

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

Participating UN Organization(s)	Sector(s)/Area(s)/Theme(s)
WHO	Old Cluster: Health and Nutrition New Sector: Health and Nutrition

Programme/Project Title	Programme/Project Number
Communicable Diseases Prevention and Control Programme	D2-20 ATLAS Award number ATLAS Project number

Programme/Project Budget	Programme/Project Location																
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FINAL NARRATIVE REPORT

I. PURPOSE

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

Through this project WHO Supported the implementation of communicable diseases prevention and control activities related to surveillance and outbreak response; water born diseases, vector born diseases, tuberculosis, HIV and other communicable diseases.

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

Main outcomes:

- ✓ Disease surveillance and outbreak response at central and governorate levels strengthened
- ✓ Prevention and control of vector born and Zoonotic diseases

Main outputs

- Disease surveillance system strengthened and outbreak response activities implemented as needed
- Vector control prevention and control activities are conducted including indoor spraying, fogging, entomological surveillance and rodent control activities.
- Zoonotic diseases prevention and control activities are supported
- HIV/AIDS prevention and control activities are supported

Main activities

- Conducting 20 training workshops on diseases surveillance system at governorate and district levels.
- Providing urgently needed lab reagents, kits and equipments necessary for lab based disease surveillance.
- Supporting outbreak investigation and response teams at central and governorate levels
- Conducting 20 training workshops on the control and prevention of water born diseases.
- Supporting community awareness activities on the prevention of water born diseases
- Providing 30 fellowships on communicable diseases surveillance and outbreak response
- Conducting Communicable diseases supervision and monitoring activities.
- Conducting 10 advocacy meetings to raise community awareness on Leishmania and Malaria prevention
- Conducting 10 workshops for health workers to improve their awareness concerning Leishmaniasis and Malaria prevention and control.
- Conducting 2 Malaria and Leishmania spraying and fogging campaigns.
- Printing and distributing advocacy materials taking into consideration Malaria elimination
- Conducting 19 entomological surveys and 19 rodent control campaigns in all governorates.
- Conducting 19 rodent control campaigns in all governorates.
- Conducting 10 training vector control workshops and 10 advocacy meetings and 5 vector control fellowships.
- Conducting spraying activities in waste dumping, garbage and water collection sites.
- Monitoring of insecticide resistance through providing the necessary kits.
- Providing 5 fellowships on Schistosomiasis control and prevention
- Conducting 10 advocacy meetings to raise community awareness concerning Schistosomiasis prevention. Conducting 10 workshops for health workers to improve their awareness concerning Schistosomiasis prevention and control and conducting a Schistosomiasis research.
- Conducting Snail (Vector control) spraying campaigns
- Conducting a joint epidemiological survey on Brucellosis in Iraq
- Providing 4 fellowships on epidemiology, prevention and control of Rabies and Brucellosis

- Conducting 20 HIV/AIDS workshops on HIV/AIDS surveillance including 2nd generation surveillance.
 - Evaluating and monitoring of HIV/AIDS surveillance activities. Initiating HIV/AIDS voluntary and counselling units .Providing 10 HIV/AIDS fellowships on HIV/AIDS surveillance including 2nd generation surveillance. Providing diagnostic kits and Anti Retroviral (ARV) drugs.
- 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 strategy outcomes, By 2010, health and nutrition related programs enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable groups

The project is also in line with MDG 6: Combat HIV/AIDS and other diseases.

The project is also in line with NDS priorities: 7. improving the quality of life 7.8 Health

ICI relevant benchmarks: 4.4.1 delivering basic services: Working towards Millennium Development Goals

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

The primary implementing partners are Ministry of health and WHO. Beneficiaries are all Iraqis mainly the most vulnerable to diseases including children, women , etc

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?**

Key outputs achieved

Training Activities

- 22 epidemiology fellowships have been provided
- 14 fellowships on Viral Hepatitis prevention and control have been provided in Egypt.
- Three Iraqis were supported to get masters degree in Epidemiology
- In 2009, many missions have been conducted to Baghdad by WHO International staff to update the pandemic Influenza plans and to assess the core capacities needed for the implementation of International Health Regulations.
- Till September 2009, tens of workshops have been supported in different areas including vector control, Viral Hepatitis, Malaria, water born diseases, communicable diseases surveillance, Schistosomiasis, HIV/AIDS, Anthrax and Pandemic Influenza
- H1N1 communication workshops have been conducted in Erbil
- WHO has participated in the United and Healthy Medical Conference (22 March 2008) and Sixth Scientific Conference of Salah al-Din (23-24 March 2008)
- Numerous missions have been conducted by WHO International staff during the Cholera outbreaks reported in 2007 and 2008
- A short course on Surveillance and Outbreak Investigations has been conducted in Baghdad from 29th April to 7 May 2008. The aim was to enhance the capacity of participants to conduct public health surveillance and respond to outbreaks of diseases in Iraq.
- A short course on Surveillance and Outbreak Investigations has been conducted in Erbil from 15th to 25th November 2008. The aim was to enhance the capacity of participants to conduct public health surveillance and respond to outbreaks of diseases in Iraq.
- Fellowships on prevention and control of Brucellosis, Rabies, Schistosomiasis and 5 vector control fellowships have been provided
- Ministry of Health in Iraq and the World Health Organization Iraq has organized a Meeting on the Assessment of Core Capacities and Plans of Actions Needed for the Implementation of International Health Regulations 2005, the meeting was conducted between 8-12 March 2009 in Amman / Jordan. About 45 Iraqi officials have participated in the meeting from different ministries including Ministry of Health, Ministry of Higher Education, Ministry of Transportation, Ministry of Interior, Ministry of Environment, Ministry of Trade, Ministry of Agriculture, Ministry of Foreign Affairs, Ministry of Defence in addition to representatives from Iraqi and Kurdistan Parliament. Another meeting was conducted in Baghdad between 26-28 April with full expert facilitation and logistic support from WHO to finalize IHR plans of actions .

Procurement of Medical Supplies and Equipment

- Procurement of lab reagents and medical supplies needed to improve lab based surveillance has been completed by the regional office and all items have been delivered to Baghdad.
 - Virus transport media, H1N1 diagnostic kits and Anti Viral treatment have been procured
 - Communication supplies have been procured
 - Leishmania diagnostic kits and treatment have been procured
 - 5 millions water purification tablets have been procured for the Cholera outbreak
 - 10 Cholera kits have been procure during the outbreak (112,000 US\$)
 - WHO has procured Ant Malaria drugs and Ant RetroViral Drugs to treat HIV/AIDS
- Procurement of Hemorrhagic Fever kits has been completed and the items have been delivered to Baghdad.

Contracts

- Full technical and logistic support was provided for two Malaria and Leishmania spraying campaigns conducted in May and September 2007, 2008 and 2009
- WHO has supported multiple communicable diseases prevention and control activities:
 - spraying campaigns to prevent Schistosomiasis
 - Spraying campaigns in water collection and damping sites 19 rodent control campaigns
 - 19 entomological surveillance campaigns
 - Malaria active detection surveys
 - Communicable diseases monitoring and Evaluation activities
- The implementation of Schistosomiasis survey has been completed and the final report has been developed.

Beneficiaries

- a- The direct beneficiaries are all Iraqis who have been protected against communicable diseases mainly the children and women who are the most vulnerable.
- Physicians and health workers have been trained on communicable diseases prevention and control
- b. Indirect Beneficiary is the community who has been updated on the preventive and control measures through the advocacy meetings, orientation sessions, etc.
- c. **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.**

Communicable Diseases prevention and control activities are implemented through programmatic approaches and comprehensive packages of interventions. The impact of the programme has been significant. For example no indigenous Malaria cases were reported during 2009 and only one imported case was reported from Pakistan. The achievements in Malaria is due to the comprehensive package of prevention and control activities conducted during the previous years by Ministry of Health with full technical and logistic support from WHO on number of activities, including early diagnosis and response, indoor spraying, fogging, entomological surveillance activities and rodent control activities.

Most of CDC Baghdad staff was engaged in the containment of the Cholera outbreak reported during 2007 and 2008, which to some extent has delayed the implementation of the project activities

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

The impact of the programme has been significant. This 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. Furthermore, it is linked to **MDG 6** (Combating HIV/AIDS, Malaria and other diseases).

The responsibility of enhancing and improving health indicators falls heavily on the MoH but it is recognised that the actions undertaken by other ministries also have a great impact on successful implementation. Hence, WHO works closely with the Ministries of: Education, Higher Education, Environment, Municipalities and Public Works, Agriculture, Interior, Finance, and planning to identify the needs and to coordinate the response in line with Iraqi National Development Strategy.

Through the programmatic approach adopted by the UN in Iraq, WHO, as the leading agency in health, works 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.

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

The primary implementing partners are Ministry of health and WHO

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

• Were the needs of particularly vulnerable or marginalised groups addressed?

All people – without distinction of gender, race, religion, political belief, economic or social condition, has a right to equal access to the needed interventions

• How did men and women benefit from the programme/project? How were gender inequalities handled?

Both men and women had access to the conducted interventions without distinction; also health staffs (male and female) were both involved in the implementation of the project activities.

All the services were provided according to health needs of the community and communicable diseases data provided by CDC Baghdad and the governorates, so there were no gender inequalities.

• Were environmental concerns addressed including environmental impact/risk assessment where relevant?

Special attention was given to the role of hygienic environment in preventing communicable diseases Training on infection control was provided, all the updated infection control guidelines were provided to all concerned. Community awareness conducted taking into consideration the role of environmental factors in spreading or preventing the disease.

• Were there any specific issues in relation to the security situation?

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 UNDSS 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.

• Did the project contribute to employment generation (gender disaggregated)?

Job opportunities were created to the community through employing of workers, field supervisors and the teams to conduct the activities in different locations,

g. 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?

All the services have been provided according to health needs of the community and communicable diseases data provided by CDC Baghdad and the governorates at weekly and monthly basis.

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

Insecurity has limited health staff access to some communities

Most of CDC Baghdad staff was engaged in the containment of the Cholera outbreak reported during 2007 and 2008, which to some extent has delayed the implementation of project

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

- 1- Security remains one of the key challenges to programme implementation in Iraq.
- 2- Humanitarian and development activities are proceeding in tandem. WHO is providing support for the humanitarian activities while giving technical advice for the development of health strategies and policies.
- 3- A coordinated and a multi-sector approach is essential for averting and containing public health threats.
- 4- The stockpiling and pre-positioning of medicines and medical supplies is essential.
- 5- The need for continuous training programmes is crucial due to high staff turnover.

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Means of Verification	Comments (if any)
IP Outcome 1: Disease surveillance and outbreak response at central and governorate levels strengthened						
1. IP Output 1.1: Disease surveillance system strengthened and outbreak response activities implemented as needed	<ul style="list-style-type: none"> • Indicator 1.1.1: Reporting completeness and timeliness 	Completeness : 80% Timeliness: 80%	Completeness: 95% Timeliness: 95%	Most PHCs and hospitals are timely reporting on monthly and weekly basis	WHO international missions to Iraq WHO national focal points in different governorates CDC Baghdad reports	
IP Outcome 2: Prevention and control of vector born and Zoonotic diseases						
IP Output 2.1 Vector control prevention and control activities are conducted including indoor spraying, fogging, entomological surveillance and rodent control activities.	<ul style="list-style-type: none"> ○ Indicator 2.1.1: No. of Malaria cases reported 	Six confirmed cases in 2008	Zero cases	Zero cases in 2009,	CDC Baghdad reports WHO national focal points in different governorates	
	<ul style="list-style-type: none"> ○ Indicator 2.1.2: No of confirmed deaths due to Malaria 	Zero deaths in 2008	Zero deaths	Zero deaths in 2009	CDC Baghdad reports WHO national focal points in different governorates	