[INSERT NAME OF MPTF/JOINT PROGRAMME]
FINAL PROGRAMME NARRATIVE REPORT

Programme Title & Project Number	Country, Locality(s), Thematic Area(s)
• ProgrammeTitle: Disease Eradication, Elimination and Introducing new vaccines • Programme Number: D2-19 • MPTF Office Project Reference Number:	*Country/Region: Iraq* *Thematic/Priority: Essential Services/ Health*

Participating Organization(s)	Implementing Partners
WHO, UNICEF	Ministry of Health (MOH), the Directorates of Health (DoH), UN agencies and NGOs

Programme/Project Cost (US$)	Programme Duration (months)
MPTF/JP Fund Contribution: USD 12,000,000 WHO **USD 6,201,841** UNICEF **USD 5,798,159**	Overall Duration *(months): 28 months*
Agency Contribution: $52,254 (WHO) and 1,400,000 (UNICEF)	Start Date: ***31 March 2007***
Government Contribution: Procuring all vaccines	End Date: ***31 March 2008*** Revised End Date: ***30 June2009***
Other Contributions (donors)	Operational Closure Date: ***30 June 2009***
TOTAL: US$ 12,000,000	Expected Financial Closure Date: ***30 June 2009***

Final Programme/ Project Evaluation	Submitted By
Evaluation Completed ☐ Yes ■ No Date: ___________ Evaluation Report - Attached ☐ Yes ■ No	• Name: Dr. Ezechiel Bisalinkumi • Title :Health Technologies and Pharmaceuticals • Participating Organization (Lead): WHO • Contact information: bisalinkumie@who.int

EXECUTIVE SUMMARY

The "Disease Eradication, elimination and Introducing New Vaccines" project was launched by WHO and UNICEF in order to assist the Ministry of Health of Iraq to revitalize the vaccination programme for infants and children and reverse the downtrend of immunization coverage of infants by essential vaccines, decentralize vaccines storage facilities and assess the need for introducing new vaccines into the national immunization programme. The key developmental goal of the project was to contribute to the reduction of infant and child morbidity and mortality through protecting more children against vaccine preventable diseases.
The project was funded by UNDG-ITF earmarked for the Health and Nutrition Cluster with a budget of USD 12 million, of which WHO receives USD 6,101,841 and UNICEF USD 5,798159. On top of this budget (all provided by the Japanese Government), the MoH pledged USD 25 million. Also WHO and UNICEF allotted USD 52,254 and USD 1,400,000 respectively.

The project beneficiaries were children less than 5 years of age at the national level in the 18 governorates of Iraq, with some interventions of focused on selected districts. The original project duration was February 2007 to March 2008. However, due to unavoidable delays in implementation, the project was extended to June 2009 and the target dates for achieving the desired outcomes were also deferred.

The project major implementation partner was the Ministry of Health, all WHO and UNICEF programmes were implemented in close coordination with MoH staff with active participation of WHO and UNICEF national staff in Iraq. At central level, the Ministry of Health was involved in setting policy and strategic direction and Macro-plans and was responsible for the overall monitoring and evaluation of the project. The national Expanded Immunization Programme (EPI) manager was entrusted with the overall management of the programme. At the governorate level, a governorate EPI manager was responsible for micro-planning and implementation and monitoring of the activity in the governorate. At a Community level local community leaders including religious leaders were involved in social mobilization and were responsible for encouraging families to immunize children and facilitate mobile teams" movement from house to house. Other partners included 400 fields" monitors from IRCS and around 40 supervisors from medical schools who were involved in monitoring the campaign.

The under 5-children in Iraq as a whole and without discrimination benefited from various public health control activities of this programme through support of immunization campaigns including NIDs and social mobilization.
The project implementation took also into consideration the effect of unstable security situation in Iraq during the project lifespan, and the fact that the project management, including implementation and monitoring project activities inside Iraq by WHO – Iraq, based in Amman, Jordan. This resulted in further challenges and difficulties during project implementation.

Despite the above challenges, the following outcomes resulted from project implementation at end of the project implementation in June 2009:

- 90% of the urgently needed vaccines, syringes and measles laboratory equipment and supplies were provided, with no reported shortages.
- Only 60% of districts reported 80% or more infant coverage with DPT3 in remote/hard-to-reach areas (This was addressed by Supplementation Immunization Activities (SIAs) after expansion of the project duration) and regular reports on EPI coverage were received from 80% of districts.
- Two rounds of house-to-house OPV immunization campaigns were launched in September/October 2007 and October/November 2008, which reached more than 90% of under 5 children.
- Measles case-based surveillance and measles laboratory-based diagnosis was well established.

- 92% of 9-59 months old children were vaccinated against measles through house-to-house national MMR campaign (April/May 2008).
- Eight hospitals had a well-functioning rotavirus surveillance system, but only 50% of the selected hospitals, had a well-functioning system for surveillance of bacterial meningitis.
- The three regional vaccine stores in Erbil, Babel and Basra were constructed and became functional.

I. PURPOSE

The main purpose of this project is to contribute to the reduction of infant and child morbidity and mortality through protecting more children against more diseases through the following main objectives:

a) Achieve, by the end of 2008, coverage of at least 80%, by all essential vaccines among infants in every district.
b) Maintain poliovirus free status through 2007 and 2008 and eliminate measles from Iraq by the end of 2008.
c) Provide evidence base for the introduction of rotavirus and Hib vaccines in the EPI program by the end of 2008.
d) Decentralize vaccine storage and management by the end of 2008.

Outputs

1. All policy makers are aware, supportive and committed to vaccination of children and women, polio eradication and measles elimination strategies.
2. Community members, nongovernmental organizations and interest groups committed and engaged in immunization advocacy and implementation.
3. Regular, reliable and safe immunization services that match demand provided by MoH
4. Good management, analysis, interpretation, use and exchange of vaccination coverage and EPI targeted disease data at all levels Strengthened.
5. Un-reached children are reached -through reach teams- in every district at least 4 times yearly.
6. Access to immunization services in complex humanitarian emergencies ensured.
7. Polio free status and measles elimination maintained through polio national immunization days and measles campaigns.
8. The disease burden and cost of introduction of vaccines against Rota virus and heamophilus influenza type b bacteria assessed and verified.
9. Laboratory capacity for the diagnosis for rotavirus and Heamophilus influenza type b bacteria strengthened.
10. Decentralized vaccine storage facilities by building regional vaccine stores in the northern and southern areas.

- **Qualitative assessment**

WHO main partner is MoH; the result of this collaboration is continuous capacity building in the field of immunization which is seen as crucial for the wider strengthening of the health systems and a major element of the effort to attain the millennium development goals.

WHO is providing technical and logistics support, in addition to coordination and leadership. UNICEF is providing support in the field of social mobilization and vaccine and cold chain equipment procurement. IRCS and medical schools are responsible for independent monitoring and play an important role for internal reviews and technical and advisory committees.

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

The success of the EPI program was due to effort done in advocacy (specially for decision makers) and social mobilization to ensure that Immunization is highly valued by all partners and actors at all levels and their solidarity in ensuring that all children irrespective of ethnicity or belief are vaccinated with vaccines that meets internationally recognized standards of quality and safety, and services are delivered according to best practices..

Provision of vaccine through house to house visits with special attention to high risk areas and population is the best methods to ensure equal opportunities irrespective of gender, race, and religion, and political belief, economic or social condition.

The following were projected activities up to the end of December 2008 which the key targets or key outcomes and outputs mentioned below some of which were achieved after adjustments of strategies:

a) Continuous advocacy; among policy makers to ensure that EPI remains high on the agenda of the MoH, MOPD and MOF to ensure enough financial support to maintain the gains in routine EPI coverage, measles elimination and interruption of poliovirus transmission.
b) Further strengthening of polio and measles case based surveillance and laboratory confirmation of suspect cases by the provision of standardized reagents, cell line, local and international training for laboratory and EPI governorate managers.
c) Support MoH to introduce new and improved vaccines in the childhood immunization program.
d) Support MoH efforts to better manage the immunization program especially at the district level.
e) Continuous weekly feedback and technical guidance from WHO technical units to governorate and MOH staff.
f) Ensure that all vaccines procured by MoH are of assured quality and procured from WHO accredited producers.
g) Ensure that MoH has developed the capacity at all levels to conduct case-based surveillance of vaccine-preventable diseases, supported by laboratory confirmation where necessary, in order to measure vaccine coverage accurately and use these data appropriately.
h) Support MOH to carry out two round Polio NIDs in March & May 2009 in collaboration with WHO.
i) Complete rehabilitation of the regional vaccine store in Basra.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

i) Narrative reporting on results:

The activities undertaken and results achieved during the project cycle are outlined below:

- **Achieve by the end of 2008 infant vaccination coverage of at least 80% in every district**

1- Supply of urgently needed vaccines, syringes and measles laboratory equipment and supplies:

This was 90% achieved as verified through field visiting WHO and UNICEF staff as well as by reviewing reports from vaccine warehouses. The MoH is now procuring all needed vaccines, syringes, and cold chain equipment. WHO and UNICEF are bridging gaps and providing special reagents. Shortages at central or regional levels are now rare events. Implementation was also verified by independent monitoring undertaken by IRCS as well as by rapid coverage surveys in selected high risk districts.

2- Strengthening immunisation services even in remote and hard to reach areas

a) Access to immunization services improved in remote and hard to reach areas throughout reach activities:

The planned target was to ensure that at least 80% of districts will achieve 80% coverage by DPT3 among infants. As at 31 December 2008, only 60% of districts reported 80% coverage.

b) Better management of all EPI activities and district at health centre level, including vaccine management:

The planned target was to ensure that regular monthly reports reflecting coverage for every vaccine by district are received from at least 90% of districts. As at 31 December 2008, regular reports were received from 80% of districts. Further progress in this respect could be achieved by introduction of computerized data management as well as by more training on EPI data management including data quality self-assessment.

- **Maintain poliovirus free status through 2007 and 2008**

The last indigenous wild polio virus case was isolated in Iraq in January 2000. AFP surveillance indicators suffered immediately after the war but the efforts of the national staff were successful in achieving a rate of > 2/100,000 among children below 15 years. The non-polio AFP rate increased from 1.6 in 1999 to 2.8 in 2005 and 3.0 in 2006. Stool adequacy rate has also increased from 79.7% in 1992 to 94% in 2005 and 92% in 2006. Except in high risk areas such as Anbar, all governorates achieved the non-polio rate of 2/100,000.

A national plan for preparedness and control of imported wild polio virus was prepared, with the main objectives of maintaining polio free status; ensure adequate preparedness for possible imported cases and maintaining high quality surveillance of AFP. A team of 24 national experts were recruited and oriented on AFP surveillance and monitoring activities. The team members held discussions with more than 400 key persons at 16 hospitals and 50 PHCUs and concluded that there is an established AFP surveillance system and structure within EPI at national level.

In addition, the MoH prepared and distributed a field manual on acute flaccid paralysis and trained EPI focal points on AFP surveillance.

Access to immunization services improved for all under 5 years old children through two rounds of house-to-house OPV vaccination campaigns in 2007 and 2008:

- The two rounds were conducted in September/October 2007 and October/November 2008 and reached more than 90% coverage of under 5 children except in Baghdad/Karkh and Diyala. The relevant administrative reports were verified by WHO and UNICEF staff, which affirms that Polio free status was maintained in 2007 and 2008, (consistent 8 year polio free status was maintained in the country since 2000).
- The MoH is now preparing periodic reports on AFP which are submitted to WHO regional office on regular basis.

- **Eliminate measles from Iraq by the end of 2008**

Replace measles aggregate based reporting with measles case-based reporting and, introduce laboratory based classification of measles instead of clinical based classification:

- As at 31 December 2008, measles case-based surveillance and measles laboratory based diagnosis was well established.
- Measles situation is reported on weekly basis to WHO and MoH and WHO are now issuing weekly reports on measles situation in Iraq. The measles national laboratory is now accredited by WHO and is generating weekly reports about its activities and WHO is receiving weekly data about measles situation from the national measles laboratory.

Immunize 3.8 million 9-59 months old children by measles vaccine through house-to-house national campaign. Field visits by WHO and UNICEF staff, reports from warehouses and review and scrutiny of administrative data and reports, revealed that 92% of 9-59 children were reached during the April/May 2008 MMR vaccination campaign, with a range from 105% in Najaf DOH to 61% in Baghdad, Karkh. The lower

rates were in districts, which were hit by high waves of violence mainly Baghdad/Karkh, Suleymaniya, Diyala, Anbar, and Salah-Din.
The MoH is now preparing weekly feedback reports on measles which are submitted to WHO regional office on regular basis. In addition WHO and MoH prepared, published and distributed a field manual in Arabic and English on measles and rubella surveillance and trained EPI focal points on surveillance methodology. Also a special publication on measles outbreak in Iraq 2008-2009 was prepared.

- **Provide evidence base for the introduction of rotavirus and Hib vaccines in the EPI by the end of 2008**

Bacterial meningitis and rotavirus surveillance was introduced in 8 main hospitals: Monthly reports received from the National Public Health Laboratory, revealed that rotavirus surveillance have clearly indicated the size of rotavirus diarrhea and made the introduction of rotavirus vaccines a high priority. However, although 8 hospitals have a well-functioning rotavirus surveillance system, surveillance of bacterial meningitis is progressing slowly as only 50% of hospitals have a well-functioning system.

According to the feedback obtained during field evaluation, the activity seems to be confined to Baghdad but not in other areas where laboratories are not as yet available.

- **Decentralize vaccine storage and management by the end of 2008**

Vaccine warehouses storing and distributing vaccines to the north and south were completed and functioning. This was fully achieved as three regional vaccine stores in Erbil, Babil and Basra were constructed and functioning. UNICEF and WHO field reports confirm the functioning of the regional vaccine warehouses. However, during interviews with MoH officials in the governorates, it was reported that the regional stores are not as yet functional because some essential equipment is still missing while other equipment was not in a functional condition when it was received.

The above results were achieved through the vigorous efforts exerted by WHO and UNICEF in close coordination with MoH staff. Intensive training was undertaken to strengthen the capacity development of staff, which covered:

- Training of province and national EPI managers and surveillance officers on RED strategy to enhance infant and child immunization coverage, measles strategies and activities to achieve measles elimination by 2010 and introduction of new vaccines.
- Pre-measles training of all vaccination teams (7,176 vaccinators) and 1,024 field supervisors.
- Training on micro-planning and mapping activities.
- In addition, two training workshops were conducted during November/December, 2007 where 60 medical officers participated and another workshop was conducted in Amman, Jordan for EPI medical personnel.

It can be noticed from the above, that the activities undertaken had contributed to the realization of the underlying project objectives especially with regard to revitalization of the immunization programme and reversing the down trend of coverage of infants and children by essential vaccines. The project was able to achieve the stipulated results, with few exceptions relevant to inadequate vaccination coverage in certain sub-districts, incomplete reporting from some districts, non-completion of the bacterial meningitis surveillance and deferred decision on introducing new vaccines in the national EPI pending further assessment of the needs and costs. Nevertheless, the project had contributed to strengthening the EPI programme at the national level, by vaccinating all infants and children in all governorates including high priority districts as well as by development of the technical and managerial capacity of MoH staff.

III. EVALUATION & LESSONS LEARNED

Use of fixed vaccination posts under emergency situations, where access of the population to health services is limited, does not achieve the desired outcomes. Example: the low coverage of 80% achieved in Suleymaniya during the 2007 MMR campaign, compared to the above 90% coverage in other governorates.

The only strategy that can guarantee more than 90% coverage is the house-to-house canvassing and vaccination of children.

- Advocacy and social mobilization before and during national immunization campaigns, is of crucial importance for the success of these campaigns.

The social mobilization activities undertaken during the implementation of this project played a vital role in parents and community acceptance of immunization and guaranteed their support to vaccination campaigns.

- Military operations, curfews, closures and roadblocks were the main obstacles for the mobility of vaccination teams and access of children to vaccination services.

Some of the good practices employed during vaccination campaigns, included modifying scenarios to complete the work of vaccinating teams by working in holidays, joining two or three teams to finish work in one place and rapidly shifting to another and avoiding marking on houses in risky areas to hide the movement of vaccination teams. On many occasions telephone or electronic mail was used as a means of communication and exchange of data, views and comments.

- In spite of the devoted efforts exerted by WHO and MoH to enhance the national capacity in the areas of EPI disease surveillance all through the project cycle, nevertheless certain deficiencies and shortcomings in the overall performance were detected including:

Non-participation of some DoH focal points in the training activities, which reflected on the quality of surveillance activities.

The membership and activity of the national expert committee and the national polio certification committee was limited. The guidelines on surveillance of measles and AFP were developed but their distribution was limited.

Structured supervisory visits from central level to DoH and from DoH to districts were inadequate.

Data submitted from governorates to the central level were not regularly analyzed and feedback was inadequate. There is no committee to follow up on implementation of the preparedness and response plan regarding imported polio especially in relation to IDPs and pilgrims. These deficiencies need to be addressed in order to ensure the future sustainability of programme activities.

- Should the current unstable situation continue to prevail during the design of similar projects in the future, the MoH should maintain close co-ordination with the Ministry of Interior and other concerned security authorities, in order to ensure safe passage of staff implementing the project. Such coordinated arrangements are necessary for protection of staff and avoiding delays in implementation.

- Despite the unstable security situation in Iraq during the project implementation period, and the remote nature of managing, implementing and monitoring the project activities inside Iraq from WHO – Iraq, based in Amman, Jordan. It is the opinion of SOC evaluation team that the project met its objectives and goals.

ii) Indicator Based Performance Assessment:

Programme Results Framework from the Project Document / AWPs: details of the achievement of indicators at both the output and outcome level are shown in the table below.

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Means of Verification	Comments (if any)
Outcome 1 : Contribute (by the end of 2008) to the reduction of infant and child morbidity and mortality through protecting more children against more diseases.						
Output 1.1 All policy makers are aware, supportive and committed to vaccination of children and women, polio eradication and measles elimination strategies.	Indicator 1.1.1 EPI is considered as a top priority by MoPD and MoF	EPI is not a top priority in the Agenda of both ministries	The Minister of finance and Minister of planning are well aware about the importance of EPI and is given a top priority	EPI is on the top of the agenda of Minister of finance and planning	MoH is procuring all vaccines and syringes using its own resources	During 2007 and 2008, MoH was able to procure all vaccine and syringes using its own resources.
Output 1.2 Good management, analysis, interpretation, use and exchange of vaccination coverage and EPI targeted disease data at all levels strengthened.	Indicator 1.2.1: Reports about vaccination coverage and target disease received on a regular monthly basis by WHO	Reports about vaccination coverage and target disease are not regular or timely	WHO will receive on the 15th of each month the EPI coverage and EPI target disease data of the previous month	Regular and timely monthly reports are received from MoH by WHO	Timeliness and completeness of MoH reports received in by WHO Iraq program in Amman	WHO is receiving regular monthly reports from MoH, a monthly feedback is sent to MoH
IP Output 1.3 Women and children who have not already been reached are reached throughout reach teams- in every district at least 4 times yearly.	Indicator 1.3.1: At least 4 round of house to house immunization campaign are conducted every year	MoH do not have enough resources to conduct 4 rounds of outreach activities	4 round of house to house immunization campaigns are conducted annually to reach and vaccinate all children	MoH using its own resources was able to conduct 3 rounds of house to house immunization campaigns in 2008	MoH reports verified by WHO and UNICEF field staff and contractors	Vaccination coverage of infants by 3 dose of the combined Diphtheria pertussis and tetanus vaccine jumped from 67% in 2007 to 78% in 2008.