory techniques for isolation and identification of measles and poliomyelitis viruses	2	6	100%	No variance		
	1.4.3 Percentage of trained staff satisfied with the content and relevance of the training	NA	80%	70%			