

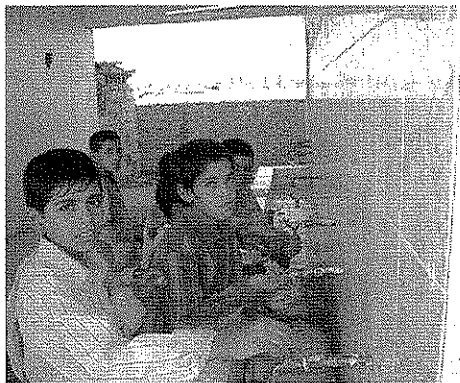
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EVALUATION OF THE INTEGRATED BASIC SERVICES PROJECT (IBSP) IN IRAQ

Prepared for:

**UNICEF Iraq Support Center
in Amman, Jordan**



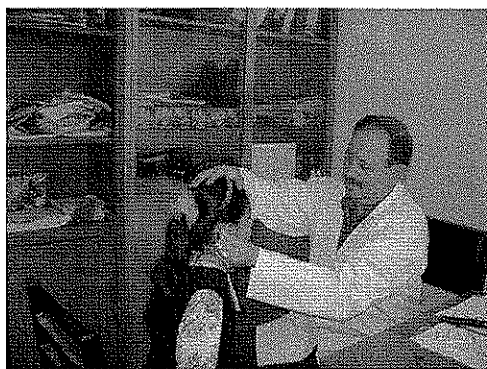
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**Final Report
June 2007**

Evaluation of the Integrated Basic Services Project in Iraq

Undertaken for the UNICEF Iraq Support Center in Amman, Jordan

Sheila Reed, International Team Leader, and the National Center for Consultancy and Management Development (NCCMD) Team Leaders: Raghad Ali Abdul Rasool, Nisreen Shakir, Qussay Khalil, Farid Ridha, Qutaiba Azet, Abdul Amer Hammed Dyab, Fatima Mohamed and Thikra Raouf

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Executive Summary

Background

Years of war in Iraq have degraded public services and left 1.9 million people internally displaced. The Integrated Basic Services Project (IBSP), funded by the Iraq Trust Fund (ITF), aimed to upgrade 110 schools in six governorates and improve access to water and sanitation services and basic health services for surrounding communities in the six targeted areas. The project was implemented in partnership with the Government of Iraq (GoI) Ministries of Education, Health, and Municipalities and Public Works and their directorates and involved the Education, Health and Nutrition and WESH sections of the Iraq Support Center in Amman (ISCA). The project budget was \$12.9 million and included a health screening component managed by WHO. The project was initially planned for six months from September 2005 but was extended until March 2007.

The Purpose of the Evaluation, Team Composition and Methodology

The purpose of the evaluation is to:

- Examine the achievements against the specific objectives of the project
- Identify the strengths and weaknesses of the processes employed
- Present recommendations for planning and implementation for similar projects in the future.

The external evaluation team is composed of an international team leader and an 18 person team from the Baghdad-based National Center for Consultancy and Management Development (NCCMD). Data collection methods included interviews and review of documents. Over 350 interviews were conducted including numerous interviews with women and children in the six governorates.

Appropriateness and relevance of IBSP programming in Iraq

The accomplishments of the IBSP in the context of Iraq were significant. Evidence from this evaluation shows that progress was made in boosting school attendance and health of children and increasing community satisfaction with services provided by schools, Primary Health Centers (PHCs) and water and sanitation systems.

Design and management

The ITF quick impact initiative allowed too short of a time for realistic planning and implementation. ISCA staff aimed to establish a longer term strategy development and took opportunities to expand the project with soft components. Project management would have been strengthened by a designated project leader committed to its integration. Clarity was needed on what outcomes could be expected. Access to basic services was affected by other factors such as poor roads and lack of water networks in

rural areas which the project did not address. ISCA and stakeholders in Iraq did not adequately share management responsibilities.

Assessments

ISCA conducted assessments before and during the IBSP that contributed to tracking progress and measuring outcomes and impacts. These included a pre-assessment and "Household" and "School" assessments which provided important data on rehabilitation needs and hygiene behavior. The opportunity was missed to allow local stakeholders to identify and prioritize their own needs with the result that many felt that the project did not address the most critical or "actual" needs. Broader assessments were needed to identify more aspects of Child-Friendly Schools (CFS) that required attention, to consider the proximate needs affecting usage, and provide information on special needs of children, such as the handicapped and those in urban and rural communities.

Selection of schools

The selection of schools was influenced by security, previous identification of water and sanitation needs, and population data as well as needs for improvements to basic services collected in the pre-assessment. The Ministry of Education made the final selection of schools and 25 PHCs in corresponding districts were selected but not all served the selected schools which diffused the intended integrated impact. The process drew some criticism from stakeholders who noted that other schools and PHCs were more in need than some selected.

Monitoring and the role of the facilitators

The M&E staff supported and developed the roles of six facilitators who were hired to monitor and coordinate the IBSP in Iraq. The facilitators' roles were seen as effective in their monitoring function, however, they were less effective in integration due to lack of local committees, need for stronger strategic guidance from ISCA and more training on data collection and reporting. Narrative reporting and explanation of issues was inconsistent and some indicators mentioned in the planning document were not tracked.

Integration

The potential from the integration effect was greater than what was actually achieved among ISCA and stakeholders in Iraq. Stronger efforts are needed to utilize integrating forces such as the media, committees, the PTA, and community networks. A psychosocial support component would be appropriate to help address cross cutting issues concerning the children, patients and communities.

Involvement of stakeholders

Relatively few stakeholders in Iraq had roles in the project with weaker follow-up as a result. Information sharing and consultation was not consistent or undertaken early enough with any of the groups in the governorates. ISCA is working on viable approaches to promoting local involvement. Donors should be provided with more information regarding the effects of the project on people's behavior in the communities.

Effectiveness

Timeliness

Rapid start-up of an integrated project was not practical for ISCA due to time needed to respect UNICEF's and the GoI's procedures. Delays were experienced due to late release of funds from ITF, delays in selection of schools and contracting, and escalation of violence in 2006. Some work in Thiqrar was delayed due to security restrictions and contracting issues and was still ongoing in May 2007.

Outcomes and impact

The IBSP made a significant contribution to enabling the selected schools to support children's rights. Most stakeholders said that school attendance and hygiene practices had improved. Children were happier to come to school due to the presence of new furniture, playgrounds, recreation and sanitation items, and improved toilets and water quantity and quality. New equipment and increase in stocks of basic medicines were key reasons for increased satisfaction with the PHC services. Health services to schools generally increased. Mothers and pregnant women were more aware of the importance of regular visits to the PHC. Provision of vehicles for health districts although late in arriving addressed pressing needs for outreach to remote populations. Communities appreciated improvements in water and sanitation services.

The WHO-implemented basic health screening for visual, hearing and musculoskeletal problems was limited due to shortages of time and resources. PHC staff trained in usage of screening instruments examined a sample of children. Follow-up through provision of glasses and hearing aids met with obstacles. Results flagged a need for all children to be screened at the school entry level and for close follow-up on needed interventions.

Some smaller and complementary activities produced positive results such as motivating greater participation in the PTAs, and training activities for PHC and school staff, although training had mixed impact in promoting hygiene education. Data was collected regarding youth in communities and children's rights issues. A positive effect was noted in awareness of the rights of children from all combined inputs.

Constraints to use

The utility of the inputs was constrained by a number of factors including pressure on the goods and services due to multiple shifts in schools, the lack of consistent availability of electricity, fuel, and transportation, poor condition of the roads and the level of development of infrastructure in rural areas. More attention to gender and special needs was required in the determination of components in recreation kits and design of facilities.

Sustainability

Some factors limiting sustainability include low salaries, high turnover of staff and understaffing, disruptions of work due to the effects of the conflict, and need for stronger coordination among government institutions. A major limitation is the weak attention to standards of maintenance and repair which has recently been addressed through the UNICEF/UN HABITAT/Gol asset maintenance program.

Efficiency

A number of inefficiencies adversely affected timing, spending and quality. Rehabilitation was completed in 90 of the 110 schools by December 2006 and the work to complete the other 20 is ongoing in Thiqr; 12 water and sewerage projects had been completed and the remainder is over 90% complete. Many problems were related to issues with contractors including sub-contracting to unspecialized groups, delays due to administrative issues and in remote facilities, and use of suboptimum materials. The Bills of Quantity did not always include specifics such as desired quality. Focal points to monitor inputs were not always assigned among the directorates and municipal leaders and record keeping was poor in some facilities. The strength of involvement of engineers from ISCA and government varied. Frequent fluctuations in construction material prices could not be fully taken into account. Some planned rehabilitation was done by other

organizations resulting from inadequate communication between the Ministries and their directorates.

Quality and quantity

The type of wood used and the screw assembly allowed rapid damages to furniture in some schools. Quantities for medical supplies were not calculated based on the numbers of people served by the PHC and shortages were reported. Recreational and sanitation kits and rehabilitation of playgrounds were cost-effective contributions. The designs, sizes and locations of some installed WESH components were not appropriate. In some districts the system components did not function together adequately to meet water requirements.

Delivery and distribution

Some core problems plagued all governorates in delivery and distribution, particularly inadequate coordination between Ministries, Directorates and schools and PHCs, ineffective planning for use of the supplies and missing distribution plans in some districts. The government was responsible for transportation but inadequate resources posed obstacles for timely delivery in a significant number of districts.

Child Friendly School standards

Progress was made toward achievement of the CFS standards for Iraq but more work needs to be done to achieve standards for numbers of students per toilet, provision of soap and improvement of hand-washing practices and standards for construction, among others.

Summarized Recommendations for ISCA and Other Stakeholders

Theme	Recommendation
Design and management	Assign dedicated management mechanisms, including leadership at ISCA and focal points in relevant government offices, determine roles for school and PHC staff and communities, plan systematic meetings, synthesize reporting and allowing reasonable timeframes for planning.
Assessment	Plan assessments to promote project relevance, ensuring that stakeholders are consulted about needs, that the most critical problems are identified and that factors influencing effectiveness of inputs are addressed in planning.
Selection and targeting	Promote transparency on methods of selection of target facilities and steer decisions toward selecting the most vulnerable.
Integration	Define the management inputs needed to achieve integration and ensure that mechanisms to promote integration are supported in communities.
Involvement of stakeholders	Overcome barriers to stakeholder contribution to project success by building capacity in governorates for management and monitoring, creating strategies for communication and briefing of new staff, partnering among actors and piquing interest in behavioral outcomes.
Monitoring	Through the M&E plan, support the role of the facilitators, strengthen data collection and analysis, enhance communications among those responsible for monitoring in Iraq, and measure progress toward CFS standards with involvement of local stakeholders.
Objectives and indicators	Clarify to all stakeholders the strategy to effect changes and how progress will be measured toward shorter term and longer term goals, conceived as a detailed M&E plan which includes training for monitors and selection of reliable and more child-centered indicators.
Outcomes and impact; sustainability	Build upon outcomes and reduce constraints to use by ensuring resources to conduct health screening at the school entry level, ensuring durability and user friendliness of design related to realities of usage and types of users and promoting capacity and standards for maintenance and conservation.
Efficiency	Reduce inefficiencies in contracting and constraints to use of inputs by providing more guidance to ensure quality, reduce or eliminate subcontracting, developing comprehensive distribution and monitoring plans for designated supplies and field test inputs.