EXTERNAL EVALUATION REPORT

Support to Emergency Obstetric Care (EOC) in Iraq (D2-02)

Submitted to
United Nations Populations Fund (UNFPA)

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Abbreviations and Acronyms

AMAR-ICF	An international charitable foundation affiliated with the Iraqi Charitable Forum
EmOC	Emergency Obstetric Care
IMR:	Infant Mortality Rate
MCH:	Mother and Child Health
MDG:	Millennium Development Goals
MMR:	Maternal Mortality Rate
MoH:	Ministry of Health
NDS:	National Development Strategies
NTI:	National Training Institute
PRODEV:	Professional Development
RH	Reproductive Health
TOT:	Training of Trainers
UNFPA:	United National Population Fund
UNICEF:	United Nations Children Fund
UNOPS:	United Nations Office for Project Services
UNWEBBUY:	Denmark-based website owned by United Nations Development Program
WHO:	World Health Organization

Executive Summary

Over the last three decades, Iraq, which is a resource-rich country, suffered from the adverse consequences of three major wars, 13 years of severe international economic sanctions and unabated waves of violence that escalated in the aftermath of 2003 war. All these developments caused major damage to the country's infrastructure and resulted in the breakdown of basic public facilities and services including health, education, water and sanitation, electricity etc.

The once well developed Iraqi health care system has been reduced to a level that compares with service standards available in the least developed countries owing to destruction of physical facilities, looting, lack of maintenance/replacement of medical equipment, breakdown of transport systems and shortages of both essential supplies and trained personnel. The population groups which have been most affected by these adverse developments are those who are relatively vulnerable within the larger context as well, namely women, children and internally displaced persons.

According to the WHO Iraq Office's country profile database, the average prenatal mortality rate in 2004 was 77 per 1,000 total births. The maternal mortality ratio, according to 2007 statistics, stood at 84 per 10,000 live births, while the neonatal mortality rate was 23. Coverage of antenatal care was just 54%, and only 80% of births were attended by skilled health personnel. These numbers indicate that, in spite of the relative improvements achieved in revitalization and recovery of the health care system, almost half of the approximately 0.9 million deliveries that take place in Iraq each year do not receive preventive health care and monitoring during pregnancy, and about 20% (translating into 180,000 cases) do not receive assistance by trained health personnel during delivery. The problems of inadequate coverage with essential health services, have been compounded by problems of mobility and access associated with the unstable security situation, all contributing to a rise in adverse outcomes of pregnancy and childbirth to unprecedented levels, including miscarriages, maternal and neonatal deaths and stillbirths, as well as newborns with very low birth weight and/or congenital malformations and birth defects.[1]

Motivated by the sense of responsibility to improve the standards of obstetric care services in Iraq, the United Nations Population Fund (UNFPA), in close coordination with the United Nations Office for Project Services (UNOPS) and the Iraqi Ministry of Health (MoH), embarked on implementation of the project: Support to Emergency Obstetric Care in Iraq (D2-02). This external evaluation of the project was carried out between April and May of 2010, in accordance with UNEG norms and standards as well as UNDG-ITF guidelines on developmental and operational effectiveness.

The aim of the project was to support safe motherhood in Iraq within the context of primary health care and higher levels of referrals, by regeneration of a comprehensive set of health care activities that are needed for the provision of emergency obstetric care services, thus contributing to reduction of maternal mortality ratios.

The developmental goal of the project was to reduce maternal and neonatal mortality by improving the quality of maternal health services and improving the skills of service providers.

The project was funded under the UNDG-ITF at USD 12,603,476.55 (The total amount of transfers made to UNOPS is USD $4,553,453, whereas the remaining amount of the 12,603,476.55 was fully implemented by UNFPA). The planned project duration was 30 months, running from June 2004 to

[1] 2010 WHO Country profile

December 2006. However, the security situation during implementation made progress challenging. It was therefore, necessary to extend the project a total of four times and was operationally closed in September 2009.

All of the mandated results of the project were achieved or exceeded, though as stated, with significant delays. The delays were partly due to inadequate definition of the rehabilitation needs and the specifications of equipment prior to project implementation but were largely due to the unstable security situation, which affected the mobility and access of the involved UN and national staff as well as local contractors during the implementation period.

UNFPA's main partners in project implementation were UNOPS, the MoH and the Directorates of Health in the targeted areas. WHO and UNICEF were also partners in the training and re-establishment of the maternal surveillance and referral systems. Other partnerships forged during project implementation included AMAR, an international charitable foundation and suppliers, through whom delivery of equipment took place, as well as PRODEV, an international organization that was contracted to monitor project implementation.

While the direct beneficiaries of the project were those involved in providing maternal and child health care in the targeted areas, the ultimate focus was on the indirect beneficiaries—Iraqi women in reproductive age that needed assistance during delivery and were able to utilize the services of the newly renovated, equipped and upgraded obstetric wards, countrywide.

The project mainly focused on addressing the deficiencies in emergency obstetric care services in the Governorates of Ninewa, Diyala, Salah-El-Din, Anbar, Baghdad, Babel, Al- Muthana, Al- Qadissia, Thi-Qar, Basra, Duhok, Sulaimaniah, Najaf, Kerbala, Ta'meem, Wasit, Missan and Erbil. The work entailed a process of rehabilitation, equipping, and upgrading of 29 maternity wards in major hospitals (against the planned target of 21 wards).

The project also contributed to strengthening the technical capacity of 1,411 Ministry of Health technical staff (exceeding the planned target of 700) through training on implementation of a proactive system of referral and maternal health surveillance. As a result of these interventions, an estimated 4 million Iraqi women in reproductive age will have the potential to benefit from the improved services of this project.

Further to the above, the field evaluation collected data which suggests that the interventions have been successful, in objective and verifiable terms, of increasing both access to and quality of emergency obstetric care. Of particular note, based on an average of four targeted facilities, between 2005 and 2009, the number of births has risen from 3348 to 4670 (and projected to rise again to 5986 in 2010). Furthermore, from these same four facilities, the proportion of infant deaths has fallen from 8.4/1000 births in 2005 to a projected 6.6/1000 births in 2010, all with a proportional decrease in the number of referrals and transfers to other facilities.

The project was designed and implemented in accordance with relevant policy frameworks. It was aligned with the priorities identified in the National Development Strategy for Iraq, 2007- 2010 with regard to *Reducing Child and Maternal Mortality*. In addition, the emergency obstetric services that were improved through this project will, if properly maintained, make a significant contribution towards attaining the Millennium Development Goals 4 and 5 of *Reducing Child Mortality* by two-thirds and *Reducing Maternal Mortality* by two thirds, by the year 2015.

The main challenges encountered during project implementation included the following:

- The unstable security situation, which affected access of women in need of emergency obstetric care, to the improved services.

- Site visits by UNOPS for inspection of rehabilitation/upgrading works could not be undertaken in a timely manner due to the unstable security situation.
- The lengthy governmental procedures and delays in identification of sites that required rehabilitation. Furthermore, during implementation, some of the selected sites were determined to be unsuitable for rehabilitation, at a budgetary cost.
- The bidding and awarding of rehabilitation contracts, as well as the complex administrative procedures employed for preparation and approval of the designs of the selected sites through UNOPS, all contributed to delays in the implementation of construction works.

Recommendation to UNFPA and the Government of Iraq:

1. The MoH should exert additional efforts towards re-enforcing the health information system in order to facilitate recording, reporting and analysis of data from the individual EmOC units to the DoH and subsequently to the MoH. This mechanism would improve overall communications and support effective monitoring, feedback, and advice on ways to overcome identified performance gaps. This would also help to assess the outcome and impact of the UNFPA-supported emergency obstetric care programme.

2. It is highly recommended that the initiatives undertaken by the government of Iraq to improve access to preventive primary health care services be further pursued in close coordination with WHO, UNICEF and UNFPA, in order to improve the prevailing low coverage of antenatal care services (currently at 54% based on four visits) and expand family planning services to all urban and rural areas. Insofar as emergency obstetric care is essential for the survival of women and newborn infants, on its own, it should not be considered as the optimal solution for management of the complications of delivery and childbirth. In order to be effective, obstetric care should be provided within the framework of integrated maternal health care services comprising antenatal, natal and postnatal care, supported by programmes for iron and vitamin supplementation, as well as family planning services that aim to avoid pregnancies which are too early, too late, too frequent or too close together. This approach would be efficient and proactive, helping to prevent the complications of delivery and childbirth while decreasing the need to meet the high cost of treatment at intensive obstetric and neonatal care units, as well as helping to reduce high risk pregnancies which can develop complications and may have irreversible effects.

3. Emergency obstetric care requires that the maternity facilities are staffed by highly trained medical and nursing personnel with adequate clinical knowledge and skill in the provision of intensive obstetric and neonatal care. This requires a solid foundation in basic medical education for both doctors and nurses (during basic collage / institute study). It is therefore recommended that the MoH conduct an in depth assessment of the clinical skills of staff assigned to the emergency obstetric care units in order to assess knowledge gaps and develop an appropriate course of action. The assessment and related recommendations should consider in-service needs in the current workforce, as well as the adequacy of pre-service training and potential needs for curriculum reform in pre-service medical schools, with a view to developing a comprehensive and sustainable approach that provides a strong basic foundation for all health staff (especially doctors and nurses), followed by continuous training during professional practice.

4. This assessment and related recommendations should consider not only specific clinical skills, but also the requisite foundational knowledge and skills needed for ease of future upgrading—with a view of personnel as professionals rather than technicians. In terms of responses to the identified gaps and needs, consideration should be given to both in-service and pre-service training. For in-servicing, both ongoing and intensive training programs should be considered to develop the capacity of staff. For pre-service programming, the sufficiency of and levels of

satisfaction of staff should be considered, as well as the possibility of a need for curricular reform in pre-service medical schools. Specialists and experts in local universities represent a readily available resource that can assist in this task.

5. With the goal of ensuring the maximum benefit accrues from the project interventions, it is important that the public are aware of the increases in access to facilities and services, and the improved quality of those services. It is therefore recommended that public awareness campaigns and advocacy be considered as an integral part of projects of this type. Such campaigns help ensuring optimal utilization of services by raising the profile and awareness of the interventions.

6. The available data indicates that only 80%[2] of deliveries in Iraq are attended by trained health personnel. This suggests that the remaining 20% deliver under unfavorable and potentially dangerous health and hygienic conditions.
   a) It is recommended that the MoH conducts a comprehensive study to establish a database on the distribution of private midwives throughout the country.
   b) It is also recommended that the MoH develops plans for improved training and equipping of midwives, in order to expand coverage of access (through intensive pre-service training), and quality (through effective in-servicing of those already in practice).

7. In order to ensure the sustainability of project interventions, the MoH should continue to allocate adequate funds under the regular national budget to cover the operating costs of the EmOC units. As part of this, the MoH should also implement an effective system of regular preventive maintenance of medical equipment, ambulances, and mobile units.

8. Owing to the rapid and high turn-over of professional staff of the MOH, it would be appropriate for the Ministry to maintain close coordination with WHO, UNICEF, UNFPA and local universities in order to seek their technical support in areas relevant to continuous training of health personnel and enhancing national capacity building based on thorough assessment of needs and priorities, country-wide with special emphasis on staff who were not trained before and staff in remote areas.

9. The capacity development approach of this project, involving cascade training with ToTs and a degree of follow up by local staff, proved practical and cost-effective. It is therefore recommended that this approach be utilized on other projects with related implementation considerations (including types and numbers of target sites) and capacity development needs.

10. Based on the success of this project, and the ongoing need for rehabilitation and enhancement of other facilities across the maternal health subsector, it is recommended that the basic methodology of the project be replicated in targeted areas as determined by a rapid assessment of needs at the present time.

11. Based on the insights which have been made available by the statistical data collected by the evaluation team at the four hospitals in Mosel, Diyala, Kerbala, and Missan, it is recommended that such data be collected on an ongoing basis for other projects of this nature. Ideally, a baseline would cover all of the targeted facilities, and formative data could be gathered during implementation so as to better guide the implementation towards optimal achievement of intermediate level results. Through such data collection, lessons learned regarding successes and challenges at various facilities become apparent, and help to guide implementation and improve developmental efficiency of interventions.

[2] Source: WHO Iraq Office's country profile database

Introduction

More than 2,000 Iraqi women give birth every day. Like all expectant mothers, these women need adequate nutrition and access to vitamins, medicines and antenatal care to deliver safely. Even in the best of circumstances, it is estimated that more than 300 of these women would need emergency obstetric care.

Whether high or low risk pregnancies these women are exposed to the complications of delivery and childbirth either because they lack access to obstetric medical care of good quality. This occurs for a variety of reasons, whether it is not readily available country-wide, or not easily accessible in certain locales due to problems of mobility and access associated with the prevailing unstable security situation.

War and international sanctions caused severe damage to the Iraqi health care system in general, leaving the country with limited access to medicines, equipment and supplies. This decline, combined with increasing poverty and poor nutrition, has meant serious consequences for the health status of Iraqi women and children. Maternal mortality and infant mortality have more than doubled in recent years. Furthermore, more than half of Iraqi women are anemic, a quarter of babies are born with dangerously low birth weights, and there has been a sharp rise in birth defects and infant deaths

Consistent with its humanitarian mission, the United Nations Population Fund (UNFPA), assisted the Iraqi Ministry of Health (MoH) to implement the project under evaluation, to support the provision of opportunities for pregnant women to give birth in a safe and clean environment, and ensure that they receive emergency obstetric care. Emphasis on making obstetric and neonatal care available to all women who develop complications during pregnancy and delivery is central to UNFPA's efforts to reduce maternal mortality. This is because the five leading causes of maternal mortality namely, hemorrhage, sepsis, unsafe abortion, hypertensive disorders, and obstructed labor, can be effectively and efficiently treated at properly staffed and well-equipped health facilities. Moreover, this context also provides support for the reduction of infant mortality, since many newborns that might otherwise die due to lack of acceptable standards of neonatal care can be provided with sufficient care in these facilities,

In the long run, this means that all births should take place in appropriate health facilities, as has been the case with all countries that have managed to significantly reduce maternal mortality. In the interim however, before such a long-term objective can be achieved, universal access to emergency obstetric care requires that all women and newborns with complications should have easy access to well-equipped and well-functioning facilities, be it a mobile health unit, a district hospital, or an upgraded maternity centre.

Against this background and in full coordination with the Iraqi MoH and the UN/Health Sector Outcome Team, UNFPA assumed primary responsibility for the implementation of the project activities, with the exception of the components relevant to rehabilitation/reconstruction activities which were contracted to UNOPS.

Project Description

Prior to the Iran-Iraq war of 1980 -1988, and the subsequent wars and sanctions, Iraq had a high standard of health care relative to the rest of the Arab region. Health care was free, and centrally-administered through the MoH. Furthermore, health care facilities were well-equipped, and hospitals were modern, with an adequate number of well-trained medical personnel. The situation began to deteriorate rapidly in 1980 with the commencement of the Iran-Iraq war, and was characterized by the deterioration of health care services, together with an increase in food insecurity and the deterioration in the supply and quality of water. The situation continued to worsen throughout the subsequent years of war and economic

sanctions. As a result, access to-, and quality of health care for all Iraqi people has been severely compromised. Particularly vulnerable in this context are women in reproductive age and children.

This situation has been compounded by a brain drain resulting from the security situation. Thousands of Iraq's medical doctors, among them the most experienced and specialized, have fled Iraq due to the increasing threats and violence directly against them. The overall lack of capacity to deliver health services in Iraq means that even the most basic health care needs of the population are not being more than 800,000 women in Iraq give birth every year, of which around 120,000 would, under normal conditions, require emergency life saving obstetric care at appropriate health facilities. However, in Iraq, these facilities have become dilapidated to the point of being ineffective or completely non-functional, due to the serious damage to the country's health care system.

UNFPA actively participated in the Joint United Nations Development Group / World Bank Health Sector Needs Assessment, which was conducted in Iraq in August 2003, and a working paper on Reproductive Health Needs Assessment was prepared. Emergency obstetric care services were identified as the priority area in need of urgent support.

After the 2003 war, and as a response to the escalating needs, UNFPA, Iraq Office implemented the project under evaluation in this report, entitled "Support to Emergency Obstetric Care in Iraq". The project was implemented from May 2004 to August 2009, inclusive of four extensions, with a total budget, provided under the UNDG-ITF, of USD 12,603,476.55 (The total amount of transfers made to UNOPS is USD $4,553,453, whereas the remaining amount of the 12,603,476.55 was fully implemented by UNFPA).

The Project aimed at supporting safe motherhood in Iraq within the context of primary health care and higher levels of referral. The developmental goal of the project was to reduce maternal and neonatal mortality in Iraq by supporting the implementation of a comprehensive set of health care interventions directed towards revitalization of obstetric care services.

Under this goal, the immediate objectives of the project were:

1. To improve the quality of maternal health services with special emphasis on improving emergency obstetric care.
2. To enhance the skills and capabilities of concerned health care providers in the areas of surveillance of maternal health and referral systems.

Evaluation Purpose and Scope

The purpose and scope of this evaluation as outlined in the evaluation ToRs, indicated that the evaluation aimed at assessing the quality of works and impact of the activities implemented by UNFPA under this project. Furthermore, the evaluation is to provide recommendations to enhance operational and programmatic effectiveness of similar initiatives in comparable situations, and to assess how UNFPA has contributed towards a strengthened partnership with MoH in addressing access to adequate emergency obstetric care services for the people of Iraq.

The evaluation objectives outlined in the ToRs are as follows:

- To assess the achieved progress and results against stipulated project objectives on all stakeholders, especially beneficiary groups. Identification and assessment of unintended positive or negative results of the project and its effects on beneficiary groups.

- To assess the efficiency of the project interventions
- To understand the effectiveness of the project interventions in addressing the underlying problem and to see if the project has been the best option to respond to the particular issues.
- To assess the relevance of the project components in addressing the needs and issues of beneficiary groups.
- To understand the extent to which this project has contributed to forging partnership at various levels with the Government of Iraq, Civil Society and UN/ donors.
- To assess management arrangements (including procurement procedures, coordination, monitoring) in place by the GoI towards the sustainability of various project-initiated services and benefits
- To generate lessons on good practices based on assessment from the aforementioned evaluation objectives and to provide recommendations to all stakeholders (GoI, UN, donors, civil society) on how to maximize the results from similar initiatives in comparable situations

Overall, the evaluation focused on assessing the quality of rehabilitation works supervised by UNOPS and the impact of the capacity development activities arranged by UNFPA on improving the standards of obstetric care and service delivery at the upgraded obstetric facilities. Attention was paid in this evaluation not only to the completion of planned activities, but also to the aggregation of achievements along the results chain, leading up to the achievement of the mandated project objectives.

The evaluation results supported UNFPA's own capacity for programming, project management and accountability towards donors, the government of Iraq and the target population. The lessons learned from the evaluation and the evaluative evidence will also feed into the upcoming UNDG-ITF lessons learned process as well as the proposed UNDG-ITF project evaluations. The final evaluation report will be used by UNFPA and will be presented to the Steering Committee of the UNDG-ITF for donor reporting purposes.

The evaluation was undertaken in close consultation with Iraqi partners and all efforts were made to allow the Iraqi partner/s to drive the evaluation process in line with UN Evaluation Group (UNEG) Norms and Standards www.uneval.org

The scope of the evaluation covered the following basic issues:

- Achievements and results: Assessing the progress made and results achieved towards meeting the stipulated project objectives as perceived by beneficiaries as well as identification and assessment of any unintended positive or negative results of the project and their effects on beneficiary groups.
- Efficiency: Assessing the efficiency of the project interventions.
- Effectiveness: Assessing the effectiveness of the project interventions in terms of improving access to and coverage with emergency obstetric services and to see if the project has been the best option for responding to the particular issues.
- Relevance: Assessing the extent to which the project was responsive to the overall issues relevant to obstetric care and the extent to which it was in line with the national policies and strategic plans.
- Partnerships: Assessing the extent to which the project has contributed to forging partnerships at various levels between the Government of Iraq, the UN and NGOs.
- Sustainability: Assessing the management arrangements (including procurement procedures, coordination, monitoring) put in place by the government of Iraq to ensure the sustainability of various project-initiated services and benefits.

- Lessons learned and good practices: Identifying lessons learned and good practices that can be derived from project implementation.

This evaluation also provided an analysis of the extent to which the project addressed issues relevant to development effectiveness, such as: integrating the principles of results-based management; the approach to capacity development of national partners; cross-cutting issues such as human rights; empowerment of women; employment generation; and enhancing national ownership. Furthermore, the evaluation also provided conclusions and recommendations to the government of Iraq and UNFPA on how to further improve obstetric services within an integrated maternal health care approach and how to maximize the results from similar initiatives implemented in comparable situations.

It is understood that the evaluation findings and conclusions will be shared with the stakeholders and decision-makers in the MoH to ensure that the recommendations are taken into consideration in order to further improve the services of health facilities.

Evaluation Methodology

Consistent with the terms of reference, the evaluation team focused its analysis and findings on the components relevant to the preparation and implementation process. The evaluation considered the project's logical framework, and the team members focused primarily on examining and analyzing the documentation that was provided by UNFPA and other stakeholders, as well as other documents collected from field visits to the rehabilitated sites and through interviews. The evaluation thus examined the progress achieved in implementation of the planned activities, and utilization of services of the emergency obstetric care units to identify if the project achieved its overall objectives, based on measurable indicators and other salient evidence.

The tasks that were undertaken by the SOC evaluation team were:

- Conducting an initial assessment of the security situation and accessibility to the health centers.
- Conducting an assessment of the works completed based on a cross-check with the specifications made in the Bills of Quantities.
- Assessing the quality of completed works (physical structure, utility connections, water supply and treatment, septic tanks, air conditioning units, waste disposal, back-up electricity, etc.)
- Assessing if the supplied medical equipment has been delivered to the sites.
- Attempting to gather base-line data to compare previous conditions with post-rehabilitation medical conditions.
- Identifying major limitations encountered during construction, which may arise in the future.
- Interviewing a selected number of patients from the upgraded facilities to assess their satisfaction with the facility and standards of care received.
- Interviewing a selected number of health care personnel working in the delivery wards to assess their satisfaction with the facility and to address any functional issues that could be adjusted in the future.
- Statistical field data was also collected from four facilities in Diyala, Missan, Karbala, and Mosel regarding the usage and effectiveness of the emergency obstetric care facilities
- Liaising with key stakeholders including the local health authorities of the various Governorates and the hospital management, to assess their level of satisfaction with the project, address any problems that have been encountered and consider any recommendations that may be replicated when implementation of similar projects in the future.
- Assessing any initiatives undertaken by the hospital management to put into place preventive maintenance programs of the facility.

- Gathering lessons learned from the implementation of the project.
- Preparing an overall report outlining the results of the evaluation including conclusions and recommendations

A. Evaluation methodology:

The evaluation process consisted of the following:

Desk review:
The evaluation team reviewed the project document and progress reports, as well as other documents provided by stakeholders, to extract information, identify trends and issues, develop key questions and criteria for analysis, and compile relevant data during the preparatory phase of the evaluation. The team also reviewed relevant national strategies to identify the linkages between the project objectives and national priorities. (Please refer to Annex C for the complete list of documents reviewed)

Pre-evaluation meetings:
Prior to the start of the evaluation, several meetings took place with the purpose of ensuring the effective coordination between UNFPA and the evaluation team. These meetings laid the groundwork for the evaluation of the project, the main objectives of these meeting were:

- Launch the evaluation convention.
- Ensure the support of the Ministry of Health to the evaluation convention.
- Agree on the terms of reference for the Independent Evaluation including the evaluation purpose, scope, objectives, and methodology and, management arrangements.
- Agree on the data collection methods that will be used during the field evaluation.
- Agree on the implementation timetable.
- To agree on the Inception Report.

During this pre-evaluation period, and as part of the ongoing consultation with UNFPA and the concerned government departments, the evaluation team identified all stakeholders to be included in the evaluation exercise. Once stakeholders were identified, the evaluation team devised participatory approaches for collecting first-hand information. These included interviews, focus group discussions, observations, end-user feedback survey through qualitative and quantitative questionnaires, etc.

An inception report was prepared by the Evaluation Team, outlining the evaluation framework, key challenges, if any, and implementation arrangements including a detailed work plan.

Below were the attendants of these meetings:

UNFPA	SOC
Dr. Georges M. Georgi - Representative Mr. Hilal H.Fawzi - Assistant Representative Mr. Hanna Abu Barham - Programme Associate Dr. Naira Al-Awqati – Reproductive Health Program Advisor	Mr. Basil Sadik – Director Dr. Dina Al Tayar Project – Coordinator

Evaluation Guidelines:
In preparation of the evaluation report, due consideration was given to the UNEG evaluation guidelines and the UNDG-ITF guidelines on Development Effectiveness and Operational Effectiveness.

In addition to these guidelines and the criteria outlined in the evaluation ToRs, further consideration was given to the underlying project logic, assumptions guiding design and implementation, divergences between design and implementation, and monitoring arrangements.

Field visits to target districts:
Field visits and meetings were held with partner institutions. To the extent possible the full target sample was represented, and beneficiaries in Baghdad, Diyala, Karbala, Ninewa, Sulaimaniya, Erbil, Basra and Missan were engaged in the evaluation process to obtain their direct feedback and reflection on project implementation and results. In all, the evaluation teams met with and interviewed a total of 200 stakeholders and beneficiaries. Appropriate questionnaires were developed for use with beneficiaries from the different capacity building activities. In addition to this data, the evaluation team also conducted statistical data collection by aggregating hospital records available in hard copy from facilities in: Diyala, Missan, Karbala, and Mosel.

It was agreed between UNFPA and the evaluation team that the evaluation sample should cover 30% of the facilities which benefited under this project. The selection of the sites was conducted in coordination with UNFPA to ensure representative geographical coverage of the targeted governorates.

B. Evaluation Field Activities:

A detailed evaluation methodology, approach and programme of work were agreed upon between UNFPA and the evaluation team before the start of the evaluation. The evaluation team met in Amman for orientation, briefing and initial interviews with UNFPA staff, followed by similar discussions/briefings by UNFPA focal points based in Baghdad, as well as other national counterparts.

As the evaluation team started the field work, staff of UNFPA Iraq Office, and focal points, facilitated the mission of the evaluation team, through participating in-depth interviews as well as providing supporting documents on the progress of the various components of the project.

SOC mobilized five teams (each team covered 1 – 2 governorates), each consisting of one expert field evaluator and one field assistant, as indicated in the table below. The evaluation team collected information and reported to the field coordinator, based in Baghdad. Several interviews were made with government staff, UNFPA focal points and beneficiaries. (Please refer to Annex C for further details)

Summary of evaluation field interviews engaged with the beneficiaries:

Tile of Person Interviewed	Type of Interview	Number	Location
Doctors	Person-to-person	30	All 9 governorates
Nurses	Person-to-person	30	All 9 governorates
Midwives	Person-to-person	30	All 9 governorates
Patients	Person-to-person	70	All 9 governorates
Maintenance staff	Person-to-person	9	All 9 governorates

In addition to site visits and interviews, the field evaluation team also conducted on-site data collection in order to allow for a statistical assessment of the effectiveness of project interventions. While record keeping at the facilities is typically very poor, the team was able to obtain sufficient information from four facilities in order to ascertain, in numerical terms, the achievements of the project. Records in hard copy were tallied and analyzed from the following four facilities:

- Mosel: Al Hadaniya Hospital
- Diyala: Al Khalis Hospital

- Kerbala: Al Hindiya General Hospital
- Missan: Al Majar Al Kabeer Hospital

C. Limitations:

All UNFPA focal points and MoH staff were highly cooperative, and in general terms there were no major limitations on the scope or validity of the study. The project partners were willingly involved in the interviews, and allowed the evaluation team to review official documents, as well as facilitating the field visits for data collection. That said, there was a notable lack of data on the utilization of the emergency obstetric care services, as well as the results of the care.

Evaluation Findings

A. Achievements and Results:

The field evaluation and site visits provided sufficient evidence for the evaluation team to conclude that the mandated results have been achieved in general terms. All hospitals visited have undergone improvements through rehabilitation and/or delivery of equipment. Feedback obtained from hospital staff during the field data collection concerning training of 1,411 MoH staff has confirmed the capacity development activities had taken place as planned, and with satisfactory results. Information concerning delivery of medical equipment was also confirmed by the hospital management and staff at the EmOCs.

A total of 29 maternity wards were included in the rehabilitation and equipping of which, 8 were identified during the project and finalized before September 2009. General satisfaction with project results was articulated by all beneficiary groups (doctors, nurses and patients), and relevant data are presented in the remainder of the Findings section.

Rapid Needs Assessment: At the start of the project, in order to identify the requirements for medical equipment, supplies, essential medicines needed for emergency obstetric care, a rapid needs assessment was conducted as a proactive mechanism to accelerate the implementation. UNFPA, in coordination with the MoH, drew-up lists of medical equipment and medicines with detailed specifications, and suggested quantities for the 21 sites. After careful review, amendment, and eventual approval, the MoH was requested to confirm the lists for the 21 Maternity Wards to be rehabilitated and equipped. The feedback from doctors and nurses in the facilities suggests that this rapid needs assessment proved sufficient in terms of matching interventions to genuine needs for renovation and equipment.

Capacity Building: A series of training activities were undertaken through this project, and included as participants, doctors, physicians, nurses, and statisticians. The training activities ranged from direct refresher training courses to training-of-trainers. A total of 1,411 Ministry of Health staff across these functions benefited from the capacity building programme provided by UNFPA. Notably, this achievement marks a reach of more than double the initially targeted number of participants, which, irrespective of other project activities suggests that the additional time provided through extensions came with some substantial benefits.

Within this capacity development program, UNFPA supported two rounds of training-of-trainers at the National Training Institute in Egypt, on the subject of emergency obstetric care for doctors, nurses and midwives, and on referral and surveillance systems for health providers. A total of 338 doctors and statisticians benefited from this first level of ToT training. Furthermore, ToT training was also conducted by UNFPA for 60 Ministry of Health staff.

The consistent message from the data obtained during both desk review and field data collection, is that this training, along with the requisite equipping of facilities, was sufficient in raising the level of knowledge and performance of the health practitioners targeted. Overall it can be concluded that the project achieved its mandated goal in terms of strengthening the capacities of doctors, nurses/midwives in delivery rooms, through equipments and training to be able to handle and deal with emergency cases during delivery including bleeding, hypertension and toxemia of pregnancy. Anecdotal evidence obtained from both document review and interviews during site visit suggests clearly that the quality of care and service provision (both pre- and post-natal, and during delivery) at the targeted sites improved meaningfully during the project implementation.

Following the ToT training in Egypt, cascade (multiplier effects) training started in Iraq, to leverage the initial technical assistance investment to then build the capacity of 700 additional health service providers from across the country. At the request of the MoH, UNFPA provided anatomical models to facilitate the cascade training undertaken inside Iraq. Verified project documents indicate that the modules were delivered to the Ministry's warehouses in October 2005.

Interview data across the targeted governorates, confirmed that staff who received training were generally satisfied with the quality of training, and affirmed that it was much relevant to real and practical needs in the areas of emergency obstetric care and maternal health surveillance.

Rehabilitation and Supply of Equipment: In spite of the delays in completing the project's rehabilitation activities, UNOPS as the implementing partner of the rehabilitation activity, achieved the anticipated targets for the activity. In response to the difficult security situation, UNOPS adopted a flexible, decentralized and low profile approach which proved practical in getting the work done. Moreover, core national team members were recruited for the project in Baghdad, and all rehabilitation works were satisfactorily completed.

UNOPS adopted a three-step approach to defining the scope of rehabilitation works at hospital sites:

1. Rapid pre-assessments: initial assessments of security situation at sites, as well as accessibility and risks; compiling baseline data of the hospitals; and making a general assessment of the physical condition of the obstetric ward.
2. Detailed assessment: detailed needs assessment for rehabilitation works of the obstetric wards; definition of the scope of works, conceptual and preliminary design of works to be executed.
3. Tender design and documentation: tender designs; bill of quantities; and cost estimates for rehabilitation works.

Based on the field feedback, all ambulances and medical equipment procured for the maternity wards were obtained in accordance with UNFPA rules and regulations, and according to the specifications and approved bills of quantity. Site visits confirmed that the vehicles were being utilized according to their intended purposes.

Despite the above successes, it should be noted however, that due to the delays in completing the rehabilitation works of the maternity wards, UNFPA was required to deliver the equipment to the MoH warehouses for subsequent distribution, rather than directly delivering the equipment to the rehabilitated hospitals. As such, the handover took place centrally, which is not optimal for ensuring that the equipment is used as intended. However, site visits under this evaluation did confirm that the materials have been distributed as planned, and are now serving the intended beneficiary communities, though most of the EmOC units interviewed in all governorates stressed the need for regular equipment maintenance services and regular replenishment of consumable supplies.

Re-establishing a Surveillance and Referral System for Maternal Health: In June 2008, a group of MoH officials were taken on a regional study tour organized by UNFPA, in order to benefit from relevant country experiences in the area of maternal surveillance and referral**.** This study tour proved effective as a catalyst for initiating activities related the re-establishment of a comparable surveillance and referral system in Iraq.

Based on the logical framework outlined below, it can be concluded with confidence that in spite of the delays in project implementation, all expected results of the planned activities were achieved:.

Planned Activities	Measurable Indicators	Results	% of completion
Rapid Needs Assessment conducted	Assessment completed	- Needs assessment conducted evaluating the actual needs for medical equipment, supplies, medicines and drugs	100 %
Refresher and TOT training, and strengthening national capabilities	700 MoH staff trained	- ToT in EmOC for 36 physicians and nurses conducted. - 24 MoH staff were also provided with ToT on "Surveillance of Maternal Health and referral System" - 338 doctors and statisticians were locally trained by trainers previously trained on surveillance and referral systems at the National Training Center of Egypt (NTI). This brings the total number of MoH personnel trained to 1,411 against the originally planned 700 - UNFPA provided the MoH with anatomical models that were used to assist in the cascade trainings undertaken inside Iraq.	200 %
Rehabilitation of maternal wards	21 maternity wards rehabilitated and providing services.	- Rehabilitation of the additional sites in the northern governorates of Erbil (an amendment to the agreement with UNOPS was signed to enable UNOPS committing the required funds for the rehabilitation of the new sites) - The rehabilitation of Obstetric Wards was completed for 24 exceeding the 21 planned Obstetric Wards to be rehabilitated. - The rehabilitation of the PHC Centers was completed for 8 out of the 8 newly selected sites.	Exceeded 100 %
Procurement of equipment	Equipment purchased and delivered	- 48 ambulances were purchased and transferred to the MoH to be delivered to the 29 rehabilitated sites -3 monitoring vehicles were delivered to the MoH. - 4 mobile health units were purchased; these units constitute part of the EmOC support program to the marshlands. - 3 armored vehicles.	Exceeded 100 %

Planned Activities	Measurable Indicators	Results	% of completion
Re-establishing Surveillance and referral system for maternal health	Number of EmOC cases	- Study tour for a group of Iraqi officials has been organized to benefit from regional experience in the areas of Surveillance and Referral the study tour took place in June 2008 for a group of MoH officials	100 %

The capacity development activities of the project, along with the procurement and renovations, contributed substantially to improved quality of maternal health services provided to Iraqi women of reproductive age through enhanced access and quality of service provision. Furthermore, training related to the re-establishment of the surveillance system for maternal health, together with the additional support, has improved the overall effectiveness of service delivery through improved data collection and referrals within the health system.

It should be noted that the above quantitative analysis reflects the immediate results achieved with regard to the planned activities. Assessment of the impact of these accomplishments on the quality of maternal health services in terms of reduction of maternal and neonatal mortality cannot be made within the short period of time between the end of the project cycle (September 2009) and the date of conducting the external evaluation. Besides, such an assessment will be much dependant on full implementation of the maternal health surveillance system and development of a comprehensive and reliable database that is maintained and up-dated on regular basis through all primary, secondary and tertiary obstetric care facilities.

While accountability dictates that project achievements are measured in relation to planned targets and performance indicators, it is the aggregation of achievements along the results chain which is the true measure of a project's success. The evaluation team was able to obtain raw data from four facilities (on each in Mosel, Diyala, Kerbala, and Missan) on the usage and effectiveness of the facilities from 2005 to present. As detailed below in the sections on relevance and effectiveness, the data paint a favorable picture of the project in terms of the aggregation of results towards an improved delivery of emergency obstetric care. The following trends are evidenced in the data aggregated from these four facilities:

- Dramatic increase in number of births delivered (from 13,390 total in 2005, to 18,680 total in 2009)
- Decrease in proportion of infant deaths from 2005 to 2009
- Decrease in proportion of deaths of pregnant women from 2005 to 2009
- Decrease in incidence of referrals from 2005 to 2009 (both in real numbers and in proportion to births)

These trends suggest that the other individual project results and achievements have been coherent and have aggregated as planned, and that the capacity development work, supported by infrastructure and procurement, have achieved the desired effects at the institutional level. While this perspective glosses over some of the details related accountability for individual costs, it nonetheless provides a sound indication of project success.

B. <u>Relevance:</u>

Based on the information that was made available to the evaluation team through field visits, interviews and end-user questionnaires for doctors, nurses, midwives and patients, as well as project documents, the project can be said to have been responsive to the overall issue of improving emergency obstetric care in Iraq and the specific needs of targeted locales. Interviews with patients (women) in the targeted facilities

confirmed that they received the proper care and treatment. Dr. Maysoon Hassan / Director - Department of Obstetrics- Al Khalis Hospital / Diyala confirmed that "this project achieved its goals in improving the medical services for pregnant women". In short, the project addressed very real and timely needs within the maternal health system, in a prioritized—attending first to the most urgent and critical needs. This was accomplished through the upgrading of infrastructure (human and physical) needed in order to provide women with access to quality medical services during and after pregnancy, as well as by improving the technical and managerial capacity of national staff responsible for service provision, and for the overall supervision of the programme.

Perhaps the strongest evidence of the relevance of the interventions comes from actual usage of the emergency obstetric care facilities. While record-keeping in these facilities tends to be very poorly monitored and regulated, a number of the targeted facilities nonetheless have kept records of sufficient detail to provide a characterization of trends. Most telling statistic in terms of "relevance" is the actual usage statistic for number of births, as this reflects the degree of both supply and demand in the targeted areas. Data was obtained from four facilities (one each in Mosel, Diyala, Kerbala, and Missan), and while all of these facilities have demonstrated increases in numbers, it is notable, in particular, that Al Hamdaniya Hospital in Mosel has nearly tripled its number of births since 2005. The overall change in number of births at each of the facilities, as well as the aggregate number for all four, is presented in the table below.

Numbers and changes in birth rates at four facilities

Site	2005 Births (Baseline)	2009 Births	Percent Change
Mosel: Al Hamdaniya Hospital	2250	6071	+170%
Diyala: Al Khalis Hospoital	3328	3472	+4%
Kerbala: Al Hindiyah General Hospital	5250	6295	+20%
Missan: Al Majar Al Kabeer Hospital	2562	2843	+11%
Aggregate number	13390	18680	+40%

In addition to the above, the project was in line with the national policies and strategic plans for improving the quality of obstetric care and reduction of maternal mortality. As outlined in the project documentation, the project strategies were tailored to the current Iraqi context, and were developed based on the findings and recommendations of the Joint UNDG/WB Needs Assessment, which identified emergency obstetric care as a high priority requiring urgent attention.

<u>Overall Contribution to the UN Assistance Strategy Outcomes, MDGs, Iraq NDS Priorities and Joint Needs Assessment:</u>

The project was in-line with the UN Assistance Strategy for Iraq:

UNCT Goal 2: Assist in the provision of basic services and promotion of community development and participation; Outcome 2.2**:** Health status of Iraqis improved:

D1**:** 50% reduction in under-five and infant mortality rates and 15% reduction in maternal mortality ratio.

- Policy environment that promotes reproductive health & maternal and child health.
- Access to quality obstetric and reproductive health services provided, including emergency obstetric care, maternal and child health care and family planning

The project was also in-line with the priorities identified in the National Development Strategy for Iraq, 2005-2007 and will directly contribute to attaining Iraq's targets in relation to the Millennium Development Goals (MDG), in particular:

- Goal (4): Reduce child mortality
  - Target 6: Reduce by two-thirds the under-five mortality rate

- Goal (5): Reduce maternal mortality
  - Target 7: Reduce by two-thirds the maternal mortality rate

Taken as a whole, the usage rates at these four facilities suggest that the project interventions have successfully targeted and begun to fill a serious need in their host communities. Certainly, at the project level, the interventions are in line with appropriate policy frameworks. It should be noted, however, that policy frameworks and aggregate numbers are somewhat crude measures which, frankly, distort perception of the nature of the work. Considering each of these thousands of cases as an individual life, and considering the families of these babies and their lived experiences through the pregnancy and birthing process, is perhaps the most appropriate way to think about the relevance of this work. In this light, the relevance of this work as a humanitarian initiative, speaks for itself.

C. Efficiency and Effectiveness:

Despite the delays in implementation, the funds allocated to the project were fully and effectively utilized to complete the process of rehabilitation and equipment of maternity wards at the targeted hospitals. Furthermore, some of the planned targets were surpassed. Within the contracted budget, the number of rehabilitated wards was increased to 29 from the planned 21. In addition, knowledge transfer through training benefited 1,411 national staff instead of the planned 700, of whom, notably; many were females (doctors, nurses and midwives).

The project achievements, reflected in the series of training activities, rehabilitation works, and procurement of medical equipments aggregated along the results chain as anticipated, cumulatively resulting in better medical care for patients in delivery rooms. Moreover, health staffs including doctors & nurses/midwives become more capable of dealing with emergency cases by adhering to improved practices learned through training activities, on management of serious cases such as hemorrhage & obstructed-labor. All these factors play an important role in reducing maternal mortality among pregnant women due to inadequate obstetric care.

Other hospitals staffs became more effective in dealing with emergency cases, in terms of speeding the admission process, performing the required medical tests, and handling urgent situations in which direct referral to critical care is required.

During field evaluation, SOC team attempted to collect statistics on the trends of utilization of the EmOC units before and after project implementation in order to assess the effectiveness of project interventions based on measurable indicators such as percentage increase in number of deliveries, maternal and neonatal deaths(if any), number of referrals to tertiary care hospitals etc. SOC field evaluation teams managed to obtain data from hospitals in Diyala, Missan, Karbala and Mosel.

The data obtained by the field evaluation team on the utilization and effectiveness of four targeted facilities are presented in the table below. These data suggest that usage rates have gone up significantly since project inception. It is likely that this increase is attributable, at least to a large degree, to the increase in quality and access resulting from the project interventions; however, there may well be other factors at play to a lesser degree, such as changes in the security situation resulting in decreased number of home births for example.

Several findings can be inferred objectively from the data. It is notable, in terms of quality and effectiveness, that while the numbers of births have increased (in some cases dramatically[3]), the overall number of deaths of infants has remained relatively steady in raw numbers (i.e., has not increased at the same rate), and as such, it can be concluded that the quality of care during and immediately after birth has improved.

This finding is glossed over by the *percentage* of infant deaths relative to births, which remains constant at 1% while at the finer level actually shows a steady though slight decline (8.4/1000 in 2005 compared with a projected 6.6/1000 in 2010). Perhaps the most striking and telling finding in this data set is the fact that despite the dramatic increases in numbers of births, the rate of transfers and referrals to other hospitals has declined.

It can be concluded therefore that although the hospitals are (1) handling more cases, and (2) with lower rates of infant deaths, they are also (3) handling more serious cases successfully in-house, without having to refer them and transfer them to other hospitals. This reflects very favorably on the interventions of the project, as it suggests that both efficiency and effectiveness have been enhanced as a result. Most importantly, the women and infants involved appear to be benefiting from improved access and service.

It should be noted, however, that there were substantial disparities in the successes evidenced by the different facilities. For instance, Al Hamdaniya Hospital in Mosel has nearly tripled its volume of births since 2005, whereas Al Majar Al Kabeer Hospital in Missan had shown only a nominal increase from 2005 to 2009, and is in fact projected based on data to date from 2010, to fall this year to a number below that for 2005. While the aggregate numbers and averages from these four facilities all paint a very positive picture, it should be noted that the variances between the facilities, in terms of changes relative to the baseline, are large, and as such, conclusions drawn on the basis of this data are not necessarily generalizable to all the targeted facilities.

Utilization and Effectiveness of four Emergency Obstetric facilities

	Year	Births	Year over year % change	Infant deaths	Neo-Natal Mortality (1000 Birth)	Referred cases	% of Case Referral	Deaths of pregnant women
Mosel: Al Hamdaniya	2005	2,250	**170%**	38	16.9	574	25.5%	0
	2006	3,945		35	8.9	510	12.9%	0

[3] Al Hamdaniya Hospital in Mosel handled 2250 births in 2005, which has risen to 6071 in 2009 (and projected to rise to 6274 in 2010), for a total projected increase of 179% over the baseline.

Hospital	2007	4,558		92	20.2	534	11.7%	0
	2008	5,940		70	11.8	577	9.7%	1
	2009	6,071		101	16.6	494	8.1%	0
Missan: Al Majar Al Kabeer Hospital	2005	2,562	**11%**	Data Not Available	Data Not Available	25	1.0%	0
	2006	2,679				36	1.3%	0
	2007	2,818				30	1.1%	0
	2008	3,120				25	0.8%	0
	2009	2,843				20	0.7%	0
Kerbala: Al Hindiyah General Hospital	2005	5,250	**20%**	47	9.0	2	0.0%	1
	2006	5,555		55	9.9	0	0.0%	2
	2007	5,947		43	7.2	1	0.0%	1
	2008	6,184		45	7.3	1	0.0%	2
	2009	6,295		52	8.3	2	0.0%	2
Diyala: Al Khalis Hospital	2005	3,328	**4%**	Data Not Available	Data Not Available	Data Not Available	Data Not Available	Data Not Available
	2006	3,456						
	2007	1,712						
	2008	2,864						
	2009	3,472						
Total of four facilities	2005	13,390	**40%**					
	2006	15,635						
	2007	15,035						
	2008	18,108						
	2009	18,681						

Comments:

- Where a cell is left blank it is because the data was not available. A zero (0) reflects nil cases.
- All numbers should be considered as approximate, because the hospitals did not have total exact numbers, and record keeping was poor and/or incomplete
- Reported cases of deaths of pregnant women are rare because any serious or complicated case is directly referred and transferred to a more specialized hospital. The outcome of the case would be recorded in those hospitals records.
- Transfers to other hospitals take place for a variety of reasons, including: lack of beds available in the facility; lack of blood; lack of anesthesiologist; and lack of anesthesia
- All documents are kept in hard copy, and there is currently no data entry system in the hospitals. Furthermore, there is no employee in charge of hospital record keeping.

D. Partnership

The main national partner involved in the implementation of the project was the MoH (and its directorates), in very close collaboration with UNFPA and UNOPS. Other UN organizations including WHO and UNICEF were also involved through their role in The Health Sector Outcome Group, providing their own insights based on experience with other initiatives inside Iraq as well as through technical inputs in the areas of capacity development and re-establishment of the maternal health surveillance and referral system.

As outlined above, there was a division of responsibilities between the UN partner organizations, in relation to their expertise. UNOPS was responsible for the project components related to rehabilitation and upgrading of the maternity wards in the selected hospitals and other health care facilities. UNFPA was responsible for all aspects relevant to training and building capacity of national health care providers as well as for overall monitoring and reporting on the progress achieved in implementation of the project as a whole. The role of the MoH was focused on coordinating with UNFPA and UNOPS to set the specifications of requirements with regard to physical facilities, medicines, and other general equipment. The Ministry was also responsible for implementing the planned training activities inside the country and ensuring the enforcement of a high standard of obstetric maternity care services.

The local contractors involved in the project also became an important operational partner. These firms were responsible for the rehabilitation of maternity wards according to the specifications that were established by the MoH in coordination with UNFPA. The rehabilitation works were supervised both by UNOPS site engineers, who monitored and documented the implementation progress through reports, supported by photographs.

Another major partner to UNFPA was AMAR-ICF, a British charitable organization that has been implementing UNFPA-funded activities in Missan, Thi-Qar and Basra governorates, which also played a key role in expanding the emergency obstetric care activities in the southern region.

The National Training Institute (NTI) of Egypt was also active in upgrading the capacity and skills of the Iraqi health care providers, through the provision of training on the surveillance of maternal health and referral system.

Other partnerships forged included PRODEV Resources, an international NGO based in Iraq that was contracted to conduct monitoring activities under project auspices. The selection of this NGO was made in accordance with UNFPA rules, regulations and standard procedures, and was based on an impressive track record in conducting monitoring activities inside Iraq.

During the early stages of the project, because of the difficult security situation, it had been preferable for the UNFPA to conduct its work with a low profile—this obviously impacted the visibility of UNFPA as funding partner of the project. Decision-making around such matters always requires a cost-benefit analysis, and security considerations trump all others as the safety of those involved is paramount. Nevertheless; and as the security situation in Iraq is improving; it's recommended to ensure the visibility of UN implementing partners in future.

E. Sustainability

This project was a one-time intervention to revitalize the emergency obstetric care services and reduce the number of infant and maternal mortalities. However, subset of the medical system is an integral part of the ongoing activities, and cannot be treated as a project that can be closed at the end of its cycle. While the direct interventions of procurement and technical assistance will end, the system itself and the needs it addresses will persist. Any relaxation in service provision could compromise the results achieved by the project and reverse the positive trend suggested by interview data in maternal and neonatal mortality.

At project closure, the MoH assumed responsibility for the rehabilitated hospitals, and equipment purchased by the project. However, through interviews with direct beneficiaries at the project sites (hospital directors, maintenance staff, doctors and nurses), it appears that there is an apparent need to undertake continuous refresher training to further enhance the capacity of trained staff as well as to train newly recruited staff in order to ensure that results are sustained, especially that there is a high rate of staff turn-over. The logical mechanism for this would be the establishment of core teams of train-of-

trainers (ToTs) in each governorate and district, who are adequately capacitated to transfer knowledge and skills to additional numbers of MoH staff at the management and service delivery levels.

It is critical that the MoH should exert concerted efforts to improve the quality and coverage of maternal health services, especially in remote and under-served rural areas. Key elements of these efforts comprise allocation of adequate funds to cover the operating costs of the obstetric units, establishing a system of regular maintenance of medical and general equipment, development of an effective system for ongoing monitoring and supervision of staff performance, and establishing a proactive system of data recording and reporting on maternal health surveillance in order to facilitate analysis of the trends of utilization of emergency obstetric care services based on measurable indicators such as maternal mortality ratio, neonatal mortality rate, C-section rate, percentage of high risk pregnancies, percentage of referrals to hospitals etc.

It should be noted here that the issue of sustainability has become more significant than before because of the success of the project. As noted above, usage rates of the emergency obstetric care facilities have increased, and as such, the surrounding communities have become more reliant on these services. While this reflects positively on the project, it nonetheless raises the issues of their financial and technical sustainability, because the increased usage rates necessarily comes with increased demands on staff as well as increased resource utilization. As such, the need for MoH budgetary consideration and increased monitoring and training allocations are critical at this juncture.

F. <u>Alignment and harmonization:</u>

The project was one in a series of developmental initiatives undertaken by UNDG-ITF to revitalize the health care system in Iraq following the 2003 war and its aftermath. It is closely related to, and complements other projects implemented under the Health and Nutrition Cluster by other UN organizations including WHO, UNICEF and WFP, to strengthen existing services and introduce new services including primary health care, maternal and child health care, disease eradication, mental health, water and sanitation, and food security, with the full involvement of the Health Sector Outcome Team. Therefore, by design, the project was explicitly aligned within this broader programme, to complement both GoI initiatives, and initiatives of other UN and partner organizations.

This harmonization is both critical and obvious, as emergency obstetric care is an integral part of comprehensive maternal health care and cannot alone achieve the contemplated objective of reducing maternal and infant mortality unless accompanied by concomitant improvements in primary health care and improvement of the health and nutritional status of the most vulnerable population groups.

G. <u>Management of development results:</u>

The project followed a results-based approach to management and implementation. The emphasis throughout the implementation period was placed on the achievement of mandated developmental results, and aggregation of achievements along the results chain, rather than the mere completion of activity-level targets. As a result of the delays and difficulties in recruiting and hiring local contractors, UNOPS adopted a flexible and decentralized low-profile approach through the recruitment of contractors and monitoring of construction works, without departing from established standards and procedures. Six short-term jobs were established to follow up on project implementation (5 national and 1 international). In addition, a more active role was given to the Directorates of Health officials in the various governorates for monitoring of the progress of works, which not only eased the workload on central level stakeholders, but also increased the sense of ownership for results, a point that was reinforced during evaluation interviews.

In addition, cross-cutting issues relevant to the project were also addressed during implementation, including human rights, empowerment of women, and employment generation.

Gender goals were an explicit focus of the project. The project was designed to reduce maternal mortality among Iraqi women through the provision of improved quality emergency obstetric care services countrywide. Not only was the intent to help to ensure the survival of women who would otherwise face serious risks due to complications of delivery and childbirth, but also to empower women by preventing disabilities associated with the complications of labor, thus helping them to assume a greater role in the family and the society. Furthermore, female doctors, nurses and midwives were included in high proportions in the capacity development programmes implemented by UNFPA.

Regarding human rights, the project mainly addressed the needs of women of reproductive age, as well as newborn infants, and their right to have equal access to basic health services, specifically, emergency obstetric care.

Regarding employment, the project was not designed specifically to generate employment opportunities, but rather, to enhance the capacity of MoH staff. That said, six short-term jobs were established to follow up on project implementation (one international and five national staff). In addition, job opportunities were generated through the involvement of local contractors. Furthermore, the overall enhancement of the targeted facilities will increase their level of functioning and client base, likely leading, in the long run, to increased staffing requirements and therefore employment generation.

H. Capacity development approach:

The project was designed and implemented after the Joint UNDG/WB Health Sector Needs Assessment, which identified emergency obstetric care as a priority area to be urgently addressed. The capacity gaps and needs were therefore, readily acknowledged ahead of project implementation. UNFPA adopted a practical and effective approach for capacity development by training a core group of health professionals and statisticians on the system for maternal health surveillance and referral at the National Training Institute in Egypt, followed by training-of-trainers and cascade training of other health staff at governorate and district levels inside Iraq, rather than organizing a series of training courses outside the country. This approach had several advantages over other methods, because it promotes ownership and self-reliance, and helps to ensure the continuity and future sustainability of capacity development programmes. Furthermore, it is more cost-effective because it reduces costs and barriers related to travel, thus cutting the lengthy administrative procedures for processing fellowships and workshops organized outside the country. However, it was difficult to assess the percentage of staff working at the visited sites who took part in the EmOC training due to the high rate of staff turn-over during the last six years, since the project was launched.

The feedback obtained from staff interviewed during field visits revealed significant variations in this respect. The Director of Primary Health Care, Kurdistan for example confirmed that 75 doctors and75 nurses from the three governorates of Kurdistan were trained through this project, two doctors were sent on study tours to Morocco and Egypt respectively and that UNICEF conducted a series of 3-5 days duration on treatment of emergency conditions, normal and difficult labor for doctors and nurses.

It should be noted here that the capacity development initiatives of the project were supported by complementary procurement and rehabilitation works in the targeted facilities. As such, participants were provided with new knowledge and skills as well as an enhanced workplace in which to apply them. The success of this approach is evident in the numbers obtained by the evaluation teams for the hospitals targeted in Mosel, Diyala, Kerbala, and Missan.

I. Accountability:

The project activities were fully implemented within the allocated funding envelope, and surpassed numerical targets in two important areas, namely, the number of rehabilitated facilities, and number of trained staff. This provides a very positive initial indication of accountability for project funds. However, numerical targets alone are an insufficient indicator, as quality is critical in health service provision.

UNFPA and UNOPS monitored the project implementation on the ground, through its local staff. It was noted that UNFPA local staff is highly capable and well trained on conducting monitoring and supervision as well as coordinating all aspects relevant to this project implementation works with MoH staff and involved NGOs. UNFPA and UNOPS facilitators in Iraq monitored progress, identified constraints and provided regular feedback, supported where appropriate by reports and photographs, to UNFPA staff in Amman. Moreover, PRODEV, an international NGO with a solid track record in the area of monitoring was contracted to monitor the project. PRODEV's work in the field started in April 2007 and was to be completed in September; however, the monitoring activities were substantially delayed due to the security situation and the resultant difficulties in collecting information from some project sites. UNFPA's direct coordination with MOH at the central level facilitated PRODEV's work.

The external evaluation reflected in this report is a further step in the accountability process. The report will be submitted to all concerned stakeholders and will be presented to the Steering Committee of UNDG-ITF for donor reporting purposes, thus ensuring maximum transparency on achievements, constraints, lessons learned and the proposed recommendations.

Lessons Learned

1. UNFPA and UNOPS local staff played an important role in monitoring project progress, identifying bottlenecks and constraints, undertaking risk mitigation measures, coordination with involved partners inside Iraq, and reporting and providing feedback to UNFPA office in Amman. Should the current unstable security situation continue to prevail, UN organizations sponsoring future developmental projects in Iraq should adopt this practice in order to ensure that the stipulated objectives and desired outcomes are achieved.

2. The lengthy governmental procedures, selection criteria and delays in identification of sites that required rehabilitation, coupled with the complex administrative procedures followed in preparation and approval of technical designs, delayed project implementation. The inappropriate selection of sites not suitable for rehabilitation also delayed the project implementation. This suggests that more effective procedures and selection criteria should be considered during the planning and final approval of future projects and that appropriate mechanisms be developed to avoid confusion and pursuit of incompatible priorities after mutual approval of both the UN sponsoring agency(s) and the government of Iraq.

3. The capacity development approach adopted by UNFPA was practical, cost-effective and took into account the current Iraqi context. Any projects involving capacity development of national staff in the future should follow this practice, which was based on building the capacity of focal master trainers (ToTs), who would afterwards transfer the knowledge and skills acquired to other staff through cascade training inside the country.

4. The basic methodology of the project, including operational and programmatic elements, has proven effective. Based on the hard and soft data obtained through this evaluation, it can be

concluded that the project has been generally successful, and that the model used is appropriate to the implementation context.

5. Data obtained from the facilities in Mosel, Diyala, Kerbala, and Missan provide the true "at the end of the day, what matters" indication of a project's success, and it is important that indicators such as these be included among the indicators of success at the intermediate outcome level.

Recommendations

1. The MoH should exert additional efforts towards re-enforcing the health information system in order to facilitate recording, reporting and analysis of data from the individual EmOC units to the DoH and subsequently to the MoH. This mechanism would improve overall communications and support effective monitoring, feedback, and advice on ways to overcome identified performance gaps. This would also help to assess the outcome and impact of the UNFPA-supported emergency obstetric care programme.

2. It is highly recommended that the initiatives undertaken by the government of Iraq to improve access to preventive primary health care services be further pursued in close coordination with WHO, UNICEF and UNFPA, in order to improve the prevailing low coverage of antenatal care services (currently at 54% based on four visits) and expand family planning services to all urban and rural areas. Insofar as emergency obstetric care is essential for the survival of women and newborn infants, on its own, it should not be considered as the optimal solution for management of the complications of delivery and childbirth. In order to be effective, obstetric care should be provided within the framework of integrated maternal health care services comprising antenatal, natal and postnatal care, supported by programmes for iron and vitamin supplementation, as well as family planning services that aim to avoid pregnancies which are too early, too late, too frequent or too close together. This approach would be efficient and proactive, helping to prevent the complications of delivery and childbirth while decreasing the need to meet the high cost of treatment at intensive obstetric and neonatal care units, as well as helping to reduce high risk pregnancies which can develop complications and may have irreversible effects.

3. Emergency obstetric care requires that the emergency facilities are staffed by highly trained medical and nursing personnel with adequate clinical knowledge and skill in the provision of intensive obstetric and neonatal care. This requires a solid foundation in basic medical education for both doctors and nurses (during basic collage / institute study). It is therefore recommended that the MoH conduct an in depth assessment of the clinical skills of staff assigned to the emergency obstetric care units in order to assess knowledge gaps and develop an appropriate course of action. The assessment and related recommendations should consider in-service needs in the current workforce, as well as the adequacy of pre-service training and potential needs for curriculum reform in pre-service medical schools, with a view to developing a comprehensive and sustainable approach that provides a strong basic foundation for all health staff (especially doctors and nurses), followed by continuous training during professional practice.

4. This assessment and related recommendations should consider not only specific clinical skills, but also the requisite foundational knowledge and skills needed for ease of future upgrading—with a view of personnel as professionals rather than technicians. In terms of responses to the identified gaps and needs, consideration should be given to both in-service and pre-service training. For in-servicing, both ongoing and intensive training programs should be considered to

develop the capacity of staff. For pre-service programming, the sufficiency of and levels of satisfaction of staff should be considered, as well as the possibility of a need for curricular reform in pre-service medical schools. Specialists and experts in local universities represent a readily available resource that can assist in this task.

5. With the goal of ensuring the maximum benefit accrues from the project interventions, it is important that the public are aware of the increases in access to facilities and services, and the improved quality of those services. It is therefore recommended that public awareness campaigns and advocacy be considered as an integral part of projects of this type. Such campaigns help ensuring optimal utilization of services by raising the profile and awareness of the interventions.

6. The available data indicates that only 80%[4] of deliveries in Iraq are attended by trained health personnel. This suggests that the remaining 20% deliver under unfavorable and potentially dangerous health and hygienic conditions.
   c) It is recommended that the MoH conducts a comprehensive study to establish a database on the distribution of private midwives throughout the country.
   d) It is also recommended that the MoH develops plans for improved training and equipping of midwives, in order to expand coverage of access (through intensive pre-service training), and quality (through effective in-servicing of those already in practice).

7. In order to ensure the sustainability of project interventions, the MoH should continue to allocate adequate funds under the regular national budget to cover the operating costs of the EmOC units. As part of this, the MoH should also implement an effective system of regular preventive maintenance of medical equipment, ambulances, and mobile units.

8. Owing to the rapid and high turn-over of professional staff of the MOH, it would be appropriate for the Ministry to maintain close coordination with WHO, UNICEF, UNFPA and local universities in order to seek their technical support in areas relevant to continuous training of health personnel and enhancing national capacity building based on thorough assessment of needs and priorities, country-wide with special emphasis on staff who were not trained before and staff in remote areas.

9. The capacity development approach of this project, involving cascade training with ToTs and a degree of follow up by local staff, proved practical and cost-effective. It is therefore recommended that this approach be utilized on other projects with related implementation considerations (including types and numbers of target sites) and capacity development needs.

10. Based on the success of this project, and the ongoing need for rehabilitation and enhancement of other facilities across the maternal health subsector, it is recommended that the basic methodology of the project be replicated in targeted areas as determined by a rapid assessment of needs at the present time.

11. Based on the insights which have been made available by the statistical data collected by the evaluation team at the four hospitals in Mosel, Diyala, Kerbala, and Missan, it is recommended that such data be collected on an ongoing basis for other projects of this nature. Ideally, a baseline would cover all of the targeted facilities, and formative data could be gathered during implementation so as to better guide the implementation towards optimal achievement of intermediate level results. Through such data collection, lessons learned regarding successes and

[4] Source: WHO Iraq Office's country profile database

challenges at various facilities become apparent, and help to guide implementation and improve developmental efficiency of interventions.

ANNEX A: Terms of Reference

Evaluation service to UNFPA implemented Project Support to Emergency Obstetric Care (EOC) in Iraq

1. Introduction and Context

Prior to the Iran-Iraq war of September 1980 – August 1988 and the subsequent years of conflict and decade of sanctions, Iraq had a high standard of health care relative to the rest of the Arab region. Health care was free, centrally-administered through the Ministry of Health (MoH) and was well-equipped and well-supplied, with modern hospitals and an adequate number of well-trained medical personnel. The deterioration of the health care service, together with an increase in food insecurity and the deterioration in the supply and quality of water began in 1980 with the Iran-Iraq war and continued to decline throughout the subsequent years of war and economic sanctions. As a result, access to health care for all Iraqi people is severely undermined. Thousands of Iraq's medical doctors, among them the most experienced and specialized, have fled Iraq due to the increasing threats and violence directly against them. The overall lack of capacity to deliver health services in Iraq means that even the most basic needs are not being met and health status remains dangerously low.

More than 800,000 women in Iraq give birth every year, out of which around 120,000 under normal conditions would require life saving Emergency Obstetric Care (EmOC).

After the 2003 war and as a response to the emerging needs, UNFPA Iraq implemented a project entitled "Support to Emergency Obstetric Care in Iraq' during the period May 2004 to August 2009.

In full coordination with the UNCT/ Health Sector Outcome Team, UNFPA assumes responsibility for overall execution of the project with the exception of the rehabilitation/reconstruction activities that are contracted to UNOPS. Project implementation is undertaken in full partnership with the Iraqi MOH which is responsible for distributing and equipping the rehabilitated maternity wards, implementing local training programmes of services providers, and coordinating with the DOHs at the governorate level to facilitate the rehabilitation activities of project sites.

The Project aimed at supporting the regeneration of a comprehensive set of health care activities that are needed to create and provide access to adequate emergency obstetric care services, the immediate objectives that were identified for this project were: 1- Enhanced quality of maternal health services and 2-Improved skills of service providers, these two objectives were achieved through two outputs that mainly focused on the rehabilitation and equipping of maternity wards and Primary Health Care Centres as well as training of MOH staff.

1- Rehabilitation Activities:

UNOPS handled all rehabilitation activities; below is the list of facilities that were rehabilitated during the project's life:

Hospital Name		Governorate
1	Al-Noor (Al-Hakeem)	Baghdad
2	Al-Emam Ali Hospital	Baghdad
3	Balad General Hospital	Salah-El-Din
4	Sammarra' General Hospital	Salah-El-Din
5	Al-Rumaitha Hospital	Al-Muthanna
6	Al-Khudir Hospital	Al-Muthanna
7	Samawa Maternity Hospital	Al-Muthanna
8	Afak General Hopital	Al-Qadissia
9	Heet General Hospital	Anbar
10	Hilla Teachiing Hospital	Babel
11	Al khalis Hospital (5A)	Diyala
12	Al-Hindiyah General Hospital	Kerbala

13	Al-Furat Al-Awsat Hospital	Najaf
14	Al-Hamdania Hospital	Ninewa
15	Sinjar Hospital	Ninewa
16	Kirkuk General Hospital	Tameen
17	Al-Sheik Jalal Al-Kinani Hospital	Wassit
18	Suleymaniyah Maternity Hospital	Sulymaniah
19	Erbil maternity and Child Hospital	Erbil
20	Azadi General Hospital Maternity Wards	Dohuk
21	Al-Tahreer (Al-Mawanie') Hospital	Basrah
22	Ali-Al-Gharbi Hopsital	Missan
23	Al-Majar Al-Kabeer Hospital	Missan
24	Al Shattrah Hospital	Thi Qar

Primary Health Care Centre		**Governorate**
1	Kalkachi Centre	Duhok
2	Sersenk Centre	Duhok
3	Bastora Centre	Erbil
4	Batas Centre	Erbil
5	Hareer Centre	Erbil
6	Garmiyan Centre	Sulaimaniyah
7	Kalar Centre	Sulaimaniyah

2- Provision of Vehicles, Medical Equipment and supplies:

The procurement of medical equipment, ambulances and essential drugs was based on the lists of items approved by MOH. Standard specifications were used for procuring other project inputs such as ambulances, monitoring vehicles, anatomical models, etc. A national RH expert was recruited to assist in the preparation/review of specifications of the medical equipment and essential drugs in direct consultation and coordination with MOH. All international procurement was made in accordance with UNFPA rules and regulations based on international bidding by UNFPA Procurement Services Branch based in Copenhagen. At a later stage, additional ambulances and mobile health units were purchased through UNOPS administered UNWEBBUY.

3- Activities, to strengthen the capacity of health provider.

Under the EmOC project and in coordination with the National Training Institute in Egypt, UNFPA has sponsored two TOT's on Emergency Obstetric Care for Doctors and Nurses/Midwives and Referral and Surveillance systems for health providers. Cascade trainings have started in Iraq to train 700 health providers and to cover all parts of Iraq. In this regard, Anatomical Models were requested and purchased to be used in the cascade training. Those models were delivered to the MoH warehouse in October 2005.

2. Purpose of the evaluation

The evaluation aims at assessing the quality of works and impact of the activities implemented by UNFPA and UNOPS under this project on the improvement of the services' delivery of the health facilities' under consideration.

The evaluation will provide recommendations to enhance operational and programmatic effectiveness of similar initiatives in comparable situations. In addition, the evaluation will assess how UNFPA has contributed towards a strengthened partnership with MOH in addressing access to adequate emergency obstetric care services for the people of Iraq.

This evaluation will support UNFPA own capacity for programming, project management and accountability towards donors, GOI and the target population. The lessons from the evaluation and the evaluative evidence will also feed into the upcoming UNDG ITF lessons learned process as well as the proposed UNDG ITF project evaluations.

The final evaluation report will be used by UNFPA and will be presented to the Steering Committee of the UNDG-ITF for Donor reporting purposes.

3. Evaluation objectives

- To assess the achieved progress and results against stipulated project objectives on all stakeholders, especially beneficiary groups. Identification and assessment of unintended positive or negative results of the project and its effects on beneficiary groups.
- To assess the efficiency of the project interventions
- To understand the effectiveness of the project interventions in addressing the underlying problem and to see if the project has been the best option to respond to the particular issues.
- To assess the relevance of the project components in addressing the needs and issues of beneficiary groups.
- To understand the extent to which this project has contributed to forging partnership at various levels with the Government of Iraq, Civil Society and UN/ donors.
- To assess management arrangements (including procurement procedures, coordination, monitoring) in place by the GoI towards the sustainability of various project-initiated services and benefits
- To generate lessons on good practices based on assessment from the aforementioned evaluation objectives and to provide recommendations to all stakeholders (GoI, UN, donors, civil society) on how to maximize the results from similar initiatives in comparable situations

4. Scope of Evaluation

The Evaluation should focus on the developmental as well as the operational effectiveness of the project, through addressing the activities that the project had covered during the period May 2004 until August 2009.

The project had initially targeted maternity wards of 21 major district hospitals', a second phase of the project followed to cover the rehabilitation and equipping of 3 additional hospitals in the northern region of Iraq and 7 primary health care centres.

The health facilities that were addressed under this project were located in the following governorates: Ninewa,Diyala, Salah-El-Din, Al-Anbar,Baghdad, Babel,Al-Muthanna,Al-Qadissia,Thi-Qar,Basra,Duhok, Sulaimaniah, Najaf, Kerbela,Ta'meem, Wasit,Missan,Erbil.

- The tasks to be undertaken in the Evaluation:

- Conduct an initial assessment of the security situation and accessibility to the health centres
- Conduct an assessment of the works completed based on a cross-check with the specifications made in the Bill of Quantities.
- Assess the quality of the works completed (physical structure, utility connections, water supply and treatment, septic tanks, air condition units, waste disposal, back-up electricity, etc.)
- Assess if the supplied medical equipment has been delivered to the sites and assess their operationality.
- Attempt to gather base-line data (if available) to compare pre-medical conditions and post rehabilitation medical conditions.
- Identify key problem areas made during construction, which may arise in the future and provide recommendations to the hospital management.
- Interview a selected number of patients from the health centre to assess their satisfaction with the facility and patient care received.
- Interview a selected number of health care personnel working in the delivery wards to assess their satisfaction with the facility and to address any functional issues that could be adjusted in the future.
- Liaise with key stakeholders, which include the local health authorities of the Governorate and the hospital management, to assess their level of satisfaction with the project, address any problems that have been encountered and to gather recommendations when conducting similar projects in the future
- Assess any initiatives by the hospital management to put into place preventative maintenance programs for the facility
- Gather lessons learnt from the implementation of the project
- Prepare an overall report outlining the results of the evaluation including lessons learned and recommendations

5. Key Evaluation Questions:

Achievements and results

- *How the project components have contributed to the realization of underlying project objectives, as perceived by the beneficiaries?*
- Has the project been able to achieve the stipulated project results?
- What has been the contribution of this project towards national priorities?

Efficiency and effectiveness

- The extent to which the project activities were implemented in a cost-effective way vis-à-vis the Iraqi context
- How project results contribute to improved PHC access and coverage i.e. improved immunization coverage, improved services utilization, improved ANC and safe deliveries.

Relevance

- Has the project been responsive to the overall issue of Emergency Obstetric health care in Iraq and how?
- Were the project strategies tailored to the current Iraqi context and in line with the national policies and strategic plans?

Partnerships

- Who are the partners in this project? How they are selected? Has the project forged new partnerships/ strengthened existing partnerships and how?
- What factors hindered or fostered effective partnership development?
- To what extent has the project contributed to capacity development of the involved partners?

Sustainability

- What is the current status of the project components? Are functions and facilities still maintained? Who is responsible for the management and oversight of project facilities after its closure?
- What is current status of services provision in the selected facilities? Has the service provision been affected (negatively or positively) after the end of the project cycle and why?
- Has the project resulted in knowledge transfer from those who were trained and capacitated in different competencies and how?
- How did the project address the issues of insecurity during the implementation phase? Were there any risk mitigation undertaken? If yes, how?

Lessons learned and good practices

- What are the good practices that have resulted from this project? How and why some these practices can be labeled as a 'good practice'? Substantiate with evidence.
- What are the key lessons learned from the project implementation? What recommendations could be replicated in similar projects implemented in comparable situations?
- Is the project replicable in other districts? Are there any specific recommendations to be considered when designing similar projects in the future?

6. Evaluation Methodology

The evaluation team would need to:

- Desk review : Review documents related to the project; UNFPA will provide these documents to the selected evaluator; these documents are mainly:
  - a) The Project document.
  - b) Project extensions documents.
  - c) Final progress report.
  - d) Memorandum of Understanding with UNOPS and its amendments.
- Data collection and analysis:
- Interview key personnel from the Ministry of Health and Health Directorates who were involved in the implementation of the project.
- Interview Health providers working at the sites
- Interview Health providers who benefited from the trainings that UNFPA had provided.
- Conduct visits to the rehabilitated sites.
- Prepare questionnaires, as appropriate.

7. Expected Deliverables

The expected outputs from the evaluation exercise are:

- Output and possible outcomes Evaluation Report agreeable to the UN Evaluation Groups (UNEG) standards and requirements is produced;
- Presentation of the final report to UNFPA team.

The evaluation report will contain but not limited to:

- A detailed assessment of project achievements – what went well and why? What went wrong and why?
- Relevance of the project design in addressing underlying problems
- Sustainability of the project

- Assessment of project's effectiveness in addressing the key problems associated with quality primary health care service delivery
- Efficiency of the project components/ approaches in supporting access to obstetric care
- Overview of partnerships developed and coordination mechanisms in support of project implementation
- Lessons learned
- Recommendations on future projects development and implementation:
    - *Defining good management/ implementation practices, opportunities and challenges.*
    - *Other appropriate recommendations on implementation arrangements.*

It should include a description of:

- how gender issues were implemented as a cross-cutting theme in programming, and if the project gave sufficient attention to promote gender equality and gender-sensitivity;
- whether the project paid attention to effects on marginalized, vulnerable and hard-to-reach groups;
- whether the project was informed by human rights treaties and instruments;
- to what extent the project identified the relevant human rights claims and obligations;
- how gaps were identified in the capacity of rights-holders to claim their rights, and of duty-bearers to fulfil their obligations, including an analysis of gender and marginalized and vulnerable groups, and how the design and implementation of the project addressed these gaps;
- How the project monitored and viewed results within this rights framework.

- The Evaluation Report should contain the following:
    - Title Page
    - List of acronyms and abbreviations
    - Table of contents, including list of annexes
    - Executive Summary
    - Introduction: background and context of the programme
    - Description of the project – its logic theory, results framework and external factors likely to affect success
    - A detailed assessment of project achievements – what went well and why? What went wrong and why?
    - Relevance of the project design in addressing underlying problems
    - Sustainability of the project
    - Assessment of project's effectiveness in addressing the key problems associated with quality primary health care service delivery
    - Findings with clear evidence base and interpretations
    - Conclusions
    - Recommendations
    - Lessons and generalizations
    - Annexes

The evaluation report should not exceed 30 pages in total (excluding annexes).

8. Composition, skills and experience of the evaluation team

1- Project Manager	**Responsibilities** ▪ Develop the overall framework for project M&E ▪ Guide the process for identifying and designing the

key indicators for each component, to record and report on the current status of the project sites

- Clarify the core information needs with all stakeholders (UNOPS and UNFPA)
- With stakeholders, set out the framework and procedures for the evaluation of project activities
- Review the quality of existing social and economic data in the project area, the methods of collecting it and the degree to which it will provide good baseline statistics for impact evaluation

2-Monitoring & Evaluation Field Staff

Responsibilities

- Determining information needs of project management
- Identifying and designing performance questions and key indicators
- Reviewing existing social and economic data for the project area to assess if it can provide good baseline data
- Agreeing how to record, report and analyze progress
- Collect, compiling and analyzing data from the project sites
- Liaise with local authorities and medical staff of hospital

3-Operations Support Officer

Responsibilities

- Assess security conditions in the operating area
- Arrange transportation needs for visiting the site locations
- Conduct security guard needs analysis for safe operation
- Maintain communication with M&E Field Staff when working in the area of operation
- Ensure M&E Field Staff are briefed on security situation in the operating area
- Develop security contingency plans in the event of conflict in the operating area

4-Communication/Report Specialist

Responsibilities

- Prepare a communication strategy for the project
- Prepare reports to be submitted to all key stakeholders
- Respond to the wide variety of information requests from stakeholders
- Work with the technical staff and management to ensure that information on progress, problems, impacts and lessons learned are accessible to the intended users and stakeholders

5-Data Management officer

Responsibilities

- Obtain all data from primary sources as stipulated in the M&E plan
- Conduct analysis on the data coming from the field

- Undertake routine quality control checking

9. Management Arrangements

- Quality assurance mechanisms and the quality standards to be followed through the evaluation process, by the evaluator shall be guided by:
  - UNEG Norms for Evaluation
  - UNEG Standards for Evaluation
  - UNEG Ethical Guidelines

10. Indicative Work Plan

Phase	Key Activities	Time Frame*	Responsibility
Preparatory phase	Agreement on methodology and detailed work plan	Should be completed before April 5, 2010	Evaluation Team
Field work/ Data Collection	Review of documents, reports, supporting materials	April 5 – April 7	Evaluation Team
	Meetings with MoH, Baghdad	April 11	Evaluation Team
	Meetings with district health officials	April 11 – April 18	Evaluation Team
	Visit project facilities	April 11 – April 18	Evaluation Team
Data Analysis	Finalize questionnaires for primary data collections and undertake data analysis of the qualitative and quantitative data acquired from the field work and data collection processes	April 11 – April 25	Evaluation Team
Report preparation	Preparation of the draft evaluation report	April 27	Evaluation Team
	Presentation on draft findings/ report to UNFPA	April 28	Evaluation Team
	Finalization of the Report	April 29	Evaluation Team
	Submission of Evaluation report to UNFPA	April 30	Evaluation Team

* Tentative and to be finalized with the Evaluation Team/ Evaluator(s)

ANNEX B: Source of Information

I. Desk study documents:

Project Documents

- UNDG-ITF Support to Emergency Obstetric Care in Iraq (D2-02)
- UNDG-ITF Requests for Budget Revision
- UNFPA List of Medical Equipment
- UNFPA – UNOPS Agreement
- UNDG-ITF Progress Reports
- UNDG-ITF Narrative Reports
- September 2008 project Fiche D2-02
- UNFPA-D2-02 - Fiche report June 2009
- UNFPA-D2-02 - Fiche report March 2009
- UNFPA-D2-02 - Fiche report September 2009
- Narrative Progress Report 1Jul - 31 Dec 2006
- Narrative progress report to UNDG ITF June-Dec 2005
- six month Report_1 Jan - 30 June 2007
- UNDG ITF_7th_six month Report_1 July - 31 December 2007-Narrative
- UNDG ITF_8th_six month Report_1 Jan - 30 Jun 2008-Narrative
- UNDG ITF_9th_six month Report_1 Jul - 31 Dec 2008-Narrative
- June08 -UNDG-ITF-Budget Revision Request
- Key MoH and DoH Documents

Letter Number	Letter Date	Department
1854	4 Feb 2010	DoH/AlSulaymania
60	5 Jan 2010	DoH/AlSulaymania
1061	30 March	DoH/AlSulaymania
18544	26 Oct 2009	DoH/AlSulaymania
2051	26 Jun 2006	DoH/Basrah
3043	27 Jun 2006	DoH/Basrah

Normative Guidance

- UNEG Norms for Evaluation
- UNEG Standards for Evaluation
- UNEG Ethical Guidelines
- UNDG RBM Harmonized Terminology

II. Preliminary interviews

Preliminary interviews took place with the following:

- UNFPA Iraq Office in Amman
    - Dr. Georges M. Georgi - Representative
    - Mr. Hilal H.Fawzi - Assistant Representative
    - Mr. Hanna Abu Barham - Programme Associate
    - Dr. Naira Al-Awqati – Reproductive Health Program Advisor
- UNFPA Focal Points
    - Dr. Riyadh al Juburi
    - Dr. Azad Tawfik

ANNEX C: Field Interviews

List of meetings and interviews with members of the UNFPA focal points and government staff:

Names	Job description	Governorate
Dr. Abdul Hadi Jameel	Director of Al Emam Ali hospital	Baghdad
Dr. Kadhum Aukla	Director of education & nursing	Baghdad
Dr. Riyadh al Juburi	UNFPA focal point	Baghdad – UNFPA focal point
Dr. Eman Aseem	MoH –Director of Administrative Affairs department	Baghdad
Dr. Khalid Jasim	Director of Al Hakeem hospital (Al Noor)	Baghdad
Dr. Adel Muhe Al Anbaki	DoH – Assistant Director	Karbala
Dr. Ali Razaq	Director of Al Hindiyah General Hospital	Karbala
Dr. Nuha Jasim	Obstetrician - Al Hindiyah General Hospital	Karbala
Ms. Hamida Hussain	Nurse - Al Hindiyah General Hospital	Karbala
Ms. Janan Sufar	Midwife - Al Hindiyah General Hospital	Karbala
Mr. Mazin Hasan	Head of services department - Al Hindiyah General Hospital	Karbala
Dr. Laith Hababa	Director of Al Hamdania Hospital	Mosel
Dr. Nagham Younis	Obstetrician - Al Hamdania Hospital	Mosel
Dr. Suhaila Slewa	Director - Department of Obstetrics - Al Hamdania Hospital	Mosel
Dr. Awhanees Kurkees	Director - Al Tahreer (Al Mawanie') Hospital	Basra
Dr. Yehya Qasim	Assistant director - Al Tahreer (Al Mawanie') Hospital	Basra
Dr. Wijdan Adnan	Obstetrician - Al Tahreer (Al Mawanie') Hospital	Basra
Ms. Fatima Sabeeh	Nurse- Al Tahreer (Al Mawanie') Hospital	Basra
Ms. Sawsan Nasir	Midwife - Al Tahreer (Al Mawanie') Hospital	Basra
Eng. Maha Ahmed	Maintenance department	Basra
Dr. Salah Ahmed	DoH	Basra
Dr. Ali Ibraheem	Director - Al Khalis Hospital	Diyala
Dr. Maysoon Hassan	Director - Department of Obstetrics- Al Khalis Hospital	Diyala
Ms. Ahlam Barakhis	Midwife & Nurse - Al Khalis Hospital	Diyala
Ms. Intesar Hassan	Midwife & Nurse - Al Khalis Hospital	Diyala
Dr. Mohammed Dalshad	Assistant Director - DoH	Sulaymania
Dr. Sorur Aref	DoH	Sulaymania
Dr. Shlair Faiq	Director – Sulaymania Maternity Hospital	Sulaymania
Mr. Mahdi Salih	Head, management department - Maternity Hospital	Sulaymania
Dr. Nawras Yousif	Director- Garmiyan Centre	Sulaymania
Dr. Azad Tawfik	UNFPA focal point	Erbil
Dr. Darkhat Rashid	Director of PHC departments – MoH / KRG	Erbil
Dr. Nahida Hana	Director of Health Education – MoH / KRG	Erbil
Dr. Privan Adnan	Maternity & Child health department	Erbil
Dr. Mohammed Hassan Moustafa	Director – Bastora centre	Erbil
Dr. Rasheed Mohammed	Management department – Bastora centre	Erbil
Dr. Sabriya Khidher	Director – Erbil Maternity & Child Hospital	Erbil
Dr. Zahida Haris	Director, Department of Obstetrics - Maternity & Child Hospital	Erbil
Dr. Rand Abdul Rahman	Maternity & Child health department Erbil Maternity & Child Hospital	Erbil
Dr. Biyar Mohammed	Obstetrician- Erbil Maternity & Child Hospital	Erbil
Dr. Hro Mohammed	Obstetrician- Erbil Maternity & Child Hospital	Erbil
Dr. Toni Juna	Sersenk centre	Erbil
Dr. Shelmon Ben Yameen	Pharmacologist - Sersenk centre	Erbil
Mr. Abdul Rahman Qasim	Sersenk centre	Erbil
Dr. Razaq Kadhum	Director – Al Majar Al Kabeer Hospital	Missan
Dr. Haider Tarish	DoH	Missan
Eng. Saeb Mohammed	DoH – Technical department	Missan
Dr. Intesar Al Bedhani	Obstetrician– Al Majar Al Kabeer Hospital	Missan
Mr. Ali Kadhum	Management department - Al Majar Al Kabeer Hospital	Missan
Ms. Fatima Abdul Hussain	Nurse – Al Majar Al Kabeer Hospital	Missan

ANNEX D: Field Evaluation Guidelines

Field Evaluation Guideline

For the Evaluation of the Support to Emergency Obstetric Care (EMOC) in Iraq" project / UNFPA

Objectives:

The Project aimed at supporting the regeneration of a comprehensive set of health care activities that are needed to create and provide access to adequate emergency obstetric care services.

The immediate objectives that were identified for this project were:

1- Enhanced quality of maternal health services
2- Improved skills of service providers.

These two objectives were achieved through two outputs that mainly focused on the rehabilitation and equipping of maternity wards and Primary Health Care Centers as well as training of MOH staff.

Project activities:

1- Rehabilitation Activities:

UNOPS handled all rehabilitation activities; 24 major district hospitals and 7 primary health care centers nationwide were rehabilitated during the project's life.

The evaluation teams will coordinate with UNFPA field staff to insure full coverage of all the governorates which benefited under the project, SOC evaluation team will visit the health facilities highlighted in yellow which represent 30% of the benefited facilities and as follows:

Hospital Name		Governorate
1	Al-Noor (Al-Hakeem)	Baghdad
2	Al-Emam Ali Hospital	Baghdad
3	Balad General Hospital	Salah-El-Din
4	Sammarra' General Hospital	Salah-El-Din
5	Al-Rumaitha Hospital	Al-Muthanna
6	Al-Khudir Hospital	Al-Muthanna
7	Samawa Maternity Hospital	Al-Muthanna
8	Afak General Hopital	Al-Qadissia
9	Heet General Hospital	Anbar
10	Hilla Teachiing Hospital	Babel
11	Al khalis Hospital (5A)	Diyala
12	Al-Hindiyah General Hospital	Kerbala
13	Al-Furat Al-Awsat Hospital	Najaf
14	Al-Hamdania Hospital	Ninewa
15	Sinjar Hospital	Ninewa
16	Kirkuk General Hospital	Tameen
17	Al-Sheik Jalal Al-Kinani Hospital	Wassit
18	Suleymaniyah Maternity Hospital	Sulymaniah
19	Erbil maternity and Child Hospital	Erbil

20	Azadi General Hospital Maternity Wards	Dohuk
21	Al-Tahreer (Al-Mawanie') Hospital	Basrah
22	Ali-Al-Gharbi Hopsital	Missan
23	Al-Majar Al-Kabeer Hospital	Missan
24	Al Shattrah Hospital	Thi Qar

Primary Health Care Centre		Governorate
1	Kalkachi Centre	Duhok
2	Sersenk Centre	Duhok
3	Bastora Centre	Erbil
4	Batas Centre	Erbil
5	Hareer Centre	Erbil
6	Garmiyan Centre	Sulaimaniyah
7	Kalar Centre	Sulaimaniyah

2- Provision of Vehicles, Medical Equipment and supplies:

Procurement of medical equipment, ambulances, monitoring vehicles, anatomical models and essential drugs was based on the lists of items approved by MOH. A national RH expert was recruited to assist in the preparation/review of specifications of the medical equipment and essential drugs in direct consultation and coordination with MOH.

3- Activities, to strengthen the capacity of health provider.

Under the EMOC project and in coordination with the National Training Institute in Egypt, UNFPA has sponsored two TOT's on Emergency Obstetric Care for Doctors and Nurses/Midwives and Referral and Surveillance systems for health providers.

Cascade trainings have started in Iraq to train 700 health providers and to cover all parts of Iraq. In this regard, Anatomical Models were requested and purchased to be used in the cascade training. Those models were delivered to the MoH warehouse in October 2005.

Project under evaluation duration:
The original duration of this project was from May 2004 until August 2009

Project location:
The health facilities that were addressed under this project were located in the following governorates: Ninewa, Diyala, Salah-El-Din, Al-Anbar, Baghdad, Babel, Al-Muthanna ,Al-Qadissia, Thi-Qar, Basra, Duhok, Sulaimaniah, Najaf, Kerbela, Ta'meem, Wasit, Missan, Erbil

Stakeholders for each activity:

#	Activity # 1	Activity # 2	Activity # 3
1	UNFPA staff	UNFPA staff	UNFPA staff
2	Directorate of Health	Directorate of Health / MoH	MoH
3	Health facilities directors	Health facilities directors	Doctors and nurses trained on Emergency Obstetric Care (ToT's)
4	Health facilities staff	Health facilities staff	
5	Contractors	Contractors	
6	Community leaders	Community leaders	
7	IDP representatives	IDP representatives	
8	City Council	City Council	
		National RH expert	

General evaluation questions (to be answered by evaluator at the end of evaluation field visits):

Achievements and results

- How the project components have contributed to the realization of underlying project objectives, as perceived by the beneficiaries?
- Has the project been able to achieve the stipulated project results?
- What has been the contribution of this project towards national priorities?

Efficiency and effectiveness

- The extent to which the project activities were implemented in a cost-effective way vis-à-vis the Iraqi context

Relevance

- Has the project been responsive to the overall issue of Emergency Obstetric health care in Iraq and how?
- Were the project strategies tailored to the current Iraqi context and in line with the national policies and strategic plans?

Partnerships

- Who are the partners in this project? How they are selected? Has the project forged new partnerships/ strengthened existing partnerships and how?
- What factors hindered or fostered effective partnership development?
- To what extent has the project contributed to capacity development of the involved partners?

Sustainability

- What is the current status of the project components? Are functions and facilities still maintained? Who is responsible for the management and oversight of project facilities after its closure?
- What is current status of services provision in the selected facilities? Has the service provision been affected (negatively or positively) after the end of the project cycle and why?
- Has the project resulted in knowledge transfer from those who were trained and capacitated in different competencies and how?
- How did the project address the issues of insecurity during the implementation phase? Were there any risk mitigation undertaken? If yes, how?

Lessons learned and good practices

- What are the good practices that have resulted from this project? How and why some these practices can be labelled as a ‘good practice‘? Substantiate with evidence.
- What are the key lessons learned from the project implementation? What recommendations could be replicated in similar projects implemented in comparable situations?
- Is the project replicable in other districts? Are there any specific recommendations to be considered when designing similar projects in the future?

Alignment and Harmonization

- What efforts were made to ensure alignment between the project and national priorities?
- How did the project contribute to national priorities and the ICI benchmarks?
- How did the government facilitate alignment between the intended project results and the national priorities?
- How effective/ facilitative was the UNDG ITF project approval process? How did it contribute to improved coordination and coherence in the overall programme/ project management? How these mechanisms can be used for programme/ projects outside the UNDG ITF?
- What has been the role of Sector Outcome Team (SOT) structures in contributing to programme/ project planning, implementation, monitoring and reporting? What have been the key challenges?
- How project/ programme was designed? Was any assessment undertaken to inform programming? What has been the contribution of peer review and/ or SOTs to programme planning and design?
- What existing/ available national structures/ processes/ mechanisms were used in support of planning, implementation, management and monitoring of the project/ programme?
- What has been the role of donors in the project design and planning?

Management of Development Results

- To what extent the project integrated the principles of RBM? What have been the key challenges and how these were addressed?
- What level of Government participation/ ownership was secured and maintained during project design? How?
- What were the major constraints/bottlenecks to effectively implement joint/ integrated programming?
- How did the project address the relevant crosscutting issues? What have been the key issues in integrating crosscutting issues?
- Did the project undertake a proper risk analysis, risk monitoring and management of risk?
- What risk mitigation strategies were developed and implemented?
- Did the project have any clear exit strategy? What arrangements were made to sustain project operational and programmatic structures?

Capacity Development Approach

- How did the project address capacity development of national partners?
- How the capacity gaps were identified and by who? Was any capacity assessment undertaken? If not, why?
- What capacity development approaches the project employed? What were the strengths and weaknesses?
- What instruments were used to monitor capacity development and what arrangements were made to ensure the sustainability of developed capacities?

National Ownership

- How did the programme/ project define and promote government ownership?
- What arrangements were made to ensure government ownership of the project?
- How the government was engaged during the transition phase – relief/ reconstruction to development?
- Was there any co-financing? If not, why and what efforts were made towards it?
- To what extent the government managed to lead and own the project? What were the key challenges?

Accountability

- Was the project results framework clear, logical and focused?
- What monitoring arrangements were in place? What were the key challenges? And how did the project team address those?
- Were adequate resources made available to support M&E at the various levels?
- What monitoring data was used for reporting? How was it collected, maintained and utilized?
- How were the national partners involved in the M&E of the project?
- Were any joint M&E initiatives (involving 2 or more UN agencies and/ or UN agency and national partner/s) undertaken?
- What systems were put in place to monitor programmes and projects remotely? How well they responded to agencies' and MDTF's reporting requirements? What have been the key challenges in monitoring and evaluation of the project?
- Did the project undertake any midterm and/ or annual review and/ or independent evaluations? If not, why? How were the national partners involved in these activities?
- What arrangements in place to share lessons and learning from the project within and outside the UNCT? If not, why?
- How did the project address the issue of donor visibility? If not, why?

APPENDIX A: **Interview protocol for UNFPA Staff**

Please record the official title of each interviewee, so that it is possible to connect this data with the data from other data collection tools used with other stakeholders under this project.

Introduction and Preamble:

Evaluation team members will introduce themselves briefly, and provide background and purpose for their meeting and interview.

Questions:

General information:

- What is your level of familiarity with EMOC project?
- How long have you been involved with EOC project?
- In what way are you involved in the project? What is the extent of your involvement?
- Was there someone else responsible for this role in EOC project prior to you? If so, how many times has this post changed since the design phase?

Effectiveness:

1. Has EMOC project achieved what it was set out to achieve, that is, improve the situation of health facilities and EMOC services provided for women (rehabilitation, equipment and strengthening the capacity of health providers)?

Probes: Did EMOC project delivere on its commitments and met your expectations? Please review the project's goal and key objectives—Do you feel the project has, to date, been effective in making progress towards these results? Overall, how satisfied are you with the project to date? What do you consider to be the main achievements of EMOC to date?

2. How satisfied are you with the *activities* being implemented by the project?

Probes: Are there activities that you have been disappointed with, or which have fallen short of their targets (in terms of quality or quantity)? Are there activities which you are particularly pleased with, or which have exceeded expectations?

[Follow up with questions related to each component of work]

a) **Rehabilitation activities; 24 major district hospitals and 7 primary health care centers nationwide were rehabilitated during the project's life.** Has the rehabilitation works met your expectation? Do you feel it is providing better health environment?
b) **Procurement of medical equipment, ambulances, monitoring vehicles, anatomical models and essential drugs was based on the lists of items approved by MOH.** Do you participate in revision of specifications of the medical equipment and essential drugs in direct consultation and coordination with MOH?
c) **Activities, to strengthen the capacity of health provider. Did the capacity of health providers** Improved as a result of training sessions (two TOT's on Emergency Obstetric Care and Cascade trainings (train 700 health providers and to cover all parts of Iraq).

3. What is your impression of the monitoring mechanisms in place in EOC project?

   Probes: Does the project provide quality assurance, monitoring, and follow-up support to the beneficiaries, as appropriate? Are you aware of, or participated in, the project's monitoring and evaluation activities?

<u>*Efficiency:*</u>

1. Do you feel that project is being managed effectively, in order to achieve efficient delivery of results?

   Probes: Do you feel the project results have, to date, been implemented efficiently? Have the original planned timelines been met? If they have not been met, are you satisfied with the reasons? What factors have contributed to or hindered the efficiency of the delivery of results? Is the project being implemented efficiently?

2. Please provide any comments you have about the efficiency of EOC project's activities.

<u>*Relevance:*</u>

1. Is the project in-line with the needs and priorities of teacher education in Iraq?

   Probes: Have you been involved in decision-making enough to ensure that the project's initiatives are coordinated with other initiatives of your ministry? Has this project sufficiently built on other donor interventions in education in Iraq, such as those related to *in-service* teacher education? Does the project, in your view, support the achievement of the UN Millennium Development Goals?

2. Have there been some activities which have been more relevant than others? Please explain.

<u>*Partnership:*</u>

3. Was there good partnership during the implementation of EOC?
1. Did the partnership ensure women participation? Has the project strengthened existing partnerships and how?
2. Were stakeholders consulted before starting the implementation and during planning and designing stage
3. Were there a sense of ownership among stakeholders (DoH, Health facilities' director, health staff, community leaders, IDPs, patients, others)

Sustainability:

Do you feel the interventions of this project are resulting in sustainable changes in health facilities?

Probes: Will there be a lasting effect on the health system in targeted hospitals & health centers? Will any of these activities will be replicated or expanded by the GoI?

Lessons Learned:

1. What recommendations do you have to maximize the impact and sustainability of all the hard work which has been done to improve the health facilities and capacity of health provider under EOC project?

2. What recommendations do you have for future UNFPA programs, in light of your experiences with this project?

APPENDIX B: Interview protocol for MoH and DoHs in the targeted governorates

Please record the official title of each interviewee, so that it is possible to connect this data with the data from other data collection tools used with other stakeholders under this project.

Introduction and Preamble:

Evaluation team members will introduce themselves briefly, and provide background and purpose for their meeting and interview.

Questions:

General information: **MoH & DoH**

- What is your level of familiarity with EOC project?
- How long have you been involved with EOC project?
- In what way are you involved in the project? What is the extent of your involvement?
- Was there someone else responsible for this role in EOC project prior to you? If so, how many times has this post changed since the design phase?

Effectiveness & Efficiency:

1. Did the rehabilitation achieve its goals (24 major district hospitals and 7 primary health care centres nationwide were rehabilitated during the project's life)? **MoH**
2. Did the rehabilitation achieve its goals in the targeted health facility in your governorate? **DoH**
3. How is the quality of medical equipments and supplies (ambulances, monitoring vehicles, anatomical models and essential drugs)? **MoH**

4. Was there good cooperation and coordination with the national RH expert / UNFPA during revision of medical equipments and essential drugs? **MoH**
5. From your perspective, has EOC project implementation been smooth and efficient in the targeted health facilities? **MoH & DoH**
6. Did the surveillance system implemented in all DoHs in targeted governorates? Please check the reports in MoH and DoH regarding surveillance system under EOC? **MoH & DoH**
7. What is the number of health workers trained Under the EOC project (2 ToT's on EOC in Egypt, Cascade training to train 700 health providers)? **MoH, DoH**
8. What departments are they represent. Please show me the training materials, training manuals..? **MoH**
9. Anatomical Models were requested and purchased to be used in the cascade training? Were these models delivered to the MoH warehouse in October 2005? **MoH**
10. What was the criteria in selecting the health workers for training (gender, geographic, others) **MoH**
11. What were the components of the training course? **MoH, DoH**

Relevance:

1. Do you feel the project met the needs of health facilities in upgrading EMOC services? **MoH**

   Probes: Do you have any recommendations which would have helped in making the EMOC project's work more relevant in providing quality RH services? Do you feel you have had sufficient input into the project's activities (rehabilitation, equipment & capacity building)?
2. Do you feel the project had met the needs of rehabilitating health facility (hospital or PHCC) in your governorate (rehabilitation, equipment)? **DoH**
3. Was the project (rehabilitation and equipments) implemented according to plan? Everything finished on time? **MoH & DoH**
4. If not, why not? Was UNFPA informed on time? **MoH**
5. Do you think the EMOC services had improved after rehabilitation and supply with essential medical equipments? **MoH & DoH**

Sustainability:

1. Do you feel the interventions of this project are resulting in sustainable changes in health facilities? **MoH & DoH**

Probes: Will there be a lasting effect on the health system in targeted hospitals & health centers? Will any of these activities will be replicated or expanded by the GoI?

2. Did all 24 major district hospitals and 7 primary health care centers complete the rehabilitation and equipments and are operational now? **MoH, DoH**
3. Are the medical equipments supplied by the project still serving its intended goals in enhancing the EMOC service quality? **MoH & DoH**
4. Is there a maintenance plan devised for the medical equipments supplied by the project, please describe this plan and who is in charge to insure the good operational condition of these equipments. **MoH & DoH**

Partnership:

4. Was there good partnership during the implementation of EMOC? **MoH & DoH**
4. Did the partnership ensure women participation? Has the project strengthened existing partnerships between the MoH and Women organizations and group, how? **MoH & DoH**
5. Were there a sense of ownership among stakeholders (DoH, Health facilities' director, health staff, Women organizations and group, community leaders, IDPs, patients, others) **MoH & DoH**

Lessons Learned:

Based on your experiences with this project, do you have any recommendations for UNFPA in their future planning of projects inside Iraq related to EMOC? **MoH & DoH**

APPENDIX C: <u>Interview protocol for Director of health facility (Hospitals & PHCCs) and other staff involved in EMOC:</u>

Please record the official title of each interviewee, so that it is possible to connect this data with the data from other data collection tools used with other stakeholders under this project.

Introduction and Preamble:

Evaluation team members will introduce themselves briefly, and provide background and purpose for their meeting and interview.

Questions:

General information:

- What is your level of familiarity with EMOC project?
- How long have you been involved with EMOC project?
- In what way are you involved in the project? What is the extent of your involvement?
- Was there someone else responsible for this role in EMOC project prior to you? If so, how many times has this post changed since the design phase?

Effectiveness & Efficiency:

1. Did the rehabilitation achieve its goals in the targeted health facility? How do you find the health facilities' conditions after the rehabilitation?
2. How was the condition of the health facilities before the rehabilitation?
3. How is the quality of medical equipments and supplies (ambulances, monitoring vehicles, anatomical models and essential drugs) delivered within the project?
4. Was there good cooperation and coordination with DoH during the implementation of EMOC?
5. From your perspective, has EMOC project implementation been smooth and efficient in the targeted health facilities?
6. Were all health staffs in the hospital aware about the EMOC project, in order for better and organized management during referral of patients?
7. Is the referral system under EMOC project implemented and all health staff aware about this system in order to deal properly with emergency cases (receptionist, nurses in emergency ward and delivery rooms…)?
8. Does the condition of the health facilities serving health staff to have better health outcomes in obstetric care?
9. In your facility what is the percentage of health workers (Doctors, nurses and others) trained Under the EMOC project (Hospital or PHCCs) (2 ToT's on EMOC in Egupt, and cascade training for 700 health providers took place)?
10. Are there guidelines for EMOC service delivery, please show me?
11. Are all staff in the facility aware about the guidelines?

Relevance:

1. Do you feel the project met the needs of health facility (hospital or PHCC) (rehabilitation, equipment)?
2. Was the project (rehabilitation and equipments) implemented according to plan? Everything finished on time?

3. Do you think the EMOC services had improved after rehabilitation and supply with essential medical equipments?

Sustainability:

1. Do you feel the interventions of the EMOC project have resulted in sustainable improvments in obstetric services provided for women (Hospital & PHCCs)?

2. Are new medical equipments still serving their intended goals in enhancing the medical service quality?
3. Is there a maintenance plan for the medical equipments, please describe this plan and who is in charge to ensure the good operational condition of these equipments.

Partnership:

1. Was there good partnership between the DoH & MoH during the implementation of EMOC?
2. Did the partnership ensure women organization and groups' participation?
3. Is there a committee in the hospital regarding EMOC?
4. Are women from the community represented in this committee?
5. Were there a sense of project ownership among stakeholders (DoH, Health facilities' director, health staff, community leaders, IDPs, patients, others)?

Lessons Learned:

1. Based on your experiences with this project, do you have any recommendations for UNFPA in their planning of future projects related to EMOC project?
2. What are the good practices that have resulted from this project?
3. How and why were some of these practices labelled as 'good practice'? Substantiate with evidence.
4. What should have been done differently?

APPENDIX D: Interview protocol for Doctors, Nurses& Midwives (Gynecologist and Obstetric care department):

Please record the official title of each interviewee, so that it is possible to connect this data with the data from other data collection tools used with other stakeholders under this project.

Introduction and Preamble:

Evaluation team members will introduce themselves briefly, and provide background and purpose for their meeting and interview.

Questions:

General information:

- Are you familiar with EMOC project?
- Are you involved with the EMOC project, what is your responsibility?
- In what way are you involved in the project? What is the extent of your involvement?
- Was there someone else responsible for this role in EMOC project prior to you? If so, how many times has this post been changed since the project was implemented?

Effectiveness & Efficiency:

1. Did the rehabilitation achieve its goals in the targeted health facility? How do you find the health facilities' conditions after the rehabilitation?
2. How was the condition of the health facilities before the rehabilitation?
3. In your opinion How is the quality of medical equipments and supplies (ambulances, monitoring vehicles, anatomical models and essential drugs) delivered within the project?
4. Have you been trained on EMOC, who, when, what type of training did you get? Please refer to the training session material (training manual, services delivery and referral guidlines, dummies, hand outs)?
5. From your perspective, was the EMOC project implementation smooth and efficient in the targeted health facilities?
6. How has the work environment of the doctors and nurses in the facility changed since the beginning of the EMOC intervention?
7. Is there an Anaesthetist in the hospital?
8. Is there a team nominated for EMOC in the hospital?
9. Were all health staffs (Doctors and nurses) in the hospital aware about EMOC project, especially in the area of dealing with EMOC cases (for better and organized management during referral of patients inside the hospital)?
10. What are the procedures followed by the nurse in delivery rooms if she encountered an emergency case like bleeding, hypertension and toxaemia of pregnancy?
11. What are the procedures followed by the resident doctor in delivery rooms if she encountered an emergency case like bleeding, hypertension and toxaemia of pregnancy?
12. Is the referral system under EMOC active and all health staffs aware about this system in order to deal properly with the emergency cases (receptionist, nurse, emergency room…)? Did you get training on referral system?
13. Are there guidelines on management of hemorrhage, obstructed-labor? please give me a copy.
14. Are the enviorenment of the health facility conducive to deliver better EMOC to women in need? If not why?

Relevance:

1. Do you feel the project have met the needs of health facility (hospital or PHCC) (rehabilitation, equipment)?
2. Was the project (rehabilitation and equipments) implemented according to plan? Everything finished on time?
3. Do you think the EMOC services have improved after rehabilitation and the supply of essential medical equipments?

Sustainability:

1. Are the delivered medical equipments still serving their intended goals in enhancing the medical service quality?
2. Is the health staff still following the guidelines of EMOC project?
3. Has the number of patients increased after the rehabilitation and delivery of supplies and medical equipments?

Partnership:

1. Is there a committee in the hospital regarding EMOC?
2. Are women from the community represented in this committee?
3. Were there a sense of project ownership among stakeholders (DoH, Health facilities' director, health staff, community leaders, IDPs, patients, women organization and groups', others)?

4. Did the partnership ensure women participation?
5. Is there a women committee in the hospital regarding EOC?
6. Were there a sense of ownership among stakeholders (DoH, Health facilities' director, health staff, community leaders, IDPs, patients, others)

Lessons Learned:

5. Based on your experiences with this project, do you have any recommendations in the planning of future EMOC related project?
6. What are the good practices that have resulted from this project? Please give Evidence
7. How and why did some of these practices be labelled as a 'good practice'? Substantiate with evidence.
8. What should have been done differently?

APPENDIX E: Interview protocol for Beneficiaries / patients (women who gave birth):

During the visit to PHCC, you can meet women who gave birth at the facility (during child's first vaccination).

Introduction and Preamble:

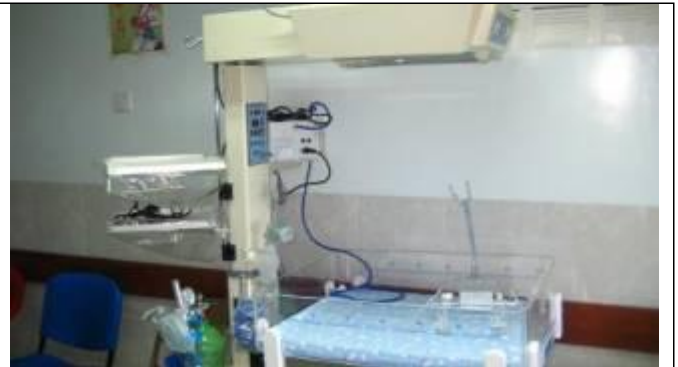
Evaluation team members will introduce themselves briefly, and provide background and purpose for their meeting and interview.

Questions:

Questions for patients	**Excellent**	**Good**	**Average**	**Bad**	**Remarks or (YES/NO)**
How do you rate the obstetric services in this health facility?					
What type of care did you get in this hospital during delivery?					
Do you think that the condition of the health facility is excellent good, average or bad?					
What more do you think the facility need to improve obstetric services?					
Was the delivery room well equipped and prepared during your child birth?					
Did you face any problems during your delivery? If yes how the nurses and doctors react to that?					
According to your experience during the child birth, do you think you received proper treatment in this facility?					

ANNEX E: Pictures of facilities:

Duhuk: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Obstetric emergency room	Obstetric emergency room
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Obstetric emergency room	Obstetric emergency room

Obstetric emergency room	Obstetric emergency room
Ambulances	The hospital
Sarsank health centre	Sarsank health centre

Erbil:

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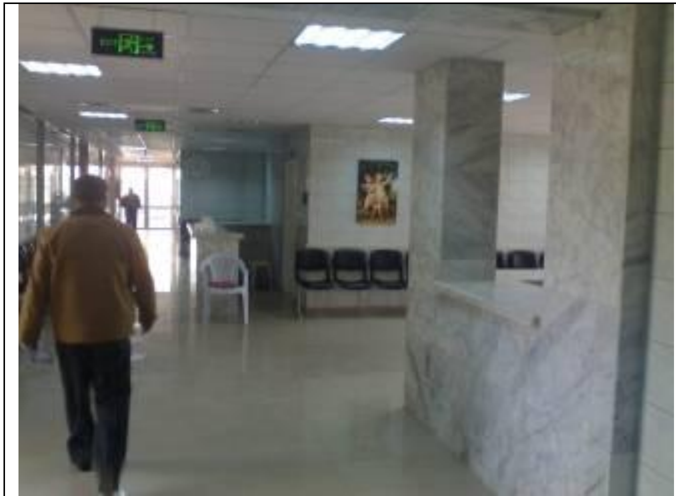
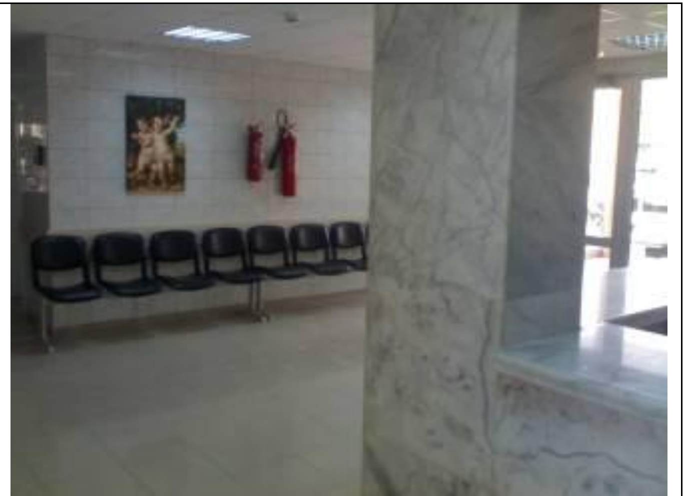
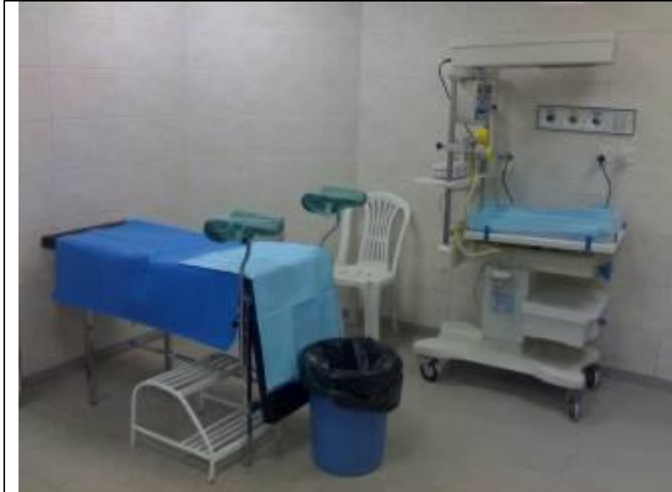
Bastora health center	The materials

Sulaymania:

	
Sulaymania Hospital	Sulaymania Hospital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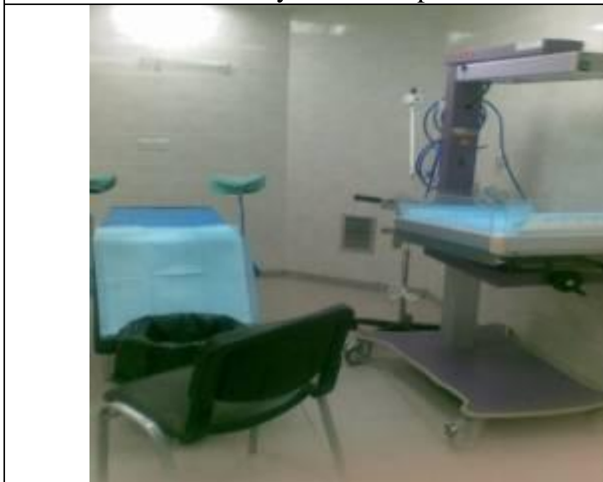
Sulaymania Hospital	Obstetric emergency room

Sulaymania Hospital	Obstetric emergency room
	
Obstetric emergency room	AlSulaymania Hospital

Basra:

Al Mawanyaa' Hospital / Basra	Al Mawanyaa' Hospital / Basra

Missan:

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Obstetric emergency room/ Missan	Obstetric emergency room/ Missan
Almajar Al Kaber Staff/ Missan	Obstetric emergency room/ Missan
Obstetric emergency room/ Missan	Obstetric emergency room/ Missan

ANNEX F: SOC Background

Stars Orbit Consultants is an external Monitoring and Evaluation organization; its strength lies in the long experience of the corporate management team and its employees. SOC's mission is to achieve professional Monitoring and Evaluation aiming to evaluate the past, monitor the present and plan for the future.

Between 2004 and 2009, SOC successfully performed Monitoring and Evaluation activities on more than 200 programmes and grants on behalf of donors and international organizations in various parts of Iraq including (Baghdad, Basrah, Missan, Thi Qar, Mothanna, Qadissiya, Najaf, Babil, Karbala, Anbar, Mosel, Salah El Din, Diyala, Kurkuk, Erbil, Sulaymanyia and Dohuk), the Monitoring and Evaluation activities have been carried out by more than 30 qualified, well trained and professional employees stationed in all the 18 governorates.

Since most of the projects implemented in Iraq are now remotely managed from outside Iraq, the need for professional, effective, objective and honest monitoring and evaluation mechanism starts to grow to ensure that the program meets its original objectives, donor perspective and expected outputs.

For more details on SOC and its activities, please visit www.starsorbit.org