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Evaluation Report

Gaining Recovery: Gaining Recovery: Improvement of Maternal and Child health in Return Areas of North Iraq



Project Area-Town of Rabiya in Ninewa-Iraq

Lead Consultant:

Wasi Haider

Evaluating company:



CARE-Iraq

END-TERM EVALUATION OF BMZ SUPPORTED GRANT

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List of Acronyms

FGD	Focus Group Discussions
IDI	In-depth interviews
PHCC	Primary Health Care Center
SDG	Sustainable Development Goal
DAC	Development Assistance Committee
SRMH	Sexual Reproductive & Mental Health
DoH	Directorate of Health
CRSM	Center for Resource & System Management
BMZ	Federal Ministry for Economic Cooperation and Development-Germany
TDA	Traditional Birth Attendants
HHS	Household Survey
PwD	People with Disabilities
NGO	Non-Government Organization
OBGYN	Obstetrician-Gynecologist

Acknowledgement

The evaluation of the project, implemented by CARE International-Iraq and Harikar, was done by Center for Resource & System Management (CRSM). The project, titled " Gaining Recovery: Gaining Recovery: Improvement of Maternal and Child health in Return Areas of North Iraq", was implemented in PHCCs in Zummar, Bardiya, Rabiya and Qasir Serij areas of Ninewa Governorate of Iraq.

Due to the specific context, the evaluation faced many challenges. However, the support from CARE-Iraq and Harikar team led to the successful completion of this assignment. My heartiest gratitude to CARE-Iraq, especially Patrick Ndungu, Head of Programmes, Dr. Karwan Shahin, Health Program Coordinator, Dr. Ashok Sharma, Health Program Manager, Emad. A. Mosa, Project Assistant and Harikar NGO staff, Chiyai Saeed Muhammad, Project Manager-Harikar for their continued support and guidance.

CRSM is also grateful to Harkiar for supporting CRSM in the field for the data collection. Enumerators worked hard to achieve the data collection, in a very short period of time and on very short notice.

I am also proud to have a hardworking and professional team at CRSM.

Indeed, as head of CRSM team, I feel honored to contribute toward the cause of humanity. I wish success to both organizations, CARE-Iraq and Harikar, for working for humanity, and hope that their contributions will reduce the miseries and difficulties of Iraqi people.

Thank you,

Wasi Haider

Center for Resource & System Management

Executive Summary

Introduction of the project

In 2016, Federal Ministry for Economic Cooperation and Development-Germany (BMZ) has provided funding to CARE-Iraq to implement the project titling "**Gaining Recovery: Improvement of Maternal and Child health in Return Areas of North Iraq**". The aim of this project was to enhance the opportunities of SRMH and child health care for the people of North Iraq specifically the returnees in Zummar, Bardiya, Rabiya and Qasir Serij areas of Ninewa Governorate of Iraq.

The overall goal of the project was "Contributing to Sustainable Development Goad (SDG) 3 – Ensure healthy lives and promote well-being for all at all ages, as well as Goal 3.1 – Reduction of maternal mortality ratio and goal 3.7 – ensure universal access to sexual and reproductive health-care services".

The project objective was "Improvement of maternal and child health in Northern Iraq". CARE-Iraq involved its partner, Harikar, for implementation of activities related to improving mother and child health through multi-dimensional approach. In CARE-Iraq's multi-dimensional approach, mix methods of service delivery and community sensitization were adopted, among which include:

1. Improving access to adequate medical care before, during and after delivery for the expectant mothers and newborn.
2. Strengthening the local health structure of the intervention areas
3. Strengthening the structure of local NGOs
4. Increasing the knowledge on reproductive health of mothers and pregnant women and improving their accessibility to professional support and equipment during pregnancy and delivery.
5. Increasing the knowledge, and access, of adult women, men and adolescents of both sexes to the methods of family planning

For the sustainability of the project, CARE –Iraq and Harikar team trained traditional and skilled birth attendants on child delivery, maternal health care including ante and post-natal care and on sensitization of public. During the implementation of the project, returnee adolescents were also sensitized for sustainability of knowledge and longer-term impact on the community of Northern Iraq.

Project Activities and Achievements:

The project was designed for the host and returnees in retaken areas of northern Iraq, to provide them with the health facilities specifically SRMH and child health care. There were five intended results of the project to improve the health conditions in Zummar, Rabiya, Bardiya and Qasir Serij. The project has implemented following activities from May 2016 to December 2018:

- 1 Rehabilitation of Primary Health Care Centres (PHCCs) and made them functional and fully equipped. These are handed over to DoH of the respective hospital and/or PHCC.
- 2 Development of a special curriculum adapted to the medical requirements of the context for the training course of traditional birth attendants (TBAs).

- 3 Organization of two symposiums on sexual and maternal health related topics in Iraq
- 4 On job and specialized training of partner organization, Harikar.
- 5 Sensitizing the community through training sessions on child-adequate nutrition for pregnant, ante and post-natal care, breast-feeding, family planning, birth control and nutrition of newborn child.
- 6 Distribution of micronutrients supplements to women, Vitamin D supplementation to Newborns and birth packages to PHCCs.
- 7 Distribution of contraceptives to the PHCCs.
- 8 Planning and implementing awareness raising activities with the partner, Harikar.

Evaluation Background and Rational

The end term evaluation of BMZ funded project was commissioned in December 2018 by CARE-Iraq. The BMZ-Germany funded project titling "Gaining Recovery: Improvement of Maternal and Child health in Return Areas of North Iraq" was implemented from May 2016 to December 2018 in northern Iraq. The implementing partner for this project was Harikar, a local Iraqi not-for-profit organization.

The purpose of the assignment was to evaluate and assess project activities regarding the extent to which the program is in accordance with the proposal and agreement between BMZ and CARE-International Iraq. The evaluation also assessed if the project has achieved the objectives stated in the project proposal and log frame and, if yes, to what extent?

The evaluation was conducted following the DAC criteria and evaluating company, CRSM, gave a fair opinion about the Relevance, Impact, Sustainability, Effectiveness and Efficiency of the project activities. The evaluation identified the achievements, best practices, challenges, recommendations and lessons learned related to project. The information obtained will enable CARE-Iraq to use the knowledge attained for future proposals and projects.

The evaluation was started on December 16 and evaluation report is finalized before December 30, 2018.

Evaluation Objectives and Key Evaluation Questions

This end-term evaluation report covers evaluation of this project implementation and assesses the extent to which this project is implemented in a successful way. The evaluation done is based on pre-defined DAC criteria containing Relevance, Impact, Sustainability, Effectiveness and Efficiency.

Following are the key DAC criteria based evaluation questions:

Relevance:

1. Were the interventions chosen in line with local priorities and were they the most appropriate and relevant for improving maternal and child health, taking into account the operational environment and the overall context?

Impact:

1. What were the intended and unintended, positive and negative, intermediate and long-term outcomes of the interventions?

Sustainability:

1. Which aspects/components of the interventions implemented have contributed to connectedness to longer-term interventions and sustainability beyond the project period?
2. Are skills gained/inputs provided likely to continue being used after the project closure?

Effectiveness:

1. Did the project accomplish what it set out to achieve (output/outcome indicator targets set in results framework)?
2. What are key contributing factors affecting the achievement or non-achievement of the intended outcomes?

Efficiency:

1. Was the response timely, appropriate and cost effective?

Methodology of Assignment

For this end-term evaluation, the CRSM team verified and validated CARE-Iraq/Harikar field activities, gained insight into the relevance efficiency, effectiveness, impact and sustainability of the project. CRSM also assessed the capacity issues of the PHCC staff including doctors, Mid-wives and Traditional Birth Attendants (TBAs), and gathered feedback on the project. To obtain the required information, the CRSM team had done the document review including interim reports, base line report, Iraq Humanitarian Response Plan-2018, Project logframe, proposal to BMZ and field/activity reports of the project.

For the evaluation, CRSM employed a mixed-method approach to collect data from the field using five data collection tools. The set of tools is provided in annex-3. CRSM used mixed-method approach to answer the evaluation questions, which focused on the perception of community about PHCC staff/Government, CARE-Iraq and Harikar in relation with the successful ante/post-natal care, neo-natal care, successes of rehabilitation of PHCC, enhanced knowledge of PHCC staff, and awareness of the community.

CRSM Team & Training or enumerators

CRSM deployed team of 10 enumerators, local residents, including male and female, translator (Arabic to English) data analyst and technical advisor. The enumerators were trained at Zummar PHCC about all the tools, method of data collection and recording, uploading the data on KOBOS (data collection software) online and offline, compilation of data and how to ensure data quality.

Enumerators were also briefed about CARE code of conduct, methodology for data collection & compilation, coding and transmission. Code of conduct and principles of data collection were also explained in detail.

Data Collection and Management

The data from the field was collected from December 19 to 23, 2018. The data collection was managed by two teams of 5 enumerators each (including team leaders) with one supervisor. Each team included two female data collectors. For translation, 2 translators were engaged for translating the collected data from Arabic to English. The team of enumerators was also responsible for compilation and uploading the data.

Qualitative Methods of data collection

The qualitative methods included in-depth interviews (IDIs), focus group discussions (FGDs) and case study relevant to “Improvement of maternal and child health in return areas in Northern Iraq”. The data collection team conducted IDIs with PHCC staff, CARE and Harikar Staff, Midwife, *Mukhtar* (Community elder) and Head of PHCCs/DoH staff. FGDs were also conducted with direct and indirect, male and female beneficiaries of the project. Seven FGDs were conducted separately for male and female groups of 13 persons on average.

Quantitative Methods of data collection

The quantitative methods included the collection of data through household survey (HHS) from four locations. The locations were catchment areas of PHCCs in Zummar, Rabiya, Bardya and Qasir Serij. The beneficiaries (direct and indirect, male and female) were invited at PHCCs for interviews using a comprehensive questionnaire. As most of the respondents were female (80%) and illiterate, very simple questionnaire was developed and translated into Arabic. The responses were recorded in Arabic and then translated into English for online recording and analysis.

Following data collection tools, in English and Arabic, were applied:

- 1 **Household Survey (HHS):** This is quantitative data collection tool designed in the form of questionnaire. It was used to collect data from the direct and indirect beneficiaries from four project locations. It is designed in simplest possible form with Arabic translation.
- 2 **Focus Group Discussion (FGD):** It is qualitative data collection tool composed of questions related to DAC evaluation criteria. FGDs were conducted from all the four locations for male and female respondents. However, in Zummar, male respondents were not available so the FGD was done only from females.
- 3 **In-Depth Interview (IDI):** It is a qualitative data collection tool. IDIs were taken from PHCC staff at all locations, Harikar and CARE staff, DoH staff/heads of PHCCs, midwife and *mukhtar* (community elder).

- 4 **Structured Observation:** It is designed to assess the physical conditions of PHCCs, equipment, availability of medicines and contraceptives at pharmacies and identifying the areas for improvements.
- 5 **Case Study Template:** It is designed to capture case study or success stories. It provided the instances where change is visible as a result of project intervention.

Breakdown of qualitative and quantitative data tools and number of respondents

Tools	Number	Total Respondents
FGD Male	3	36
FGD Female	4	55
IDI with PHCC staff	13	13
IDI with Harikar team	4	4
IDI with Midwives	1	1
IDI with Mukhtar	1	1
Survey	4	255
IDI with CARE staff	2	2
IDI with DoH	4	4
Observation	4	
Case Study	7	
	47	371

Data Sampling

Total population as in beneficiaries database is 6,193 direct beneficiaries. Purposive sampling was done and taken sample of 362 with confidence interval of 5.00 and Confidence level of 95%. These respondents were covered using mix method of data collection namely:

- 1 Household Survey (HHS)
- 2 Focus Group Discussion (FGD)
- 3 In-Depth Interview (IDI)

The details of number of tools used and respondents for each tools is provided on the table above. Due to the challenges and security restrictions, discussed in later section, the enumerators has deviated from the planned number of each respondents from each tool, however, the actual number of total respondents exceeds the planned number.

Apart from the above tools, observation sheet is used with checklist to assess the physical infrastructure and to respond to cross-cutting issues of gender and people with disabilities (PwD). The availability of separate spaces for women, privacy of the patients, separate toilets for women and PWDs, accessibility of PWDs through stairs and cleanliness/hygienic condition of the PHCCs was assessed, among other areas.

To capture the stories of change, case study template was used. Enumerators recorded the stories and

best story from them is provided in the annexure.



Data collection from Female Beneficiaries in Zummar

Key Findings, and Program Implications

- 1 72% of the community (84% in Zummar, 37% in Rabiya, 87% in Qasir Serij and 98% in Bardiya) now prefer PHCC for ante-natal, post-natal and child health care as compared to the situation before 2016 when the private hospitals or clinics were mainly used. It implies that PHCCs are the most preferred health service provider for the community due to improved infrastructure, accessibility and availability of medicines and doctors, which is in accordance with output-1, and output-2 of the logframe.
- 2 75% of the newborn children (81% in Zummar, 63% in Rabiya, 75% in Qasir Serij and 100% in Bardiya) are healthy and reaching the ideal weight bracket. It is because of provision of awareness sessions for increasing the knowledge of pregnant women about child-adequate nutrition, distribution of micronutrients supplements to women, Vitamin D supplementation to Newborns and birth packages from PHCCs - following output-4.
- 3 78% of the respondents (75% in Zummar, 80% in Rabiya, 80% in Qasir Serij and 75% in Bardiya) agrees that the PHCCs are equipped with the required equipment. This has increased ante and post-natal consultation of women with doctors and, when required, facility of lab tests - following the output-1 and 2.
- 4 91% of the respondents (84% in Zummar, 94% in Rabiya, 90% in Qasir Serij and 86% in Bardiya) agrees that the information on ante-natal, post natal and other SRMH services was provided by two major stakeholders of the project, which are Harikar and PHCC. Harikar's capacity is strengthened to provide

quality services, awareness sessions and referrals, as mentioned in output-3 " The structures of local NGOs are strengthened"

- 5 93% (94% female, 84% male) of respondents has better perception with increased knowledge and supportive behaviour about contraceptives and family planning, however, the better perception ratio is higher in women than in men. This is in agreement with output-5.
- 6 76% of the respondents (74% in Zummer, 83% in Rabiya, 73% in Qasir Serij and 73% in Bardiya) believes that awareness session were the best part of the project interventions as they learned a lot. This increased learning contributes to sustainability of the project intervention as the community will put this learning into practice and will be replicated.
- 7 91% of community (91% in Zummer, 87% in Rabiya, 93% in Qasir Serij and 94% in Bardiya) agrees that the health staff at PHCC possess the skills and knowledge required for the better treatment and counseling of patients. This is because of training of TBAs/OBGYNs, PHCC staff and provision of laboratory and other equipment, rehabilitation of PHCCs and establishment of labor/delivery room.

The above key findings are taken from the household survey in which 255 respondents participated out of which 80% are female and 20% male. As mostly women have directly benefited from the project, their number is also higher in this survey.

Section-One

Description of Program Interventions

<i>Name of the project (in German)</i>		Gesunder Wiederaufbau: Verbesserung der Mütter-Kind-Gesundheit in Rückkehrgebieten im Nord-Irak
<i>Name of the project (in English)</i>		Gaining recovery: Improvement of maternal and child health in return areas in Northern Iraq
<i>Country</i>		IRAQ
<i>Planned duration (usually 3 - 4 years)</i>		05/2016-12/2018 (32 months)
<i>Project objective</i>		Improvement of maternal and child health in Northern Iraq
<i>Planned effects and indicators</i>	Effects	Indicators (s.m.a.r.t.)
	1.Improving access to adequate medical care before, during and after delivery for the expectant mothers and new-borns	One maternal-child unit / Primary Health Centre (PHC) is rehabilitated (first year) and, functional and two units are well-equipped (first & second year).
	2. The local health structures are strengthened.	30 midwives (Skilled Birth Attendants -- SBAs and/ or Traditional Birth Attendants -- TBAs) have participated in an 8-months courses and have deepened their expertise. At least 20 persons from the primary health centres and other qualified personnel have attended one symposium.
	3. The structures of local NGOs are strengthened.	A local NGO has implemented an outreach and visibility activity on the following topics: baby-adequate nutrition, nutrition during pregnancy, hygiene, and sexually transmitted diseases (see outcome 5)
	4. Mothers and pregnant women have increased their knowledge on reproductive health and have access to professional support and equipment during pregnancy and delivery.	At least 400 women from different towns and/or villages have attended a minimum of 2 workshops on child-adequate nutrition, hygiene, sexually transmitted diseases, etc. At least 50 women in vulnerable situations and/or first time mothers have received

		<p>constant support through counselling before and after delivery.</p> <p>5.000 women have received micronutrients supplements (e.g. iron, folic acid, vitamin A) during their pregnancy.</p> <p>5.000 new-born babies received Vitamin D supplements.</p> <p>5.000 women have received kits for new-born babies.</p>
	5. Adult women, men and adolescents of both sexes have increased their knowledge on (the access to) methods of family planning.	300 women, 100 men and 300 adolescents attend gender-sensitive and target group oriented workshops on family planning.

Assessment limitations

- 1 The project is implemented in recently retaken areas of Northern Iraq in Ninewa governorate. For travelling to the project areas, one has to take permissions from central government, which is a tedious work. Being the frontline area, accessibility of the evaluator to Bardiya is restricted by the security department of CARE-Iraq. As per CARE policy, driving after dark is prohibited, so evaluator from CRSM and team of enumerators had to travel in the morning and reach back to their places before the dark. Due to this reason, very limited hours were available to collect the data from the beneficiaries. The solution of this limitation was that Harikar and CARE staff have worked extensively and bring all the respondents at one place, at PHCCs, to do household survey and focus group discussions. CRSM has also increased the number of enumerators to 12 (including 2 translators) so that data can be collected in limited time and its quality can be assured.

- 2 As 80% of the total respondents of house hold survey (Breakup of data is provided in Annex-8, table-1 to 3) were female and most of them have children with less than 12 months of age, it became very difficult for them to keep children with them and also attend the data collection session for around 3 hours. CRSM has engaged 4 female enumerators and divided the group of women (respondents) into two, which were invited in morning and afternoon shifts. One group is again further divided into two groups and female enumerators collected data from one group. Refreshment was also provided to respondents and their children. On the other hand, male respondents were lesser in number, 52, without the responsibility of carrying their children, so the data collection from male respondents were relatively smooth. The male enumerators worked in late evening and on holidays to clean, compile, and upload the data on the software.

- 3 Another limitation was non-accessability to respondents. Bardya PHCC staff was not available for interview as evaluation team cannot visit Bardya due to security constraints. Due to the limitation of

time for the evaluation, evaluator cannot re-engage the unaccessible respondents for the next time. Male respondents were not available in Zummer.



Focus Group Discussion for Male in Qasir Serij

Section Two

Data Tabulation and Analysis

Software package NVivo is used to to conduct qualitative data analysis, which facilitated coding, organizing, and extracting patterns from the interview transcripts.

The first cycle of the analysis consisted of deductive coding: evaluator developed preliminary codes based on the project's conceptual framework and the questions in the data collection instruments. The second cycle consisted of inductive coding: evaluator employed open techniques to generate codes empirically grounded in the data collected. The second cycle of coding was based on pattern identification: The team grouped first-cycle codes into a smaller number of codes based upon patterns discerned across the collected data.

The quantitative data analysis involved descriptive statistics of responses for each question on the survey. It complemented the qualitative findings and allowed methodological triangulation. The team integrated the quantitative and qualitative data to interpret findings.

Findings and Analysis

This section presents the analysis and findings from the data collected. The results cover the perceptions of stakeholders including beneficiaries, PHCC staff, project staff (CARE and Harikar) and Government based on the project interventions. The section is further divided in to five sub-sections based on DAC criteria i.e. Relevance, Impact, Sustainability, Effectiveness and Efficiency. Each section will address the pre-defined questions relevant to it.

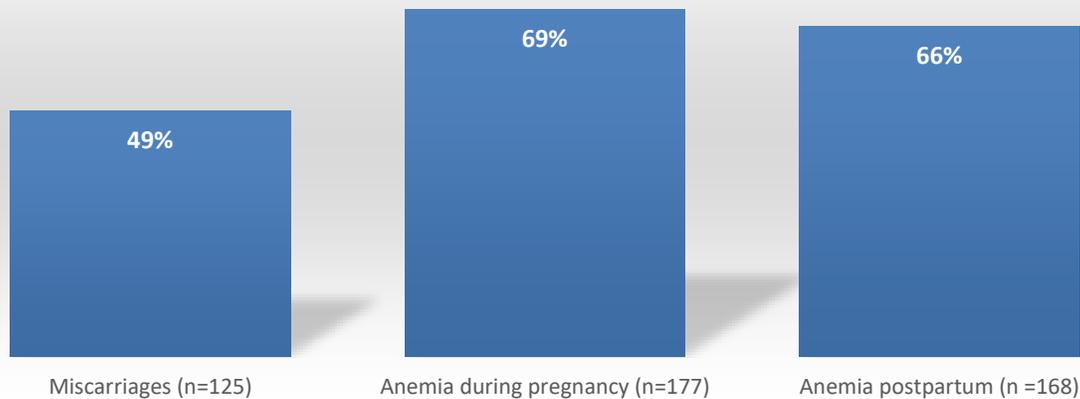
Relevance:

Question: Were the interventions chosen in line with local priorities and were they the most appropriate and relevant for improving maternal and child health, taking into account the operational environment and the overall context?

Before the implementation of this project, people were suffering from serious health issues due to non-availability of equipment, medicine, trained staff and lack of accessibility at PHCC. According to the respondents of FGDs the PHCCs needed serious rehabilitations and equipment. There was lack of medicines for ante-natal and post-natal care, supplements for mothers and children.

Quotation: There was need of medical equipment and baby supplements (medicine for children), ante-natal care, contraceptives for birth control before the project -FGD Male Qasir Serij

Health Issues present before the project



During the project the major interventions were improving the maternal and child health with the provision of soft and hard components; training and awareness sessions as soft component and rehabilitation of PHCCs, equipping PHCCs with technology, provision of medicines, supplements and contraceptives to beneficiaries served as hard components for the project.

The above chart highlights the situations of maternal and child health issues, the bar chart shows that before the start of the project the beneficiaries were vulnerable and required ante and post-natal care as the most needed intervention. 49% of the respondents were the witnesses of miscarriages (one miscarriage may be witnessed by multiple respondents) and among many reasons anemia came as the most highlighted one. According to the respondents, mothers suffered anemia among which 69 % during pregnancy and 66% cases after child birth. Therefore, the interventions were the most relevant and required for the community of Northern Iraq.

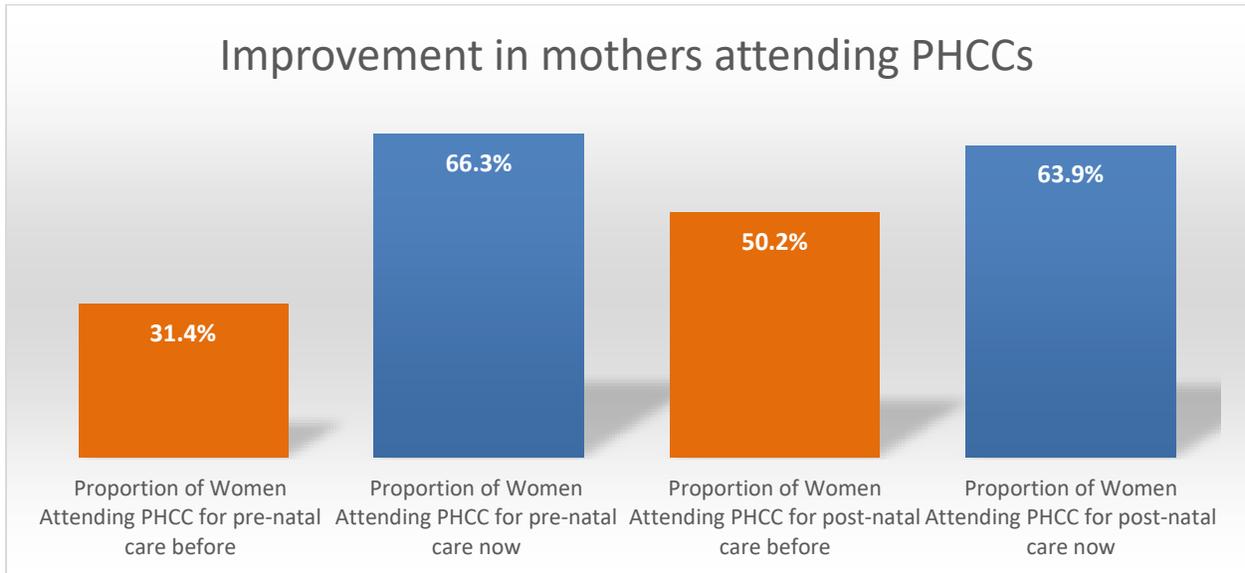
Case Study – Female from Rabiya

It has been 11 years I have migrated and returned 4 years ago. Life was difficult as I was suffering from acute anemia, due to bad security situation; economic conditions of my family worsened that made us unable to purchase medicines. Condition of PHCC was very bad and medicines and baby kits were not available. This project provided me medicines and baby kits which created hope in me, hope for life. Baby kits were the great support for us and with this project inspiration, now I have aim to start my own project to support my community.

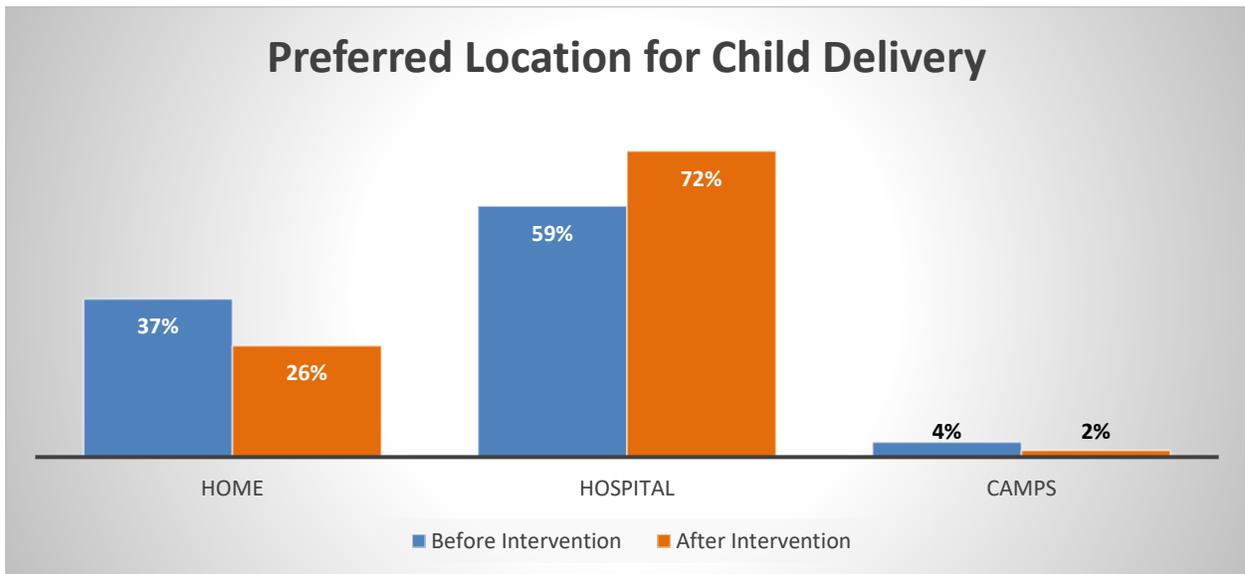
Increase in number of mothers attending PHCCs:

The breakup of married women with and without children is provided in Annex-8 in table-4. The chart below shows that there is an increase in number of people, who started attending PHCC after the project intervention. Now, the services provided to the catchment areas of PHCCs of Zummar, Bardiya, Rabiya

and Qasir Serij has encouraged the community to visit the PHCCs. There is an increase of 13% in respondents who had started attending the PHCC after child delivery.



The below bar chart shows that after the project intervention, there is an increase in preference of 13% for hospital and 11% decreased for child delivery at home, in Zummar. CARE-Iraq played its part in improving the health conditions of beneficiaries of Northern Iraq with the interventions under BMZ project and other parallel projects, which are being implemented in Northern Iraq.



72% of respondents of survey prefer PHCCs for child delivery as it is the place from where they can now get required medical care along with the baby kits. However, this percentage fluctuates at different locations. The breakup by locations is provided in the below table:

Preferred Location for Child Delivery	
Bardiya	98%
Qasir Serij	86%
Zummar	84%
Rabiya	37%

Perceptions of people is positive about the services, which PHCC is providing to them with exception of Rabiya. In Rabiya, due to lack of specialized and trained health staff, the patients are referred to Tel Merg and Zummar.

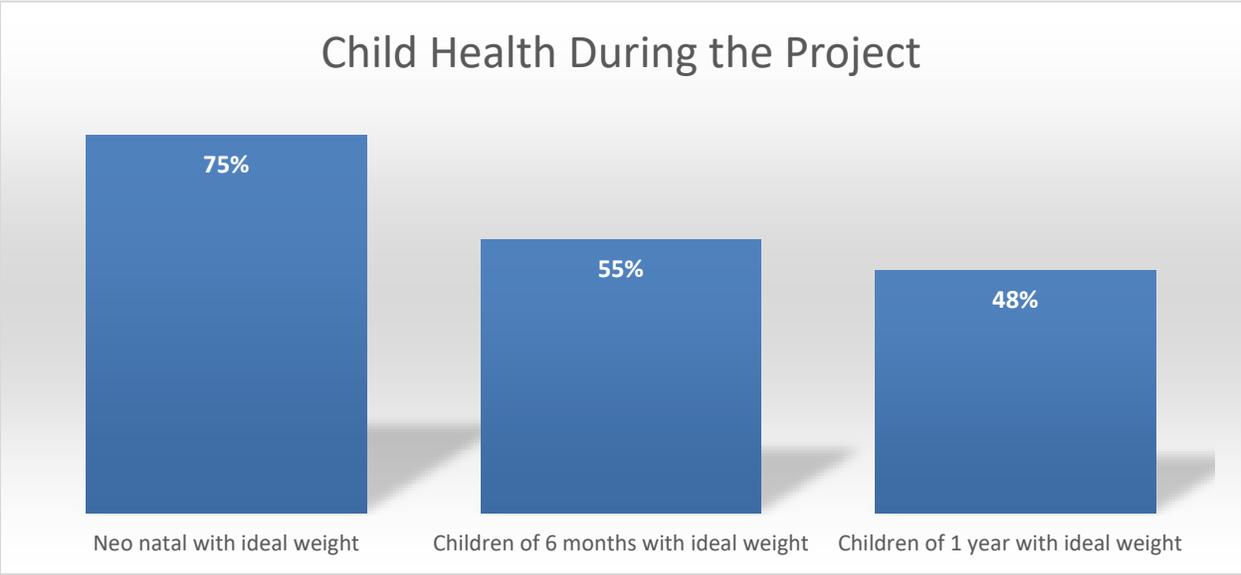
Our perceptions about PHCC has become positive now as they give us required contraceptive supplies and they are also providing us birth kits for new born-
FGD Female Respondent Zummar

Most of the respondents like the services of awareness sessions, baby kits, contraceptives and supplements which were made available with the project interventions. The people also mentioned about the improved cleanliness of the hospitals, however, this area needs further improvement especially for toilets.

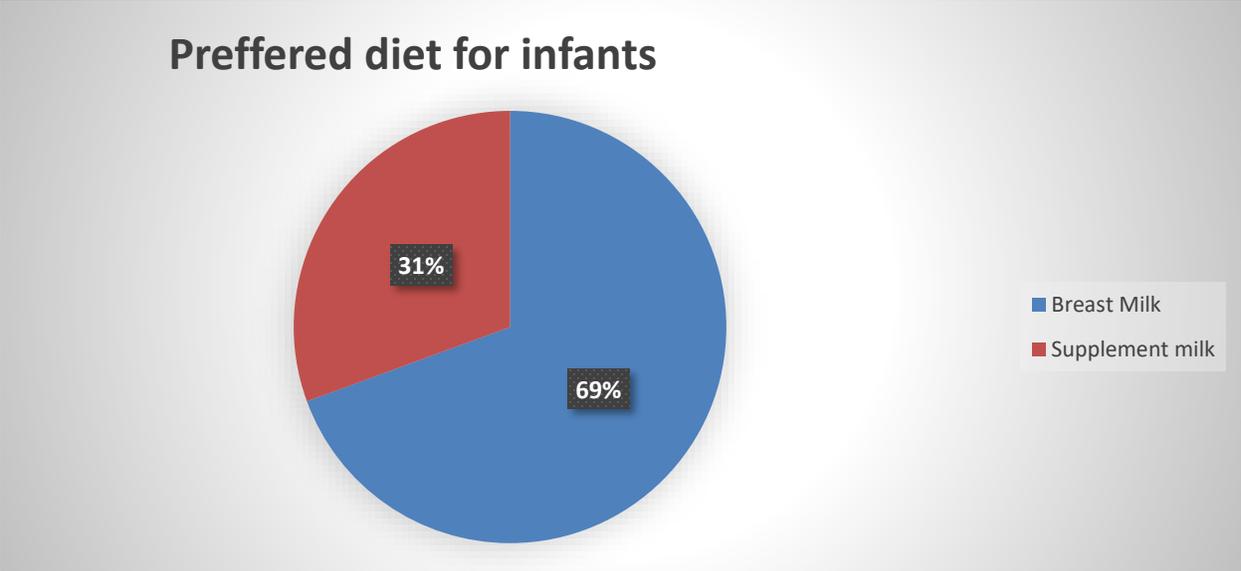
According to heads of PHCCs, during the project there were many interventions, which were requirement of the time, and these services has given community hope to attend PHCCs. Provision of supplements and awareness sessions to the community have also led more women to attend PHCCs.

Child Health Care:

The assessment was also intended to observe current health situation of children, so, children are divided among three age groups, which are; new born (neonatal), up to 6 months and up to 12 months. The survey results show that, during the intervention, because of the services provided by the PHCC for children, the new-born children attain ideal weight. This shows that the community is aware about ante-natal care as 75% (46 out of 61) of new-borns (born during the time period of Jan 2017- Dec 2018) are healthy with weight between or above 2-4 kg. The chart also indicate the trend followed in project areas, which is, with the increase in the child age the care for her/his health decreases. 45% (25 out of 55 with 6-month's old children) and 52% (32 out of 62 mother with 1 year's old child) found to be under weight.



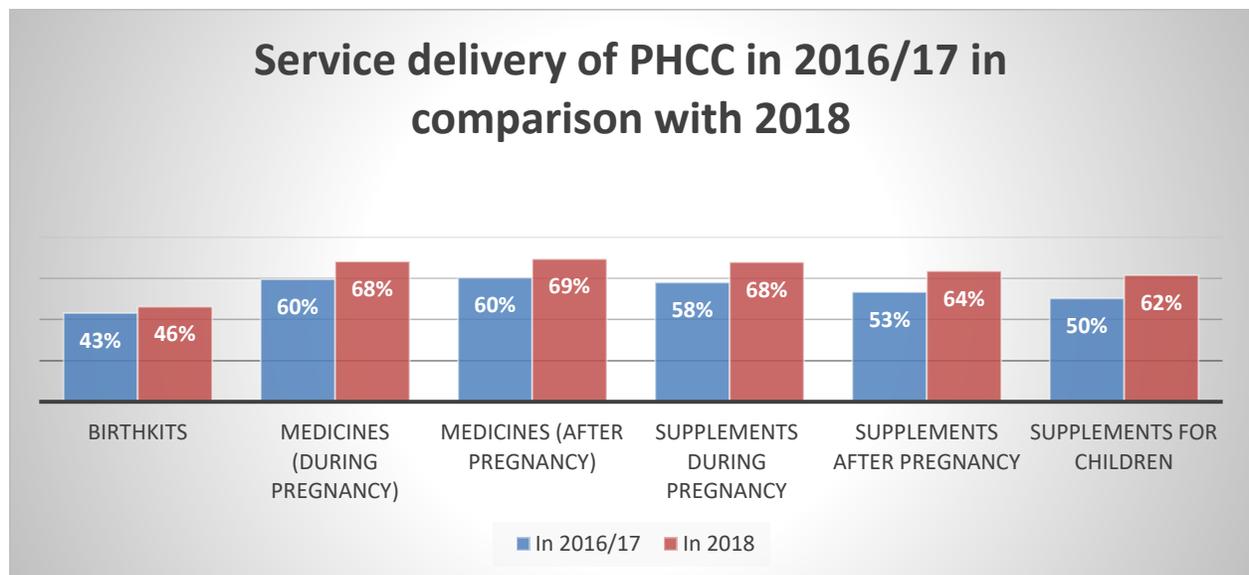
In the chart below shows the practice of breast feeding in contrast with powder or industrial milk. The positive trend is that 69% (N=177) of the respondents prefer breast milk as compared to the powder/industrial milk because they are aware about the benefits of mother milk and breast feeding for both mother and child.



Items distributed during the project:

From the chart below we can easily interpret that provision of supplements for children has increased by 12%. 11% increase in rate of post-natal supplements provision. 82% of the respondent agreed that they got birth kits which was 75% in 2016-17. Therefore, during the project, the supply of the products required for post-natal care has increased and reached to approximately 70% of respondents of target areas.

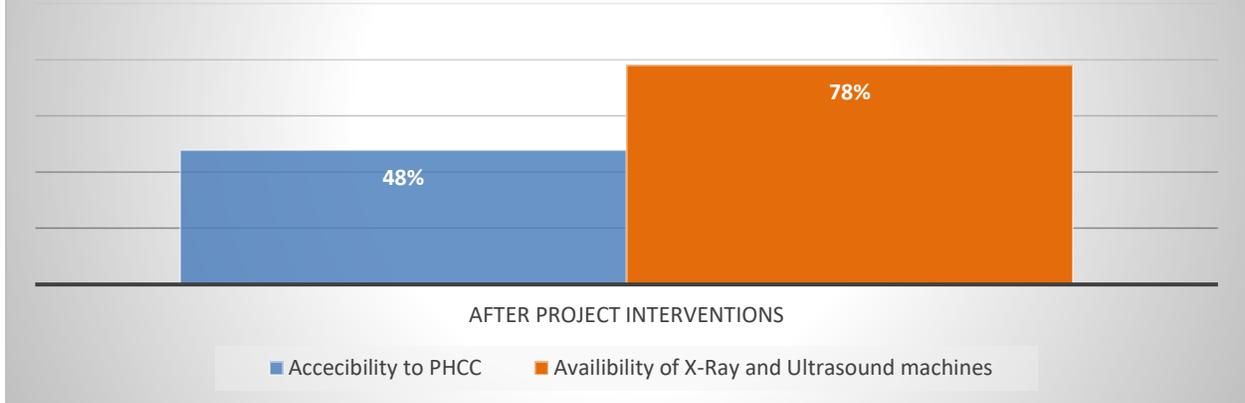
- 1 82% of the respondents received Birth kits
- 2 69% of the respondents received post-natal medicines
- 3 64% of the respondents received supplements.
- 4 62% of the respondents received vitamin D for their children after their birth (data includes 80% of women who had given birth to their children from May 2016 to December 2018)



Accessibility to Hospital and X-Ray Machines:

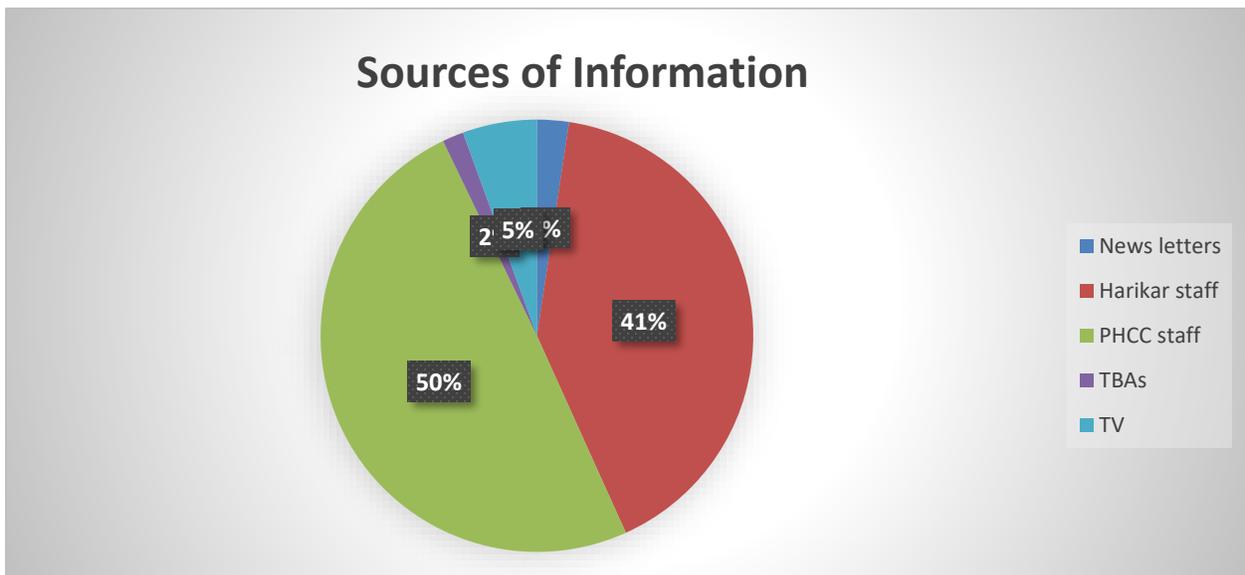
The health services are generally accessible to the community. However, people living in Qasir Serij mentioned issues of unpaved roads present in their area. The availability of X-Ray and Ultrasound machines is most liked activity as 78% of the respondents said that these services are available in their respective PHCCs along with the vaccination services.

Accessibilty



Sources of information about PHCC/project services:

The chart below shows the connectivity of Harikar team with the community that will result in better relationship with them. The Harikar staff and PHCC were the major sources of information for the beneficiaries about the health services provided by PHCC through the project. Community engagement is a major element of sustainability of any organization and increasing trust among the community.



Impact

Question: What were the intended and unintended, positive and negative, intermediate and long-term outcomes of the interventions?

Hosts and returnees both have positive views about the living conditions as results of the survey shows positive responses of the beneficiaries regarding the security in project locations. PHCC are preferred for treatment due to positive perceptions of people regarding PHCC in all targeted areas. According to them, PHCC contains best health practitioners in the area, one of the project intended output, as confidence level of people in PHCC especially for SRMH services has increased during 2016-2018. Now, according to the community representatives, even if the security situation gets bad, the community will not stop visiting PHCC for maternal and child health care.

Impact on the perceptions of beneficiaries				
	Security (Good)	Preferred PHCC for Maternal and Child Health (%)	Breast Feeding (Good)	Birth Control (Good)
Zummar	84%	93%	89%	96%
Bardiya	88%	96%	94%	90%
Rabiya	94%	97%	99%	95%
Qasir Serij	85%	97%	97%	87%

Zummar: During the survey 84% people had positive views about the security conditions and 93% among all respondents had preferred PHCC for availing health facilities.

Bardiya: Perception of population living in Bardiya had highly positive views regarding security conditions prevailing in their area; 88% people had stated the security conditions are now positive in their areas and 96% among all respondents preferred PHCC for availing health facilities.

Rabiya: People living in this area had gave 94% responses in favor of good security conditions and these positive perceptions are mark of stability in this area. Among all the respondents, 97% has preferred PHCC. A new maternity unit has been constructed in Rabiya PHCC.

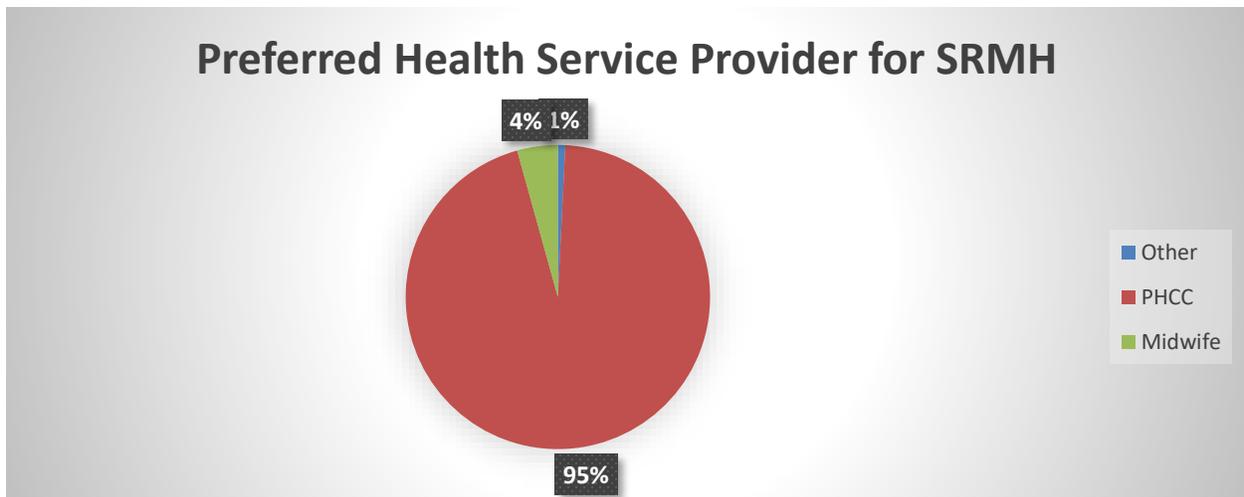
Qasir Serij: Among all respondents, 85% think positive about the security conditions present in their region. Respondents preferred PHCC on other alternate health services present in their area i.e. Midwives and private clinics. It will be pertinent to mention that CARE-Iraq has constructed new building of primary health unit and provided equipment for lab and maternity room. This activity has a lasting impact on the community.

Gender wise segregation of above responses about security conditions are provided in the below table:

	Locations			
Response	Zummer	Qasir_Sirij	Rabiya	Bardiya
Good	84%	85%	94%	87%
Bad	16%	15%	6%	13%
Gender segregation with "Good Response"				
Male		87%	96%	100%
Female	84%	84%	94%	82%

Perceptions of breastfeeding are much higher than the practice. The women may opt not to breastfeed the child because of various reasons including low or no milk supply, use of medication or disease or body image issues etc. It may be due to provision of supplement as mothers think that nutritional supplements are sufficient to ensure good health of children, which can be considered as a unintended negative outcome.

*These health care centers had benefited us all that is why we trust them the most-
FGD Male Respondent-
Bardiya*



From the above pie chart we can see that 95% of the respondents will prefer PHCC's services during the bad security conditions. This is due to their trust on doctors and midwives at PHCCs. 4% will prefer traditional birth attendants (TBAs) as they provide service at doorstep. 41 TBAs were also trained during this project on SRMH. Only 1% will prefer other service providers like private hospitals/clinics. In combination, 99% population will attend health services in deteriorated security situation from the institute (PHCC) and TBAs.

Impact of Awareness Sessions:

Zummar: Among all the female respondents 89% agree with the statement that "*breast feeding is good as compared to industrial milk*" and among them 84% were those respondents who had attended awareness sessions during this project. The learning and increase in knowledge through awareness sessions is long lasting and this learning will be replicated in the community. It can be conveniently said that the knowledge and learning provided to community will have the longest-term impact.

Very positive response received from the respondents about the awareness sessions on birth control. 96% respondents think that it is good practice to be adopted in daily lives. Among these respondents, 89% had attended the session and found it useful. Among all the indirect beneficiaries, 85% found these sessions useful and encouraged such sessions.

Qasir Serij: Breast-feeding is highly acceptable method among the people of Qasir Serij with 97% acceptability. Out of all the respondents, 77% had attended the session on breast-feeding arranged by project. It should be counted as the success of the project as the message on breast-feeding is acceptable to the indirect beneficiaries who had not attended any session. 87% of the respondents accept the adaptation of birth control method among them 67% had attended the session. 63% of the male respondents are in favor of using birth control methods among which 47% had attended the session. So, the perceptions of male respondents can be improved further with more improved session on birth control with greater outreach and impactful message.

Rabiya: Breast feeding is the most popular method among the people of Rabiya as 99% of respondents prefer breast milk to industrial milk. Among them 81% are those who had attended the awareness session. The effect of awareness sessions has very positive impact on the perceptions of attendees as the people who had not attended the awareness sessions are indirect beneficiaries. The message to them is disseminated by the direct beneficiaries. Therefore, this project remained successful in creating trickle-down effect among the population.

Bardiya: Breast-feeding is the popular method among the people of Bardiya as 94% of respondents prefer breast milk to industrial milk. 86% respondents who are in the favor of breast-feeding had attended the awareness sessions organized by the project, so, message is well spread among the indirect beneficiaries.

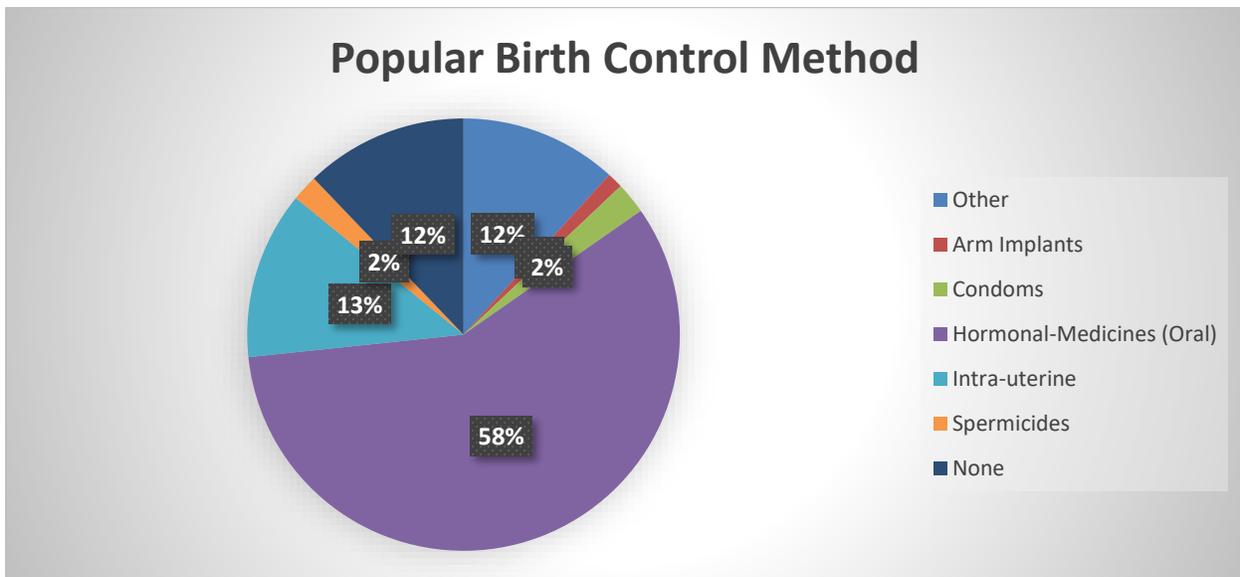
Respondents have accepted the importance of birth control methods as 90% of the respondents favored birth control. In the survey among all male respondents, 92% given their responses in favor of birth control methods out of which 46% attended the session.

It was also noted that the PHCCs are lacking number of female staff (midwives and gynecologist), especially in Rabiya and Bardiya, which may cause hurdles in the effective implementation of the project guided impact.

Lack of blood (Anemia) is the most common health issue in the mothers. If medicines provided by the project are not available in the PHCCs, women can't buy them from the private medical stores. Therefore, awareness should be raised to use dietary methods for combating such issues. These are more sustainable and will have greater impact on the health of household.

Impact of sessions on birth control and family planning

The pie-chart below demonstrates that only 12% (11% female and 17% male of total respondents) of the respondents did not like any birth control method which were made part of awareness sessions and symposiums done by CARE – Iraq. The most acceptable birth control method is hormonal medicines and intra-uterine contraceptive devices (IUCD) and these two methods were also the focus of second symposium done by CARE-International. 67% of the male members of the targeted areas like the hormonal birth control (Oral) method and none of them like condoms as the good birth control method.



Impact of providing equipment, rehabilitation of infrastructure

CARE-Iraq has provided equipment, furniture and also rehabilitated Rabiya, Zummar PHCC and constructed Qasir Serij PHCCs. Delivery units are also established in Rabiya PHCC with furnishing of all the required equipment. The equipment purchased is of best quality with warranty of two years. CARE-Iraq is also providing the related supplies. This hard component has an average life of three to five years, apart from construction and renovation with long-term life. CARE-Iraq has also trained the PHCC staff on using the equipment, trained midwives and other staff, which can be grouped as soft component. The combination of this hard and soft component will have greater long term impact on the community as a

whole. The application of the skills acquired and use of equipment and infrastructure will continue to benefit the community in the years to come. However, the role of directorate of health (DoH) is very critical for ensuring the impact, which is the supervising authority of PHCCs.

Sustainability

Question: Which aspects/components of the interventions implemented have contributed to connectedness to longer-term interventions and sustainability beyond the project period? Are skills gained/inputs provided by the project likely to continue being used after the project closure?

Both hard and soft components of this project are contributing to BMZ's strategy of Linking Relief, Rehabilitation and Development (LRRD). The benefits of these two components will sustain from medium to longer term.

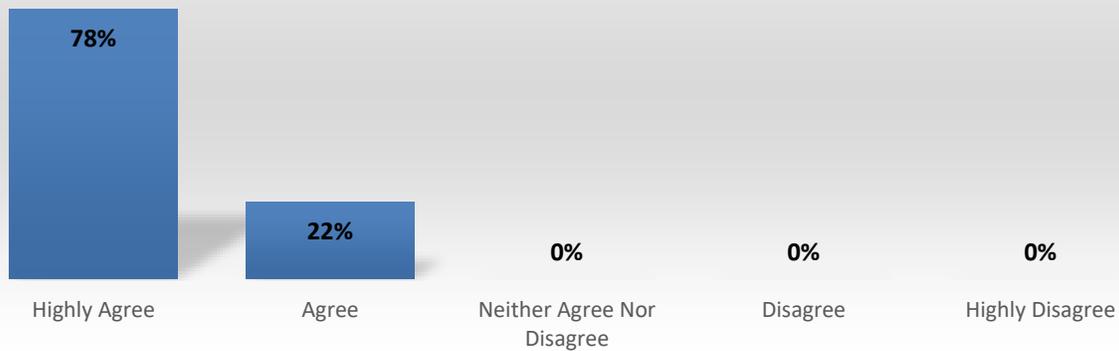
The soft component to raising awareness about health, nutrition, ante and post-natal care, family planning and birth control, training of midwives, TBAs, PHCC staff along with hard component of providing baby and birth kits, medicine & furniture, rehabilitation, renovation and reconstruction of PHCCS will benefit the population of catchment area long after the end of the project in December 2018. The skills and awareness will be replicated in the community which can be considered as best practice of the project.

Enhanced skills of PHCC staff

The training that CARE-Iraq/Harikar provided during this project had very good perceptions among the PHCC staff. According to PHCC staff, these services had increased their knowledge and build their skill, which was most required in the conditions from which region is/was suffering. The health staff praised the services provided by Harikar team. 78% of the PHCC staff was highly agreed with the quality of knowledge and skill provided to them in the form of training during the project interventions. Remaining 22% also agreed with the same statement.

The PHCC and DoH staff requested the intervention should be imitated in other areas as well. According to PHCC staff, these services are the best and according to the need of time. None of the staff in all the PHCCs has any negative opinion about the project.

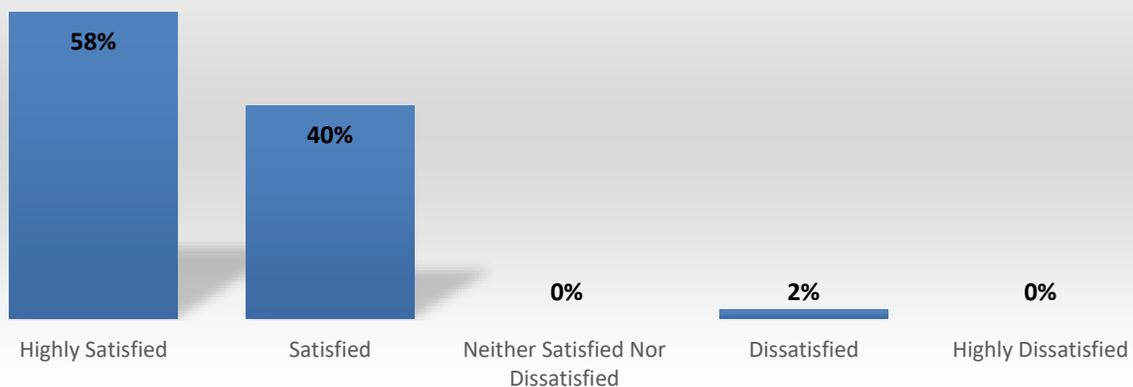
Level of agreement with the statement that "Project developed PHCC skill and knowledge"



Satisfaction Level of Beneficiaries with the services provided by PHCC staff:

People who are availing the services provided by PHCC are "highly satisfied" or "satisfied" with the services provided by the PHCC. The below chart shows the clear comparison between the satisfaction levels of the community with the services provided by PHCC staff, which are build and improvised with the help of project interventions. 94% of the population has confidence on the services of PHCC staff provides to them includes, ante-natal care, post-natal care, neo-natal care, vaccination, blood test, Ultrasounds and X-ray machines, provision of medicines and supplements to patients (men, women and children) and awareness/consultation sessions. Therefore, the project has created a very good image of PHCC services on the perceptions of population who are direct and indirect beneficiaries of the project. It is a longer term effect, if the PHCC will continue its practices which it learned during the project.

Satisfaction level with services provided by PHCC



Enhanced level of behavior of PHCC staff

During the project, behavior of midwives and other PHCC staff was satisfactory (77%) as mentioned in the patient satisfaction and post distribution monitoring report of CARE-International-Iraq. There is increase in the perceptions of beneficiaries as now 98% of the beneficiaries are satisfied with the behavior of PHCC staff. The project has caused continuous positive behavior change among the PHCC staff along with capacity building initiative, which will sustain in the upcoming years even after the project end. Beneficiaries are confident that 91% of the staff working in PHCC has right kind of knowledge and skills. To further ensure such practices, PHCC management and/or DoH should randomly and consistently monitor the performance of their staff that are in direct contact with beneficiaries and, after extensive need assessment, training could be arranged to fill the tracked gap.

Level of agreement with good behaviour of PHCC staff



75% of beneficiaries are willing to purchase the baby kits if made available in the market at affordable prices. 47% respondents are of the opinion that the baby kits are not easily available in market.

Effectiveness

Question: Did the project accomplish what it set out to achieve (output/outcome indicator targets set in results framework)? 2. What are key contributing factors affecting the achievement or non-achievement of the intended outcomes?

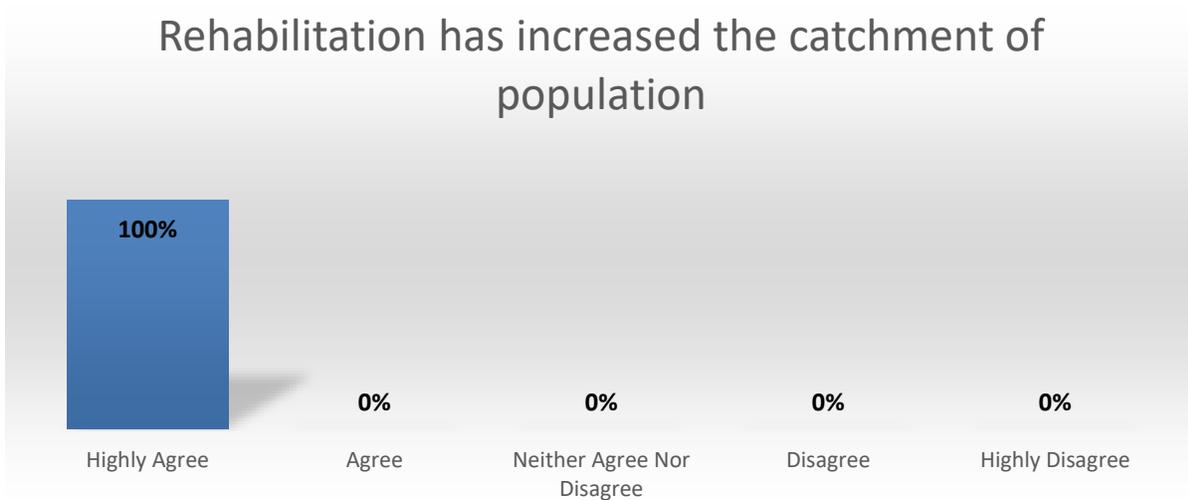
The outcomes established in the logframe are:

Outcome-1: Improving access to adequate medical care before, during and after delivery for the expectant mothers and new-borns.

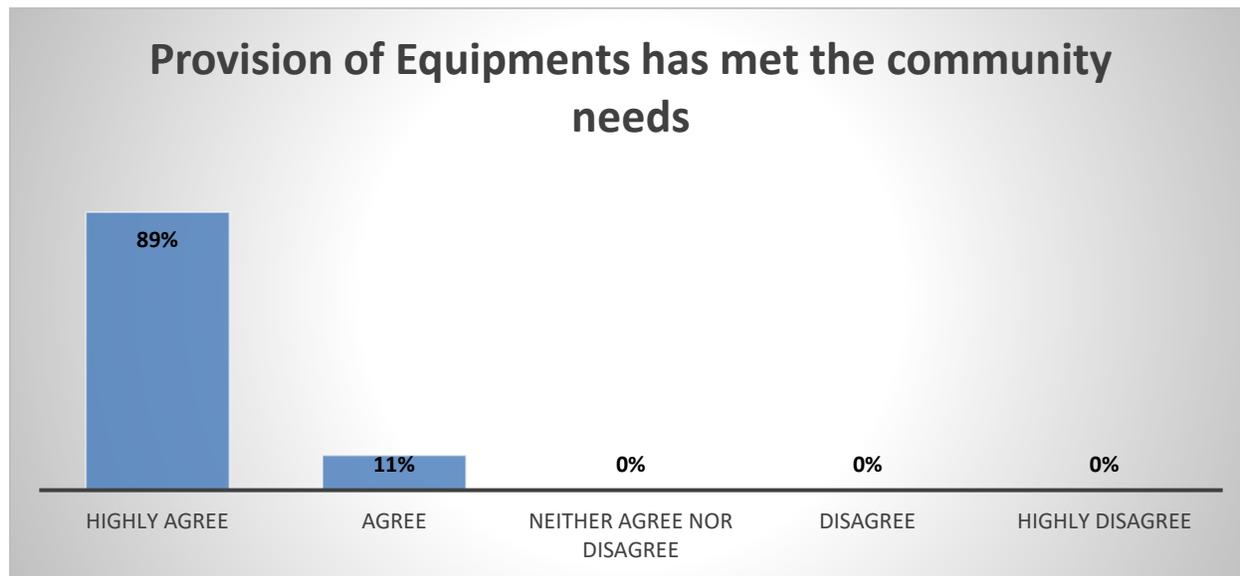
The project has carried out the activities to achieve this outcome during the project duration, which are triangulated by interviews, observation and focus group discussions:

One maternal child unit or Primary Health Centre identified and completely rehabilitated at Zummar PHCC. The access to this facility is also easy and in quantitative data, the respondents showed their satisfaction on the access, services and behavior of PHCC staff. The rehabilitated maternal child unit or Primary Health Centre is fully functional and well equipped with medical equipment. Medicines and lab tests facility along with ultrasound and X-ray services are being provided. At the end of the project, this facility will be fully operated by PHCC under the supervision of DoH without any intervention by CARE-Iraq.

According to all recorded answers all PHCC staff agrees that rehabilitation was the most required need after the area is retaken. According to them, it was the need of time and nothing could be better than what the project intervention had done with PHCC.



Below chart tells us that 89% of the PHCCs' staff highly agrees with the statement that provision of equipment had met the community need. According to the PHCCs' staff, there was requirement of equipment in PHCCs which was provided by the project. Communities of targeted areas are availing these services either from their own regional PHCC or near by PHCC where these equipment are available. It was observed that for many purposes people from Rabiya and Bardya had to move towards other public health service providers present in other regions to avail such services.

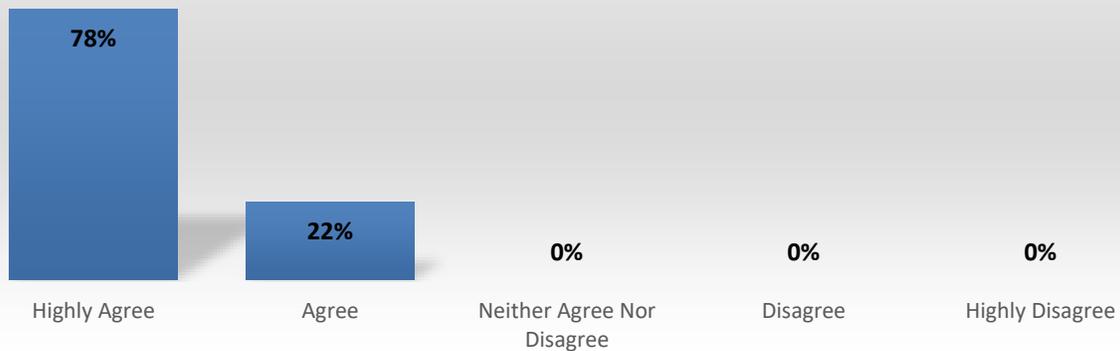


Outcome-2: The local health structures strengthened

To strengthen the health structure, CARE-Iraq has trained midwives, TBAs and PHCC staff. The trainings have resulted in the enhanced capacities of PHCC staff to handle chronic cases, identifying early symptoms of disease and operating the equipment provided by CARE-Iraq. However, Rabiya and Bardiya PHCCs need further support in terms of training, provision of specialized midwives and gynecologist, financial support and equipment.

Through the training of PHCCs' staff including midwives and doctors, their capacity to serve the community has increased. The community's perception is very encouraging about the service delivery of PHCC staff and their behavior. The following chart shows the positive perception of community on skills and knowledge of PHCCs' staff.

Skill and Knowledge of PHCCs has positive effect on community perceptions



The table below tells us the number of trained staff present in each PHCC facility. Rabiya PHCC has very limited capacity to handle chronic or serious cases as only consultation is being provided there. The CARE-Iraq has constructed new delivery room and provided all necessary equipments and furniture, in Rabiya, but it is not fully functional because DoH is unable to provide specialized gynecologist and midwives. Therefore patients are referred to Talmarg or Zummar. There is a need to include Rabiya for capacity building and provision of equipment. Midwives and gynecologists are badly needed at Rabiya. Bardiya PHCC staff was not accessible due to security situation.

The hospital lacked medical supplies – FGD Female Rabiya

Number of trained staff in PHCCs



Outcome-3: The structures of local NGOs are strengthened.

CARE-Iraq has engaged local partner, Harikar, built its capacity and provided oversight of its activities. Harikar has managed all the activities in the field including conducting awareness raising sessions and distribution of supplements and baby/birth kits.

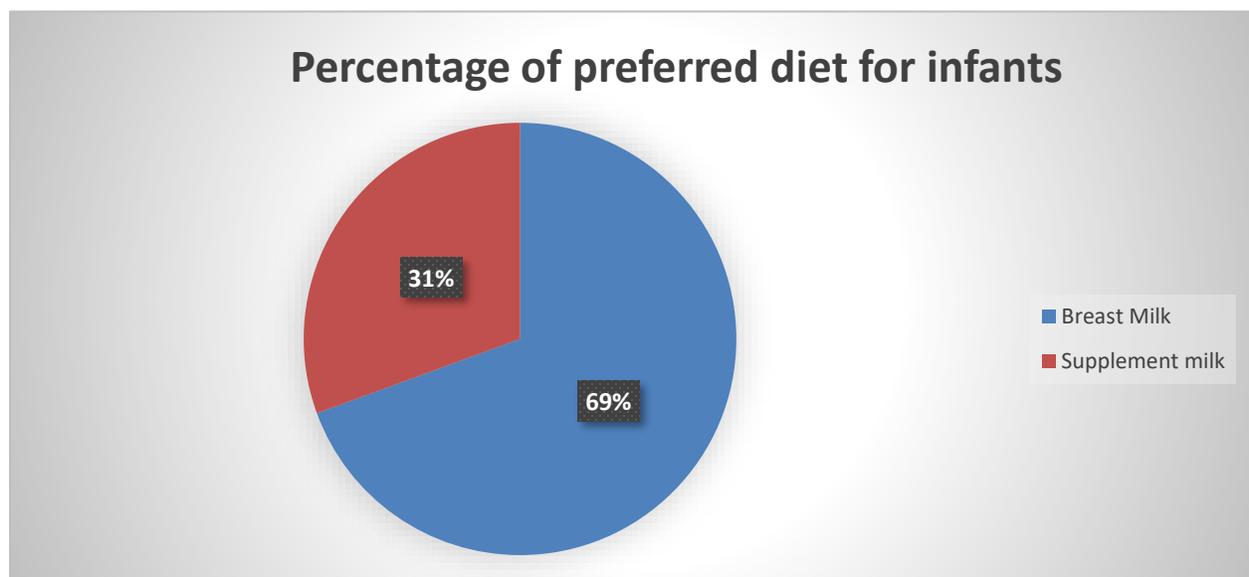
Key finding number 4 is related to the performance of Harikar:

91% of the respondents agrees that the information on ante-natal, post natal and other SRMH services was provided by two major stakeholders of the project, which are Harikar and PHCC. Harikar's capacity is strengthened to provide quality services, awareness sessions and referrals, as mentioned in output-3 " The structures of local NGOs are strengthened""

Outcome-4: Mothers and pregnant women have increased their knowledge on reproductive health and have access to professional support and equipment during pregnancy and delivery.

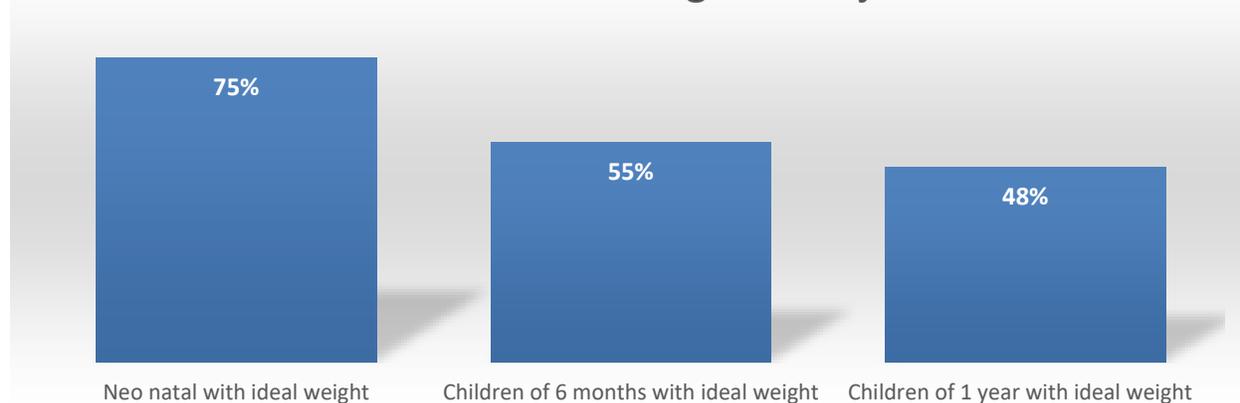
The awareness sessions for pregnant and new mothers is the most well perceived activity for the beneficiaries (direct and indirect). The access to the professional support and equipment like lab, X-ray and ultrasound has also increased.

The positive trend is 69% of the mothers prefer breast milk as compared to the powder/industrial milk because they are aware about the benefits of mother milk and breast feeding for both mother and child.



The accessibility and knowledge of the mothers have resulted in better health of the newborns. 75% of the newborns are within the ideal weight bracket, however, after 3 months, the weight of the newborn is less than the ideal weight.

Child Health During the Project



Outcome-5: Adult women, men and adolescents of both sexes have increased their knowledge on (the access to) methods of family planning.

Due to the conservative society, this outcome was very challenging as people think family planning and birth control is against their culture and religious beliefs. However, project staff has worked well on this component and delivered sessions on family planning and birth control to the community, men and women. The project staff has good relationship with the community and the message about the family planning was well designed keeping in view the cultural issues. This is how, the community understood the benefits of family planning and gave good response. However, some of the methods of family planning, like using condoms, were not liked.

There was need of medical equipment and baby supplements (medicine for children), ante-natal care, contraceptives for birth control and PHCCs were lacking food supplements and -FGD Male Qasir Serij

Project has also distributed condoms to men at home. Due to the awareness sessions on gender sensitization, use of contraceptives, nutrition and sexual health, the respondents showed their acceptance on using birth control methods especially women.

93% respondents think that birth control is good practice to be adopted in daily lives. Among these respondents, 89% had attended the session on family planning and birth control and found it useful. Among all the indirect beneficiaries (male), 84% found these sessions useful and encouraged such sessions.

Observations at PHCCs:

As a part of data collection, evaluator has developed an observation sheet including a checklist to assess the physical conditions of all PHCC. The purpose of this observation is to provide an objective assessment of physical infrastructure of health centers.

As the enumerators can't travel to Bardiya, its observation is missing. Below is a brief about each PHCC.

Zummar:

- ❖ Condition of building is good
- ❖ Facility of separate toilets for men and women is available.
- ❖ Privacy of women is well maintained
- ❖ Condoms and Folic acid are present in the pharmacy.
- ❖ The building contains the slider for wheel chairs for disable people but no separate toilets.
- ❖ Building contains very good hygienically maintained labor room
- ❖ Toilets are not clean and not maintained on regular basis.

Qasir Serij

- ❖ The building is small but is in very good conditions. It is newly constructed by the project
- ❖ The building contains the slider for wheel chairs for disable people.
- ❖ The building did not have the special facilities for disable people in toilets.
- ❖ The hygiene of the toilets is maintained.
- ❖ No contraceptives are available in the PHCC.
- ❖ Required Equipment is present in the Health Facility.

Rabiya:

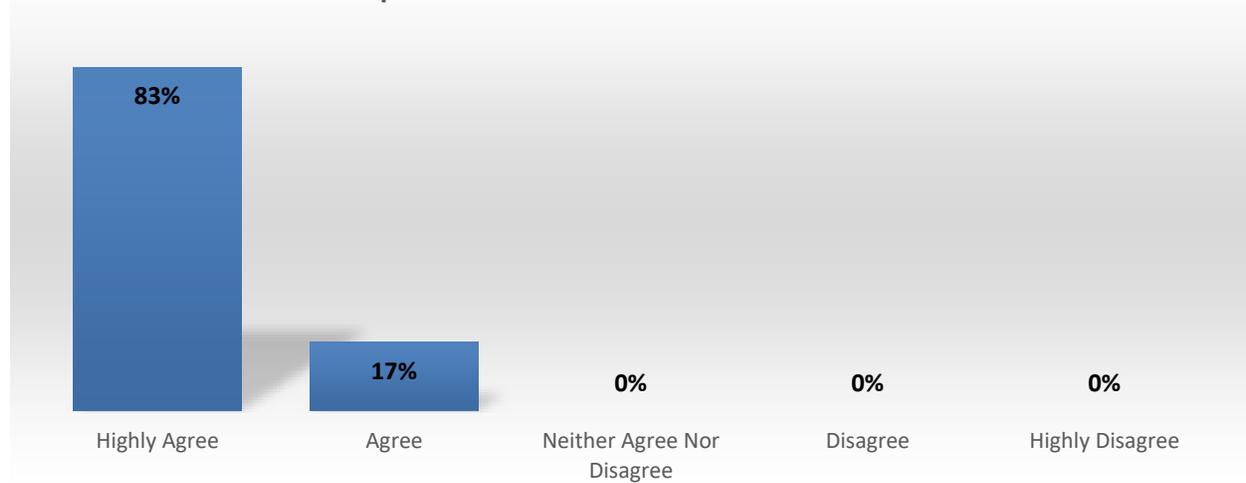
- Condition of building is good
- Facility of separate toilets for men and women is available.
- Privacy of women is well maintained
- Condoms and Folic acid are present in the pharmacy.
- The building contains the slider for wheel chairs for disable people but no separate toilets.
- Building contains very good hygienically maintained labor room

Efficiency:

Question: Was the response timely, appropriate and cost effective?

Community was highly satisfied with the services being provided by PHCCs' as these services were timely and cost effective. 83% of the community members including men and women highly agree that PHCC provides timely services to the people in need. Female members of community are seemed to be much happier with the PHCCs' services. So with the project intervention, it was made sure by CARE and Harikar that their beneficiaries get immediate and cost effective SRMH and child health related treatment.

"Response of PHCC was Effecient?"

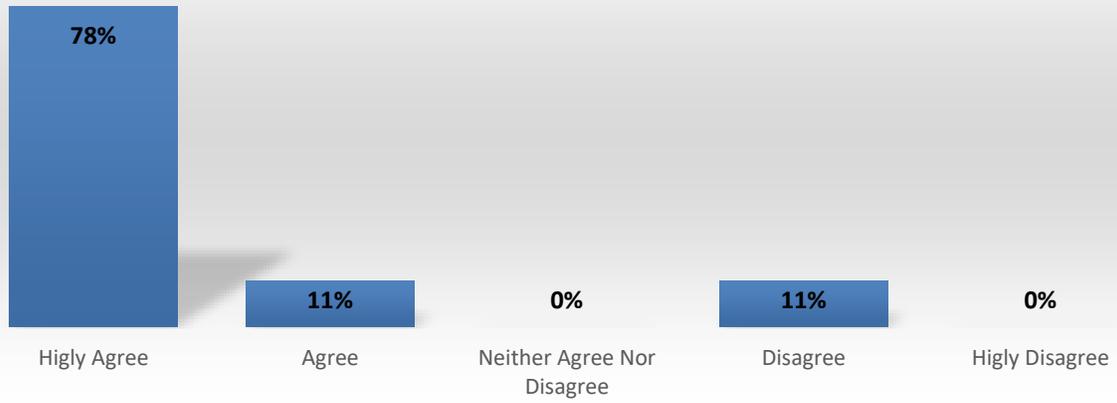


78% of the PHCC staff was found to be highly satisfied with the services provided by the Harikar and CARE. Among all things the timing of these services was the most appropriate and according to the need.

The project team had provided supplements and equipment which was the dire need of the PHCC.

11% of the respondents from Rabiya, including their staff, are not satisfied with the services being provided by the PHCC . The reason is they lack equipment, trained staff and financial resources. Some of the requirements of PHCC Rabiya were beyond the scope of the project like need of financial resources. The DoH which is responsible for the provision of the staff, finds it difficult to position staff to the PHCC due to its very remote location and near the Syrian border.

"Response of project staff was Effecient?"



Section Three

Best Practices and Innovation

The success of any project is determined by the effectiveness and impact of its activities. The project implemented by CARE-Iraq has innovative and successful aspects.

- 1 Engagement with community and communicating the message related to birth control and family planning was a challenge in the conservative society of Ninewa governorate. These topics are considered as taboo and against the cultural and religious norms in the society. The project staff has managed to conduct awareness sessions with women and men about birth control and family planning and also distributed contraceptives in the community.
- 2 Provision of extensive training to traditional birth attendants (TBAs) and their practical sessions at PHCCs has added to the traditional knowledge of the community. This knowledge and practices will be transferred to next generation. Therefore, this knowledge will remain in the community and will be a source of awareness and knowledge of the community members.
- 3 Increasing the knowledge of pregnant women about herself and newborn child have added to their traditional knowledge. In other words, the traditional knowledge is adjusted according to the latest medical and health practices. This knowledge will also be replicated and transferred to the next generation.
- 4 As the project was implemented in retaken areas of Northern Iraq, the infrastructure of health centers were completely destroyed. Bardiya was again looted after provision of equipment and rehabilitation of health center by the project. Rehabilitating infrastructure, construction of PHCC and provision of latest and good quality equipment is a commendable intervention as this was needed by the community. All the rehabilitation and construction is of best quality. Working in high security zone was a big challenge and project team has successfully implemented these activities.
- 5 Harikar staff's engagement with the community was unprecedented. Community has shown trust in field staff and, at many instances during the data collection, their efficiency, good behavior and good reputation was praised by the community members.

Perception about best practices identified by the beneficiaries:

The below pie-chart demonstrate that the awareness sessions are the most acceptable services provided during the project. As these awareness sessions are also consultative session on ante/post natal care, child care including nutritional care and importance of contraceptives, so with the interventions of this project both direct and indirect beneficiaries had started visiting PHCC for the consultations. People are now demonstrating their interest in health seeking behavior after their return as, previously, they were more concerned about their security, livelihood and shelter previously. This project had made difference in improving the perceptions of beneficiaries regarding care for their health.

Most useful services as identified by beneficiaries



Lessons Learnt

The evaluation findings are very encouraging and positive. However, there is always room for improvement. Following are the lessons learnt from the project:

- 1 While designing the project activities, community engagement should be ensured. The distribution of contraceptives to the community was a surprise for the community and they reacted negatively, which caused some friction between the community and the project team. Project should avoid to give surprises to the community. The best way is to engage community in design the project and activities. Community engagement in designing and implementing phase will also enhance the ownership of community and accountability of project staff.
- 2 From the assessment it was analyzed that the project lacked the result based monitoring to keep track of impact of project activities on the beneficiaries. For example, medicines and supplements were distributed among the community members but track of its usage was not maintained. The project team was not sure if the recipients of food supplements have actually consumed it or it is wasted or sold in the market.
- 3 Project needed some time of PHCC staff for contributing into activities but they are not additionally paid for their extra work. This has caused lack of cooperation from the PHCC.
- 4 The project budget should be flexible enough to adjust according to the changes on ground. Due to emergency nature of the project, the environment is highly unstable which needs very frequent budgetary re-alignment(s).
- 5 While designing the project, disability of the new-born children should be considered as cross-cutting issue.

Conclusions

- 1 The project has achieved the desired outputs/outcomes besides several challenges. Limited specialized human resources in the project areas was one of the biggest challenge. For example, specialized midwives and gynecologist were not available in Rabiya. CARE and Harikar team has worked in professional way to achieve the results.
- 2 The interventions chosen by the project were in line with local priorities and were the most appropriate and relevant for improving maternal and child health. The activities were highly acceptable by the community and provision of services by the project and PHCCs were highly appreciated by the community.
- 3 There is no considerable negative outcome of the project. However, due to the provision of supplements for children, mothers thought it to be the alternate of breast feeding. This negative outcome were slightly seen as some of the mothers, 31%, perceive industrial or powdered milk as appropriate diet for children.
- 4 The provision of training and equipment will have a long-term effects on the maternal and child health.
- 5 Capacity building of the PHCCs' staff, strengthening of local NGO and training of traditional birth attendants (TBAs) will contribute to sustainability of the benefits of the project.
- 6 The increase in knowledge of mothers through awareness raising sessions on child health care, family planning and expectants/mothers health care will have rippling effect.
- 7 Project has accomplished the outputs setup in logframe. However, the level of services and items/equipment provided to all PHCCs is different depending on, among other variables, security situation and priorities of DoH.
- 8 Capacity of project staff, engagement with government authorities and community, professionalism of CARE-Iraq management contributed to the achievement of desired results. It is catalyzed by efficient planning (programmatic and non-programmatic) and implementation.
- 9 Directorate of health is not in position to provide quality health care services to the community. The community is mostly comprised of returnees. therefore the project was very timely and appropriate. Cost effectiveness is only assessed as the services being provided by PHCCs, including lab tests, are much cheaper than the market prices.

Recommendations:

- 1 Food supplement were provided to women which they cannot afford after the end of project. It is suggested that a diet plans of the mothers should be developed to fill vitamin and folic acid

deficiencies. Awareness should also be raised to have healthy diets. This will ensure the sustainability of good health of mothers and new borns.

- 2 Health care for the children of more than 3 months should also be taken in to consideration to avoid malnutrition of children after 3 months. The survey shows that health of children is normal until three months and after this age, mostly children are under weight.
- 3 To ensure the consumption of supplements, a mechanism should be developed to check if the mother and child has taken supplements. This can be done through medical checkups or lab tests on random basis. This will also ensure that money is not wasted and provision of supplements are contributing to the good health of mother and child.
- 4 Disability should be a component of future projects on health. Record of children with disability should be kept so that appropriate measures should be suggested.
- 5 Offline video tutorial should be developed and shared with PHCCs' staff so that any new staff can get training from this tutorial. The tutorial should cover all the areas of services being provided by PHCCs.
- 6 Program needs continuity and scaling up, in the form of projects of same in nature in other locations as the magnitude of crises is very high.
- 7 Involving DoH staff and ministries for policy development in the SRMH and SRHR for returnees and host community of North Iraq to made project efforts sustainable. For this, advocacy component should be added to the future health projects.
- 8 Village Health committees should be formed who keep monitoring of the direct beneficiaries' health. These committees can also act to provide input during the designing of project and activities. The committees may include TBAs, religious leaders, elder women and relevant PHCCs' staff members. Religious leaders can be most effective in breaking the myths about family planning.
- 9 Vulnerability of different groups, like women headed families, persons with disability (PWD), religious and ethnic minorities, homeless persons etc., should be considered while designing the project. The vulnerability of different groups, can be ascertained by using social vulnerability index. This will ensure inclusiveness in the project activities.

Annexures

- 1 TORs
- 2 Inception report
- 3 Data collection tools
- 4 Case story
- 5 List of personnel interviewed
- 6 Evaluation schedule
- 7 List of key documents reviewed
- 8 Breakup of data

End of Report