

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

Participating UN Organization(s)	Sector(s)/Area(s)/Theme(s)
<p><i>WHO</i> <i>UNICEF</i></p>	<p>Old Cluster: Health and Nutrition New Sector: Health and Nutrition</p>

Programme/Project Title	Programme/Project Number
<p>Avian and Pandemic Influenza preparedness and control</p>	<p>D2-18 ATLAS Award number 54898 ATLAS Project number : 66898</p>

Programme/Project Budget	Programme/Project Location										
<table border="0"> <tr> <td style="vertical-align: top;">UNDG ITF:</td> <td>US\$ 5,849,615 (WHO:US\$4,365,921), (UNICEF:US\$1,483,694)</td> </tr> <tr> <td style="vertical-align: top;">Govt. Contribution:</td> <td></td> </tr> <tr> <td style="vertical-align: top;">Agency Core:</td> <td></td> </tr> <tr> <td style="vertical-align: top;">Other</td> <td></td> </tr> <tr> <td style="vertical-align: top;">TOTAL:</td> <td>US\$ 5,849,615</td> </tr> </table>	UNDG ITF:	US\$ 5,849,615 (WHO:US\$4,365,921), (UNICEF:US\$1,483,694)	Govt. Contribution:		Agency Core:		Other		TOTAL:	US\$ 5,849,615	<p>Region (s): All over Iraq</p> <p>Governorate(s): All over Iraq</p> <p>District(s) All over Iraq</p>
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Final Programme/ Project Evaluation	Programme/Project Timeline/Duration				
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Evaluation Done	No				
Evaluation Report Attached	No				

FINAL NARRATIVE REPORT

I. PURPOSE

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

Through this project, national capacities for Avian Influenza control and prevention and preparedness for Pandemic Influenza have been strengthened through improving lab-based surveillance, providing needed medical equipments, revising strategies and plans, supporting training activities, supporting Avian and Pandemic Influenza communications activities, rehabilitation of Avian Influenza isolation units, etc.

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

Main outcome:

National capacities to respond to Avian Influenza and to prepare for the Pandemic Influenza enhanced.

Main outputs

Human Health

- National avian and pandemic influenza strategy is finalized and endorsed.
- Plans of action at the governorates level will be finalized taking into consideration the national strategy.
- Training inside and outside Iraq to be provided for physicians and health workers in isolation wards, hospitals and PHCCs. The training will be on epidemiology, laboratory diagnosis, etc.
- Communications between the governorates and the centre improved.
- Avian and pandemic Influenza focal points in the governorates and central levels to be identified and trained.
- Outbreak investigation teams at governorate and central levels to be supported.
- Avian and Pandemic Influenza technical documents including the updated infection control guidelines are printed and distributed to all isolation units, hospitals and PHCCs.
- Rehabilitation of two Avian Influenza isolation units to meet WHO infection control standards.
- Lab reagents, kits, and medical supplies provided at central and governorate levels.
- PPEs provided to all isolation units and labs at central and governorate levels.
- Other urgently needed pharmaceutical supplies provided, including Oseltamivir.

Risk Communication

- Communication component of national action plan agreed upon, endorsed and implemented.
- Capacity of MOH/health education staff /health workers in implementing health education Programmes on AI is developed.
- Capacity of MOA/Vets in communication skills is developed.
- Quality resource materials developed including Q&As, advocacy materials, Leaflets& posters.

- Effective Multi strategy approach communication campaign is conducted with simple specific key messages for prevention.
- Community participation initiatives for social mobilization are supported and capacity of Community volunteers in affected and high risk areas in community education is developed.
- Monitoring & evaluation activities conducted.

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, WHO and UNICEF. Beneficiaries are all Iraqis mainly the most vulnerable to diseases including children, women , etc

The implementation of different prevention interventions is coordinated within the technical committee to ensure the integrated and multi sectoral response, the technical committee includes Ministry of Health (Chair), Ministry of Agriculture, Ministry of Higher Education, Ministry of Education, Ministry of Trade and Ministry of Finance.

To ensure timely and successful implementation of interventions there is continuous coordination between the technical committee and the relevant UN agencies.

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

- More than 85 training workshops have been conducted in Iraq with the technical and logistic support of WHO. The aim of the workshops was to develop qualified teams of professionals who will be responsible for investigation of outbreaks of human Avian Influenza cases and provide immediate response to the outbreak.
- With WHO support, three Lab technicians have been trained in NAMRU3 between 15- 26 April 2007 and two engineers have been trained in Beirut on the maintenance of Real Time PCR. PCR is essential for the rapid lab diagnosis of H5N1.
- Technical Meeting on Rehabilitation of Avian Influenza Isolation Units in Baghdad – Erbil – Basra was held in Amman between 30 April – 2 May 2007.
- WHO has fully supported the investigation for suspected Avian Influenza reported in Al Faw district in the Basra governorate in February 2008.
- Many missions have been conducted by WHO International staff to Baghdad to support the national technical committee in updating the Avian and Pandemic Influenza Strategic Plan.
- On 22 October 2008, WHO Iraq focal point for Avian and Pandemic Influenza has organized a meeting in Baghdad with Iraq AI technical committee to review and update the Avian-Pandemic Influenza strategic plan of action
- Between 24-26 February 2009, WHO Iraq focal point for Avian and Pandemic Influenza has organized a meeting in Baghdad with Iraq AI technical committee. Operational plans for the 8 Pandemic Influenza strategies were completed.
- Different training activities have been conducted in the area of communication with support of UNICEF including training on RBM in communication programmes that was conducted in Erbil .2008
- To ensure quality monitoring of communication activities, 26 health education managers were specifically trained on Monitoring and evaluation and executed a KAP assessment for more than 2000 care givers and school aged children to identify key communication message that need to be intensified to fill the gaps in KAP in collaboration with UNICEF
- Symposiums with health professionals & doctors has been conducted;
- Mobile educational campaigns for High Risk areas mainly marshland areas and remote private farms have been supported.
- MoH health education department finalized the media assessment and identified 5 main local media channels that are mostly consumed by Iraqi's.
- UNICEF Supported the development of 10 TV spots (both in Kurdish and Arabic languages)on different key messages in and through MOH contract broad cast the messages through local media channels .the messages are also broadcasted through the local Tv channels
- In collaboration with UNICEF office in Egypt and with MOHP Egypt, 5 health education managers from Baghdad, Missan, Babel, Erbil and dyala have participated in a 5 d-y study tour in Egypt's, Capacity of another 7 health education managers from KRG and south centre the development of local communication plans was enhanced through the participation of the AUB training course on advancement in communication strategic planning.

- UNICEF facilitated establishment of coordination committee between MOH and MOE and incorporated AI orientations in the teacher training package. more than 1000 teachers were trained in 341 schools that were rehabilitated through UNICEF funds in 15 governorates
- In line with the religious gathering during Muharram months, UNICEF supported the development of 200 flexes to be displayed in key areas in Baghdad and Governorates.

Procurement of Medical Supplies and Equipment

- The procurement of lab reagents and medical supplies needed to improve lab based surveillance system has been completed and shipped to Baghdad. The procurement of medical supplies needed for the isolation units and to prepare for the Pandemic Influenza have been completed and shipped to Baghdad, Erbil and Basra. Different communication supplies have been procured by WHO and delivered to Baghdad.
- Procurement and successful distribution of all communication equipments was completed including 1,000 megaphones, 100 TV sets and 100 DVD players.
- MOH, health education department has compiled a CD composing of different preventive messages to be distributed to schools, Youth centres, PHCs and to the mobile educational teams at governorate levels.

Rehabilitation

Rehabilitation of AI isolation unit of Erbil has been completed while for Basra, the work to be done by WHO has been completed, the remaining cost will be covered by MOH

Printing of educational materials

2,000,000 educational leaflets with household preventive messages in Arabic and Kurdish and 240,000 posters with household preventive messages in Arabic and Kurdish were printed and distributed through PHC, Hospitals, schools and mosques Printed materials in Arabic and Kurdish were distributed in batches for all governorates. UNICEF printed 15,000 copies of the facts for better life in Arabic and 5,000 copies in Kurdish. The new version included a new chapter on prevention from AI. UNICEF is also printing new materials on hand washing and hygiene promotions in Arabic

Regular updates about the epidemiological situation of AI in addition to different WHO guidelines have been distributed to all concerned

Beneficiaries

- The direct beneficiaries are all Iraqis who have been protected against Avian influenza mainly the children and women who are the most vulnerable.
 - Physicians and health workers have been trained on how to use PPEs, infection control, etc.
 - The professionals and the health workers have been updated on the preventive and control measures of the disease.
 - Health educators, school health educators at PHC levels as well as health educator managers at central & governorate levels have been trained on communicating AI preventive messages.
 - MOA workers /Vets in high risk areas have been trained on communication skills
 - Collectively more than 3000 community educators benefited from direct training interventions including women groups, teachers, youth, media and religious groups.
- b. Indirect Beneficiary is the community who has been updated on the preventive and control measures through the advocacy meetings, orientation sessions, mobile education campaigns and national media campaigns.

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.

Control and preventive measures for Avian and Pandemic Influenza are implemented through programmatic approaches and comprehensive packages of interventions. The impact of the programme has been significant with no new cases of H5N1 reported in Iraq during 2008, all the planned activities have been completed including training, procurement of medical supplies and lab reagents to improve lab based surveillance systems, procurement of medical supplies for the isolation units, rehabilitation of the isolation units in Erbil, etc.

Communication preparedness levels of MOH staff have been enhanced to response to possible threats at both central and peripheral levels in all governorates. During the recent H9 N outbreak in Basra, The communication social mobilization preparedness and response level at DOH Basra was quite satisfactory with the timely interventions at field level including conduction of mobile education campaign and field level coordination with the different stakeholders.

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 Avian and Pandemic Influenza preparedness 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 with no new cases of H5N1 reported in Iraq during 2008. 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.

UNICEF's good experience in the social mobilization of Polio, Measles and other national programmes, as well as strong partnership through several counterparts in health, education, water sanitation, planning & monitoring and child protection provided a good environment for implementation.

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

The implementation of different prevention interventions is coordinated within the technical committee to ensure the integrated and multi sectoral response, the technical committee includes Ministry of Health (Chair), Ministry of Agriculture, Ministry of Higher Education, Ministry of Education, Ministry of Trade and Ministry of Finance.

To ensure timely and successful implementation of interventions there is continuous coordination between the technical committee and the relevant UN agencies.

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.

Women constitute a primary audience for social mobilization as women and girls are the ones dealing with poultry handling at house hold level as was reflected in the rapid assessment.

Women groups are also addressed in this project in the capacity building component for community role as school teachers who are mainly women, as well as local women groups will be one of the channels to reach target audience.

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

Special attention was given to the role of hygienic environment in preventing Avian Influenza, Training on infection control was provided, all the updated infection control guidelines were provided to all isolation units, hospitals and PHCCs, community awareness conducted taking into consideration the role of environmental factors in spreading or preventing the disease.

Correct disposal of poultry parts as well the hygiene aspect addresses the environment sustainability, environment as risk factor have also been addressed as well as migratory lines for bird flights.

• **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.

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.

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

The teams used vehicles to conduct the activities in different locations, which means vehicles owners had benefited from the program.

The communication component is not directly linked to employment generation opportunities, however, community initiatives that contribute to the project outputs have been supported

- 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.

During the course of the project, and in line with the work plan, a rapid assessment tool was adopted from UNICEF tool kit Researching, Monitoring and Evaluating Strategic Communication in the prevention and Control of avian and pandemic influenza. The (Knowledge, Attitude & Practice KAP) assessment addressed key AI preventive behaviours among more than 2000 care givers and school children in all governorates. Results of this KAP directed communication efforts towards the existence gaps in KAP. More than 2000 samples were interviewed

- 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 the Avian and Pandemic Influenza preparedness activities

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: Strategic planning supported						
1. IP Output 1.1: To finalize and endorse the national Avian and Pandemic Influenza strategy	<ul style="list-style-type: none"> Indicator 1.1.1: Number of plans finalized 	Zero strategic plan in 2005	Strategic plan finalized and updated as needed	Strategic plan finalized in 2006 and updated in 2008. operational plans of actions finalized in 2008 National Communication strategy developed and incorporated into the strategic plan	WHO international missions to Iraq WHO national focal points in different governorates UNICEF and MOH reports	
	<ul style="list-style-type: none"> Indicator 1.1.2: Number of physicians, health workers, lab technician trained in all governorates 	Zero in 2005	Two training activities in each governorate	85 Training workshops on rapid response for Avian and Pandemic Influenza were conducted in different governorates More than 50 MOH staff at central and governorate levels were trained in the field of strategic communication plans and more than 500 health workers at PHC levels were also trained on communication for prevention of AI	WHO international missions to Iraq National focal points in different governorates MOH/ health promotion department reports UNICEF monitors at governorate levels	

IP Outcome 2: improved communities' awareness/practices of preventive measures to reduce transmission of AI						
IP Output 2.1	○ Indicator 2.1.1: No of confirmed and suspected cases of Avian Influenza.	Three confirmed cases in 2006	Zero cases	Zero cases in 2007, 2008, 2009(Till August)	CDC Baghdad reports WHO national focal points in different governorates	
	○ Indicator 2.1.2: No of confirmed deaths due to Avian Influenza	Two deaths in 2006	Zero deaths	Zero deaths in 2007, 2008, 2009(Till August)	CDC Baghdad reports WHO national focal points in different governorates	
	Indicator 2.1.3 No of care providers practicing preventive measures of : <ul style="list-style-type: none"> • Report • Wash • Separate • Cook 	Not known	60%	No. of care providers reporting on sick birds 12% No. of care providers who wash hands with soap and water 53% after touching sick poultry No. of households separating utensils used for row meat from other utensils 1% No. of households using appropriate cooking practices 65%	MOH-UNICEF KAP assessment conducted Dec2007-Jan 2008	2008 communication work plan was modified to focus on the preventive messages in gap areas.