December 25, 2019

End of Project Evaluation

Support for conflict affected people through strengthening of essential primary health care and protection from gender-based violence

Evaluation Report

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Submitted to

Project Funded by

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List of Acronyms

CI	CARE International-Iraq
CRSM	Center for Resource & System Management (Evaluating company)
PwD	Persons with disability
PHCC	Primary health care center
DAC	Development Assistance Committee (DAC Criteria for Evaluating Development Assistance)
CBOs	Community Based Organizations
KRI	Kurdistan Region of Iraq
TOR	Terms of reference
PDM	Post Distribution Monitoring
M&E	Monitoring and Evaluation

Acknowledgement

The evaluation of the " Support for conflict-affected people by strengthening essential primary health care services and protection from gender-based violence" project funded by German Federal Foreign Office (GFFO) and implemented by CARE-Iraq, was conducted by the CRSM Consulting (CRSM), an evaluating company, from December 15 to 25, 2019. The project was implemented in

1. Fallujah District, Anbar Governorate: Al Wahda PHCC
2. Mosul city, Ninawa Governorate (Ibn Altheer Hospital, East Mosul):
3. IDP-camps (Sheikhan, Essayn, Mamrashan and Chameshko) in Dohuk Governorate

The period of implementation was from 1st January 2019 to 31st December , 2019.

The exceptional support from CARE-Iraq and efficient working of CRSM team led to the successful completion of this assignment despite the time constraints. My gratitude to CARE-Iraq, specifically to: Patrick Ndungu-Head of Programmes, Dr. Ashok Sharma-Health Program Manager, Shamal Omar-Harikar, Shimal Mero -REACH, Dr. Hur Amer-DARY, Dr. Khalid- Laboratory Incharge Mosul for their continuous support and guidance. I greatly appreciate the assistance they have provided throughout the evaluation process.

My sincere thanks to the CRSM team in Iraq and Pakistan for their extra hours of work and for making data collection possible in shortest period of time. In particular, my thanks go to Saba Abdul Karim-Team Supervisor, Ahmed Wada -Team leader for Mosul, Omar-Team leader for Falluja and Bilal Riaz, Data manager for their sustained efforts.

As head of the CRSM team, I feel honoured to contribute toward the cause that CARE-Iraq is working for and I sincerely wish success in all the future endeavours.

Sincerely,

Wasi Haider
Principal Consultant and CEO
CRSM Consulting

Executive Summary

Introduction

Since 2014, when Iraq experienced a sudden escalation in hostilities, the primary health care sector has sustained widespread destruction, looting of health facilities, reduced or inadequate health staff, and lack of supplies, especially in areas that had been severely impacted by the conflict, such as Anbar & Mosul. Sexual, reproductive and maternal health (SRMH), was severely affected, amongst other things, by poor delivery methods, lack of maternity wards, inadequate pre- and postnatal care, and a high prevalence of anaemia amongst pregnant women.

Against the backdrop of this situation, and following increasing returns of internally displaced persons (IDPs) to their places of habitual residence in retaken areas, CARE, with funding from German Federal Foreign Office (GFFO) has been implementing the project in Duhok, Anbar & Mosul to improve maternal and child health in return areas. The project implementation period was January 01, 2019 to December 31, 2019.

Study background and rationale

Purpose of the Evaluation

The purpose of this evaluation was to assess post intervention situation of the targeted area against indicators mentioned in the project document. The findings will help CARE to measure the impact of project. The findings will be used to compare the baseline situation with the end-line situation to assess the changes in knowledge, attitudes and practices, of the targeted population and impact of the interventions.

The evaluation identified, and documented lessons learnt and made recommendations for CARE-Iraq and project partners to improve future project implementation as well as strengthen the design of future related projects.

Objectives of the Evaluation

The evaluation was expected to:

1. Assess the relevance, efficiency, effectiveness, impact and sustainability of the project;
2. Generate lessons that will inform SRMH programming in Iraq and in the broader context of GFFO.

Evaluation Criteria

The evaluation responded to the following key 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:

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

Sustainability:

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

Effectiveness:

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

Efficiency:

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

Scope of the Evaluation.

Evaluation was conducted in Al Wahda Primary health care center (PHCC) in Fallujah and surrounding areas, which are catchment areas of the targeted primary health care centres (PHCC), Ibn Al Atheer hospital in East Mosul, and the 4 camps (Essiyan, Chamishko, Mamrashan and Sheikhan) in Dohuk. The evaluation primarily targeted the project's direct beneficiaries but included sampling of the indirect beneficiaries to provide indication of the project's extended impact.

Section One

Description of Program Interventions

Project Description

Project Objective:

Improved state of health of conflict affected people in Fallujah and East Mosul

Outputs

1. Improved access to essential maternal, child health and primary health services in return areas (Fallujah, East Mosul)
2. Provision of advanced necessary investigations, including viral screening investigations and haemoglobinopathies (thalassemia) in Ibn Altheer hospital, East Mosul.
3. Strengthen the existing GBV risk mitigation and prevention initiatives for IDP women, men, girls and boys residing in camps in Duhok
4. Improved health providers attitudes to GBV

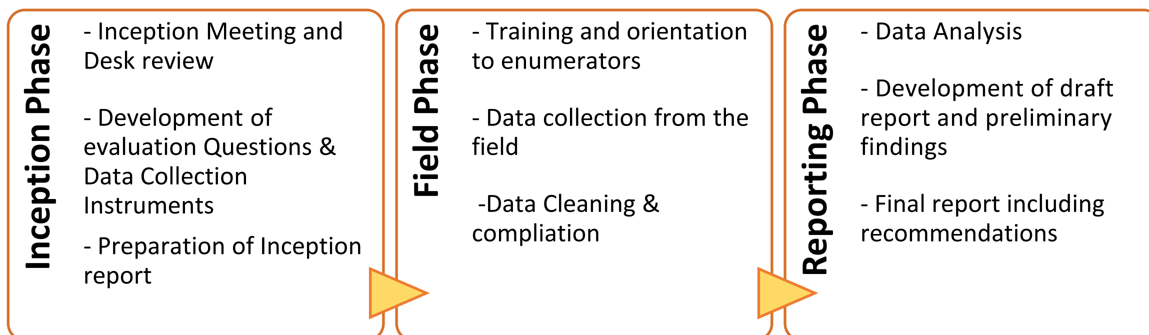
Summary of project activities

1. Fallujah District, Anbar Governorate: Al Wahda PHCC – Minor Refurbishment and furnishing the of the PHCC, provision of equipment, kits and reagents to laboratory and dental units, provision of nutrition supplements for pregnant women and new born, establishing and furnishing women friendly space. CARE also delivered trainings to PHCC staff and other health sector staff in Fallujah. CARE partnered with DARY Human, a local Health Organization to provide awareness sessions and surrounding communities.
2. Mosul city, Ninawa Governorate (Ibn Altheer Hospital, East Mosul): Support to laboratory with equipment, reagents and kits for viral tests.
3. IDP-camps (Sheikhan, Essayn, Mamrashan and Chameshko) in Dohuk Governorate: Distribution of dignity kits to vulnerable populations.

Evaluation Methodology

The methodology is based on using mixed-method participatory approach, as CRSM believes that participation improves quality and enhances ownership.

The three-phased proposed methodology is constructed on the basis of information provided in TORs and desk review of documents. The methodology for evaluation is briefly mentioned in below diagram;



Inception phase

Desk review

Evaluator has done a desk review of program documents. It helped evaluator to understand the context, project objectives, activities, results and outcomes. The document review formed the basis of data collection tools that are annexed with this report.

The evaluator has reviewed following documents:

1. Final Report HARIKAR
2. Final Report REACH
3. GFFO - Care awareness October
4. GFFO CARE Baseline Methodology and Relevant Tools
5. GFFO Interim narrative report
6. GFFO Logframe Interim Report
7. GFFO PROPOSAL 19112018_final_

Development of Evaluation Questions & Data Collection Instruments

The evaluator has developed data collection instruments on the basis of evaluation criteria and key evaluation questions provided in TORs. Data collection instrument also include the templates to collect case stories.

Data collection instruments were prepared in English and translated to Arabic.

The data collection instruments;

1. **Survey:** from beneficiaries to get quantitative and qualitative data. The questionnaire provided information about the evaluation criteria, which was validated through other tools and sources (Secondary and Primary). The survey was done from all locations (Mosul, Falluja and four camps in Duhok).
2. **Focus group discussion (FGD)** – from beneficiaries. FGD is an instrument for triangulation of data collected from other sources. Through FGD, the qualitative data was collected. The respondents of FGDs were all the beneficiaries like including recipients of dignity kits, attendees of awareness raising sessions, patients of Ibn Al Atheer hospital in Mosul and Al Wahda PHCC in Falluja.
3. **Key Informant interviews (KII) –** from CARE and partners (HARIKAR , REACH and DARY) staff, hospital staff (Head of Hospital, Doctors, Pharmacist) in Mosul and Falluja, government authorities (directorate of health).
4. **Health facility checklist:** this is an observation list and its purpose was to check the physical conditions of equipment provided and facilities rehabilitated by CARE. The facilities included Laboratory Ibn Al Atheer hospital in Mosul and child friendly spaces, X-Ray rooms, toilets, meeting rooms in Al Wahda PHCC in Falluja.

Preparation of Inception report (IR)

The inception report was a part of evaluation methodology and covered detailed work plan including the design, sampling methodology and draft instruments for review and approval by CARE-IRAQ.

Field Phase

The primary data collection was done in this phase. Data collection was based on data collection plan (field plan), which was develop after the approval of inception report and before start of data collection. This phase was also divided into sub-phases;

Training and orientation to enumerators

Enumerators were hired from all the locations. The team of enumerators was trained on all aspects of data collection, data cleaning, compilation and transmission. The training included the following;

- Objectives of data collection and expected output.
- Understanding of data collection instruments, indicators and timeline of data collection visits.
- Use of tablets or smart phones for data collection and KOBO toolbox (online and offline data collection).
- Data collection management including timeline and deadlines.
- Security guidelines and code of conduct of collecting the data.
- Ethical and cultural considerations while collecting the data.
- Standard operating procedure (SOP) for data collection.

- Mock-up for data collection to assess the quality of questions, format of questionnaire, time to collect data, how to record responses etc.

Data collection from the field

Data was collected according to the field plan for data collection. The data was disaggregated by sex, age, location, type of beneficiaries (recipients of awareness sessions and dignity kits, Primary Health Care (PHC) services etc).

Reporting Phase

Data Analysis

Quantitative data analysis:

The descriptive analysis was done using frequency distribution analysis and comparative analysis. Data is tabulated and results compiled and presented in charts and tables. The data is segregated as sex, age, nature of beneficiaries, type of services received etc.

Qualitative data analysis:

The evaluator summarized patterns of responses and confirmed consensus or conflicts that emerged from the respondents. The following steps were taken;

- Responses were analysed by arranging them in categories (geographical and thematic) identified in the data analysis matrix.
- Once the responses are arranged from all beneficiaries, the different positions or responses are identified.
- The next step was to summarize the various responses, assess the degree of consensus or differences expressed by the groups and synthesize the themes or patterns that will emerge.

Development of draft report and preliminary findings

Evaluator prepared first draft of the evaluation report along with findings, conclusions and recommendations.

Final report including conclusions and recommendations

After receiving feedback from CARE-IRAQ, evaluator will incorporate it into the report and report will be finalized.

Data Sampling

The sample size is representative for the entire population. The sample size is calculated following a 95% confidence interval and 5% margin of error.

The total beneficiaries by location and sex is provided in the below table:

Direct Beneficiaries										
	Al Wahda PHCC - Fallujah 4560 Individuals			Ibn Al-atheer hospital - East Mosul 5,000 Individuals			IDP camps - Duhok (Chmishko, Essyan, Mamrashan and Sheikhan) 5,457			Total Direct beneficiaries
Age group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	
<5	410	365	775	450	400	850	491	437	928	2,553
<18	684	638	1,322	750	700	1,450	928	819	1,746	4,519
18-49	1,003	958	1,961	1,100	1,050	2,150	1,364	1,255	2,619	6,730
50 and >	274	228	502	300	250	550	109	55	164	1,215
Total	2,371	2,189	4,560	2,600	2,400	5,000	2,892	2,565	5,457	**15,017**

The sample size was 375, however, the survey was done with 373 beneficiaries, and 108 beneficiaries (including male and female) attended focussed group discussions at all locations.

The location wise details of data collected through surveys and FGDs is provided hereunder;

Location	Tool	Male	Female	Total
Duhok	Survey-Beneficiaries	2	155	157
	FGDs with Beneficiaries (4 FDGs)	0	38	38
	TOTAL	**2**	**193**	**195**
Mosul	Survey-Beneficiaries	58	42	100
	FGDs with Beneficiaries (4 FDGs)	9	10	19
	TOTAL	**67**	**52**	**119**
Falluja	Survey-Beneficiaries	55	61	116
	FGDs with Beneficiaries (4 FDGs)	36	15	51
	TOTAL	**91**	**76**	**167**
	Grand Total	**160**	**321**	**481**
	Percentage	**33%**	**67%**	

Details of total data collected is provided in the below table:

Location	Tool	Male	Female	Total
Duhok	Survey-Beneficiaries	2	155	157
	Case study Data Collection Template	0	4	4
	FGDs with Beneficiaries (4 FDGs)	0	38	38
	Key Informant Interview – Doctors	0	0	0
	Key Informant Interview – Head of Hospital	0	0	0
	Key Informant Interview – Pharmacist	0	0	0
	Key Informant Interview – Project Staff	3	4	7
	TOTAL	**5**	**201**	**206**
Mosul	Survey-Beneficiaries	58	42	100
	Case study Data Collection Template	1	1	2
	FGDs with Beneficiaries (4 FDGs)	9	10	19
	Key Informant Interview – Doctors	1	0	1
	Key Informant Interview – Head of Hospital	1	0	1
	Key Informant Interview – Pharmacist	0	0	0
	Key Informant Interview – Project Staff	0	0	0
	TOTAL	**70**	**53**	**123**
Falluja	Survey-Beneficiaries	55	61	116
	Case study Data Collection Template	1	1	2
	FGDs with Beneficiaries (4 FDGs)	36	15	51
	Key Informant Interview – Doctors	1	0	1
	Key Informant Interview – Head of Hospital	2	0	2
	Key Informant Interview – Pharmacist	0	1	1
	Key Informant Interview – Project Staff	0	1	1
	TOTAL	**95**	**79**	**174**
	Grand Total	**170**	**333**	**503**

The key informant interviews (KII) were taken from project staff (CARE-IRAQ and HARIKAR, DARY and REACH) and Directorate of health staff.

Cross Cutting

The evaluation took into account the social inclusion of minority groups, women and people with disability (PwD). The evaluation considered the barriers to access the facilities and sessions on the basis of sex and disability.

Assessment Limitations

1. The major limitation for the assessment was time. The evaluation was started on December 15, 2019 and final report, including feedback from CARE-Iraq, is to be submitted on December 28, 2019. Therefore, the whole evaluation process has to be completed in 14 calendar days.
2. The tools were developed in English and translated into Arabic. The responses were recorded in Arabic, which were then translated into English for data analysis and reporting.

Section Two

Findings

Relevance:

Since 2014, when Iraq experienced a sudden escalation in hostilities, the primary health care sector has sustained widespread destruction, looting of health facilities, reduced or inadequate health staff, and lack of supplies, especially in areas that had been severely impacted by the conflict, such as Anbar & Ninawa Governorate. Sexual, reproductive and maternal health (SRMH), was severely affected, amongst other things, by poor delivery methods, lack of maternity wards, inadequate pre- and postnatal care, and a high prevalence of anaemia amongst pregnant women.

Against the backdrop of this situation, and following increasing returns of internally displaced persons (IDPs) to their places of habitual residence in retaken areas, CARE, with funding from German Federal Foreign Office (GFFO) implemented the project in Duhok, Anbar & Mosul to improve maternal and child health in return areas.

Key Evaluation Question (KEQ): *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?*

The main activities of the project were to support public health facilities in Anbar and Mosul so that these health facilities can provide better health care services, including maternal and child health, to the people in catchment areas. The project also undertaken GBV risk mitigation and prevention initiatives for IDP women, men, girls and boys residing in camps in Duhok.

The evaluation found consensus, among all the respondents of the survey, that the services provided by the project were highly needed and provided in appropriate time.

All the activities including supply of equipment to Ibn Al Atheer hospital laboratory in Mosul and renovation and provision of equipment and furniture in Al Wahda PHCC in Falluja were relevant to the context as state hospitals cannot provide these services due to financial, operational and technical limitations. The awareness sessions to the residents of the camps in Duhok and provision of dignity kits helped them in understanding the gender equality, personal hygiene, combating harmful practices, and leadership and communication.

Keeping in view the severity of the crises and limited financial and technical capacity of state-run hospitals, community still need the services (67.5% said the services are “Highly Needed” and 32% said “Needed”) of laboratory tests, pre- and post-natal care, essential medicines and awareness about hygiene and other health and gender related issues. In fact, the community needs are very wide and deep related to SRMH, GBV and medical care. This is also reflected in Iraq Humanitarian Needs Overview 2020 that Approximately 370,000 IDPs in formal camps, 350,000 IDPs in out-of-camp locations and 926,000 returnees are facing critical problems related to physical and mental well-being.

Summary

1. The community needs are still very high. The major needs of the community related to child care are, vaccination, vitamin supplements, milk, baby kits (diapers, shampoo and winter cloths etc.) and awareness among the beneficiaries related to child care.
2. The project outcomes are contextually relevant and addressed the prioritized needs of the community.

Impact:

The project has provided equipment, furniture supplies and renovation services to one hospital and Mosul and PHCC in Falluja. The hospitals and PHCC are providing health care services to the community, which in turn caused positive impact on health of beneficiaries including children. CARE-Iraq has also provided technical support and training to the staff, that is providing professional services to the community.

In Duhok, the project has provided awareness raising sessions to women and distributed dignity kits.

Key Evaluation Question (KEQ): What were the intended and unintended, positive and negative, intermediate and long-term outcomes of the interventions?

Medical Facilities

The beneficial impact of above-mentioned services and supplies were witnessed during the evaluation. All the respondents agree that their health issues are reduced and they are aware of their health care. The positive impact is not limited to the direct beneficiaries and it is extended to their families. Before the intervention, beneficiaries used to visit private hospitals for laboratory tests, sonography and X-ray etc. therefore, the project has caused reduction in medical expenses of the beneficiaries. Most of the beneficiaries couldn’t avail expensive treatment especially in case of Thalassemia.

The positive impact on health will contribute to longer term benefits in terms of healthy life. Due to the scale of the crises, there is a need to extend health services to include other areas like diagnosis and treatment of chronic diseases.

Dignity Kits and awareness raising sessions

The beneficiaries are of the view that they have learned self-care, self-hygiene, prevention from diseases, cleanliness of house etc. In the GBV sessions, the awareness about early or child marriages, gender-based violence, understanding the value of women were among the highly liked sessions and learnings. This awareness had and will cause behavioural change towards others and towards life. The beneficiaries (99.7%) were highly excited to have more sessions about these issues and want to learn from professional, qualified and experienced trainer as they are of the view that more learning will cause more positive change in their attitude towards life.

Summary

1. The project has positive effect on the health of the community especially on pregnant women, new mothers and new born children.
2. Due to medical facilities, the community also learned about diseases and their prevention.

3. The awareness raising sessions have caused behavioural change in the community about the life and value of being women and the incidents of domestic violence decreased. Community also learned cleanliness, prevention from diseases that will have long term positive impact on their health.

Sustainability:

Key Evaluation Question (KEQ): Which aspects/components of the interventions implemented have contributed to connectedness to longer-term interventions and sustainability beyond the project period?

According to Iraq Humanitarian *Needs Overview 2020*, 2.8 million people require health care in Iraq. Some 324,533 individuals in camps, 493,050 individuals out-of-camps, 17,455 individuals among host communities and 1,974,543 returnees need essential primary health care services provided by humanitarian partners. Based on preliminary analysis, Ninawa and Al-Anbar are the priority governorates affected by the conflict

The project has supported two health facilities, one each in Mosul and Anbar. This support has contributed to the longer-term requirements of the catchment area population. The project has also contributed to achieve the objectives of directorate of health for providing medical care to the catchment areas of supported health facilities.

Nearly 1.3 million people are at risk of GBV, of which 61 percent are in areas of return and 38 percent in areas of displacement, and 1 per cent within the host community (*Iraq Humanitarian Needs Overview 2020*). The IDPs living in camps have increased probability of GBV. The awareness raising and information sharing sessions, in IDP camps in Duhok, have contributed to increased information about safe and confidential GBV referral pathways for high-risk groups.

In the survey from IDPs in four camps in Duhok, the respondents informed the evaluation that they learned about GBV, gender equality, personal hygiene, prevention from diseases and have more information about referral pathways. This knowledge and information will continue to inform other community members and families of beneficiaries in years to come.

Key Evaluation Question (KEQ): Are skills gained/inputs provided likely to continue being used after the project closure?

The provision of hard components (furniture, laboratory equipment, renovation of machines and provision of medicines) will contribute to medium term sustainability after the end of the project. The functioning of these facilities is highly dependent on the financial and technical support from directorate of health in Falluja and Mosul.

The intervention will also contribute to reduction in child mortality rate and better health of pregnant women and new mothers as the project has provided medical equipment and training to health facility staff on pre- and post-natal care.

The soft component (training of medical and paramedic staff from PHCC and hospitals and community health workers) will contribute to longer-term sustainability of benefits. The medical and paramedical staff will continue to provide better services to the community

including sexual reproductive and mental health (SRMH), child care and awareness about child nutrition to mothers beyond the project life.

The role of community health workers (CHW) is significant in educating the community after the project closure. As they have strong linkages with the community and will keep on transferring the health-related knowledge to the community.

Provision of dignity kits to women in the IDP camps in Duhok benefited the women and girls. Out of 85 respondents, 89 percent stated that they will buy these items after the project from their own resources. 11 percent responded that due to lack of financial resources, they will not be able to buy the items of dignity kit after the project closure. All of the respondents confirmed that the use of dignity kits has improved their cleanliness and prevented them from diseases.

Summary

1. The renovation of medical facilities and provision of equipment will continue to benefit community after the end of the project subject to the financial, technical and operational support from DoH.
2. Technical capacity building and training of medical and non-medical staff including CHW will continue to benefit the community in the longer-term.
3. Awareness and information provided to the IDPs in the camps will help them to use referral pathways and will contribute to their better hygiene and prevention of diseases.

Effectiveness:

The effectiveness of the project was assessed through accomplishment of outputs and outcomes indicators, the responses from the beneficiaries about the quality and usefulness of services provided to them, information about referrals and barriers and supporting factors to the achievements of intended outcomes.

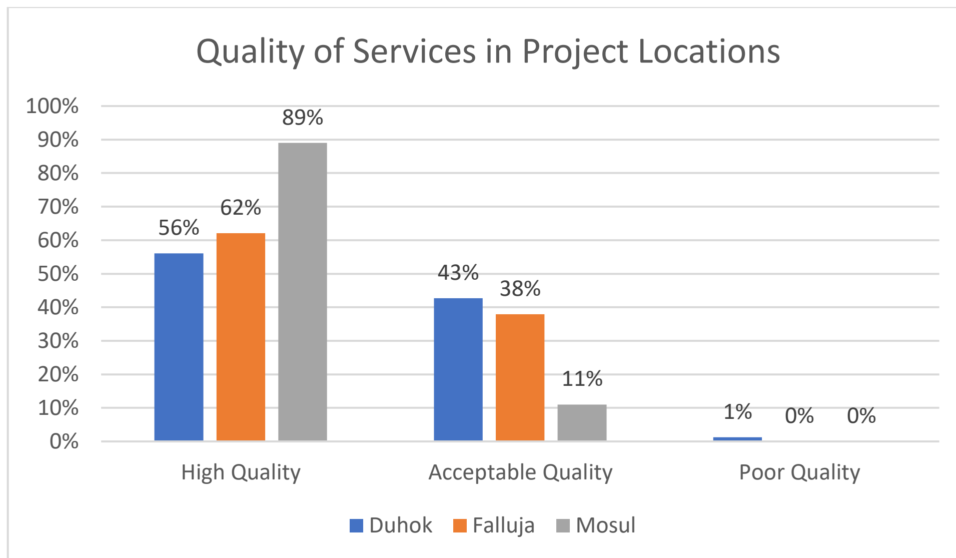
Key Evaluation Question (KEQ): Did the project accomplish what it set out to achieve (output/outcome indicator targets set in results framework)?

The evaluation tools were designed to confirm the indicators of the project through beneficiaries. All the beneficiaries were of the view that they were benefited by the project as per their needs in PHCC in Falluja and children hospital Mosul.

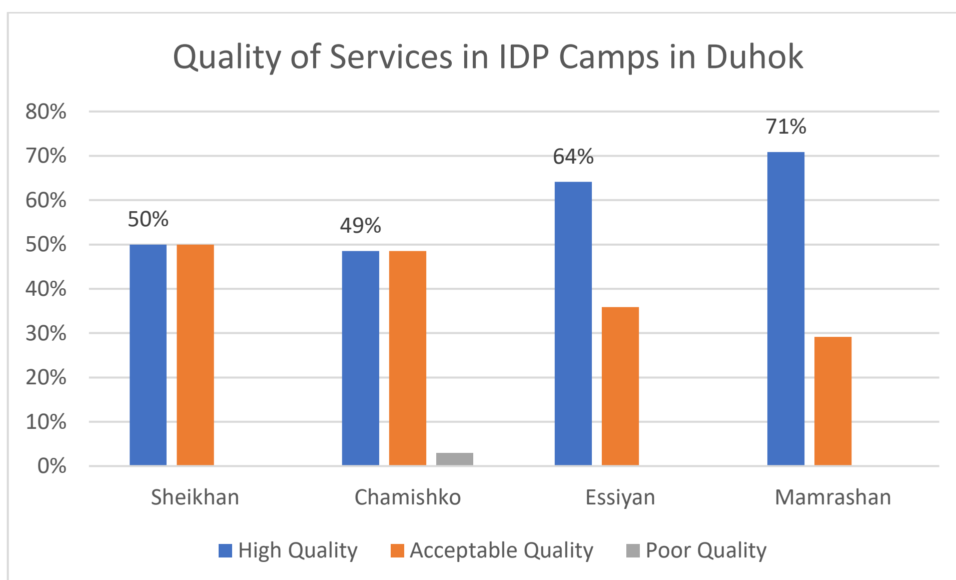
The targets of the project against each indicator were assessed through reports. The reports show that all the targets were achieved. The summary of achievements against the targets is attached in Annex-1 to this report.

To assess the quality of services, the evaluation asked the question “How was the quality of services provided by the project” the possible answer was “high quality”, “Acceptable quality” and “Poor quality”. Out of 373 beneficiaries surveyed, 66.8% responded that the service was of “High quality”, 32.7% responded as “Acceptable quality” and .5% responded as “Poor quality”.

As indicated in below chart, the responses from the surveyed beneficiaries as “Highly Satisfied (from the quality of services)” are highest in Ibn Al Atheer Hospital’s beneficiaries 89% and 62% in Falluja’s PHCC, followed by Duhok, 56%.



The comparison of "quality of services" in the four camps in Duhok shows that the responses of 71% respondents is "High Quality" from Mamrashan camp and 64% from Essyian camp. In other two camps it is 49% and 50% in Chamishko and Sheikhan, respectively. This is reflected in the chart below;



The project staff has referred cases to specialised services providers in the area. These service providers were mostly other NGOs, 71%, and government departments, 29%. The project has also provided information to the beneficiaries about safe and confidential referral pathways. Therefore, it is quite possible that all the referrals were reported to the project because beneficiaries can use the referral pathways by themselves.

Key Evaluation Question (KEQ): What are key contributing factors affecting the achievement or non-achievement of the intended outcomes?

The project was well planned by the CARE-Iraq and all the activities were implemented as planned in the camps. It is also validated by the level of satisfaction of beneficiaries about quality of services provided by the project.

The provision of modern equipment and capacity building of PHCC and hospital staff helped in providing better services to the community and achieving intended outcomes.

As the magnitude of the crises is very high, the project staff were of the view that they can reach more beneficiaries and can provide them all the required medical services if more funds could have been allocated.

Summary

1. The summary of output and outcomes is provided in Annex-1 to this report.
2. Organized work and provision of latest equipment and training to PHCC and hospital staff contributed to achievement of project objectives.
3. Due to the scale of crises, more financial support is need to provide and sustain health care services to the community.

Efficiency:

The efficiency of the project was assessed on the basis of timeliness and appropriateness of the intervention. Evaluation has also assessed the ways to provide similar services, in terms of quality and quantity, as lower cost.

Key Evaluation Question (KEQ): Was the response timely, appropriate and cost effective?

Most of the beneficiaries, 94 per cent (#), were of the view that the services were provided in appropriate and suitable time. The beneficiaries from Falluja were of the view that they needed these services for a quite long time. From the survey respondents, 81 percent(#) were of the view that the services provided were appropriate to the “large extent” and relevant to their needs.

The medical services including provision of laboratory and dental equipment, supplies and medicines, renovation of child and women friendly spaces, and meeting room consumed more cost because of the fact that latest and high-quality equipment was provided to PHCC in Falluja and hospital in Mosul. There is no significant over spent, more than 10%, in any budget line, which is an indicator that the services were provided within the available budget.

Summary

1. The need for health care and protection services is very high. The response was timely and appropriate.
2. The patients with thalassemia need continuous health services and support, which is very costly and affect all the family, availability of services in DoH hospital is the most cost-effective way to provide medical facilities to these patients.

Section Three

Conclusions

Below are the conclusions drawn on the basis of findings;

1. The objectives of the project are still valid and keeping in view the context, the scale of the health care and protection needs is very high.
2. The facilities provided in PHCC in Falluja and hospital in Mosul have positive impact on the health of beneficiaries. Beneficiaries have no other cheaper option to get quality healthcare services.
3. The technical skills and training provided to PHCC and hospital staff will have longer-term impact on the beneficiaries' health. The trained CHW will provide better health care services at community level and will impart their learning to the community.
4. The sustainability of inputs provided by the project highly depends on the financial, technical and operational support form DoH.
5. The awareness and information sessions to the men, women, girls and boys informed them about their cleanliness, gender equality and referral pathways in case of GBV. The community members can now use the referrals in case they need to.
6. The intervention was highly appropriate to the needs of the community and the response was timely and cost effective.

Recommendations

1. Due to protracted crises, the continuity of the project is significant to sustain the benefits to the community
2. The project should be scaled up to include other locations.
3. Capacity building of PHCC and hospital staff including CHW played a vital role in achievement of project objective. the component of trainings should be bigger in the future projects, especially for CHW because of their penetration and linkages with the community.
4. To ensure the sustainability of benefits, advocacy with the DoH is significant. There must be a component of advocacy in future projects.
5. Awareness and information sessions in the camps should be delivered by trained staff or the trainers should be identified and trained from the community.
6. The community-based organizations (CBOs) should be established in the community that can assist the victims of GBV for referrals. CBOs can play a vital role in sustainability of benefits to the community by providing volunteer services for hygiene promotion, referrals and other related services.

Annexures

Data Collection tools

1. Data collection tools
2. Inception report
3. TORs
4. Case stories
5. Raw data