

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Iraq
Resident/Humanitarian Coordinator	Christine McNab
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:		\$1,004,837	
	Total amount received for the humanitarian response:		\$1,004,837	
	Breakdown of total country funding received by source:	CERF		\$1,004,837
		CHF/HRF COUNTRY LEVEL FUNDS		\$0
		OTHER (Bilateral/Multilateral)		\$0
	Total amount of CERF funding received from the Rapid Response window:		\$1,004,837	
	Total amount of CERF funding received from the Underfunded window:		\$0	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		\$1,004,837
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		\$0
		c. Funds for Government implementation:		\$0
d. TOTAL:			\$1,004,837	
Beneficiaries	Total number of individuals affected by the crisis:		1.2 million	
	Total number of individuals reached with CERF funding:		660,166	
			660,166 children under 5	
			362,050 females	
Geographical areas of implementation:	Sulimaniyah, Erbil and Dohuk governorates in northern Iraq and Najaf governorate in southern Iraq			

II. Analysis

WHO received CERF funding to support the Government of Iraq Ministry of Health (MoH) to conducting an emergency house-to-house immunization campaign to reach and vaccinate 660,166 children aged from 9 to 59 months in Najaf, Sulimaniyah, Erbil, and Dohuk governorates. The campaign aimed to prevent the spread of a measles outbreak that affected more than 10,000 children in the centre and south and started to spread within the targeted governorates with 84 cases in the first four weeks of 2009. The total amount requested and received was US\$1,004,837. This document summarizes the use of WHO's CERF allocation for a measles vaccination campaign in partnership with the Government of Iraq.

The campaign started with intensive social mobilization efforts in the targeted governorates. This effort was remarkable in its outreach, utilizing local and satellite TV and radio channels. Banners announcing the campaign dates were displayed at almost all health facilities and large flex banners were displayed at prominent locations in the main cities and towns in Najaf, Dohuk, Erbil, and Sulimaniyah governorates. In addition, mobile loud speakers following mobile vaccination teams played an important role in city slums and crowded collective villages in promoting the health campaign. The whole campaign was immensely successful and its impact was to drastically mitigate the further spread of the disease and significantly reduce the forecasted increase in morbidity and mortality amongst children.

Highlights from the campaign:

- The emergency measles vaccination campaign succeeded in containing a significant measles outbreak in Najaf governorate in southern Iraq and in Dohuk, Erbil and Sulimaniyah governorates in northern Iraq,
- The campaign was launched on 21 March 2009 in Najaf and on 24 May 2009 across all four targeted locations and was carried out for a total of 10 days at each location.
- It was implemented by 1,055 mobile vaccination teams which started house-to-house visits targeting children aged from 9 to 59 months.
- During the campaign, a total of 660,166 eligible children were vaccinated across the four governorates with 93 percent coverage of the targeted areas.
- 650,000 doses of measles vaccine and 610,000 auto-disabled syringes were provided by UNICEF in Dohuk, Erbil, Sulimaniyah and Najaf to cover the needs for this campaign.
- In Erbil governorate, 330 mobile teams vaccinated 196,600 children out of the 214,453 targeted children who were eligible for the campaign (91.7 percent coverage), living in 233,872 houses across the governorate.
- In Sulimaniyah governorate, 271 mobile teams succeeded in vaccinating 153,329 out of 175,909 eligible children targeted during the campaign (87.2 percent coverage). It is worth noting that a total of 5,865 eligible children were not vaccinated during the campaign in Sulimaniyah as they had received a measles-containing vaccine during the month preceding the campaign.
- In Dohuk governorate, a total of 129,066 children out of 136,158 eligible children were vaccinated (94.8 percent) by 209 mobile vaccination teams who visited 114,051 houses across the governorate.
- In Najaf governorate, 245 mobile teams vaccinated 181,171 children out of 183,382 targeted children eligible for the campaign (99.7 percent coverage).

Table 1: Results of the measles vaccination campaign for children aged 9-59 months, March to May 2009

	Governorate	No. of below 5 children targeted	No. of children vaccinated	% of targeted children vaccinated
1	Erbil	214,453	196,600	92%
2	Dohuk	136,158	129,066	95%
3	Sulimaniyah	175,909	153,329	87%
4	Najaf	183,382	181,171	99%
Total		709,902	660,166	93%

Table 2: Distribution of monitored children by governorate and vaccination status Measles Supplementary Immunization Activities 2009

Governorate ¹	Vaccinated		Unvaccinated		Total Children	
	No.	%	No.	%	No.	%
Najaf	4,500	90.5%	474	9.5%	4,974	100%
Sulimaniyah	6,403	88.9%	797	11.1%	7,200	100%
Erbil	4,075	95.6%	190	4.5%	4,265	100%
Dohuk	3,732	88.9%	467	11.1%	4,199	100%
Total	18,710	90.7%	1,928	9.3%	20,638	100%

Impact: The campaign succeeded in preventing the spread of a measles outbreak to the four targeted governorates. 30,328 suspected measles cases were reported in Iraq during 2009. The three northern governorates and Najaf reported 634 cases (2 percent); only seven cases were reported after the completion of the campaign. This is clear evidence of the positive impact of the measles campaign in preventing a further outbreak in the targeted governorates.

Background: In the last five years, measles has been posing a serious threat to the health of Iraqi children, although now to a lesser extent. Increased population movement has recently resulted in higher exposure to the disease. There is a safe and efficient vaccine available and immunization is a priority programme for the MoH. However, the deterioration in the security situation between 2005 and 2007 severely affected distribution of the vaccine as well as supervisory and training activities. Most importantly, it limited access for parents and their children to immunization institutions. At the start of this intervention, WHO witnessed large numbers of unvaccinated children being exposed to the disease.

Vaccination coverage had dropped from an average of 75 percent being vaccinated being in 1999 to an estimated 60 percent being vaccinated over the past three years. While the UNICEF multiple indicator survey for 2000 showed that 78.1 percent of infants had received the measles vaccine, the 2006 survey showed that only 66.5 percent of infants had been vaccinated against measles (a drop of 11.6 percent). This low immunization coverage has led to an accumulation of susceptible individuals, increased the risk of serious outbreaks or epidemics of measles, and

¹ A total of 20,638 children were independently monitored in the most risky and difficult to reach districts. 91 percent of monitored children were vaccinated.

possibly caused increased fatalities in children, which effectively undermines government efforts in providing basic services.

Each birth cohort in Iraq is around one million children; if only 60 percent of children were protected against measles annually, then 40 percent of each birth cohort (400,000 children) would be left susceptible to measles.

From 2005 to 2007, approximately 1.2 million children were left unprotected against measles. At this time, Iraqi children were largely confined to their homes due to major security threats. They were therefore not freely or randomly mixing with other children, minimizing the probability of measles transmission among children and adults. This risk mitigating factor is now disappearing in parallel with the relative improvements in security since 2008. There is now more freedom of movement than was possible during the last three years combined, favoring the transmission of measles disease among the more than one million susceptible children.

Implementation: Under the technical guidance and leadership of WHO, the project was implemented as follows:

- CERF funds were used to provide training, logistics support and compensation (including overtime) for field workers and supervisors as well as procurement of laboratory supplies
- MoH provided 70 percent of vaccine and auto-disabled syringes
- UNICEF bridged the 30 percent gap in vaccine and syringes (not utilizing CERF funds)
- The Iraqi Red Crescent Society (IRCS) supported independent monitoring by providing field data collectors
- Medical schools trained and supervised field staff. Medical schools were also responsible for data compilation, analysis and report writing

Building on previously mentioned partnerships, the CERF funds were promptly and efficiently provided to bridge the identified gaps in training, logistics support, payment of a daily subsistence allowance and laboratory supplies.

III. Results:

There is a clear indication of the success of the intervention: whilst only 17 percent of Iraq population lives in the governorates targeted in this project, at the end of 2009, less than 2 percent of measles cases were reported in the targeted governorates.

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Health	09-WHO-013 "Emergency immunization campaign to contain measles outbreak in four governorates in Iraq"	\$1,004,837	\$600,000	660,166 under 5 children	Increase coverage of measles vaccine to more than 90 percent Prevent the spread of a measles outbreak to Najaf, Sulimaniyah, Erbil and Dohuk governorates	660,166 were vaccinated through house-to-house immunization campaign. Medical schools in Baghdad, Erbil and Sulimaniyah followed up the vaccination and ensured 100 percent completion. Measles laboratory provided with an emergency supply of kits and supplies for the laboratory confirmation of measles cases. Measles laboratory and case surveillance improved	The campaign succeeded in preventing the spread of a measles outbreak to the four targeted governorates. 30,328 suspected measles cases were reported in Iraq during 2009. The three northern governorates and Najaf reported 634 cases (2 percent); only seven cases were reported after the completion of the campaign. This is clear evidence of the positive impact of the measles campaign in preventing a further outbreak in the targeted governorates. Building on previously mentioned partnerships, the CERF funds were promptly and efficiently provided to bridge the identified gaps in training, logistics support, payment of a daily subsistence allowance and laboratory supplies.	Supplementary Immunization Activities (SIAs) are strategies used to achieve the goal of measles outbreak control and elimination. Independent monitoring of SIAs is one of the activities that WHO and MoH have been continuously conducting during such campaigns since 1999. Independent monitoring of national immunization days proved to be effective in providing MoH with independent evaluation of immunization activities during the campaigns and ensuring vitality and dynamicity of vaccination activities. The independent monitoring of this campaign was carried out by IRCS, concentrating on High Risk Areas. For many reasons, WHO preferred to have this activity continue to be carried out by IRCS, under close supervision by the medical and health colleges, particularly the public health departments in these colleges. This method ensures sustainable capacity building, community involvement and independent and scientifically proven analysis. In addition to this method of monitoring and evaluation, internal standardized procedures of WHO were used for areas such as financial tracking and programme monitoring and evaluation.	House-to-house vaccination is one of best methods to ensure gender equity among beneficiaries. In addition, at least 50 percent of response staff, such as vaccinators and supervisors, were female. This was of particular importance as it both improved and ensured access to households since vaccination was usually carried out at a time when most adult males were at work.

Annex 1: NGOS and CERF Funds Forwarded to each Implementing NGO Partner

Partnerships: While no NGO partners were involved in the project, it was implemented under the leadership of MoH, who provided experienced staff but lacked other human resources, vaccines and effective standard operating procedures for the swift procurement of, for example, vaccines and the rental of project vehicles. CERF, being swift, flexible and readily available, succeeded in providing a solution for these problems with rapid mobilization and deployment of staff and fulfillment of gaps in support elements and programme supplies.

Moreover, the campaign was built on established partnerships beyond UNICEF, MoH and WHO. As an example, the campaign was independently monitored by IRCS field staff that who collected data from the field. Staff members from Iraqi medical schools were trained and then supervised IRCS data collectors. Medical schools played a major role in report writing. Data analysis and report writing was undertaken by Baghdad community medicine staff.

Annex 2: Acronyms and Abbreviations

CERF	Central Emergency Response Fund
IRCS	Iraq Red Crescent Society
MoH	Ministry of Health
SIA	Supplementary Immunization Activity.
UNICEF	United Nations Children's Fund
WHO	World Health Organization