

Health



Checking the health of an infant in Iraq.



Performing an HIV/AIDS-related drama in Ukraine.



Sharing medical information in Mozambique.



A child feeding program in Cambodia.

For more than 10 years, International Relief & Development (IRD) has developed effective programs to improve the health of millions of people. We work closely with affected communities to develop innovative solutions that are appropriate for their environment, and we provide training so they can continue the program once our role has finished. IRD health programs include HIV/AIDS, maternal and child health, family planning and reproductive health, treatment of infectious diseases, nutrition, community-based primary health care, health

education, and water and sanitation hygiene training programs. However, our multi-sectoral approach looks beyond traditional sector boundaries to comprehensively address development issues, since families, especially those in vulnerable situations, often cannot neatly compartmentalize their day-to-day challenges into health, economic, or educational categories. We have taken on the challenge of working in some of the most complex and difficult places, becoming a specialist in working in conflict and post-conflict environments.



Multiple Countries

Essential Medical Commodities Distribution (Armenia, Azerbaijan, Georgia, and Ukraine)

- **Distributes medicines, supplies, and other commodities to internally and formerly displaced persons.**
- **Trains healthcare providers.**
- **Provides potable water to IDPs and formerly displaced persons.**

Donor U.S. State Department
 Date 1999 – present
 Amount \$15 million

IRD assists medical facilities and institutions such as orphanages, schools, and elderly homes by distributing medicines, medical supplies, equipment, health and hygiene kits, school kits, blankets, clothing, and food items free of charge. IRD has delivered more than \$200 million of pharmaceuticals, medical supplies, and non-medical commodities to over 2 million beneficiaries in four countries.

Primary Health Care Initiative (Armenia, Georgia, and Ukraine)

- **Improved conditions of medical facilities in rural areas.**
- **Established community health committees.**
- **Trained health care providers in emergency care, family medicine, and facility management.**

Donor USAID/World Council of Hellenes
 Date September 2002 – March 2005
 Amount \$1.6 million

The Primary Health Care Initiative improved access to quality primary health care services for over 60,000 beneficiaries in three countries. In Armenia, IRD rehabilitated and equipped PHC facilities in Lori Marz, as well as implementing the other components of the initiative. The approach was acknowledged by the Armenia National Institute of Health and used as a model for enhanced learning outcomes. In Georgia, IRD increased the professional level of providers and improved the conditions of six medical facilities in the Tsalka region of Georgia. In Ukraine, IRD developed HIV/AIDS and cardiovascular disease awareness

programs for the general population of Mariupol and surrounding areas through health education and prevention services, and a public awareness campaign. IRD promoted healthy behavior through interactive peer education sessions in schools, involving 10,000 youth between grades 5-11.

Azerbaijan

Family Planning and Reproductive Health Initiatives

- **Developed mass media public education campaign.**
- **Trained peer educators from 56 communities.**
- **Rehabilitated 10 reproductive health facilities.**

Donor USAID/Save the Children
 Date 2003 – 2005
 Amount \$681,756

IRD created family planning and reproductive health pilot programs including a basic package of family planning and reproductive health knowledge for married women, men, and adolescents. Through the project, IRD has trained 180 peer educators who have trained 45,000 adults and adolescents; organized seven reproductive health festivals; and developed and distributed 60,000 family calendars, 30,000 leaflets, and 5,000 posters.

Cambodia

Better Foods for Better Lives (BFBL)

- **Improved health of children in low-income households.**
- **Produced affordable, nutritious food option.**
- **Developed local food production industry.**

Donor USDA
 Date 2004 – 2007
 Amount \$2 million

Modeled after IRD's successful Noodle Food Assistance (NFA) program in Indonesia, this program promoted private sector development in the food processing industry, generating jobs within the milling, noodle, and bakery industries in Cambodia. For the first time in the country, a flour mill is forti-



fyng wheat flour with vitamins and minerals, which contributes to the improved health status of low-income households and school children in Phnom Penh and other urban areas.

Child Survival and Health Grant

- **Decreases the prevalence of moderate and severe malnutrition**
- **Uses the “Hearth Model” to encourage sustainable changes in infant feeding.**
- **Conducts public awareness and health education campaigns**

Donor USAID
 Date 2006 – present
 Amount \$1.7 million

IRD is using an integrated community-based approach to decrease child malnutrition in the Teuk Phos Administrative District of Cambodia. The project promotes community level education and behavior change to improve breastfeeding, the quantity and quality of complementary foods, and hygiene practices and village based nutritional rehabilitation using the “Positive Deviance Hearth Model.” It encourages community mobilization for immunization, Vitamin A and deworming sessions, and development of affordable transport mechanisms to community health centers. Finally, IRD is undertaking diarrhea case management and prevention with oral rehydration solutions and point of use water disinfection, and social marketing of nutritionally fortified low cost foods.

Improving Nutrition in Cambodia

- **Improves health of children in low-income households.**
- **Supports people living with HIV/AIDS.**
- **Bolsters school attendance and completion.**

Donor USAID
 Date October 2007 – September 2008
 Amount \$100,000

Supported by the USAID’s Food for Peace office, IRD implemented Improving Nutrition in Cambodia Program, which aimed to promote and increase attendance in schools in Kampong Chhnang through school feeding activities; aid treatment and promote counseling of HIV/AIDS

patients; aid the families and patients in home-based care through distribution of nutritious foods through a network of local NGOs; and aid patients in the pediatric and infectious diseases wards in the Kampong Chhnang Referral Hospital. IRD assisted 5,500 people and distributed 75MT of vegetable and lentil blend packages.

Ethiopia

Strengthening Communities’ Response to HIV/AIDS

- **Provides income generating activities for 30,000 families.**
- **Works with community organizations to create a broader community safety net.**

Donor USAID
 Date March 2009 – March 2012
 Amount \$670,000

IRD is integrating economic development into HIV care and prevention through this program done in partnership with PATH. IRD’s economic team is developing a selection of economic options, such as small-scale livestock and farming, market development, and entrepreneurial promotion for communities to adapt to their local area. Drawing on the cultural value of extended family, IRD trains local organizations to bring communities and leaders together to address the economic needs of HIV-affected families. IRD also advocates for economic policies that support family income generation, such as inheritance and access to land, and long-term economic stability, reducing economic barriers to education and health care.



Indonesia

Avian Flu Prevention

- **Conducted public awareness/health education campaigns.**
- **Trained local veterinarians and health care providers.**
- **Assisted local officials and community leaders in creating preparedness plans.**

Donor Direct Relief International (DRI)
 Date January 2006 – November 2006
 Amount \$29,933

IRD conducted a training course in Banda Aceh, Indonesia in May 2006 to provide participants with detailed knowledge and specialized materials on avian influenza. These participants have gone on to form a network of hundreds of local trainers to disseminate information and demonstrate best practices for prevention of outbreaks in rural areas. Communities are chosen based on high-risk factors, including livelihoods based on the poultry industry.

Community-Based Sustainable Water and Sanitation Project

- **Improved the health of residents in 20 villages.**
- **Trained local organizations in the operation of cost-recovery programs.**

Donor LDS
 Dates May 2006 – April 2007
 Amount \$1 million

IRD constructed and rehabilitated water supply networks and basic sanitation facilities in 20 villages around Lhoseumawe in the Aceh province of Indonesia. The program also involved basic health and hygiene education and capacity building for local communities to implement cost-recovery programs, ensuring the long-term sustainability of the constructed systems.

Health Grants Management Program

- **Health services provided to over 75,000 individuals affected by the tsunami.**
- **Relief supplies reached over 250,000 vulnerable people.**

Donor Direct Relief International
 Date February 2005 – April 2008
 Amount \$2.16 million

To improve the health status of communities most affected by the tsunami disaster in Aceh, IRD helped 13 local NGOs to implement effective multidisciplinary health interventions in 10 districts, targeting over 75,000 individuals in villages, IDP settlements, and temporary camps. Health services included the prevention of malaria and diarrheal diseases, restored psychosocial health, improved water and sanitation facilities, and the distribution and monitoring of humanitarian commodities.

Improving the Nutrition and Health of Primary School Children (SHIP)

- **Targeted 75,000 children in 500 elementary schools in five districts of central Java**
- **Reduced intestinal infections by 30 percent.**
- **Developed water and sanitation advocacy campaign.**

Donor USDA
 Dates April 2003 – December 2006
 Amount \$2.1 million

Through this comprehensive public health program IRD built the capacity of teachers to provide health education in schools, trained children to act as peer educators for health and hygiene, and taught community facilitators to promote health messages in their communities. In addition, IRD upgraded water and sanitation facilities in 81 schools. IRD also improved hygiene practices among school children, which resulted in lower prevalence of intestinal parasites. The local government is planning to adapt the methodology as a protocol for local providers.



Noodle Food Assistance Program (NFA)

- **Improved health of children in low-income households.**
- **Produced affordable, nutritious food option.**
- **Developed local food production industry.**

Donor USDA
 Date 1999 – 2007
 Amount \$12 million

The project’s overall goal was to improve food security for the disadvantaged urban population in Jakarta and other areas on the island of Java. IRD produced and sold 3 billion packages of fortified, soy-enriched wheat and rice noodles and soy sauce, reaching 4.5 million low-income consumers in seven provinces every month. As part of the program, IRD has also supported the production and daily distribution of fortified snack noodles and biscuits to 75,000 primary school students and their teachers in 500 schools in central Java.

Iraq

Iraq Mental Health Initiative

- **Increases the capacity of Iraqi service providers to meet the mental health and psycho-social needs of conflict victims**
- **Increases access of vulnerable populations to mental health services.**
- **Works across sectarian and geographic boundaries.**

Donor U.S. State Department
 Date August 2008 – January 2010
 Amount \$3 million

The Iraq Mental Health Initiative (IMHI) works with trauma and other conflict-affected victims, including female self-immolation victims, drug users, children, internally displaced people, in six of Iraq’s Governorates—Baghdad, Bassra, Dohuk, Erbil, Ninewa, and Suleymaniya. Activities include service provider training, media, advocacy, and mobile unit service delivery, and is implemented with and through local partners such as The American Islamic Congress, Erbil Emergency Hospital and Burn Unit, Childhood Care and Sponsorship Organization, Psycho-Social, Education, Treatment

and Consulting Center, Kurdistan Institute for Political Issues, and Heartland.

Jordan

Community Services Project for Iraqi Refugees in Jordan (ICSP)

- **Provided psycho-social screening to over 50,000 refugee households.**
- **Established the first advanced psychosocial care center in Jordan.**
- **Provided advanced psychosocial and disability care for Iraqi children.**

Donor UNHCR
 Date February 2008 – December 2008
 Amount \$2 million

In response to the critical needs for psychosocial care for Iraqi refugees, IRD extended the network of outreach services throughout Amman, Irbid, Zarqa, Azraq, and Salt and provided community- and home-based psychosocial screening and referrals to partner clinics. With technical assistance from the Khiam Rehabilitation Center in Lebanon, IRD helped to establish the first advanced psychosocial care center in Jordan In partnership with the Noor al Hussein Foundation (NHF) of Jordan, IRD expanded the capacity of partnering community centers and provided interactive theatre and puppet shows addressing social issues of relevance to Iraqi children and their families.

Outreach Services to Iraqi Refugees in Jordan

- **Builds awareness of services available to refugees.**
- **Tracks service coverage through surveys and focus group discussions.**

Donor UNHCR
 Date January 2009 – December 2009
 Amount \$1.6 million

The goal of this project is to strengthen outreach as a holistic activity encompassing protection assistance, early identification, and rapid intervention measures in Amman, Irbid, and Zarqa. IRD manages a highly qualified outreach volunteer force that will provide 43,000 home visits over the course of a year, tracks refugee service coverage and builds



awareness of rights and services and encourage participation in service delivery.

Strategic Health Support I & II Programs for Iraqi Refugees Residing in Jordan

- **Serves over 60,000 predominately female-headed refugee households in poor neighborhoods of Amman, Jordan.**
- **Provides primary and secondary health care services through a network of mobile and fixed health service providers.**
- **Volunteer outreach referral system reaches the largest number of beneficiaries of all Iraqi assistance providers.**

Donor US Department of State Bureau of Population Refugees and Migration (BPRM)
 Date June 2007 – September 2009
 Amount \$4.3 million

Under the first Strategic Health Support program (SHS-I) IRD created the first outreach network of Iraqi refugees providing home care services to over 90,000 refugees, more than double the target number of home visits. Through this mechanism IRD has been able to provide income for over 120 Iraqi women, while the outreach has served as a community network through which IRD has not only been able to provide basic health services and referrals to partner clinics. Under SHS-II IRD will continue providing services to vulnerable Iraqis with basic health assessments, health care referrals, primary and secondary health care by further strengthening the capacity of partner clinics. IRD is also addressing issues related to laboratory services and dispensing medicines.

Community-Based Support Project (CBSP)

- **Addresses mental stresses of Iraqi refugees in Jordan through social inclusion, income generation, and vocational training opportunities.**
- **Reduces sense of isolation that many refugees experience.**

Donor US Department of State Bureau of Population Refugees and Migration (BPRM)
 Date September 2008 – September 2009
 Amount \$2 million

In this effort, IRD is working with the Ein Al-Basha Vocational Training Center, in partnership with Entity Green, to provide vocational training to over 600 Iraqi men in economically relevant skills such as computers, electrical installation, plumbing, automotive maintenance, cooking, and recycling, and over 100 women in catering, home production, and marketing. In addition, the program is supporting 15 community-based daycare centers, subsidizing the costs of child daycare for vulnerable Iraqi families and linking mothers with the centers to provide day care services.

Laos

Safe Educational Opportunities

- **Improves children’s health and nutrition.**
- **Provides incentives to keep children, particularly girls, in school.**
- **Teaches school personnel basic bookkeeping and accounting skills.**

Donor USDA/Humpty Dumpty Institute
 Date 2007 – present
 Amount \$1 million

This program serves nutritious mid-morning snacks; for primary school children, provides take-home rations for girls and their families, and implements deworming and other healthy activities. Each of the primary schools will receive a \$5,000 mini-grant to be used to make structural improvements in the schools or conduct activities that improve the health of the students. IRD teaches school personnel how to keep accurate financial records, internal audit practices, and accounting to keep track of these grants as well as student attendance and program effectiveness.



Solar Disinfection (SODIS) of Water

- **Increases the availability of safe, inexpensive drinking water.**
- **Promotes the use of SODIS in 750 households, schools, and other organizations.**
- **Raises awareness to the benefits and uses of SODIS.**

Donor The Swiss Federal Institute for Aquatic Science and Technology (Eawag)
 Date 2008 – present
 Amount \$20,000

This program will increase awareness and utilization of SODIS in Laos through the training and support of 36 health promoters targeting 750 households (3,750 persons) and 30 schools (1,500 students). In addition, IRD will develop promotional materials that will increase the general awareness of the importance of clean water and SODIS at the local health facilities in three rural districts and among other organizations.

Mozambique

Capacity Building of Community Care Coalitions

- **Facilitates home-based care.**
- **Develops local organizations' capacity.**

Donor World Vision
 Dates November 2007– present
 Amount \$120,000

IRD provides technical assistance for building organizational capacity to 27 of World Vision's Community Care Coalitions (CCCs) operating in Zambezia Province. The CCCs are made up of community leaders and other community members who conduct home visits of people living with HIV/AIDS and other chronically ill people, and provide care assistance for orphans and vulnerable children. Some CCCs also have accredited home-based care (HBC) volunteers, providing HBC services to those HIV/AIDS patients who are in the latter stages of the illness. IRD's technical team provides intensive training and mentoring to the leaders and members of the CCCs so that they will have the institutional

systems and capacity to successfully operate as independent entities.

Home-Based Care in Inhambane Province (ESOCUIDA)

- **Helps local organizations develop the skills to care for HIV/AIDS patients in their homes.**
- **Coordinates with local government.**
- **Encourages coordination between other CBOs, district hospitals, provincial health authorities, and the National Aids Council.**

Donor Embassy of Ireland (Irish Aid)
 Date December 2008 – February 2010
 Amount \$1 million

IRD's home-based care (HBC) program, ESOCUIDA, first began in 2005 in the Inhambane province of Mozambique. Currently, the program serves over 700 patients, providing capacity-building support to nine community-based organizations (CBOs) in eight of the 14 districts of Inhambane. IRD's HBC program operates through a system of CBOs dedicated to providing people living with HIV/AIDS and the chronically ill the support and care they need in order to live a more healthy lifestyle in the face of disease. Each CBO consists of volunteers who visit patients at home, deliver antiretrovirals prescribed by the local hospital, and monitor patients' conditions and needs. IRD provides the CBOs with institutional capacity-building support, through various workshops, trainings, and seminars. IRD also provides financial support through small grants and financial management courses.



Positive Organizational Development Program

- **Developed ability of local organizations to provide care for people living with HIV/AIDS.**
- **Provided sub-grants for income-generating activities.**

Donor National AIDS Council of Mozambique
 Date June 2005 – July 2006
 Amount \$151,000

In partnership with the National Network of Associations of People Living with HIV/AIDS, IRD worked with three local associations of people living with HIV/AIDS in Inhambane province. The project provided institutional capacity building training, including leadership, financial management, project planning, and monitoring and evaluation; and operational capacity building through various training programs in home based care, pre and post-test counseling, and ART adherence counseling. IRD has since received funding from CIDA, AED, and USAID/World Vision for these activities.

Women First Program

- **Uses community-based health care approach.**
- **Trains women in small business skills.**
- **A model of a successful public private partnership.**

Donor World Vision/Canadian International Development Agency
 Dates June 2005 – December 2008
 Amount \$342,325/\$91,000

Women First combines health and HIV/AIDS activities with entrepreneurial training sessions and the establishment of sustainable businesses for rural women. The Women First program was initiated through established women’s groups from the Women’s Society of the United Methodist Church, in Inhambane Province. In partnership with household supply company Unilever and others, IRD uses an intensive small business training program, facilitates an in-kind micro-credit scheme, and establishes a sustainable product supply chain. In addition to the small business component, the Women First project is training peer educators to raise health and HIV/AIDS prevention issues with women in

their groups, as well as bringing these messages home to their families and communities. In 2006, IRD expanded the program to Zambezia Province with funding from World Vision. Women First was selected by UNDP for its Growing Sustainable Business program. It has also been featured in USAID’s “Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions” Compendium on Programs in Africa.

Women First Program II

- **Expands geographic and product range of successful program.**

Donor World Vision/ USAID Food for Peace
 Dates August 2008 – August 2011
 Amount \$1.4 million

Following the initial success of the Women First Program IRD received additional support to expand the Women First program to more districts in Zambezia program and to include more private sector partners were included in the program, including Africom, CIM, Sugar National Distributor, 777, Coca Cola, Emcel, and Matuel Commercial (agricultural inputs), expanding the variety of products sold by the entrepreneurs, and increasing their sales.

Nepal

Emergency WASH Preparedness and Capacity Building Project

- **Provide water and sanitation education in rural areas.**
- **Builds capacity of communities to cope with disasters.**
- **Provides essential health and hygiene supplies.**

Donor UNICEF
 Date June 2009 - present
 Amount \$80,000

The goal of the project is to prevent the outbreak of water and sanitation related diseases by working with WSSDO (Water Supply and Sanitation Divisional Office) and other WASH agencies operating in several districts, and by developing the capacity of WASH preparedness and response units. The



project will also develop master trainers to provide awareness raising and communication campaigns at the VDC level. IRD and its local implementing partners will establish a system within the WASH cluster and built the capacity to take leadership in preparedness and response for effective WASH related support during emergencies. In addition, hygiene supplies will be contributed in line with UNICEF current practices.

South Sudan

Community Health and Education Services for Southern Sudan (CHESS)

- **Increases access to health care services in rural areas.**
- **Improves the quality of health care services through training.**
- **Works with the MoH to build their capacity to deliver basic services.**

Donor Sudan Basic Services Fund
 Date January 2009 - present
 Amount \$2.3 million

In collaboration, with the John Dau Sudan Foundation, IRD is training 20 community health workers, 70 home health providers, 20 mid-wives, five nurses in voluntary testing and counseling, and 10 clinic management staff in Duk County, Jonglei State. County-wide health education and vaccination campaigns are also underway, including a mass deworming campaign for school-aged children. IRD is training 70 teachers and organizing seven alternative education centers and women's literacy groups. Finally, IRD is working closely with the local county and state authorities, including traditional leaders and chiefs, teaching them to plan and deliver health and education services on their own. Through the establishment of local health and education steering committees, IRD is working to strengthen community ownership and responsibility, in addition to rural service delivery awareness.

Return and Reintegration of IDP and Refugee Returnees in Rural Communities

- **Provides infrastructure for IDPs and refugees returning to South Sudan.**
- **Builds capacity of communities to absorb, accommodate, and cope with the influx of new residents.**
- **Enhances community conflict resolution and peace-building skills.**

Donor UNHCR
 Date February 2006 – present
 Amount \$ 2.3 million

IRD established a field office in South Sudan in February 2006. This multi-donor, multi-sector program will rebuild health clinics and schools, train health personnel, provide livelihood materials such as agricultural and fishing tools and seeds, and enhance community conflict resolution and peace-building capacity, as well as increase the skills of local NGOs.

Sri Lanka

Community based Solar Water Disinfection System (SODIS) in Batticaloa and Ampara districts.

- **Reduces health risks from water borne diseases.**
- **Increases hygiene awareness.**
- **Provides safe drinking water.**

Donor World Vision
 Date July 2007 – June 2008
 Amount \$538,822

SODIS is an economical bacteriological disinfection method to provide safe drinking water for affected population in eastern Sri Lanka. IRD established community-based organizations to assure the sustainability of the program and educate the population in the benefits of good hygiene practices.



Hambantota Educational Support Improvement Program (HESIP)

- **Improved children’s nutrition.**
- **Repaired school infrastructure.**
- **Increased student performance.**

Donor USDA
Date 2004 – 2007
Amount \$1 million

IRD distributed milk five days a week to 12,000 children in 37 schools in Hambantota District of the Southern Province of Sri Lanka and supported repairs to school buildings and water and sanitation facilities. In addition, IRD screened children for intestinal parasites and provides medication to those who are infected.

Emergency Water Treatment and Nutrition Promotion (EWATANUP)

- **Trained internally displaced people to properly treat safe water.**

Donor World Health Organization (WHO)
Date March 2009 – May 2009
Amount \$75,000

To assist with immediate improvement to drinking water quality and to avert any epidemics of bowel diseases, IRD provided 4,000 IDP’s and host communities in northern Sri Lanka with training and materials on treatment of drinking water at the household level.

Ukraine

Reducing the Stigma and Discrimination Associated with HIV infection and AIDS

- **Gives voice to those affected by HIV/AIDS.**
- **Promotes a supportive environment for people living with HIV/AIDS through strategic communications.**
- **Protects the rights of those affected by HIV/AIDS.**

Donor USAID
Date September 2004 – September 2008
Amount \$2.4 million

In 2008, IRD completed a USAID-funded program to reduce the stigma and discrimination associated

with HIV/AIDS in Ukraine. Over the program’s four years, IRD worked closely with the All Ukrainian Network of People Living with HIV/AIDS and other stakeholders to achieve remarkable results. Over 15,000 trainers and peer educators were trained, who in turn reached over 150,000 people in 10 cities with messages about positive attitudes towards people living with HIV/AIDS. An additional 480 dramas, public debates, music festivals, and other community events reached another nearly 370,000 people, spreading the word about what HIV is, and isn’t, and how to prevent its transmission.

Provision of Emergency Equipment in Response to the Zasyadko Mining Accident

- **Demonstrates a timely response to immediate needs.**
- **Provides emergency medical equipment.**
- **Addresses the long-term mental health needs of survivors.**

Donor USAID
Date November 2007 – present
Amount \$191,902

In November and December 2007, a series of explosions occurred in the Zasyadko coal mine, located approximately 450 miles southeast of the capital of Kiev in the Donetsk Oblast. In response, USAID provided approximately \$200,000 in emergency funding to IRD for the provision of emergency assistance to the families of the deceased and injured miners. IRD is also helping local health services provide psychosocial rehabilitation and counseling to miners who are suffering from post traumatic syndrome and depression.

Rapid Response to Avian Influenza (AI) in Ukraine

- **Raises public awareness of Avian Influenza.**
- **Strengthens technical ability of local professionals and institutions to handle AI.**
- **Encourages safe poultry handling practices.**

Donor USAID
Date February 2006 – September 2009
Amount \$1.8 million

IRD is assisting communities in adopting appropriate practices of bird handling, safe consumption of poultry products and proper hygiene practices with the goal of increasing community awareness of Avian Influenza (AI) and preventing AI outbreaks in animals and humans in the regions with higher risk of AI. In October 2007, IRD received additional funding from USAID to scale up and reinforce AI prevention activities in Ukraine. The program now focuses on 14 high-risk regions, primarily in southern and eastern Ukraine: the Autonomous Republic of Crimea, Cherkassi, Chernigiv, Dnipropetrovs'k, Donetsk, Kharkiv, Kherson, Lugansk, Mykolayev, Odessa, Poltava, Suma, Zaporizh'ya, and Zarkarpatya. IRD is anticipating a cost extension from USAID to extend the work to Sevastopol and continue AI prevention work in Crimea and Sevastopol through September 2010.

[For more information, visit www.ird.org](http://www.ird.org)
