



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

**Programme Title & Project Number**

- Programme Title: Support National Measles and Polio Vaccination Campaign
- Programme Number: D2-28
- MPTF Office Project Reference Number:

**Country, Locality(s), Thematic Area(s)**

*Country/Region: Iraq*

*Thematic/Priority: Essential Services/ Health*

**Participating Organization(s)**

*WHO, UNICEF*

**Implementing Partners**

Ministry of Health

**Programme/Project Cost (US\$)**

MPTF/JP Fund Contribution: \$2,488,748

**WHO \$ 1,488,748**

**UNICEF \$\$ 1,000,000**

Agency Contribution

Government Contribution

Other Contributions (donors)

**TOTAL: US\$ 2,488,748**

**Programme Duration (months)**

Overall Duration (*months*): 28 months

Start Date: (24.02.2010)

End Date: 02/09/2011

Revised End Date: **30/06/2012**

Operational Closure Date: **30/06/2012**

Expected Financial Closure Date **30/06/2013**

**Final Programme/ Project Evaluation**

Evaluation Completed

Yes  No Date: \_\_\_\_\_

Evaluation Report - Attached

Yes  No

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## **FINAL PROGRAMME REPORT**

### **I. PURPOSE**

This Programme, via its major components, was designed to ensure that:

1. All children targeted by national measles and polio, house to house immunization campaigns are reached and vaccinated by supporting medical schools and Iraqi Red Crescent Society to independently monitor these activities; verify to what degree administrative reports reflect the real vaccination coverage, identify campaigns planning and implementation gaps and problems; develop appropriate strategies to immunize children who were missed during campaigns
2. High quality Social mobilization activities are designed and implemented to increase family and community demand for immunization;
3. The needed technical and other support is provided to MoH to conduct a nationwide sero-survey to assess the disease burden of measles, rubella, tetanus and hepatitis B diseases;
4. MoH capacity for high quality measles and poliomyelitis case based and laboratory surveillance are sustained through training, provision of specialized equipment, reagents as well as quality control procedures.

### **Outputs**

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 improved capacity for case based surveillance for measles and poliomyelitis;  
MoH has improved capacity to assess the burden of measles, rubella, tetanus and hepatitis B diseases.

### **Activities**

1. Contract Iraq Red Cross/Crescent Society (IRCS) and medical schools to independently monitor national measles and polio vaccination campaigns;
2. Engage community members, non-governmental organizations and interest groups in immunization advocacy and implementation;
3. Ensure ways of targeting un-reached communities, establishing well informed community demand, and addressing the problem of immunization refusal;
4. Strengthen the managerial skills of national and district immunization providers and managers and develop and update supervisory mechanism and tools;
5. Expand the existing system for polio and measles surveillance systems for polio and measles surveillance in order to progress towards effective case based surveillance for vaccine preventable diseases;

6. Assure that sustainable systems for training, equipment and quality control procedures needed to sustain high quality diagnostics for measles and poliomyelitis are in place;
7. Regularly review district indicators of performance, including risk status for vaccine preventable diseases and use surveillance and monitoring data to advocate for improved access to, and quality of, immunization;
8. Monitor the quality and performance of coverage monitoring and surveillance system through surveys, monitoring of performance indicators, data quality assessments, disease modelling and supportive supervision;
9. Related IEC materials/tools developed, procured, distributed;
10. Support social mobilization activities at the targeted districts as well as nationwide measles and polio campaigns;
11. Support RED approach implementation in the 19 districts with less than 80% coverage, including field monitoring

## II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

- **MoH is better able to monitor EPI target diseases and routine and supplementary immunization activities**

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 5<sup>th</sup> for immunization coverage data management. These 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 PHC 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 and medical schools were contracted to monitor all the 4 rounds of Polio National Immunization days; results of independent monitoring did show any significant disparity from administrative reports.

- **Use a combination of approaches to reach all children targeted by immunization**

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 both rounds; monitoring data did not show much difference from administrative data

- **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**

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 were produced. UNICEF supported the social mobilization activities for: a) four rounds PNIDs targeting 5.4 million 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 1,000 cases in 2010); in 2011 one campaign for Polio targeted 5.6 min U5 with result 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.

- **MoH has improved capacities for planning and implementing outreach immunization activities**

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.

Building on that meeting another one for all EPI managers was held in Istanbul. The meeting facilitated by WHO/UNICEF experts aimed 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 and 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 conducted field visits to some of the selected districts and met with 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 was very much satisfied with the quality of the work.

Five DOHs (Baghdad Karkh, Anbar, Wasit, Muthana and Suleiymaniyah governorates) were selected to implement RED approach and the micro plans were developed through on job training and the work was done through intensive monitoring and closed supervision from EPI officers in MOH and UNICEF officers. Some delays were encountered due to the on-going unrest in the middle east which affected Iraq as well. In meanwhile MOH prepared new request for next round of RED approach to include Diyala, Baghdad/Rusafa, Salah Aldin, Diwaniya, Ninawa and Basra. Additionally, MOH teams have been busy with other commitments i.e preparation for the introduction of new vaccines, MICS4 survey, EPI week, etc.

During 2012 and as a result of UNICEF advocacy with EPI national manager and other stakeholders, MOH allocated additional funds to support the immunization programme focusing on low performing districts. Hence, the saved balance of this contribution was utilized to extend the RED approach activities to include another 2 governorates with low performing districts and strengthen the cold chain management by enhancing the capacity of national vaccine store by procuring 57 Ice lined refrigerators to increase its capacity to accommodate the increase size of vaccines after the introduction of Rota and Hib vaccines.

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.

Between 13-15 June 2010, UNICEF and WHO facilitated a senior level meeting on the National Expanded Programme on Immunization (EPI). Critical issues such as the need for acceleration of immunization services in low performing districts were discussed and plans from each of the performing districts were developed. The action plan for preparation for introduction of new vaccines (Hib and Rotavirus) was also on the agenda. It was further agreed that continuation of technical support (social mobilization, cold chain) from the UN is needed. A special technical consultation on introduction of new vaccines monitoring progress in implementing the Reaching Every District (RED) strategy, review the progress achieved in measles elimination, start the process of Neonatal Tetanus Elimination validation was held 15-22 August 2010. 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 also done after that with MOH support to review the methodology and plan of survey, planning is to do it in 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.

### **III. EVALUATION & LESSONS LEARNED**

All the services have been provided according to health needs of the community and the immunization coverage data provided by EPI program

Challenges : Insecurity has limited health staff access to some communities

Lessons Learned:

- 1- Security remained one of the key challenges to programme implementation in Iraq.
- 2- Humanitarian and development activities are proceeding in tandem. WHO and UNICEF are 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 are essential for averting and containing public health threats.
- 4- Ensuring continuous training programmes is crucial

**ii) Indicator Based Performance Assessment:**

**Programme Results Framework from the Project Document / AWP:** Details of the achievement of indicators at both the output and outcome level.

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
<b>Outcome 1:</b> 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.							
<b>Output 1.1</b> 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 software developed and in use	0	Yes	100%	No variance	Monthly feed back to DoHs and forward to WHO	
<b>Output 1.2</b> Health authorities and communities especially in hard to reach and low coverage areas are sensitized on the importance of measles and other vaccinations	1.2.1 Number of district and local Community leaders sensitized on importance of measles and other vaccinations	0	4	100%	No variance	MoH as well as WHO and UNICEF field staff reports	
	1.2.2 Number of Information education Communication materials produced				No variance		
<b>Output 1.3:</b> MoH has improved capacities for planning and implementing	1.3.1 Number of MoH staff participating in inter-country	1	3	93%	No variance	Administrative and Independent	

outreach immunization activities	immunization meetings/ workshops					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.	
<b>Output 1.4:</b> MoH has an improved capacity for case based surveillance for measles and Polio	1.4.1 National laboratories for Measles and Polio surveillance meet 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%			