

United Nations Development Group Iraq Trust Fund

HIV/ AIDS Policy Support and Capacity Building Programme – Preparatory Phase Project #:D2-26 Atlas # 00074326

GENERIC ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

Programme Title & Project Number

- Programme Title: HIV/AIDS Policy Support and Capacity Building Programme Preparatory Phase
- Programme Number: D2-26
- MPTF Office Project Reference Number:³

Country, Locality(s), Thematic/Priority Area(s)²

Country/Region: Iraq

Thematic/Priority: Health and Nutrition

Participating Organization(s)

 WHO (Lead) in partnership with UNESCO, WFP, UNDP, UNFPA

Implementing Partners

• National HIV/AIDS Control Program (NAP)

Programme/Project Cost (US\$)								
MPTF/JP Contribution: • by Agency (if applicable)	WHO: 614,359 UNDP: 104,954 UNFPA: 170,646 UNESCO: 60,302 WFP: 49,739							
Agency Contribution • by Agency (if applicable)	NA							
Government Contribution (if applicable)	NA							
Other Contributions (donors) (if applicable)	NA							

Programme Duration									
Overall Duration (months)	28 months								
Start Date ⁴ (dd.mm.yyyy)	2 March 2010								
End Date (or Revised End Date) ⁵	30 June 2012								
Operational Closure Date ⁶	30 June 2012								

¹ The term "programme" is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Performance Management Plan (PMP) for the PBF; Sector for the UNDG ITF.

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to "Project ID" on the MPTF Office GATEWAY

⁴ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY

⁵ As per approval by the relevant decision-making body/Steering Committee.

⁶ All activities for which a Participating Organization is responsible under an approved MPTF programme have been completed. Agencies to advise the MPTF Office.

TOTAL:	1,000,000 USD	Ex	pected Financial Closure Date
Programme Asse	essment/Review/Mid-Term Eval.		Report Subm
08			-

☐ Yes ■ No Date: dd.mm.yyyy Mid-Term Evaluation Report – if applicable please attach ☐ Yes ■ No Date: dd.mm.yyyy

Submitted By

iseynova

Title: Technical Officer for TB programme

Participating Organization (Lead): WHO

Email address: huseynovas@irq.emro.who.int

Page 2 of 10

NARRATIVE REPORT FORMAT

I. Purpose

This report focusses on the progress achieved during 2011 of the UN Joint Team Project "HIV/AIDS Policy Support and Capacity Building Programme – Preparatory Phase", which is lead by WHO in partnership with UNESCO, WFP, UNDP and UNFPA.

The main goal of this Joint UN 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.

II. Resources

Financial Resources:

No far there is no other financial resources available outside the UNDG ITF provided budget. However, some limited activities are being implemented using core agency's budget.

A budget revision was requested in February 2011 to move funds from UNODC to WHO and to extend the project from March to December 2011.

With regard to staffing, in 2011, one national staff member was employed by the project for operational support. Another national staff was employed in November 2011 as technical coordinator for the project (programme). One international staff (programme) was employed as the technical officer to lead the project implementation from October 2010 – September 2011.

III. Implementation and Monitoring Arrangements

The programme implementation is carried out and monitored at two levels:

- 1) The first level is the agency (Iraqi) partner level where implementation modality (additional local partners, timelines, locations) is directly agreed on between these partners. These partner-combinations are responsible for delivery of specific project components but always in line with the overall project outcome (i.e. WHO and MoH on the implementation of pre-surveillance assessment in IDUs to generate strategic information). The monitoring of the implementation is done by the UN agency on the activities carried out inside Iraq regular reporting, sites visits (were possible), regular meetings and frequent communication.
- 2) The second-level is the interagency level, where the UN agencies partners in this project hold regular meetings throughout the year to discuss and report on progress achieved in the different components. These meetings enhanced the communication between UN agencies and lead to increased exchange of information on HIV/AIDS interventions in Iraq. The regular meetings also promoted a common feeling of responsibility for harmonizing interventions towards more impact and efficiency, and also opened discussion on potential future cooperation in the area of HIV/AIDS prevention and control.

Most of the procurement activities were in the form of consultancies for capacity building. These were done according to agencies' rules and regulations and no deviation from the standard procedures.

For the monitoring systems used, please see implementation modalities and monitoring in the section above. Generally, the monitoring, evaluation and reporting of the program will adhere to the regulations of the

specific agencies as well as the terms of the MoU between agencies and the UNDG ITF. As lead agency, WHO will be responsible for consolidating the reports of other implementing UN agencies to the MDTF Office of the UNDG ITF.

There have been a number of assessments and studies under this project. However, these are not related to the monitoring and evaluation of the overall implementation, but rather serve the goal of this project by generating strategic information. A final evaluation of the project is planned at the end of the project.

IV. Results

This project pursues to achieve one outcome:

Outcome 1: GOI has the institutional and policy framework for nan enhanced multi-sectoral and decentralized National HIV/AIDS response in Iraq.

To achieve outcome 1, the following outputs have been identified and progress has been made as described below:

Output 1: Capacity of GoI and partners enhanced to develop HIV/AIDS related policies, plans, strategies in a participatory manner

Summary: progress was made with regard to bringing national partners together with experts to plan together for the development of national strategy for HIV/AIDS control and to come up with a national response involving all stakeholders.

On 19 February 2011, WHO in collaboration with NAP and WHO EMRO held a meeting in Istanbul to plan for the process of developing the National Strategic Plan (NSP) for HIV/AIDS Control in Iraq. Specific meeting objectives were to share and discuss experience of countries in the region in NSP development, to agree on an initial work plan for NSP development, and to brainstorm on strategic issues to be addressed in the NSP. A starting point which was agreed upon would be the development of an epidemiology, situation and response analysis (ESRA) on the situation of HIV/AIDS in Iraq.

Following this meeting, WHO contracted an international consultant to carry out an epidemiology, situation and response analysis (ESRA) on the situation of HIV/AIDS in Iraq. The report was comprehensive and covered initially 24 pages. Before the end of 2011, the NAP, together with a WHO technical officer reworked the analysis and reduced it mainly to deliver evidence-based information, cutting out the anecdotal evidence where possible. This analysis provided a departure point to proceed with the planning of a national workshop to develop the national strategy document for HIV/AIDS control and a national response. For this purpose, WHO contracted a consultant to facilitate the workshop and to then also lead the process, under the ownership of NAP, to draft a strategy document that will be built on the workshop findings and agreements. By the end of 2011, the international consultant, NAP and WHO were in close communication regarding agenda of the workshop, facilitation modality, inclusiveness of ministries and national stakeholders to participate, and following steps towards the finalization of a national strategy. UNDP had started with all necessary arrangements. The preparatory process for the workshop (ESRA and close communication and planning with the international consultant) were positive aspects of the cooperation between main implementing partners for this component (NAP, WHO, UNDP).

Output 2: HIV/AIDS information generation system in place

Summary: 1) Progress achieved is that so far a comprehensive analysis of the current HIV/AIDS surveillance system was carried out by an expert institution. Recommendations for improvement were submitted and are useful to build on next steps. 2) Technical assistance for national ministry staff to implement targeted pre-surveillance assessments on Most at Risk Populations (MARPS) before and during assessment implementation.

In 2011, Regional Knowledge Hub for HIV Surveillance in Eastern Mediterranean Region at the Kerman University for Medical Sciences in Tehran conducted a comprehensive analysis of the current HIV Surveillance System in Iraq, focusing on a gap analysis of the system and identifying high risk priority groups. By the end of the analysis, the Knowledge Hub submitted a detailed analytical report and recommendations on how to upgrade the current system to become a second generation surveillance system that would focus on high-risk priority groups, behavioral data and epidemiological data. In addition, the analysis team also provided targeted training to NAP on surveillance and monitoring and evaluation.

The WHO Collaborating Center on HIV/AIDS in Zaghreb, Croatia, provided technical assistance to the NAP in order to conduct to pre-surveillance assessments among MARPS (injecting drug users, and prisoners). The technical assistance included a series of workshops throughout the process, assistance in development of questionnaires for survey, assistance in method of identifying hot-spots for conducting interviews with primary key informants, and analysis of data collected. By the end of 2011, two of the three phases of the pre-surveillance assessment were concluded, namely: interviews with tertiary informants, and interviews with secondary key informants and analysis of data so far. By that time also the primary key-informants had been identified.

Both processes outlined above constitute essential steps towards improving the current information generation system in a way that may allow it in the future to generate information that is more revealing of the HIV/AIDS situation in Iraq. This project component was delivered by WHO.

Output 3: Enhanced capacity of the National AIDS Program, NGOs, and the Iraq High Committee on AIDS for better HIV/AIDS programming.

The WFP collaborated with Iraqi Anti Tuberculosis Association (Society-IATA) on the integration of HIV/AIDS into the humanitarian programs of humanitarian NGOs. In this collaboration an assessment was carried out of a number of NGOs/CSOs on their technical and human capacity, official registration and their scope of influence and support provision within Iraqi communities. Based on the assessment, seven Iraqi humanitarian NGOs/CSs were chosen and their capacity was built in 5 workshops so as to enable them to interact as needed with 192 participants on the issue of HIV/AIDS in Iraq. The selected participants represent a homogenous and innovative combination of specialists, advocates, key figures of the community, representatives of media, journalists, college students, CHW and patients. A humanitarian tool kit was developed taking into consideration the current situation of HIV/AIDS situation in Iraq. This Humanitarian Response Tool Kit is built on: collection of primary data through interviews, focus group discussions and analysis of data collected. The toolkit is thought to support policy development and planning processes, guidance towards the generation of strategic information, and as a general tool for the capacity building and training.

UNESCO pursued the integration of HIV/AIDS into education programming for youth. For this purpose a study tour to Jordan was conducted for 17 NAP officials, staff of Ministries of Education and Health, community learning center managers, and NGOs. The targets of the study tour was to enhance the knowledge and skills of participants on integration of HIV/AIDS into programming for youth; to contribute to capacity building of the relevant stakeholders to develop a comprehensive educational component within the National Action Plan/Strategy on HIV/AIDS; to improve the capacity of participants in youth program design and implementation including HIV/AIDS; and also to promote partnership building between formal/non-formal education and civil society actors on the issue of HIV/AIDS prevention and response through educational and extracurricular activities for youth.

With regard to delays in the implementation, the project start had witnessed delays which led to a request for extension which was then subsequently granted. The final project end-date is now 30 June 2012. For the implementation period corresponding to January - December 2011, there are only two delays to be mentioned under output 2.

The first delay relates to the implementation of the pre-surveillance assessment on HIV among IDUs and prisoners in the area of Kurdistan region. While the pre-surveillance assessment has made good advances in the remaining parts of Iraq in which the interview sites are identified, the study in KRG had not yet kicked

off by the end of 2011. The reasons are of political nature, where the overall political tensions between the central government in Baghdad and the Kurdistan Regional Government apparently affect the chain of authority in project implementation between the two ministries of health in Baghdad and Erbil. Nevertheless, WHO leads communication and consultation with NAP manager in Baghdad and responsible official in KRG -Ministry of Health to have HIV/AIDS focal points in KRG conduct the assessment in northern Iraq.

The second delay is under a UNFPA led component which is a pre-surveillance assessment of HIV/AIDS among Female Sex Workers (FSW).

Regarding the partnership, each UN agency in this project, implements the components with an Iraq partner, which include the MoH in Baghdad and KRG, the National AIDS Control Program, the Ministry of Education, community learning centers, NGOs. The achievement of results cannot happen without an Iraqi partner take lead inside Iraq. In addition, all partners selected perform very specific roles within each output, which makes implementation more manageable.

Gender, as a cross-cutting aspect, plays an important role in this project even though this is not specifically highlighted in the project documents. However, the fact that pre-surveillance assessments are conducted among female and male prisoners, among female and male injecting drug users, and among female sex workers will yield important insights into gender differences, and gender and poverty, if analyzed properly. In addition, the assessment of the surveillance system has already provided a sense of the ideological approach that was followed when the current system still in use was set up.

V. Future Work Plan (if applicable)

In the coming reporting period, the development of the strategic plan will be finalized. In addition, two presurveillance assessments on HIV in IDPs and Prisoners will also be concluded. A training workshop for the MCH program on including HIV/AIDS in human capacity development will also be carried out. These three activities will cost approximately 80,000 USD and will exhaust the remaining available budget available for this project with WHO.

In the next reporting period, a study on HIV/AIDS among Female Sex Workers will be concluded by UNFPA.

There is no any anticipated major adjustments in strategies, targets or key outcomes and outputs which were planned in 2011.

VI. INDICATOR BASED PERFORMANCE ASSESSMENT

Table 1: Results Framework and Indicators

Programme Title:	Preparatory Phase: HIV Policy Support and Capacity Building Project						
NDS/ICI priority/ goal(s):	 NDS: Goal 6, Target (8): Full access to water and health services for all people Establishing a more efficient information system. Strengthening disease surveillance system. Intensifying communicable disease control activities ICI: 4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development. 4.4.1.4.1 Undertake specific measures to improve access to the PHC System and focus on prevention and healthy lifestyle 						
UNCT Outcome	Improved performance of the Iraqi health system and equal access to services, with special emphasis on vulnerable, marginalized and excluded persons						
Sector Outcome	Outcome 1: Families and communities with specific emphasis on those affected by ongoing emergencies have improved access to and utilization of quality health and nutrition services						
JP Outcome 1	National HIV/AIDS response in Iraq	NDS / ICI Priorities: As above					

JP Outputs	UN Agency Specific Output	UN Agency	Partner	Indicators	Source of Data	Baseline Data	Indicator Target	Achieved indicator so far	Reasons for variance
JP Output 1.1: GoI and partners are able to develop HIV/AIDS related policies,	1.1.1 Enhanced capacity of the National HIV/AIDS committee and line ministries to develop a Health Sector Response Strategy on HIV/AIDS.	WHO	National AIDS Program (NAP) and other line Ministries	Draft Health Sector Strategy on HIV/AIDS submitted to GOI	NAP& Agencies Reports	No	Yes	NO	In progress (planned workshop early 2012, finalization of strategy by June 2012)

plans and strategies in a participatory manner	1.1.2 Enhanced capacity of National HIV/AIDS committee and line ministries to develop a national Multisectroal Strategic Plan on AIDS	UNDP	National AIDS Program , NGOs and other line Ministries	Draft National Multisectroal Strategic Plan on AIDS is produced	NAP& Agencies Reports	No	Yes	NO	In progress (planned workshop early 2012, finalization of strategy by June 2012)
	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	UNODC for Interior , UNESCO for Education , UNFPA for Women Affairs and Youth and Sports and WFP for Displacement and Migration	NAP and other line Ministries	Number of Line Ministries with established HIV/AIDS unit/focal points	NAP& Agencies Reports	1	6	6	
			1			,		1	
				M&E plan for the National HIV/AIDS is produced	NAP& Agencies Reports	0	1	0	In progress, to be finalized by June 2012
JP Output 1.2: HIV/AIDS Information generation system in place	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	WHO	National AIDS Program and other line Ministries	Number of National Officers who received Training in M & E and SGS (disaggregated by sex)	NAP& Agencies Reports	0	25	0	To be delivered during drafting of M&E plan development and after, by June 2012
	HIV/AIDS			Percentage of trainees who express satisfaction with the quality and relevance	NAP& Agencies Reports	-	80%	NA	See explanation above, will be applicable in 2012

GOI to undertake studie surveys on the HIV/	1.2.2 Support provided to	UNDOC	National AIDS Program and other line Ministries	Bio-behavioral Study for HIV/AIDS among prisoners is conducted and findings are disseminated	NAP , MOI and agency reports	Yes	No	NO	By end of 2011, two phases of the study were completed. Study will be finalized in 2012.
	surveys on the HIV/ AIDS among prisoners and IDUs			Formative and qualitative Research and mapping among IDUs is conducted and findings are disseminated	NAP , MOI and agency reports	Yes	No	No	By end of 2011, two phases of the study were completed. Study will be finalized in 2012.
	1.2.3 Support provided to GOI to undertake Qualitative and Formative Research on HIV/AIDS and Sex Work	UNFPA	National AIDS Program and other line Ministries	Qualitative and formative research among FSWs are conducted and findings are disseminated	NAP& Agencies Reports	Yes	No	NO	Planned to be finished in 2012.
JP Output 1.3: Enhanced capacity of the National AIDS Program, NGOs and	1.3.1 Enhanced capacity of NAP officers and youth organizations on HIV/AIDS	UNFPA for out school and UNESCO	National AIDS Program and	Number of male and female NAP and NGO staff trained on HIV/AIDS youth programming (disaggregated by sex)	NAP& Agencies Reports	0	50	50	
NGOs and Higher Committee on AIDS for better HIV/AIDS programming.	Youth Programming fo	for in School	other line Ministries	Percentage of those trained fully satisfied with the quality and usefulness of the training on youth programming	NAP& Agencies Reports	-	80%	80%	

1.3.2 Enhanced capacity of women organizations to integrate gender and HIV/AIDS in development programming	UNFPA	National AIDS Program and other line	Number of male and female staff from NGOs and Line Ministries trained on Gender and HIV/AIDS (disaggregated by sex)	NAP& Agencies Reports	0	50	0	
	Ministries	Ministries	Percentage of those trained fully satisfied with the quality and relevance of training on Gender and HIV/AIDS	NAP& Agencies Reports	-	80%	NA (see above)	
1.3.3 Enhanced capacity of MOH to integrate HIV/	UNICEF	National AIDS Program ,	Number of male and female staff from MOH and NGOs trained on HIV integration in MCH programs (disaggregated by sex	NAP& Agencies Reports	0	80	80	
AIDS in MCH Programs	CINCL	NGOs and MCH Department	Percentage of those trained fully satisfied with the quality and relevance of training on HIV/AIDS integration in MCH Programs	NAP& Agencies Reports	-	80%	80%	