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2023 | Evaluation Report

IRAQ

“Emergency Initiatives in
favour of most vulnerable
people in Iraq”

(2017 - 2020)
(AID 011048, 011267)



This independent evaluation was commissioned by Office III by the Directorate General for Development Cooperation of the Ministry of Foreign Affairs and International Cooperation to the company Think Global SRL through a public award procedure pursuant to Article 36 of the Code of Public Contracts.

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The views expressed in this document represent the views of the assessors and do not necessarily coincide with those of the client.

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1. Acronyms and Abbreviations

AICS	Italian Agency for Development Cooperation
AISPO	Italian Association for Solidarity among Peoples (NGO)
CHS	Core Humanitarian Standards
COOPI	International Cooperation (NGO)
DAC	Development Assistance Committee (EvalNet)
DG ECHO	Directorate General for European Civil Protection and Humanitarian Aid Operations
DGCS	Directorate-General for Development Cooperation
Doe	Directorate of Education
Doh	Directorate of Health
EU/EU	European Union
GHD	Good Humanitarian Donorship Principles
HC	Humanitarian Charter
HDN	Humanitarian-Development Nexus
IASC	Inter-Agency Standing Committee
ICRC	International Committee of Red Cross (and Red Crescent)
IDP	Internal Displaced People
IHF	Iraq Humanitarian Fund
HRP	Humanitarian Response Plan
INGO	International Non-Governmental Organization
ISIL	Islamic State of Iraq and Levant
ISIS	Islamic State of Iraq and Syria
KII	Key Informant Interview
KRI	Autonomous Region of Iraqi Kurdistan
LRRD	Linking Relief, Rehabilitation and Development

MAECI	Ministry of Foreign Affairs and International Cooperation
AIM	Multi-sector Initial Rapid Assessment
OCHA/UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development
NGO	Non-governmental organization
OSC	Civil Society Organization
PIN	People In Need (NGO)
PSS	Psycho Social Support
RMNH	Reproductive Maternal and Newborn Health
SDG	Sustainable Development Goal
A	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UPP	A bridge for (NGO)
USAID	United States Agency for International Development
WHO	World Health Organization

2. Executive summary

The activity at the origin of this report is aimed at assessing according to the DAC/OECD criteria the impact of two Emergency Initiatives funded by the DGCS, managed by AICS (hereinafter the Agency) relevance and implemented by OSC, held in Iraq between 2017 and 2020.

Specifically, these are :

- AID 11048: "Emergency Programme in response to the Mosul crisis"
- AID 11267: "Emergency initiative in favor of displaced persons, refugees and host communities in the Autonomous Region of Kurdistan and surrounding areas"

The projects funded through the Initiatives have been implemented in the framework of the broader humanitarian response coordinated through the sector Clusters; The main areas of implementation were:

- Health
- Education

Initiatives were evaluated against the following DAC/OECD criteria:

- Relevance
- Coherence and complementarity
- Effectiveness
- Efficiency
- Impact

The 11048 Programme, with a budget of € 1,773,682.00 (€ 435,000 for each project) ran from July 2017 to the end of October 2018.

The areas of operations were the Nineveh Governorate for Education and Health activities, the Duhok Governorate and the Sulaymaniyah Governorate for Health initiatives and finally the Erbil Governorate for Education projects.

Within the framework of the 11048 Program, two projects have been implemented for a total commitment of € 870,000 in the Health Sector (OSC AISPO and UPP) and two projects in the Education Sector (OSC COOPI and INTERSOS) for a commitment of € 860,000.

Programme 11267 ran from September 2018 to the end of September 2020.

The activities related to the Health sector were implemented in the Governorates of Duhok and Nineveh, the activities related to the Education sector were carried out in the Governorate of Nineveh.

The financial allocation in this case was € 1,220,000 for each of the two sectors, for a total of 4 projects carried out, with the CSOs AISPO and UPP implementing the actions in the Health sector and PIN and INTERSOS in that of Education.

The activities have to be considered in substantial continuity with what has been achieved during the AID 11048 Program, of which they represent the continuation in a rapidly evolving context.

The initiative focused on helping the rehabilitation of affected areas and community cohesion through the restoration of public services accessible to all, regardless of income or status

(refugee, displaced or resident). The aim was to support local authorities in linking humanitarian and development in order to facilitate the transition to medium-term stabilization and development initiatives.

In addition, the initiative aimed to improve access, inclusion and quality of basic education and health services for Syrian refugees, Iraqi displaced persons and their host communities, with a particular focus on the most vulnerable groups, such as ethno-religious minorities, women, children and persons with disabilities.

The period of implementation of the two programs coincided with a structural change of the humanitarian crisis in the area and, in particular, in Iraqi Kurdistan, going through an initial phase of assistance to populations fleeing the conflict with ISIS followed by a phase of support for the return of the same populations to the territories of origin and, at the same time, supporting for the reintegration of populations settled in the areas of intervention following the fall of ISIS and for people who remain displaced.

The evaluation therefore considered the DAC/OECD criteria for the analysis of the implemented projects, while focusing on the long-term impact of the interventions, also considering the current strategic structure of the Italian Cooperation in the area of intervention.

Following the approval of the Inception Report (April 2023), the data collection activity was launched, carried out through the data analysis from the documentation made available by AICS and the implementing CSOs, *desk reviews* of the sector literature and targeted interviews with key *stakeholders* and Focus Group Discussions (FGD) with groups of beneficiaries, carried out partly remotely and partly during the field mission that took place from 17 to 27 May 2023, during which primary data has been collected to define the evidences that emerged already during the desk review phase.

Specifically, regarding methodology for data collection and analysis, we proceeded as follows:

- **Desk Analysis:** Carried out on three main levels:
 1. Desk Review of Project and Planning Documents
 2. Review of CSO internal reports (Monitoring Reports, Technical Reports, Publications)
 3. Review of the sector literature, including the guidelines recommended by the reference Clusters.
- **Key Informant Interview**, in the form of a guided conversation starting from the evaluation questions (Annex II)
- **Focus Group Discussions**, in groups of 8-10 participants, mainly used during meetings with local stakeholders
- **Physical inspections** at implementation sites, accompanied, when possible, by project managers or thematic experts who followed the implementation

For each of the 5 criteria identified, the findings emerged during the evaluation activities has been reported.

Based on the results of the analysis, Lessons Learned, Conclusions and Recommendations have been then identified and elaborated, organizing them according to the evaluation criteria and codifying them univocally: each lesson learned therefore corresponds to a

conclusion that originates a recommendation. Below is a summary of what emerged, illustrated in detail in sections 7,8,9 and 10.

RELEVANCE

Needs Assessment

What emerged in the survey phase shows that the Agency has not systematically used all available means to participate in Assessment activities, in the framework of humanitarian coordination and in its sectors of intervention, in order to better assess the adequacy of the project proposals regardless of the strategy of reference *clusters*. In an emergency context response, within the framework of the evaluated programs, this function is delegated to the Humanitarian Coordination and the Sectoral Clusters of reference, however one of the operational advantages of having a Branch Program Office in Erbil could be precisely to provide technical support to CSOs through support in needs analysis activities.

Evaluation of Project Proposals

Since the evaluation grids of the project proposals are standardized, it is complicated to enhance the peculiarities related to the operational context; therefore, it would be appropriate to develop a system that is certainly standardized, but more adaptable.

Sectors of Intervention and Internationalization

Given the peculiarity of the procedures, where Italian is standard reporting language, the participation of international actors is severely limited, with potential consequences on the quality of the interventions, which are limited to the sectors of expertise of Italian CSOs operating in the area.

COHERENCE AND COMPLEMENTARITY

Connection with Development Cooperation Projects

Following the survey, a potential disconnection emerged between the multi-annual development strategy and emergency response, for which it would have been desirable to strengthen coordination, especially between the Amman office (or Beirut in the case of the 11048 Program) and the Erbil Program Office.

Transition, Post-Emergency Phase and Exit Strategy

Some of the projects related to the Programmes under evaluation are particularly weak in terms of exit strategies, which would require greater involvement of local partners and a strengthening of transition and exit strategies from the emergency phase.

EFFECTIVENESS

System of Indicators

Following the evaluation, emerged the need to design a structured system of *outcome* indicators based on the emergency approach, which goes beyond the current approach based on activities *outputs* to define the achievement of the project objectives. Considering that the analysis is related to Programs designed before 2018, the reference is clearly related to the guidelines in place at the time of Proposals design.

Monitoring Strategies

Similarly, some of the implementing CSOs did not have an adequate internal monitoring system at the time of the implementation of the Projects related to the Programmes under Evaluation, and it is therefore suggested to adopt a standardized approach, which could allow effective monitoring.

EFFICIENCY

Project Replication

Some of the projects analyzed have been repeated over the years in the same area, by the same actors, covering typical needs of a protracted emergency, in these cases, it should be considered to adopt multi-year funding strategies in order to minimize *overprocessing* and reiteration of the same project proposals, in continuity with the past ones, in order to maximize the efficiency of the interventions.

IMPACT

Budget

The resources available are generally limited, therefore, beyond raising the financial allocations of projects to the maximum allowed by the procedures, as has been done the subsequent initiatives, it might be sensible to consider concentrating efforts on a single area of activity sector in order to maximize the impact of the Initiatives.

Stakeholder Engagement

In continuity with the above, in order to ensure a long-term impact, it can be strategically appropriate to support projects that, although sometimes implemented by actors not fully structured, were able to find greater roots through a greater and systematic involvement of local *stakeholders*.

3. Introduction

This report is the final product relating to the contract signed on 29/12/2022 by Think Global SRL and the Italian Ministry of Foreign Affairs and International Cooperation (Directorate General for Development Cooperation) relating to the impact evaluation service of the programme: "Emergency initiatives in favor of the most vulnerable people in Iraq" (AID 011048, 011267)", whose activities were started on 28/02/2023.

3.1 Objectives of the Evaluation

The purpose of this assignment is to provide an external and independent evaluation of the activities related to the AID 11048 "Emergency Program in Response to the Mosul Crisis" and AID 11267 "Emergency Initiative for Displaced Persons, Refugees and Host Communities in the Autonomous Region of Iraqi Kurdistan and Neighboring Areas".

The Evaluation, also considering the indicators related to each project activity, focused on the analysis of the impact generated by the projects under evaluation, and specifically:

- Observed changes in the social context of reference (IDPs, returnees and host communities);
- Triggered changes in the ability of local authorities to take charge of the activities supported by the projects;
- Unexpected or unforeseen changes, triggered directly or indirectly by projects and their activities;
- Impact of context volatility in project implementation.

The impact assessment has been based on the evaluation of cause-effect links demonstrable through qualitative and quantitative analysis.

3.2 Scope and Object of the Assessment

The scope of the analysis included evaluation of the main project sectors of the portfolio related to AID interventions 11048 and 11267:

- Health
- Education

The evaluation exercise analyzed to what extent the action of the Italian Cooperation has influenced national policies, strategies and programs, contributing to the achievement of the SDGs indicated in the project documentation:

- Goal 1 – Target 3: Implement adequate social protection systems and measures at national level for all, including plans, and by 2030 achieve substantial coverage of the poor and vulnerable;
- Goal 11 – Target 1: Ensure access to adequate, safe and affordable housing and basic services for all;
- Goal 16 – Target A: Strengthen relevant national institutions, including through international cooperation, to build capacity at all levels, particularly in developing countries, to prevent violence and fight terrorism and crime.

Initiatives were evaluated against the following DAC/OECD criteria:

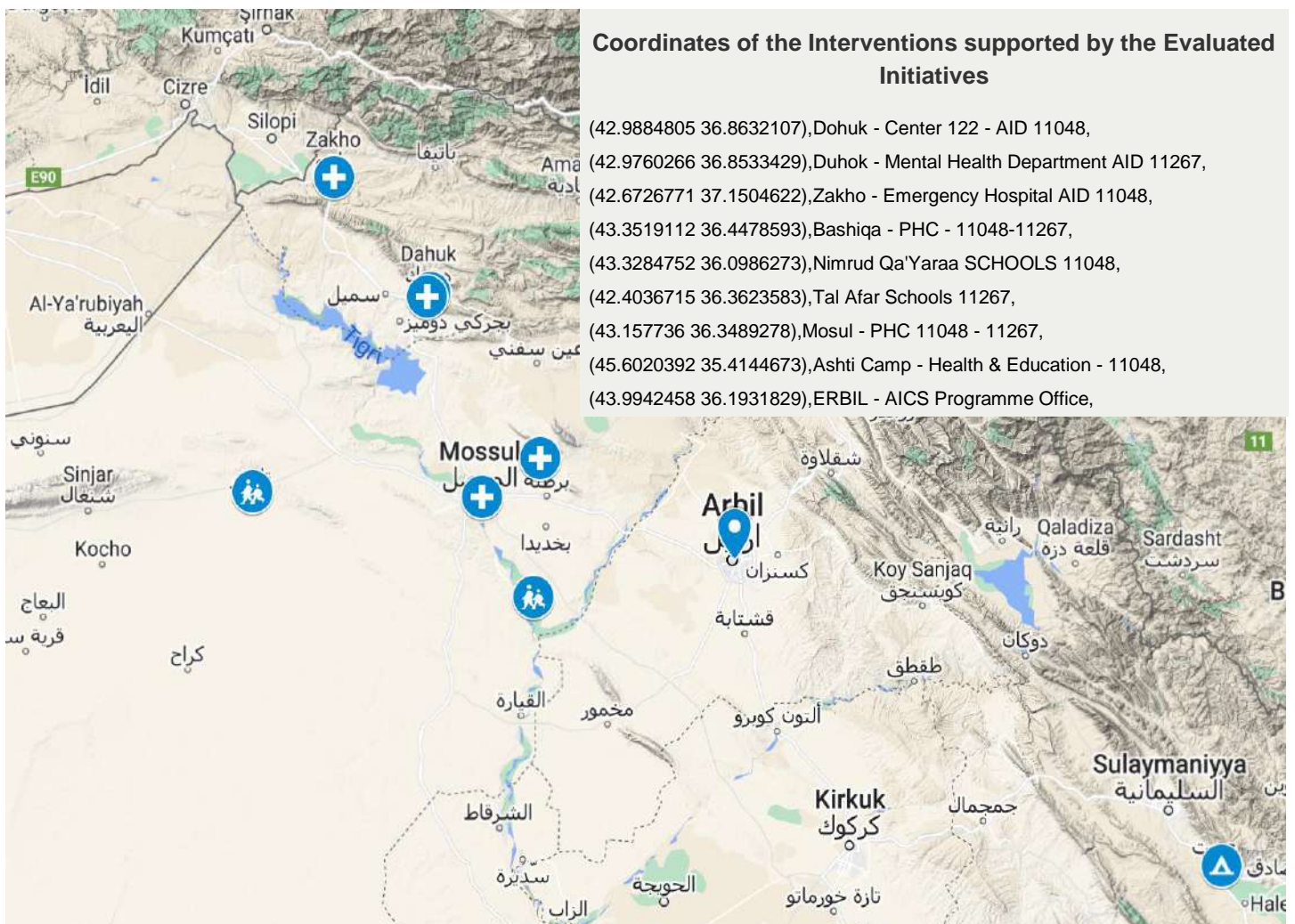
- Relevance
- Coherence and complementarity
- Effectiveness
- Efficiency
- Impact

The full matrix of the assessment is Annex III to this report.

It also considered how and to what extent the initiatives have changed the context in a direction of greater equity and social justice or have influenced cross-cutting issues (including human rights, gender equality, environment and disability).

3.3 Program Locations

The location of the projects supported by AID initiatives 11048 – 11267 is indicated in the map below.



The map can be consulted at the following link:

https://www.google.com/maps/d/u/0/edit?mid=1zzbbzHUNLBr_mrlsZ9ApjowHQA8stTk&usp=sharing

4. Methodology

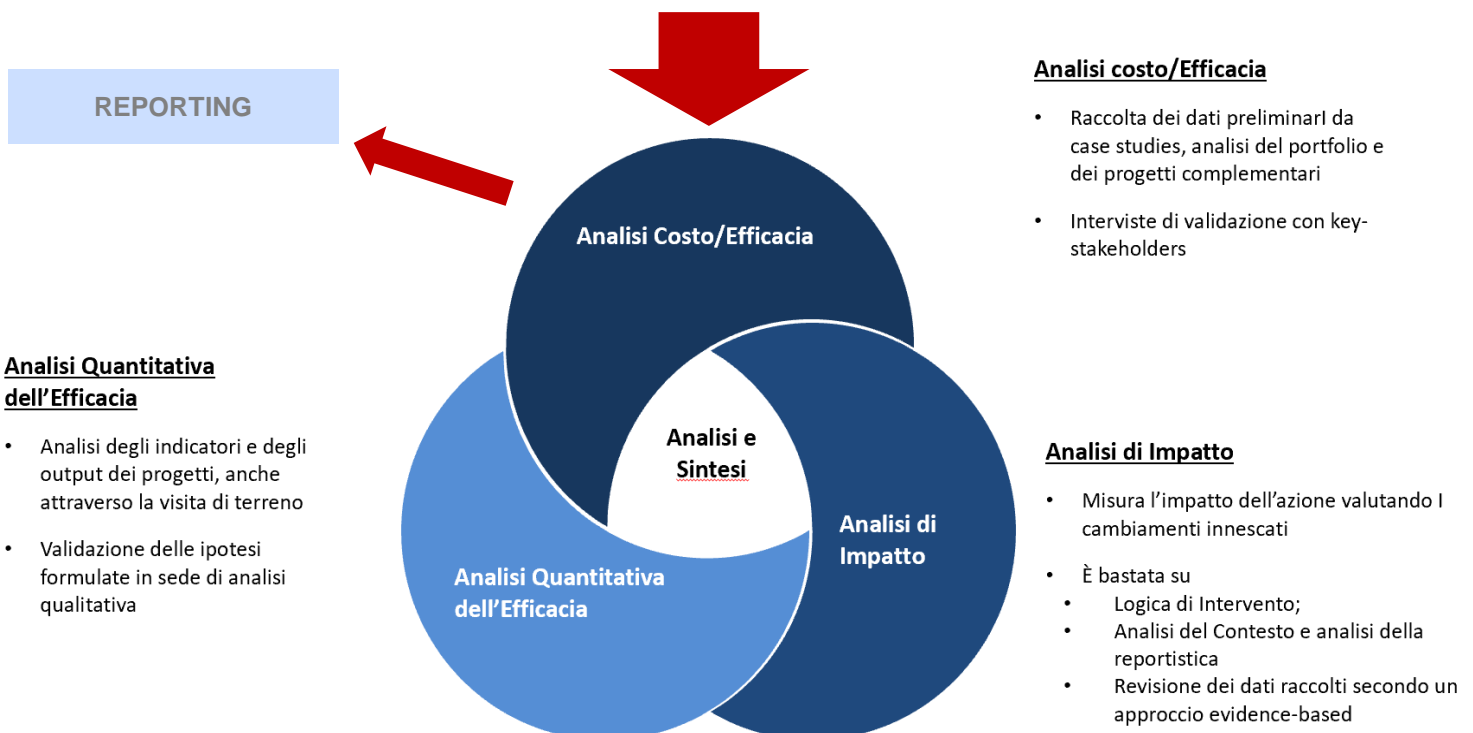
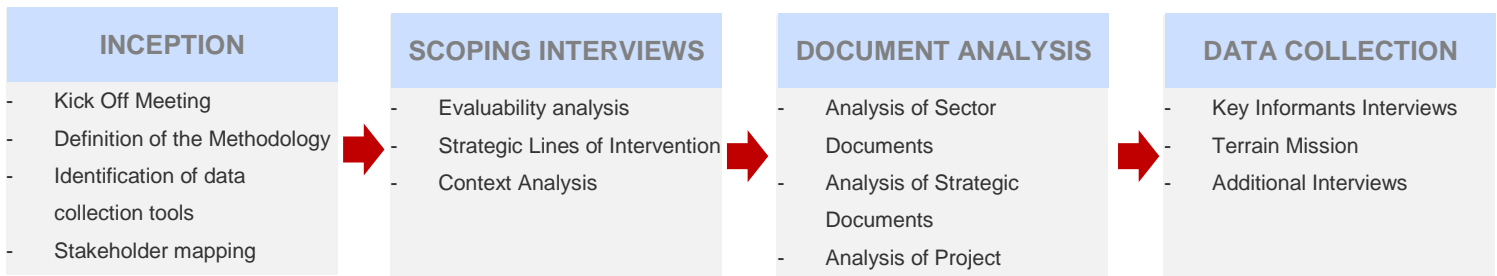
4.1 Methodological Note

The evaluation draws conclusions and recommendations on the basis of the evaluation criteria: relevance, coherence and complementarity, effectiveness, efficiency, aimed globally at defining the impact of the projects on the reference context. To this end and to provide a solid knowledge base for evaluation, reliance was placed on the use of well-established assessment techniques, in line with international *best practices* as codified by the DAC/OECD Evalnet network.

The approach is characterized as follows:

- In-depth analysis of project actions, objectives, actions and preconditions,
- Detailed evaluation matrix with evaluation questions related to indicators and evaluation criteria;
- Analysis of qualitative and quantitative data through the following activities:
 1. Document Analysis (Project and Program Reports)
 2. Context Analysis and Review of Sector Literature (Thematic Clusters, Humanitarian Response Strategies)
 3. Key Informant Interviews
 4. Focus Group Discussion

The following figure provides an overview of the sequence of activities and steps involved in capturing qualitative, quantitative, and perception data:



REPORTING

4.2 Limitations found

Following preliminary consultations, it was necessary to identify the following initial assumptions related to data collection and analysis, identifying a potential impact due to limitations in the ability to collect primary data on the ground or in conducting interviews and surveys involving actors who participated directly in the implementation of projects:

- 1) The implementation period of the AID 11047 programme is between 2017 and 2018; the program and the related projects implemented by CSOs were conceived and implemented based on a call for proposals that considered the humanitarian situation as it was in the second half of 2016, then substantially changed between the issuance of the *same call for proposal* and the implementation period;
- 2) Since these are emergency programmes, which by definition have a limited duration in time (maximum 24 months for AICS and DG ECHO), the conclusion of the same, including any extensions, took place in September 2018 (11048) and September 2020 (11267); considering the high *turnover* of CSOs' staff that normally occurs in humanitarian response contexts and the extreme mobility of the beneficiary populations in the period considered by the evaluation, as well as the type of activities implemented, it should be considered that:
 - a) CSO project managers and expatriate staff were found in many cases to be no longer on duty in the area, which made it impossible to detect the direct perception of many of the actors.
 - b) Direct beneficiaries of the interventions, with some exceptions, were no longer in the implementation area as they returned to their territories of origin, both due to the demobilization of part of the camps and thanks to the return of conditions of relative stability in the areas of origin.
- 3) The program was initiated by the AICS Office in Beirut and only later taken over by Amman Office, which took over by transfer of territorial competence; in any case, all the documentation is available and has been shared by the AICS Program Office in Erbil;
- 4) For security reasons and following the advice of the Italian Embassy in Iraq, as well as the Consular Office in Erbil, it was considered appropriate not to carry out inspections in the area south of Mosul.

The methodological approach considered the initial assumptions, strengthening the document analysis component relating to:

- a. Current Strategic Structure of the Italian Cooperation in the area
- b. Operational context and work of the humanitarian community
- c. International Sectoral Best Practices
- d. Coherence and Complementarity with the projects promoted by comparable donors in the area of intervention
- e. Coherence and Complementarity with the projects financed and promoted by the Italian Cooperation in the area of intervention.

5. Context Analysis

5.1 Description of the Intervention Context

The evaluation activity considers the Iraqi scenario between autumn 2016 and autumn 2020.

In the 4 years covered by the analysis, the situation in Iraqi Kurdistan has undergone profound changes, essentially due to the evolution of the regional scenario, which saw, in July 2017, the fall of ISIS and the abandonment of its zones of influence in the area between Northeastern Syria, the Nineveh region and the Mosul area.

In Iraq, the Italian Cooperation is historically active in supporting the most vulnerable populations, whether they are refugees, displaced persons, ethnic-religious minorities, including Christians and Yazidis, women, minors and people with disabilities, mainly through health, educational and protection interventions, substantially financed synergy between the different types of intervention (ordinary/emergency) and financing channel (bilateral/multilateral). As for the geographical focus, considering the degree of vulnerability of the population present and the general political instability of the area, the disputed territories of the Nineveh Plain have been the target of several interventions, even before the advance of ISIS. In September 2013 a dedicated cooperation unit was opened at the local Consulate in Erbil and in the same year, in line with the commitment of the Government and the Italian CSOs on the humanitarian crisis due to both the Syrian conflict and the internal conflict in the country, the Italian Cooperation has been activated with both emergency and multilateral interventions, in response to humanitarian appeals, and bilateral (also in support of the HRP), with assignments to Italian CSOs and transport/distribution activities of emergency items.¹

Since 2014, the humanitarian initiatives implemented by AICS had as their main objective the improvement of the accessibility, inclusiveness and quality of basic education and health services for Syrian refugees, Iraqi displaced persons and host communities, paying particular attention to the most vulnerable categories, in particular ethnic-religious minorities, women, minors and persons with disabilities.

As of 2014, the Triennial Programming Document and Guidelines 2014-2016 no longer classifies Iraq as a priority country, while maintaining a humanitarian focus on the Iraqi Kurdistan region.

This strategy has been reinforced in the 2016-2018 Programming Document, with the reintegration of Iraq as a priority country, with a focus on the stabilization process of the areas liberated from ISIS control with particular attention, in addition to the continuation of activities related to humanitarian assistance, to the protection of cultural heritage and support for democratic processes.

In this context, emergency initiatives related to the AID 11048 Programme took place, being launched at the end of 2016, whose activities were carried out during 2017 and 2018, finding continuity within the framework of the initiatives supported by the AID 11267 Programme, carried out in the same areas, with a greater financial allocation and which took into account the evolution of the situation in the area of operations during the 2017.

¹ <https://amman.aics.gov.it/home-ita/paesi/iniziative/iraq-contesto/>

6. Framework of Initiatives

6.1 AID 11048 – Description and Objectives of the initiative

In the context of the evolution of the Syrian conflict and the advance and stabilization of the Islamic State in northeastern Syria since 2013, culminating in 2014 with the occupation of the city of Mosul, a flow of displaced people from Syria and inland areas has reached Iraqi Kurdistan. Kurdistan Region of Iraq (KR-I) authorities oversaw the installation of reception camps near the Iraqi border. To this flow, in conjunction with the operations to reconquer the territory under the control of ISIS launched in 2016, hundreds of thousands of internally displaced people have been added, fleeing the areas most affected by the conflict; this led, in the autumn of 2016, to about 3 million displaced people in the area at the time of the launch of the initiative, including Syrian refugees and IDPs. In this context, the initiative was launched, with an allocation of € 1,773,682.00 on the bilateral channel for the implementation of the Emergency Initiative.

Project title: Emergency Programme in Support of the Mosul Crisis

General Objective: Support to the most vulnerable displaced populations from Mosul, the Nineveh plain and host communities through the rehabilitation and strengthening of basic social, health and educational services, promoting and facilitating the return of displaced persons to their communities of origin, where security conditions allow it.

Sectors of Intervention: Education and Health

Implementing CSOs:

- Health Sector: AISPO, UPP
- Education Sector: INTERSOS, COOPI

Direct Management: Interventions in the health sector and emergency management in the governorates of Duhok, Sulemania and Erbil.

The program ran from July 2017 to the end of October 2018. The areas of operations were the Nineveh Governorate for Education and Health activities, the Duhok Governorate and the Suleimania Governorate for Health initiatives and Erbil Governorate for Education projects.

The initiative aimed to improve the accessibility, inclusiveness and quality of basic education and health services for Syrian refugees, Iraqi displaced persons and host communities, paying particular attention to the most vulnerable groups, in particular ethno-religious minorities, women, children and persons with disabilities.

6.2 AID 11267 – Description and Objectives of the Initiative

In the context of the evolution of the humanitarian crisis in the area of operation, following the further complications arising from the referendum for the independence of Iraqi Kurdistan in September 2017, in the face of the increased flows of refugees and internally displaced persons following the liberation of areas controlled by ISIS, the Italian Cooperation, with resolution of 17/11/2017, allocated € 2,500,000.00 from the 2017 Emergency Funds for the implementation of emergency initiatives that would guarantee continuity in responding to the needs of the assisted populations, thus maintaining the same general objective.

Project title: Emergency initiative for displaced persons, refugees and host communities in the Autonomous Region of Iraqi Kurdistan and surrounding areas

General Objective: To improve the living conditions of displaced Iraqis, Syrian refugees, returnees and host communities in the governorates of northern Iraq most affected by the humanitarian crisis that began in June 2014, promoting and facilitating the return of displaced persons to their communities of origin, where security conditions allow.

Sectors of Intervention: Education and Health

Implementing CSOs:

- Health Sector: AISPO, UPP
- Education Sector: INTERSOS, PIN

Direct Management: not implemented.

The program ran from September 2018 to the end of September 2020.

The activities related to the Health sector were implemented in the governorates of Duhok and Nineveh, the activities related to the Education sector were carried out in the Governorate of Nineveh.

The activities are to be considered in continuity with what has been achieved during the AID 11048 Program, of which they represent the continuation in a rapidly evolving context.

The initiative had an approach aimed at promoting territorial and community recovery through the reactivation of public services that benefit the entire population regardless of income and status (refugee / displaced / returned),² thus aiming to support local authorities in the perspective of the H-D Nexus with the prospect of facilitating the transition to medium-term initiatives focused on stabilization and development.

The Programme has been strongly impacted by the COVID-19 pandemic during the last months of implementation.

² AID 11267 – Final Activity Report – Par 1.6 "Exit Strategies"

7. Results of the Analysis

7.1 Introduction to Evaluation Logic

The analysis of the AID Programmes 11048 and 11267 was carried out jointly, the Programmes being consecutive and covering the same areas of intervention.

For each of the evaluation criteria identified and agreed, a sectoral analysis was carried out, relating to:

- Governance and Coordination Model
- Interventions in the Health Sector
- Interventions in the Education Sector
- Directly managed activities

Each of the projects directly implemented has been analyzed in the light of the identified criteria and the project sheets constitute Annex I to this Evaluation Report.

The analysis and evaluation activities began following the approval of the Inception Report and ended at the beginning of June 2023.

Activities included:

Document analysis:³

- Project Reports
- Program Reports
- Internal Monitoring Reports
- Project Evaluation Reports
- Sector Cluster Strategic Documents
- Activity Reports of Sector Clusters
- Strategic Documents of DGCS and AICS

The documentary analysis was mainly aimed at collecting qualitative and quantitative data on the definition and achievement of the objectives of the initiatives.

Interviews and Focus Groups:⁴

- Targeted interviews with the staff of the implementing CSOs
- Targeted interviews with AICS staff on site
- Targeted interviews with institutional and project stakeholders
- Focus Groups with the beneficiaries of the Initiatives

During the second half of May 2023, a field visit was also carried out in the areas of implementation of the projects, both in KR-I (Erbil, Duhok, Zakho, Sulemania) and in Federal Iraq (Mosul, Bashiqa).

³ Annex IV "List of Sources of Analysed Data"

⁴ Annex V "List of persons interviewed"

Interviews and *focus groups*, carried out mainly during the field mission, had the main function of collecting perception data aimed at framing the results of the quali-quantitative analysis.

The inspections carried out during the field mission also made it possible to carry out a detailed verification of the *outputs* of the project activities, with focus to the realization of any planned infrastructure works.

7.2 AID 11048 and 11267 – General considerations

The first of the programmes evaluated, AID 11048, was launched in December 2016 and the⁵ funding proposal was drawn up in February 2017, identifying the areas of intervention and the areas of⁶ implementation.

The financial allocation has been defined at € 1,773,682.00 and the management entrusted to the Erbil Program Office under the coordination of the AICS headquarters in Beirut.

In terms of needs analysis, the sectoral relationships coming from the reference Clusters were considered, in a logic of needs coverage (Gap Analysis).

Before the publication of the *call for proposals*, discussions were carried out with the Humanitarian Coordination (UN OCHA) to ensure alignment between the Emergency Initiative and the Humanitarian Response Plan 2017⁷ in terms of:

- Definition of Areas of Intervention
- Definition of Sectors of Intervention

Following the funding proposal, the CSOs potentially able to implement the projects were identified, with which informal discussions were initiated to ensure the elaboration of proposals consistent with the aims of the Programme.

In defining the actors potentially able to develop project proposals consistent with the Programme, the following factors have been considered:

- Operational Capacity in the areas of implementation
- Experience in the fields of intervention
- Experience in emergency interventions according to the Cluster Approach
- Possession of the legal requirements to operate in Federal Iraq or Iraqi Kurdistan (Registration or renewal through the issuance of the Administrative Order⁸)

Following this first survey, the *call for proposals* was published on 31/03/2017, limiting the sectors of intervention to:

- Education
- Health

⁵ Ministerial Resolution 1890 of 13/12/2016

⁶ Education, Protection and Health – Proposal for Financing 06/02/2017 pag.6

⁷ <https://reliefweb.int/report/iraq/iraq-humanitarian-response-plan-2017-february-2017>

⁸ Law 01/2011 Non-Governmental Organizations Law in Iraqi Kurdistan Region:
https://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ncciraq.org/images/static_pages_uploads/administration/KRG_NGO_law.pdf

The protection component was therefore considered as a cross-cutting component of the Initiative.

The deadline for the submission of project proposals has been set at 07/05/2017⁹ with the issuance of letters of appointment on 16/06/2017 and start of activities on 01/08/2017.



Even if we do not consider the activities prior to the resolution, which are assumed to have been started in September 2017 on the occasion of the battle of Mosul, there is a period between 7.5 and 8 months between the resolution and the start of activities. Given the volatility of the context and the evolution of the scenario, the risk of a lack or different response to the needs actually present at the time of the launch of the activities compared to those initially identified should have been considered. Compared to the evidence collected, however, there are no particular differences between the needs identified at the beginning of 2017, during the preparation phase of the financing proposal, and the needs actually covered by the projects implemented by CSOs. The identification of specific needs and the Gap Analysis relating to the areas of implementation were conducted by the proposing CSOs during the elaboration of the project proposal, as well as the identification of the project indicators, limiting, as per procedure, the financing proposal to cover areas and sectors of intervention based on the data made available by the reference Agencies for the sectors of intervention in accordance with the HRP.

With regard to the AID 11267 Initiative, the funding proposal, amounting to € 2,500,000, was drawn up in October 2017, with a resolution issued in November 2017; the *call for proposal* was issued on 21/05/2018 and the start of activities set for 01/10/2018, in continuity with the projects carried out within the 11048 Program, both as regards the sectors of intervention ¹⁰ and as regards the areas of implementation.

From this point of view, it can be seen that the financing proposal was aimed from the beginning at guaranteeing the continuity of existing projects, given the substantial permanence of the state of need of the populations supported in the reference sectors.

During the evaluation, it also emerged that, given the possibility of carrying out a broader planning of the intervention, it was possible for AICS to focus more attention on the Logical Framework and set of Indicators proposed by the CSOs.

In fact, the proposing CSOs and AICS itself have been able to benefit from the availability of primary data relating to the implementation of the AID 11048 program, to be considered

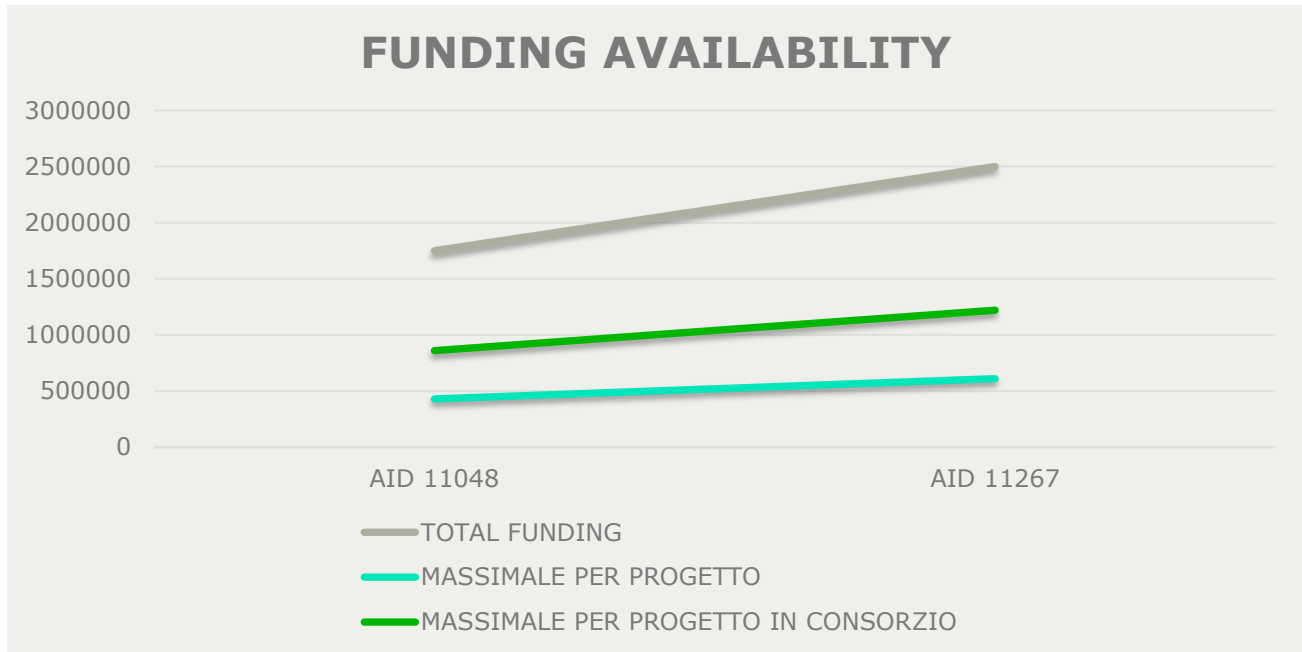
⁹ AID 11048 – Call for Proposals - NOTICE OF EXTENSION OF THE DEADLINE FOR SUBMITTING PROJECT PROPOSALS 26/04/2017

¹⁰ Call for Proposal EMERGENCY INITIATIVE FOR DISPLACED PERSONS, REFUGEES AND HOST COMMUNITIES IN THE AUTONOMOUS REGION OF KURDISTAN IRAQI AND SURROUNDING AREAS 21/05/2018

as a *baseline* for the identification of coherent and easily measurable indicators in the drafting of project proposals that are not directly referable only to the *outputs* of activities.

The adoption of a standardised system of *outcome* indicators is one of the key points that emerged during the evaluation, which will be explored in detail in the section dedicated to recommendations.

With regard to the financial allocation, given the context and the peculiarities of the projects (some of which replicated under different initiatives¹¹) and also given the protracted duration of the Emergency, it was considered appropriate, starting from the AID 11267 Initiative and for subsequent initiatives, to increase the maximum financial allocation available for each project and increase its duration up to the maximum theoretically foreseen for the projects emergencies.



¹¹ UPP "Salamtak 1-5" – INTERSOS "PROEDU 1-2"

7.3 AID 11048 and 11267 – Evidence related to the Evaluation Criteria

7.3.1 RELEVANCE

The assessment of relevance shall cover the extent to which the actions and measures implemented are aligned with the needs identified when drafting the programme proposal. The evaluation also considers the relevance of the different projects in the wider context of the humanitarian response in the reference area. In addition to the above, the relevance of the Initiatives in terms of financial allocation compared to the extent of humanitarian response in the reference sectors is considered.

Health Sector

The Health sector is one of the two sectors supported by the Initiative.

The budget for AID 11048 has been set at € 870,000 and for AID 11267 at € 1,220,000.

The implementing CSOs were AISPO in Duhok Governorate and UPP in Nineveh and Erbil Governorates.

With regard to the identification of needs, it should be noted that:

- AISPO has a presence in the implementation area since 2013 in the health sector, with a multi-year collaboration with the local Directorate of Health (DoH), therefore the identification of needs has been facilitated by access to primary data provided directly by the DoH, which is still part of the Health Cluster in the context of humanitarian coordination;
- Similarly, UPP has a consolidated experience in the area and already at the time of the drafting of the project proposal for AID 11048 the AID initiative 11048/02/06 was being implemented, aimed at improving the living conditions of refugees, displaced persons and host communities through the strengthening of reproductive health services in disadvantaged camps and urban areas in the Erbil Governorate.¹²

In both cases, the proposing CSOs can be considered as actors most devoted to the implementation of long-term and development initiatives, not being structured according to the criteria of the coordinated emergency response; however, thanks to their strategic positioning towards local authorities and the experience gained, also in the context of the humanitarian response, in the area of implementation, both CSOs were found to be effective in intercepting needs not covered by other interventions and in coordinating effectively with local actors of reference for the health sector. It is no coincidence that both were able to benefit from letters of support from the relevant DoH when drafting the project proposals¹³.

In accordance with the procedure, it was not necessary for the proposing CSOs to proceed with the elaboration of a *baseline* of reference, using, as regards the identification of the pool of beneficiaries, the data made available by the *Cluster Lead Agencies*.

Within the field of intervention, the project activities have however considered as a transversal element the Protection and in particular the psychosocial support (PSS).

¹² Project Proposal UPP 11048 – page 3

¹³ UPP Dohuk DoH Supporting Letters 29/05/2017 – AISPO Duhok DoH Supporting Letter 03/05/2017

AISPO articulated its intervention as follows:

- AID 11048: Support to the emergency-urgency health system
- AID 11267: Support to mental health services for children and young people in Duhok Governorate

UPP structured its intervention as follows:

- AID 11048: Support to displaced communities in Ashti camp (Suleimania) and minorities returned to liberated areas of the Nineveh plain (Bashiqa district) through the creation of safe spaces for the provision of reproductive health services and psychosocial support
- AID 11267: Support of the public health sector in Nineveh governorate with regard to mental health, psychosocial support and reproductive health services

For all the projects analyzed, there was ample feedback regarding the correctness in the identification of needs, in line with what was reported in the HRP for 2017.

Support for existing structures and strengthening the local response capacity of local departments at first glance could fall within the scope of development cooperation rather than emergency; however, framing actions in the context of humanitarian response is justified by the fact that:

- 1) The DoH are an integral part of the Health Cluster and determine its strategic and operational orientation in defining intervention priorities¹⁴
- 2) Between 2016 and 2017 it is estimated that between 10% and 20% of users of primary health services (PHC) and Emergency-Urgency are attributable to the category of *refugees or returnees*¹⁵

¹⁴ Health Cluster Annual Report 2017 – section 1: <https://reliefweb.int/report/iraq/health-cluster-iraq-annual-report-2017>

¹⁵ .AISPO – Complete Proposal AID 11048 – Section "Context Analysis" page 4

Education Sector

The budget for AID 11048 has been set at € 86 0.000 and for AID 11267 at € 1.220.000

The projects financed by the initiatives were as follows:

AID 11048

- INTERSOS: Improve access to and quality of basic education services for 3.500 children between 6 and 14 years old through the rehabilitation of 10 primary schools, the provision of school equipment and the training of teaching staff;
- COOPI: Promote access for students between 6 and 12 years of age affected by conflict to inclusive formal education services, in accessible and protected environments, in urban areas of Al Qayyarah subdistrict, Nineveh Governorate.

AID 11267

- INTERSOS: strengthening the quality and provision of educational services for vulnerable populations in the Governorate of Ninive, Telafar district;
- PIN: improve the education of young people of school age by combating early school leaving and providing psychosocial support to girls and boys affected by the conflict in Iraq.

All project proposals include:

- Components of the Infrastructural improvement or recovery of school spaces,
- Training and capacitation components of local staff,
- Components of protection and psychosocial support.

From the point of view of responding to the needs expressed by the supported communities, it is considered appropriate to underline that all the CSOs involved in the response are an integral part of the Education Cluster.

In particular, PIN and INTERSOS, in the years related to the implementations carried out, held coordination roles in the territorial sub-clusters, coordinating the analysis of needs, assessments and identification of priorities¹⁶.

Moreover, as for the health sector, also for the Education sector, the Ministry of Education and the Directorates of Education are active members of the cluster and direct its operations and intervention strategy.

¹⁶ <https://reliefweb.int/report/iraq/iraq-education-cluster-dashboard-december-2017>

Directly managed activities

The directly managed activities were carried out only within the framework of the AID 11048 Initiative, both in support of existing projects on the identification of specific needs in the final phase of the project¹⁷ and in the context of the response to the Iran-Iraq earthquake of 2017 at the request of the Joint Crisis Coordination Center¹⁸.

The activities, although of negligible importance from a financial point of view, have nevertheless responded to specific needs expressed mainly by local authorities' *stakeholders* of the program (DoH, DoE) and in this sense they are fully relevant with respect to the needs identified and in full synergy with the existing projects.

¹⁷ Determines to contract – AICS Amman 01/10/2018 Medical Equipment Dohuk and Medium Distribution Ashti Camp

¹⁸ 12/12/2017 – Ref 5687 KRI Ministry of Interior – Request for support – Addressed to the Italian Consulate in Erbil

7.3.2 COHERENCE AND COMPLEMENTARITY

Health Sector

In terms of coherence, the activities of the projects are substantially in line with similar initiatives implemented in the various governorates by comparable entities.

In particular, the following points should be noted:

- The components of PSS and Mental Health respond, for both programs, to a logic of "Gap Filling" starting from the Assessments conducted by the Health Cluster and included in the humanitarian response plan (HRP);
- The support components for emergency facilities in the area (Zakho and Duhok), as far as AISPO is concerned, are fully consistent with the positioning of the Organization in the area and with the mandate of the Organization;
- The Organizations (UPP and AISPO) engaged in the health sector, at the time of drafting the project proposals relating to the AID 11048 Program, were strongly rooted in the implementation areas and engaged in the implementation of emergency response projects, as reported in the project proposals presented¹⁹.

AISPO, in the Governorate of Duhok, has implemented an integrated response program to support the emergency health services of the Governorate, in particular the AID 11048 project has directly supported:

- The realization of an analysis laboratory at the Emergency Hospital in Zakho;
- Support to the emergency services center in Duhok through the strengthening of the 122-emergency number management center.

The same services were supported in complementary components through several projects launched between 2015 and 2017, some of which were funded by AICS.

With regard to the AID 11267 program, AISPO has implemented a project more focused on mental health, training and capacity building of the public health personnel, in discontinuity with the AICS 11048 program, but consistent with the needs identified in a subsequent phase of the emergency response, more aimed at supporting and accompanying refugees and returnees at the beginning of the reintegration and return phase, strengthening the psychosocial support component and *referrals* to mental health services for taking charge of patients, mainly minors or vulnerable categories, residing in the camps or returning to their areas of origin, in line with the HRP 2018²⁰.

UPP carried out the activities related to the AID 11048 program mainly in the Governorate of Nineveh and Erbil, providing assistance to the population residing in the camps: it must be considered that a significant part of the residents of the Ashti camp (KRI) came from the areas around Mosul.

In 2016-17 the Nineveh DoH operated in the Duhok area, the area around Mosul being liberated; therefore, the activities implemented by UPP took place mainly in Nineveh and Erbil governorates, focusing the intervention in the district of Bashiqa.

¹⁹ AISPO AID 10402 – 10272 – 10739 – 10548 - EU MADAD – DG ECHO - WHO; UPP: "Darna" – UNHCR – AICS "Zhyan" -

²⁰ HRP Executive Summary 2018 - Health- Pag 20: <https://reliefweb.int/report/iraq/iraq-2018-humanitarian-response-plan-advance-executive-summary-enar>

The activities follow exactly what is foreseen by HRP 2016-17 in terms of "First Line Response" and "Second Line Response", focusing on reproductive and maternal and child health, as well as psychosocial support (falling within the Protection sector) and mental health²¹.

The project appears to be in continuity with the provisions of the previous project funded by AICS "Zhyan" (implemented in the Governorate of Erbil) and has substantially allowed the start of rehabilitation works of a space in Bashiqa dedicated to the provision of Primary Health Care services in complementarity with similar services offered on the territory by the DoH of Nineveh.

The "Salamtak" Project (AID 11267), immediately following, substantially replicated the previous intervention, adding, consistently with the reference HRP, ²²in a structured way the components of mental health.

The "Salamtak" Project, the strengthening of the relationship with the local DoH and the proposal of basic services and training through the use of the Bashiqa Hub (in addition to Mosul) have formed the backbone of subsequent UPP implementations in the area; in fact, the "Salamtak" project, with minimal modifications, was replicated on an annual basis in the following years and is still active and financed by the AICS emergency funds, integrating WASH components for the improvement of water services of health facilities in the area in consortium with Solidarités International.²³



Bashiqa – UPP Health Center– May 2023

²¹ UPP 11048 Proposal Definitive – Pag 9

²² HRP Executive Summary 2018 - Health- Pag 20: <https://reliefweb.int/report/iraq/iraq-2018-humanitarian-response-plan-advance-executive-summary-enar>

²³ <https://www.unponteper.it/it/projects/salamtak-la-tua-salute/>

Education Sector

About Education sector, too, there is substantial consistency between what has been achieved during the two initiatives being evaluated and what is envisaged by the HRP of the reference years.

In particular, it is worth underlining the role played by the implementing CSOs in the reference clusters, both in terms of identifying needs and in terms of conducting multi-sector assessments (Multisector Initial Rapid Assessment – MIRA).

INTERSOS coordinated, for example, the initial assessments for the Education cluster in the governorate of Nineveh in 2017 (close to the drafting of the project proposal).²⁴

Within the project proposals of INTERSOS it is evident the consistency of the design system with the other projects carried out by the organization, especially in terms of Protection, presence in the fields and integration of the components of PSS and Protection.

COOPI, despite having a historical presence in Iraq, has resumed its activities in the country through the AID 11048 Initiative, focused on infrastructural interventions in support of the Nineveh DoE.

PIN, Czech CSO that implemented the project in the framework of the AID 11267 Initiative, is a member of the Education Cluster's Strategic Advisory Group and was co-chair of the Duhok Territorial Education Cluster²⁵.

PIN has been active in Iraq since 2015 and, as part of the emergency response, has implemented projects in the Education sector in the areas of implementation since 2015. The peculiarity of the PIN project proposal is to use CESVI OSC to ensure the reporting of the activities in the AICS format²⁶. CESVI, in fact, is a member of the same international network of PIN but not yet qualified to work in Iraqi Kurdistan at the time of drafting the project proposal.

This aspect emerges from the analysis of subsequent projects, in which CESVI, having the necessary authorizations, has helped to guarantee the commitment in the Education sector²⁷ after the conclusion of the project carried out by PIN within the AID 11267 program.

From the point of view of the involvement of local institutional *stakeholders*, it should be borne in mind that the DoE are an integral part of education cluster and therefore the projects appear to be in full coherence with the needs identified and shared at the *cluster* level.

As for the Health sector, the Protection and PSS components have been integrated into project proposals, in line with the sectoral recommendations relating to the reference HRPs²⁸.

²⁴ <https://assessments.hpc.tools/assessment/8b5f48f9-a1d6-4320-a937-af5ba10a223d>

²⁵ <https://www.humanitarianresponse.info/en/operations/iraq/document/education-cluster-sag-expression-interest-pin>

²⁶ PIN Annex A1 – Proposal PRogettual – page 3

²⁷ <https://www.cesvi.eu/news/cesvi-launches-the-new-zero-in-condotta-project/>

²⁸ HRP 2018 – Executive Summary Pag 25

Directly managed activities

The directly managed activities, as noted in the section on relevance, are not the result of ex-ante planning, but are intended to respond to needs identified during the implementation of the programs.

With regard to complementarity, it should be noted that, in the final stages of the implementation of the programme, the purchase and distribution of devices, consumables and medical equipment were made for local health services strongly linked to projects included in the AID 11048 programme.

In particular, two activities are noted:

- 1) The distribution of medicines to support the Suleimania DoH, carried out at the Ashti field, where UPP and, in subsequent implementations, INTERSOS carried out their project activities. Among other things, the Ashti camp is equipped with two PHCs dedicated to the resident population, installed by OSC Emergency in 2016 thanks to DG ECHO funds conveyed by WHO²⁹ and still operational.



PHC in Ashti camp 2021³⁰

- 2) The purchase of medical equipment for the Duhok Children's Hospital at the request of the local DoH and supported by AISPO with a certain continuity since 2013.

²⁹ <https://reliefweb.int/report/iraq/support-partners-who-opens-second-phc-centre-ashti-camp-sulaymaniyah>

³⁰ WHO Iraq Annual Report Pag 19

7.3.3 EFFECTIVENESS

The general approach of emergency projects does not provide for the adoption of standardized *outcome* indicators associated with the programmatic objectives, limiting itself to the use of indicators relating only to the *outputs* of activities and references relating to the achievement of the coverage targets of the beneficiaries, including the possibility of not using data collection to provide a *baseline* to measure the achievement of objectives³¹. This setting, while simplifying the management of monitoring activities, conditions the setting, linking it directly to the implementation of the activities. It should be noted that, with the exception of activities defined as "first emergency response", some of the main international donors, for emergency response projects planned on an annual basis,³² adopt sets of codified indicators and require the implementing entities to adopt a detailed monitoring plan based on the adoption of the aforementioned indicators³³³⁴. The effectiveness of the interventions was therefore evaluated on the basis of the activities carried out consistently with the provisions of the project proposals, considering any changes and additions that may occur.

Health Sector

The projects implemented under the initiatives have substantially achieved their *output* targets, as widely reported in the final programme reports and project reports carried out by the CSOs.

Specifically, with regard to the interventions managed by AISPO Duhok Governorate the following is noted:

- As part of the activities envisaged by AID 11048 project, the infrastructural projects carried out at the Zakho Emergency Hospital were found to be fully operational and entirely taken over by the local hospital management. The laboratory has the ability to carry out 100 daily tests, both at the service of the departments and at the service of the resident population;



Zakho – Hospital Laboratory – May 2023

³¹ Guidelines for IBilateral Humanitarian Aid Initiatives 2016 – Sec. 7 par 12: "With reference to the indicators, it is recommended that during the project start-up phase, a data collection is carried out useful for the definition of baseline and target indicators, if they are missing. During the quarterly report, the progress made towards achieving the results must be measured with reference to the baseline values and the previously defined target. In the event that the inadequacy or non-measurability of the indicator or the value of the initial data (baseline) or to be achieved (target) is detected, it is possible to make a change without requiring a variant. Changes to the indicators should not affect the result, which must remain unchanged. A variant must be requested to change the results. Modified indicators should be highlighted. The reasons for the changes must be explained in the comments column".

³² DG ECHO HIP – USAID DRL

³³ <https://www.state.gov/drl-guide-to-program-monitoring-and-evaluation/>

³⁴ <https://www.dgecho-partners-helpdesk.eu/ngo/actions-implementation/monitoring-and-evaluation>

- The project also provided for the training of medical, nursing and support staff in accordance with the provisions of the project proposal;
- The Emergency Services of Duhok (122) have been strengthened within an integrated program of equipment and training carried out by AISPO also thanks to the contribution of the AID 11048 project;
- In the framework of the interventions carried out in the AID 11267 program, more focused on mental health, it is noted that training, outreach and referral activities have been correctly implemented, despite the last phase of the project was heavily influenced by the COVID 19 pandemic;
- The undersizing of the Mental Health Center of Duhok, called to cover the needs of all neighboring districts, has affected the response capacity in terms of referrals and follow-ups, especially in coordination with the outreach activities carried out also by other actors in the IDPs camps present in the area³⁵.

With regard to the interventions carried out by UPP, the following should be noted:

- The multipurpose center of Bashiqa was built and equipped, in support of the local DoH and dedicated mainly to reproductive and maternal-child health;
- The center, which is to be considered as a *hub* for UPP activities in the area, has also been at the center of participation activities, psychosocial support and training of operators, as well as a reference for the *outreach* activities conducted in the camps;
- During the project included in the AID 11267 Initiative, the activities were substantially replicated in continuity with the previous project, strengthening the psychosocial support and mental health component, in coordination with the DoH of Nineveh, Bashiqa detachment.

³⁵ Perception Detected in the course of the focus group conducted at the Duhok Mental Health Center on 23/05/2023

Education Sector

Projects in the Education sector have largely achieved their objectives.

For both initiatives the design model was the same, namely:

- Rehabilitation and improvement of school buildings
- Distribution of School Kits
- Training of teachers and staff on protection issues and *referral* mechanisms
- Implementation of protection activities and *referrals* to support target communities

The design approach was determined by the education cluster and aimed to cover needs identified during the Assessments conducted during the drafting of the HRPs.

During the projects included in the AID 11048 Initiative, INTERSOS proceeded with the rehabilitation of 10 schools between Nimrod and Qayaara, to which must be added the 8 schools rehabilitated in the Telafar area during the AID 11267 Initiative.

PIN, during the AID 11267 initiative, adopted the same project model, focusing on 5 schools in the districts of Mosul, Tilkaif and Hamdiya.

At the same time as rehabilitation, all the projects mentioned above, the PTA (Parents and Teachers Committees) were created, trained and followed up, in accordance with the recommendations of the reference cluster.

It is an exception to the design structure presented so far what has been carried out by COOPI in the Qayaara area within the AID 11048 Initiative.

In fact, in this case, 4 prefabricated school blocks were installed, equipped and commissioned, made through the positioning of containers.



School containers in Qayaara – April 2023

The facilities, in the context of the humanitarian response and having to cope with the unavailability of buildings to be used as classrooms, responded to the immediate needs of the student population in the area.

However, the decision to install residential containers permanently, while meeting immediate needs, proved to be counterproductive from the point of view of the takeover of the facilities by the local DoE.

In fact, the structures are not totally adequate, for technical and installation characteristics, to the climate of the area and are currently partially unused. Conversely, the design approach aimed at rehabilitating existing buildings has proved to be more effective also in terms of the ability to take charge and progressive empowerment of local school districts.

From this point of view, to meet immediate space needs, also given the reduced financial resources, it would have been possible to opt for the installation of temporary and removable structures to cope with the temporary unavailability of school buildings, especially in light of the fact that to date the local DoE has not expressed any intention to rehabilitate the existing buildings as the needs related to school spaces appear to be covered by the structures built by the project³⁶, although this coverage cannot be said to be fully adequate and satisfactory.

Directly managed activities

With regard to directly managed activities, it was not considered necessary to evaluate the effectiveness of the 4 interventions carried out, as they refer to one-off purchasing or distribution activities requested by local stakeholders

³⁶ Interview with COOPI's Coordination Team in Erbil – 22/05/2023

7.3.4 EFFICIENCY

Health Sector

Under a strictly operational point of view, there are no particular critical issues relating to the efficiency of the projects, which are in line with the cost-effectiveness references of the Emergency interventions, although the reference benchmark for this type of evaluation is the GCEA Approach, part of the WHO-CHOICE ³⁷project., which envisages assessing the efficiency of an intervention in the health sector on the basis of changes (Impact) in the provision of primary services against the costs incurred.

In accordance with the AICS guidelines, indicators referable to this type of *outcome* have not been included in any of the projects analyzed, therefore the evaluation of the efficiency of the Initiatives is essentially based on the analysis of synergies aimed at minimizing duplication and optimizing the integrated response.

From this point of view, similarly to what has been observed regarding the Coherence of Initiatives, the role of the reference Cluster in identifying priorities is clearly aimed at avoiding duplication and overlapping, so it is assumed that, at least as long as the Cluster-based system has been active, the possibilities of duplication of interventions are substantially close to zero.

As for the projects implemented by AISPO, focused on similar but non-overlapping themes, no specific observations emerge.

With regard to the projects implemented by UPP, on the other hand, a substantial project continuity emerged during the survey activity; in essence, the AID projects 11048 and 11267 cover the same sector, insist in the same areas and involve the same local *stakeholders*, with minimal differences due to the inclusion of additional components or the strengthening of certain components in the different projects.

This observation derives from the fact that, even for subsequent implementations, the projects are substantially replicated³⁸.

This practice, which is perfectly consistent with the emergency response approach,³⁹ nevertheless involves the use of resources by CSOs in the elaboration of successive and substantially unchanged project proposals, presented on an annual basis.

³⁷ <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/generalized-cost-effectiveness-analysis>

³⁸ SALAMTAK 1-2-3-4, all funded through Emergency initiatives managed by AICS between 2017 and 2023

³⁹ Project duration up to 24 months – AICS Emergency Guidelines 2016 – Section 6 – Paragraph 4

Education Sector

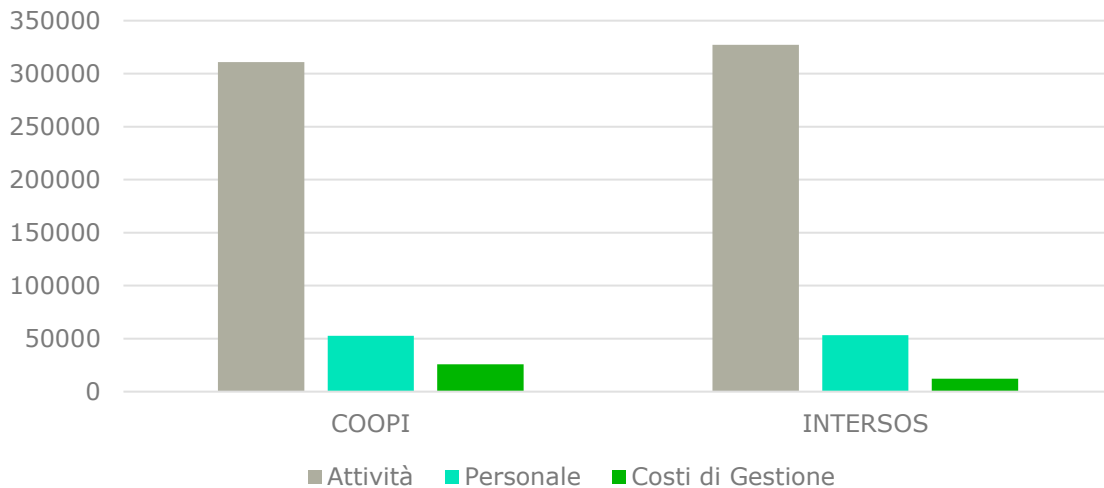
Similarly to what was observed for the Health sector, the projects supported by the two Initiatives evaluated are, for costs incurred and beneficiaries achieved, in the average of similar initiatives implemented in adjacent areas by comparable organizations⁴⁰.

The fact that the projects carried out are standardized according to the criteria dictated by the Education Cluster, which implies the existence of reference benchmarks for the evaluation of the "cost per beneficiary"⁴¹, means that any design inefficiencies are not included among the risk factors.

In essence, the "project package" promoted by the Education Cluster is standardized and proposed, with minimal adjustments due to the context of operations, by all donors involved in emergency response in the reference sector.

From this point of view, once again, the exception is the project relating to the AID 11048 Initiative implemented by COOPI, which although not substantially different from other similar projects, had a completely different approach to the infrastructure component, with an investment for the installation of prefabricated school modules (€ 184,000)⁴² much higher than the costs of rehabilitation of existing buildings incurred within the same program by INTERSOS, equal to about € 135,000,⁴³ despite having a similar ratio with regard to the ratio between Activity Areas, Personnel and Management Costs.

Breakdown Project Cost Ratio- AID 11048 -
 EDUCATION



⁴⁰ https://reliefweb.int/report/iraq/iraq-education-cluster-mosul-crisis-response-education-dashboard-08-jan-2017?_gl=1*v8xz8j*_ga*MTU3NDY2MDQ4NS4xNjg1NjE2MTA3*_ga_E60ZNX2F68*MTY4Njc0ODcyNi40LjEuMTY4Njc0ODgyNy4yMC4wLjA.

⁴¹ HRP COSTING METHODOLOGY OPTIONS – UNOCHA 2017: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hrp_costing_methodology_options.pdf

⁴² COOPI 11048 Final Financial Report

⁴³ INTERSOS 11048 Final Financial Report

Directly managed activities

With regard to directly managed activities, it was not considered relevant for the purposes of the analysis to assess the efficiency of the 4 interventions carried out under the 11048 Programme, as they were specific actions requested by local stakeholders for which no follow-up activities were planned because, in at least two cases, they were implemented at the end of the programmatic activities, as specified in the Determine to Contract.⁴⁴

⁴⁴ Determines to Contract AID 11048 of 01/10/2018 and 03/10/2018

7.3.5 IMPACT

Health Sector

With regard to impact measurement, since a quantitative measurement of the change induced by the Initiatives with regard to the AID 11048 programme is not possible, reference was mainly made to the achievement of the objectives set in terms of *output* of the activities⁴⁵. In this sense, thanks to the intervention of AISPO in collaboration with the Directorate of Health, the following actions have been carried out in the districts of Zakho and Duhok, in order to ensure significant improvements:

- Strengthening the skills of health personnel (doctors, nurses and ambulance personnel) of emergency services through *peer-to-peer* training; incentives have been provided for trainers to recognise and value their contribution;
- Improvement of the Duhok ambulance services operations centre by extending the operations centre, recovering existing space and providing equipment and medicines;
- Securing the clinical analysis services infrastructure of the Zakho Emergency Hospital through the demolition of a previously unsafe structure and the reconstruction of a new, larger and more appropriate building, equipped with modern equipment.

During the field visit, through a series of targeted interviews carried out with local *stakeholders*, it was possible to see that the infrastructures built are still operational, used and completely taken care of by local counterparts (hospital management) and that the staff A doctor and non-doctor who has benefited from the training, he is still in service. AISPO, also through other donors, also continues its collaboration with the DoH and with the emergency and urgency services, as well as with the 122 operations center.



122 Operations Room in Duhok – May 2023

Finally, it should be noted that the coordination model adopted by Duhok's 122 was also adopted by the security forces of Iraqi Kurdistan and that the response capacity of the

⁴⁵ AID 11048 – AICS Final Report

ambulance service is such as to have allowed, on the occasion of the earthquake that struck Turkey and Syria in 2023, the immediate deployment of about half of the response capacity. (in terms of ambulances and their crews), reaching the theater of operations, in Turkish territory, 6 hours before the event⁴⁶.



Headquarters of the 122 Emergency Service in Duhok – May 2023

With regard to the project carried out by AISPO and supported by the AID 11267 Initiative, it is noted that the decision to open a collaboration with the local Department of Mental Health was particularly significant from the point of view of long-term capacity building.

In fact, the current Management of the Center, recently renewed, has been able to benefit from training and *capacity building* activities, acquiring considerable awareness of the need to structure at DoH level a sustainable *referral* mechanism for the management of mental health and associated disorders, despite the general scarcity of resources made available by the Ministry of Health of Kurdistan Iraq⁴⁷.

The project implemented by UPP in the context of the AID 11048 Initiative has had a significant impact that focuses mainly on the vulnerable population of Bashiqa district (Nineveh) and Erbil, in particular displaced women and *returnees* belonging to ethnic minorities. The main objective was to make a range of basic services accessible to this population and to ensure connection and *follow-up* with higher-level health facilities, as well as to integrate reproductive health services and psychosocial support.

At the same time, this initiative has also contributed to the strengthening of local capacities, leading to an improvement in the quality of basic health services. This was achieved through

⁴⁶ Interview Conducted with the Director of 122 on 22/05/2023

⁴⁷ Focus Group conducted with the direction of the Department of Mental Health of Duhok on 23/05/2023

the training and updating of medical and psychosocial support staff on the proper integration of mental, reproductive and GBV health services⁴⁸.

As specified above, the project carried out by UPP in the context of the AID 11267 Initiative is to be considered in continuity with the previous implementation; this has led to a strengthening of the relationship with the local DoH and to the loyalty of the local staff employed, making sure that, as verified during the mission on the ground, the Bashiq Hub has increasingly represented a health garrison considered as a reference by the local population. The replication of activities through subsequent implementations, still in progress, has further strengthened this positioning and currently the UPP Hub is perfectly complementary in the offer of basic services to what is made available by the local PHC⁴⁹.

In addition, the Bashiq Center is used, in addition to the offer of basic health services or psychosocial support, also as a center for Community Engagement and Peace Building activities⁵⁰ carried out by UPP in the context of its planning in the region.



Multipurpose Hall of the Center of Bashiq – May 2023

⁴⁸ AICS 11048 – Final Report

⁴⁹ Interview with Bashiq's DoH conducted on 24/05/2023

⁵⁰ <https://www.unponteper.it/it/projects/hiwar-dialogo-un-contratto-sociale/>

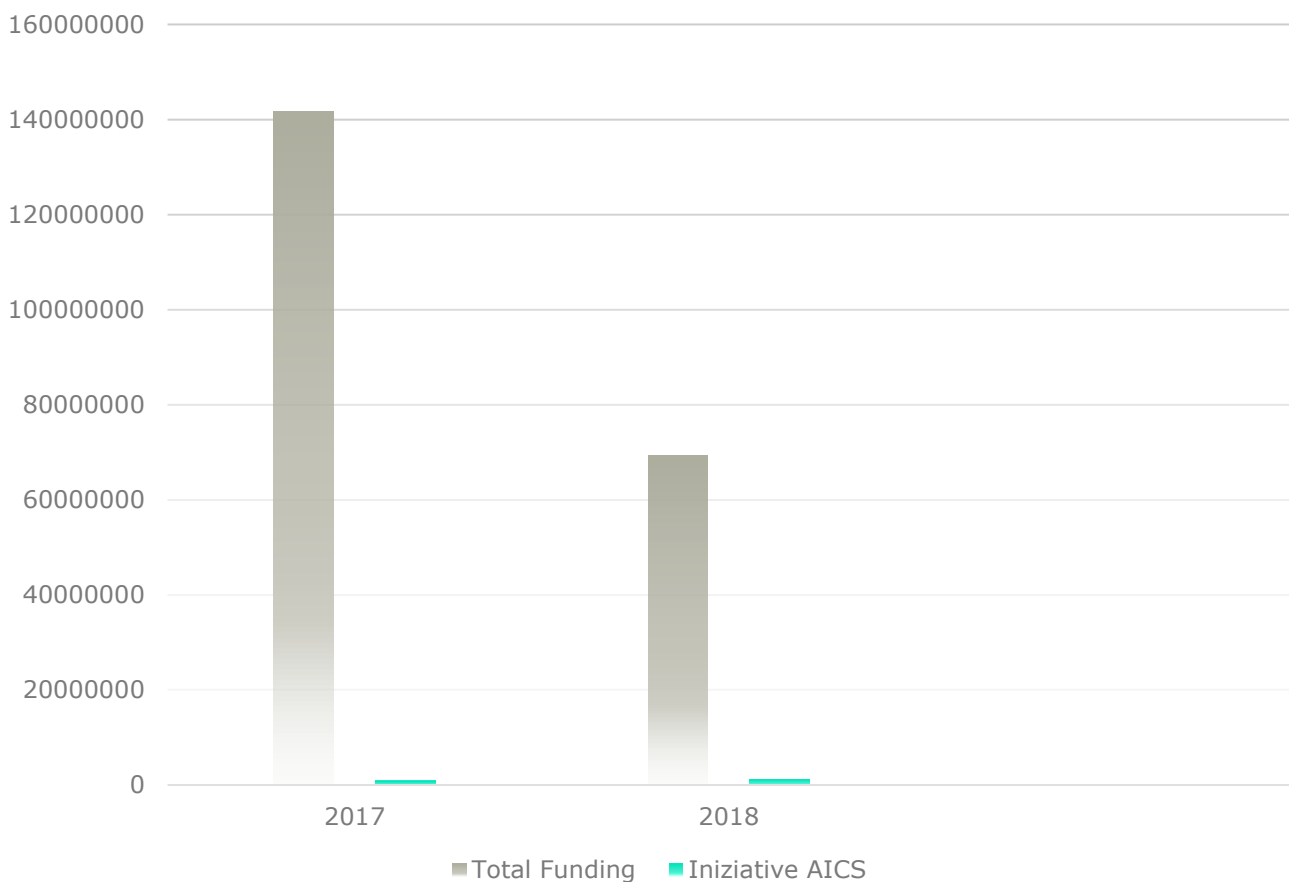
Some final considerations with respect to the impact emerge regarding the consistency of the humanitarian response in the sector financed by the Initiatives against the total *funding* by sector:

In 2017, funding for the Health response amounted to USD 141,714,928, compared with a request of USD 109,641,716⁵¹.

In 2018, funding for the Health response sector was USD 69,376,848, compared with a request of USD 67,384,848⁵².

The contribution of the Emergency Initiatives evaluated in the specific sector, while making an indisputable contribution to the humanitarian response, still have an incidence varying between 0.7% and 2%.

HEALTH CLUSTER - FUNDING BREAKDOWN



The figure for 2017 is however conditioned by the fact that there was a significant concentration of funds in HRP 2017, due to the evolution of the situation during the ISIS retreat.

⁵¹ <https://fts.unocha.org/appeals/550/clusters>

⁵² <https://fts.unocha.org/appeals/634/clusters>

Education Sector

Similarly to what has been observed for the Socialist sector, impact considerations for interventions in the field of education are also to be considered in the context of standardization of activities as conceived by the Education Cluster.

With regard to the AID 11048 Program, COOPI and INTERSOS have contributed to increasing the accessibility and inclusiveness of the education and training system in the governorate of Nineveh, which has been strongly affected by the crisis and has recorded a high number of displaced persons and *returnees*.

Through targeted interventions, 10 schools have been rehabilitated at the infrastructural level and 4 centers have been created, initially planned as temporary but still used. In addition, school and recreational equipment and materials were provided, allowing more than 5,000 minors to access education according to the minimum standards of education in emergency situations.

In parallel, training sessions were organised for teachers, parents' associations and local authorities on issues such as psychosocial support (PSS), child protection and inclusion, as well as awareness-raising campaigns on the importance of education. These initiatives have helped to improve the quality and inclusiveness of educational services in the area.

The same approach was followed with regard to the AID 11267 initiative, which supported 13 schools in Nineveh governorate by implementing the same "project package" implemented by both the AID 11048 Initiative and similar initiatives coordinated by the Cluster Educazione.⁵³

The added value of the *cluster-based* approach lies in the involvement of local authorities in the definition of priorities, tools and intervention strategies, which ensures a certain continuity in the replication of good practices acquired during the implementation of projects.

⁵³ HRP 2017 -2018 Education – Pag 21 "Education First Line and Second Line Responses"

FIRST-LINE RESPONSE

Provide immediate safe, protected learning spaces for highly vulnerable girls and boys by:

- Identifying and establishing safe and appropriate temporary learning spaces
- Identifying and mobilizing community members with previous teaching experience
- Providing appropriate emergency education teaching and learning materials
- Raising awareness and orienting teachers on the minimum standards for emergency education and the importance of psychosocial support for at-risk children
- Encouraging communities to send boys and girls to learning sites
- Providing recreational and learning activities

SECOND-LINE RESPONSE

Help improve the quality of learning for highly vulnerable girls and boys by:

- Distributing teaching and learning materials
- Providing non-formal learning opportunities
- Encouraging authorities to re-open formal schools
- Registering children in schools and facilitating examinations
- Providing cash assistance for transportation and school supplies
- Training teachers and education personnel
- Helping to improve data collection and information sharing between government authorities and education partners

FULL CLUSTER RESPONSE

Help to expand and upgrade education and learning opportunities for highly vulnerable girls and boys by:

- Establishing and training parent-teacher associations
- Promoting life skills messaging in schools including hygiene and health promotion, mine risk awareness, immunization and health screening
- Promoting 'Back to School' activities and engaging with parents and children in hard-to-reach areas and encouraging them to access learning sites
- Promoting accelerated learning programmes for children who have missed years of school
- Constructing additional classrooms and rehabilitating schools
- Providing vocational training to youth and adolescents
- Promoting peace education

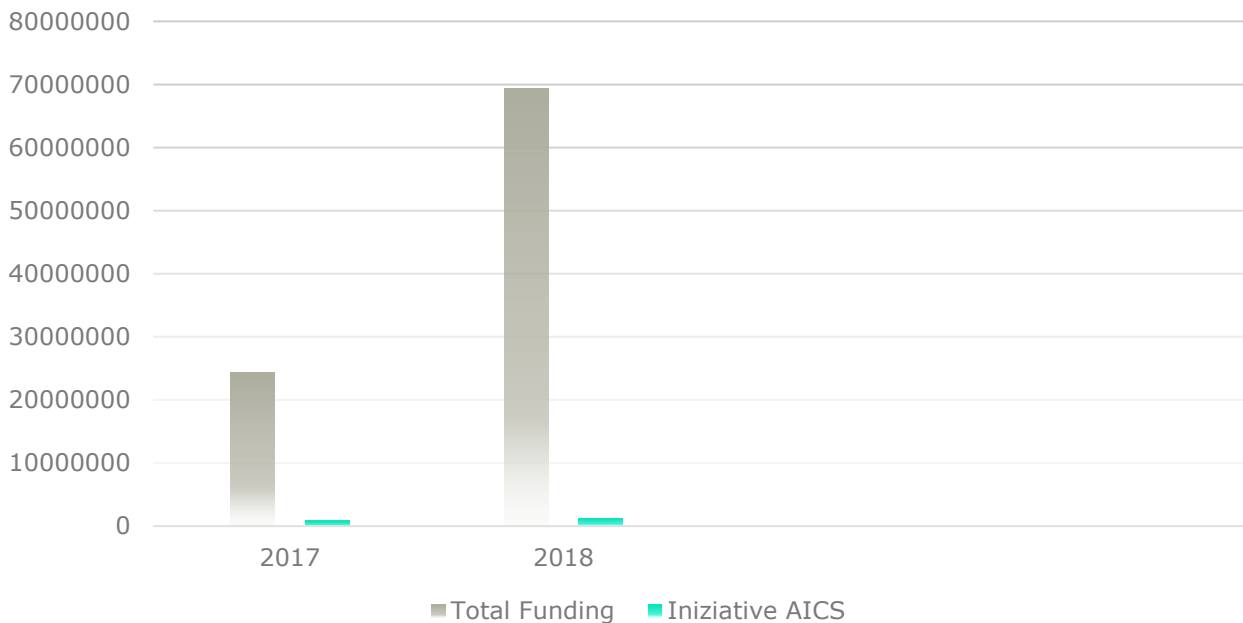
Intervention Scheme as codified by the Education Cluster – HRP 2017

For example, to date COOPI has no active projects in the implementation area, however the PTAs created during the project are still active and followed by the local DoE⁵⁴.

⁵⁴ COOPI – Follow up Visit AICS – Short Report - April 2023

With regard to the consistency of the financial allocation envisaged for the Education sector, the same considerations already made for the Health Sector apply, with the only substantial difference that the level of coverage guaranteed by humanitarian aid for the sector was in 2017 equal to 34% of the⁵⁵ needs and in 2018 equal to 90% of the needs, or respectively USD 24,321,751⁵⁶ and USD 34,239,545.

EDUCATION CLUSTER - FUNDING BREAKDOWN



In this context, proportionately, the importance of the contribution of the Initiatives evaluated was greater than in the Health sector and varied between 3.5% and 3.6% of the funds allocated to the response in the Education sector.

Similarly, it should be considered that the initiatives evaluated do not constitute the only commitment of AICS in the area of operations: considering the commitment of the Italian Government in the humanitarian response, for 2017 there is a total allocation of USD 3,210,232 (equal to 0.3% of the total) with the exclusion of funds conveyed by the Iraq Humanitarian Fund.⁵⁷

Directly managed activities

With regard to the directly managed activities, it was not considered necessary to evaluate the impact of the 4 interventions carried out under the AID 11048 Program, as the activities are to be considered as *one-offs* in support of the requesting authorities.

⁵⁵ <https://fts.unocha.org/appeals/550/clusters>

⁵⁶ <https://fts.unocha.org/appeals/634/clusters>

⁵⁷ <https://fts.unocha.org/appeals/550/donors>

8. Lessons learned

On the basis of the considerations that led to the conclusions presented, a series of Lessons Learned were discussed, first with AICS Erbil and secondly with the implementing CSOs, which, in conjunction with the conclusions, are the basis of the recommendations formulated in the next section.

8.1 RELEVANCE

1. Identification of needs

The AICS Headquarters in Amman and the Erbil Program Office have not systematically availed themselves of the right to carry out missions aimed at supporting the identification of needs, not providing them in the budget estimate for the Initiatives, trusting in fact in the capacity of the individual CSOs or in the Assessments conducted at the Cluster level without considering it appropriate to introduce a second level of verification.

Considering that some of the implementing CSOs have played coordination and guidance roles in the thematic clusters in the reference areas, which determine the decision-making regarding sectors and areas of intervention, an additional technical adequacy check step conducted by AICS independently could have been useful.

2. Evaluation of Project Proposals

The selection of proposals was carried out on the basis of the standard evaluation grid, with minor adaptations made directly by the Programme Office; in this case some elements potentially useful to determine the selection of project proposals, including the adoption of standardized monitoring matrices, were the subject of the only evaluation conducted by the Program Office on the basis of the ability of organizations to demonstrate an adequate monitoring capacity.

3. Sectors of Intervention and Internationalization

The limitations due to the procedural peculiarity and the need for the use of Italian as a vehicular language, in fact limits participation only to Italian CSOs, so much so that the only Project (relating to the 11267 Program) carried out by the Czech CSO PIN required the administrative support of the Italian CSO CESVI to ensure, as far as possible, compliance with AICS procedures; consequently, there is a risk of discouraging the participation of international actors that could bring added value and innovation to Emergency Initiatives.

8.2 COHERENCE AND COMPLEMENTARITY

4. Connection with Development Cooperation Projects

There were partial shortcomings in the coordination mechanism between the Amman office (Beirut for the 11048 Programme) and the Erbil Programme Office, which apparently was not always involved in the decision-making process aimed at defining the strategies and themes of intervention. It must also be considered that at the time of implementation the development component was entrusted to the Iraq Task Force based in Rome. Although after the Initiatives evaluated, it was observed that some development initiatives have substantially covered the same themes and sectors of intervention simultaneously with the emergency initiatives, which is not in itself a critical issue, even if it implies the use of different programmatic approaches in responding to the same needs in comparable areas.

5. Transition, Post-Emergency Phase and Exit Strategy

The sectors of intervention related to the Initiatives evaluated do not appear to have been included in the strategic programming relating to LRRD, but have nevertheless been included in subsequent Development Initiatives; however, some of the projects characterized by a multi-year thematic and geographical continuity, at the moment do not have an adequate *exit strategy* or concrete prospects of continuity, with the risk of not capitalizing on the results obtained by the projects financed by the Initiatives in question.

8.3 EFFECTIVENESS

6. System of Indicators

The CSOs, having completed the projects related to the initiative, monitored, in accordance with the guidelines⁵⁸, only the *output* indicators related to the activities, not being able to measure the impact on the supported communities through outcome and change indicators. This, considering that some of the projects have been repeated and refinanced in the same areas for years, represents a missed opportunity to measure the real impact of the Initiatives.

7. Monitoring Strategies

The failure to adopt a standardized monitoring system in methodology and tools, makes the analysis of the real effectiveness of the projects more uncertain, based only on the project progress and the achievement of the objectives related to the realization of the activities.

⁵⁸ LINES GUIDE FOR BILATERAL HUMANITARIAN AID INITIATIVES ed. 2016: https://www.aics.gov.it/wp-content/uploads/2016/10/Aiuto_Umaniatario_Linee-Guida_Bilaterali_AICS.pdf

8.4 EFFICIENCY

8. Project Replication

The fact that some projects have been replicated in the same areas and with similar activities by the same actors has had as a first consequence an "*overprocessing*", defined as the reiteration of processes of writing and presenting substantially identical project proposals, on an annual basis. This, in addition to implying an additional workload as well as the risk of a blockage of activities due to any contingent delays in selection and contracting activities, has potentially prevented the identification of recurring cost optimization strategies necessary, for example, for the operation of the centers supported by the projects or to prevent the rotation of strategic personnel for their implementation.

8.5 IMPACT

9. Budget

As far as possible, the budget has been increased in order to allow a wider implementation, however, compared to other donors, the average size of the projects financed is lower, especially considering that the Initiatives, for the most part, do not respond to the logic of first emergency, but of *Early Recovery*, the which implies, for example, the realization of infrastructural works that, when present, represent an important part of the project budget.

10. Stakeholder Engagement

Some of the projects implemented in the context of the evaluated Initiatives, especially in the Education sector, can be considered One-Off (COOPI, PIN); therefore, while responding to the needs conveyed by the Cluster, they have not allowed the creation of a lasting relationship with local *stakeholders*, both institutional and operational.

9. Conclusions

Starting from the lessons learned illustrated in the previous section, we proceeded, on the basis of the evidence that emerged and the data collected, to define a series of conclusions, also linked, as far as possible, to the evaluation criteria adopted.

The conclusions form the basis of the corresponding recommendations set out in the next section.

9.1 RELEVANCE

1. Identification of needs

According to the guidelines for the implementation of AICS emergency initiatives, the identification of needs is delegated to the sectoral clusters and, when drafting the project proposal, to the proposing CSOs. In a context where the cluster approach is fully implemented, this feature is not an obstacle or criticality. However, much depends on the functioning mechanisms of the reference Clusters.

AICS, through the Erbil Program Office, has had regular discussions with the CSOs, also in the identification of the sectors of intervention; however, it has not been able to support punctual and independent Assessment activities regarding the identification of needs, especially with regard to the sectors of intervention (Health) less subject to a fully structured and coordinated response by the reference Cluster, also possibly resorting to the use of external and independent experts.

This potential criticality is mitigated by the fact that until December 2022 the Sectoral Clusters have guaranteed the conduct and regular updating of needs assessments; however, with the closure of the Clusters, the current coordination structure may require a greater involvement of AICS in the identification of needs, in order to be able to verify and support both implementing CSOs and institutional stakeholders more effectively.

2. Evaluation of Project Proposals

The evaluation grid of the project proposals is standardized and the weight of the icriteria can be partially adapted to the operational context. As a last resort, the criteria for evaluating proposals do not currently have a margin of adaptability that allows an evaluation that is always consistent with the operational context.

3. Sectors of Intervention and Internationalization

The definition of the areas of intervention of the Emergency Initiatives is the result of several factors that include, in addition to the identification of needs, considerations related to the technical, operational and organizational capacity of potentially eligible CSOs present in the theater of operations. Emergency Response is generally *needs-oriented*, however the current procedural structure of AICS limits the audience of potential executing bodies only to CSOs able to use Italian as a vehicular language, thus limiting the sectors of intervention to those covered by Italian CSOs or belonging to networks that include Italian CSOs; the involvement of CESVI by PIN in the implementation of the AID project11267 is proof of this.

9.2 COHERENCE AND COMPLEMENTARITY

4. Connection with Development Cooperation Projects

Protracted emergency scenarios such as the Iraqi one, imply the simultaneous nature of different types of projects, both emergency and development interventions, also given the recent inclusion of Iraq as a priority country for Development Initiatives.

During the evaluation, however, no complementary strategies were adopted by the Amman office, on the contrary a certain "disconnect" emerged between the current Emergency Initiatives and the implementation of the so-called "Affidato", ⁵⁹with a real risk of overlapping interventions, considering that some of the issues envisaged by the "Affidato" calls, elaborated by the Amman office, focus on the same sectors included in the Emergency Initiatives⁶⁰.

5. Transition, Post-Emergency Phase and Exit Strategy

With regard to the organizations most oriented to the response to the Emergency and structured in this sense (INTERSOS, COOPI), it emerges a lack of a clear strategy of approach to the transition in relation to the sectors of intervention of the Initiatives evaluated (Health and Education), despite being explicitly provided for by the guidelines⁶¹ through the definition of LRRD (Linking Relief and Rehabilitation to Development), which falls under the broader definition of Nexus Humanitarian-Development.

At present, the LRRD Initiatives are oriented towards issues such as Protection and GBV, considered as priorities⁶² even in a post-emergency phase as they belong to two of the particularly critical sectors also following the closure of the Clusters.

Health and Education initiatives will not be further supported in the context of Emergency Initiatives, ⁶³therefore CSOs engaged in the humanitarian response are required to develop a long-term sustainability strategy or progressive disengagement, which is found to be weak with regard to the Initiatives evaluated.

⁵⁹ Interview with AICS Office in Erbil 25/05/2023

⁶⁰ "Programme for resilience and return to Nineveh governorate through an integrated approach in the educational, health and livelihood sectors" (AID 012020/01/3) - 2022

⁶¹ Linee Guide for Initiatives BHumanitarian Aid – Sec. 1

⁶² <https://amman.aics.gov.it/home-ita/opportunita/bandi/>

⁶³ Interview with AICS 25/05/2023

9.3 EFFECTIVENESS

6. System of Indicators

At present, in accordance with guidelines, the system of indicators used is mainly linked to the implementation of the activities envisaged by the project proposals; are therefore to be considered as indicators of achievement of activity *outputs* and achievement of the expected target.

AICS, for the Evaluated Initiatives, did not require the adoption of *Outcome* Indicators referable to International Standards recognized by the humanitarian community, however some institutional donors that provide for the mandatory adoption of codified and standardized sets of indicators.

7. Monitoring Strategies

The monitoring system currently required by the guidelines is essentially linked to the progress of the activities, does not provide for specific data collection methodologies and does not identify specific tools.

The only action explicitly provided for by the guidelines is to monitor the progress of the activities and the achievement of the Output Indicators of the activities themselves, which determine the achievement of the project objectives.

Some of the most structured CSOs involved in response (PIN, INTERSOS), with dedicated internal functions and an independent monitoring system, have nevertheless carried out structured project monitoring actions.

9.4 EFFICIENCY

8. Project Replication

Some of the projects analyzed in the context of the Evaluated Initiatives (UPPs), including subsequent implementations, can be considered as substantially identical projects incidents in the same areas, involving the same *stakeholders* and responding to the same needs, typical of a protracted emergency.

Some of these projects have reached the fourth edition with minimal changes related to the sectors of activity and some additional components included in subsequent re-editions.

Considering the existence of needs and the rooting of CSOs in the territory, the replication of the activities financed by subsequent initiatives has implied over the years the replication of writing, evaluation and assignment activities, requiring the use of financial and operational resources by the proposing CSOs and by AICS, with the real risk of interrupting project continuities responding to real needs due to, for example, formal errors in the submission of proposals⁶⁴.

⁶⁴ Occurred for UPP between Salamtak 3 and 4 in 2022

9.5 IMPACT

9. Budget

In relation to the total volume of funds allocated to emergency response for the years between 2017 and 2020, the absolute value of the initiatives examined is low, especially with regard to the Health sector, which was overfunded in 2017 compared to the total funding requests.⁶⁵

In the Initiatives following AID 11048, the absolute value of the financial envelope has been increased, allowing proposing CSOs to develop project proposals of a comparable size to projects financed by other donors.

Moreover, the potential impact of the Initiatives, regardless of the relevance and effectiveness of projects, is limited by the strategic choice to cover two areas of activity. By limiting the areas of activity covered by the Initiatives and concentrating efforts on supporting a single sector, the level of Impact of the Initiatives could have been raised.

In any case, the decision to focus, for the health sector, on CSOs particularly rooted in the areas of implementation, has allowed to maximize the results obtained despite the scarcity of funds made available.

10. Stakeholder Engagement

The proposing CSOs, especially with regard to the health sector, have benefited from the long experience in the field and the network of relationships created prior to the implementation of the Initiatives. This approach has proved to be strategic in order to actively involve local institutions or supported services (DoH, DoE) in a long-term perspective.

From this point of view, the level of involvement of educational institutions, *stakeholders* in the Education sector, was lower, which benefited from extremely standardized projects whose approach was substantially defined by the reference cluster.

In reference to this, the example represented by the DoH of Duhok, the Center for Emergency Management of Duhok and the Hospital Management of Zakho is emblematic, which have taken charge and maintained the infrastructures and services implemented during the AISPO AID 11048 project, guaranteeing their full operation 5 years after the end of the project.

In conclusion, it seems legitimate to say that the long-term impact of the projects implemented has been greater where it has been possible to build the project proposals on the basis of the actual experience gained in the field by CSOs which, although less structured than the humanitarian response oriented organizations, have been able to benefit from significant sectoral experience and / or consolidated presence on the territory.

⁶⁵ <https://fts.unocha.org/appeals/550/clusters>

10. Recommendations

10.1 RELEVANCE

1. Identification of needs

In order to be able to more contribute to the identification of needs and the definition of intervention strategies, it is suggested to strengthen AICS capacity to make use the technical contribution of experts inside or outside the Agency, in order to be able to carry out, where necessary, support to the reference users in the identification phase of needs and establish more stable relationships with Clusters Technical Teams, also considering the fact that the sectors of intervention related to the evaluated initiatives are basically two.

2. Evaluation of Project Proposals

It is recommended to provide for the possibility of developing evaluation grids of project proposals adapted to the reference context, developing at central level an univocal and codified standard that is flexible and broad enough to cover all cases that contribute to define the adequacy of a project proposal in the context of reference.

3. Sectors of Intervention and Internationalization

Given the plurality of actors participating in the emergency response, it would be desirable to adopt a system of procedures and formats similar to those proposed by the main international donors (European Union) using a vehicular language that can be used realistically by international actors.

10.2 COHERENCE AND COMPLEMENTARITY

4. Connection with Development Cooperation Projects

It is recommended to consider the Humanitarian-Development nexus in the elaboration of regional and country strategies, ensuring coherence and sectoral continuity between Emergency Response Initiatives, LRRD and Development Initiatives.

To achieve this result, it would be necessary to strengthen coordination activities, considering that the existence of a detached Programme Office must represent an added value for the quality of interventions and the development of related strategies.

5. Transition, Post-Emergency Phase and Exit Strategy

It is suggested to standardize the transition phase, especially for CSOs more structured and equipped for emergency response, weaker in attitude in territorial roots, through the adoption of an approach that encourages a greater operational involvement of local partners in Emergency projects and that systematically provides for the inclusion, in an operational function, of local partners in LRRD projects. or *Early Recovery*, in order to facilitate the possible disengagement of CSOs in favor of strengthening local capacity, especially in contexts, such as Iraq, particularly advanced from the point of view of local management and technical capacities.

10.3 EFFECTIVENESS

6. System of Indicators

It is recommended to adopt a codified system of *outcome* indicators adapted to the characteristics of emergency interventions, which can be included in standard project formats, developed from the sets of indicators currently in use for some of the main donors⁶⁶. This point is all the more important the more the interventions are similar to medium-term, Early Recovery or transitional interventions.

7. Monitoring Strategies

It is considered necessary to suggest introducing the mandatory use of a uniquely codified and uniform monitoring system by the implementing CSOs.

The system should be complete with methodological references related to data collection, analysis and processing, providing dedicated roles and standardized tools.

Alternatively, a monitoring system based on codified and unambiguous indicators should be developed and included in project management formats.

10.4 EFFICIENCY

8. Project Replication

If it is necessary to replicate substantially identical projects, implemented by the same actors in the same geographical areas, it is suggested to consider the opportunity to finance such interventions, if the actual adequacy is found, through multi-year financing channels.

10.5 IMPACT

9. Budget

Given the limited financial resources available, where the objective of the Initiatives is to maximize the impact of the Actions in addition the strategic orientation of the Sectoral Clusters, it is suggested that consideration be given to the possibility of further circumscribing the sectors and geographical areas of intervention according to the strategic positioning of the Agency, giving priority to the sectors of intervention. included in the Three-Year Plans.

10. Stakeholder Engagement

In order to maximize the impact of the Initiatives, it is suggested to consider the possibility of supporting projects and CSOs that guarantee the effective involvement of local institutional *stakeholders* and local operating *partners*, regardless of any strategic orientations of the reference Clusters. In order to achieve this objective, the role of the Erbil Programme Office in defining intervention strategies is considered crucial.

Rome 05/07/2023

⁶⁶ USAID DRL: <https://usaidelearninglab.org/monitoring/monitoring-toolkit>

11. Attachments List

- i. Project Analysis Sheets
- ii. Evaluation Questions
- iii. Evaluation matrices
- iv. List of Sources of Analyzed Data
- v. List of people interviewed
- vi. Valuation Reference Terms