

Vaccine Stock-outs and Cold Chain Maintenance: Despite the fact that MOH Iraq procures its own vaccines, often there has been either stock-outs in one part of the country while there has been over-supply in other parts. Although this may not happen simultaneously, there is evidence of several months of vaccine stock-outs at national level even for major vaccines. Sometimes, vaccines procured have a short shelf-life leading the unnecessary efforts (e.g. vaccination campaigns) to utilize the vaccines. There have been examples of erosion in cold chain maintenance and break-down of the cold chain in some conflict affected areas, risking the potency of vaccines. Streamlining the choice of vaccines, accurate forecasting, procurement services through UNICEF and proper distribution through effective vaccine management would be most desired to improve the immunization system.

3. Theory of Change

3.a Articulation of a Vision of Change

The desired change is that there are **strengthened system so that more vulnerable children, adolescents and mothers will have access to quality comprehensive health and nutritional services with equal opportunity to survive and reach their optimal development.**

3.b Priority of necessary Actions to Create Conditions of Change

The key area where UNICEF and its partners should focus on during 2020 - 2024 Country Programme is: ***Too Many Neonates and Children are dying from preventable causes and losing their chance to develop to their full potential.*** This focus is based on a number of considerations, including the analysis of the situation described above; UNICEF Iraq's experience and lessons learnt from current programming (2016-19), the criticality of the issues, the financial and human resource capacities and the unfinished business of the current country programme (including activities of 2019).

A range of issues have been identified as priorities in addressing this key challenge:

- ***(Supply Side- Access & Quality) System Strengthening to expand services and improve quality:*** Improvements during the neonatal and postnatal period can have a significant impact in reducing early child mortality and improving overall health outcomes for children. Hence, the main focus to address should be Health System issues that will ensure expanded and quality services, particularly increased resource allocation, equitable distribution and efficient utilization of both material and financial resources.

The health of neonates, children, adolescents and women is challenged by poor access to services due to insecurity, displacement of service providers, unequal distribution of facilities and lack of trained personnel and limitations in procurement and logistics management. Health services in areas hosting internally displaced persons (IDPs) are overburdened. Public health is further threatened by the re-emergence of the wild polio virus and outbreaks of cholera and measles.

- ***(Demand Side) Raising awareness of Care Givers and improved practices at Community:*** Capacity should be strengthened to deliver parenting education and community awareness programmes, with a particular focus on promoting new-born care, infant and young child feeding and care and vaccinating children as per the schedule of Iraqi MOH. Campaigns will need to be holistic, targeting all caregivers and community leaders. There is also a need to address social and gender norms, including consanguinity and early marriages (to avoid congenital anomalies), raising awareness of the risks and providing links to relevant support services like professional bodies and care providers in health facilities as well.

- **(Enabling Environment) Appropriate Policy, Strategy and Programs** There should be more targeted interventions to reduce gaps and inequities in distribution among the urban vs. rural, levels of mother's education, wealth quintile and geographical location (governorates/districts). Attention should be given to link basic MNCH services to social safety net programs (as already being piloted in Sadr district in Baghdad) and explore possibility and feasibility of Social Insurance programmes to protect against catastrophic costs for health care.

3.c. Iteration and Bringing it together the pathways of Theory of Change

The full **Theory of Change** pathway (*See Annex 1 for more details*) to achieve the scenario described above is:

IF Government has developed, enacted and implemented legislation, policy, and budget reforms that advance the rights to health and wellbeing of mothers and children, and allocates more resources for enhanced MNCAH&N services, and

IF Government and other stakeholders generate more evidence by collecting more recent data on the situation and, analyse them to identify determinants of positive health outcomes and design package of interventions, and

IF Health Care Providers at Facilities and Community Leaders create an enabling environment so that community members and individuals feel empowered and encouraged to make positive and responsible decisions on matters that affect their health.

THEN there will be an improved health system and quality and comprehensive services provided with particular focus on vulnerable children and mothers

and

IF there is more investment to construct or re-build health facilities and equip them with state of the art technology and human resources, and

IF health facilities have strengthened capacities to provide comprehensive and standardized package of health and nutrition services for mothers, new-borns, young children, and

IF effective monitoring and supportive supervision systems are strengthened and

IF social insurance or safety net programs are designed to protect the health care cost of the poorest

THEN new-borns, children and their mothers will have better access to quality health services and

IF parents, caregivers and children have the knowledge, skills and confidence to practice positive parenting, good health and nutrition behaviours, and

IF communities provide a supportive environment for positive parenting practices and for families to demand quality services specially for new-born infants and their mothers, and

IF Community leaders have a proper orientation and attitude to support the evidence based positive practices through access to affordable nutrition food

THEN there will be increased community awareness, appropriate behaviours will be adopted and parents and caregivers will better nurture their children and apply good health and nutrition practices and act to claim their right to quality services from health facilities.

If all of these conditions are achieved, **THEN** the desired state will be reached where: **more vulnerable mothers, new-borns,, children and adolescents will have access to quality comprehensive health and nutritional services with equal opportunity to survive and reach their full potential..**

4. UNICEF'S Results structure and Framework

4.1 Program Implementation Strategies

UNICEF in partnership with other stakeholders will **strengthen institutional capacity** within key Government Departments and Councils at different level responsible for the planning, management and delivery of health and nutrition services. Technical assistance will be provided to develop national systems and capacities for monitoring, evidence-based planning and budgeting, to strengthen the resilience of supply chain systems, and for effective Human Resource planning and development to strengthen delivery of key programs (including for humanitarian response).

UNICEF will invest in **generating evidence and documenting lessons learnt as a driver of change**, with a focus on encouraging Government as duty bearers to support equitable access to and use of health and nutrition services. UNICEF will provide technical assistance to strengthen the Government's capacity to generate and analyse both qualitative and quantitative data (disaggregated by sex, gender, age, location and other key vulnerability parameters) to better identify the most vulnerable and disadvantaged groups, and to monitor progress and identify bottlenecks affecting implementation to ensure coverage, quality, cost and effectiveness of key components within national health and nutrition Strategic Plans. UNICEF will also undertake research and studies on key behaviours and social practices, try to investigate the reasons for increased deaths in Iraq, both for under-fives and neonates and explore the possibility or any association with conflict and unrest in the country.

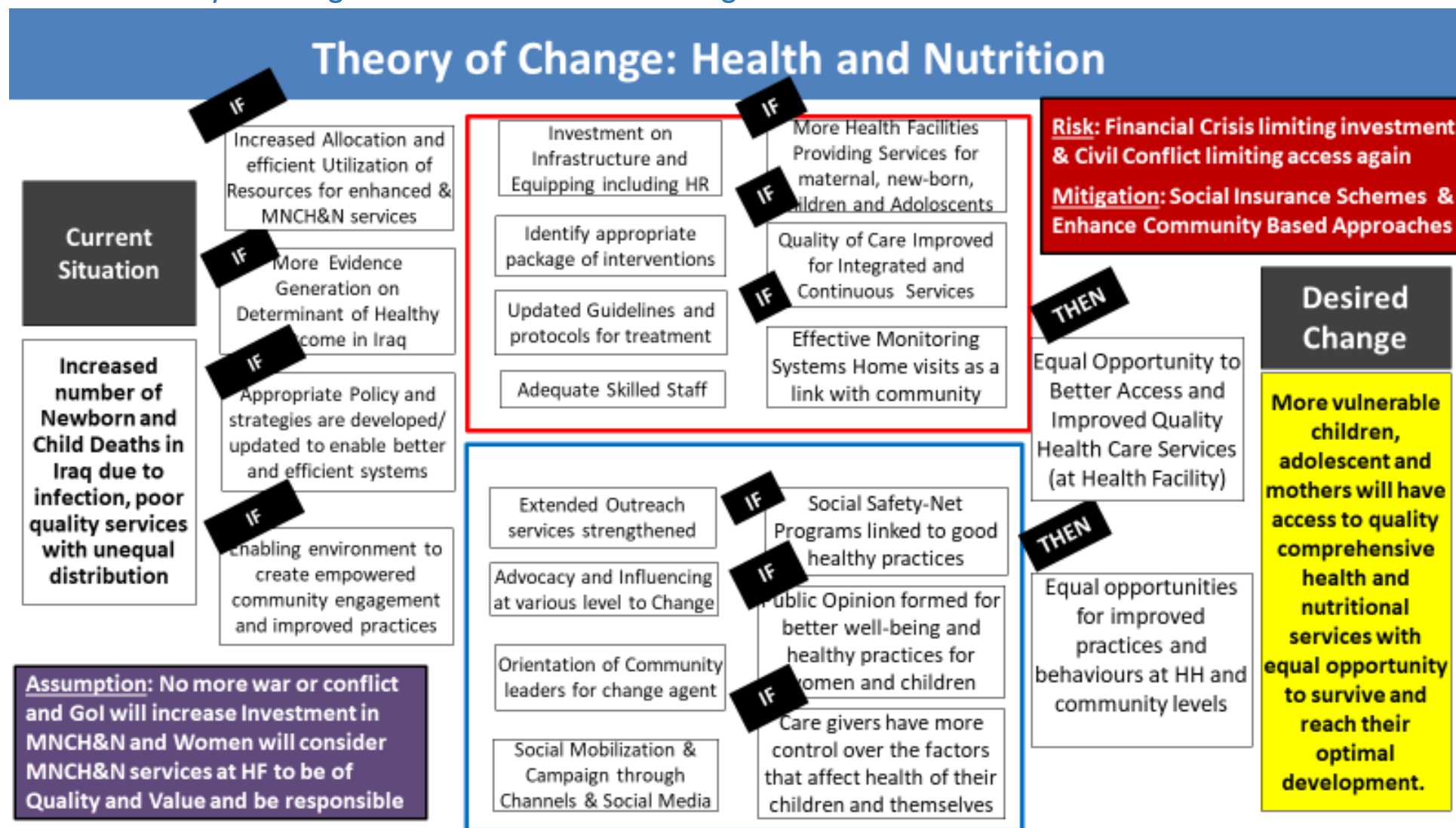
UNICEF will engage in **policy and legislative advocacy** with the Government of Iraq building on its ongoing policies and strategies and to further develop and update plans for achieving SDGs. UNICEF aims to redefine a package of interventions that is evidence based in Iraqi context to reduce neonatal deaths and ensure smooth procurement and supplies of essential commodities, vaccines, cold chain equipment and ensure that every child in the country has an equal opportunity to access and use available health services.

In under-served areas, UNICEF will also use its social and behaviour change communication capabilities to **promote social and behaviour change, generate demand, and strengthen accountability**. Building on its current plan and experience, UNICEF will launch social and media campaigns to promote early initiation of breastfeeding, proper new-born care by skilled persons and appropriate infant feeding and care practices.

Assumption: Government of Iraq will continue to focus their effort on reduction of neonatal death, allocate resources and implement plans related to SDG achievement and strengthen the health intervention links to social safety nets and poverty reduction programs. In particular:

Assumption 1: The Ministry of Health (MoH), governorates and districts level health authorities continue to be open to the decentralisation process and continue to invest in capacity development to plan and implement the necessary and relevant changes at governorate level.

Annex 1: Theory of Change for Health and Nutrition Program



[REDACTED]

[REDACTED]

Note for the Record

Subject: **Environmental Impact Assessment (EIA)**

As part of the development of the [REDACTED] and in accordance with recommended practice, the UNICEF Country Office [REDACTED] has undertaken an initial screening of all proposed activities within each draft programme component to assess their potential impact on the environment.

The Country Office applied the recommended assessment methodology as described in the PPP Manual, Chapter 6, Section 3 (the Manual's 2011 version), namely Checklist 1 "Initial Screening". The completed checklist attached to this note reflects that the Country Office considers that the programme components contemplated in the draft Country Programme Document, submitted to the UNICEF [REDACTED], should have no impact on the environment.

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

Checklist 1- Initial Screening

Does the proposed programme or project contain activities that fall under one or more of the following categories? If the answer is **NO**, and EIA is not required, and the process is complete

- Extraction of water (e.g., groundwater, surface water, and rain water) NO
- Disposal of solid or liquid wastes (e.g., human faeces, animal wastes, used supplies from a health centre or health campaign) NO
- Use of chemical (e.g., pesticides, insecticides, paint and water disinfectant) NO
- Use of energy (e.g., coal, gas, oil, wood and hydro, solar or wind power) NO
- Exploitation of natural resources (e.g., trees, plants, minerals, rocks, soil) NO
- Construction work above household level (e.g., hospital or school) NO
- Changing land use (deforestation, forestation, and developing industrial housing or recreational centres) NO
- Agricultural production (e.g., growing crops, fish farming) NO
- Industrial production (e.g., small scale town/village workshops) NO

