



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 2010

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: 74328	Country, Locality(s), Thematic Area(s)² <p><i>Iraq nationwide</i></p> Thematic Area/Sector: Health and Nutrition
Participating Organization(s) <p><i>WHO and UNICEF</i></p>	Implementing Partners <ul style="list-style-type: none">• Ministry of Health
MDTF Fund Contribution: WHO \$ 1,488,248 UNICEF : \$ 1,000,000 Government Contribution \$ 20,683,000 Other Contribution (donor) \$ 23,471,748	Overall Duration: 18 Months Start Date: 02 March 2010 End Date : 02 Sep 2011 Operational Closure Date 02.09.2011 Expected Financial Closure 02.09.2012
Programme Assessments/Mid-Term Evaluation <p>Assessment Completed - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>Mid-Evaluation Report – <i>if applicable please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p>	Submitted By <ul style="list-style-type: none">○ Name: Dr. Omer Mekki○ Title: Medical Officer○ Participating Organization (Lead): WHO○ Email address: mekkio@irq.emro.who.int

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

² Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.

NARRATIVE REPORT

I. Purpose

1. Ministry of Health (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 programme 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,

- **The Programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund/JP as the following.**
 - 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:

- **Other funding resources available to the project:**
 - MoH is procuring all vaccines for routine and Supplementary Immunization activities and providing all the logistical support for National Immunization Campaigns. This is in addition to MoH being the sole employer of all EPI staff at all levels.
- **The good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.**
 - Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project, the turnover within the MoH officials is delaying implementation, changing the project focal points and transferring it to another directorate, the elections that took place during March 2010 has also had an impact on the implementation, where many activities were postponed Finally, WHO launched a new Global Management System (GSM) that replaced the old system CAMS (Country Assistance Management System) and this has also contributed to the delays in approval and transfer of allocation that impeded on project implementation.

Human Resources:

- **National Staff:**
 - One senior technical officer in Amman full time
 - One medical officer in almost every province part time
- **International Staff:**
 - One medical officer in Amman full time.
 - VPI team in WHO regional office (10 technical officers); part time.

III. Implementation and Monitoring Arrangements

- **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.
- **The procurement procedures utilized.**
 - Since 1995, WHO and UNICEF were providing support to MoH routine EPI and National Immunization Days (NIDs) at the rate of at least 4 rounds each year. Therefore, WHO and UNICEF have a rich experience regarding the cost of the different inputs, whether it is hiring of vehicles (done through contractors) or cost of internal training and reorientation of staff.
 - UNICEF and WHO administrative procedures are in accordance with quality management practices. In terms 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 will ensure cost effective and timely procurement of all supplies under the project. Again, given UNICEF's vast logistics management experience in emergency programming across the globe as well as in Iraq, it will be able to ensure efficiency and speed 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 will further ensure local appropriateness, acceptability and ownership established and very stringent existing UNICEF monitoring, tracking, supervision, and audit mechanisms will be applied.

- **The monitoring system.**

- The Ministry of Health is the executing Ministry for the programme, through the National EPI Manager.
- In close coordination with the UN Health Cluster partners, WHO/Medical Officer based in Amman, who has five years of experience coordinating such activities in Iraq and ten years in the region, will ensure the coordination of activities with MoH, medical schools and the Iraq Red Crescent Society (IRCS).
- WHO Medical Officer will be assisted in this task by four National Medical Officers stationed in Baghdad, Mosul, Erbil and Basra – all of whom have more than five years experience in planning and monitoring campaigns in Iraq.
- WHO has worked closely with medical schools and IRCS during the past ten years in monitoring such campaigns. IRCS monitors will be distributed in all districts (at least 6 monitors per district) who will oversee project implementation and monitor coverage. This is enough assurance that all targeted children will be reached and vaccinated.
- The WHO team in Amman and in Iraq will be supported by WHO Regional Office for Eastern Mediterranean (EMRO), EPI division in EMRO and in Headquarters (Geneva). As required, WHO country, regional and headquarters offices will provide necessary technical support and advice as required.
- Part-time UNICEF senior international staff and two national UNICEF project officers will guide the monitors and aid the smooth implementation of the UNICEF-part of the project with periodic support from UNICEF ISCA office and international specialist staff based in Amman.
- Three senior level technically qualified national Iraqi monitors will be engaged for this project through a corporate contract with UNICEF. They will be responsible for liaising with the various departments, other partners and the community and coordinate the sectoral activities on the ground on a day-to-day basis and provide periodic reports to the respective sections in UNICEF office inside Iraq and in Amman under its national programme.
- UNICEF will support social mobilization, logistic support and printing of registers and procure 10 million doses of polio vaccine. WHO will support all training activities, independent monitoring, support to out reach and their supervisors in addition to strengthening diseases surveillance. more elaboration on the roles of each agency is needed. llance. more elaboration on the roles of each agency is needed.

- **Assessments, evaluations or studies undertaken.**

The Iraq Red Crescent Society and medical schools were contracted to monitor the measles campaigns and the 4 rounds of Polio National Immunization Days; results of the independent monitoring did not show any significant disparity from administrative reports.

IV. Results

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

Summary of Programme progress in relation to planned outcomes and outputs		
<p>MoH is better able to monitor EPI target diseases and routine and supplementary immunization activities</p>	<p>WHO: 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. 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 analyzed and a weekly feed forward report to senior management and WHO is generated and sent. At the same time a weekly feedback is sent to all PHCC staff. Two field manuals one for measles surveillance and the second for poliomyelitis surveillance were developed, field tested and distributed to more than 2000 midlevel and field health workers. The national poliomyelitis laboratory as well as the national measles national laboratory has both been fully accredited by WHO and are now considered as full members of the global WHO network for both diseases. Iraq Red Crescent Society (IRCS) and medical schools were contracted to monitor all the 4 rounds of Polio National Immunization days; results of independent monitoring did not show any significant disparity from administrative reports.</p> <p>UNICEF: To enhance active monitoring system for EPI services provided by PHCCs, UNICEF supported the EPI coverage survey in KRG – as a pilot, before doing it at the national level. The field work finished and a report is expected in the second quarter of 2011.</p>	<p>95%</p>
<p>Use a combination of approaches to reach all children targeted by immunization</p>	<p>WHO National house to house vaccination campaigns; targeting 5.57 million under 5 children; using oral poliomyelitis vaccine were conducted in May; June; October and November 2010. More than 90% coverage was achieved. WHO contracted IRCS to monitor all rounds; monitoring data did not show much difference from administrative data.</p>	<p>90%</p>
<p>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</p>	<p>UNICEF: Supporting 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, and related IEC materials/tools development and distribution is ongoing. Up to date; 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 over 92%. This intensive work resulted in maintained the polio free status in Iraq since Jan 2000 and containing the measles outbreak (over 32,000 reported cases in 2009 to less than 1000 cases in 2010).</p>	<p>60%</p>

<p>MoH has improved capacities for and implementing outreach immunization activities</p>	<p>UNICEF and WHO</p> <p>As a first step, 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.</p> <p>Building on that meeting another meeting for all EPI managers held in Istanbul. The meeting facilitated by WHO/UNICEF experts to: a) enhance the capacity of the EPI managers for planning and implementing outreach immunization activities; b) discussing introduction of new vaccines (Rota and Hib); c) accelerating Hepatitis B control efforts; d) validation of Maternal Neonatal Tetanus - MNT elimination in Iraq (process & steps).</p> <p>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 PHCCs 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.</p> <p>Up to date; three governorates finalized their micro plan and funds will be transferred in a couple of weeks. For other two governorates, the work is ongoing and expected to be finalized by end of April. 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.</p>	<p>35%</p>
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- **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.

- **The 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 vaccine due to frequent sudden imposition of curfews in Baghdad; that delayed the shipment of vaccine to Baghdad or within country distribution.
 - Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project.
 - The turn over within the MoH officials is delaying implementation, changing the project focal points and transferring it to another directorate.
 - Tthe elections that took place during March 2010 has also had an impact on the implementation, where many activities were postponed

- WHO in Eastern Mediterranean Region is launching a new Global Management System (GSM) that is replacing the old system CAMS (Country Assistance Management System) this has also contributed to the delays in the implementation
- **The key partnerships and collaborations, and their 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 supporting EPI since its inception in 1980, therefore a rich tradition and experience in coordinating and solving problems is available.
- **Other highlights and cross-cutting issues pertinent to the results.**
 - Human rights: The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, and political belief, economic or social condition. It is also the core of the WHO Constitution. Targeting children most likely to be missed in the most vulnerable districts during the national immunization campaign, the programme ensures equity of access to immunization services and contributes to reducing morbidity and mortality of communicable vaccine preventable diseases. It remedies 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 will include proper disposal of used syringes and needles. 25 million auto disabled syringes, needles and vaccine vials are used annually. This programme has 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 will be hired for 20 days during the implementation of this programme.
 - Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section VIII, if applicable.

VIII. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator 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 the importance of measles and other	1.2.1 Number of district and local community leaders sensitized on importance of measles and other vaccinations	0	400	90%	No variance	MoH as well as WHO and UNICEF field staff reports	
	1.2.2 Number of Information education Communication materials produced	0	One mln	65%	No variance	MoH as well as WHO and UNICEF field staff reports	

vaccinations							
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	N/A	80%	70%			