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.

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

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- 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'

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				
(All figures in	Total			US \$ 45,203

9. Budget Allocation

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.

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

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- 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

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

- 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.

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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'

"OUOTE"

"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).

<u>Objectives</u>

- 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.

<u>Time Table:</u>

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 <u>Health Centers Without Doctors</u> 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/Yea	r 2001
(2/4-day training courses, each of 20 participants with a total of 40 of	doctors)
40 doctors * \$9/day * 4 days	= \$ 1,440
Trainers: 8 persons * \$10/day * 4 days	= \$ 320
Stationery: 40 participant * \$3/person	= \$ 120
Total	$=\frac{9.120}{1.880}$
10% Miscellaneous	= <u>\$ 189</u>
Sub-Total	$=$ $\frac{1}{$2,069}$

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

(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	
Stationery: 40 persons * \$3/person	= \$ 160 -
Total	$=\frac{\$120}{\$1.000}$
10% Miscellaneous	= \$1,000
Sub-Total	$= \frac{\$ 100}{2}$
Sub-Total	= \$ 1,100
Refresher Training Courses for Laboratory Technician/Dohuk	Wear 2001
(3 from Zakho Hospital & 5 working in the Central P.H. La	$\frac{1 \operatorname{car} 2001}{2 \operatorname{car}}$
training course)	ib to receive 5-day
3 persons * \$9/day * 3 days	= \$ 81
5 persons * \$6/day * 3 days	= 3 81 = \$ 90
Trainers: 4 persons * \$10/day * 3 days	
Stationary: 8 persons * \$ 3/person	= \$120
Total	$=\frac{\$ 24}{\$ 215}$
10% Miscellaneous	= \$ 315
Sub-Total	= <u>\$ 32</u>
Briefing/Orientation of Poromadical Staffing 11 (1997)	= \$ 347
Briefing/Orientation of Paramedical Staff working in the 'Mobi	<u>le Teams</u>
(Paramedical staff monthing in (DE 14) m	
(Paramedical staff working in 'Mobil Teams, 10 persons ou inside Dohuk City).	tside + 12 persons
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	= <u>\$ 66</u>
Total	$=\overline{\$ 470}$
10% Miscellaneous	= \$ 47

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Sub-Total

UND307040859

= \$ 517

<u>Rent of Vehicles</u> <u> Dohuk Governorate/Year 2001</u>

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
* Dobuk	(2 rented com)	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

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	Category	Number	Rate/	Total in US \$/Nine
			Month in	Months (1 ST April
			US \$	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
i ki sa sa Na ngana s	Sub-Total			12,420

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Grand Total Cost for WHO

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

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Attachments:

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

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	ik Governorate of Required Items	
1	Item	Quantity
1	Air Coolers	2
2	Exhaustion Fans	2
	Electric Distributor	3
	Gas Cylinder	2
	Gas Regulating Set	2
6	Floor Brushes	5
_	Floor Sweepers	6
	Plastic Water Containers	- 7
	Plastic Pipe	25m
	Waste Basket	7
11	Nylon Plastic bags	100
	Paper / Lined	5
	Paper/-A 4	5
	Stapler	10
15	Magic Pen	60
	Dry-Pen	50 -
17	Fap Transparent	5
18	Bed sheets	500
19 5	Staff overcoat	200
20 1	Nasal Masks	1000
	Plastic Gloves	3700 Pairs
	Coilet soap	310
23 I	Powder Soap	320
	Dettol	210
	Detergents	10
26 F	lase	14
27 I	nsecticides Sprayers	25
28 A	ir Fresheners	30
31 S	terile Disposable tube with cover 15cc	10000
32 S	terile Disposable tube with cover 25cc	10000

This list may need updating.

18.00

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.

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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	Location	Rate	- Total
		car		US\$/month	cost/9month
1	8am-14pm	ĺ	PHD-MOH	200	1800
		То	tal		1800

Tagukurdistan 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 These risks 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 measures had been taken to face the outbreak and plane to control diarrhea. Urgent 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

etter 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 cessions, and different kind of posters. surveillance of diarrhea diseases strengthen through 6 mobile teams in the 6 districts working as a sentinel sites for supervising food handlers, stool sample collection for culture and orientation of the public places workers about good food handling 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.

Nork 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 resultance 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 <u>not</u> 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 Agra district (one for Agra and one for Bardarash).
- 2- 1 team for other districts (Summail, Zakho, Amadiah, and Shekhan).

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	
Jan	average Centigrade	-
Feb.	7.4	
Mar.	10.4	-
Apr.	15.8	
May	21.8	
Jun	26.8	4
Jul	32. 7	and the second second second second
Aug.	31.6	
Sep.	26.9	
Oct.	20.9	
Nov.	13.4	
Dec.	8.5	

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

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Tac		ily raining average mi –D	uh
	Months	_Average raining]
	· · · ·	ml	
	Jan	206.5	
	Feb.	72.7	
	Mar.	163.1	
	Apr.	54.7	
	– Мау	4.9	
	Jun	-	
	Jul		
-	- Aug.		
	Sep.		
	Oct.	5.5	
	Nov.	17.4	
ĺ	Dec.	227.5	

Table (2) monthly raining average ml – Duhok

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

Table	(3)	Percent	of	Water	æ	sanitation	200000	in	Trag 1000

	T			
Irag	South &	Kurd.	Kurd.	Region
1	center	Region	Urban	Rural
81.1	81.7	77.1	95.4	33.7
74.6	77.1	57.7	75.1	16.2
		Iraq center 81.1 81.7	IraqSouth & centerKurd. Region81.181.777.1	IraqSouth & centerKurd. RegionKurd. Urban81.181.777.195.4

Multiple Indicator Cluster Survey (MICS), Aug.96

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 Jເ Aເ	May in Jul	4.1 1.9 9 1.6 10.4	29 22 34 17	9.7 2.3	77 67.4 70.9 73.9 77.8		17.9 31 31.4 24.1 29.7 21.1	· · ·			~
Oc De Av	nov	- 3- 6.6 4.8 3.44	4: 17	1 7.7 8.6	81.3 77.4 76.8 74.5	3 3 3 3	31.3 32.2 36.4 35.1	19479-2000 			
Year Jan Fe 1996 157 188 1997 218 286 1998 188 177 1999 374 740	5 Mar 5 157 6 273 7 345	Apr M 188 4 202 4 744 8	oid fever lay Jun 32 488 34 592 57 1104 57 1847	Jul 297 873 890	Aug (481 4 655 5 1896 6	Sep C 138 4 53 4 542 5)6 188 10 549	Total 3702 4684 8705 11935	- - - - - - - -	
Table (6)	Perce	nt of d	diarrhea 1998	a case -2000	s to I	I.F at	tende	es Duho	ok		• • •
year Jan Fel 1998 1999 0.7 1 2000 6.5 2.1	0.4	3 1 3		Jul 5 11 19.0	Aug 4 6 8.9	Sep 4 5 9.4	5 4	Nov 4 2 4.8	-		
Table (🍄) _I	proport May	ion of	1999	mple f -2000 AUG	or Dia	rrhea OCT			ov.		
v.c samples 1999 % v.c samples 2000 %	9 39 1	489 6 2196 19.6	2440 23 2565	6380 46 1940 16.3	2820 30 1759 16.2	1393 1 1840 27.6		Total 14067 25 12830 17.8			

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ible;		iter q	uality	Statu	s in Di	ihok (Boyom					62.43
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Month		NTAGE OF	PERCEN	NTAGE OF
and a second	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
Vov	6.1	36.7	91.3	47.7
Dec	12.1	45.6	86.2	41
verage	5.7	22.4	79.2	35.4

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vork p
r the CCD
Budget for the CCD v
Frand total

A Cost for the training courses:	
	cost US\$
The second s	ble diseases 979.00
A set on control of communicable diseases	_
Defrontion Profession Profession Profession Procession Control of Communicable diseases	
Brief and the second of the se	368.50
Subtotal	513.70
	3,819.20
B Emolument for the health staff implementing the programme	
C cost for renting cars	8,3/0.00
Stationary	15,750.00
	300.00
	28,239.20
	2,823.92
Grand Total for A D C D I F	
VIAILA FOLAL TOTAL TOTAL DI A, D, C, U AND E	31,063.12
	-
NOTE: :List of Supplies and medicine has been sent to WHO through MOH	

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and the second secon		H			77 ×	· · · · ·		ล ้
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Nation	al Train	ing Activit	У.		- control	: 8r .	-
	Re	quest fo	r Funds				g(105	
Allotment				A	Unit		م المساجعة الم الم	
Activity code			· · · ·		in _ in _ in _ in _ in the control of the international states of the international			
Title	1st Training course for r	new doctors wa	orking in rural area	on control of c	ommunicable dis	eases	1	
Purpose							• ••••• •	
	anagement of diarrh	ea cases ind	cluding cholera	•				
2-ORS use to tre	at all diamhea cases	i.		. <u>.</u>				
	drugs and antibiotic			•				
	measures for other of		ole diseases.					1
Date from		To		Place	PHD_NRC			
Deceriation			Cost Compo		Tatal	Crand 4-4-1		
Description 1-Participants	Residents	Days	Numbers	PDS	Total 0	Grand total	1	
1-raiucipants	Non-resident	4	20	٥	720			
-	Total participants		20	5	120	720	{	
2-Facilitators*	Residents				0		1	
	Non-resident	4	4	10	160			
	Total facilitators		4			160	1	
Total 1 & 2				~		880]	
3-Stationary			· · · · ·		10		1	
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Date		Signatur	e	·	WR'S End	orsement		
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	hed (Diploma in Pub							
	d (MRCP, physician	,	bital)					
4-Dr. Khalf Huss	ain(CABP, pediatrici	an)						

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Title		2nd Training course for	or new doctors	working in run	al area on cont		nicable disease			·····
Pur	pose					or or commu	licable disease	s 7		
1-pro	oper case r	management of diar	rhea cases	including cl	holera.	· •			[
2-0F	ks use to t	reat all diarrhea cas	es.					:		
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Date		<u>.</u>	Signature		14					
_	acilitators a	re:1-Dr. Sa'ad Your	is (Master	in Dublia to	V	VIC S ENC	dorsemen	t		
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s-sala	r Munamao	d (MRCP, physician	Azadi Hos	pital)						
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4-Dr. Khalf Hussain(CABP, pediatrician)

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National Training Activity Allower Unit Allower Unit Activity code Unit Title Training course for PMS working in PHCs not nun by doctors on control of communicable diseases Purpose		Water and a straight	THE TY AN	CARDES AND THE		The second s		
Allotment Unit Activity code Iunit Title Training course for PMS working in PHCs not run by doctors on control of communicable diseases 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. 3-Rational use of drugs and antibiotics in treating cases. 4-Proper control measures for other communicable diseases. Date from To Place PHD_NRC Description Days Numbers PDS Total Grand total 1-Participants Residents 4 10 160 720 2-Facilitators* Residents 4 4 10 160 3-Stationary 880 880 880 1-Other costs-miscellaneous(up to10% of above) 89 89 890 Cost to WHO Grand Total of 1,2,3 and 4 979 Cost to WHO Grand Total of 4 of this form may cover the 979 Cost to WHO Grand Total of 4 of this form may cover the 979 Cost to WHO Grand Total of 4 of this form may cover the 979							مور ترکی می انداز ا	
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npletion of the activity, the above cost are requested.		спанен сън	nernone nin	g that these	are not WH	O Liabilities		
	npletion of the activity, the above	cost are requ	ested.	us and essi	ential eleme	ent of successful]	
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ate Signature WR'S Endorsement		Signature		٧	VR'S End	orsement		
e facilitators are:1-Dr. Sa'ad Younis (Master in Public health, Dubok medical, d. 1)	e facilitators are:1-Dr. Sa'ad Your	iis (Master in	Public healt	h, Duhok m	edical scho	ol)]	
r. Khalid Rashed (Diploma in Public health, PHD,DOH) afar Muhamad (MRCP, physician Azadi Hospital)		NC Dealth PE	III IIIIII			,		

4-Dr. Khalf Hussain(CABP, pediatrician)



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		quest fo	r Funds	Forenza			, E	
Allotment		\$4 1 1 1			Unit	<u>}-</u>		
Activity code	e			₩/Ac	ivity cos	6	E	
Title	Refreshing Training	course for lab	technicians on	proper cholera	liagnosis		a then	
Purpose					ic se			
1-Refreshing the	e lab technician sk	ills on prop	er cholera d	liagnosis				
4-Obtaining into	rmation on clinical	Teatures of	i cholera.					
41 				· · ·				
Date from		То		Place	PHD_NRC			
		Main (Cost Com	ponent				* - ب میکند میکند می
Description		Days	Numbers	PDS	Total	Grand tota		
1-Participants	Residents Non-resident	3	5	6	90			
	Total participants	3 :	8	9	81	171		
2-Facilitators*	Residents				0			
-	Non-resident	4	4	- 10	160			_
Total 1 & 2	Total facilitators		4			160		
3-Stationary				Г		331		
Total 1 & 2 & 3	<u> </u>				4	335		
4-Other costs-n	niscellaneous(up	to10% of a	above)	-	33.5	000		
details:				·				
·				. –				
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Cost to WHO			Grand To	otal of 1,2,	3 and 4	368.5		
Cost to Govern	ment			·····,_,		000.5		
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following:	llaneous: the cost mi	scellaneous	10% under it	em of 4 of this	form may c	over the		
1-Coffee breaks						-	~	
2-Secretarial ass	sistance and other	administrat	ive costs. N	oting that the	se are not	WHO Liabi	lities	_
nowever, due to	unavailability of go	wernment c	counterparts	funds and e	ssential ele	ement of su	ccessful	
completion of the	e activity, the above	e cost are r	equested.					
Date	:	Signature	e	v	VR'S En	dorsemer	st I	
* the facilitators a	are:1-Dr. Bayram D	awoud(Ma	ster in Medi	cal parasitole	av centra		<u> </u>	
2-Dr. Arten Sum	pat (lab practitione)	r. Azadi hos	soital)		yay, centid	i public lab)		
3-Khoshy Muhan	namd (Microbiolog	ist, Central	public lab					

4-Dr. Maha Shekho(Microbiologist, Central Public lab)

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Activity cod			141.000 x 10 151.000 x 10 151.000 x 10	<u> </u>	My .		gi e ji e dana	and all for the production of the second sec
Title	Briefing orientat	ion meetin	g for PMS	working wi	th mobile t	eams		· · · · · · · · · · · · · · · · · · ·
Purpose	monitoring food ha	ndlers and	field oriente	tion of the f				
2-proper stool s	sample collection fo	r v.c.				S.		
3-proper storing	and transportation	of the sam	ples to cent	ral public la	b.			
4-updating their Date from	skill in control and	prevention	of communi					
				Place	PHD_NRC			···- · · ·
Description		Days	Cost Comp Numbers	PDS	Total	Grand total		
1-Participants	Residents	2	10	6	120			
	Non-resident	2	· 12	9	216		Ì	
2-Facilitators*	Total participants Residents		22	-	•	336		
	Non-resident	3	4	10	0 120			
	Total facilitators		4		120	120		
Total 1 & 2 3-Stationary						456		
Total 1 & 2 & 3				<u>.</u>	11		-	
4-Other-costs-n	niscellaneous(up	to10% of al	oove)	·-	- 46.7	467		
details:					40.7			
-		(
Cost to WHO	_		Grand To	tal of 1,2	3 and 4	513.7		
Cost to Govern	ment			,		010.1		
Other costs-miscel	llaneous: the cost mis	collons ava 1	00/		-	•		
ponoming.	llaneous: the cost mis	cenaneous n	under iter -	m of 4 of this	form may co	overthe		
1-Coffee breaks	-							
2-Secretarial ass	sistance and other a	dministrativ	e costs. No	ting that the	se are not	WHO Liabili	ties	
	unavailability of gove activity, the above	eniment co	unieroarts t	unds and e	ssential ele	ment of suc	cessful	
		COSt die 180	Juesieu.					
Data	÷ _					- ,		
Date		Signature			VR'S End	dorsemen	t I	
Ine facilitators a 2-Dr. Khalid Root	re:1-Dr. Sa'ad You	nis (Master	in Public he	alth, Duhok	medical so	chool)	<u> </u>	
	ned (Diploma in Pul probiologist, central	Diic health. I	HD,DOH)					

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	Emoluments for CCD programme workers	programme workers			
	Sn	category	N N	rate US\$ Total for /month months	
	 Focal point for the implement For health staff working in mobile tes for laboratory technicians a lab focal point (the rate to be decided s upporting staff in central lab for one medical officer to assi 	 Focal point for the implementation of the programme from DOH, PHD (to be decided by WHO) For health staff working in mobile teams from PHD and districts to supervise control measure and vc samples collection for laboratory technicians a lab focal point (the rate to be decided by WHO), the focal point is Dr. Bayram Dawoud, master of medical parasiotology, director of central lab. s supporting staff in central lab for one medical officer to assist the focal point and work at district level (the rate to be decided by WHO). 	~ % % ~	30 5940 30 2160 15 2700	
-	Total		:	8370	
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State of the local division of the local div

Needs for renting cars

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

									•··-•		:
total cost /9	month	4 500 00		2,250.00	1,800.00	1,800,00		1,000.00	1,800.00	1,800.00	15.750.00
rate	nunom/¢cu	250			- 200	200	000	002	200	200	
Location		2 PHD	CHd		Z HOSPILAI	A Hospital	Ad Hospital			Bard PHC	,
No cars		N	x -			~	~	• •			∞
Hours of work	Ram_1/nm 8 15 10 +		8am-14pm & 15pm-18pm*	8am-14nm	8am 11 me8		8am-14pm	8am-14pm	8am-14nm		
Sn Sector	1 Duhok			3 Zakho	4 Amadiah		o Aqra	6 Shekhan	7 Bardarash	Total	

* these cars work on shift base