

WHO PROPOSALS FOR TECHNICAL SUPPORT
GENERIC PROJECT

1. Project Title

**WHO support for the Control of Communicable Diseases Resultant from
Drought/Dohuk Governorate/N. Iraq/Year 2001.**

2. Project Duration

9 months duration as of 1st April to 31st December 2001.

3. Background/Justification

- **The last two years (1999 & 2000) were known as years of drought, as Dohuk Governorate was deprived from seasonal rains and especially the summer of 1999. A similar 'Drought Situation' is expected in Year 2001.**
- **This resulted in Year 2000 in the increase of cases of Acute Summer Diarrhea and an outbreak of acute watery diarrhea and severe dehydration.**
- **The hypothesis about the reasons of that outbreak suggested that, the need for water increased, due to population movement, especially the nomads from central and south of Iraq to North Iraq.**
- **Rural untreated/unchlorinated and contaminated drinking water spread the Acute Summer Diarrhea during the summer epidemic of 1999.**
- **Urgent measures had been taken to face the outbreak in Year 2000 with WHO technical & financial support which proved very successful.**
- **Plans to control and prevent more outbreak resultant from an expected 'Drought Situation' during Year 2001 would also require WHO technical and financial support.**

4. Objectives

- **Strengthening the skills of health staff for better control and prevention of diarrhea and other communicable diseases.**
- **Strengthening diarrhea disease surveillance to be able to take immediate actions to prevent/abort any bending outbreak resultant from the drought situation.**
- **Increase community awareness and participation in the prevention and control of communicable diseases.**

5. Target Beneficiaries

- **All the Population of Dohuk Governorate.**

6. Activities

- **Training of doctors, paramedical staff and laboratory technicians who had not received any training in Year 2000.**
- **Establish a comprehensive epidemiological surveillance system for the early detection of any communicable disease.**
- **Provision of necessary transport for disease surveillance, control and prevention (at district level) through renting of vehicles.**

- Health education programmes to raise the awareness of the community through the local Mass Media channels.
- To establish a proper joint LHA/WHO monitoring and supervision system.
- To coordinate the activities in the POA with other concerned local departments and units and UN sister Agencies, especially with UNICEF.
- Reserve a buffer stock of medicine, medical supplies and laboratory reagents to meet any emerging situation.
- To motivate the medical & health staff who are actively participating in the implementation of the WHO approved/supported POA.
- Provision of urgently required items (not provided by the bullock purchase) for 'Fever Hospital' for admitted cases of 'Acute Summer Diarrhea & Cholera.

7. Outputs

- Improvement in the management of patients, contacts and the environment.
- Better disease surveillance and early action taking to control/abort any emerging situation.
- Better coordination, supervision and monitoring.

8. Outcomes

- Prevention of any emerging epidemic due to the 'Drought Situation'

9. Budget Allocation

Governorate	Project	Import Component	Cash Component	Total
Dohuk	WHO support to Control Communicable Diseases Resultant from Drought/Year 2001.	None	US \$ 45,203	US \$ 45,203
Erbil				
Suleimanyah				
Total				US \$ 45,203

(All figures in USD)

10. Expected Constraints

- Difficulties in the early and timely provision of requested buffer stock of medicines and laboratory reagents.
- Authorization for the direct local purchase of items which may prove to be urgently required for admitted patients, laboratory requirements, etc.

11. Project Management

- By the 'Department of Preventive Medicine'/ DOH/ Dohuk Governorate.

12. Monitoring and Evaluation Plans

- Will be done jointly, LHA/WHO.

13. Plan of Action is attached.

Plan Of Action To Support Intervention of Communicable Diseases Resultant from Drought /Year 2001/ Dohuk Governorate

Main Components of Intervention Activities for the control of 'Drought Related Communicable Diseases/ Dohuk Governorate/ Year 2001

1. Training of doctors, paramedical staff and laboratory technicians who had not received any training in Year 2000.
2. Establish a comprehensive epidemiological surveillance system for the early detection of any communicable disease.
3. Provision of necessary transport for disease surveillance, control and prevention (at district level) through renting of vehicles.
4. Health education programmes to raise the awareness of the community through the local Mass Media channels.
5. To establish a proper joint LHA/WHO monitoring and supervising system.
6. To coordinate the activities in the POA with other concerned local departments and units and UN sister Agencies, especially with UNICEF.
7. Reserve a buffer stock of medicine, medical supplies and laboratory reagents to meet any emerging situation.
8. To motivate the medical & health staff who are actively participating in the implementation of the WHO approved/supported POA.
9. Provision of urgently required items (not provided by the bullock purchase) for 'Fever Hospital' for admitted cases of 'Acute Summer Diarrhea & Cholera.

Project Proposal for 'Drought Mitigation', Year 2001/ Dohuk Governorate

The STC/WHO Project Manager, Capacity Building/N. Iraq, had provided technical support to the LHA/ Dohuk during the preparation of their project proposal (original copy attached).

The following paragraph is quoted from the introduction/ background of Dohuk 'Project Proposal'

"QUOTE"

"The most important causes for diarrhea diseases are inadequate water supplies and sanitation. Risks of poor environmental sanitation & personal hygiene, difficulties in control of food handling and processing and lack of a national programme on food safety, and lastly the lack of health education and low community awareness and participation in controlling communicable diseases. The last two years were known as years of drought, as the Governorate was deprived from seasonal rains and especially the summer of 1999, which lead to increase in cases of acute summer diarrhea and outbreak of acute watery diarrhea and severe dehydration. The hypothesis about the reasons of this outbreak suggest that, the needs for water increased, population movement from epidemic areas especially the nomads increased from central and south of Iraq to the north. Contaminated water spread the summer diarrhea. Urgent measures had been taken to face the outbreak and plan to control and prevent more outbreaks and future outbreaks inhibition. In the Year 2000 a detailed work plan for the control of diarrhea diseases from the beginning of Year 2000 was made. A proposal submitted to MOH to be sent to WHO. The plan was approved and the implementation started from April 2000. The main activities were a weekly meeting of technical committee, in the meeting a weekly activity report was read by the programme focal point and discussions followed on the current situation and then ended by recommendations. A total of (26) meetings were conducted. Regarding capacity building, 57 doctors and 156 paramedical staff have been trained through conducting 13 training courses of 4 days each. The staff skills were strengthened about better diarrhea case management and control of other communicable diseases. 22 laboratory technicians were trained on better cholera diagnosis. All the courses were preceded by a course for 9 trainers. Community awareness and steps toward community participation in controlling communicable diseases through Mass Media channels by daily Radio and TV spots, reports, orientation sessions and different kinds of posters. The surveillance of diarrhea diseases strengthened through 6 mobile teams in the 6 districts working as a sentinel sites for supervising the food handlers, stool sample collection for culture and orientation of the public place workers about good food handling and processing practices. The teams collected a total of 13,212 stool samples for V.C culture and laboratory examination, non-of that showed positive. Another important intervention was the good water quality control activity with good monitoring and actions".

"UNQUOTE"

**Interventions to Control Communicable Diseases Resultant from Drought
Dohuk Governorate/ Year 2001**

Project Proposal & Plan of Action

(Objectives, Target Population/Beneficiaries and Timetable are quoted from Dohuk Project Proposal).

Objectives

- Strengthening the skills of health staff for better control and prevention of diarrhea and other communicable diseases.
- Strengthening diarrhea disease surveillance to be able to take immediate actions to prevent/abort any bending outbreak resultant from the drought situation.
- Increase community awareness and participation in the prevention and control of communicable diseases.

Target Population/Beneficiaries

All the Population of Dohuk Governorate.

Time Table:

1st April Year 2001 -- to—31st December Year 2001.

Activities:

- a) Training of doctors, paramedical staff and laboratory technicians who had not received any training in Year 2000.
 - 40 newly graduated doctors working in rural areas (4-day training courses).
 - 20 paramedical staff working in Health Centers Without Doctors in rural areas and had not received training in Year 2000 (4-day training courses).
 - 8 laboratory technicians doing stool culture for V.C. to receive Refresher training course (a 3-day training course).
 - Briefing/ Orientation for 22 preventive assistance working in sentinel sites as mobile teams. (2-day orientation course).
- b) Organizing 8 Mobile teams to work in sentinel sites at district level for monitoring of, prevention & control activities (inspection of public places and food handlers, collection of stool sample for V.C. culture, health education, etc.). The mobile teams will be organized as follows:
 - 2 teams for each of Dohuk City and Aqra district (one for Aqra and one for Bardarash).
 - 1 team for each of the following districts: Summail, Zakho, Ammadia, and Shiekhan).
- c) Renting 8 cars for the mobile teams, 3 of them working morning & afternoon shifts (those for Dohuk & Summail).
- d) Emolument for:
 - One "Focal Point",
 - 22 team members (2 rented cars in Dohuk City & one in Summail City will work morning & afternoon shifts, therefore 12 prevention assistants would

be needed). 12 persons in Dohuk & Summail + 10 persons in the remaining 5 rented cars = a total of 22 persons).

- 8 lab. Technicians,
- One medical officer, and
- Laboratory Microbiologist (presently the Manager of Azadi hospital Laboratory).

Cost to WHO

Training of Doctors on Communicable Diseases Control/Dohuk/Year 2001

(2/ 4-day training courses, each of 20 participants with a total of 40 doctors)

40 doctors * \$9/day * 4 days	= \$ 1,440
Trainers: 8 persons * \$10/day * 4 days	= \$ 320
Stationery: 40 participant * \$3/person	= \$ 120
Total	= \$1,880
10% Miscellaneous	= \$ 189
Sub-Total	= \$ 2,069

Training of Paramedical Staff Working in Health Centers without Doctors in Rural Areas on Communicable Diseases Control/Dohuk/Year 2001

(All Persons are from outside health facilities)

(One/ 4-day training course for 20 participants)

20 person * \$9/day * 4 days	= \$ 720
Trainers: 4 persons * \$10/day * 4 days	= \$ 160
Stationery: 40 persons * \$3/person	= \$ 120
Total	= \$1,000
10% Miscellaneous	= \$ 100
Sub-Total	= \$ 1,100

Refresher Training Courses for Laboratory Technician/Dohuk/Year 2001

(3 from Zakho Hospital & 5 working in the Central P.H. Lab to receive 3-day training course)

3 persons * \$9/day * 3 days	= \$ 81
5 persons * \$6/day * 3 days	= \$ 90
Trainers: 4 persons * \$10/day * 3 days	= \$120
Stationery: 8 persons * \$ 3/person	= \$ 24
Total	= \$ 315
10% Miscellaneous	= \$ 32
Sub-Total	= \$ 347

Briefing/Orientation of Paramedical Staff working in the 'Mobile Teams

(Paramedical staff working in 'Mobil Teams, 10 persons outside + 12 persons inside Dohuk City).

10 persons (outside) * \$9/day * 2 days	= \$ 180
12 persons (inside) * \$6/day * 2 days	= \$ 144
4 Facilitators * \$10/day * 2 days	= \$ 80
Stationery: 22 persons * \$3/ person	= \$ 66
Total	= \$ 470
10% Miscellaneous	= \$ 47
Sub-Total	= \$ 517

< Rent of Vehicles

Dohuk Governorate/Year 2001

District	Hours of Work	Number of Vehicles	Starting Location	Rate/Month in US \$	Total Cost in Nine Months in US \$
Dohuk	8am. to 14 p.m. & 15pm to 18 p.m. *	2	Dohuk/PHD	250	4,500
Summail	8 am to 14 p.m. & 15 p.m. to 18 p.m. *	1	Dohuk/PHD	250	2,250
Zakho	8 am to 14 p.m.	1	Zakho Hospital	200	1,800
Ammadia	8 am to 14 p.m.	1	Ammadia Hospital	200	1,800
Aqra	8 am to 14 p.m.	1	Aqra Hospital	200	1,800
Shiekhan	8 am to 14 p.m.	1	Atrush H. Center	200	1,800
Bardarash	8 am to 14 p.m.	1	Bardarash H. Center	200	1,800
Sub-Total					15,750

* Dohuk (2 rented cars) & Summail (one rented car) work morning & afternoon shifts.

< Motivation of the Medical & Health Staff Actively Participating in the Implementation (Emoluments)

Dohuk Governorate/Year 2001

Category	Number	Rate/ Month in US \$	Total in US \$/Nine Months (1 ST April to 31 ST Dec.)
One WHO Nominated "Focal Point"	1	250	2,250
Health Staff Working in the Mobile Teams (22 Persons)	22	30	5,940
Laboratory Technicians (8 Persons)	8	30	2,160
One Laboratory Microbiologist	1	100	900
Support Staff in the Central Public Health Laboratory (2 Persons)	2	15	270
One Medical Officer to Assist the Focal Point in Monitoring & Supervision	1	100	900
Sub-Total			12,420

Grand Total Cost for WHO

< Training of Doctors	= \$ 2,069
< Training Courses for Paramedical Staff	= \$ 1,100
< Training Courses for Laboratory Assistants	= \$ 347
< Briefing/Orientation of Paramedical Staff working in the 'Mobile Teams	= \$ 517
< Cost to WHO of Vehicle Rent	= \$ 15,750
< Emolument for medical & health staff	= \$ 12,420
< Local purchase of urgently required items not provided (or provided in short quantities by SCR 986) - Stationery included.	= \$ 10,000
< Raising Public Awareness (provisional allocation)	= \$ 3,000
Grand Total	= US \$ 45,203

The following points should be taken into consideration:

- ❖ The health education component through Mass Media for community awareness raising to be planned in due course in accordance with the prevailing situation. Provisionally US \$ 3,000 is to be allocated for that purpose.
- ❖ Cars to be rented from the same districts/areas in which they will work and not, repeat not from Dohuk City, for those rented cars for the districts.
- ❖ Well-selected Medical/Prevention Assistants, who should attend the 2-day briefing/orientation training and who should be selected from the same district/area, should man mobile teams. There is no place for selection of nurses to man the mobile teams.
- ❖ Monitoring to be done jointly (LHA/WHO) on regular weekly basis.
- ❖ WHO to be provided on regular (weekly & monthly) basis with activity reports.
- ❖ Buffer stock of medicine, medical supplies and laboratory reagents to meet any emerging situation for both Dohuk & Erbil Governorates had already been processed.

The above Plan of Action for Intervention of Communicable Diseases Resultant from Drought /Year 2001/Dohuk Governorate is for your review and approval.
Thanks and best regards.

Attachments:

1. Dohuk 'Project Proposal'.
2. Lists of urgently required items for 'Fever Hospital (Annex 1).

(Annex 1)

Dohuk Governorate		
List of Required Items		
SN	Item	Quantity
1	Air Coolers	2
2	Exhaustion Fans	2
3	Electric Distributor	3
4	Gas Cylinder	2
5	Gas Regulating Set	2
6	Floor Brushes	5
7	Floor Sweepers	6
8	Plastic Water Containers	7
9	Plastic Pipe	25m
10	Waste Basket	7
11	Nylon Plastic bags	100
12	Paper / Lined	5
13	Paper/A 4	5
14	Stapler	10
15	Magic Pen	60
16	Dry Pen	50
17	Tap Transparent	5
18	Bed sheets	500
19	Staff overcoat	200
20	Nasal Masks	1000
21	Plastic Gloves	3700 Pairs
22	Toilet soap	310
23	Powder Soap	320
24	Dettol	210
25	Detergents	10
26	Fase	14
27	Insecticides Sprayers	25
28	Air Fresheners	30
31	Sterile Disposable tube with cover 15cc	10000
32	Sterile Disposable tube with cover 25cc	10000

- This list may need updating.
- Costing to be done by WHO Sub-Office/Dohuk and forwarded to the WHO Coordinator/N. Iraq for approval.
- Purchase of the approved items to be done by WHO Sub-Office/Dohuk.

Ministry of Health and Social Affairs

***A committee in MOH will supervise and follow up all activities of implementation of plan in both Arbil and Dohuk governorates over the period of the program. The number and the budget of this committee to be decide later .**

***The Preventive Heath Department in MOH needs renting a car for its related activity in this program;**

Sn.	Hours of work	No car	Location	Rate USS/month	Total cost/9month
1	8am-14pm	1	PHD-MOH	200	1800
Total					1800

Iraq Kurdistan Region

MOH

DOH-DUHOK

Preventive Health Department

Control of Communicable Diseases Unit

**Interventions for Control of Communicable Diseases
Resultant from Drought, year 2001**

A Proposal work plan to WHO

Background:

Iraq as a state, since August 1990, its responsibilities for social welfare has been subjected to serious constrains over the past 10 years because of economic sanctions, and failed to provide of safe water and sanitation. This make the children unprotected from the environmental risks. These risks result in water-born communicable diseases, primarily diarrhea, and others such as Typhoid fever, and always threat of cholera outbreaks. These are leading causes of morbidity and mortality especially in young children. Acute diarrhea diseases account one of the five leading causes of death in children under fives old, in developing countries. Annually 3 million deaths reported due to diarrhea diseases. The most important causes for diarrhea diseases are inadequate water supplies and sanitation. Risks of poor environmental sanitation, difficulties in control of food handling and processing and lack of national programme on food safety, and lastly the lack of health education and low community awareness and participation in controlling communicable diseases. The last two years were known as years of drought, as the Governorate was deprived from seasonal raining and especially the summer of 1999, which lead to increase in cases of acute summer diarrhea and outbreak of acute watery diarrhea and severe dehydration. The hypothesis about the reasons of outbreak suggest that, the needs for water increased, population movement from epidemic areas especially the Nomads increased from central and south of Iraq to the north as contaminated water spread the summer diarrhea. Urgent measures had been taken to face the outbreak and plane to control and prevent more outbreak and future outbreak inhibition. In the last year 2000 a detail work plan of control of diarrhea diseases from the begging of year 2000. A proposal submitted to MOH to be sent to WHO. The plane approved and the implementation started from April 2000. The main activities were a weekly meeting of technical committee, in the meeting a weekly activity report read by the programme focal point and discussions of the current situation held then ended by recommendations. A total of (26) meeting conducted. The capacity building of 57 doctors and 156 paramedical staff has been raised through conducting 13 training courses of 4 days each, Their skills of the staff strengthen about

better diarrhea cases management and control of other communicable diseases. 22 laboratory technicians trained about better cholera diagnosis, all the courses preceded by a course for 9 trainers. Community awareness and steps toward community participation in controlling communicable diseases through a mass media channels by daily radio and TV spots, and reportage, and orientation sessions, and different kind of posters. The surveillance of diarrhea diseases strengthen through 6 mobile teams in the 6 districts working as a sentinel sites for supervising the food handlers, stool sample collection for culture and orientation of the public places workers about good food handling and processing practices. The teams collected a total (13212) stool samples for V.C and laboratory examination not shows even one positive case. Another important intervention was the good water quality control activity with good monitoring and actions.

Work plan 2001

Objectives:

- Strengthening the skill of health staff in control and prevention of diarrhea and other communicable diseases.
- Strengthen the surveillance of diarrhea diseases to take actions for any suspected outbreak resistance from drought situation.
- Increase community awareness and participation in prevention and control of communicable diseases.

Target:

The Population of Duhok Governorate.

Time Table:

April 1, 2001 –December 31, 2001

Activities:

- A- Training courses for raising the capacity building of the health staff. The following courses will be conducted:
- 1-Training 40 new doctors working in rural areas. (4 days)
 - 2-Training 20 paramedical staff working in PHCs **not** run by doctors in rural areas and not trained last year. (4 days)
 - 3-Refresher training course for 8 laboratory technicians working in preparations of stool culture for V.C. (3 days)
 - 4-Briefing orientation meeting for 22 preventive assistance working in sentinel sites as mobile teams. (2 days)
- B-organizing 8 teams working in sentinel sites at district level for monitoring the PHCs and food handling places and for V.C sample collections. The teams will be distributed as following:
- 1- 2 teams for each Duhok and Aqra district (one for Aqra and one for Bardarash).
 - 2- 1 team for other districts (Summail, Zakho, Amadiyah, and Shekhan). *each*
- C- Emolument for one focal point, 22 team members, 8 lab. Technicians, one medical officer and one lab manager.
- D- Renting 8 cars, (3 of them working on shifting base).

Table (1) monthly temperature average centigrade in Duhok Governorate

Months	monthly temperature average Centigrade
Jan	7.1
Feb.	7.4
Mar.	10.4
Apr.	15.8
May	21.8
Jun	26.8
Jul	32.7
Aug.	31.6
Sep.	26.9
Oct.	20.9
Nov.	13.4
Dec.	8.5

Source: Duhok Magazine. Duhok Municipality. NO. 2.98.p94

Table (2) monthly raining average ml -Duhok

Months	Average raining ml
Jan	206.5
Feb.	72.7
Mar.	163.1
Apr.	54.7
May	4.9
Jun	-
Jul	-
Aug.	-
Sep.	-
Oct.	5.5
Nov.	17.4
Dec.	227.5

Source: Duhok Magazine. Duhok Municipality. NO. 2.98.p94

Table (3) Percent of Water & sanitation access in Iraq-1996

WATER-SANITATION	Iraq	South & center	Kurd. Region	Kurd. Region	
				Urban	Rural
Water access	81.1	81.7	77.1	95.4	33.7
Sanitation access	74.6	77.1	57.7	75.1	16.2

Multiple Indicator Cluster Survey (MICS), Aug.96

Table (4) water quality status Duhok-1999

Month	% Contamination		% Chlorinating	
	urban	rural	urban	rural
Jan	0.5	25	93.8	25
Feb	1.7	25.5	88.4	23
Mar	0	16	99.5	23.5
Apr	1.1	25.5	84.8	17.9
May	4.1	29.7	77	31
Jun	1.9	22.3	67.4	31.4
Jul	9	34	70.9	24.1
Aug	1.6	17.9	73.9	29.7
Sep	10.4	11.9	77.8	21.1
Oct	3	4.1	81.3	31.3
Nov	6.6	17.7	77.4	32.2
Dec	4.8	13.6	76.8	36.4
Average	3.44	18.7	74.5	25.1

Table (5) Typhoid fever incidence 1996-99/ Duhok

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1996	157	188	157	188	432	488	297	481	438	419	211	246	3702
1997	218	286	273	202	434	592	873	655	53	404	506	188	4684
1998	188	177	345	744	857	1104	890	1896	642	503	810	549	8705
1999	374	740	470	667	667	1847	628	1565	2046	1297	830	804	11935

Table (6) Percent of diarrhea cases to H.F attendees Duhok 1998-2000

year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
1998					3	5	5	4	4	5	4
1999	0.7	1	0.4	1	3	4	11	6	5	4	2
2000	6.5	2.1	3.3	4.6	10.3	7.8	19.0	8.9	9.4	5.9	4.8

Table (7) proportion of v.c sample for Diarrhea cases May-Nov. 1999-2000

	May	JUN	JUL	AUG	SEP	OCT	NOV	Total
v.c samples 1999	39	489	2440	6380	2820	1393	545	14067
%	1	6	23	46	30	1	9	25
v.c samples 2000	1776	2196	2565	1940	1759	1840	754	12830
%	18.2	19.6	15	16.3	16.2	27.6	17.1	17.8

Table 8 Water quality status in Duhok Governorate, year 2000

Month	PERCENTAGE OF CONTAMINATION		PERCENTAGE OF chloration	
	URBAN	RURAL	URBAN	RURAL
Jan	0.5	1.1	74.3	45.1
Feb	0.0	1.3	78.3	38.9
Mar	1.7	0.9	82.8	29.7
Apr	5.0	12.2	79.7	28.5
May	2.9	28.1	86.7	27.1
Jun	4.5	18.6	56.1	31.1
Jul	6.7	26.5	71.4	32.1
Aug	12.3	28.0	75.4	29.1
Sep	10.5	31.7	83.2	35.9
Oct	6.1	38.6	85.1	39.3
Nov	6.1	36.7	91.3	47.7
Dec	12.1	45.6	86.2	41
Average	5.7	22.4	79.2	35.4

Grand total Budget for the CCD work plane , year 2001

A	Cost for the training courses:	cost US\$
	1st Training course for new doctors working in rural area on control of communicable diseases	979.00
	2nd Training course for new doctors working in rural area on control of communicable diseases	979.00
	Training course for PMS working in PHCs not run by doctors on control of communicable diseases	979.00
	Refreshing Training course for lab technicians on proper cholera diagnosis	368.50
	Briefing orientation meeting for PMS working with mobile teams	513.70
	Subtotal	3,819.20
B	Emolument for the health staff implementing the programme	8,370.00
C	cost for renting cars	15,750.00
D	Stationary	300.00
	Total of A, B, C and D	28,239.20
E	10% for-unforeseen activities	2,823.92
Grand Total for A, B, C, D and E		31,063.12

NOTE: List of Supplies and medicine has been sent to WHO through MOH.

**National Training Activity
Request for Funds**

Allotment _____ **Unit** _____
Activity code _____

Title 1st Training course for new doctors working in rural area on control of communicable diseases

Purpose
 1-proper case management of diarrhea cases including cholera.
 2-ORS use to treat all diarrhea cases.
 3-Rational use of drugs and antibiotics in treating cases.
 4-Proper control measures for other communicable diseases.

Date from _____ **To** _____ **Place** PHD_NRC

Main Cost Component

Description	Days	Numbers	PDS	Total	Grand total
1-Participants					
Residents				0	
Non-resident	4	20	9	720	
Total participants		20			720
2-Facilitators*					
Residents				0	
Non-resident	4	4	10	160	
Total facilitators		4			160
Total 1 & 2					880
3-Stationary				10	
Total 1 & 2 & 3					890
4-Other costs-miscellaneous(up to10% of above)				89	

details:

Cost to WHO _____ **Grand Total of 1,2,3 and 4** **979**
Cost to Government _____

Other costs-miscellaneous: the cost miscellaneous 10% under item of 4 of this form may cover the following:

- 1-Coffee breaks
- 2-Secretarial assistance and other administrative costs. Noting that these are not WHO Liabilities however, due to unavailability of government counterparts funds and essential element of successful completion of the activity, the above cost are requested.

Date _____ **Signature** _____ **WR'S Endorsement** _____

- * the facilitators are:1-Dr. Sa'ad Younis (Master in Public health, Duhok medical school)
- 2-Dr. Khalid Rashed (Diploma in Public health, PHD,DOH)
- 3-Safar Muhamad (MRCP, physician Azadi Hospital)
- 4-Dr. Khalf Hussain(CABP, pediatrician)

National Training Activity Request for Funds

Allotment	Unit
Activity code	

Title 2nd Training course for new doctors working in rural area on control of communicable diseases

Purpose
 1-proper case management of diarrhea cases including cholera.
 2-ORS use to treat all diarrhea cases.
 3-Rational use of drugs and antibiotics in treating cases.
 4-Proper control measures for other communicable diseases.

Date from _____ **To** _____ **Place** PHD_NRC

Main Cost Component					
Description	Days	Numbers	PDS	Total	Grand total
1-Participants Residents				0	
		4	20	9	720
	Total participants		20		
2-Facilitators* Residents				0	
		4	4	10	160
	Total facilitators		4		
Total 1 & 2					880
3-Stationary					10
Total 1 & 2 & 3					890
4-Other costs-miscellaneous(up to 10% of above)					89

details:

Cost to WHO		Grand Total of 1,2,3 and 4	979
Cost to Government			

Other costs-miscellaneous: the cost miscellaneous 10% under item of 4 of this form may cover the following:

- 1-Coffee breaks
- 2-Secretarial assistance and other administrative costs. Noting that these are not WHO Liabilities however, due to unavailability of government counterparts funds and essential element of successful completion of the activity, the above cost are requested.

Date	Signature	WR'S Endorsement
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* the facilitators are:1-Dr. Sa'ad Younis (Master in Public health, Duhok medical school)
 2-Dr. Khalid Rashed (Diploma in Public health, PHD,DOH)
 3-Safar Muhamad (MRCP, physician Azadi Hospital)
 4-Dr. Khalf Hussain(CABP, pediatrician)

National Training Activity Request for Funds

Allotment _____ **Unit** _____
Activity code _____

Title _____ Training course for PMS working in PHCs not run by doctors on control of communicable diseases

Purpose

- 1-proper case management of diarrhea cases including cholera.
- 2-ORS use to treat all diarrhea cases.
- 3-Rational use of drugs and antibiotics in treating cases.
- 4-Proper control measures for other communicable diseases.

Date from _____ **To** _____ **Place** PHD_NRC

Main Cost Component

Description	Days	Numbers	PDS	Total	Grand total
1-Participants	Residents			0	
	Non-resident	4	20	9	720
	Total participants		20		720
2-Facilitators*	Residents			0	
	Non-resident	4	4	10	160
	Total facilitators		4		160
Total 1 & 2					880
3-Stationary				10	
Total 1 & 2 & 3					890
4-Other costs-miscellaneous(up to10% of above)				89	
details:					

Cost to WHO _____ **Grand Total of 1,2,3 and 4** 979
Cost to Government _____

Other costs-miscellaneous: the cost miscellaneous 10% under item of 4 of this form may cover the following:

- 1-Coffee breaks
- 2-Secretarial assistance and other administrative costs. Noting that these are not WHO Liabilities however, due to unavailability of government counterparts funds and essential element of successful completion of the activity, the above cost are requested.

Date _____ **Signature** _____ **WR'S Endorsement** _____

- * the facilitators are:1-Dr. Sa'ad Younis (Master in Public health, Duhok medical school)
2-Dr. Khalid Rashed (Diploma in Public health, PHD,DOH)
3-Safar Muhamad (MRCP, physician Azadi Hospital)
4-Dr. Khalf Hussain(CABP, pediatrician)

Request for Funds

Allotment	Unit
Activity code	Activity code
Title Refreshing Training course for lab technicians on proper cholera diagnosis	
Purpose	
1-Refreshing the lab technician skills on proper cholera diagnosis	
4-Obtaining information on clinical features of cholera	

Date from	To	Place PHD_NRC
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Main Cost Component						
Description	Days	Numbers	PDS	Total	Grand total	
1-Participants	Residents	3	5	6	90	
	Non-resident	3	3	9	81	
	Total participants		8			171
2-Facilitators*	Residents				0	
	Non-resident	4	4	10	160	
	Total facilitators		4			160
Total 1 & 2						331
3-Stationary					4	
Total 1 & 2 & 3						335
4-Other costs-miscellaneous(up to 10% of above)					33.5	

details:

Cost to WHO	Grand Total of 1,2,3 and 4	368.5
Cost to Government		

Other costs-miscellaneous: the cost miscellaneous 10% under item of 4 of this form may cover the following:

- 1-Coffee breaks
- 2-Secretarial assistance and other administrative costs. Noting that these are not WHO Liabilities however, due to unavailability of government counterparts funds and essential element of successful completion of the activity, the above cost are requested.

Date	Signature	WR'S Endorsement
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* the facilitators are: 1-Dr. Bayram Dawoud(Master in Medical parasitology, central public lab)
 2-Dr. Arten Sumbat (lab practitioner, Azadi hospital)
 3-Khoshy Muhamamd (Microbiologist, Central public lab)
 4-Dr. Maha Shekho(Microbiologist, Central Public lab)

National Training Activity Request for Funds

Allotment _____ **Unit** _____
Activity code _____

Title **Briefing orientation meeting for PMS working with mobile teams**

Purpose

- 1-follow up and monitoring food handlers and field orientation of the foodhandlers.
- 2-proper stool sample collection for v.c.
- 3-proper storing and transportation of the samples to central public lab
- 4-updating their skill in control and prevention of communicable diseases.

Date from _____ **To** _____ **Place** **PHD_NRC**

Main Cost Component

Description	Days	Numbers	PDS	Total	Grand total
1-Participants Residents	2	10	6	120	
	2	12	9	216	
	Total participants		22		
2-Facilitators* Residents				0	336
	3	4	10	120	
	Total facilitators		4		
Total 1 & 2					120
3-Stationary					456
Total 1 & 2 & 3					11
4-Other costs-miscellaneous(up to10% of above)					467
details:					46.7

Cost to WHO _____ **Grand Total of 1,2,3 and 4** **513.7**
Cost to Government _____

Other costs-miscellaneous: the cost miscellaneous 10% under item of 4 of this form may cover the following:

- 1-Coffee breaks
- 2-Secretarial assistance and other administrative costs. Noting that these are not WHO Liabilities however, due to unavailability of government counterparts funds and essential element of successful completion of the activity, the above cost are requested.

Date _____ **Signature** _____ **WR'S Endorsement** _____

- * the facilitators are: 1-Dr. Sa'ad Younis (Master in Public health, Duhok medical school)
 2-Dr. Khalid Rashed (Diploma in Public health, PHD,DOH)
 3-Maha Aziz (Microbiologist, central public lab)

Emoluments for CCD programme workers

Sn	category	No	rate US\$ /month	Total for 9 months
1	Focal point for the implementation of the programme from DOH, PHD (to be decided by WHO)	1		
2	For health staff working in mobile teams from PHD and districts to supervise control measure and vaccine samples collection	22	30	5940
3	for laboratory technicians	8	30	2160
4	lab focal point (the rate to be decided by WHO), the focal point is Dr. Bayram Dawoud, master of medical parasitology, director of central lab.			
5	supporting staff in central lab	2	15	270
6	for one medical officer to assist the focal point and work at district level (the rate to be decided by WHO).			
Total				8370

Needs for renting cars

8 cars needed for from the period 1st April, 2001 to 31st December 2001, to be used by the sentine teams to perform their duties. The cars working and costs will be as following:

Sn	Sector	Hours of work	No cars	Location	rate US\$/month	total cost /9 month
1	Duhok	8am-14pm & 15pm-18pm*	2	PHD	250	4,500.00
2	Summail	8am-14pm & 15pm-18pm*	1	PHD	250	2,250.00
3	Zakho	8am-14pm	1	Z Hospital	200	1,800.00
4	Amadiyah	8am-14pm	1	A Hospital	200	1,800.00
5	Aqra	8am-14pm	1	Aq Hospital	200	1,800.00
6	Shekhan	8am-14pm	1	Atrush PHC	200	1,800.00
7	Bardarash	8am-14pm	1	Bard PHC	200	1,800.00
Total			8			15,750.00

* these cars work on shift base