



USAID | **IRAQ**
FROM THE AMERICAN PEOPLE



EVALUATION

USAID/IRAQ CAPACITY BUILDING OFFICE SUMMATIVE PROJECT EVALUATION REPORT

December 7, 2014

This document was produced for review by the United States Agency for International Development. It was prepared on behalf of The QED Group, LLC under the Advancing Performance Management project, Contract No. AID-267-C-13-00001.

Advancing Performance Management

Contract Number: AID-267-C-13-00001

USAID/IRAQ CAPACITY BUILDING OFFICE SUMMATIVE PROJECT EVALUATION REPORT

December 7, 2014

Submitted by:

The QED Group, LLC
1250 Eye Street, NW, Suite 1100
Washington, DC 20005, USA

Tel: +1.202.521.1900
Fax: +1.202.521.1901
www.qedgroupllc.com

Baghdad Office:
Victor 2 Compound
Quarter Al Qadisiyah, Section No 604
Street No 57, House No 3 (QED Villa)

Tel: +964.780.956.6996

DISCLAIMER — The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

ACRONYMS

A2J	Access to Justice
AFP	Acute Flaccid Paralysis
BPCS	Broadening Participation through Civil Society
CBO	Capacity Building Office
COMSEC	General Secretariat for the Council of Ministers
CoP	Chief of Party
COR	Contracting Officer's Representative
CSD	Citizen Service Desk
CSO	Civil Society Organization
DO	Development Objective
DoH	Directorates of Health
ESDO	Essential Service Delivery Oversight
FGD	Focus group discussions
FY	Fiscal Year
GIS	Geographic Information Systems
GO	Governor's Office
GoI	Government of Iraq
GSP	Governance Strengthening Project
ICGE	Iraq Center for Government Excellence
ICT	Information and Communications Technology
IDMS	Iraq Development Management System
IMCI	Integrated Management of Childhood Illness
ISRAR	Iraqi Solutions for Regulatory and Administrative Reform
IT	Information Technology
ITRS	Issue Tracking and Reporting Systems
KII	Key Informant Interviews
KRG	Kurdistan Regional Government
LHC	Local Health Committee
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MIS	Management Information Systems
MoF	Ministry of Finance
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MoO	Ministry of Oil
MoP	Ministry of Planning
MoT	Ministry of Trade
MoU	Memorandum of Understanding
NDP II	National Development Plan II
NGO	Non-governmental Organization
NIMRS	New Integrated Medical Record System
OSS	One-Stop-Shop
OSTP	Organizational Self-Assessment and Transformation Program
PC	Provincial Council
PFMS	Provincial Financial Management Systems
PHC	Primary Health Care
PHCC	Primary Health Care Center
PHCP	Primary Health Care Project

PMAC	Prime Minister's Advisory Council
PMI	Project Management Institute
PMO	Project Management Offices
PMP	Performance Management Plan
PMP (2)	Project Management Professional
PPDC	Provincial Planning and Development Councils
PPL	Provincial Powers Law
PSM	Pharmaceutical Supply Management
QIT	Quality Improvement Team
SD	Service Directorate
SLIT	Sub-legislation Implementation Tracking System
SOP	Standard Operating Procedures
SOW	Statement of Work
SSN	Social Safety Net
TAG	Technical Advisory Group
ToR	Terms of Reference
ToT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government

Table of Contents

EXECUTIVE SUMMARY	1
1. INTRODUCTION.....	6
2. BACKGROUND.....	8
3. METHODOLOGY	10
4. KEY FINDINGS	14
5. CONCLUSIONS	29
6. RECOMMENDATIONS	34
7. LESSONS LEARNED.....	38
Annex 1. Evaluation Statement of Work.....	41
Annex 2. Glossary of Terms.....	51
Annex 3. References.....	54
Annex 4. Persons Met.....	59
Annex 5. English Translation of Law 21	63
Annex 6. Data Collection Tools, <i>Tarabot</i>	88
Annex 7. Data Collection Tools, GSP.....	134
Annex 8. Data Collection Tools, PHCP	148
Annex 9. Disclosure of Conflicts of Interest.....	212
Annex 10. Statement of Differences	224

EXECUTIVE SUMMARY

Introduction and Background

USAID/Iraq's Capacity Building Office (CBO) has been implementing three projects: the Administrative Reform Project/*Tarabot* (Arabic for "linkages"), the Governance Strengthening Project (GSP)/*Taqadum* (Arabic for "moving forward"), and the Primary Health Care Project (PHCP), originally valued at approximately \$156 million, \$76 million, and \$75 million, respectively. A final performance evaluation was commissioned to assess the extent to which the three projects have assisted the Government of Iraq (GoI) to deliver public services at the national/central, provincial, and local/district levels from their inception in 2011 through the period of the evaluation team's field work (March-April 2014). USAID/Iraq formulated seven primary questions to guide the evaluation team's work:

1. To what extent did the three CBO projects strengthen GoI institutions in delivering public services?
2. What specific program elements are replicable and sustainable, and what legacy shall each of the projects leave behind?
3. To what extent did individual project sector investments, system approaches and innovations contribute to improvements in government performance and ultimately, public service delivery?
4. What were the projects' strengths and weaknesses? Specifically:
 - a) How did these affect the overall success and/or sustainability of the programs?
 - b) What are the factors and conditions that enhanced or limited the effectiveness and impact of these projects in Iraq?
5. To what extent did the projects enhance citizens' participation, and how did this influence public service delivery?
6. Did any project activities result in unintended consequences or impacts?
7. Was PHCP implemented in accordance with the conditions laid out in Section 4.2 of the Initial Environmental Examination for the Primary Health Care Project in Iraq?

It should be noted at the outset that all three projects were refocused and reshaped in 2013 in response to USAID/Iraq's "glide path" strategy, based on guidance provided by Mission management; these changes shortened the duration and limited resources for each project. The corresponding reductions in components and/or coverage and the need to reformulate the three corresponding Performance Management Plans resulted in at least a partial loss of strategic integrity for each project.

The in-country portion of the evaluation was conducted by a team of four key experts and 13 data collectors for seven weeks in March and April of 2014. Two external international experts subsequently revised the organization and structure of the report from June to December of 2014.

Methodology

The evaluation team assessed each project's activities using two parameters: 1) people, services, and systems; and, where applicable, 2) the level of GoI receiving project assistance (e.g., central/national, provincial, and/or local/district). Most data collection tools were both qualitative and quantitative. An initial list of key informants was developed from project materials and finalized after arrival in-country. To evaluate *Tarabot* activities, the team conducted interviews with top and mid-level GoI representatives in 10 provinces across Iraq. For GSP, the team interviewed staff and clients of 10 of the 22 Citizen Service Desks (CSDs) supported by the project, and visited 14 provinces. The team identified PHCP evaluation sites through simple

random sampling, resulting in 22 total clinics sampled and 20 clinics visited across 16 provinces.

The evaluation team and QED data collectors gathered data, which was aggregated in Excel files and analyzed using qualitative and quantitative approaches. Data was disaggregated by gender when possible. To ensure the reliability of qualitative findings, the evaluation team analyzed information from different sources and compared the findings of interviews with those of objective sources, such as observational forms and surveys.

This evaluation and the methods described above have several limitations, including: 1) a potential loss of data integrity due to the evaluation's qualitative approach; 2) recall bias; 3) self-selection bias; 4) a small sample size; 5) challenges related to the timescale for attribution; and 6) logistical considerations, which inhibited the team's ability to interview all agreed-upon stakeholders. Some of these limitations were mitigated by the number and scope of interviews, focus groups, and use of quantitative data collected from surveys and questionnaires. The team believes the robustness of these various methods allows for a presentation of reasonably solid findings, conclusions, and recommendations.

Key Findings

Question 1 – Strengthening GoI institutions (people, services, and systems)

Strengthening People: All three projects worked to strengthen the capacity of *people* to deliver public services. Trainings sought to strengthen the management and leadership skills of key staff in addition to technical skills and knowledge. CBO project activities trained more than 48,500 Iraqis; *Tarabot* primarily provided training to central-level GoI officials, with highlights including a stakeholder training on the Iraqi Solutions for Regulatory and Administrative Reform (ISRAR)—the basis for the country's regulatory reform process—and a training on policy development, project management, and procurement. GSP focused on building the capacity of provincial authorities; 57 percent of Provincial Council (PC), Governor's Office (GO) and CSD government employees interviewed cited trainings and capacity building activities as GSP's most valuable contribution. PHCP focused on strengthening the service delivery capacity of local actors. The percentage of female training participants fell between 30 and 40 percent for all three projects.

Strengthening Services: CBO projects sought to strengthen the GoI's capacity to deliver public services by supporting actors at the central, provincial and local levels. At the central level, key informants noted the *Tarabot* project's support for the Social Safety Net and the development of a web page with administrative procedures and legal regulations relevant to the business environment as important achievements.

All three CBO projects sought to improve provincial services. Forty-seven percent of key informants from the *Tarabot* project cited the provision of services to citizens, including public works and "One-Stop-Shop" (OSS) access facilities for the public, as areas of project success. In a GSP survey, 65 percent of citizens interviewed said the local/provincial government had helped improve service delivery since 2011, particularly through increased monitoring and oversight. For PHCP, 65 Primary Health Care Centers (PHCCs) were offering maternal and neonatal services linked to an effective referral process at the time of the evaluation (PHCP's target was 12). PHCP activities primarily strengthened services at the local level; 85 percent of PHCCs surveyed noted citizens' use of services had increased over the life of the project, and 60 percent reported increased coverage of target populations, though it is unclear what caused these increases.

Strengthening Systems: All three CBO projects worked to strengthen *systems* at the central level. Seventy-one percent of senior GoI officials interviewed reported organizational performance had

improved in their institutions as a result of *Tarabot*. One hundred percent of respondents from PCs and GOs surveyed said GSP had assisted with important legislative or policy changes. Key informants for the PHCP project cited new systems for medical records and pharmaceutical supply management as primary examples of systems strengthening facilitated by the program.

Key informant interviews suggested the projects' most significant contributions to strengthening systems at the provincial level were their support in implementing Article 45 of Provincial Powers Law (PPL) 21 Second Amendment; their assistance in strengthening provincial budgeting and planning processes; and the addition of tenders to the dgMarket portal. At the local level, PHCP helped develop more than 20 clinical guidelines and initiate quality improvement efforts.

Question 2 – Replication and sustainability

Based on data gathered, it is unclear which of *Tarabot*'s activities aimed at strengthening *people* will be maintained post-project, although the evaluation team anticipates future project sustainability will be impacted by turnover of central-level decision-making staff. On the other hand, project staff and government partners expect capacity improvements made during GSP to continue post-project, due to GSP's approach of focusing on standardized systems with practical application of new skills and technologies. Furthermore, 71 percent of civil society organizations (CSOs) who benefited from GSP assistance expected the changes in their relationships with the GoI to be permanent. Key PHCP informants cited the GoI's adoption of the Patients' Rights and Responsibilities Statement directive as a key central-level activity that may be sustained. At the provincial and district levels, 80 percent of PHCCs sampled reported receiving monthly supportive supervision, which may also contribute to PHCP's sustainability post-project.

Key informants for PHCP noted that the GoI had increased central-level support for further development of "model clinics," potentially strengthening the future delivery of services, while some key informants from *Tarabot* felt the OSS approach could be replicated at the provincial level. At the local level, certain PHCC staff noted the potential sustainability of task shifting of integrated management of childhood illness (IMCI) services.

Senior GoI officials interviewed highlighted improved procurement and project management practices introduced by *Tarabot* as the most sustainable *system* improvements at the central level. All PC and GO respondents believed that GSP achievements could be replicated in other parts of the government, including participatory planning processes and continuous improvement of personnel. For PHCP, pharmaceutical supply management (PSM) guidelines were found in 68 percent of PHCCs visited, and 69 percent of visited districts reported that all project PHCCs had adopted the new medical record system.

Question 3 - Individual project sector investments, approaches and innovations

Sixty percent of GoI officials interviewed confirmed *Tarabot* interventions had contributed significantly to the promotion of "systems change" in their institutions. GSP key informants highlighted the effectiveness of the CSD concept's country-wide expansion to include improved GO CSDs, new PC CSDs, and software packages and manuals to support automated tracking of citizen concerns. PHCP key informants cited citizen participation via Local Health Committees, supportive supervision, IMCI task shifting, the strengthening of PHCCs' ability to provide immunizations, and leadership and management training as the most influential approaches.

Question 4: Projects' strengths and weaknesses

In their overall evaluation of the CBO approach, key informants noted the projects' success in building strong relationships with GoI counterparts as a primary strength. All projects sought buy-

in from GoI counterparts and aimed to integrate activities with systems changes, such as decentralization and planning processes. Training and technical assistance were generally well-received and appreciated. A major weakness noted by key informants was the shortage of project staff, especially qualified key personnel. Furthermore, all three projects had a need to focus their initially broad Statements of Work (SOWs). Turnover in GoI counterparts led to implementation delays, which were compounded by ongoing challenges in working with GoI bureaucracy. The security situation limited the ability of projects to effectively function in all provinces and districts.

Question 5 - Citizens' participation and its effect on public service delivery

It appears the three CBO projects worked in “siloes” on activities that raised citizen participation, with *Tarabot* focusing on the central level, GSP focusing on the provincial level, and PHCP focusing on the district and local levels. All projects appeared to share a common aim of raising government agencies' awareness of citizen service priorities and expectations. Per feedback from key informants, each project instituted several activities that provided a forum for citizens and CSOs to voice their concerns and advocate for public health needs.

Question 6 - Unintended consequences of project activities

Respondents attributed several positive, unintended consequences to CBO investments. Per *Tarabot* key informants, the idea of public administrative reform became a GoI (versus donor-driven) initiative as a result of the project; as evidence of this, three permanent committees were established to institutionalize reform efforts. For GSP, the 2013 passage of PPL 21, 2nd Amendment, Article 45 and the organization of provincial elections that same year created an increased demand by government officials for systems and staff capacity to respond to citizen concerns. PHCP key informants noted the project's influence in shaping the Iraqi National Health Policy (2014-2023) through the concepts and activities the project introduced; while this was not a specific PHCP activity, it contributed to the project's overall objective. For all three CBO projects, key informants noted the value of networking activities for provincial-level officials.

For the *Tarabot* and GSP programs, despite efforts to provide simplified user interfaces, a few key informants cited unintended negative consequences related to ongoing staff capacity to manage some technologies introduced by the project. While informants did not cite specific technologies, they provided examples of issues encountered; for example, for *Tarabot*, system downtime created problems when sufficient backup arrangements were not in place.

Question 7 – PHCP's compliance with the Initial Environmental Examination

All PHCCs visited were found to have high compliance levels with standard guidelines in segregating waste; the evaluation team detected 80 percent of PHCCs visited disposed of their sharps waste according to guidelines.

Main Conclusions

Activities undertaken by the three CBO projects should theoretically strengthen service delivery; however, at this point, there is limited direct evidence to support this conclusion. This is due in part to a lack of evidence in data collected during the baseline and evaluation phases. In addition, the limited timeframe between project start and evaluation and the projects' focus on policy and regulations (for *Tarabot* and GSP in particular) make attribution of program results challenging. However, all CBO projects have built an institutional foundation which, with time, will enable service delivery to improve. The ability of the GoI to *deliver* improved public services appears to have been strengthened most at the local level, with central-level ministries strengthened in their ability to set standards and provincial level governments strengthened in their oversight,

management, and planning capacities. As many services required by Iraqi citizens are provided at the local level, this focus appears to have been the most appropriate.

Coordination of activities among the three projects was fairly limited, though *Tarabot* and GSP provided opportunities for PCs and GOs to coordinate with key ministries. The translation of policies and regulations developed at the central level into systems change at the provincial level was particularly critical and did not always occur evenly; this may impact project sustainability. While some centrally-focused interventions gained GoI support for replication, it is unclear which activities will continue post-project. The phasing-out of CBO program technical expertise may also jeopardize the sustainability of newly-gained GoI technical knowledge and skills.

Based on key informant responses, the team believes all of the CBO projects maintained a necessary and delicate balance between having a collaborative working relationship and securing buy-in from GoI counterparts, being responsive to GoI requests, and implementing the most technically appropriate activities. The team noted that all training and technical assistance were generally well-received. Finally, perhaps one of the most important CBO accomplishments was the development of institutionalized mechanisms for citizen input and participation with the GoI.

Main Recommendations

If USAID decides to provide future GoI capacity building assistance via ongoing or new projects, it must concretely conceptualize how activities will be coordinated across government levels and constituencies. USAID/Iraq's CBO should also collaborate with the donor community to determine whether project activities can be incorporated into other donor projects, especially for activities outside the scope of ongoing USAID/Iraq projects. USAID and CBO implementing partners must assist the GoI now in developing a Sustainability Plan that delineates conditions needed for program sustainability and replicability. Per the *Findings* section, priority should be given to: 1) strengthening procurement and project management systems; 2) continued strengthening of CSOs and other citizen participation activities; 3) rolling out the Iraq Development Management System nationwide; 4) continued expansion of the model clinics; 5) ensuring the institutionalization of ISRAR; 6) capacity building for the CSDs; 7) trouble-shooting PSM technical issues; and 8) developing an Iraqi host institution to continue project-related trainings.

Furthermore, given the limited availability of higher-level or outcome/trend data collected by the three projects—and the challenges this limitation presented in measuring the extent to which CBO projects strengthened GoI institutions—USAID should determine if it is feasible for the projects to collect this data prior to close-out. If feasible, a data collection plan for each implementing partner or commissioning of additional studies for capture of this data would establish service delivery changes, if any. Finally, CBO programming has encouraged the building of ties between civil society and the GoI through participatory planning and feedback processes. Through its programming focused on non-state actors (e.g. Broadening Participation through Civil Society), USAID can continue to provide assistance to further develop CSOs' ability to engage broad swaths of communities in need of vital services and strengthen their relevancy and value.

Lessons Learned

The evaluation yielded several lessons learned. For example, the team found that if projects are to be evaluated based on their joint contributions to a particular outcome, that outcome must be incorporated into the design, implementation, and monitoring of each project at its outset. Additionally, issues of sustainability should be addressed at the project's start, and should involve initial capacity and sustainability assessments as well as the development of handover plans.

1. INTRODUCTION

1.1 Evaluation Purpose

Three projects of USAID/Iraq's Capacity Building Office (CBO) are the Administrative Reform Project/*Tarabot*, the Governance Strengthening Project (GSP) or *Taqadum*, and the Primary Health Care Project (PHCP). All three projects focus on strengthening people, systems, and services primarily within the Government of Iraq (GoI), to enable the government to better deliver public services. Collectively, the projects provide support to national and provincial planning, budgeting, procurement, management of capital investment projects, project oversight, public policy, regulatory reforms, and primary health care services.

USAID commissioned a summative performance evaluation to assess the extent to which the three projects have strengthened the capacity of the GoI at the national/central, provincial, and local/district levels.¹ The evaluation seeks to achieve the following objectives:

1. To assess the degree to which the three CBO projects helped build the capacity of GoI institutions to improve service delivery;
2. To highlight project successes in the areas of human capital and skills development and systems reform;
3. To determine whether certain sector investments, innovations and system approaches used by the projects achieved the objective of increasing the capacity of GoI institutions to better respond to citizens' needs and improve service delivery; and,
4. To identify the various factors and conditions in-country, including in the Kurdistan Regional Government (KRG), which have enhanced or limited the effectiveness of the three USAID projects' assistance in Iraq.

In order to examine the extent to which CBO project activities improved the GoI's ability to provide public services, USAID/Iraq formulated the following primary questions:

1. To what extent did the three CBO projects strengthen GoI institutions in delivering public services?
2. What specific program elements are replicable and sustainable, and what legacy shall each of the projects leave behind?
3. To what extent did individual project sector investments, system approaches and innovations contribute to improvements in government performance and, ultimately, public service delivery?
4. What were the projects' strengths and weaknesses? Specifically:
 - a) How did these affect the overall success and/or sustainability of the programs?; and
 - b) What are the factors and conditions that enhanced or limited the effectiveness and impact of these projects in Iraq?

¹ The Second Amendment of the Law of Governorates not organized in a Region No. 21 defines "Local Governments" as including the Provincial Council, Local Councils (i.e., District Councils and Sub-District Councils) and Administrative Units (i.e., Provinces, Districts, and Sub-Districts).

5. To what extent did the projects enhance citizens' participation, and how did this influence public service delivery?
6. Did any project activities result in unintended consequences or impacts?
7. Was PHCP implemented in accordance with the conditions laid out in Section 4.2 of the Initial Environmental Examination for the PHCP in Iraq? Specifically:
 - a) Did USAID PHCP develop Standard Operating Procedures (SOPs) or similar guidance with regard to medical waste management and/or clinic sanitary practices—including those related to water/sanitation, cleaning solutions, and solid waste disposal—in consultation with a technical expert and consistent with international best practices to the extent practical?; and,
 - b) Did PHCP activities involving the handling and disposal of medical waste and other issues related to sanitary management of primary health care clinics comply with these SOPs?

1.2 Audience

USAID/Iraq intends to use the results of this evaluation to: 1) respond to questions from internal and external stakeholders about the United States Government's (USG's) success in achieving its goals via USAID/Iraq capacity building activities; 2) to provide recommendations for project handover; and 3) to derive lessons learned from project implementation.

1.3 Evaluation Team

The in-country portion of the evaluation was conducted by a team of four key experts and 13 data collectors. Two additional external international experts subsequently revised the organization and structure of the report. The in-country team was fielded in March and April of 2014 for seven weeks, and consisted of the following members:

1. Ms. Nelly Dolidze, Team Leader (1) / Evaluation Expert;
2. Mr. John Anderson, Administrative Reform Expert;
3. Ms. Mahinaz El-Helw, Primary Health Care Expert; and
4. Mr. Ali Sada, Local Governance Expert.

Ms. Nelly Dolidze is an international development expert with more than fourteen years of cross-sectoral experience. She is an experienced Team Leader who is highly competent in conducting evaluations. Ms. Dolidze holds a Master of Arts (M.A.) degree from Duke University's Institute of Public Policy, and a Master of Project Management degree from George Washington University.

Mr. John Anderson is an international development expert with nearly 40 years of experience, the last 20 of which were in leadership positions overseeing democracy and governance programs within USAID. Mr. Anderson holds a M.A. degree in Political Science from the University of Chicago.

Ms. Mahinaz El-Helw is an international development expert with more than 30 years of experience in international health. She has conducted more than a dozen evaluations and assessments, and has designed monitoring and evaluation systems for donors and governments. Ms. Mahinaz holds a Master of Public Health degree from the Royal Tropical Institute in Amsterdam, Netherlands.

Mr. Ali Sada is an international development expert with more than 10 years of experience strengthening local governance institutions in Iraq and Kyrgyzstan. He has worked as a senior program officer and as a lead researcher on complex assessments and evaluations in post-conflict countries. He holds a Bachelor of Science degree in Civil Engineering from Baghdad University.

Two additional experts were commissioned from June to December of 2014 to revise the text of the evaluation report. They included:

- 1) Tim A. Clary, Team Leader (2) /Evaluation Expert; and,
- 2) Jennifer Kuiper, Local Governance Expert.

Dr. Tim A. Clary has more than 15 years of experience and has worked in nearly 50 countries in designing, managing, monitoring and evaluating international development projects. Dr. Clary holds a Doctor of Philosophy (Ph.D)/Master of Science (M.S.) degree in Epidemiology and Geography from the University of California, Los Angeles (UCLA), an EMBA degree from Instituto de Empresa, and a M.A. degree in Geography from UCLA.

Ms. Jennifer Kuiper is a governance and monitoring and evaluation specialist with fourteen years of experience working on evaluations of USAID-funded and other social service and development programs. Ms. Kuiper received her Master's degree in Public Policy from University of California, Berkeley.

1.4 **Outline of Evaluation**

After initial sections describing the evaluation's background and methodology, this report presents findings for each of the seven evaluation questions, followed by conclusions for those findings. Specific and action-oriented recommendations for the remaining life of the projects are also included, and address the handover of activities to GoI or other ongoing USAID/Iraq projects. The final section of the main body includes a discussion of lessons learned. Several supporting annexes have been included with the report, including: a) Evaluation Statement of Work (SOW); b) Glossary of Terms; c) References; d) Persons Met; e) English Translation of Law 21; f) Data Collection Tools; g) Disclosure of Conflicts of Interest; and, h) Statement of Differences.

2. **BACKGROUND**

USAID/Iraq's CBO has been implementing three projects since 2011: *Tarabot*, GSP, and PHCP, originally valued at approximately \$156 million, \$76 million, and \$75 million, respectively.

Tarabot: The main Development Objective (DO) for *Tarabot* was, "GoI Policy and Resource Management Structures Strengthened." *Tarabot* took a "whole of Iraq" and "whole of government" approach in implementing its programs and systems. The project started in June of 2011, and its completion was originally planned for June of 2015. An initial design of the project incorporated the following components:

1. Civil Service Reform
 - a) Legal Reform: Comprehensive Civil Service Legislation
 - b) Institutional Reform: Federal Civil Service Commission
 - c) Institutional Reform: Provincial Civil Service Commissions
2. National Policy Management

- a) Legal Reform: Cross Ministerial Regulatory Reform
 - b) Institutional Reform: Central Executive Policy Formation and Dissemination
3. Administrative Decentralization:
- a) Legal Reform: Devolution Regulations
 - b) Institutional Reform: Provincial Resource Management and Service Delivery

GSP: GSP’s development hypothesis focused on supporting the provincial governments’ effective exercise of constitutionally and statutorily defined responsibilities, including full implementation of laws related to decentralization of authority and maintenance of effective local governance functions. In fulfilling these responsibilities, provincial government partners would be better able to provide vital linkages between citizens and the central government. An expected overall result would be improved resource allocation and enhanced oversight and accountability of central ministry offices located in the provinces. All GSP efforts were directed toward ensuring improved delivery of vital services to the Iraqi people. Over the course of implementation, provinces acted as collaborative partners with GSP by providing matching funds, accepting and implementing reform, and including community groups in decision-making.

Fundamentally, GSP addressed two principle objectives. The first, *institutional strengthening*, enhanced the institutionalization of authorities within provincial governments and improved resource management. The second objective, *executive oversight*, leveraged elected provincial officials’ constituent support and oversight powers to hold central line ministries accountable for delivery of services. GSP was launched in September 2011 and had an initial planned completion time of five years, though this timeframe was shortened due to the glide path.

PHCP: PHCP was launched in March 2011 with the primary goal of assisting the Ministry of Health (MoH) in achieving its strategic goal of providing better quality Primary Health Care (PHC) services. The initial scope of the project targeted 360 primary health care centers (PHCCs) in all 18 provinces of Iraq, and incorporated three components:

1. Strengthening health management systems;
2. Improving the quality of clinical services; and
3. Encouraging community involvement to increase the demand for and use of PHC services.

Under a revised work plan, PHCP focused on helping Iraq meet its Millennium Development Goals of reducing child mortality (Goal 4) and improving maternal health (Goal 5) in the catchment areas served by 298 clinics. The work plan envisioned that 36 of the 298 clinics would collaborate at a high level with the MoH, with the intention that they would be developed into “model clinics”. Similar to the other two projects, PHCP was originally envisioned to have a project duration of five years.

Table 1: Critical assumptions for each of the three CBO projects

	<i>Tarabot</i>	GSP	PHCP
Critical Assumptions	Political will of the GoI remains supportive Safety and security of staff will allow	The political situation allows major parties to constructively engage in decision-making Provincial government leadership embraces statutory responsibilities	Political stability PHCP will have continued access to participating clinics and staff (based on security and other concerns).

	<p>implementation</p> <p>Cost-sharing will be provided in a timely manner</p> <p>Donor involvement will remain consistent</p>	<p>and can be held accountable by constituents.</p> <p>The political situation will allow for national commitments toward: 1) decentralization laws and reforms; and, 2) cost-sharing in exchange for technical assistance</p> <p>The security environment will permit the delivery of project assistance</p>	<p>The MoH is successful in utilizing ‘cost-contribution’ funds set aside for model clinic renovations and the model clinics will be upgraded and serve as a benchmarks.</p> <p>National and international stakeholders will work together to define a shared vision and commitment to improved PHC services.</p>
--	---	---	---

USAID/Iraq’s glide path:

The three projects above were re-focused and re-shaped in 2013 based on guidance provided by Mission management and in response to USAID/Iraq’s “glide path” strategy. The resulting changes shortened the duration of each project and limited each project’s resources to conduct activities. This resulted in at least a partial loss of strategic integrity for each project, and required the reformulation of each of the three corresponding Performance Management Plans (PMPs). To respond to reductions in time and resources, the Civil Service Reform component of *Tarabot* was terminated and the scopes of *Tarabot*’s other two components, National Policy Management and Administrative Decentralization, were reduced. For GSP, changes included a reduction in the project’s budgeted geographic coverage with prioritization of activities that could be sustained by local governments after close-out. Additionally, the shortened program duration meant that skills learned through initial budgeting and planning cycles could not be reinforced through repetition in follow-on cycles. Finally, most PHCP activities related to management system strengthening were phased out, activities within the PHCC clinics were narrowed to cover only those related to maternal and child mortality, and the number of PHCC clinics and complementary activities (primarily clinical training and community involvement activities) were decreased as part of re-shaping efforts.

3. METHODOLOGY

3.1 Evaluation Period

This summative evaluation addresses the performance of the three CBO projects from their inception (March 2011 for PHCP, June 2011 for *Tarabot*, and September 2011 for GSP) through the period of the evaluation team’s field work in March and April of 2014.

3.2 Overall approach

The overall approach for the CBO summative evaluation was conceptualized to answer the seven primary questions, as well as two sub-questions (Questions 4a and 4b) identified in the evaluation SOW. The methodology and subsequent tools were chosen to provide information from different sources that could be triangulated to achieve the following objectives:

- 1) To externally validate information on project activities from project reports;
- 2) To gather information from different sources about project foci, activities, working methods, and achievements to date; and,
- 3) To identify issues and formulate recommendations.

To conduct the CBO summative performance evaluation, the evaluation team assessed each project’s activities relative to two parameters: 1) people, services, and systems; and, where applicable, 2) the level of GoI receiving project assistance (e.g., central/national, provincial, and/or local/district).

3.3 Tools

Data collection tools used for the evaluation yielded a mix of qualitative and quantitative information. For example, the team obtained qualitative data from key stakeholder interviews, focus group discussions, and interview guides, and drew quantitative data from surveys, direct observation forms, and questionnaires. All in-country team members collaborated in drafting the evaluation work plan and selecting data collection tools, which were tested prior to the evaluation’s start. The evaluation tools used are included in Annexes 6-8 of this report. Tools included:

1. Key Informant Interviews (KIIs): In-person or phone interviews were conducted with key informants to identify their level of involvement in influencing the public service delivery agenda and their level of satisfaction with the quality of public services;
2. Focus Group Discussions (FGDs): FGD’s were conducted among homogeneous groups of project beneficiaries and service recipients. Groups brought together pre-selected individuals to discuss their opinions on project activities and corresponding benefits. Focus groups were organized with state-sector representatives and non-state actors;
3. Exit surveys and interviews: Exit surveys and interviews were conducted with service recipients and some focus group participants. These tools were used to incorporate feedback from beneficiaries on the quality and quantity of project outputs and outcomes; and,
4. Direct Observations: Data collectors conducted direct observations at project-supported facilities in the field, to examine ongoing activities first-hand.

3.4 Sample selection (individuals)

The evaluation team developed an initial list of key informants drawing on project materials, which it submitted to USAID with the evaluation work plan for feedback. The evaluation team revised the list based on comments from USAID and implementing partners, and after arrival in Iraq, held meetings with key staff of each project to finalize interviewees (see Tables 2 and 3 and Annex 4 for additional details).

Table 2: Listing of interviewees

	<i>Tarabot</i>	GSP	PHCP
Number of key informant interviews conducted	98	96	35
Number of site visits (facilities; excludes meetings in GoI offices)	1	10	20 facilities (+16 corresponding Directorates of Health/DoH)
Number of focus group discussions	4	3	0
Number of participants in focus groups	47	14	0
Number of persons surveyed	0	18	187
Surveys conducted	0	Citizen Exit Survey	1. PHCC health facility survey 2. PHCC client exit interviews 3. District manager interviews

Table 3: Disaggregation of key informants

	<i>Tarabot</i>	GSP	PHCP
USG	9	8	6
Implementing Partner	25	11	17
Government of Iraq (central)	28	2	5
Government of Iraq (provincial)	36	40	4
Government of Iraq (local level)	0	9	0
Other	0	26	3

3.5 Site Visits and Selection Criteria

The team’s evaluation of *Tarabot* activities covered 10 provinces of Iraq, and included interviews with top and mid-level GoI representatives. For GSP, the team interviewed staff and clients of 10 of the 22 Citizen Service Desks (CSDs) supported under the project and visited 14 provinces. The team identified PHCP evaluation sites through simple random sampling, resulting in 22 total clinics sampled and 20 clinics visited across 16 provinces; Anbar province was excluded for security reasons.

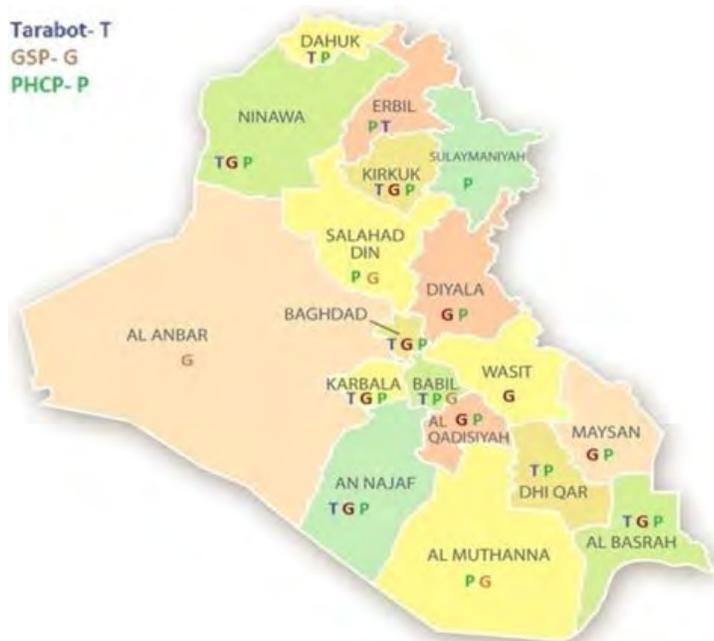


Table 4: Provinces for data collection

Babil, Baghdad, Basrah, Dhi-Qar, Dahuk, Erbil, Karbala, Kirkuk, Najaf, and Ninawa.	Anbar, Babil, Baghdad, Basrah, Diwaniya, Diyala, Karbala, Kirkuk, Maysan, Muthanna, Najaf, Ninawa, Salahad Din, and Wasit.	Babil, Baghdad, Basrah, Dhi-Qar, Diwaniya, Diyala, Dahuk, Erbil, Karbala, Kirkuk, Maysan, Najaf, Ninawa, Muthanna, Salahad Din, and Sulaymaniyah.

3.6 Data collection process

Data was collected by the evaluation team and QED data collectors, who were trained by QED on principles of data collection and the use of specific tools prior to starting field work. Data collectors also accompanied key experts during the pre-testing of tools to observe their techniques. Evaluation team members conducted in-person interviews of Iraqi state officials in Baghdad, implementing partner representatives and USAID/Iraq staff. QED data collectors interviewed Iraqi middle- and top-level officials in provinces and in Baghdad. Additionally, data collectors facilitated focus group discussions in Baghdad and conducted site visits to interview local staff and service recipients.

3.7 Data processing and analysis

Data collectors provided the data they gathered to the evaluation team in Microsoft Excel and Word files, and aggregated and summarized the data in their reports. QED staff and data collectors were in charge of validating data and ensuring information reported was clean and correct. The team used both qualitative and quantitative approaches to analyze aggregated data in Excel files. The evaluation team analyzed information from different sources and compared the findings of interviews with those of objective sources, such as observational forms and surveys, to ensure the reliability of qualitative findings. The team derived findings from both qualitative and quantitative data.

3.8 Limitations

Qualitative approach: The main approach for this evaluation was qualitative, using key informant interviews, focus group discussions, and questions contained within some of the surveys. The full capture and analysis of qualitative data is complex; evaluation team members and data collectors may fail to record or correctly transcribe important data for a variety of reasons, resulting in the data's omission from findings, conclusions, and recommendations.

Recall bias: Like many evaluations, this evaluation may be limited by recall bias. While the three projects were awarded in 2011 and began activities shortly thereafter, the evaluation team was fielded in the first half of 2014. This lag may have influenced how well interviewees could recall certain events and activities, potentially resulting in a positive or negative bias. It should also be noted that a decision had been made regarding the glide path for some USAID/Iraq projects by the time the evaluation team was fielded. This knowledge may have influenced some interviewee responses to the evaluation questions.

Self-selection bias: Interviewees may also self-select by making themselves available for an interview or by controlling the amount of time they allot for the discussion. For example, people with stronger vested interests in the results of the evaluation (either positive or negative) may spend more time with the interviewer(s) to ensure evaluation results skew in their favor.

Sample size and divergence: Given the scope of the evaluation and resources allocated, for several aspects, the sample size of persons interviewed or sites visited may have been too small. For example, to have statistically significant results with a margin of error of 10, the evaluation would have needed to include visits to 76 of the original 360 PHCCs; instead, a total of 20 PHCCs were surveyed. These limitations will affect the extrapolation of findings, as smaller sample sizes have more limited power. Additionally, there was limited overlap of counterparts and beneficiaries for each project; thus, key informants were interviewed separately, limiting the team's ability to integrate observations. Finally, a number of practical and logistical challenges, including security concerns and Parliamentary elections, further restricted the team's access to the full site and interviewee pool; this particularly impacted access to government officials.

Timescale for attribution: As noted previously, all three CBO projects were awarded and began implementation in 2011. This limited the ability of the team to draw definitive conclusions about program contributions to public service delivery, and to evaluate the likelihood that interventions will be sustained post-project. Longer-term project outcomes may be difficult to attribute as they

may not yet have been fully realized.

Some of the limitations above were mitigated by the number and scope of interviews, focus group findings and quantitative data obtained from surveys and questionnaires, when available. The evaluation team believes the robustness of these methods will allow it to present reasonably solid findings, conclusions, and recommendations.

3.9 Ethical considerations

Interviewers typically read interviewees a consent form and obtained their verbal agreement to participate in the evaluation. The team also guaranteed the confidentiality of mid- and lower-level GoI officials and project beneficiary respondents.

3.10 Disaggregation of data by gender

The evaluation—including data collection, analyses and reporting—will reflect the cross-cutting issue of gender when possible.

4. KEY FINDINGS

As noted above, findings will be presented using two basic parameters: 1) people, services, and systems; and, where applicable, 2) the level of government receiving project assistance (e.g., central/national, provincial, and/or local/district). Findings will be integrated across the three projects and disaggregated by gender when possible.

4.1. Findings for Question 1: The extent to which the three CBO projects strengthened GoI institutions to deliver public services

4.1.1. The extent to which *people* (Iraqi citizens) were strengthened to deliver public services

Central: While all three projects interacted with GoI officials at the central level, the provision of direct training to this group fell primarily within the scope of *Tarabot*. A principal activity of the project was to train a cadre of public, private, and GoI stakeholders on the Iraqi Solutions for Regulatory and Administrative Reform (ISRAR), which served as the basis for *Tarabot*'s regulatory reform process. During this participatory training, stakeholders from ministries, business, and civil society identified candidate laws, regulations and administrative orders for reform or elimination. By the end of Fiscal Year (FY) 2013, 276 Iraqis had been trained, exceeding the project's target of 275, and 29 National Policy Management and Regulatory Reform Initiatives had been established, exceeding a target of 26.² Additionally, *Tarabot* trained 600 people in eight ministries on policy development, and 70 people for the Prime Minister's Advisory Council (PMAC). Through trainings, *Tarabot* introduced all 18 ministries to Project Management Institute (PMI) standards such as scheduling and Microsoft project management tools. As a result of these introductions, the GoI's Partnership Committee—which is responsible for allocating Iraqi funds to projects that are mutually implemented by the GoI and donors—committed approximately \$3 million to allow select engineers to take the Project

² Iraq Administrative Reform Project – *TARABOT* Performance Management Plan, (FY 2012 – FY 2014)

Management Professional certification exam.

GSP engaged central government staff through its support for provincial government oversight and monitoring functions related to infrastructure and service delivery provided through line ministries. GSP encouraged collaboration among stakeholders through joint working groups that included provincial and central ministry personnel; for example, one group focused on Essential Service Delivery Oversight (ESDO). GSP further encouraged partnerships among project stakeholders through national conferences, which included cross-sectoral and inter-agency workshops and best practice presentations.

PHCP indirectly strengthened the capacity of actors at the central level. Some PHCP key informants reported that the collaborative relationship between the project and the MoH in producing key technical guidelines strengthened the central government's capacity to review and adjust services. Furthermore, the incorporation of Patients' Rights and Responsibilities into the Public Health Law (Chapter 5, Articles 90 and 91) was an outcome of PHCP activities. The law, which reorients health services to be patient-centered, will require all health care providers, policymakers, and practitioners to strengthen skills that improve their responsiveness to patient needs.

Provincial: Though *Tarabot* and PHCP conducted some activities at the provincial level, initiatives to build the capacity of provincial authorities fell primarily within GSP's project scope. As provincial governments were not responsible for direct provision of services during GSP's implementation, trainings for officials and staff focused on services oversight by improving capacity for planning, monitoring, budgeting and legislating. Fifty-seven percent of Provincial Council (PC), Governor's Office (GO) and Citizen Service Desk staff interviewed (33 of 57) cited trainings and capacity building activities as GSP's most valuable contribution, and 85 percent of PC and GO respondents (48 of 57) said technical assistance provided by GSP was appropriate for their needs.³ By the first quarter of the project's third year, 290 PC Members and staff had been trained by GSP on fundamental concepts related to serving as an effective legislator; this represented 116 percent of the project's 250-person target.⁴ The number of female council members participating actively in GSP interventions also increased from 68 in 2012 to 85 in 2013.

GSP also strengthened the capacity of GO and PC officials to engage citizens in assessing service needs and priorities for service delivery. According to GSP reports, governorate-level leadership built skills and better understood the importance of community outreach and inclusive planning as a result of the project. In addition to trainings, GSP provided opportunities for project beneficiaries to put skills into practice by organizing 51 public forums. Another 15 forums were held without GSP support.

Local: PHCP focused primarily on strengthening the capacity of people to deliver services at the local level; one of its initial project requirements was to work with 360 PHCCs to improve the quality of their services. Trainings focused on technical topics, such as

³ Citizen Service Desks provide information about provincial government services and are an important channel to register and resolve citizen complaints. In some provinces, CSDs are run by the GOs, and in others they are run by the PCs. In some provinces, both entities run the CSDs.

⁴ Governance Strengthening Project (*Taqadum*), Brief on PMP Y3Q2 Indicators Progress Requirements

infection prevention and maternal and child nutrition, as well as on building the management and leadership skills of key staff. By the end of FY 2013, 287 clinics (1,543 staff) had been trained on five or more key clinical services.⁵ Seventy-five percent (15 of 20) of PHCCs surveyed also noted the establishment of Quality Improvement Teams (QIT) as a primary achievement. QITs received on-the-job training from trained supervisors in general quality improvement and supportive supervision; the primary objectives of the teams were to identify performance gaps, analyze the causes of the gaps, and find solutions to close gaps to improve overall PHC services.

In total, more than 48,500 Iraqis were trained as a result of CBO project activities (Table 5). Notably, the percentage of female trainees for activities consistently fell within a 30–40 percentage range. Approximately 33 percent of GoI staff trained by *Tarabot* in public policy and 30 percent of Directorates of Health (DoH) staff trained in leadership and management were women.⁶

Table 5: CBO Projects Trainings
(Source: CBO annual reports through FY 2013)

Project	Persons trained
<i>Tarabot</i>	21,738
GSP	5,656
PHCP	21,128
Total for CBO projects	48,522

4.1.2 The extent to which CBO activities directly strengthened public *services*

Central: *Tarabot* key informants noted the project’s support for the development of a user-friendly web page containing administrative procedures and legal regulations relevant to the business environment and its support of the Social Safety Net (SSN)—aimed at ensuring transparent distribution of the social welfare fund to marginalized groups—as important achievements. Additionally, *Tarabot* supported the legal structure of public procurement within the Ministry of Planning (MoP), and provided capacity building support to each ministry receiving project assistance by introducing a package of eleven standardized elements to ensure procurement processes adhered to international standards. Per key informants, the improved procurement process has led to better bids and thus, better service providers winning those bids; informants expected this to positively impact service delivery. However, only 42 percent of citizens interviewed in a GSP survey (8 of 19) thought the central government had improved its service delivery since 2011. It should be noted that the sample size for this finding was small, and thus, the margin of error was quite large. PHCP key informants also noted the revision of the essential medicines list for maternal and child health (MCH) services, efforts to address immunization shortfalls, and the introduction of quality improvement as key project achievements.

Provincial: All three CBO projects sought to improve provincial services. Forty-seven percent of *Tarabot* key informants (14 of 30) cited the provision of services to citizens, such as public works, and “One-Stop-Shop” (OSS) access facilities for the public as areas of project success. Sixty-five percent of citizens interviewed in a GSP survey (13 of 20)

⁵ USAID, PHCP Annual Report FY 2013

⁶ USAID-*Tarabot* Iraq Administrative Reform Project, Annual Report 2013
USAID/Primary Health Care Project in Iraq (PHCPI), Annual Report – FY 2013

stated the local/provincial government had improved service delivery since 2011, and 50 percent of citizens (10 of 20) noted local government response rates to their requests had improved.⁷ Furthermore, 79 percent of civil society organizations (CSOs) interviewed (11 of 14) agreed that GSP support to provincial governments had led to improved services for women and/or marginalized groups; 67 percent of GO and PC officials interviewed (20 of 30) found this to be true. Finally, per PHCP's FY 2013 Annual Report, 65 PHCCs offered maternal and neonatal services linked to an effective referral process, usually at the higher provincial level; PHCP's target was 12.

Local: PHCP activities strengthened the quantity and quality of services at the local level. While local services should have also been strengthened by *Tarabot* and GSP activities at higher GoI levels, establishing those linkages is difficult due to a lack of direct data and attributability. One hundred percent of clients sampled in a PHCP exit survey (20 of 20) were either "very satisfied" or "satisfied" with PHCC services. Furthermore, 85 percent of PHCCs surveyed (17 of 20) noted that utilization of services had increased and 60 percent (12 of 20) reported an increase in coverage of target populations, although based on available data, it is unclear what caused these increases. Finally, per PHCP's FY 2013 Annual Report, 73 percent of PHCCs were compliant with quality standards for seven key clinical services; PHCP's target was 55 percent.

4.1.3 The extent to which CBO activities strengthened *systems* to deliver public services

Central: All three projects worked in varying degrees to strengthen systems at the central level. Key informants interviewed in a *Tarabot* survey cited assistance in updating procurement and project management regulations and guidelines, the provision of technical assistance to improve quality management practices, and the adoption of ISRAR methodologies as important project achievements. Public policy offices were also established, most notably within the Prime Minister's Office, and the project assisted in developing a Memorandum of Understanding (MoU) which resulted in the delegation of policies to PMAC and the coordination of policies within the council. Most notably, 71 percent of senior GoI officials interviewed (12 of 17) stated organizational performance in their institutions had improved.

One hundred percent of PC and GO respondents surveyed said GSP assisted important legislative or policy changes that addressed national priorities. Respondents cited GSP's engagement with central government service delivery systems on Article 45 of the Provincial Powers Law (PPL) 21 2nd Amendment, including awareness-building and implementation efforts; new GO committee structures for monitoring and oversight of ministry infrastructure projects; and support for mechanisms that facilitated citizen participation and input to Project Priority Lists for regional capital investment plans and budgets as key project successes.⁸ PHCP key informants noted the new medical record and

⁷ Although provincial governments are not responsible for direct service delivery, citizens interviewed perceived that their provincial government had improved services more than the central government. This inaccurate attribution of improvement to provincial governments may reflect GSP's work to provide platforms for citizen engagement with provincial policy makers and to channel this input into planning priorities.

⁸ Article 45 of the Provincial Powers Law 21, Amendment 2 (passed in 2013) calls for the transfer within two years of departments under the following ministries to local authorities: municipalities, housing, employment and social issues, education, health, agriculture, finance, and sports. Central ministries will be limited to "general planning" only.

pharmaceutical supply management systems as important systems strengthening activities at the central level.

Provincial: Through its activities, *Tarabot* introduced a procurement system which met international standards and could be utilized by provincial entities, including GOs. The first GOs to utilize the system were Babil and Najaf in 2012; by mid-2013 a total of 22 GoI entities had adopted the system. Activities for this initiative included direct training, follow-up field visits, and on-the-job training. Additionally, the project introduced PMI standards and the concept of Project Management Offices (PMOs) to 14 GOs. Two GOs (Najaf and Mosul) had implemented the PMO concept at the time of the evaluation. Finally, *Tarabot* supported provincial-level systems for service delivery by putting tenders on the dgMarket portal. Eighty-seven percent of key informants (26 of 30) believed assistance “met national priorities,” citing administrative reform for decentralization, the standardization of procedures and documents, and the establishment of “One-Stop-Shops” as examples.

Per evaluation interviews, provincial government officials noted that GSP made valuable contributions to developing systems that helped them perform duties related to monitoring and oversight of service delivery. Key informants emphasized the importance of GSP’s support in creating standardized procedures, formal coordinating bodies, and appropriate technology for data management. For example, GSP collaborated with line ministries and Governor’s offices to create and operationalize the ESDO units; through this support, the project worked with these technical units to establish industry standards for services such as water and sewage, monitor delivery according to these standards, and respond to citizen complaints when standards were not met. To support the decentralization of service delivery as called for in amended Law 21’s Article 45, GSP also focused on systematizing PCs’ planning and budgeting processes.

Local: Activities that strengthened the capacity of local systems to deliver public services fell primarily within PHCP’s project scope. While activities undertaken by *Tarabot* and GSP at the central and provincial level may have impacted local systems, those changes were not documented by the team. Notable system changes introduced by PHCP included the development of more than twenty clinical guidelines and the initiation of quality improvement efforts. Ninety percent of PHCCs visited by the team (18 of 20) reported the establishment of Local Health Committees (LHC) as an important PHCP intervention. By stimulating community participation in the improvement of health services and raising local awareness of community health issues and available services, the team expects that LHCs will require PHCCs to increase their responsiveness to client needs, resulting in systems change.

4.2 **Findings for Question 2: Program elements that are replicable and sustainable, and the legacy of each CBO project**

Although actual sustainability of CBO investments will be tested as projects close-out, program partner interviews highlighted several programmatic elements that were expected to continue. Sustained or post-project commitments by the GoI can take many forms. Over the lives of the three projects, GoI inputs included leadership, strong commitment, and allocation of financial and in-kind resources such as personnel, facilities, commodities,

equipment, and infrastructure; this level of government input could be an indication of post-project sustainability. The ceding of GoI central ministry authority to provincial governments in accordance with Article 45 of PPL 21 may signal the sustainability of the decentralization process supported under *Tarabot* and GSP. Likewise, the *Tarabot*-strengthened SSN now serves approximately 1.3 million eligible poor, widowed, orphaned and disabled Iraqis. The redesigned SSN system allowed the Ministry of Labor and Social Affairs (MoLSA) to remove ineligible and duplicate registrants, saving an estimated \$28 million, while allowing it to make timely automated payments. These activities prompted the KRG to request support to introduce a parallel SSN system covering the Kurdistan provinces, bolstering the possibility of replication even without further assistance.

Similarly, Wasit province officials demonstrated their commitment to GSP's ESDO units by purchasing more than \$25 million in heavy equipment for the Municipalities Department to improve trash collection.⁹ In 2012, the GoI demonstrated its commitment to PHCP by allocating \$14 million to the MoH to improve the quality of care at the 360 participating PHCCs.

However, as noted in Table 1, two critical assumptions for all three projects were that there would be sustained political will and permissive security conditions to allow for continued activity implementation. These same assumptions apply to post-project sustainability. The shortening of the projects' implementation periods due to USAID/Iraq's glide path and the subsequent undermining of strategic integrity also limited the team's ability to provide definitive findings for sustainability.

4.2.1 Sustainable CBO activities directed at strengthening *people*

It is unclear from data gathered which of *Tarabot*'s activities to strengthen people will be maintained post-project; this is because of the high likelihood of turnover among central-level, decision-making government staff where *Tarabot* focused its activities. Key informants surveyed using a PHCP-specific tool noted that a key activity instituted at the central level which may be sustained at all levels of the healthcare system is the GoI's adoption of the Patients' Rights and Responsibilities Statement directive in all PHCCs. The statement's adoption is a system-wide change that will require changes in attitudes and practices by health sector workers, and it may have a lasting impact.

At the provincial level, GSP supported the institutionalization of a culture of continuous improvement of personnel through its Organizational Self-Assessment and Transformation Program (OSTP) and Centers of Excellence. Although well-attended national conferences encouraged utilization of these approaches, GSP staff expressed concern that additional repetition was needed for these efforts to be consistently adopted in the future. In terms of citizen engagement, GSP pursued a sustainability strategy for the public forums by building the capacity of local non-governmental organizations (NGOs) and CSOs to identify priority needs for their communities and to effectively communicate those needs to government leadership. According to GSP program reporting, NGOs from seven provinces have followed up on this training by developing and formally submitting detailed project

⁹ ESDO is a program designed to guarantee quality service delivery to citizens. Provincial governments have formed ESDO working groups to measure and increase the level of essential services in underserved neighborhoods.

proposals to the Provincial Planning and Development Councils (PPDCs). Seventy-one percent of CSOs surveyed expected the positive changes in their relationships with GoI that were developed through GSP to be permanent. However, when asked about factors likely to affect work after GSP ends, 38 percent of the same CSOs said the communication gap between CSOs and the GoI will increase without GSP facilitation.

At the provincial and district levels, 80 percent of PHCCs sampled (16 of 20) reported receiving monthly supportive supervision; this supervision may contribute to PHCP's sustainability post-project. Furthermore, the Quality Management Departments at the central and provincial levels took part in producing the Supportive Supervision for Quality Improvement Handbook and forming the QITs in all 360 PHCCs, increasing the likelihood that these efforts will continue after the project's end.

4.2.2 Sustainable CBO activities directed at strengthening *services*

At the central level, key PHCP informants noted that the GoI had increased its political support for further development of “model clinics,” while at the provincial level, some *Tarabot* key informants noted that “One-Stop-Shop” facilities could be replicable. Though the project reported seven ministries had agreed to implement the OSS in a pilot capacity by the end of 2013, the evaluation team found that the only OSS established, located in Duhok, was still under construction and not operational at the time of the evaluation (see Picture 1 below). An additional OSS was in the process of being established within the Ministry of Trade, but per KIIs, was also not fully operational as of the evaluation period. Finally, at the local level, a limited number of PHCC staff noted that task shifting of integrated management of childhood illness services might be sustainable, depending on staffing levels and MoH approval.

Picture 1: One-Stop-Shop Building in Duhok



4.2.3 Sustainable CBO activities directed at strengthening *systems*

At the central level, senior GoI officials interviewed cited improved procurement and project management practices introduced by *Tarabot* as the most sustainable project elements. As of the writing of this report, the General Secretariat for the Council of Ministers (COMSEC) had taken ownership of the full package of project management activities introduced through *Tarabot*. KIIs noted that, though COMSEC was the only

entity that could do this, its capacity remained limited. Likewise, at the provincial level, 50 percent of *Tarabot* key informants (7 of 14) affirmed the sustainability of procurement reforms such as standard documents, project management practices, e-archiving practices, and analytical and monitoring techniques. ISRAR, *Tarabot*'s regulatory reform process, received \$3 million in GoI cost-share support and is being replicated in 27 GoI entities. *Tarabot*'s assistance to establish the Diwaniya PMO moved forward in 2013, when the province announced three new pilot projects; these pilot efforts—which have a combined budget of approximately \$6.25 million—may also indicate a degree of post-project sustainability.

Through mid-2013, *Tarabot* established and supported seven policy offices and two additional bureaus in the GoI, assisting them in drafting a number of key policies and implementing targeted regulatory reform. However, because decisions to adopt policies are made by the Prime Minister's Office, *Tarabot* failed to meet its FY 2013 target of eight policies developed by the policy offices and adopted by the GoI. No policies had been adopted by the time the evaluation team was fielded.¹⁰ *Tarabot* also worked with ten GoI partner entities to improve their organizational performance, quality management, business processes, and service delivery practices. In the final years of the project, *Tarabot* refocused the aforementioned activities using an integrated "Center of Excellence" approach. This approach aimed to establish a public institute for assessing government performance, and to grant "Excellence Awards" to the strongest entities in the GoI. The Iraq Center for Government Excellence (ICGE) initiative included the design of guidelines and toolkits for the Center to use to help GoI entities improve in specific areas of focus. *Tarabot* submitted a proposal to establish the ICGE to the PMAC in September 2013 and commenced work with pilot ministries to establish excellence cells. However, delays in establishing the ICGE resulted in the project's failure to meet its FY 2013 target of applying excellence programs for improving government performance in two GoI entities. No GoI entities benefited from excellence programs at the time of the team's field work.¹¹

GSP emphasized system development as a key strategic approach for promoting long-term sustainability of introduced and supported practices. When questioned, all PC and GO respondents believed that GSP achievements could be replicated in other parts of the government. PC and GO officials and CSD staff indicated many of GSP's activities would be sustainable due to the project's institutionalization of improvements through standardized processes. Respondents noted the sustainability of the following project elements in particular: a) CSDs for citizen outreach and response to public concerns; b) monitoring and oversight working groups of all Service Directorates (SD) to promote accountability in the implementation of infrastructure projects; c) geographic information systems (GIS) mapping for all SDs; d) public hearings for citizen engagement in a priority setting; e) the automated Sub-legislation Implementation Tracking System (SLIT) to monitor implementation of provincial legislation; f) ESDO units to set and monitor service delivery standards; and g) PPDCs for on-time, participatory and transparent planning and budgeting processes.

¹⁰ USAID-Tarabot Iraq Administrative Reform Project, Annual Report 2013

¹¹ USAID-Tarabot Iraq Administrative Reform Project, Annual Report 2013

For PHCP, pharmaceutical supply management (PSM) guidelines were found in 68 percent of PHCCs visited (13 of 20); 62 percent of districts (10 of 16) reported that PHCCs not supported by PHCP were also using PSM guidelines; and 69 percent of districts visited (11 of 16) reported that all project PHCCs had adopted the new medical record system (NIMRS).

Table 6: Summary Table for potentially sustainable CBO activities

People	Services	Systems
<ul style="list-style-type: none"> • Patients’ Rights • Changed CSO/GoI relationship • Supportive supervision for PHCCs • Quality management • OSTP and Centers of Excellence 	<ul style="list-style-type: none"> • “Model clinics” • One-Stop-Shops • Integrated management of childhood illness (IMCI) task shifting 	<ul style="list-style-type: none"> • Procurement (all levels) • Program management strengthening • SSN (in KRG) • ISRAR • CSD • Public Forums • PSM • NIMRS • ESDO • PPDC • SLIT • Issue Tracking and Reporting Systems (ITRS)

4.3 Findings for Question 3 - The extent to which *individual* project sector investments, approaches and innovations contributed to improvements in government performance and public service delivery

4.3.1 *Tarabot*: Sixty percent of GoI officials interviewed (18 of 30) affirmed that *Tarabot* interventions contributed significantly to “systems change” in Iraqi institutions. Respondents cited the new set of procurement reforms and standard documents, the new policy allowing the contracting of ‘consulting services’, the formation of the Provincial Investment Committee, and the introduction of project management techniques as project elements that reflected systems change. With *Tarabot* assistance, 10 “business-unfriendly” regulations were also eliminated in 2013; SSN activities eliminated duplications and removed persons who were ineligible from SSN, saving more than \$28 million over three years; and COMSEC established Citizens’ Complaint, an automated system for sending complaints to corresponding GoI entities. Sixty-three percent of *Tarabot* key informants (19 of 30) cited procurement reforms of standard documents and e-archiving practices; project management analytical and monitoring techniques; and the Iraq Development Management System (IDMS) as innovative project solutions. Seventy-seven percent of GoI interviewees (20 of 30) saw improved performance within organizations, with 70 percent reporting that their own job performance had improved a result of *Tarabot* assistance.

Finally, in a meeting with the evaluation team, the MoP’s Deputy Technical Minister praised *Tarabot*’s assistance in formulating the National Development Plan II (NDP II), calling it a policy innovation to guide national investment

planning and rationalize sector investments. He further stated that the MoP felt ownership over the product and process. MoP currently uses the NDP II (2013-17) as a policy tool to prioritize sectoral investments budgeted at \$357 billion. However, planning and project management respondents who participated in FGDs stated that, although NDP II has improved the alignment of projects with national policy, it does not fully address social needs or needs related to diversifying the economy. For example, two provincial planning officials noted the problem of PCs seeking to “interfere” in the selection of investment projects. Overall, however, the implementation of investment planning and adherence to a capital investment cycle have led to the institution of a highly visible set of services, including improved infrastructure such as schools, health clinics, and roads.

- 4.3.2 *GSP*: According to program reporting, GSP linkages that supported inter-connectivity across activities, levels of government and regions served as an innovative approach to building capacity for service delivery.¹² GSP built institutions and processes to facilitate coordination between national and provincial leadership, involving line ministries, PC members, and GO directorates. The Excellence Network-Iraq provided a forum for knowledge transfer and coordination among OSTP teams in six provinces. GSP also supported regional coordination and planning through “bordering provinces” workshops that promoted joint strategic projects. At the time of the evaluation, 12 provinces had established MoP-mandated PPDCs to facilitate the planning and implementation of major infrastructure projects. GSP provided support in developing PPDC bylaws, using Project Priority Lists, clarifying membership goals and objectives, mapping policy and budget processes, and complying with MoP and Ministry of Finance (MoF) reporting requirements. At the writing of this report, PPDCs in nine provinces used service delivery data developed by ESDO units for planning, with the aim of closing gaps in standards for water, solid waste, sewage and storm drains. As of December 2013, eight PPDCs had developed regional cooperation frameworks.

Key informants also highlighted the countrywide expansion of the CSD concept to include improved GO CSDs, new PC CSDs, and software packages and manuals to support automated tracking of citizen concerns (Issue Tracking and Reporting Systems, or ITRS) as an innovative approach. At the time of evaluation, many CSDs were able to contact COMSEC directly through telephone hotlines. Respondents also noted joint monitoring and oversight working groups to hold line ministries accountable for implementing major infrastructure projects, SLIT, and a streamlined Provincial Financial Management System (PFMS) as GSP innovations.

- 4.3.3 *PHCP*: Key informants cited citizen participation via LHCs, supportive supervision, integrated management of childhood illness (IMCI) task shifting, strengthening of the PHCCs’ abilities to provide immunizations, and leadership and management trainings as the most influential project approaches. Innovations most frequently cited by interviewees were the introduction of NIMRS, PSM, and infection control. At the time of the evaluation, PHCC staff respondents reported

¹² Iraq Governance Strengthening Project (Taquadum): Annual Monitoring and Evaluation Report, December 3, 2013

they were using PHCP-provided training. Related data showed that a majority of patients sampled were satisfied with PHCC services, while PHCC staff reported quality improvements with more medicines available.

4.4 **Findings for Question 4: The projects' strengths and weaknesses, how those affected overall success and sustainability, and the factors and conditions which enhanced or limited the projects' effectiveness**

4.4.1 *Tarabot*

Major strengths: Key informants noted that the project inherited and maintained strong counterpart relationships, and that there was continuity of staff from the predecessor project. They also cited the 'whole of government' approach, which allowed flexibility in implementation and 'economies of scale' in training, as a strength. More than half of respondents credited both technical/advisory assistance and training for improvements in job performance, indicating a generally positive opinion of trainings and the frequency of contact and assistance.

Major weaknesses: Key informants noted that the project did not set performance baselines and targets that could be realistically achieved within the stated timeframe and with available resources. Some respondents also felt that the project's large geographic scope—a "whole of government" approach that operated over 15 provinces—led to greater attention being paid to some provinces. Key informants noted that GoI support was not present for all activities, and GoI bureaucratic setbacks, such as delays in the release of cost-share funds, created challenges for project implementation. While respondents did not provide specifics, these challenges may have delayed a number of activities that were reliant on cost-share support. These included the Ministry of Municipalities and Public Works tender for the development of software to administer services in *Tarabot*-developed OSS facilities (approximately \$1.5 million); the Ministry of Oil's (MoO's) agreement to spend approximately \$75,000 from 2012 donor cost-share funds to certify 20 of its staff members as Project Management Professionals; and COMSEC's use of cost share funding to qualify 20 of its staff to become Certified Internal Auditors. A few senior GoI officials (18 percent of interviewees) noted that trainings had not been conducted at an appropriate level given trainees' knowledge and skills, and that trainers were not equipped to deliver training adequately.

4.4.2 *GSP*

Major strengths: According to those interviewed, the project had strong buy-in from PC members, which was demonstrated by their high level of participation in trainings.¹³ Turnover from provincial government elections in 2013 also created an opportunity for GSP to provide support for the transition in leadership, and to assist newly-elected policy makers in developing understanding and skills required to perform their new roles. Interviewees stressed the importance of GSP's support in laying groundwork for systems and personnel capacity related to the implementation of Article 45 of Law 21, Amendment 2, which mandated

¹³ GSP's *Annual Monitoring and Evaluation Report*, December 13, 2013.

decentralization.

Major weaknesses: Respondents raised the following general project vulnerabilities and weaknesses: 1) in addition to limiting the mobility of staff for field visits and citizen travel for participation in activities, the unstable security situation also contributed to the destruction of infrastructure investments; 2) political party infighting disrupted collaboration; 3) staffing changes and elections undermined investments in human capital; and 4) new technology raised concerns of possible deficits in staff expertise for updating new software applications and maintaining hardware, thus potentially limiting the project's sustainability. Additional weaknesses identified by PC respondents in particular included insufficient coordination with the central government; limited engagement with District/Sub-district councils; and a need for further training on drafting legislation, engaging the media, and monitoring the quality of service delivery. According to government respondents and GSP staff, PC budgeting capacity is still weak, with more time needed to translate regional development plans into operational budgets submitted according to annual procedures and deadlines.

4.4.3 *PHCP*

Major strengths: PHCP's key informants cited the following as strengths: 1) the project's responsiveness to MoH requests; 2) the project's work and communication with the central and provincial levels of government; 3) PHCP's focus on Iraq's most important health priorities; 4) a focus on local staff capacity building; 5) the training of provincial staff by international experts; and 6) the presence of PHCP coordinators in provinces where activities were undertaken.

Major weaknesses: Respondents noted that the original SOW was too broad and lacked focus. Feedback also indicated the project had difficulty recruiting and retaining staff, especially for the Chief of Party (CoP) position, and that there was a high level of turnover in the PHCP-supported Technical Advisory Group (TAG). Interviewees noted the lack of GoI support for some activities and GoI bureaucratic delays, including delays in the release of cost-share funds, which created challenges for project implementation. As demonstrated in a previous evaluation, the disbursement of cost-share funding and the inability of the MoH to expend its normal operating budget have historically been issues within the ministry.¹⁴ This was particularly problematic given the largest share of MoH cost-share funds were intended for model clinics and periodic maintenance of PHCCs.

4.4.4 *Overall CBO Approach (based on summation from above):*

Major strengths: Projects either had or built strong relationships with GoI counterparts. All sought buy-in from GoI counterparts. Training and technical assistance were generally well-received and appreciated.

¹⁴ Mid-Term Performance Evaluation of USAID/Iraq Primary Health Care Project, Jun 2013

Major weaknesses: Staffing of projects, especially qualified key personnel, was challenging. To varying degrees, all three projects needed to refocus their initially broad SOWs. Turnover in GoI counterparts led to implementation hurdles and delays that were compounded by ongoing challenges related to working with the GoI bureaucracy. The security situation limited the ability of projects to effectively function in all provinces and districts.

4.5 **Findings for Question 5 - The extent to which the projects enhanced citizens' participation and the effect of this on public service delivery**

4.5.1 *Tarabot:* The *Tarabot* project worked to enhance citizen participation primarily at the central level, with limited activities at other levels. The project encouraged citizen participation through a series of policy forums, roundtable discussions and public hearings involving representatives of the GoI and private and non-governmental stakeholders. According to focus group participants, 54 percent of NGOs interviewed (7 out of 13) participated in public hearings organized by the project. Furthermore, 31 percent of NGOs (4 total) claimed they were able to advocate a policy position, present research findings, and/or help public officials better understand an issue. Sixty-two percent of NGOs surveyed (8 out of 13) said their public exposure had increased after taking part in the events organized by *Tarabot*. Forty-six percent of NGOs (6 out of 13) reported improved communications with the GoI.

4.5.2 *GSP:* GSP conducted several activities designed to increase citizen participation through local government interactions, including providing support to 22 CSDs located in GOs or PC offices (or both); as noted above, CSDs serve as platforms through which citizens can appeal to local government officials to address specific needs, obtain forms, file complaints and pay for public services. To facilitate automated data collection, analysis and reporting of citizen needs, GSP introduced the automated ITRS. According to GSP's PMP, 10 provinces have adopted and implemented ITRS SOPs and generate and submit reports to their PC or GO. COMSEC has provided citizen complaint hotlines in eight PC-sponsored CSDs, with several desks recording hotline data into ITRS. GSP also supported public forums that facilitated direct citizen input into planning processes; for example, the Salah-al-Din PC symposium brought together stakeholders from the agricultural sector to discuss the province's agricultural vision. At the district level, the Kirkuk City District Council held a meeting focused on security and quality of services.

GSP's support for operationalizing PPDCs also promoted citizen access to local government. PPDCs used citizen input to develop Project Priority Lists that identified citizen needs for inclusion in regional capital investment plans and budgets. PPDCs in six provinces also established formal mechanisms to receive women's and other vulnerable populations' input in setting 2014 Project Priority Lists. Support to ESDO units represented a fourth major GSP citizen participation activity. These units, comprised of PC, GO and service directorate members, are aimed at appraising and improving the level of essential service delivery. Project support to ESDO units included joint working groups, field visits, and citizen

surveys. Of the 10 provinces that had adopted the ESDO approach at the time of the evaluation, six had institutionalized their teams by allocating office space and designating staff. Eight of 10 provinces with ESDO teams also utilized ESDO databases that capture and generate reports on service delivery standards and site visit data; teams in turn provided reports to PCs. At the time of the evaluation, all 10 provinces with ESDO teams had adopted SOP process maps, and all but one had conducted site visits.

Based on citizen interviews in 10 provinces, 50 percent of respondents (10 out of 20) believed they could participate in local and/or central government decision making. Of partner CSOs interviewed, 57 percent participated in GSP-supported policy-related public events; of these, 63 percent said their organization was able to advocate a policy position, present its research findings, or help public officials better understand an issue at the event. Finally, the percentage of women, youth, and minority groups participating in the provincial planning process exceeded GSP's target of 10 percent, reaching 21.4 percent by 2013. Women accounted for 10.4 percent of all participants and youth (male and female) represented 13.4 percent. Interestingly, female youth had a much higher participation rate than male youth when compared to their adult counterparts; female youth represented 23.2 percent of female participation, while male youth represented only 12.3 percent of male participation.¹⁵

- 4.5.3 *PHCP*: PHCP's activities to enhance citizen participation focused primarily on the local level, through the establishment of LHCs at all PHCP-supported PHCCs and the institution of methods for receiving and utilizing client feedback within PHCCs. As part of their mandate, LHCs met periodically to discuss issues and plan, with the aim of improving the quality of services provided. LHC members could include elected officials, community leaders, NGO representatives, mosque sheikhs, and tribal leaders. The committees also helped raise community awareness of health issues and services.

In eighty-five percent of PHCCs visited by the team (17 of 20), LHCs had met regularly—almost on a monthly basis—for more than a year. Thirty-seven percent of all LHC members were female PHCC workers and 39 percent of LHCs reported having female members from local communities. In terms of activities, 75 percent of active LHCs were providing help on child immunization among their communities, and 63 percent were involved in raising community awareness about general health issues. PHCP key informants believed LHCs may have helped to improve service quality at PHCCs, though this direct link was difficult to quantify.

- 4.5.4 *Overall CBO approach (based on summation from above)*: Though it appears the three CBO projects worked in geographic “siloes” on activities that raised citizen participation—with *Tarabot* focusing on the central level, GSP focusing on the provincial level, and PHCP focusing on the district and local levels—all projects appear to have shared a common aim of raising government agencies' awareness of citizen service priorities and expectations. Per feedback from key informants, each

¹⁵ Source: GSP's Annual Monitoring and Evaluation Report (December 3, 2013).

program conducted several activities that provided a forum for citizens and CSOs to voice concerns and advocate for public service needs

4.6 **Findings for Question 6 - Unintended consequences and impacts of project activities**

- 4.6.1 Evaluation respondents attributed several positive, unintended consequences to CBO investments. Per *Tarabot* key informants, the idea of public administrative reform became a GoI (versus donor-driven) initiative as a result of the project, with ownership resting with the GoI. As evidence of this ownership, the GoI established three permanent committees, including the Public Administration and Reform Steering Committee; the Public Administration and Reform Administrative Committee; and the Decentralization Committee.
- 4.6.2 In all three projects, KIIs noted the value of numerous networking activities for provincial level officials as part of the decentralization process. For GSP, the 2013 passage of PPL 21, 2nd Amendment, Article 45 and the organization of provincial elections that same year created an increased demand by government officials to build systems and staff capacity to respond to citizen concerns. Similarly, GSP staff noted an encouraging rise in elected leaders' interest in better understanding and meeting voter needs and expectations.
- 4.6.3 Per KIIs, several positive unintended consequences were attributed to PHCP. PHCP key informants noted the project's influence in shaping the Iraqi National Health Policy (2014-2023), or NHP, through the concepts and activities it introduced. While shaping the policy was not a specific PHCP activity, it contributed to the project's overall objective. The project also provided support to the MoH in responding to a re-emergence of polio cases. PHCP conducted three regional workshops on Acute Flaccid Paralysis (AFP) to ensure the MoH was able to roll out training to all Iraq PHCCs. Moreover, during an H1N1 influenza epidemic, LHCs established by the project were able to reach out to communities with related health education messages.
- 4.6.4 Despite *Tarabot* and GSP efforts to simplify user interfaces, a few key informants cited negative unintended consequences related to staff capacity to manage newly-introduced technologies on an ongoing basis. While informants did not mention specific technologies, they provided examples of issues encountered; for example, respondents from *Tarabot* reported increased work for staff, an inadequate skill-level of IT experts to maintain software and equipment, and continuous demands related to software applications introduced under the project framework. Likewise, GoI Management Information Systems (MIS) staff and project and planning managers indicated in GSP key informant interviews that "inadequate skill set(s) of ICT staff" and "increased workflow for the staff" were two unintended consequences.

4.7 **Findings for Question 7 - Was PHCP implemented in accordance with the conditions laid out in section 4.2 of the Initial Environmental Examination for the Primary Health Care Project in Iraq?** Specifically, 1) Did USAID PHCP develop Standard Operating Procedures or similar guidance with regard to medical waste management and/or

clinic sanitary practices—including those related to water/sanitation, cleaning solutions, and solid waste disposal—in consultation with a technical expert and consistent with international best practices to the extent practical?; and, 2) Did the PHCP activities involving handling and disposal of medical waste and other issues related to sanitary management of primary health care clinics comply with these SOPs?

4.7.1 Evaluation interviews revealed that PHCP engaged specialized technical consultants in developing environmentally compliant Waste Management Guidelines. The guidelines outlined steps for disposing of equipment in place by cleaning, disinfecting and/or sterilizing it before transferring it to the MoH for sale. The project provided training on the guidelines to MoH engineers, technicians and medical staff. However, interviews also revealed that equipment was sometimes transferred to the MoH without having been cleaned or disinfected.

4.7.2 All PHCCs visited demonstrated high levels of compliance with standard guidelines for segregating waste. Ninety-five percent of PHCCs (19 of 20) reported segregating waste, while 90 percent (18 of 20) used different color coding for medical and general non-medical waste. Overall, 90 percent of PHCCs had special containers for sharps, and medical waste containers were observed in 80 percent of the centers (16 of 20). The evaluation team determined that 80 percent of PHCCs visited disposed of their sharps waste according to guidelines.

5. CONCLUSIONS

5.1. **Conclusions for Question 1: The extent to which the three CBO projects strengthened GoI institutions to deliver public services**

5.1.1. Activities undertaken by the three CBO projects should theoretically strengthen service delivery; however, at this point of implementation, there is limited systematic data to validate evidence for this conclusion. This is due in part to a lack of evidence in data collected in the baseline, project implementation and evaluation phases. In addition, the limited timeframe between project start and evaluation and the projects' focus on policy and regulations (for *Tarabot* and GSP in particular) make solid attribution of program results challenging. For example, *Tarabot's* strengthening of procurement systems should increase transparency and accountability in service delivery at all GoI levels, but measuring a change in procurement practices and linking that improvement to strengthened public services is very difficult. The institutionalization of policy development through public policy offices should also move decision-making to a more evidence-based foundation, but this shift is also difficult to quantify. GSP's impact on service delivery is not direct, given services are delivered via the central government and provincial authority is limited to monitoring and oversight. And while certain indicators within PHCP's PMP point to what should be improved service delivery (for example, adherence to quality standards), the outside verification done by this evaluation was too small of a sample to draw any definitive conclusions.

5.1.2. All CBO projects have built institutional foundations that, with time and GoI

persistence, will allow for improved service delivery. As a result of the projects, officials at all levels of government are better-equipped to facilitate high-quality service delivery that is appropriate for citizen needs and efficient in terms of resource allocation and implementation. To build on these outcomes, the GoI will likely need to make additional investments in human capital or engage outside expertise familiar with the technical standards of specific services.

5.1.3. The three projects appear to have worked at least partly in “siloes”, with *Tarabot* focused on services and systems at the central level, GSP focused on people and services at the provincial level, and PHCP focused primarily at the local level, with additional activities at the central level. Though the extent to which individual projects incorporated coordination of activities with other CBO projects into their scopes varied, it appears further collaboration would have increased the projects’ ability to strengthen GoI service delivery capacity. The link between policies and regulations developed at the central level and systems change at the local government level was particularly problematic. While there appeared to be a link between central level policy changes and services at the provincial level, this link was less discernable at the local level. It is unclear whether this was due to deficiencies in program implementation or simply a limitation of the evaluation data collected.

5.1.4. Findings seem to indicate lingering differences between citizens and government officials regarding their perceptions of service delivery. Citizen surveys indicated an improved, but still relatively low, opinion regarding government service delivery, although this varied by service and the low number of persons surveyed gave any results a wide margin of error. In contrast, 91 percent of government participants interviewed (30 of 33) believed GSP assistance or training helped their agencies better perform their functions. Because objective measures of service delivery performance were not collected as part of this evaluation, it is not possible to determine from the data which views are most accurate.

5.2. **Conclusions for Question 2: Program elements that are replicable and sustainable, and the legacy of each CBO project**

5.2.1. All three CBO projects appear to have approached capacity building using coaching relationships and/or by changing SOPs and their institutional basis. Project activities focused on strengthening responsiveness to GoI counterparts and ensuring Iraqi capacity for sustaining systemic change was built and reinforced. This strategy stands in contrast to other approaches that embed contractors to perform standard leadership, technical, and management functions; the latter has been a common strategy when local capacity is low. The approach utilized by the CBO projects should reduce Iraqi dependency on outside interventions and foster sustainability.

5.2.2. Some centrally-focused CBO interventions—including ISRAR, procurement reform, and, to a lesser extent, PMOs—have already obtained GoI support for replication, as have “model clinics” initiated by PHCP and the institutionalization of monitoring and oversight functions through GSP. However, it is unclear which of these activities will be sustained post-project. In general, there is insufficient

evidence that any change will be sustained at the local level, though some healthcare activities (such as supportive supervision and project management practices) and systems (such as those dedicated to medical records and procurement practices) may be sustained if there is continued political will and if sufficient behavior change occurred during the project implementation period.

5.2.3. Although GoI respondents reported a general commitment to project outcomes, electoral turnover and political reshuffling places the sustainability of all CBO efforts at risk. Given CBO technical expertise may also soon be unavailable, the sustainability of GoI technical know-how may diminish rapidly. Several activities introduced by CBO projects (mainly by *Tarabot* and, to a lesser degree, by GSP) also rely on software and hardware investments for which limited in-house capacity exists for system modifications and maintenance.¹⁶ Continuing uncertainty related to security also undermines the sustainability of all activities, as Iraqi counterparts must contend with potential infrastructure destruction as well as a lack of access to lower level counterparts to reinforce skills.

5.3. **Conclusions for Question 3: The extent to which *individual* project sector investments, approaches and innovations contributed to improvements in government performance and public service delivery**

5.3.1. Though administrative data on actual services provided is insufficient to establish definitive links between project activities and on-the-ground service delivery improvements, KIIs indicated CBO project approaches and innovations led to some improvements in government performance and fostered a recognition of the potential to better deliver public services among beneficiaries. Participants noted all three projects had introduced innovative approaches that improved organizational delivery of public services and individual performance.

5.3.2. The ability of the GoI to provide improved public services appears to have been strengthened most at the local level; strengthening the capacity of the central government does not appear to have been a strong focus of CBO efforts. However, given many if not most services required by Iraqi citizens are delivered at the local level in accordance with decentralization provisions of Law 21, the local level focus appears to have been the most appropriate.

5.3.3. While all CBO projects are to be commended for their innovations—particularly those that save time and costs—it is unclear whether these innovations will ultimately provide value for money or prove sustainable. For example, some respondents noted an incongruence between some technologies introduced and the increasing workloads and skills needed to sustain them.

5.4. **Conclusions for Question 4: The projects' strengths and weaknesses, how those affected overall success and sustainability, and the factors and conditions which enhanced or limited the projects' effectiveness**

¹⁶ It should be noted that GSP contracted with an Iraqi ICT provider in an effort to access locally-provided expertise and support for services beyond the GSP project period.

- 5.4.1. Based on key informant responses, the team believes all of the CBO projects maintained a necessary and delicate balance between having a collaborative working relationship and securing buy-in from GoI counterparts, being responsive to GoI requests, and implementing the most technically appropriate activities. This was particularly challenging in light of GoI turnover, which required the repeated (re)establishment of these relationships.
 - 5.4.2. Difficulties experienced by projects in recruiting and retaining staff, especially for leadership positions, constituted a key project concern. As smooth and timely project implementation is often highly dependent on the working relationships between the CoP and staff and their GoI counterparts, having turnover in both the GoI *and* the projects at times proved particularly problematic for decision-making on project activities; decision-making challenges, in turn, impeded the activities' timely implementation.
 - 5.4.3. Training and technical assistance for all projects were generally well-received, though respondents expressed some concern about the higher technological training introduced and its sustainability for the *Tarabot* and PHCP projects.
 - 5.4.4. The general SOWs for the projects needed more thorough review, and perhaps a narrowing of focus at project start-up. Their ambitious and broad approach appears to have undermined support for a number of activities and for the projects' large geographic coverage, which was impacted by internal GoI rivalries. It is unclear from data, however, which activities should have been re-considered.
 - 5.4.5. Iraq's unique security challenges posed difficulties in implementation for all three projects. However, this did not appear to significantly hinder projects' efforts to work with local counterparts unless security deteriorated to such a degree that projects were unable to access local counterparts for extended periods of time.
- 5.5. **Conclusions for Question 5: The extent to which the projects enhanced citizens' participation and the effect of this enhancement on public service delivery**
- 5.5.1. Perhaps one of the most important CBO accomplishments was the development of institutionalized mechanisms for citizen input and participation with the GoI. Citizen participation was a cross-cutting objective across all of the projects, supporting the GoI's progress toward becoming citizen-centric. Responses from GoI interviewees pointed to a cadre of officials who had become more responsive and better informed about citizen priorities. Some respondents pointed to the high turn-over in the 2013 local government elections as evidence that citizens could hold their government representatives accountable.
 - 5.5.2. The activities implemented by CBO projects to enhance citizen participation appear to have been broad in range and well-received, and they built the capacity of civil society and CSOs to advocate for their needs. In the case of GSP, a citizen-centric focus was integrated throughout its various interventions; this approach was well-supported by elected officials, who viewed meeting citizen needs as closely related to maintaining their political positions. However, the potential for establishing links

between citizen participation activities and the direct influence of public service delivery is indeterminate, primarily because of a lack of administrative performance data collected during the project implementation and evaluation phases. It should be noted that, except for PHCP, these linkages do not appear to have been the original intent of citizen participation activities. For *Tarabot* and GSP, for example, the intended outcomes were broader and focused on policy-making and improving communication with the GoI.

- 5.5.3. CBO citizen participation activities were implemented in siloes based on projects' respective target beneficiaries. Given the overall goals of each project, this was not surprising, though it may have resulted in lost opportunities to improve coordination and establish public services that were more responsive to Iraqi citizens.

5.6 **Conclusions for Question 6: Unintended consequences and impacts of project activities**

- 5.6.1 With CBO assistance, it appears ownership of the public reform process broke away from a tradition of being internally and politically driven, and transitioned instead to a more public process. Evidence of this includes the establishment of three permanent committees and the incorporation of the private sector, including non-governmental organizations, into the public policy debate.
- 5.6.2 Positive outcomes of GSP were not entirely unintended, but they were greater than expected. The level of—and enthusiasm for— government-partner cooperation to improve functioning in mandated roles was higher than anticipated; it is likely that electoral turnover demonstrated the consequences of prior administrations' failure to meet citizen expectations. With service delivery as a clear indicator of performance, newly-elected leaders recognized GSP activities as directly supporting their ability to respond transparently to constituent priorities. Amended PPL 21's call for further decentralization increased the urgency to develop improved systems for eventual local service delivery. Both of these external factors seem to have contributed to a greater-than-expected engagement by provincial leaders.
- 5.6.3 Positive unintended consequences related to PHCP were due in part to its responsiveness to emergency requests, the adoption of practices in non-project PHCCs, and its indirect influence in shaping the NHP and subsequent practices, procedures and priorities. However, the shaping of the NHP may be considered an intended consequence in the broader scope of the project.
- 5.6.4 Negative unintended consequences were mainly related to the introduction of some higher technology activities and automated systems, capacity gaps associated with sustaining those activities, and corresponding increases in workloads. These unintended outcomes were also a recurring theme for other evaluation questions. In the case of GSP, increased demand for GSP support led to a certain level of dependence on ongoing capacity building, which was further complicated by the project's shortened implementation period.

5.7 Conclusions for Question 7: Was PHCP implemented in accordance with the conditions laid out in section 4.2 of the Initial Environmental Examination for the Primary Health Care Project in Iraq?

PHCP was implemented in accordance with the conditions laid out in section 4.2 of the Initial Environmental Examination for the project. In addition, PHCP complied with USAID environmental guidance regarding equipment purchased. As recommended in the Initial Environmental Assessment, the project produced guidelines for medical and liquid waste management in accordance with international best practices. PHCP introduced environmentally-safe practices for properly handling and disposing of waste for the first time in Iraq through its support to PHCCs. However, waste management and sharps disposal practices in PHCCs still required further improvement.

6. RECOMMENDATIONS

6.1 Recommendations for Question 1: The extent to which the three CBO projects strengthened GoI institutions to deliver public services

6.1.1 If the USG decides to provide future GoI assistance to individuals, potentially through the Iraq Opportunities Project or “Foras”, or to community organizations via the Broadening Participation through Civil Society (BPCS) or Access to Justice (A2J) programs, the scopes for that work must include concrete strategies for coordinating activities to generate a holistic approach, and should plan for implementing partners to collaborate on planning exercises such as shared work plan development. This should lead to more concrete results in terms of strengthening GoI institutions to deliver public services.

6.1.2 Given the lack of administrative performance data with established baselines to provide for a trend analysis—and the challenges this limitation presented in measuring the extent to which CBO projects strengthened GoI institutions—USAID should determine if it is feasible for the projects to collect this data and, if so, request a final review and potential revision of the projects’ PMPs. USAID might also commission additional studies to capture this data. Currently, most PMP indicators focus on outputs or quantity measures as proxies for higher development objectives. However, PMPs lack (and would benefit from) measures that capture the quality and longer-lasting impacts of activities. For example, all projects were tracking the number of persons trained, but it was unclear what the results of those trainings were in terms of knowledge retention or sustained changes in practice. The team recognizes that PMPs, which were approved by USAID Contracting Officer Representatives (CORs), are formulated within the manageable interest of USAID based on what is intended and can be achieved within a determined time-frame. Due to limited evaluation resources, the team was only able to peripherally address this important question

6.1.3 Coordination between provincial governments and the central government is still developing, and focused, deliberate assistance will be required to maintain momentum related to building on new mechanisms for coordination and full

implementation of amended Law 21. While none of the ongoing USAID/Iraq projects appear to currently address this, USAID should examine whether there are any centralized headquarters mechanisms that can provide this discrete technical assistance. This appears to be a particularly acute need for building the capacity of the PPDCs, oversight and monitoring working groups and the ESDO units at the provincial level to fulfill their mandated functions.

- 6.1.4 To generate changes in service delivery expected by citizens, the GoI will need to develop or contract technical expertise for improving vital services and infrastructure projects. This is an area in which the USG may continue to provide support—for example, by assisting in the development of Terms of Reference—via its ongoing projects or short-term technical assistance.
- 6.1.5 Civil society and CSOs are still in the process of maturing and becoming engaged in the strengthening of public institutions to deliver public services. The USG should continue to work to develop CSOs' capacity to engage broad swaths of communities in need of vital services, and to strengthen their own relevancy and value to policy makers. This objective appears to fall within the scope of the BPCS project.

6.2 **Recommendations for Question 2: Program elements that are replicable and sustainable, and the legacy of each CBO project**

- 6.2.1 The first step for increasing the probability of post-project activity sustainability is for USAID and the three CBO implementing partners to collaboratively assist the GoI in developing a Sustainability Plan that outlines conditions needed for project sustainability, as well as associated risks and mitigating actions for those risks. The plan should also include comprehensive handover instructions for all three projects, detailing remaining steps and activity plans, information on resources—including technical assistance to continue specific activities—and the inputs required from relevant GoI agencies. Per the *Findings* section of this report, priority should be given to: 1) strengthening procurement and project management systems at the central and local levels; 2) continued strengthening of CSOs and other citizen participation activities; 3) rolling out the IDMS nationwide; 4) continued expansion of the model clinics; 5) ensuring the institutionalization of ISRAR; 6) capacity building for CSDs; 7) trouble-shooting PSM technical issues during its expansion; and, 8) developing an Iraqi host institution to continue project-related trainings, especially those related to good governance, management, and leadership practices.
- 6.2.2 USAID/Iraq's CBO should collaborate with the broader donor community to see whether any of the projects' activities can be incorporated into other donor projects, especially activities that are outside the scope of current USAID/Iraq projects.
- 6.2.3 All CBO projects appear to have effectively employed rapid assessment and process mapping to support the design of innovative approaches to improve the responsiveness, transparency and effectiveness of GoI service delivery mechanisms. With the withdrawal of USAID/Iraq CBO support, other institutional

training providers should be encouraged to continue cultivating local capacity for delivering these types of analyses, in order to meet ongoing and emergent service needs. This resource can be developed not only within state institutions and civil society partners, but through Iraq's growing private sector.

- 6.2.4 Law 21 explicitly authorizes legislative powers to PCs, but most PC Members do not have experience drafting legislation. It may be possible to support some limited activities with GoI counterparts through the A2J program. Potential opportunities for coordination include training in drafting legislation and corresponding budgets and the development of legal consultation resources.
- 6.2.5 The USG should provide ongoing, short-term technical assistance to support gaps in the technological capacity of staff for software and hardware systems introduced by all three CBO projects. It is unclear whether any of the remaining USAID/Iraq projects could provide these activities and, therefore, USAID may need to seek outside short-term technical assistance.
- 6.2.6 GSP's CSDs could serve as intermediaries for citizens seeking livelihood support; in this case, Foras could develop CSD capacity to: a) utilize the Foras database of job seekers and/or employers; b) provide computer terminals for job seekers to access Foras employment portals; c) provide referrals to Foras-supported local job placement agencies; d) provide referrals for Foras-certified training programs; and, e) support Foras in identifying local labor market and employment trends.
- 6.2.7 USAID should continue working with its PHCP implementing partner to finalize a plan for handing over the TAG to the MoH. This will help ensure ownership of the TAG and encourage cooperation among Iraqi state and non-state actors in addressing health sector reforms. The PHCP implementing partner should request that the MoH assign an officer to this specific effort.

6.3 **Recommendations for Question 3: The extent to which *individual* project sector investments, approaches and innovations contributed to improvements in government performance and public service delivery**

Additional tracking needs to be done to determine the extent to which innovations and approaches introduced at the central level are translating constructively to the local level. As previous reports, assessments, and evaluations of CBO projects (and other projects worldwide) have noted, the drafting of new policies, procedures, regulations and guidelines is far easier than the introduction and implementation of corresponding practices. The above appears to represent a data gap in the evaluation of current CBO projects, and perhaps can be addressed in a limited fashion during the remaining projects' implementation periods through revised PMPs. As noted previously, this project aspect could also be examined through special studies or by outreach to other USAID/Iraq projects, to determine if they would be willing to collect this data as part of their PMPs.

6.4 Recommendations for Question 4: The projects’ strengths and weaknesses, how those affected overall success and sustainability, and the factors and conditions which enhanced or limited the projects’ effectiveness

6.4.1 Clarification should be sought from implementing partners and GoI counterparts on which activities received GoI support, to help inform a transition plan that outlines the handover of project activities to GoI counterparts and potential areas of support from remaining USAID/Iraq projects. Additionally, USAID and its implementing partners should develop alternative handover scenarios, with options that take into account potential GoI turnover.

6.4.2 USAID, along with its outgoing and continuing implementing partners, should examine whether limited trainings can be continued via other projects, and whether these trainings fall within the remaining projects’ scopes. USAID and its implementing partners should consult with GoI counterparts to determine which trainings could be most relevant for continuation.

6.5 Recommendations for Question 5: The extent to which the projects enhanced citizen participation and the effect of citizen participation on public service delivery

6.5.1 Given the nascence of civic participation and CSOs in Iraq—and what appears to be some success in motivating citizens to advocate for their needs and influence government at all levels—the USG should continue providing support and technical assistance in this area. Most efforts to build substantial civic participation take several years, if not decades, to achieve when ideas and institutions are new. Initial support should focus on building basic capacity around civil society concepts prior to imparting skills that would allow citizens to influence the delivery of public services on an ongoing basis. Finally, in light of turnover experienced by civil society organizations and LHCs, there is also a need to build institutional memory within these organizations. This too requires a sustained and concerted effort. USAID/Iraq’s BPCS is the most likely candidate to continue these efforts.

6.5.2 BPCS also may be able to pick up where all three projects left off in terms of supporting CSO engagement with citizen advocacy, planning, and budget allocation processes. Using methods and understanding developed in CSOs by CBO projects, BPCS can assist CSOs in better understanding points of entry at key process steps and strengthen the capacity of local CSOs to serve as partners in addition to watchdogs that promote government accountability.¹⁷ With additional capacity building, CSOs will be well-placed to offer technical skills and perform citizen convening functions.

6.5.3 Given amended Law 21 identifies the monitoring and advocacy of citizen needs as within the purview of District and Sub-District Councils, future short-term technical USG assistance could build District and Sub-District Council Member capacity to perform these functions. However, because few local Councils are elected or

¹⁷ USAID Vulnerability Assessment, 20121

selected through participatory processes, residents do not necessarily view Council Members as legitimate community representatives. If elections were to occur, GSP activities to build mechanisms for community-based development, advocacy, participatory decision making, and inter-agency coordination would gain additional relevance.

6.6 Recommendations for Question 6: Unintended consequences and impacts of project activities

6.6.1 USAID should continue engaging in the national policy dialogue process via ongoing USAID/Iraq projects, if possible. The continued public reform and decentralization process, the shaping and application of national health policies, and the enhancement of civil society's role should serve as highlights of this engagement.

6.6.2 Technical assistance for information technology (IT) systems provided by CBO projects (software and hardware) should be continued by ongoing USAID/Iraq projects for at least one year. Additionally, USAID, via its projects, should help the GoI develop Terms of Reference for engaging Information and Communications Technology (ICT) support within country or internationally.

6.6.3 USAID should set aside very limited funds to address urgent, critical needs, particularly for situations that may result in infectious disease outbreaks.

6.7 Recommendations for Question 7: Was PHCP implemented in accordance with the conditions laid out in section 4.2 of the Initial Environmental Examination for the Primary Health Care Project in Iraq?

6.7.1 There are no recommendations for this question as the objectives were achieved and require no further follow-up.

7. LESSONS LEARNED

7.1. At project start, USAID and project implementers should host a series of meetings and workshops for counterparts, other relevant donors, and technical agencies to introduce project staff, review and potentially reconsider parts of the SOW, and build potential buffers for bureaucratic delays into the timelines of project work plans. The current security situation in-country and political risks should be considered as part of this review. USAID should be prepared to provide ongoing support to implementing partners in negotiations with GoI officials if disagreements arise about project foci and activities.

7.2. If linking approaches and activities to service delivery goals, objectives, and indicators is considered a primary USAID measurement for project success, projects should establish baseline measurements and incorporate tracking information to this end into Year 1 of their PMPs. Currently, most indicators in the three CBO PMPs are focused

- on inputs or outputs.¹⁸ These lower-level indicators make examining linkages between CBO project interventions and improved capacity to deliver public services challenging. A lack of baseline information also severely limits the ability of stakeholders and others to identify trends in service delivery improvement.
- 7.3. Project handover procedures, including information on deliverables at handover, should be developed at the outset of each project and updated during the project lifecycle (in case of re-scoping), to ensure a greater probability for sustainability. This will, in particular, build a sense of ownership among local partnering institutions.
 - 7.4. All USAID projects should initiate thorough capacity and sustainability assessments before the introduction of technologically advanced training and activities. Regardless of GoI demand, the results of these assessments should be vetted by a broad base of internal and external stakeholders to ensure the appropriateness of the intervention. Investments in these approaches and innovations should also be weighed against the economic rate of return (i.e., whether the initial capital investment or cost will be repaid against future savings and/or earnings) and whether that rate of return can be maintained after the close of the project.
 - 7.5. If the desired outcome of USAID efforts to increase citizen participation is to influence the delivery of public services, this focus should be included in the initial design, work plans, and PMPs of USAID projects. This outcome could be enhanced by requiring collaboration among projects on activities such as citizen participation efforts, fora for sharing lessons learned, and the development of joint work plans.
 - 7.6. Because elections in Iraq still lead to a high turn-over of decision makers, it is important to cultivate a cadre of civil service experts to maintain capacity building investments. Early GoI ownership of project interventions by this cadre remains key to project sustainability.
 - 7.7. Prior to the start of activities, USAID and its implementing partners should develop a set of criteria on which to base decisions related to programming locations. These decisions should depend heavily on the local capacity and willingness of local counterparts.
 - 7.8. All agreements with Iraqi officials should be well-documented by USAID and its implementing partners, and periodically reviewed to ensure host government commitment to activities has not diminished. This can be further strengthened by the aforementioned series of meetings during project kick-off phases, and by ongoing events that focus on tangible results and provide relevant technical expertise.

¹⁸ The January 2014 PMP for *Tarabot* contains 25 custom indicators and 3 standard F indicators (28 total), of which between one and three could be considered higher-level (outcome or impact) indicators. Twenty-six of the 28 indicators start with the phrase “Number of...,” which typically signifies an output indicator. The December 2013 PMP for GSP contains 24 indicators, at least eight of which the implementing partner claims can be considered outcome indicators. The GSP PMP should be reviewed more thoroughly to verify this claim; 23 of its 24 indicators start with the phrase “Number of...” The PHCP November 2013 PMP contains 19 indicators, of which two are designated as higher level. Eighteen of the 19 indicators start with the phrase “Number of...” or “Percentage of...”

- 7.9. As noted in prior recommendations, all USAID projects must find an appropriate balance between being responsive to government counterpart needs and providing the most sustainable technical assistance. Support in this decision-making process can be provided by groups composed of internal and external stakeholders, such as PHCP's TAG. In cases of urgent or emergency responses, however, discussion may necessarily be limited to government counterparts, the USG, and the implementing partner.
- 7.10. Implementing partner project headquarters should provide consistent updates to USAID on any anticipated key staffing changes, and provide senior-level, experienced backstopping if staffing gaps arise.
- 7.11. Information-sharing and catch-up strategies should be developed for state officials or non-state actors who are unable to attend training sessions organized within CBO project frameworks. This is especially relevant to individuals for whom the working language of Arabic is not appropriate. Efforts should be made to ensure materials are developed, translated (if necessary), and disseminated immediately after each training.

Annex 1. Evaluation Statement of Work

USAID/Iraq – Capacity Building Office Summative Project Evaluation – revised March 6, 2014

Statement of Work

I. Program Descriptions and Background

Since 2003, USAID has been a major contributor to the U.S. government's (USG's) efforts in Iraq. U.S. Assistance to Iraq has changed substantially over the last few years and will evolve in the years to come. From 2003 to 2006, USAID focused on restoring essential services such as health, education, water and electricity; improving economic opportunities; building the foundation of democratic institutions and governance; and managing conflict. In 2007, the focus shifted to strengthening the effectiveness of government and civil society, expanding private-sector opportunities, supporting stabilization activities and providing humanitarian assistance for internally displaced persons. These types of activities continued until 2009 when U.S. assistance again began to shift from reconstruction to building Iraq's ability to reconstruct and govern itself effectively.

USAID continues to support the objectives of the Strategic Framework Agreement with the Government of Iraq (GOI). In concert with other U.S. government agencies, USAID works closely with the GOI at the central, provincial and local levels. USAID also interacts on a regular basis with international donors such as the United Nations and World Bank. For implementation of reforms and activities, USAID engages with a network of partners including non-governmental organizations (NGOs), local community groups and Iraqi citizens. USAID/Iraq's goal is to promote sustainable foundations for a more prosperous, inclusive, and democratic Iraq. To support that goal, USAID seeks to: 1) Improve delivery of public services, 2) Create conditions for private sector growth, and 3) Strengthen civil society's capacity to reinforce democratic principles.

USAID/Iraq has three technical offices: the Capacity Building Office (CBO), the Economic Growth and Agriculture Office, and the Democracy and Governance Office. The CBO portfolio includes three projects geared towards improving government performance with the ultimate goal of delivering quality services to Iraqi citizens. Over the years, the CBO has managed numerous projects spanning several sectors: public administration and public sector reform, education, governance and health. USAID has also implemented projects under other technical offices that have focused on entrepreneurship, workforce development, agriculture, finance, and support to elections support, rule of law, and civil society. Ongoing CBO projects, listed below, have been designed to build on lessons learned from completed projects and to further the reform agenda:

1. Administrative Reform Project (also known as *Tarabot*) aims to strengthen the GOI's resource management systems, and to promote economic diversification while ensuring improvement in public services, eliminating unfriendly business regulations, and creating an environment which is more supportive of private sector development in Iraq. USAID-Tarabot is developing Iraq's whole-of-government capacity in two areas: 1) National Policy Management, and 2) Administrative Decentralization. By strengthening Iraq's policy and resource management capacity at all levels of government and improving communication, it will help eliminate unfriendly business regulations – making it easier to do business in Iraq. The project also strengthens

Iraq's service infrastructure and service delivery mechanisms through the decentralization of administrative functions down to a lower level of government. The \$103 million project started in June 2011 and is scheduled to close out on September 30, 2014. Activities will essentially end on or about June 30, 2014.

2. Primary Health Care Project (PHCP) works with Iraq's Ministry of Health (MOH) to improve the provision of quality primary health care services in Iraq. The project focuses on improving access to maternal, newborn, and child health care at primary health clinics in urban areas, and at the community level in rural areas. Health providers are trained and equipped with tools to save lives. This includes trained and equipped traditional birth attendants who will work in rural areas without access to primary health clinics. In addition, PHCP provides support to 300 primary health clinics in 18 Iraqi's provinces to improve their management structure and streamline the operation procedures in order to increase the efficiency, accountability and transparency of their operations. The project works with the MOH of Iraq and Kurdistan to upgrade 36 facilities into model clinics. Those clinics will be equipped with improved infrastructure for clinical and diagnostic purposes, trained personnel, and an enhanced working environment. These model clinics will serve as demonstration clinics, which will be replicated by the GOI. The \$70 million project started in March 2011 and is scheduled to close out by September 30, 2014. Activities will essentially end on or about June 30, 2014.
3. Governance Strengthening Project (also known as *Taqadum*) aims to increase the ability of provincial governors, and provincial and local councils to better respond to the needs of Iraqi citizens. The project focuses on two elements: 1) institutional strengthening – to assist provincial and local councils to implement their core responsibilities; and 2) executive oversight – to assist provincial and local elected officials to enhance their ability to hold executive ministries accountable for services. All project activities are Iraqi-led, supporting GOI and civil society efforts to strengthen the responsiveness of provincial and local governments to community needs. The \$58 million project started in September 2011 and is scheduled to close out June 30, 2014. Activities will essentially end on or about March 31, 2014.

Previously, CBO managed other projects which included: National Capacity Development project, Health Promotion Program in Iraq (HPPI), and the Maharat project. Other USAID/Iraq projects, not managed by CBO, also served as a foundation for GSP, and as input into the Tarabot design and PHCP. Such projects included the Local Governance Programs (LGP) in Phases – I, II, and III.

1. The National Capacity Development project (also known as *Tatweer*) was a national capacity development program that delivered capacity building assistance to 10 GOI key ministries and five executive offices, and the goal was to improve the delivery of core public services to the Iraqi people. The program employed an approach that addressed the core areas of public administration, such as fiscal and project management, human resources management, information technology, leadership and communication and strategic planning, using a combined strategy of technical assistance, training and procurement.
2. The Iraq Education Surveys (*Maharat*) was a one-year Education Data for Decision Making (EdData II) Project to support USAID/Iraq and the Iraqi Ministry of

Education's (MOED's) efforts to diagnose or assess the quality of primary education in Iraq. The project worked to build the capacity of ministry staff in surveying techniques and methodologies in the area of reading and math skills.

3. The three-year HIPPI project worked with the GOI to strengthen MOH's ability to implement Behavior Change Communication (BCC) activities and mitigate the spread of Influenza A, Novel H1N1/09 Virus (formerly known as swine flu). The project assisted the MOH to develop a comprehensive BCC strategy, design and implement BCC campaigns, and monitor the results of those campaigns.

Other USAID/Iraq projects also served as building blocks for ongoing CBO activities. An example of that are the Local Governance Programs (LGP) I, II, and III, which supported the implementation of the Provincial Powers Act¹ and the strengthening of provincial government capacity to perform their duties and functions according to the new law. The program also provided support to target groups such as to the governors' offices, the provincial council and their staffs in 14 provinces. The project promoted five elements including legislating, planning, budgeting, monitoring, and organizational development. In addition, LGP also provided comparable assistance to the Baghdad mayoralty (Amanat).

2. Evaluation Purpose and Use

CBO's three current projects focus on *people, systems, and services*. Therefore, this summative performance evaluation is commissioned to assess the extent to which the current three CBO projects have assisted the GOI— at the national/central and provincial/district levels - to improve its response to citizens' needs through the formulation of targeted policies, and the institution of systems that improve the performance of the GOI with an ultimate goal of improving the delivery of services. Some public services that CBO projects support include primary health care, national and provincial planning, budgeting, procurement, management of capital investment projects, project oversight, public policy, regulatory reforms, etc. Therefore, this evaluation will identify and analyze positive changes to public sector systems, services and people in Iraq, which are attributable to the three CBO projects. The evaluation seeks to achieve the following:

- To assess the degree to which the three CBO projects helped build capacity of GOI institutions to improve service delivery.
- To highlight areas of success harnessed by the three projects in the area of human capital and skills development, and systems reform.
- To identify whether or not certain sector investments, innovations and system approaches that were used, achieved CBO's objective of increasing the capacity of the GOI institutions to better respond to citizens' needs, and improve services delivery.
- Identify the various factors and conditions in the country, including in the KRG that have enhanced or limited the effectiveness and positive changes of the three USAID projects' assistance in Iraq.

¹ Also known as Law No. 21 or the Law of Governorates Not Incorporated into a Region

USAID/Iraq intends to use results of this evaluation to respond to questions from internal and external stakeholders about if USG capacity building activities achieved their ultimate goal.

3. Evaluation Questions

USAID is primarily interested in knowing the extent to which the three Capacity Building Office project activities improved the Government of Iraq's service delivery.

- a) To what extent did the three CBO projects strengthen GOI institutions in delivering public services?
- b) What specific program elements are replicable and sustainable, and what legacy shall each of the projects leave behind?
- c) To what extent did individual project sector investments, system approaches and innovations contribute to improvements in government performance and ultimately public service delivery?
- d) What were the projects' strengths and weaknesses?
 - d.1) How did they affect the overall success and/or sustainability of their programs?
 - d.2) What are the factors and conditions that enhanced or limited the effectiveness and impact of these projects in Iraq?
- e) To what extent did the projects enhance citizens' participation, and how did it influence public service delivery?
- f) Did any project activities result in unintended consequences or impact?
- g) Was Primary Health Care Project in Iraq (PHCPI) implemented in accordance with the conditions laid out in section 4.2 of the Initial Environmental Examination for the Primary Health Care Project in Iraq? Specifically, 1) did USAID PHCPI develop SOPs (or similar guidance) with regard to medical waste management and/or clinic sanitary practices (water/sanitation, cleaning solutions, solid waste disposal) in consultation with a technical expert and consistent with international best practices to the extent practical, and 2) did the PHCPI activities involving handling and disposal of medical waste and other issues related to sanitary management of primary health care clinics comply with these SOPs ?

4. Data Analysis Plan and Evaluation Methodology

The evaluation team is encouraged to come up with an innovative and creative methodology that will best address evaluation questions. Each of CBO's three projects works with GOI at different levels; yet, the ultimate goal of all three is improved service delivery. Tarabot works at the central level; GSP works at provincial level while PHCP is a mix. PHCP works with the Ministry of Health at the facility level, at the central level, and it involves the local communities. The evaluation team therefore, will have to design its tools, and analyze its findings based on the main line of emphasis and focusing on: people, systems, and services.

4.1. Existing Data Sources

There are several sources of data to address the evaluation questions, including but not limited to: project documents such as project implementation plans, project weekly reports, quarterly, monthly, annual performance reports, deliverable reports, end of project reports,

performance management plans, project annual workplans, evaluation reports, and implementing partners' data, and GOI stakeholders and institutions. USAID program portfolio and management review notes may be available for a specified period of time, and the evaluation team may need to contact the projects directly for their data. A range of information sources are available, including but not limited to the following: the Mission's strategy documents, activity designs, contract/award documents and any related amendments, the Mission's draft performance management plan, field monitor reports, the Information Management System (IMS), survey reports (e.g., PHCP vulnerable assessment report), Maharat assessment reports with data collected from the Ministry of Education, Tatweer evaluation report, and other sectoral assessments. A desk review of these documents should occur prior to the team's arrival to Iraq.

4.2. Data Analysis

Given the large amount of data that will be reviewed and collected, and that substantial evidence will be collected to support the findings related to each of the evaluation questions, it is important that a clear workplan be established. It should contain guidance on how to get answers before data collection starts. It is expected that both quantitative and qualitative data analysis will be needed to analyze project results and to identify positive changes.

4.3. Evaluation Methodology

The scope of the evaluation covers three CBO projects that are implemented across all 18 provinces, and involve numerous sectors and implementing partners – all of which makes this evaluation complex. It will require an analytically-sound methodology. The illustrative data collection methods listed below, or others, may be used to answer the key evaluation questions. The evaluation team is encouraged to be creative in its proposed methodology.

4.3.1. Potential Data Collection Methods for the Evaluation

a) Desk Review

Relevant project documents will be provided to the evaluation team, as highlighted in section 4.1, which the team can use to obtain relevant evaluation data. USAID will also provide the team with previous project evaluation reports and other relevant documents which can shed light on evaluation questions.

b) Qualitative Data Collection Methods

i. Key informant interviews

The evaluation team may conduct key informant interviews with implementing partners, as well as the key USAID managers, including individuals who are no longer in Iraq. The team will draft a list of types of key informants based on the USAID-supplied background documents which will be finalized during the evaluation's desk review of USAID/CBO project materials/reports, and consultations with USAID/Iraq staff. To provide the evaluation a solid contextual understanding and be as representative as possible, the key informants will

include individuals who are/were closely involved with activities and have good knowledge of the projects implemented. These individuals will include, but are not limited to: USAID Mission staff (Mission Director's Office, Supervisory Program Officer, former and current Office Directors, Contracting Officer's Representatives/Agreement Officer's Representatives), USAID and Monitoring and Evaluation Contractor's Field Monitors, government counterparts, both at the national, and provincial levels, NGOs/CBO grantees or sub-grantee staff (where applicable), and senior project implementing partner staff, such as chiefs of party, deputy chiefs of party, and their key technical staff. The evaluation team will need to ensure that an appropriate number of women are included in key informant interviews. Evaluation research may suggest others to interview. The evaluation team will need to remain flexible in accommodating additional interviewees. Given the large number of USAID/Iraq stakeholders involved in project activities, the evaluation team, in consultation with USAID will need to prioritize those that are most critically relevant for this evaluation's questions.

ii. Focus group discussions and community interviews

The evaluation team may conduct focus group discussions to assess perceptions about the three CBO project effectiveness, contribution, and their overall satisfaction, or not, with USAID-project's provided support services or benefits. However, conducting interviews for this evaluation presents challenges. It may be difficult for the evaluation team to visit many places in Iraq where CBO projects worked; however, the evaluation team is encouraged to include not less than two regional and representational places. In consultation with USAID/Iraq, the team will need to utilize practical methods for locating some of the beneficiaries. It may also be appropriate to conduct community and/or local government interviews to develop a stronger appreciation of how much collective knowledge and impressions USAID project beneficiaries have about CBO projects, and how these projects have benefited them (or not).

iii. On-Site Observations

Generally, technical assistance was provided to a host of counterparts at the central, provincial and district level. However, a number of CBO projects also undertook rehabilitation services and provided equipment/software to select ministries, but that is if security conditions will allow. It is expected that the evaluation team make site visits to conduct interviews and to check on the state of equipment and software provided by USAID. A description of proposed site visits should be included in the proposal.

iv. Other types of qualitative methods

There are other types of qualitative, even more participatory methods the evaluation team may consider, including the use of geo-spatial techniques, audio-visuals ("before" and "after" pictures and videos can be powerful tools to demonstrating positive changes), case studies, and most significant change methodology. USAID encourages the evaluation team to include in its workplan such methods and other qualitative methods that may be appropriate for such a summative-wide performance evaluation of CBO projects.

c) Quantitative Data Collection: Sample Survey

To strengthen the quantitative data collected through project documents and qualitative data obtained, the evaluation team may conduct a sample survey of assisted beneficiaries including government institutions, and stakeholders. Before conducting the beneficiary survey, the evaluation team may need to collect information on project sites and beneficiaries from project documents, and through the Mission CORs/AORs, project staff, field monitors, implementing partner staff that know about or manage these projects.

d) Questionnaire/instrument design and pre-testing

Semi-structured, key informant interview and focus group discussion tools/guides may be developed to serve as data collection guides. While there may not necessarily be a need to pre-test these tools/interview guides, USAID will review and approve these tools/guides and instruments. Similarly, the evaluation team will design a sample survey instrument covering key aspects of the multi-sectoral projects. Questionnaires will have to be properly coded to facilitate data analysis and pre-tested to ensure their validity and reliability.

5. Deliverables

- Evaluation workplan proposing the methodology, and including questionnaires and/or other tools for gathering data.
- A succinct inception report submitted to USAID within one week after the debrief/in-brief meeting with USAID Mission staff. The inception report will include a revised work plan, and a succinct discussion of proposed methodology and the format for the final report.
- Powerpoint presentation of preliminary results (delivered approximately mid-way through the effort), which will summarize preliminary key findings (The date to be discussed during in-brief meeting).
- PowerPoint exit presentation summarizing all preliminary findings. During this presentation, the evaluation team will have the opportunity to discuss the layout of the evaluation report. The exit presentation will also delineate the major conclusions and recommendations in order for USAID to largely understand and have the opportunity to comment on the contents of the draft report.
- A final report including findings, conclusions, and concise actionable recommendations. The layout of the final report should follow the agreed-upon format. Any additional input by the evaluation team can be inserted into annexes, and all these shall be included into the final report after USAID's inputs and comments to the draft. The final report shall be submitted no more than 15 days after USAID's comments. The evaluation report must follow USAID's Evaluation Policy, and ADS 203 guidelines, and the team should seek guidance from the Mission's Evaluation Specialist as needed. The report format should be presented in Microsoft Word and use 12-point type throughout the body of the report using 1" single-spacing and page margins (top/bottom and left/right).

The evaluation format is expected to follow an agreed-upon format which is likely to resemble the format below:

- Executive Summary (3-5pages), summarizing the purpose, background of the project, main evaluation questions, methods, findings, conclusions, recommendations and lessons learned;

- Main body that includes the sections listed in the above bullet (30-40pgs) and;
- Annexes with results of data analysis, qualitative data summaries, scope of work, transcripts and/or summaries of key interviews, etc.

The final evaluation report must include a methodology section which clearly documents the approach.

6. Team Composition

In supporting the evaluation exercise, the contractor is encouraged to be innovative and should reply to this scope of work with a succinct yet sufficiently-detailed response indicating how this evaluation exercise will be accomplished, illustrating the criteria that may influence the evaluation design, proposing an evaluation team that USAID will approve. The team should be composed of appropriate methodological and subject matter expertise to conduct an excellent evaluation.

The evaluation team must include a team leader who will be responsible for ensuring that the evaluation report is analytically-sound and that deliverables are submitted to USAID on the agreed-upon timeline. The team leader is likely to be a social scientist with strong evaluation experience and skills. S/he is expected to ensure that a sound methodological approach is undertaken and that generally-accepted evaluation practices are employed for the evaluation.

An illustrative mix of the evaluation team may be composed of members that cover the following subject areas: strong background in international development and/or development program evaluation in the sectors of governance strengthening (on national, and local/provincial level), public service delivery, public policy development and management, introduction and passage of policy and legislative reforms, administrative decentralization/public administration reform, institutional capacity building and functions, strategic planning, local government, operations research, monitoring and evaluation of national policy management programs, primary health care, health systems strengthening including mother to child health interventions, data quality assessments and quantifications, evaluation methods and data collection, gender analysis, and citizen participation. It is encouraged that at least one team member have extensive experience with USAID and/or in the evaluation of USAID programs. Familiarity with Middle East countries/region is desirable. Knowledge of the Arabic language is a plus. The team should be composed of a sufficient number of team members who can read and speak Arabic. The contractor is encouraged to include qualified team members from Iraq.

7. Logistics, Schedule, timeline and the estimated level of effort

USAID hopes that the evaluation exercise will begin as early as possible in 2014 - preferably in February or March 2014. The Mission hopes that the fieldwork will begin before one of the project's activities essentially ends on March 31, 2014. The Capacity Building Office, the technical office associated with the evaluation, is expected to cease to exist in mid-July 2014. So, it would be ideal if the evaluation report were finalized by late June or early July. When developing its evaluation approach, the contractor should incorporate this parameter into its plans. It is important for the exercise to start in a timely manner to avoid missing people (from USAID itself and the projects), that would provide important information and guidance during the exercise. Therefore, the contractor is encouraged to plan realistically and propose

level of effort/work days that this exercise will need given the drawdown of Mission staff in addition to project closures. The evaluation team will start with a debrief/in-brief meeting with USAID staff upon arrival in Iraq. See the illustrative table below.

Illustrative Evaluation Activities

Activity
Contractor submits proposed personnel for approval (USAID should be consulted on the date)
USAID provides approval for the proposal and personnel
Evaluation team travels to Baghdad
In-brief meeting with USAID staff including USAID’s M&E specialist, and discussions of the SOW.
Desk review/Document review and development of the evaluation workplan (some of this work may take place outside of Iraq).
Meet USAID staff to present and discuss the draft evaluation workplan before approval
Prepare & submit the final evaluation workplan for approval
Conduct field visits/Interviews/data collection (the methodology should detail field sites/facilities to be visited)
Present & discuss preliminary/key findings with Mission staff.
Exit briefing, presentation of the final report layout, and submission of outline of the report
Depart Baghdad (expatriate evaluation team members)
Write and submit draft evaluation report to USAID for comments
Submit final evaluation report to USAID (With all USAID comments and concerns incorporated)
Total level of effort: (USAID anticipates making the final decision after reviewing the contractor’s response to the SOW)

Clearance page for revised USAID/Iraq – Capacity Building Office Summative Project Evaluation – March 6, 2014

Drafted: Stanley Golooba, Erin Holleran, CBO, Pavel Basiladze PRO

Cleared: PRO: AKoler w/ edits Akaw

~~PMO: CEaster~~

OAA: BGelband *BG*

~~DMD: AWind~~

Annex 2. Glossary of Terms

Tarabot

Administrative Decentralization: The Tarabot component is defined as including improving capital investment planning and implementation, improving decentralized service delivery, reforming institutional structures for effective de-concentration of resources, and the devolution of selected administrative responsibilities. The effort seeks to push operational decision-making authority closer down to the levels where services are actually delivered.

Cost-share: a counterpart's contribution to project's activities. This can be financial or non-financial/in-kind.

Decentralization procedures: At the administrative level, three types of 'decentralization' are possible: 1) working with methods and models to assist central government counterparts with distributing responsibilities for service delivery to regional offices (de-concentration); 2) assigning of responsibilities for decision-making and administration of public functions to provincial and local governments (delegation); and, 3) transferring authority for decision-making, finance and management to local and provincial governments (devolution), depending on which path the government may decide to follow.

Dual budget process: Iraq's provinces have two primary sources of funding to implement capital investment projects: public investment funds for central ministry projects and regional development funds (both MoF disbursed) for projects under the provincial governor.

Iraq Development Management System (IDMS): a comprehensive bi-lingual (Arabic/English) web-based application that manages the whole cycle of government and donor-funded development projects in Iraq, both social and economic.

Iraq Solutions for Regulatory and Administrative Reform (ISRAR): (the acronym means "determination" in Arabic) refers to Tarabot's regulatory reform process. The ISRAR process is a participatory process of stakeholders from ministries, business, and civil society who identify for reform or elimination candidate laws, regulations and administrative orders, modeled on the Jacobs and Associates Regulatory Guillotine™ tool for regulatory reform which has been implemented in several developing nations.

One-Stop-Shop: this Tarabot service center concept and its accompanying practices are formulated to make a tangible impact on delivery of public services, built on effective systems including automation and custom software; work processes for public accountability and customer relations, and appropriate physical facilities. Each "One-Stop Shop" is customized to streamline specific services, e.g., for MoMD to provide IDPs access to benefits such as vocational training and financial assistance; or for MoLSA to implement the Social Safety Net for fast and accurate distribution of social welfare payments to Iraq's poor and marginalized citizens.

National Policy Management: Tarabot component to assist the government executive offices and ministries to establish effective units to formulate policy, communicate policy changes, and consult effectively with ministerial, provincial, and private stakeholders on the formulation of specific policies.

Project Management: Tarabot's work with both central ministries and provincial GOs to transfer knowledge, systems, and practices in-line with international best practices, compliant with Project Management Institute standards for nine knowledge areas, 42 processes, and technical skills in areas such as advanced PM software batteries and feasibility studies.

"Whole of government approach": The USAID-Tarabot Administrative Reform (Tarabot) project seeks to establish relationships and foster linkages between central and provincial government agencies across all fifteen non-federated provinces of Iraq, in order to implement complex technical assistance that complements the Iraqi government's efforts to improve its citizen services.

GSP

Citizen Service Desks (CSDs): government-staffed offices based in GO and / or PC facilities where the public may gain information about government services, obtain forms, lodge a complaint and/or pay for public services such as a permit or fees.

Essential Service Delivery Oversight (ESDO): a program designed to guarantee quality service delivery to citizens. Provincial governments have formed ESDO working groups to measure and increase the level of essential service in underserved neighborhoods.

Issue Tracking and Reporting System (ITRS): Taqadum's ITRS was launched in April 2013, and is now recording citizen issues and tracking their progress to resolution. The electronic database facilitates analysis and produces summary reports for decision makers. ITRS provides documented evidence of service delivery gaps to help governorates and directorates cooperatively and effectively deploy current staff and available financial resources to eliminate service problems.

Organizational Self-Assessment and Transformation Program (OSTP): the OSTP program builds capacity inside Governor's Offices and Provincial Councils to internally identify, prioritize, plan and address opportunities for improvement of internal operations and citizen service delivery.

Provincial Financial Management Systems: strong provincial financial systems support the ability of Governor's Offices to propose reasonable budgetary plans, and follow up with oversight. GSP worked with accounting and audit staff in PCs and GOs to identify weaknesses and limitations in existing systems, and to identify and implement improvements to enhance these systems.

Provincial Planning and Development Councils (PPDC): In 2012, the Prime Minister's Office and Ministry of Planning mandated the development of Provincial Planning and Development Councils. Through PPDCs, integrated provincial and economic development planning is now conducted at the local level. PPDCs are advisory bodies that work to identify and coordinate planning and budgeting issues between line ministries and provincial governments. Governors or their designees head the PPDCs, which present recommendations to Provincial Councils on how to meet the needs of their citizens.

Provincial Powers Law (Law 21): GSP's work with local government is responsive to the authority and responsibility given to local government under Law 21. Law 21 was adopted in April-June Quarter of 2013. Amendments were implemented to Law 21. The first Amendment to Law 21 revised the membership of the High Council Coordination Among Provinces, to now include Chairmen of the Provincial Councils.

Service Delivery and Performance Standards (SDPS): serve as a reference for gauging the quality or level of service delivery to citizens.

Sub-Legislation Implementation Tracking System (SLIT): Provincial Councils pass resolutions and ordinances through the authority granted to them under Law 21. Once passed, the governor's offices must implement these pieces of sub-legislation. GSP has developed an electronic tracking system to assist PCs to monitor this implementation.

PHCP

Basic Health Services Package: A BHSP in a low-income country consists of a limited list of public health and clinical services which will be provided at primary and/or secondary care level. BHSPs include different interventions in different countries reflecting variation in economic, epidemiological and social conditions. They are intended to be a guaranteed minimum (i.e. some clients will have needs which cannot be met by the BHSP). With a BHSP, the human skills, drugs, equipment and other resources required to deal with interventions within the package should be available. A BHSP is generally developed using some combination of cost-effectiveness analysis and other technical, political and social considerations. The aim is to concentrate scarce resources on the services which provide the best 'value for money'.

Behavior Change Communication: BCC is a research-based, consultative process of addressing knowledge, attitudes, and practices through identifying, analyzing, and segmenting audiences and participants in programs and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass media channels, including participatory methods.

Cost share: Multiparty arrangement under which the costs of a program or project are shared by the involved parties, according to an agreed upon formula. These parties may include the host government, private foundations, businesses, or individuals. Cost-share can be financial or in-kind. In-kind contributions include things such as volunteer time, valuation of donated supplies, equipment, and other property, and the use of unrecovered indirect costs. When used, its application can be flexible, case-specific, and used to support or contribute to the achievement of results.

Emergency Obstetric and Neonatal Care: These are an integrated group of life-saving emergency services provided to mother and newborn around the time of delivery to save their lives.

Essential medicine list: This is a list of medicines that health managers define for procurement and for availability at different levels of health services. The objectives are rational drug use and cost control. Service providers are usually expected only to prescribe from these lists or else to refer clients.

Integrated management of childhood illnesses: IMCI is a systematic approach for assessing a child and providing health services. It was developed by UNICEF and the WHO. The objective is to ensure that when a child presents to health workers with symptoms of illness that a full assessment is conducted to identify underlying and other causes of illness, rather than treating the initial presenting symptoms. IMCI also requires that when a child comes to a health facility, the child is assessed for additional needs for preventive services such as growth monitoring to identify growth faltering or malnutrition and routine immunizations, thereby preventing “missed opportunities” for the child to receive important preventive services. Finally IMCI promotes integrated records that provide the health history of a child and allow follow-up over time.

Local Health Committees: LHCs are joint committees formed in a PHCC, which include PHCC staff and their counterparts from the local community. Community members may be elected officials, community leaders, NGO representatives, mosque sheikhs, tribal leaders etc. LHCs meet periodically to discuss issues and plan for service provision to improve quality. They can also conduct awareness raising in the community regarding health issues and services.

Model PHCC: An MoH initiative to create certified Model Clinics, the MoH chose 36 PHCCs that were bigger in size and had higher utilization rates to be Model PHCCs. The model clinics were rehabilitated and supported to raise their quality standards.

Quality improvement: The quality improvement process for health services is a defined process that is implemented by personnel in the service delivery setting. The process includes forming an interdisciplinary committee, meeting, and maintaining records on these meetings, identifying and then prioritizing among perceived problems related to quality services and identifying options for resolving these.

Sub-PHCC: The sub-PHCC is a Primary Health Care Center that usually does not have a physician serving in it and thus offers limited services. The sub-PHCC is affiliated to a main PHCC to serve a remote area that is nearby to the catchment area of the main PHCC.

Task shifting: Task shifting is a term that refers to reorganizing tasks and responsibilities of health workers, most often implying training less trained personnel to carry out tasks previously carried out by higher skilled health workers. When accompanied by training, clear guidelines, and supervision, task shifting allows services that otherwise are not available because of a shortage of skilled service providers, to be provided safely and with good quality.

Annex 3. References

Tarabot

1. International Crisis Group: “Iraq-- Falluja's Faustian Bargain”, Middle East Report No. 150, 28 April 2014. (<http://www.crisisgroup.org/en/regions/middle-east-north-africa/iraq-iran-gulf/iraq/150-iraq-falluja>)
2. International Crisis Group: “Make or Break: Iraq’s Sunnis and the State”, Middle East Report N°14414 August 2013. (<http://www.crisisgroup.org/en/regions/middle-east-north-africa/iraq-iran-gulf/iraq/144-make-or-break-iraq-s-sunnis-and-the-state>)
3. QED: EVALUATION, USAID/Iraq Community Action (Program III), End of Project Performance Evaluation, prepared for USAID by QED, August 2012.
4. QED: Local Governance Program, Phase III (LGP III) Midterm Evaluation and Assessment of Future Opportunities, Final Report prepared for USAID by QED, August 2010.
5. QED: Tatweer National Capacity Development Program, Final Evaluation, Final Report prepared for USAID by QED, April 2011.
6. Reidar Visser, Iraq and Gulf Analysis: “[IHEC Releases Data from the Special Vote in Iraq’s General Election](#)”, posted 23 May 2014. (<http://gulfanalysis.wordpress.com/>)
7. Reidar Visser, Iraq and Gulf Analysis: “Iraq Elections: Maliki’s Complicated Win”, posted 22 May 2014. (<http://gulfanalysis.wordpress.com/>)
8. Republic of Iraq, Ministry of Planning: National Development Plan (2013-2017), Baghdad, Iraq, January 2013. (English volume)
9. Tarabot: Iraq Administrative Reform Project, Annual Report, October 2012.
10. Tarabot: Iraq Administrative Reform Project, Annual Report (Overview and “Partnership Forward” Addendum), October 2012.
11. Tarabot: Iraq Administrative Reform Project, Annual Report, October 2013.
12. Tarabot: Iraq Administrative Reform Project, Annual Financial Report, October 1, 2011- September 30, 2012.
13. Tarabot: Iraq Administrative Reform Project, Quarterly Reports: FYs 2011 (Qtr. 4); 2012 (Qtrs. 1, 2, 3); 2013 (Qtrs. 2, 3, 4); 2014 (Qtrs. 1, 2).
14. Tarabot: Iraq Administrative Reform Project, Monthly Reports: various, FYs 2011, 2012, 2013, 2014.
15. Tarabot: Iraq Administrative Reform Project, Weekly Reports: various, FY 2014.
16. Tarabot: Iraq Development Management System (IDMS): MENU OF PROPOSED SERVICES TO THE MINISTRIES AND PROVINCES, 7 September 2013
17. Tarabot: Service Centers Core Area: MENU OF PROPOSED SERVICES TO THE MINISTRIES AND PROVINCES, USAID/Tarabot, 13 September 2013
18. Tarabot: Performance Management Plan (FY 2012 – FY 2015), November 2012 (revised January 25, 2013).
19. Tarabot: Performance Management Plan (FY 2012 – FY 2014), January 2014 (updated February 2014).

20. Tarabot: Proposed Deliverable Table to Replace Deliverables/Milestones Table (Section F5 [C] in the Contract), (FY 2013, undated)
21. Tarabot: Administrative Reform Project, Final Implementation Plan, October 3, 2011.
22. Tarabot: Administrative Reform Project, Administrative Decentralization Workplan, 2014 .
23. Tarabot: Iraq Administrative Reform Project, Project Training Summary Numbers (Sept 2011 – March 2014).
24. Tarabot: Iraq Administrative Reform Project, Provincial Activity Reports, Lauren Parks, (five reports, covering Anbar, Diyala, Maysan, Ninawa, Karbala), 2013.
25. Tarabot: Special Report on IDPs, Vulnerable Minorities, Female-headed Households, Female Leaders, and Youth, Reporting Period January - 31 March, 2012.
26. Tarabot: Special Report on IDPs, Vulnerable Minorities, Female-headed Households, Female Leaders, and Youth, Reporting Period October - 31 December, 2012.
27. Tarabot: Guidance for Screening and Selection, Government Investment Projects, prepared by Tarabot Planning Advisory Unit (2013), Arabic and English.
28. Tarabot: IDMS, Iraq Development Management System, Users' Guide, Analyses, 2011 (prepared by Synergy International Systems), 2011 (Arabic).
29. Tarabot: IDMS, Iraq Development Management System, Users' Guide for Capital Investment Projects, (prepared by Synergy International Systems), 2011 (Arabic).
30. Tarabot: Workplan (and "Tasks of the Unit", etc.), Tarabot Planning Advisory Unit, undated. (Arabic)
31. USAID/Iraq: Field Monitor Evaluation Reports on Tarabot activities: A. Hassan (dated 14 January 2014); S. Jalal Hassan (dated 13 January 2014); A. Dyab Radi (dated January 2014); A. Hasan Frayyeh ("for two years, report undated); A. Atia (interviews conducted from February 2013 forward, report undated); M. Abdul Amir Quraishi (covering a period in 2013, report undated).
32. USAID/Iraq: Draw down Plan for the Tarabot Project (Memo, R. Abdelfattah, May 8, 2013).
33. USAID/Iraq: Draw down Plan for the Tarabot Project (Memo, R. Abdelfattah, June 11, 2013, amending Drawdown Plan of May 8, 2013).
34. USAID/Office of the Inspector General (Cairo, Egypt Office), Audit of Iraq's Administrative Reform Project (Audit Report No 6-267-14-004-P), December 15, 2013.
35. USAID: RFP 267-10-012, Administrative Reform Project, Section C- Description/Statement of Objectives, Statement of Work, 2010.

GSP

1. Governance Strengthening Project (GSP), Quarterly Performance Report October-December 2011. *Chemomics International*. December 31st, 2011.
2. Governance Strengthening Project (GSP), Quarterly Performance Report, Jan-March, 2012. *Chemomics International*. March 31st, 2012.
3. Governance Strengthening Project (GSP), Quarterly Performance Report, April-June 31st, 2012. *Chemomics International*. June 31st, 2012.

4. Governance Strengthening Project (GSP), Quarterly Performance Report, July-Sept 31st, 2012. *Chemomics International*. Sept 31st, 2012.
5. Governance Strengthening Project (GSP), Quarterly Performance Report, Oct-Dec 31st, 2012. *Chemomics International*. Dec 31st, 2012.
6. Governance Strengthening Project (GSP), Quarterly Performance Report, Jan-March 31st, 2013. *Chemomics International*. March 31st, 2013.
7. Governance Strengthening Project (GSP), Quarterly Performance Report, Apr-June 31st, 2013. *Chemomics International*. June 31st, 2013.
8. Governance Strengthening Project (GSP), Quarterly Performance Report, Jul-Sept 31st, 2013. *Chemomics International*. Sept 31st, 2013.
9. Governance Strengthening Project (GSP), Quarterly Performance Report, Oct-Dec 31st, 2013. *Chemomics International*. Dec 31st, 2013.
10. Governance Strengthening Project (GSP), Quarterly Performance Report, Jan-March 31st, 2014. *Chemomics International*. March 31st, 2014.
11. Governance Strengthening Project (GSP), Performance Management Plan, Revised February 18, 2014.
12. Iraq Governance Strengthening Project (Taqadum), 2013 Annual Monitoring & Evaluation. *Chemomics International*. December 3rd, 2013.
13. Iraq Governance Strengthening Project (Taqadum), 2012 Annual Report on Lessons Learned and Best Practices. *Chemomics International*. September 15th, 2012.
14. Iraq Governance Strengthening Project (Taqadum), 2012 Annual Report of Government Property in Contractor's Custody. *Chemomics International*. December 31st, 2011.

PHCP

1. Audit of USAID/Iraq's Primary Health Care Project in Iraq, Audit report No. 6-267-13-013-P, June 2013: <http://oig.usaid.gov/sites/default/files/audit-reports/6-267-13-013-p.pdf>
2. Kurdistan Regional Government, September 2012: Memorandum of Understanding (for the implementation of PHCPI)
3. Ministry of Health/Government of Iraq, September 2012: Memorandum of Understanding (for the implementation of PHCPI)
4. Ministry of Health, National Health Policy (2014 - 2023)
5. Ministry of Health, National Acceleration Plan for Maternal and Child Health, 2013-2015
6. Ministry of Health /PHCP October 2011: Management Handbook for Primary Healthcare Facilities
7. Ministry of Health /PHCP June 2012: Infection Control and Waste Management Guideline
8. Ministry of Health /PHCP, February 2013: Medical Equipment Management & Waste Disposal Guidelines For Primary Health Care Centers In Iraq
9. Ministry of Health /PHCP, April 2012 Primary Health Care Patient Records System

10. Ministry of Health /PHCP, February 2012 Quality Improvement Model
11. Ministry of Health /PHCP, March 2012 Referral System Guideline
12. Ministry of Health /PHCP, January 2012 Supportive Supervision Handbook
13. Ministry of Health /PHCP, January 2014: Agreed Model Clinic Criteria
14. Ministry of Health /PHCP, List of Equipment to be Provided to PHCCs
15. Ministry of Health /PHCP, November 2013: Antenatal and Postnatal Care Guideline
16. Ministry of Health/PHCP, January 2012: Handbook of Quality Standards and Operational Guidelines for Management of Primary Care Clinics
17. Ministry of Health/PHCPI, April 2013: Handbook of Quality Standards and Operational Guidelines for Clinical Services Delivery in Primary Health Care
18. Ministry of Health/PHCPI, 2013: Referral system orientation guidelines
19. Ministry of Health/PHCPI, 2013: Standard Operation Procedure For Facility and Equipment Maintenance Management in Primary Health Care Centers
20. Ministry of Health/PHCPI, February 2012: National Statement of Patients' Rights in Primary Health Care
21. Ministry of Health/PHCPI, April 2012: IMCI Guidelines for Nurses and IMCI Guidelines for Physicians
22. Ministry of Health/PHCPI, December 2012: Training Curriculum: Leadership, Communication and Team Building for Local Health Committees (Arabic)
23. Ministry of Health/PHCP, 2012: Handbook for Community Partnerships for Primary Health Care Developed
24. Ministry of Health/PHCP, 2012: Strengthening Primary Health Care Services to Internally Displaced Populations in Iraq, Recommendations based on field assessment
25. Ministry of Health/PHCP: Community Health Partnerships: Operational Guidelines for Local Health Committees for Primary Health Care (Arabic)
26. PHCP, 2013: Equipment to be Procured (Model Clinics)
27. PHCP, December 2011: Baseline Assessment Report
28. PHCP, May 2011: Year 1 Work Plan
29. PHCP, January 2012: Year 2 Work Plan
30. PHCP, March 2013: Work Plan FY 2013
31. PHCP, March 2012: Annual Report – Year 1
32. PHCP, September 2012: Annual Report – FY 2012
33. PHCP, December 2013: Quarterly Report, October – December 2013

34. PHCP, January 2013: Assessment Report: Health and Social Needs among Internally Displaced Persons (IDPs) in Iraq
35. PHCP, February 2013: Performance Management Plan
36. USAID/PHCP, PHCP Action Plan for Developing & Implementing Health Tailored Activities for Refugee & Internally Displaced Persons (IDPs)
37. USAID/PHCP, April 19-24, 2104: Weekly Progress Report
38. USAID/PHCP, Bottleneck Assessment of Factors impeding Achievement of MDGs 4&5 in Iraq
39. USAID/PHCP Success stories (all)
40. USAID/PHCP Compliance Survey Final Report
41. USAID May 2013: Mid-Term Performance Evaluation of USAID/Iraq Primary Health Care Project
42. USAID March 2009: Initial Environmental Examination
43. USAID July 2013: Drawdown plan for PHCP and Relationship to the Millennium Development Goals in Iraq
44. USAID, March 2011: PHCPI Contract
45. USAID, November 2012: Modification of Contract (PHCPI)

Annex 4. Persons Met

(Please note that given confidentiality issues, information for provincial and district level officials has been excluded, as well as, any citizen exit surveys).

USAID

Abdul Kareem Kassem, GSP Acting COR
Alonzo Wind, Deputy Mission Director
Amy Koler, Director of the Program Office
Erin Holleran, Director, Capacity Building Office
Sarah Ann Lynch, Mission Director
Slavica Radosevic, Tarabot COR
Stanley Lukenge, Golooba, Performance Management Specialist of CBO
Stephen Brager, Director, Office of Democracy and Governance
Zhaneta Shatri, PHCP COR

Tarabot

Abu Ghruraib Women's Forum

Iqbal Tareq Jasim, Organization Director

Agargouf Charity Organization for Development

Mohammed Jassim Ahmed, Organization Director

Ahnona for Women and Children Organization

Qusai Taha Mustafa, Organization Director

Al-Inaam Organization

Sajad Nehdi Abdulsada, Organization Director

Al-Rafah Organization for Growth and development

Ali Hasan Obed, Deputy Director

Al Rafah Organization for Unfortunate Families

Mohammed Rasheed Abood, Organization Director

Al-Warka'a Organization for Agricultural Development

Emad Redha, Organization Director

Al-Zahra'a Organization

Maryam Ibraheem, Organization Director

Anamil Al Rahma Organization

Rasha Shaker Mahmood, Organization Director

Anwar al Mustaqbal Organization

May Medhat Zaki, Organization Director

Association of Disabled Civilians

Hasan Finjan Al-Ka'bi, Organization Director

Government of Iraq / Council of Ministers (COMSEC)

Ali al-Allaq, Secretary General

Farhad Ni'mat Allah, Deputy Secretary-General, General Secretariat

Jinan K. Hassan, Head, Office of Capital Investment Programs and Plans, General Secretariat

Mahdi A. Hameed, Department: Follow-Up COMSEC Decisions, General Secretariat

Mohammed al-Tamimi, Director General for Citizens' Affairs, General Secretariat

Mohammed Suheil al-Kanany, Office Director, under the Assistant Secretary General for Ministry and Governorate Affairs, General Secretariat
Rahman Eissa Hassan, Assistant Secretary General for Ministries and Governorates Affairs, General Secretariat
Riyadh Fadhel Mohamed, Director-General, Follow-Up and Government Coordination Directorate, General Secretariat
Taleb al-Hamdan, Director General

Government of Iraq / Governate of Baghdad

Jassem Mohan, Deputy Governor

Government of Iraq / Ministry of Construction and Housing

Dara Hassan Rasheed, Senior Deputy Minister
Istbraq Ibraheem Al-Shook, Deputy Minister
Najat Hakki Khayon, Engineer
Sameer Hussain, ISO Department Manager
Sameer Ibrahim Bashqia, Director General, Technical Directorate

Government of Iraq / Ministry of Education

Dr. Muhsen Abd, Advisor to the Minister
Dr. Nihad al-Jibori, Deputy Minister

Government of Iraq / Ministry of Electricity

Zaid Abdul Fattah Abdul Rahman, Employee, Quality Management Unit, Ministry Coordinator for Tarabot project

Government of Iraq / Ministry of Justice

Ali Fahrhan Atwan, Solicitor
Ali Farhan, Director General, Legal Department
Majid Boutrous, Senior Economic Advisor
Muna Mati Bithon, Director General, Juridical Planning Department

Government of Iraq / Ministry of Labor and Social Affairs

AbdulSada Shnawa, Senior Deputy Minister
Adnan Ibraheem, Deputy Minister
Ammar Al-Sudani, Director, Projects Directorate
Haidar Omran Alwan, Data entry for IDMS
Hanaa Hashim Husain, DG Assistant, Procurement
Hanan Adnan Abbas, Data analyzer
Hussein Fuad Muhammed Ali, Mechanical Engineer
Muhammed Mundher Naeem, Deputy Director, IT Department
Rihab Hikmat Zaki, Implementing Department Manager
Zeena Abbas Naji, IT staff

Government of Iraq / Ministry of Migration and Displacement

Asghar al-Musawi, Senior Deputy Minister
Haidar Ali Malik, Deputy Director General, Institutional Development (Planning & Investment)
Samir Al- Nahi, Director General

Government of Iraq / Ministry of Municipalities and Public Works

Dhiaa Naji, Director General of Municipalities
Jinan Abdul Ameer, Finance Manager
Mustafa Mohammed Kareem, Engineer
Nabil Abdul Hussein, Member, Quality Control Unit
Wafa Bahgat Zeya, Director General, Contracts Department

Government of Iraq / Ministry of Oil

Haidar Sadiq Muhsin, Cameras Department Director

Government of Iraq / Ministry of Planning

Anwar Jamil Bunni, Director General of International cooperation
Fakhri Hameed Jaber, Manager of National Accounts
Imad Naji Ahmad, Director General of Technology and Information
Mays Saheb, Head of the Department of Development Plan Follow-up
Qassem Inaya, Director General of Government Investment
Saadia Kadhum, DG for Investment Planning
Sami Metti, Technical Deputy Minister

Government of Iraq / Ministry of Trade

Majeed Khalaf, Director, Department of Information Technology
Nadia Jaafer, Director General, Human Resources, Tarabot Coordinator

Government of Iraq / Office of the Prime Minister

Abd al-Hussain al-Anbaky, Senior Economic Consultant
Hamid Ahmed, Chief of Staff
Thamer al-Ghadban, Chair, PM's Advisory Committee

Ikhwan Al Safa Organization

Ali Hussain Sukker, Organization Director

Iraqi Society for the Poor and Orphans

Amel Tareq Ahmed, Organization Director

Istiqlal Center for Research and Studies

Maha Sami Jasim, Organization Director

Kurdistan Regional Government / Ministry of Labor and Social Affairs

Aram Hatim Muhammed, SSN project manager
Ekram Hama Kareem, HQ staff
Shanaz Aziz, IT staff

Suroor Organization

Alaa Aldin Sabah, Organization Director

Umatuna organization

Suha Abd Ali Kadhum, Member in the organization

Women's Association for Women's Welfare

Ibtisam Al-Shemary, Organization Director

GSP

Association of the protection and development of the Iraqi families

Hakki Karim Hadi, Director of the association

Association for Talented and Superior

Salwa Farhood Husein, Director of Association

Babil Human Rights Center

Ali Abdulshaheed Hussein, Chairman of CSO

GSP staff

Alaa Al-Hakak, Public Service Oversight Advisor
Ali Kazan, Regional Director
Anna Lamberson, Team Leader

Anne Marie Brun, Organizational Development Advisor
Besman Isa Kadhum Al-Jebouri, Planning Specialist
Cemoran Berkuti, Chief of Party
Isam Yousuf, M&E Director
Jeevan Campos, Deputy Chief of Party
Kay Spearman, Team Leader
Sanaa Saad Ibrahim Al-Naseri, Communication Specialist
Wisam Al-Dujaili, Regional Manager

Government of Iraq / Ministry of Planning
Anwar Buni

Government of Iraq / Ministry of Trade
Mahdi Eassa

PHCP

Government of Iraq / Ministry of Health

Dr. Alaa Jasib, Public Health Directorate, Senior Pharmacist
Dr. Mohammed Jabber, Public Health Deputy Director General
Dr. Nedhal Ibrahim Abdulla, National IMCI Program Manager
Dr. Ola Shakir Fadhil, Primary Health Care department, Manager of Maternal Health / Reproductive Health Section
Salah Mahdi Salih, Planning Directorate, Department of Planning and Medical Records, Senior Statistician

Government of Iraq / Ministry of Planning
Eng. Ban Hameed Yasin, International Cooperation Office

PHCP staff

Dr. Ahlam Kadhum, Team Leader of Child Health Care
Dr. Alexander A Kravetz, Behavior Change Communication Unit Team Leader
Dr. Baraa Abdul Wahid Mahgoob, PHCP Research Advisor
Dr. Berq Jafer Hadi, Supervision and Referral Systems Advisor
Dr. Einas Bassim Khaleel, Behavior Change Communication Advisor
Mr. Mezaal Al Hatim, Communication and Media Advisor
Dr. Mouayad Kutfi, Pharmacy Advisor
Dr. Rafah Faiq Jaffar, Neonatal Team Leader, Previously Medical Record Advisor
Eng. Rabee Mirjan, Eng.
Dr. Ramzeah Rabee, Maternal Health Team Leader
Dr. Rumishoel Shoo, Senior Advisor MNCH, COP
Eng. Saeed Jassim Khaz'al, Facility and Equipment Management and Maintenance Advisor
Dr. Saliema Kadhum Faidhalla, Community Health Partnership Specialist
Dr. Sawsan Al Nahawi, Capacity Development and Training Unit Advisor

UNICEF

Dr. Ali Ismael Khalil Al-Taie, Nutrition Officer, Survival and Growth

University Research Co., LLC

Dr. Hala Jassim AlMossawi, Senior Associate, Program Support Team
Dr. Neeraj Kak, Senior Vice President

WHO

Dr. Thamer Al Hlfi, OIC National Professional Officer

Annex 5. English Translation of Law 21

**LAW OF GOVERNORATES NOT
INCORPORATED INTO A REGION
As Amended by Law 15 of 2010 and Law 19 of 2013**

PREAMBLE

Article 1

The following phrases shall have the meaning set forth hereunder for the purposes of this law:-

First: The Law: Law of the Governorates not organized in a Region.

Second: The Province/ Governorate: an administrative unit within its border and it is made up of districts, sub-districts and villages.

Third: The Council: is a Provincial Council.

Fourth: The Local Council: is District Council – Sub-district Council.

Fifth: The Councils: Council, the Local Council.

Sixth: The Administrative Units: the province- the district - the sub-district.

Seventh: Head of the Administrative Unit: the Governor – District Mayor - Director of Sub-district.

Eighth: Senior positions: Director General, Director of Department and Heads of Security Agencies within a province.

Ninth: Absolute Majority is reached by half of total number of members

Tenth: A Simple Majority is reached by half the number of present members, after quorum is met.

Eleventh: The Local Governments: the Councils and Administrative Units.

PART I
THE COUNCILS AND PROCEDURES FOR THEIR FORMATION
Article 2

First: The Provincial Council: Is the legislative and regulatory authority in the province and has the right to issue local legislations in manner to enable the Council to conduct its business in accordance with the principle of administrative decentralization in a manner that does not conflict with the Constitution and federal laws that come under the exclusive powers of the Federal Authorities.

Second: Councils shall have a judicial personality and financial independency, and shall be represented by its chair or his designee.

Third: Councils shall be subject to monitoring by the Council of Representatives.

Fourth: Local governments shall be responsible of all the needs required by administrative unit management in accordance with the principle of administrative decentralization.

Fifth: The local governments shall exercise the powers set forth in the Constitution and federal laws with regard to local affairs except for the exclusive powers of the federal authorities provided in Article (110) of the Constitution.

Sixth: The joint powers set forth in Articles (112, 113 & 114) of the Constitution, shall be administered in the coordination and cooperation between the federal and local governments and priority shall be for the Law of the Provinces not Organized in a Region in the event of a dispute between the two governments in accordance with the provisions of Article (115) of the Constitution.

ARTICLE 3:

First:

1. The governorate council shall comprise 25 seats with the addition of one seat for every 200,000 inhabitants, if the number of the governorate's inhabitants exceeds 500,000.¹³
2. The qada'a council shall comprise 10 seats with the addition of one seat for every 50,000 Inhabitants.
3. The nahiya council shall comprise seven seats with the addition of one seat for every 25,000 inhabitants.
4. Members of the council shall be elected by direct secret ballot in accordance with the election law for councils.

Second: The latest official census shall be adopted to specify the number of seats to be added pursuant to Paragraph "First" of this Article.

ARTICLE 4:

The electoral term of the councils shall be four calendar years commencing with its first session.

Chapter 1
Membership Requirements and Termination

SECTION ONE
MEMBERSHIP REQUIREMENTS

ARTICLE 5:

The candidates for the council membership shall meet the following:

First: Be an Iraqi citizen, fully eligible, and have attained 30 years of age at the time of candidacy.

Second: Hold, at the minimum, a secondary school certificate or its equivalent.

Third: Be of good moral reputation and conduct and have not been convicted of a crime involving moral turpitude.

Fourth: Be from the governorate according to the Civil Status Register, or if originating from elsewhere, be a permanent resident therein for an uninterrupted period not less than years, provided that his residence is not for purposes of demographic change.

Fifth: Not be a member of the security agencies or the armed forces at the time of his candidacy.

Sixth: Not be covered by the De-Ba'athification provisions and procedures or any other laws that replace them.

Seventh: Not have illegally accumulated wealth at the expense of the national and public funds, according to a judicial decision.

SECTION TWO TERMINATION OF MEMBERSHIP

ARTICLE 6:

First: The membership of the councils shall terminate with the expiration of the electoral term or under the following conditions:

1. Death of the member, or his permanent disability, or a disability or a serious disease that prevents him from carrying out his responsibilities as a member, based on a decision from a specialized medical committee.
2. Resignation:
 - A. The council member or the local council member may submit his resignation from the respective councils in writing to the council head [chairman]; the latter shall present it at the next session so that the council may decide on it.
 - B. The resignation shall be considered accepted only if approved by the absolute majority of the council members or when he insists on his resignation even if the council rejects it by an absolute majority.
3. The member shall be considered removed if he fails to attend four successive sessions or a quarter of the total number of council sessions within a period of four months without legitimate reasons. In such cases, the council shall invite him to a hearing to be held at least seven days from the date of notification of the hearing. The council may consider him to be removed upon a decision taken by an absolute majority of the council members.
4. The council may terminate the membership by an absolute majority if any of the conditions stated in Article 7, "Eighth," of this Law is met.
5. If he ceases to possess any of the membership requirements.

Second: Compensation at the end of a member's membership shall be achieved by one of the cases provided for in this Article in accordance with the electoral system in place.

Third: A member of the council may contest the membership termination decision before the Administrative Causes Court within (15) days from his notification. The court shall decide on his challenge within 30 days from its filing with the court. The court decision shall be final.

Fourth: The provisions of membership termination stipulated in this Article shall be applicable to the local councils.

Chapter 2 Competencies of the Governorate Council and the Local Councils

SECTION ONE

COMPETENCIES OF THE GOVERNORATE COUNCIL

ARTICLE 7:

The governorate council shall assume the following functions:

First: Electing the Council Chairman and his Deputy shall be by done using the absolute majority of Council members during the first session held by the Council under Governor’s request within (15) fifteen days from the date of ratification of the election results, and in the event that the governor did not call for a session, the session shall be held automatically on the (16) sixteenth day, and shall be chaired by the oldest member on the council.

Second: Remove, upon the request of one third of the members, the council head or the deputy by an absolute majority of the council members in cases where one of the conditions stipulated in Paragraph “Eighth” of this Article has been met.

Third: Issue local laws, instructions, bylaws, and regulations to organize the administrative and financial affairs so that it can conduct its affairs based upon the principle of administrative decentralization in a manner that does not contradict the provisions of the Constitution and federal laws.

Fourth: The public policy of the province and determining its priorities in all fields shall be developed by mutual coordination with the relevant ministries and authorities, and in the event of a dispute between the two, priority shall be to provincial council’s decisions.

Fifth:

1. Prepare the council budget to be included in the general budget of the governorate.
2. Approve the governorate draft general budget plan referred to the council by the governor, and transfer funds between its chapters with the approval of the absolute majority of the council members, provided that the constitutional criteria shall be observed, and submit to the Ministry of Finance of the federal government to ensure its uniformity with the federal budget.

Sixth: Monitoring the activities of all the governmental directorates in the province shall be carried out to ensure its proper work performance.

Seventh:

1. Elect the governor and his two deputies by an absolute majority of the members within a maximum of 30 days from the date of its first session.
2. If any of the candidates to these offices fails to win the absolute majority of the members, the candidates with the highest number of votes shall compete in a run-off ballot, and the candidate who wins the highest number of votes then shall be elected to the office.

Eighth:

1. Question the governor or one of his two deputies based upon a request from one third of the members. In case the simple majority is not satisfied with his answers, then his removal is put to vote at another session and he is deemed removed with the consent of the absolute majority of the council members. The request to remove or recommend his removal shall be based on one of the following exclusive causes:
 - A. Lack of integrity or abuse of position
 - B. Causing waste of public funds
 - C. Loss of one of the membership requirements
 - D. Willful negligence and dereliction of his duties.
2. The Council of Representatives may remove the governor by the absolute majority of its members upon the proposal of the prime minister for the above stated reasons.
3. The governor shall be considered to be removed if he ceases to possess any of the requirements stipulated in Article 5 of this Law.
4. The governor may object to his removal decision before the Administrative Causes Court within 15 days from the notification of his removal. The court shall decide on his objection within one month from the date of its filing with the court. In such case, he shall continue to conduct the daily affairs of the governorate until his objection is decided.
5. The governorate council shall, at the end of the challenge period referred to in Paragraph

“Fourth” of this Article or when the removal decision is upheld by the competent court, elect a new governor within a period not exceeding 15 days.

Ninth

1: Approval on appointment of senior positions in the province shall be achieved by absolute majority of the Council members upon nomination of three individuals by the governor within one month of date of their nomination.

2. Relieve, by the absolute majority of its members, senior officials in the governorate from their duties upon the request of one fifth of the council members or the governor in accordance with Paragraph “Eighth” of this Article. The Council of Ministers may also relieve the senior officials upon a proposal from the competent minister.

Tenth: Approve the local security plans submitted by the security agencies in the governorate through the governor in coordination with the federal security agencies with due consideration of their security plans.

Eleventh:

- 1) Approval by absolute majority of the council members shall be achieved to conduct administrative changes to the districts, sub-districts and villages in terms of integrating, establishing or changing names, metropolis and ensued administrative structures within the boundaries of the province at the suggestion of the Governor or one third of the Council members with the approval of an absolute majority of the Councils affected by these changes must be obtained.
- 2) First: Allocate the ownership of lands belonging to ministries and entities not affiliated with a ministry to the province for establishing service and construction projects in the province with the approval of Council of Ministers with exception of the following lands:
 - a. Lands located outside the municipal boundaries of the province, district or sub-district.
 - b. Farmlands and orchards of any type.
 - c. Lands with ongoing projects or are allocated to start projects on.
 - d. Lands allocated for investment in the province.
 - e. Lands allocated for the Foundation of Martyrs and Foundation of Political Prisoners.
 - f. Lands allocated for religious endowment.
 - g. Green lands that do not run against the fundamental design of province and the archaeological and oil sites.

Second: Approve the establishment of housing projects on lands belonging to Ministries and allocated by the province.

- 3) Transferring funds from the lagging projects within the budget of the administrative unit’s projects and inform the Ministry of Planning when doing so.
- 4) To approve the announcement of curfew by two-thirds of majority based on governor’s request and in coordination with the Federal competent authorities during cases requiring such action.

Twelfth: Issue a gazette wherein the council’s decisions and orders shall be published.

Thirteenth: Select a logo for the governorate embodying its cultural and historical heritage.

Fourteenth: Approve a bylaw for the council within one month from the date of the first session. The bylaw shall be approved by the absolute majority.

Fifteenth: Identify the governorate’s priorities in all fields and outline its policies and strategic development plans in a manner that does not contradict with the overall national development.

Sixteenth: Approve by an absolute majority of the council members the acceptance or rejection of donations and gifts received by the governorate.

Seventeenth: Exercise any other competences stipulated in the Constitution or applicable laws.

SECTION TWO

COMPETENCIES OF LOCAL COUNCILS

FIRST: Competencies of the Qada'a Council

ARTICLE 8:

First: Electing the Chairman of District Council shall be done by the absolute majority of council members in the first session held by the District Council called for by the District Mayor within (15) fifteen days from the date of election results' approval, and in the event the District Mayor did not call for a district council session, it shall be held automatically on the sixteenth day and under chairmanship of its oldest member.

Second: Remove the head of the qada'a council by the absolute majority of the members upon the request of one third of the members if one of the conditions stated in Paragraph "Eighth" of Article 7 of this Law is met.

Third:

1. Elect the qada'a administrator by the absolute majority of the members, and if any of the candidates fails to win the required majority, the candidates with the highest number of votes shall compete in the second ballot, and the candidate who wins the highest number of votes then shall be elected to the office.
2. Remove the qada'a administrator by the absolute majority of the members upon the request of either one third of the members or the governor based on any of the reasons stated in Paragraph "Eighth" of Article 7.

Fourth: Monitor the progress of the work of the local administration in the qada'a. Local administration includes nahiya and beladiya councils; heads of local administration units include qa'im maqams and mudeers.

Fifth:

1. Prepare the qada'a council's draft budget.
2. Approve the budget plans of the qada'a offices and refer them to the governor.

Sixth: Approve naming of streets and planning of roads.

Seventh: Approval of the basic designs in the district and submit recommendations thereon to the Mayor and Governor to be referred to the Council.

Eighth: Monitoring educational, health, agricultural and social activities and all other activities relevant to the district and work on its development in coordination with the competent authorities.

Ninth: Monitor and organize the utilization of public lands within the geographic location of the qada'a and endeavor to develop agriculture and irrigation.

Tenth: Approve the security plan presented by the heads of the local security agencies through the qada'a administrator.

Eleventh: Any other competencies delegated by the governorate council that would not contradict applicable laws.

Twelfth: Draft the bylaw of the qada'a council.

ARTICLE 9:

The qada'a council, for successful performance, shall:

First: Present scientific studies and research for the development of the qada'a, and refer them to the governorate council.

Second: Cooperate and consult with the nahiya councils of the qada'a so as to ensure the welfare of the community.

ARTICLE 10: (Rescinded by 2nd Amendment, Item 7)

ARTICLE 11:

In the event that the qada'a council's decisions are contrary to the governorate council's decisions, priority shall be given to the latter if the decision concerns the governorate in general.

SECOND: Competencies of the Nahiya Councils

ARTICLE 12:

The nahiya council shall assume the following functions:

First: Electing the Chairman of Sub-District Council shall be done by the absolute majority of council members in the first session held by the District Council called for by Sub-District Director within (15) fifteen days from the date of election results' approval, and in the event the Sub-District Director did not call for a district council session, it shall be held automatically on the sixteenth day and under chairmanship of its oldest member.

Second: Remove the head of the nahiya council by the absolute majority of the members upon the request of one third of the members if one of the conditions stated in Article 7, Paragraph "Eighth," of this law is met.

Third:

1. Elect the nahiya administrator by the absolute majority of the members, and if any of the candidates fails to win the required majority, the candidates with the highest number of votes shall compete in the second ballot, and the candidate who wins the highest number of votes then shall be elected to the office.

2. Remove the nahiya administrator by the absolute majority of the members upon the request of either one fifth of the members or the qada'a administrator based on any of the reasons stated in Paragraph "Eighth" of Article 7.

Fourth: Monitor activities of governmental departments in the sub-district to ensure proper work performance.

Fifth: (Rescinded by 2nd Amendment but no replacement)

Sixth:

1. Prepare the nahiya council's draft budget.

2. Approve the budget plans of the nahiya's offices and refer them to the qada'a council.

Seventh: Approve the local security plan submitted by the nahiya police through the nahiya administrator.

Eighth: Present scientific studies and research for the development of the nahiya, and refer them to the qada'a council.

Ninth: Cooperate and consult with the other nahiya councils of the qada'a so as to ensure the welfare of the community.

Tenth: Draft the bylaw of the nahiya council.

Eleventh: The governorate or the qada'a council may delegate any other competencies to the nahiya council in a manner that would not contradict applicable laws.

ARTICLE 13:

The Head of administrative units, Head of security agencies and Directors of departments shall be entitled to attend Council's regular sessions when invited by the council, and shall have no right to vote.

ARTICLE 14:

In the event that the nahiya council's decisions are contrary to the qada'a council's decisions, priority shall be given to the latter if the decision concerns the qada'a in general.

SECTION THREE
RIGHTS AND PRIVILEGES

ARTICLE 15:

1. The members of the councils shall be free to express their opinions in the deliberations.
- 2- Councils may decide with its absolute majority may prevent a council member from attending one or more of its sessions, and it shall not exceed three sessions if such member acted in a manner affected the reputation of the relevant Council.

ARTICLE 16:

During their membership tenure, council and local council members shall be deemed members of the public service and are subject to the Penal Code.

ARTICLE 17:

First: In return for his service in the council, the member of the council shall receive a monthly remuneration and allowances equivalent to that of a director general.

Second: In return for his service in the council, the member of the local council shall receive a monthly remuneration and allowances equivalent to a deputy director general.

Third: The provisions of this Article shall be applicable to the members of the councils who took up their positions after April 9, 2003.⁴³

ARTICLE 18:

First: The members of the council shall not be permitted to combine their council membership with any other official position, and shall have the right to resume their original employment upon the termination of their membership. The competent authorities shall facilitate the approval of the full-time service of the member to the council and his resumption of the original position upon the termination of his tenure of membership.

Second: The duration of the service in the council of a member shall be taken into account for the purposes of increment, promotion, and retirement.

Third:

1.

A. Members of the councils, heads of the administrative units, and the two governor's deputies who took up their positions after April 9, 2003, shall be paid pensions no less than 80% of the monthly remuneration prescribed under this Law provided that the active service be no less than six months or in the event they suffer a disability that prevents them from

discharging their duties during their membership tenure. Following are the qualifying criteria for a pension (80% of the monthly remuneration prescribed under the Law of Governorates):

- Be a council member
- Be a head of an administrative unit (governor, Qa'im Maqad, Mudeer Nahiya)
- Be a deputy governor

- Be at least a six-month employment term
- Took up a position after April 9, 2003
- Served at least a year or suffered a disability during the period less than a year

Articles 17, “Third,” and Article 18, “Third” (A), take effect immediately. All other provisions of the Law of Governorates are not in effect until governorate and local elections are held.

B. Members of the councils, heads of the administrative units and the two governor’s deputies who assume their positions in accordance with this Law shall be paid pensions no less than 80% of the monthly remuneration prescribed under this Law after the termination of the electoral term or if they suffer a disability that prevents them from discharging their duties during their tenure.

2. The legal heirs of the members of the councils, heads of the administrative units, and the two governor’s deputies, according to the Unified Retirement Law, shall receive the pension of the member in the event of his death or martyrdom during his membership tenure.

ARTICLE 19:

First: The quorum for sessions of the councils shall be met with the attendance of the absolute majority of the council’s members.

Second: The decisions shall be taken at the sessions of the governorate council and the local councils by a simple majority unless otherwise stated.

ARTICLE 20:

First: The council and local councils shall be dissolved by an absolute majority of the members based upon a request of one third of the members under the following conditions:

1. Gross dereliction of duties and functions assigned to them
2. Contradicting the Constitution and laws.
3. If one third of the members no longer meet the membership requirements.

Second:

a. The Council of Representatives may object to a decision issued by the Governorate Council if it contradicts the Constitution or applicable laws. If the violation is not removed, the Council of Representatives may cancel the decision by a simple majority vote.

b. The Council of Representatives may dissolve the council by an absolute majority of its members based upon the request of the governor or one third of the governorate council members if one of the conditions stipulated above is met.

Third:

1. The governorate council may dissolve a local council by an absolute majority of its members upon a request from the qada’a administrator, as regards the qada’a council, or the nahiya administrator, as regards the nahiya council, or one third of the local council members if one of the conditions stipulated above is met.

2- The Third of the dissolved council or the dismissed member may object to the dissolving decision before the Administrative Judiciary Court within 15 days of its issuance.

ARTICLE 21:

First: In case the decision to dissolve the council is approved or the legal period of the contest expires, the governor shall call for the governorate council to conduct elections.

Second: The work of the council shall terminate on the date the competent court approves the decision of dissolution or the challenge period has elapsed and no challenge to the decision has been mounted. The head of the administrative unit shall conduct the daily affairs of the governorate until a new council is elected.

Third: The provisions of this Article are applicable to the local councils provided that the call for new elections for the qada'a councils shall be made by the qada'a administrator and the call for the elections for the nahiyas shall be made by the nahiya administrator.

PART II

HEADS OF ADMINISTRATIVE UNITS

ARTICLE 22:

Each administrative unit shall have a juridical character and financial and administrative independence. In the performance of its functions, it may:

First: Collect taxes, duties, and fees in accordance with the federal laws.

Second: Exercise the competencies granted to it in accordance with the Constitution.

Third: Fulfill the duties and functions it is entrusted with in accordance with the laws and in a manner that will not contradict the Constitution.

ARTICLE 23:

The governor and the qada'a and nahiya administrators are the highest executive employees in their respective administrative units and shall have authority over staff of each, and subject to the Civil Service Law in terms of their rights and employment in a manner that would not contradict this law.

Chapter 1

The Governor

ARTICLE 24:

The governor shall be considered the highest-ranking executive officer in the governorate at the rank of a deputy minister as regards rights and service.

ARTICLE 25:

1. The candidates for the position of the governor shall meet the requirements stipulated for membership of the governorate council and shall hold a university degree or its equivalent.
2. The requirement referred to in Paragraph "First" of this Article shall be applicable to the two deputy governors.

ARTICLE 26:

First: The appointment of the governor shall be under a republican decree⁵⁰ issued within 15 days from the date of his election, and he shall commence his duties from the moment of his appointment.

Second: The governorate council may elect the governor from within or outside the council.

ARTICLE 27:

First: Each governor shall have two deputies elected by the council. Their orders of appointment shall be issued by the governor within 15 days from the date of their election by the council. Each of the deputy governors shall hold the rank of director general and they may be elected from within or outside the council.

Second: Each deputy shall be required to meet the requirements for membership of the governorate council stipulated in Article 5 of this Law and shall hold a university degree.

ARTICLE 28:

If the governor fails to fulfill his duties for reasons of health for a period exceeding three months, he shall be superannuated and the council shall elect a new governor pursuant to Paragraph “Seventh” of Article 7 of this Law, and the governor’s first deputy shall be the acting governor until such election is conducted.

ARTICLE 29:

The heads of administrative units, the two deputy governors, and the head and members of local councils shall take the following oath before the highest provincial judiciary authority before assuming their duties: “I swear by Allah the Almighty to sincerely safeguard the federal republican system, guard the public interest and the safety of the homeland, uphold the Constitution and the law, and discharge my duties sincerely, faithfully, and impartially, and may Allah be my witness.”

ARTICLE 30:

The governor, his two deputies, and the heads of the administrative units shall continue to discharge their daily responsibilities after the expiration of the electoral term of the councils until their respective successors are elected by the new councils.

ARTICLE 31:

The governor shall exercise the following powers:

First: Draft the general budget of the governorate in accordance with the constitutional standards, except for those which fall within the jurisdiction of the federal government, and submit the budget to the governorate council.

Second: Execute the decisions of the governorate council as long as they are consistent with the applicable laws and the provisions of the Constitution.

Third: Execute federal general policy within the boundaries of the governorate.

Fourth: Oversee and inspect public facilities in the governorate except for courts, military units, universities, colleges, and institutions.

Fifth: Represent the governorate at the conferences, symposia, and general forums to which he is invited and which are relevant to the governorate affairs and local administrations. He may delegate any of the governorate employees to carry out these functions in accordance with the law and applicable rules and regulations.

Sixth: Establish universities, colleges, and institutes in the governorate in coordination with the Ministry of Higher Education and Scientific Research within the governorate budget and with the approval of the council by an absolute majority of the council members.

Seventh:

1. Issue official letters of appointment for local employees in the governorate from grade 5 and below in the employment scale stated in the Federal Civil Service Law upon the recommendations of the offices concerned and in accordance with the staffing plan approved by the council.
2. Appoint local employees in the governorate on a permanent basis from grade 4 upward in the employment scale stated in the Federal Civil Service Law except for the senior positions upon the recommendations of the offices concerned and in accordance with the guidelines prepared by the council.

Eighth: Take administrative and legal procedures against State employees working in the province in accordance with their relevant regulations and authorizes the power of competent minister.

Ninth:

The governor may:

1. Order the police to investigate the crimes that take place within the administrative boundaries of the governorate according to the law and to present the investigation reports to the concerned judge, provided that the governor has been informed of the investigation outcome.
2. Establish or abolish police stations with the approval of the council by the absolute majority of the council members in accordance with the relevant laws and guidelines of the Ministry of Interior.

Tenth:

1. The governor shall have direct power over the agencies working in the province that are assigned for duties of protection and preserving security and order in the province.
2. If the governor believed that the agencies assigned for preserving the security and order were incapable of fulfilling their duties, he may present this matter immediately to the Commander General of the Armed Forces explaining the sufficient force required for fulfilling such duties.
3. Federal Authority shall coordinate in advance with the governor when executing security operations within the province.

Eleventh:

1. The governor shall have the right to object to the decisions of the governorate council or the local council in the following cases:
 - A. If they contradict the Constitution or applicable laws
 - B. If they are not within the competence of the council
 - C. If they contradict the general plan of the federal government or the budget.
2. The governor shall communicate to the council concerning the reasons for his objection together with the decision of the council within 15 days of the notification of the decision.
3. If the council concerned affirms its decision or amends it without removing the violation communicated by the governor, the matter shall be referred to the Federal Supreme Court for conclusive decision.

ARTICLE 32:

The ministries and offices not affiliated with ministries shall notify the governor of their correspondence with their offices and public utilities within the governorate so that the governor may monitor the implementation of the instructions in such correspondence. The heads of the offices and public utilities in the governorate shall abide by the following:

First: Notify the governor of official correspondence with their respective offices.

Second: File reports to the governor on matters that he has referred to them.

Third: Notify the governor of their activity on matters that relate to security and important issues as well as on matters that relate to more than one office within the governorate or the conduct of their personnel.

Fourth: Notify the governor when they commence and end their work.

Fifth: Fulfill the functions that the governor assigns and the work of the committees that the governor requires to be formed.

ARTICLE 33:

First: The governor shall have a maximum of five assistants for administrative and technical affairs and they shall fulfill the tasks assigned by the governor and work under his supervision and guidance.

Second: The assistants shall have at least 10 years of experience in their specialization and shall meet the requirements stipulated for deputy governors.

Third: The assistants shall hold the rank of deputy director general.

ARTICLE 34:

First: An advisory board consisting of not more than seven advisors specialized in legal, technical, and financial affairs chosen by the governor shall be formed in each governorate. The advisory board shall report directly to the governor and shall function under his supervision and guidance.

Second: The advisors shall have 10 years of experience in the areas of their specialization. Each of them shall hold the rank of assistant director general.

Third: The board referred to in Paragraph “First” of this Article shall assume the responsibility of studying matters referred to it by the governor, each according to his area of specialization, and shall submit relevant written recommendations.

ARTICLE 35:

The governor may delegate some of his powers to his deputies and assistants. The governor shall not delegate powers exclusively vested in him.

ARTICLE 36:

The services of the governor’s experts of the advisory board, assistants, and heads of administrative units who are permanent public employees shall be transferred to the staff of the administrative units in which they are elected or appointed for such positions for the duration of their tenure.

ARTICLE 37:

First: The governor, his two deputies, and heads of administrative units may submit their resignation to the councils that elected them. The resignations are deemed accepted as of the date of their submission.

Second: Their replacements shall be elected pursuant to the procedures stipulated in this Law. These procedures are stipulated in the following articles of the Law of Governorates:

ARTICLE 38:

The provisions for removing the governor stipulated in this Law shall be applicable to the two deputies of the governor.

- Article 5
- Article 8, “Third”
- Article 12
- Article 25
- Article 26

ARTICLE 38:

The provisions for removing the governor stipulated in this Law shall be applicable to the two deputies of the governor.

Chapter 2

Qada’a and Nahiya Administrators

ARTICLE 39:

First: The qada’a and nahiya administrators are the highest executive employees in their administrative units to be elected in accordance with Paragraph 3 of Articles 8 and 12 of this Law.

Second: The qada’a and nahiya administrators are required to meet the conditions stipulated for the governorate council member in Article 5 of this Law and hold a university degree.

Third: The governor shall issue an official letter of appointment to the qada’a and nahiya administrators, who shall be under his guidance and supervision.

Fourth: The qada’a administrator holds the rank of director general and the nahiya administrator holds the rank of deputy director general.

ARTICLE 40:

First: In the absence of the qada'a administrator, the governor shall assign the administrator of a nahiya affiliated to the qada'a to function in his place.

Second: In the absence of a nahiya administrator, the qada'a administrator shall assign the administrator of a nahiya affiliated to the qada'a to function in his place.

Third: The qada'a administrator shall notify the governor and the nahiya administrator shall notify the qada'a administrator of their absence sufficiently in advance so that the governor may appoint a replacement for the duration.

SECTION ONE POWERS OF THE QADA'A ADMINISTRATOR

ARTICLE 41:

The qada'a administrator shall exercise the following powers:

First: Execute the decisions of the qada'a council that are consistent with the Constitution and applicable laws.

Second:

1. Directly supervise and inspect the public offices in the qada'a and their employees excluding the army, courts, universities, and institutes and to impose legally sanctioned punishments on the violators with the approval of the qada'a council.
2. The qada'a administrator may order the police to investigate the crimes that take place within the boundaries of the qada'a and to present the investigation reports to the investigative judge concerned, and must be informed about the investigation outcome.

Third:

1. Maintain security and order and protect citizen's rights, lives, and property.
2. Preserve the rights and public property and collect the revenues in accordance with the law.

Fourth: Prepare the draft budget of the qada'a and submit it to the qada'a council.

Fifth: When necessary, the qada'a administrator may order police patrols and posts to be established on a temporary basis within the qada'a in order to maintain security.

ARTICLE 42:

The heads of government offices within the governorate shall submit to the qada'a administrator, where they are relevant to the qada'a concerned, copies of their communications and decisions to their respective branch offices so that the qada'a administrator may follow up on the actions taken.

SECTION TWO POWERS OF THE NAHIYA ADMINISTRATOR

ARTICLE 43:

The nahiya administrator shall exercise the following powers:

First:

1. Directly supervise and inspect the public offices in the nahiya and their employees, but excluding the army, courts, universities, and institutes.
2. The nahiya administrator may order the police to investigate the crimes that take place within the boundaries of the nahiya and to present the investigation reports to the investigative judge concerned. The nahiya administrator shall be informed of the investigation findings.

Second:

1. Maintain security and order within the boundaries of the nahiya.
2. Preserve the rights and public property and collect the revenues in accordance with the law.

PART III

FINANCIAL RESOURCES

ARTICLE 44:

Financial resources of the province shall comprise the following:

First: Federal Budget allocations for the province in a manner sufficient to fulfill its duties and carry out its responsibilities, in accordance with the population rate, level of deprivation and to the extent that it provides balanced development for different parts of the country.

Second: revenues generated by the province except for those of oil and gas, include:

1. Service fees provided and investment projects executed.
2. Taxes, fees and fines enforced in accordance with federal and local laws in force within the provinces.
3. The sums of selling and renting movable and immovable State-owned properties.
4. Sums of renting lands utilized by companies.
5. Taxes imposed by the council on the companies working in the province as compensation for the polluting the environment and damage of infrastructure.
6. Donations and gifts presented to the province in accordance with the Constitution and federal laws.
7. Half of the revenues of border ports.
8. \$ 5.00 from every barrel of crude oil produced in the province, \$5.00 from every barrel of crude oil refined in province refineries and \$5.00 from every 150 cubic meters of natural gas produced in the province.

Third: Local authorities shall allocate a fair share for administrative units under their jurisdiction sufficient to fulfill their tasks and responsibilities and based on their population rate.

PART IV

FINAL PROVISIONS

ARTICLE 45:

First: A commission shall be established named (High Commission for Coordinating among the Provinces), chaired by Prime Minister and membership of Ministers of Municipalities and Public Labor, Reconstruction and Housing, Labor and Social Affairs, Education, Health, Planning, Agriculture, Finance and Sports and Youth, State Minister for Provincial Affairs, Governors, and chairmen of provincial councils, and undertake the following:

1. Gradually transfer sub-directorates, departments, tasks, services and competencies executed by Ministries of Municipalities and Labors, Reconstruction and Housing, Labor and Social Affairs, Education, Health, Planning, Agriculture, Finance and Sports and Youth, along with their funds allocated by the General Budget, and their staff to the provinces in accordance with their functions set forth in the Constitution and relevant laws, whereby the role of ministries shall remain in planning general policy.
2. Coordinating among the provinces on everything related to their affairs and local administration and tackling problems and obstacles faced.
3. Setting mechanisms to manage joint competencies-jurisdictions between federal and local governments stated in Articles 112, 113 and 114 of the Constitution.
4. Reviewing the authorization of federal authorities that are requested by local government from the federal government and vice versa which are required to manage investment projects and facilitate administering the province according to the provisions of Article 123 of the Constitution.
5. The Commission shall accomplish its functions mentioned in Paragraph (1) above within two years starting from the date of which this law comes to force. In the event these tasks are not accomplished, they shall be considered transferred by law.
6. The Commission shall convene at least once every two months or whenever necessary.

7. The Commission shall develop a bylaw organizing its meetings and following up its businesses.

Second: A coordinating committee shall be established in every province. It shall be chaired by the governor and membership of heads of administrative units under jurisdiction of province and chairmen of district and sub-district councils and shall undertake the following:

1. Addressing mutual issues among administrative units.
2. Mandating powers to heads of administrative units.

ARTICLE 46:

The governorate council and administration shall adopt recognized accounting systems.

ARTICLE 47:

The governorate offices and councils shall together be subject to monitoring and auditing of the Supreme Audit Board and branches of the independent commissions formed in accordance with the constitutional provisions.

ARTICLE 48:

The period of real service of the governor, his two deputies, his assistants, his advisors, and the heads of the administrative units shall be taken into consideration for the purposes of increment, promotion, and retirement.

ARTICLE 49:

Rescinded

ARTICLE 50:

The council and the local councils shall authenticate the membership in the respective councils by absolute majority of the members within 30 days of the date of the first session.

ARTICLE 51:

Every removal or relieving of duties referred in this Law shall be preceded by a hearing for the individual concerned.

ARTICLE 52:

The budget allocated to the governorate from the federal budget shall be submitted directly to the governorate by the Ministry of Finance after subtracting the strategic expenditures.

ARTICLE 53:

The following shall be abrogated:

First: The Governorates Law No. 159 of 1969 as amended.

Second: The Law on Peoples' Councils No. 25 of 1995 as amended.

Third: References to the formation and competencies of the municipal councils in the revised Law of the Municipalities Administration No. 165 of 1964.

Fourth: Coalition Provisional Authority Order No. 71 of April 6, 2004, as amended.

Fifth: Laws, regulations, and decisions that contradict with the provisions of this Law.

ARTICLE 54:

Villages and neighborhoods shall be run by a Nahiya council and Administrator through an alderman (Mukhtar) who exercises his work according to the law.

ARTICLE 55:

First: The provisions of the positions and rights to pension cited in this Law are applied to heads of administrative units, the two governor's deputies, and heads and members of councils and shall come into effect as of April 9, 2003.

Second: Members of Municipality councils assumed office after April 9, 2003 shall enjoy the same rights to pension of that of a Nahiya council member under the same terms.

Third: Heads of administrative units and heads and members of local council shall resume duties until replacement are chosen according to the law. Justifying Reasons This Law has been enacted pursuant to the scope of the competencies and powers granted by the Constitution of the Republic of Iraq to the governorates and their administrations and for the purpose of organizing these competencies and powers in a manner that is in harmony with the new state that is based on the federal and decentralized system, and taking into account the fact that existing legislation is inadequate.

Article 56 (Article 13 of 2nd Amendment)

Chairman of the council deserves a monthly bonus for his services equal to that of a deputy minister.

Article 57 (Article 14 of 2nd Amendment)

In addition to the terms set forth by this Law, the district mayor and director of a sub-district shall have an employment service not less than 5 years.

Article 58 (Article 15 of 2nd Amendment)

Members of the dissolved Regional Council of Baghdad Governorate shall be treated as members of a provincial council with regard to pension rights.

Article 59 (Article 16 of 2nd Amendment)

Quarters and sectors' councils shall be repealed upon the endorsement of the election's results of districts and sub-district councils and their members shall be eligible for pension rights set by the law.

Article 60 (Article 17 of 2nd Amendment)

This Law shall enter into force from the date of its publication in the Official Gazette, and any text that contradicts its provisions shall be null and void.



Iraqi Gazette

Official Gazette of the Republic of Iraq

Issue No.4284

- **Law of Second amendment of Law of Governorates not organized in a Region No. (21) of 2008.**

Laws

In the Name of the People
The Presidency of the Republic

Decision No.18

Based on what was passed by the Council of Representatives in accordance with the provisions of Item (First) of Article (61) and Item (Third) of Article (73) of the Constitution,

The President of the Republic has decided on 28 July 2013

To issue the following Law:

Law No. (19) of 2013

Law

Second Amendment of the Law of Governorates not organized in a Region No. (21) of 2008

Article 1

The provision of Article (1) of the Law shall be repealed and replaced by the following:-

The following phrases shall have the meaning set forth hereunder for the purposes of this law:-

First: The Law: Law of the Governorates not organized in a Region.

Second: The Province/ Governorate: an administrative unit within its border and it is made up of districts, sub-districts and villages.

Third: The Council: is a Provincial Council.

Fourth: The Local Council: is District Council – Sub-district Council.

Fifth: The Councils: Council, the Local Council.

Sixth: The Administrative Units: the province- the district - the sub-district.

Seventh: Head of the Administrative Unit: the Governor – District Mayor - Director of Sub-district.

Eighth: Senior positions: Director General, Director of Department and Heads of Security Agencies within a province.

Ninth: Absolute Majority is reached by half of total number of members

Tenth: A Simple Majority is reached by half the number of present members, after quorum is met.

Eleventh: The Local Governments: the Councils and Administrative Units.

Article 2

Article (2) of the law shall be repealed and replaced by the following:-

Article 2

First: The Provincial Council: Is the legislative and regulatory authority in the province and has the right to issue local legislations in manner to enable the Council to conduct its business in accordance with the principle of administrative decentralization in a manner that does not conflict with the Constitution and federal laws that come

under the exclusive powers of the Federal Authorities.

Second: Councils shall have a judicial personality and financial independency, and shall be represented by its chair or his designee.

Third: Councils shall be subject to monitoring by the Council of Representatives.

Fourth: Local governments shall be responsible of all the needs required by administrative unit management in accordance with the principle of administrative decentralization.

Fifth: The local governments shall exercise the powers set forth in the Constitution and federal laws with regard to local affairs except for the exclusive powers of the federal authorities provided in Article (110) of the Constitution.

Sixth: The joint powers set forth in Articles (112, 113 & 114) of the Constitution, shall be administered in the coordination and cooperation between the federal and local governments and priority shall be for the Law of the Provinces not Organized in a Region in the event of a dispute between the two governments in accordance with the provisions of Article (115) of the Constitution.

Article 3

Item (Second) of Article (6) of the law shall be repealed and replaced by the following:-

Second: Compensation at the end of a member's membership shall be achieved by one of the cases provided for in this Article in accordance with the electoral system in place.

Article 4

Items (First, Fourth, Sixth, Ninth/1, and Eleventh) of Article (7) of the law shall be repealed and replaced by the following:

First: Electing the Council Chairman and his Deputy shall be by done using the absolute majority of Council members during the first session held by the Council under Governor's request within (15) fifteen days from the date of ratification of the election results, and in the event that the governor did not call for a session, the session shall be held automatically on the (16) sixteenth day, and shall be chaired by the oldest member on the council.

Fourth: The public policy of the province and determining its priorities in all fields shall be developed by mutual coordination with the relevant ministries and authorities, and in the event of a dispute between the two, priority shall be to provincial council's decisions.

Sixth: Monitoring the activities of all the governmental directorates in the province shall be carried out to ensure its proper work performance.

Ninth/1: Approval on appointment of senior positions in the province shall be achieved by absolute majority of the Council members upon nomination of three individuals by the governor within one month of date of their nomination.

Eleventh:

- 5) Approval by absolute majority of the council members shall be achieved to conduct administrative changes to the districts, sub-districts and villages in terms of integrating, establishing or changing names, metropolis and ensued administrative structures within the boundaries of the province at the suggestion of the Governor or one third of the Council members with the approval of an absolute majority of the Councils affected by these changes must be obtained.

- 6) First: Allocate the ownership of lands belonging to ministries and entities not affiliated with a ministry to the province for establishing service and construction projects in the province with the approval of Council of Ministers with exception of the following lands:
 - h. Lands located outside the municipal boundaries of the province, district or sub-district.
 - i. Farmlands and orchards of any type.
 - j. Lands with ongoing projects or are allocated to start projects on.
 - k. Lands allocated for investment in the province.
 - l. Lands allocated for the Foundation of Martyrs and Foundation of Political Prisoners.
 - m. Lands allocated for religious endowment.
 - n. Green lands that do not run against the fundamental design of province and the archaeological and oil sites.

Second: Approve the establishment of housing projects on lands belonging to Ministries and allocated by the province.

- 7) Transferring funds from the lagging projects within the budget of the administrative unit's projects and inform the Ministry of Planning when doing so.
- 8) To approve the announcement of curfew by two-thirds of majority based on governor's request and in coordination with the Federal competent authorities during cases requiring such action.

Article 5

Items (First, Seventh and Eighth) of the Law shall be repealed and replaced by the following:

First: Electing the Chairman of District Council shall be done by the absolute majority of council members in the first session held by the District Council called for by the District Mayor within (15) fifteen days from the date of election results' approval, and in the event the District Mayor did not call for a district council session, it shall be held automatically on the sixteenth day and under chairmanship of its oldest member.

Seventh: Approval of the basic designs in the district and submit recommendations thereon to the Mayor and Governor to be referred to the Council.

Eighth: Monitoring educational, health, agricultural and social activities and all other activities relevant to the district and work on its development in coordination with the competent authorities.

Article 6

Items (First, Fourth and Fifth) of Article (12) of the Law shall be repealed and replaced by the following:

First: Electing the Chairman of Sub-District Council shall be done by the absolute majority of council members in the first session held by the District Council called for by Sub-District Director within (15) fifteen days from the date of election results' approval, and in the event the Sub-District Director did not call for a district council session, it shall be held automatically on the sixteenth day and under chairmanship of its oldest member.

Fourth: Monitor activities of governmental departments in the sub-district to ensure proper work performance.

Article 7

Articles (10) and (13) of the Law shall be repealed and replaced by the following:

The Head of administrative units, Head of security agencies and Directors of departments shall be entitled to attend

Council's regular sessions when invited by the council, and shall have no right to vote.

Article 8

Item (2) of Article (15) of the Law shall be repealed and replaced by the following:

2- Councils may decide with its absolute majority may prevent a council member from attending one or more of its sessions, and it shall not exceed three sessions if such member acted in a manner affected the reputation of the relevant Council.

Article 9

Paragraph (2) of Item (Third) of Article (20) of the Law shall be repealed and replaced by the following:

2- The Third of the dissolved council or the dismissed member may object to the dissolving decision before the Administrative Judiciary Court within 15 days of its issuance.

Article 10

Items (Eighth and Tenth) of Article (31) of the Law shall be repealed and replaced by the following:

Eighth: Take administrative and legal procedures against State employees working in the province in accordance with their relevant regulations and authorizes the power of competent minister.

Tenth:

4. The governor shall have direct power over the agencies working in the province that are assigned for duties of protection and preserving security and order in the province.
5. If the governor believed that the agencies assigned for preserving the security and order were incapable of fulfilling their duties, he may present this matter immediately to the Commander General of the Armed Forces explaining the sufficient force required for fulfilling such duties.
6. Federal Authority shall coordinate in advance with the governor when executing security operations within the province.

Article 11

Article (44) of the Law shall be repealed and replaced by the following:

Article 44: Financial resources of the province shall comprise the following:

First: Federal Budget allocations for the province in a manner sufficient to fulfill its duties and carry out its responsibilities, in accordance with the population rate, level of deprivation and to the extent that it provides balanced development for different parts of the country.

Second: revenues generated by the province except for those of oil and gas, include:

9. Service fees provided and investment projects executed.
10. Taxes, fees and fines enforced in accordance with federal and local laws in force within the provinces.
11. The sums of selling and renting movable and immovable State-owned properties.
12. Sums of renting lands utilized by companies.
13. Taxes imposed by the council on the companies working in the province as compensation for the polluting the environment and damage of infrastructure.
14. Donations and gifts presented to the province in accordance with the Constitution and federal laws.
15. Half of the revenues of border ports.
16. \$ 5.00 from every barrel of crude oil produced in the province, \$5.00 from every barrel of crude oil refined in province refineries and \$5.00 from every 150 cubic meters of natural gas produced in the province.

Third: Local authorities shall allocate a fair share for administrative units under their jurisdiction sufficient to fulfill their tasks and responsibilities and based on their population rate.

Article 12

Article (45) of the Law shall be repealed and replaced by the following:

Article 45

First: A commission shall be established named (High Commission for Coordinating among the Provinces), chaired by Prime Minister and membership of Ministers of Municipalities and Public Labor, Reconstruction and Housing, Labor and Social Affairs, Education, Health, Planning, Agriculture, Finance and Sports and Youth, State Minister for Provincial Affairs, Governors, and chairmen of provincial councils, and undertake the following:

8. Gradually transfer sub-directorates, departments, tasks, services and competencies executed by Ministries of Municipalities and Labors, Reconstruction and Housing, Labor and Social Affairs, Education, Health, Planning, Agriculture, Finance and Sports and Youth, along with their funds allocated by the General Budget, and their staff to the provinces in accordance with their functions set forth in the Constitution and relevant laws, whereby the role of ministries shall remain in planning general policy.
9. Coordinating among the provinces on everything related to their affairs and local administration and tackling problems and obstacles faced.
10. Setting mechanisms to manage joint competencies-jurisdictions between federal and local governments stated in Articles 112, 113 and 114 of the Constitution.
11. Reviewing the authorization of federal authorities that are requested by local government from the federal government and vice versa which are required to manage investment projects and facilitate administering the province according to the provisions of Article 123 of the Constitution.
12. The Commission shall accomplish its functions mentioned in Paragraph (1) above within two years starting from the date of which this law comes to force. In the event these tasks are not accomplished, they shall be considered transferred by law.
13. The Commission shall convene at least once every two months or whenever necessary.
14. The Commission shall develop a bylaw organizing its meetings and following up its businesses.

Second: A coordinating committee shall be established in every province. It shall be chaired by the governor and membership of heads of administrative units under jurisdiction of province and chairmen of district and sub-district councils and shall undertake the following:

3. Addressing mutual issues among administrative units.
4. Mandating powers to heads of administrative units.

Article 13

Chairman of the council deserves a monthly bonus for his services equal to that of a deputy minister.

Article 14

In addition to the terms set forth by this Law, the district mayor and director of a sub-district shall have an employment service not less than 5 years.

Article 15

Members of the dissolved Regional Council of Baghdad Governorate shall be treated as members of a provincial council with regard to pension rights.

Article 16

Quarters and sectors' councils shall be repealed upon the endorsement of the election's results of districts and sub-district councils and their members shall be eligible for pension rights set by the law.

Article 17

This Law shall enter into force from the date of its publication in the Official Gazette, and any text that contradicts its provisions shall be null and void.

**On behalf of Jalal Talbani
President of the Republic
Dr. Khudair Al-Khuzai**

Justifying Grounds

For the purpose of addressing the deficiencies surfaced during the implementation of the Law of Governorates not organized into a Region No. (21) of 2008, expanding the powers of local authorities, and increasing the financial resources of administrative units in a way that enables them to manage their affairs, this law has been promulgated.

E-mail address: lgjaw_moj_iraq@moj.gov.iraq

Http://: www.Legislations.gov.iq

Annex 6. Data Collection Tools, Tarabot

Annex 6.1

Interview Guide 1: GOI Central & Provincial entities: senior officials			
Organization :			
Evaluator:			
Date:		Time:	
Location:			
Stakeholder's Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
<p>Discussion: As a senior member or advisor of the Government of Iraq, you and members of your staff have collaborated with the USAID-Tarabot program, often involving several activities. Some of your offices have received direct technical advisory assistance or staff training and can provide important perspectives on the usefulness of assistance or training from the Tarabot project, and impacts on the functioning of the Government of Iraq. These questions relate to how you see the importance and effectiveness of training and assistance, both to your own entity's role and to the objectives of the Iraq's programs of administrative reform and modernization.</p> <p>Please note that your personal data and your responses to these interview questions will be held in strict confidentiality by the Evaluation Team. Only summary data, without interview or location, will be made public. If a specific comment is included in evaluation narrative that is made public, it will be included anonymously.</p> <p>(Here the interviewer makes reference to two, three, or even four of the key activities undertaken with the Ministry or other entity--, e.g., MoLSA work on the Social Safety Network, development of its Policy Unit, etc.; Ministry of Trade's work on regulation, new company registration, cooperation with the Chamber of Commerce and One-Stop Shops, its policy work for free trade agreements, etc; the Council of Representatives, referring to specific Committee hearings and public outreach conferences of which the interviewee would be aware, etc. This introductory discussion allows the interviewee to know that, although some of the questions are framed broadly, responses may be highly specific to the assistance received and to discrete activities. A final tag line, before addressing the list of questions, may state...)</p>			

Questions may be very broad in nature, but I want to invite you to make very specific references to the activities in which cooperation with Tarabot was significant.

Questions:

1. Could you explain what you see as the key objectives of Tarabot assistance program to your organization (that is, to the Ministry or entity) ?
2. Did / do Tarabot project interventions address a national priority? In which way, and this intended?
3. What do you see as the most important legislative or policy innovation during the past three years? Did Tarabot assistance assist this policy change? Please comment
4. Are there any internal or external factors that could affect process of improving policy and legal framework in Iraq?
5. What parts of your organization (Committees, Directorates, other) were the primary targets of assistance under cooperation with the USAID-Tarabot program? Please describe the nature of the assistance provided by the Tarabot program.
6. Were Tarabot advisory or technical staff assigned to your entity (to your Ministry, or to your office in the Province?) Y / N
7. Was the technical assistance appropriate ? Y / N / partially What were the factors (internal and external) in the effectiveness, or lack of effectiveness, of the assistance? Please comment
8. If your organization received both training and technical advisory assistance from the Tarabot program? What is your estimate of the appropriateness and the impacts of these activities?
 - technical assistance: Please comment:
 - training: Please comment:
 - other (e.g., equipment, software?): Please comment:

In what areas do you see the most important positive impacts were realized?

9. Taking the following areas of assistance and training, which area do you see as having had the greatest impact and which the least impact ?
 - management ?
 - budgeting and planning?
 - other, technical roles and functions?
 - Work processes improved and organizational development?
10. Did the assistance or training help your organization to better perform its functions, or to fulfill its mission ? If yes, please describe
11. Were there any particular problems associated with the either the technical assistance or the training? Please describe Other problem or challenge? Please describe

12. Can you make any recommendations to improve the assistance, or to address any challenges that arose in cooperation with the USAID - Tarabot program?

13. What do you see as your organization's primary achievements during the past three years? Can you point to areas in which the Tarabot program played an important role in your successes? Will the achievement be sustained and continuing without outside project support?

14. Did the project introduce any innovative solutions? Are they sustainable? Are there any risks associated?

15. Do you think any achievements/elements are replicable in other parts of government? Specify plz

16. Very specifically, is there an area of services provided to the public where you see an important achievement, and can you describe the specific service or services ?

17. Did Tarabot assist any important system change that relates to your organization's mandate and its delivery of services to the public? Is this system change a permanent one and will it continue?

1. What approaches introduced with Tarabot assistance do you consider to be innovative and why?
2. Are these approaches / systems sustainable and why?
3. What factors affect their sustainability (internal or external factors) ?

18. What kind of activities have been introduced or are planned to be introduced by your organization, or by other GoI institutions, to ensure active public participation ? Do you see any obstacles to this?

19. Does your organization (or other GoI institutions of which you are aware) that have any important non-governmental partners that have helped in improving public service delivery in the country?

20. Could you point to any unpredictable consequence (positive or negative) resulted after any activities introduced by the project?

21. If you had to choose a single example or a "story" that demonstrates this area of success (i.e., in service delivery), what would you point to? Please comment

22. Is there any issue on which we have not touched that you feel should be addressed in the the evaluation of Tarabot program? Please comment

Thank you very much for your time and attention.

Annex 6.2

Interview Guide : USAID CBO, PRM & Mission Management			
Evaluator:			
Date:		Time	
Location:			
USAID Officer’s Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction <input type="checkbox"/>			

Introduction. How much time will you have for this meeting? Are there any concerns you have with the scope or is there any other issue you would like to raise before I pose some questions? These may be stated at a fairly general level, but we would encourage as much specificity as possible, whether regarding project activities, Mission management considerations, external factors, the GoI counterpart relationship, or other issue.

Questions:

1. In your view, was Tarabot successful in its overall mission to strengthen GOI institutions? Was one major component (CSR, NPM, AD) more successful than the others?
2. Was the “whole government” approach the right one? Were there any downsides to this strategy as you see it, and what are these?
3. Can you address in a very overall sense what you see to be the Tarabot program’s strengths and weaknesses?
4. We will come back to this, but to draw the link now: was Tarabot successful in helping GoI agencies in delivering public services? Is there a sector—economic or social-- where Tarabot was particularly successful? Any GoI—or Tarabot-- failures on the services front?
5. Since Tarabot was both a macro-policy project, as well as one focused on a very micro level of services, could you comment on any successes regarding:
6. Contributions to improving the legal environment of Iraq?
7. Given that Tarabot worked on many levels—including with the Council of Ministers and Parliament and its committees-- as well as assisting and engaging Ministries across sectors and Governorates

across Federal Iraq, do you have a sense that USAID and Tarabot contributed to improving the policy making systems in Iraq.

8. Can you provide any examples? Did Tarabot activities on any occasion help produce political consensus to move modernizing policy and legislation?
9. What is your view of the delays experienced in enacting Civil Society Reform legislation, and how do you see the compacts of that GoI difficulty in reaching legislative closure?
10. If policy is a “macro-level”, what are the more middle level (meso-level) improvements?
11. For example, has Tarabot contributed to improved organizational capacity in the Ministries? To what extent could this be said of Provincial institutions (GOs, Provincial Councils) and even non-state actors?
12. Again, on this meso-level, to what extent did Tarabot project sector investments, or system innovations, contribute to improvements in government performance and ultimately public service delivery?
13. Can you suggest a prime example of this? Is there another prime candidate?
14. To press the point, was improvement finally perceptible on the lowest, “micro-level”—the recipients of services? Would the ultimate beneficiaries perceive the improvement?
15. On more “operational” levels of the project... Was there ever a sense that it was difficult—for the Mission or the contractor-- to manage the demand for project services? Technical assistance – for NPD II, for example-- or other close advisory assistance? Or for training programs for GoI staff?
16. What specific Tarabot program elements are replicable in other parts of government, or the private sector doing business with government?
17. Are these program achievements also sustainable, and are there specific what legacy shall each of the projects leave behind?
18. Did any of the project’s weaknesses affect the sustainability of activities for the longer term? Is the GoI generating improved human capacity in a magnitude and in the areas required for continued progress?
19. Are there major differences between central and provincial levels? Is there any sense that improvements in the Governors’ Offices or Provincial Councils reach down to lower levels, for example, District Councils, or community organizations?
20. Since we have touched on the subject of decentralization—a complex subject, admittedly—can you give me a sense of how you see progress, and is devolution of authorities advancing in the right areas? For example, is the MoED a good example where the benefits of local authorities and oversight of schools, projects, etc., makes sense?
21. Were the choices of target Ministries wholly those of Iraqi policymakers? Did USAID bring agency experience aboard to help convince them of best targets for decentralization and devolved authorities? Has the MoF or other central ministry resisted at any point?

22. Now, back on the broad factors and conditions that enhanced or limited the effectiveness and impact of Tarabot activities in Iraq, what were the internal factors conferring advantages to the project?
23. What were the internal factors that placed goals and activities at disadvantage?
24. What would you describe as external factors, with either a positive or negative influence on the project's effectiveness in achieving its goals?
25. Was the support of the U.S. Embassy, particularly on the "policy dialogue" front, ever a positive factor for success? Can you give an example?
26. If policy dialogue is an exaggeration, can you point to areas where inter-agency collaboration led to better results in discrete activities?
27. What negative external factors can you identify?
28. On a rather different level that is nonetheless in some sense political, to what extent did Tarabot enhance citizens' participation, and did this influence public service delivery?
29. Has there been an improved level of dialogue between public service providers and service recipients? Do Iraqi CSOs, NGOs or other services organizations play a useful role, and has Tarabot helped them through training, involvement in public events, or some manner of "entree"?
30. Finally, regarding "unintended consequences" of the USAID- Tarabot program, did projects' activities result in any unexpected consequences-- let's say on the macro level? Policy innovations, bureaucratic or political alliances, other?
31. What about a meso-level of organizational development—even a new use of discrete tools such as an MIS or webpage for outreach?
32. And on the micro-level, on the lowest levels of government, or among the GoI's external beneficiaries?
33. A final "wild card": If the "whole government" approach was the right one in Iraq, can it be a selected approach elsewhere? Is there any way to approximate aspects of the approach where there is a much lower funding level?
34. Was there project exit strategy developed?
35. Any specific lesson learnt during project implementation?
36. Some other areas you would like to bring up?

Annex 6.3

<p>FOCUS GROUP DISCUSSION GUIDE AND DATA SHEET: Focus Group: HRD Heads and staff, Central Ministries and branches, Governors' Offices and Provincial Councils</p>	<p>SUMMARY, TOPICS FOR DISCUSSION: After welcoming remarks and a brief explanation of the purposes of the assessment, the Animator will refer very quickly to the general interests of the assessment as the framework for discussion of questions the evaluation would like to address. These include:</p> <ul style="list-style-type: none"> • How has the work of your HRD unit and the Ministry changed or evolved? • What have been the achievements of collaboration with Tarabot, and any innovations? • Are these innovations and/or achievements sustainable? Any risks associated? • Are you comfortable with changes introduced? Why? • Were there any outcomes that were unintended ? • Strengths and weaknesses of Tarabot assistance ? • What are areas for improvement? • What are the overall challenges and constraints faced by HRD managers and professionals in Iraq? • Regarding Tarabot assistance, what are the improvements that will endure and be sustainable after project assistance? <p>The Animator will advise participants that any issues that have not been addressed may be taken up before closing discussion. The Note-taker will record any suggestions. The Animator will then refer to the Exit Survey that the participant will be asked to fill out and leave prior to departure, which should take no more than 10 to 15 minutes. It will provide an opportunity to provide some additional detail and take up specific questions not addressed during the exchange. The Animator then proceeds to pose the first issue for discussion, and proceeds with related questions as these are relevant to the exchange. But the order of the issues discussed may vary from the general guide below.</p>
<p>Name, Group Animator:</p>	
<p>Name, Note-taker:</p>	
<p>Date:</p>	
<p>Location of Meeting:</p>	
<p>Number of participants:</p>	<p>Male: _____ Female: _____</p>

Note: Issues may begin as non-project specific to initiate discussion. The issue should be posed . Follow-up (bulleted) questions are important, but these do not always have to be addressed sequentially or mechanically. The Animator will make note of issues and questions not raised, and return to these as the exchange allows.

Issues and questions:

1. How does the development of human resources in the government and public service help support Iraq's achievement of its national priorities, whether economic growth, or social welfare or other goals?

- Is there a general recognition in Iraq of the importance of the functions of human resources development (HRD)?
- Regardless of your own specific job functions, do you feel that the policies in place, and HRD practices, are effective both for Iraq's management of its "human resources" as a personnel function AND for development of human capacities for improved performance and productivity?

2. What are the overall challenges and constraints faced by HRD managers and professionals in Iraq?

- Did the training and assistance of the USAID Tarabot program target the real needs of HR management and development in Iraq's public service?

3. It appears that the GoI has been very aware of the need for improved HR management and development. The GoI, from the Council of Ministers and its Secretariat, to the Ministries of Plan, Human Resources and others, spent a lot of effort to advance the very far-reaching Civil Service Reform legislation.

- The USAID -Tarabot project also invested considerable resources to support the GoI's development of policies, and the package of laws itself. Was this investment by the GoI and by Tarabot worthwhile?
- If the Civil service laws or other policy innovations have made a difference in your work, what do you see as the most important new policy and how has it changing how HR departments work?

4. In terms of HR procedures and practices within the Ministries and Governorates where you work, what do you see as the most important innovations?

- Do innovations also include automated systems and have they changed the organization of work, or brought new work processes, to your offices? How?
- Does your Directorate or Department have an installed Human Resources Management Information System (HRMIS)? Is it being fully utilized and for what responsibilities of your Directorate or Department is the HRMIS being used?
- Has Tarabot assistance been important in your Ministry's or Governorate's use of HRMIS?
- For the introduction of HRMIS, did you have advisors working directly with your offices, or was the introduction of the new system primarily supported by external training?
- For the introduction of HRMIS, are you satisfied with system functioning and support ? any areas to improve?

4. Regarding the training programs provided by Tarabot, what areas do you see as being most useful ?

- Was the training conducted internally or externally? Were there any problems associated with training?
- Did training result in any improvement in your own performance or that of your staff?
- What areas of training needed by HRD units in Ministries or governorates were not addressed?
- Did your Ministry participate in Training of Trainers programs? Do any of those trained use their skills to perform training in the Ministry or Governorate?

- The planned Federal Civil Service Institute, which will oversee professional development and training throughout the ministries and governorates, is not yet realized-- what is the impact of this delay in establishing a FCSI?

5. Was direct technical assistance or internal advisor role provided to your HRD Directorate or Office, was it the assistance needed, and was it effective?

6. Does your Ministry or Governorate engage in public awareness and outreach activities, and have any new means been introduced to facilitate these?

- How have any new activities to inform or assist the public affected your work in Human Resources management and development?
- Does your Ministry or Governorate have a services window, and have practices changed to better serve the public? Does this affect the work of the HRD Directorate or Office?
- Does your Ministry or Ministry or Governorate have a website? Is the HRD Directorate or Office involved to any degree in managing or ?
- Do public awareness and outreach activities involve any new partnerships with non-governmental organizations and are these useful ?

7. Regarding decentralization and authorities and activities previously in the hands of various ministries in Baghdad, what, if any HRD activities been devolved to the local Ministry branch office?

- Have any authorities been assigned to the Governor’s Office or Provincial Council?
- Have these decentralization measures been an improvement for HRD functions? Are there any problems associated with devolution of any activities to the Governorates?

8. Have there been any unpredictable consequences (positive or negative) that resulted after any activities introduced by the Tarabot project?

9. Very broadly, in terms of HR procedures and practices within the Ministries and Governorates where you work, what do you see as the most important innovations and changes?

- Will these areas of innovation be lasting? If yes or no, what are the reasons?
- Is there one area that you see as being a particular “success story” for cooperation of your organization with the Tarabot project?
- Do you see the improved human resources in the GoI – improved capacities and skills—having any wider impacts outside government, that is, in private sector activities?

10. Are there any internal or external factors that could in the future affect progress for human resources development in Iraq?

- What might affect the progress in your offices?
- Are there areas that remain to be addressed to improve the policy and legal framework for HRD in Iraq?
- Is there any area of discussion that we have not addressed and that should be raised?

Annex 6.4

<p>FOCUS GROUP DISCUSSION GUIDE AND DATA SHEET: Focus Group: GoI, Project Management and Planning Offices: heads & officers in Central Ministries & Provinces*</p> <p>*(This is prepared as a Focus Group Guide: a separate but parallel E-Survey is potential, based on e-contact data and feasibility.)</p>	<p>SUMMARY, TOPICS FOR DISCUSSION: After welcoming remarks and a brief explanation of the purposes of the assessment, the Facilitator will refer very quickly to the very general interests of the assessment as the framework for discussion of questions the evaluation would like to address. These include:</p> <ul style="list-style-type: none"> • How has the work of your organization changed or evolved? • What have been the achievements of collaboration with Tarabot, and any innovations to assist project planning and management for social and economic development in Iraq? • What were the strengths and weaknesses of Tarabot assistance ? • Did the training in planning and direct technical support result in changes in the work of the ministries and governorates? • And what of project management training? What have been results of PMI certification and is there a public service result, as in the approval of plans for projects that directly benefit citizens? • Have the results of training and assistance made improvements in national processes, as in the capital investment cycle? • Regarding Tarabot assistance, are there new systems and processes that will endure and be sustainable after project assistance? <p>The Facilitator will advise participants that any issues that have not been addressed may be taken up before closing discussion. The Note-taker will record any suggestions. The Facilitator will then refer to the Exit Survey that the participant will be asked to fill out and leave prior to departure, which should take no more than 15 to 20 minutes. It will provide an opportunity to provide some additional detail and take up specific questions not addressed during the exchange. The Facilitator then proceeds to pose the first issue for discussion, and proceeds with related questions as these are relevant to the exchange. But the order of the issues discussed may vary from the general guide below.</p>
<p>Name, Group Facilitator:</p>	
<p>Name, Note-taker:</p>	
<p>Date:</p>	
<p>Location of Meeting:</p>	
<p>Number of participants:</p>	<p>Male: _____ Female: _____</p>

Note: Issues may begin as non-project specific to initiate discussion. The issue should be posed . Follow-up (bulleted) questions are important, but these do not always have to be addressed sequentially or mechanically. The Animator will make note of issues and questions not raised, and return to these as the exchange allows.

Issues and questions:

1. Has the National Development Plan II (NDP II) played an effective role in targeting national investments to needs and desired areas for economic growth and social development needs?

- Does the plan orient investments effectively to help Iraq diversify beyond petroleum-based ?
- Does the plan address social needs in a balanced way?
- Has the training you received included attention to NDP II criteria for projects and for national, goals?
- If the training and assistance has not included attention to NDP II, has this been an issue in your work in planning or project management activities?

2. Have there been any new organizational arrangements or “architecture” within your Ministry or Governorate? For example, has a Planning Advisory Unit been established, or a Project Management Office? If this has been the case, has the new organization of these functions led to better results?

- Has the planning function been able to improve project selection and align projects with either national or provincial-level and local priorities?
- Do NDP II goals established to meet national priorities also serve to coordinate the funding of or projects across sectors? Do the specialists in your units perceive any conflict between capital projects as versus investments in social sectors or human resources ?
- Is this primarily a planning issue? If the tools of Project Management help both Ministries and Governors’ Offices to better estimate project costs and to analyze costs and benefits, or to identify project scheduling and completion issues, are these factors fully considered in the process of investment planning and project approval?

3. Was the specific assistance which the Tarabot project provided to your offices useful to your Ministry or to your governorate primarily training or were direct technical and advisory assistance also provided? What form of support do you see as the most useful ?

4. Did assistance include organizational development or the restructuring of work processes?

- If organizational improvements were made, what were these?
- Did new work processes also include the use of new equipment or software for either planning or project management purposes?
- Do the Planning and Project Management offices use specialized software for analysis of costs or monitoring purposes? Is the IDMS (Iraq Development Management System) being used? If
- Have you had adequate training for the use of new systems or software?

5. Do you see value in regional or national level conferences and workshops? Have these been primarily for professional orientation or policy guidance?

6. Is there any greater public role of participation, or expressing opinions in the planning process?

- Does this inclusion of non-governmental organizations influence the choice of projects being approved for GoI investment?

- If this is the case, has this led to greater public satisfaction that projects and investments are meeting the needs of Iraqi citizens?

7. Have any of the conferences or workshops you attended included attention to sector issues—for example, on issues related to public investment in a sector, such as construction and housing, for industry, or mineral production, or for education or other social spending ?

- If yes, have these been public events and have they included private sector representatives with an interest in one or another form of public investment? (for example, construction contractors joining events with the MoCH or MoMPW, and participating in discussions?)
- How do you see your Ministry or Governorate engaging with private sector associations or firms? Does this form of engagement with the private sector pose any issues or problems?

8. On the broad issue of information- sharing and transparency... there are new means to share information what innovations have been introduced that facilitate doing business, either with the GoI or as purely private initiatives?

- Does your Ministry or Governorate publish information in the newspapers about investment spending plans? Does it have a web site?
- Many of these now have links that provide information on planned tenders, for example, and the Procurement Office may supply the website with a calendar of planned solicitations.
- Are the Planning or Project Management offices asked to add a web “page” with such information as published investment plans, or schedules for public hearings on investments, or even project-level information on project already approved and being implemented?

9. Regarding decentralization and the authorities now being shared between the central and Provincial levels, has this had an effect on your work?

- What are the major changes that affect planning and the National Capital Fund? The Regional Development Fund?
- Have you been involved in Provincial Steering Committees that coordinate planning and investments between line ministries, Governors’ Offices, Provincial Councils, and local stakeholders?
- Has this been a useful mechanism and has it continued the same without Tarabot project support?

10. Do you see the Provincial Steering Committees as an important innovation? Are there other important innovations associated with your work? Or outside of your offices, but that affect the work of the entire Ministry or Governorate?

11. Do you feel that the types of changes introduced have become “institutionalized” and that these will continue without any project or donor assistance?

12. Is there any other related issue that we have not discussed, but that should be taken up?

Annex 6.5

Focus Group: GoI Procurement Heads, key staff in Central Ministries & Governorates			
Organization :			
Evaluator:			
Date:		Time	
Location:			
Stakeholder's Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
<p>Discussion: As a staff member of the Ministry (named), you and colleagues in your Mudiriya and other offices have collaborated with the USAID-Tarabot program, whether in training programs or working with Tarabot staff and advisors. Some of you may not have taken training or worked directly with Tarabot staff, but have had staff members under your direction receive assistance or training from the project. These questions relate to how you see the importance and effectiveness of training and assistance, both to your own role or to that of staff members whom you supervise. This discussion will be especially interested in the area of procurement, both as affect the work of your Ministry or Governorate, and the larger role of government in Iraq.</p> <p>Please note that your personal data and your responses to these interview questions will be held in strict confidentiality by the Evaluation Team. Only summary data, without interview or location, will be made public. If a specific comment is included in evaluation narrative that is made public, it will be included anonymously.</p> <p>Questions may be very broad in nature, but I want to invite you to make very specific references to the activities in which cooperation with Tarabot was significant.</p> <p>Questions:</p> <p>1. What is the primary mission or objective of your Ministry and how does your Directorate or Office support the organizational mission and objectives? Does your Ministry provide services to the public and, if so, what are these, broadly speaking?</p> <p>.....</p>			

.....
2. Please describe the work of your unit, and what is its role to support the Ministry or Governorate?
.....
.....

- Who supervises the Procurement unit?
- And to what higher-level Department or General Directorate (Mudiriyya) does your unit report?
.....
- Does the supervising authority have a good understanding of the nature of procurement work, and its challenges?

3. What country funded the Tarabot program?

- In addition to work with USAID-funded Tarabot program, the World Bank has also been active in the area of reforms to procurement processes. Has your Ministry also had assistance or training from the World Bank ? Y N
- Have you had assistance or training from the World Bank ? Y N..... Other donor ?
.....

4. Could you describe the areas of cooperation and what specific assistance your Directorate and its staff received from the Tarabot program? Over how long a time period was Tarabot assistance provided?

5. In your Directorate (Idara Amma, Mudiriyya) what other offices or divisions received Tarabot assistance ?

6. Were Tarabot advisory or technical staff assigned to: a) your Ministry?; or b) to your Directorate or Office? ? (these are Y / N) Did assistance involve:

- technical assistance and advice? Please describe:
- training or mentoring? Please describe:
- organizational development and work processes?
- equipment or software? Please describe:

7. Of the different forms of assistance, which do you see as having the greatest impact for the performance of your office's functions? Which type of assistance had the least impact?
.....

8. In the area of procurement, the introduction of national and cross-Ministry standards for Procurement has been very important. Some of the major purchasing Ministries come from both the economic Ministries such as the Ministry of Construction and Housing or the Ministry of Oil, but also the social ministries such as Education.

- Is there a Ministry that has taken the lead in helping to establish new Iraq-wide procurement practices?
- If yes, what is that Ministry?

- Has there been leadership at a level above the Ministry, such as the Council of Ministers, or the Prime Minister’s Office ? Y..... N
- Can you comment on what has been the role played at any higher level?.....
.....
.....

9. In your view, have the business community and private sector in Iraq had a role in promoting a reform in GoI procurement standards and practices? Comment

.....

10. It has been noted that the procurement offices were at one time marked by a “culture of secrecy” and an unwillingness to share information about upcoming tenders, the awards process, or other data of interest to the private sector and especially of contractors bidding on public solicitations.

Is this an accurate picture of what was? And has the “culture of procurement” changed to greater openness and sharing of information?

Have the websites and other means of communicating information to the public improved relations with contractors and the private sector generally? Please comment.

.....

Has the more open process of sharing information improved the internal work of procurement offices in the ministry or governorate? Comment

.....

11. Have the other reforms in procurement processes (standard bidding forms, standard and uniform operating procedures, etc.) had a major effect on the work of your unit? Can you describe these changes?

.....

12. What do you see as the most important changes or innovations in your Ministry’s or governorates internal processes? In general?

.....

What do you see as the primary area of improvement of the Ministry (or the Governor’s Office) in performance of its procurement- related functions? In terms of some specifics, can you point to what are the 3 most important areas (1, 2, 3) of change?

- Improved procurement records management
 - Improved processes to establish criteria for awards
 - Standard bidding (tendering) documents
 - Standard processes for opening and reviewing bids?
 - Standard processes for making awards and documenting decisions?
 - Improved processes to publicize tenders?
 - Other?
-

13. Was Tarabot assistance engaged in all of these areas? Y N In which areas was Tarabot assistance most engaged ?

.....

14. Did Tarabot assistance or training help your Directorate or Office to better perform its functions, or to fulfill its mission ? Y N Yes, somewhat, but not critically

15. If results were positive, was this related primarily to a) direct technical assistance; b) training; or c) both technical assistance or training? Please explain
.....

16. If training was particularly useful to you in your work, can you identify the specific training course that you found the most beneficial?

17. Were there any particular problems associated with the training? Please describe With selection of trainees? Problem of staff absence? Please describe..... Other problem or challenge? Please describe

18. If Tarabot advisory or technical staff were assigned to your Directorate, or to your Ministry (or to the Governor’s Office in the Province), were Tarabot staff: expatriate Iraqi national both?

19. Was the technical assistance appropriate ? Y / N / partially And did the individual assigned have the necessary knowledge and skills to be effective ? Y / N / partially Please add any explanation you feel is needed.

20. Coming back to the “big picture”..... Is your Ministry or Governorate publishing new tenders publically? Y N the Ministry or Governorate Has your Ministry or Governorate adopted new methods to publicize bidding opportunities? Please describe
.....

21. Does your Ministry or Governorate

- Maintain a website announcing tendering opportunities? Y N
- Does the website also announce the status of awards? Y N
- Is the site regularly updated? Y N
- Does your Ministry or Governorate post tenders on the “dgMARKET” portal ? Y N

23. Do you have a sense that 1) any new internal procurement practices, or 2) means to publicize tenders and awards has led to greater satisfaction within the Iraqi private sector? Please comment
.....

24. Do you feel that new practices will be continuing and sustained within your Ministry or Governorate? Please comment
.....

25. Is there any other area that you feel we should address?

Thank you very much for your time and attention.

Annex 6.6

<p>FOCUS GROUP DISCUSSION GUIDE AND DATA SHEET: Focus Group: Business Associations, Economic Think-Tanks, Universities, Private Sector Advocacy CSOs—Economic Growth & Business-Oriented</p>	<p>SUMMARY, TOPICS FOR DISCUSSION: After welcoming remarks and a brief explanation of the purposes of the assessment, the Facilitator will refer very quickly to the very general interests of the assessment as the framework for discussion of questions the evaluation would like to address. These include:</p> <ul style="list-style-type: none"> • How has the work of your organization changed or evolved? • What have been the achievements of collaboration with Tarabot, and any innovations to assist economic growth in Iraq? • What were the strengths and weaknesses of Tarabot assistance? • What are the overall challenges and constraints faced by business and private-sector- focused organizations in Iraq today? • Have your activities affected the role of women on various levels—as policy influencers, as job holders, as recipients of services? • Did Tarabot help your organization engage in public policy debate? • Regarding Tarabot assistance, what are the improvements that will endure and be sustainable after project assistance? <p>The Facilitator will advise participants that any issues that have not been addressed may be taken up before closing discussion. The Note-taker will record any suggestions. The Facilitator will then refer to the Exit Survey that the participant will be asked to fill out and leave prior to departure, which should take no more than 10 to 15 minutes. It will provide an opportunity to provide some additional detail and take up specific questions not addressed during the exchange. The Facilitator then proceeds to pose the first issue for discussion, and proceeds with related questions as these are relevant to the exchange. But the order of the issues discussed may vary from the general guide below.</p>
<p>Name, Group Facilitator:</p>	
<p>Name, Note-taker:</p>	
<p>Date:</p>	
<p>Location of Meeting:</p>	
<p>Number of participants:</p>	<p>Male: _____ Female: _____</p>

Note: *Issues may begin as non-project specific to initiate discussion. The issue should be posed . Follow-up (bulleted) questions are important, but these do not always have to be addressed sequentially or mechanically. The Animator will make note of issues and questions not raised, and return to these as the exchange allows.*

Issues and questions:

1. Is the Iraqi economy developing beyond its primarily petroleum-based growth? What are other key growth sectors, and what areas do you see led by private sector initiatives?

2. How do you see the role of Government evolving in order to promote and support economic growth in Iraq? What about the GoI's specific supports for private sector initiatives?

- What are the leading GoI Ministries that operate to either promote, or restrict, the scope for private sector initiatives and investments?
- Do you have any specific observations about improved collaboration with the GoI? Regarding, for example, the Ministries of: Trade, Industry Minerals, Agriculture, Electricity, Construction and Housing, or other economic sector? Are any of the "social" ministries (MoED, other?) equally important? During the past three years, is there one or another that has shown improved collaboration with the business sector?
- Perhaps there have been business supportive activities—or policy initiatives-- coming from another Ministry such as the MoP, or from the offices of the Council of Ministers itself? What do you see? Do you believe Tarabot has had a useful role in assisting public policy formulation?
- Do you know where there has been a significant involvement by the USAID – Tarabot program in the work of these GoI agencies and ministries? Has Tarabot helped to increase the role of the private sector in: a) public policy formulation ? b) specific practical programs to support private enterprise? (We will come back to these discussions.)

3. What in your view are the most important policy initiatives—resulting in actual legislation—to promote private sector-led growth? Is there a group consensus on the most important two areas? Did the USAID – Tarabot program assist policy a) consensus-building, or b) formulation of legislation in any important way?

4. Looking at policy formulation broadly, what are the policy-focused organizations that have had the most opportunities to engage with the GoI? Is the Chamber of Commerce or any others an important player? Have universities and economically-oriented research organizations been involved in exchanges on policy? What are the most important types of venues for exchange and policy inputs by the private sector?

- National level planning, conferences and workshops? -- for example, in the GoI's consultations in preparing the National Development Plan II (2013-3017) ?
- Meetings and workshops on business regulation, e.g., the ISRAR program to "streamline" regulations?
- Sector- oriented conferences, e.g., on planned public investment in construction and housing, or for oil or mineral production, etc.?
- Policy and legislation-focused hearings, e.g., with the Council of Representatives and its committees?
- Project-level meetings with GoI that involve private sector organizations in planning for specific "business- friendly" services?

5. In fact, Tarabot has been involved assisting each of these types of exchanges. Has your organization been involved, and was Tarabot's role a useful one? How could it have been improved?

6. Do you feel that some of the types of exchanges have become "institutionalized" and that these will continue without any project or donor assistance? Has the GoI established sustainable roles and mechanism?

7. How have private sector relations with the provincial level of government evolved? Has the level of accessibility and communications improved regarding: a) Governors' Offices; b) Provincial Councils? Have elections to these offices helped to improve access and communications? Other factor?

8. Considering any training or assistance that the Tarabot program has provided to your organizations, what do you see as the most important and useful types of support? What was the usefulness, for example, of:

- Training or assistance in organizational development ?
- Internal management or systems development ?
- Policy- level workshops and training ?
- Other training ? What was most useful ?
- Involvement in workshops with opportunities for advocacy before the GoI ?
- Involvement in public hearings and debates, e.g., with the /CoR?
- Other assistance?

9. In addition to initiatives at the national policy- level, Tarabot has engaged with certain ministries to improve services to users, for example the "One-Stop Shops" (*al-Nafedha al-Waheda*) being established by the Ministry of Trade for business registration and licensing, etc.

- There is also an effort by the Ministry of Construction and Housing to establish a similar network of Service Desks in the Governorates for accelerated services. Which are the ministries that are the most advanced in this? What is progress generally?
- Do the ministries establishing Service Desks also have specialized software to track and follow-up on services requests? Which ministries have a regularly updated web-page on services and is it useful?
- How do you see the role of Tarabot in supporting these initiatives? Were the choices of ministries the right ones? What could have been improved?

10. Have your organizations been involved with Tarabot's "ISRAR" program to "streamline" or to eliminate obstructive regulations? Has private sector input in meetings and workshops on business regulation been adequate? Could the program be improved? Will it continue after project assistance has ended?

11. Regarding private sector involvement in government solicitations for services... What has been the impact of improved and standardized procurement regulations throughout the GoI? Have the new standard bidding documents or other features made bidding and contracting easier for private contractors? Do they reduce the opportunities for corruption in awarding of contracts?

- What sectors benefit most? Is it construction? Oil sector services or other industry- specific? IT and professional services? Are there problems with any specific aspect of procurement regulations? Do they also "level the field" for Iraqi contractors in competition with expatriate firms?
- Have any of your organizations met with the Tarabot Procurement Team to raise issues related to procurement regulations and GoI facilitations? Has Tarabot played a useful role?

12. On the broad issue of information- sharing and transparency... what innovations have been introduced that facilitate doing business, either with the GoI or as purely private initiatives?

- For example, do any of the Ministries, or Governorates, maintain useful and regularly updated websites? Do these allow small contractors to be aware of smaller contracting possibilities, for example in construction projects?
- Are there any other communication channels (e.g. newspaper, TV) to receive information on contracting possibilities?
- Is there any overall web-based or other IT application to which the private sector has access? Can you point to other means, and especially web-based tools that facilitates private sector participation, whether for business opportunities or for monitoring policy issues?

13. Whether in the areas of policy and business regulation, procurement procedures, the “micro processes” level for small businesses to register or receive construction licenses, or other area in which Tarabot has played a key role -- what do you consider to be the most important innovations?

14. Are these sustainable innovations? What factors will determine whether these innovations continue and expand ?

Is there any area of discussion that we have not touched upon?

Annex 6.7

Organization: MIS and Technical Staff			
Evaluator:			
Date:		Time	
Location:			
Respondents' Names and Titles:	Note: attendance list to be completed separately		
Purpose of Visit (check box):			
Focus Group <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
In-person interview? <input type="checkbox"/>			
Questions:			
<p>1. Did you organizations benefit any of technical initiatives (listed below) within the framework of the USAID funded project (Governance Strengthening / Primarily Health Care project/ Administrative Reform)?</p> <p><input type="checkbox"/> Software installed/developed (plz specify) _____</p> <p><input type="checkbox"/> Hardware installed (plz specify) _____</p> <p><input type="checkbox"/> Equipment (not computers) installed (plz specify) _____</p> <p><input type="checkbox"/> procedures /guidelines developed (plz specify) _____</p> <p>2. Do you consider that aforementioned assistance is aligned well with organizational needs?</p> <p>(Please specify your answer)_____</p> <p>3. Do you think that assistance could be considered innovation? Which one and Why?</p> <p>4. Do think these innovations are sustainable and what are some of the risks (support, back up, other) with the current technical equipment or software (please specify)?</p> <p>5. Please list any factors (internal or external) that affect proper functioning of new/innovative system/equipment/software?</p> <p>6. Do you think the aforementioned assistance resulted in any unexpected consequences? Please specify?</p> <p>Examples are:</p> <p>Increased work (more or new work) for the staff</p> <p>Unfavorable workflow issues</p>			

Continuous (never ending) system demands
Paperwork related issues/problems
Untoward changes in communication patterns and practices
Generation of new kinds of errors
Unexpected changes in the power structure
Overdependence on the technology
Problems related to the reliability of the technology
Inadequate skill set to maintain the software/ equipment (in ICT department)
Users not familiar with the software/equipment
Other _____

7. Did you personally or your staff attend any trainings or/and workshops conducted within the framework of USAID funded project to ensure proper maintenance of the systems?

If yes, please specify?

8. What would you improve in the trainings you attended?
9. Do you need any additional training to ensure proper functioning of aforementioned equipment / software?
10. Identify the critical technical skills that you believe are required for your staff to ensure proper functioning of the equipment/software?

Annex 6.8

Focus Groups Exit Survey6: GoI Planning & Project Management Heads and staff (Central & Provincial)	Ministry, Governor's Office, or Provincial Council --- Please specify below:		
	Ministry, Baghdad	Ministry, branch office, and name of province	Governor's Office or Provincial Council, and the province
Name, Group Facilitator:			
Date:		Time	
Location of Meeting:			
Stakeholder's Name and Title:			
Office within GOI : Directorate Department Division			
Job Grade Level	1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Not relevant ___ (check)		
<p>Thank you for participating in the group discussion. Note-takers have already summarized some of the views and conclusions of the group, which will be reported to the evaluators. Please fill out this survey and leave it with the Animator of the Focus Group before leaving. Answers to the questions in the survey will help the assessment to better represent the diversity of views, to introduce some related questions that add specificity to issues already discussed, and to provide information on issues for which there was to little time to discuss.</p> <p>Please note that your personal data are to specify your organization and to clarify your role in the organization. Your responses to these survey questions will be held in strict confidentiality by the Evaluation Team. Only summary data, without reference to individual participants in the group, will be made public in a report. If a specific comment is included in evaluation narrative that is made public, it will be included anonymously.</p> <p>Some questions may be very broad in nature, but the evaluators invite you to make very specific references to the activities in which cooperation with Tarabot was significant. Since we are addressing both Planning and Project Management staff, some questions will be more pertinent to one or the other profession. But both have a role in investment decisions, and even if the question is more relevant to one office or the other, we encourage you to provide data and your view on the issue.</p> <p>Questions:</p> <p>1. Could you describe the areas of cooperation and what specific assistance your Directorate or Office and its staff received from the Tarabot program?</p>			

Please check all applicable areas:

Area of training or direct assistance and Technical support	Training	Direct support	Both of these
<ul style="list-style-type: none"> • Overall organizational development
<ul style="list-style-type: none"> • Planning, concepts and analytical tools
<ul style="list-style-type: none"> • Project Management, concepts and analytical tools
<ul style="list-style-type: none"> • Were you able to receive PMI certification? Yes No
<ul style="list-style-type: none"> • Training or assistance on the software “Iraq Development Management System” (IDMS)
<ul style="list-style-type: none"> • Other type of software program 			
<ul style="list-style-type: none"> • Budgeting, financial planning 			
<ul style="list-style-type: none"> • Management- type training 			
<ul style="list-style-type: none"> • Training in gender issues, to assure equal access to both men and women of the benefits of planning and projects
<ul style="list-style-type: none"> • Other type of training or assistance ?? Please describe
<ul style="list-style-type: none"> • 			
<ul style="list-style-type: none"> • 			
<ul style="list-style-type: none"> • 			

2. Over how long a time period was Tarabot assistance provided?

3. Comparing training to direct assistance in the workplace, which of these two methods do you see as most important and useful ? Comment if necessary.

- Training
- Direct technical assistance

4. If you are a supervisor of other staff, did you notice that any of the assistance or training provided by Tarabot help them to better perform their jobs? Yes No If yes, was this primarily in terms of:

- management of his work, personal organization
- conceptual understanding
- budgeting and planning
- specific analytical tools
- technical roles and functions
- other? Please describe

5. Has any of the assistance or training provided by Tarabot helped you to better perform your own role and functions? Y / N Please indicate if this was in one of the above areas, or other:

- management of your work, personal organization
- conceptual understanding

- budgeting and planning
- specific analytical tools
- technical roles and functions
- other? Please describe

6. In general, which type of training listed under questions 4 and 5 was:
(please specify by filling the blank)

- Very useful
- Somewhat useful
- Only marginally useful or not useful

7. Were Tarabot advisory or technical staff assigned to your Directorate or Office? Yes No
Were Tarabot staff: expatriate Iraqi national both ?

8. How useful was this assistance? (check one) Very useful Somewhat useful Only marginally useful

9. Does your Directorate or Department have an installed “Iraq Development Management System” (IDMS) ? Is IDMS being used? Yes No In what areas, or for what responsibilities of your Directorate or Department is IDMS being used?

10. Has the Tarabot Project introduced any innovation that has led to new work processes in the areas of Planning, or in Project Management within the Ministry or the Governorate ? Yes No
Could you briefly describe the area of innovation and change in work processes ?

11. Do you think these innovations are sustainable? Any risks associated? Please comment

12. Are you comfortable with new approaches introduced? Y No

13. Have men and women benefitted equally from improvements in work conditions?

14. Have there been any unpredicted any unexpected consequences?

- Yes Partially No Have no information

15. If yes or partially, please select the most appropriate:

- Increased work (more or new work) for the staff
- Unfavourable workflow issues
- Continuous (never ending) system demands
- Paperwork related issues/problems
- Untoward changes in communication patterns and practices
- Generation of new kinds of errors
- Unexpected changes in the power structure
- Overdependence on the technology
- Problems related to the reliability of the technology

- Inadequate skill set to maintain the soft ware/ equipment (in ICT department)
- users not familiar with the software/equipment
- Other (please specify) _____

16. Has the relationship between the Planning Office or Unit and the Project Management Unit undergone any changes? Y N Has the adoption of the National Development Plan II led to any changes in the way work is done in your units?
17. Does the fact of a “dual budgeting system” (separate national and regional funds) introduce any problems in your work? Any comment?
18. Can you comment on any issues of planning and budgeting of projects under the Regional Budget Fund under the authority of the governorate?
19. Have any measures to devolve some authorities under Law 21 and its amendments led to any changes in how the work of planning or project management units is carried out? Please note any changes, positive or negative.
20. If your Governorate has established a Project Steering Committee, has this has been a beneficial development? Y N Does the Steering Committee have the right membership? Please comment
21. Has Tarabot assistance to Governorate or to the working of its Project Steering Committee been useful to coming to decisions on projects and funding levels? Y N Somewhat
22. Has the process of approving projects under the Federal Budget become easier? Is the time required for approval of annual budgets the same or has any speeding up of the process taken place? Y N Does the process of alignment with NDP selection criteria cause any delays or other problems? Please comment
23. Are the types of analysis of projects required and carried out by engineers having any effect on the process? Y N Is the work under the Federal Budget or the Regional budget more affected by the need to follow rigorous standards? Comment?
24. Have you been able to identify any changes in how the government (Central or Provincial) has involved non-governmental partners in planning for projects, and approving these? Please comment, indicating if your comment refers to the Central level, the Provincial level, or both)
25. Regarding any of these new systems, different organization of work in the Ministry or in the Governorate, or new ways of delivering services, do you believe these changes will be enduring and continue after project assistance? Yes No Is there a primary reason? Comment ?

Thank you very much for your time and attention!

Annex 6.9

<p>Focus Group, Exit Survey:</p> <p>CSOs, Service and Advocacy NGOs, Universities and Research Organizations—Social Sectors Focus</p>			
	<p>SUMMARY, TOPICS FOR DISCUSSION: After welcoming remarks and a brief explanation of the purposes of the assessment, the Animator will refer very quickly to the general interests of the assessment as the framework for discussion of questions the evaluation would like to address. These include:</p> <ul style="list-style-type: none"> • How has the work of your organization changed or evolved? • What have been the achievements of collaboration with Tarabot, and any innovations? • What were the strengths and weaknesses of Tarabot assistance ? • What are the overall challenges and constraints faced by CSOs and Social-sector- focused service organizations in Iraq today? • How have your activities affected the role of women on various levels—as policy influencers, as job holders, as recipients of services? • Did Tarabot help your organization engage in public policy debate? • Regarding Tarabot assistance, what are the improvements that will endure and be sustainable after project assistance? <p>The Animator will advise participants that any issues that have not been addressed may be taken up before closing discussion. The Note-taker will record any suggestions. The Animator will then refer to the Exit Survey that the participant will be asked to fill out and leave prior to departure, which should take no more than 10 to 15 minutes. It will provide an opportunity to provide some additional detail and take up specific questions not addressed during the exchange. The Animator then proceeds to pose the first issue for discussion, and proceeds with related questions as these are relevant to the exchange. But the order of the issues discussed may vary from the general guide below.</p>		
	Name of organization	Location of head office	

Please note that data are only to specify your organization and to clarify your role in the organization. Your responses and the identity of your organization will be held in strict confidentiality by the Evaluation Team. Only summary data, without reference to specific participants or organizations, will be made public in a report.

Some questions may be very broad in nature, but the evaluators invite you to make very specific references to the activities in which cooperation with Tarabot was significant.

Questions:

1. How do you see the environment for non-governmental organizations to engage with the public, and with government, on policy issues? (Later I will request examples of what your organization's experience has been.)
2. And what about for involvement of NGOs in extending services to vulnerable groups of Iraqis?
3. Are there specific vulnerable groups that are under-served, or not reached poorly, because of lack of government at one or more levels? Is the poor capacity at the central level, the Provincial, or local levels? (If it exists at all these levels, is there a group consensus on where the major incapacity is located?)
4. In what ways has the Tarabot project assisted GoI institutions, as you see it? Is there a Ministry where Tarabot training or technical assistance has led to significant improvements in services and delivery?
5. Can you comment specifically on the GoI's involvement of women, to define policy issues or services mechanisms?
6. Have you been aware of Tarabot assistance to Governors' Offices and Provincial Councils, and have any of these levels of government improved in their performance? Can we point to two or three provinces where this is especially noticeable?
7. If your organization is involved in policy issues, or research with policy implications, have you found the GoI willing to engage with CSOs, think-tank, and universities on policy issues? Is access to the GoI and public policy discussion more accessible at the national level or at the provincial or local level ?
8. What have been the most useful areas of collaboration with the Tarabot project? (The Animator should listen to unprompted responses. If the following are not brought up, he/she should ask, what about... ?
 - organizational development ?
 - Internal management, systems or software development ?
 - training ?
 - assistance to the organization's public awareness or outreach activities ?
 - involvement of the organization in public hearings and debates ?
9. Is there a group consensus on which of these areas of assistance or collaboration are most important? Can the group agree on the three most important areas?
10. Have communications with GoI and public officials improved in the past, say, three years? Do you think Tarabot's work with GoI institutions has improved their outreach?
11. If there has been progress, is it likely to continue? What will be the chief factors here?

Thank you very much for your time and attention.

Annex 6.10

Respondent's Name and Title	
Organization : MIS and Technical Staff	
Date and location	
<p>Questions:</p> <p>1. How long are you working in your department/unit?</p> <p>2. Do you have detailed job description? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Did you organizations benefit any of technical initiatives (listed below) within the framework of the USAID funded project (Governance Strengthening / Primarily Health Care project/ Administrative Reform)?</p> <p><input type="checkbox"/> Software installed/developed (plz specify) _____</p> <p><input type="checkbox"/> Hardware installed (plz specify) _____</p> <p><input type="checkbox"/> Equipment (not computers) installed (plz specify) _____</p> <p><input type="checkbox"/> procedures /guidelines developed (plz specify) _____</p> <p>4. Do you consider that aforementioned assistance is aligned well with organizational needs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Have no information</p> <p>Please specify which one and why?</p> <p>5. Are you (or your staff) responsible for the maintenance of the above software/ hardware/equipment? Please specify.</p> <p>6. Do you think the aforementioned technical assistance resulted in request processing and problem solving?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Have no information</p> <p>7. Do you think the aforementioned technical assistance resulted in any unexpected consequences?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Have no information</p> <p>8. If yes or partially, please select the most appropriate:</p> <p><input type="checkbox"/> Increased work (more or new work) for the staff</p>	

- Unfavorable workflow issues
- Continuous (never ending) system demands
- Paperwork related issues/problems
- Untoward changes in communication patterns and practices
- Generation of new kinds of errors
- Unexpected changes in the power structure
- Overdependence on the technology
- Problems related to the reliability of the technology
- Inadequate skill set to maintain the software/ equipment (in ICT department)
- users not familiar with the software/equipment
- Other (please specify) _____

9. Please list 2-3 needs to be improved / changed the most to ensure that new system (software/hardware /equipment) has a maximum impact on improving originations and staff performance?

10. When you have problems with aforementioned equipment/ software, you most often turn to:

- Help desk Individual ICT employees Other employees in your department
- External individuals / companies
- Other (specify)

11. Did you attend any trainings or/and workshops conducted within the framework of USAID funded project to ensure proper maintenance of the systems?

- Yes No

If yes, please specify ?

12. Did you find these trainings/ workshops helpful? If yes in which aspect?

13. How regularly do you apply the skills and knowledge received at the training at their working places?

- daily basis sometimes not at all

14. Please specify if there were any guidelines developed within the USAID funded project framework? If yes please specify

15. Do you find those guidelines to be helpful?

16. Is your staff familiar with all these guidelines?

- Yes Partially No Have no information

17. Does your web site have a users' feedback section? Yes No

18. Are there back up processes in place?

Yes Partially No Have no information

19. Are there disaster recovery plans in place?

Yes Partially No Have no information

20. Are there proper security policies/procedures in place?

Yes Partially No Have no information

21. ICT Technical support is provided to the end-users

Strongly disagree Disagree Neither agree nor disagree

Agree Strongly agree Have no information

22. Is there any end- user's satisfaction system organized? (to address IT staff only)

Yes No Not available somewhat available (specify)

23. Does your organization has a web site : Yes No

24. If yes, at what languages information is presented on your web site? Please specify ____

25. How regularly is the organization's web page updated?

Monthly Once a quarter Semi-annually Annually Have no information

26. Please specify additional communication channels does your organization utilized for information sharing?

Thank you for participation!

Annex 6.11

Focus Groups Exit Survey1: GoI HRD Heads and staff (Central & Provincial)	Ministry, Governor’s Office, or Provincial Council --- Please specify below:		
	Ministry, Baghdad	Ministry, branch office, and name of province	Governor’s Office or Provincial Council, and the province
Name, Group Facilitator:			
Date:		Time	
Location of Meeting:			
Stakeholder’s Name and Title:			
Office within GOI : Directorate Department Division			
Job Grade Level	1__ 2__ 3__ 4__ 5__ 6__ 7__ Not relevant __ (check)		
<p>Thank you for participating in the group discussion. Note-takers have already summarized some of the views and conclusions of the group, which will be reported to the evaluators. Please fill out this survey and leave it with the Animator of the Focus Group before leaving. Answers to the questions in the survey will help the assessment to better represent the diversity of views, to introduce some related questions that add specificity to issues already discussed, and to provide information on issues for which there was to little time to discuss.</p> <p>Please note that your personal data are to specify your organization and to clarify your role in the organization. Your responses to these survey questions will be held in strict confidentiality by the Evaluation Team. Only summary data, without reference to individual participants in the group, will be made public in a report. If a specific comment is included in evaluation narrative that is made public, it will be included anonymously.</p> <p>Some questions may be very broad in nature, but the evaluators invite you to make very specific references to the activities in which cooperation with Tarabot was significant.</p> <p>Questions:</p> <p>1. Could you describe the areas of cooperation and what specific assistance your Directorate or Office and its staff received from the Tarabot program? Please check all applicable areas:</p> <ul style="list-style-type: none"> • Overall organizational development 			

- Developing personnel and HR management systems
- Job classification, position description, and related
- Budgeting, planning, or payroll and benefits management
- Human Resources Management Information System (HRMIS)
- Other system or software development
- Developing capacity to assess HRD and training needs
- Design and delivery of training
- Training of trainers
- Other, please specify

2. Over how long a time period was Tarabot assistance provided?

3. Of these areas of assistance, which two areas do you see as most important and useful ?

-
-

4. If you or others in the HRD office participated in training in HRD- related areas provided by Tarabot, what were the principal areas?

-
-
-

5. If you or HRD staff joined training programs in other areas not specifically related to HRD, what were these?

-
-
-

6. If you are a supervisor of other staff, did you notice that any of the assistance or training provided by Tarabot help them to better perform their jobs? Yes No If yes, was this primarily in terms of:

- Management
- budgeting and planning
- technical roles and functions
- leadership and communication
- other? Please describe

7. Has any of the assistance or training provided by Tarabot helped you to better perform your own role and functions? Y / N Was this primarily in terms of:

- Management
- budgeting and planning
- technical roles and functions
- leadership and communication
- other? Please describe

8. In general, which type of training (please specify by filling the blank) was:

- Very useful
- Somewhat useful
- Only marginally useful or not useful

9. Were Tarabot advisory or technical staff assigned to your Directorate or Office? Yes No
Were Tarabot staff: expatriate Iraqi national both ?

10. How useful was this assistance? (check one) Very useful Somewhat useful Only marginally useful

11. Does the HRD Directorate or Office have important responsibilities for staff training? Please check those areas relevant and complete below:

- Assessing training needs among staff?
- Recommending individual or unit training programs?
- Design of training or establishing the content of recommended training?
- Carrying out training? If yes, in what areas?

12. Have HRD staff, or the other staff in the Ministry (or Governor's Office and Provincial Council) joined Training of Trainers courses delivered by Tarabot? Yes No

13. Was this training useful? Have any of the ToT participants engaged in delivering training to other staff after the ToT coursework? Yes No Not relevant

14. Does your Directorate or Department have an installed Human Resources Management Information System (HRMIS)? Yes..... No Is HRMIS being used? Yes No In what areas, or for what responsibilities of your Directorate or Department is the HRMIS being used?

15. Has the HRMIS or any other innovation led to new work processes in HRD and your office? Yes No Could you briefly describe the area of innovation and change in work processes ?
.....

16. Do you think these innovations are sustainable? Any risks associated?

17. Are you comfortable with new approaches introduced?

18. Are there any unpredicted any unexpected consequences?

- Yes Partially No Have no information

11. If yes or partially, please select the most appropriate:

- Increased work (more or new work) for the staff
- Unfavorable workflow issues
- Continuous (never ending) system demands
- Paperwork related issues/problems
- Untoward changes in communication patterns and practices
- Generation of new kinds of errors
- Unexpected changes in the power structure
- Overdependence on the technology
- Problems related to the reliability of the technology
- Inadequate skill set to maintain the software/ equipment (in ICT department)
- users not familiar with the software/equipment
- Other (please specify) _____

19. Has the delay in enactment of the new Federal Civil Service legislation and in the appointment of national commissioners led to any obstacles to progress and development of HRD's role in the Ministry (or Governorate)? Yes No

20. Regarding decentralization and authorities and activities previously in the hands of various ministries in Baghdad, have any HRD activities been devolved to the local Ministry branch office? Yes No Have any been assigned to the Governor's Office or Provincial Council? Yes No Has this been an improvement? Yes No

21. Regarding any of these new systems, different organization of work in the Ministry, or new ways of delivering services and involving non-governmental partners, do you believe these changes will be enduring and continue after project assistance? Yes No Is there a primary reason?
.....

Thank you very much for your time and attention!

Annex 6.12

FOCUS GROUP EXIT SURVEY AND DATA SHEET: Focus Group: Business Associations, Economic Think-Tanks, Universities, Private Sector Advocacy CSOs— Economic Growth & Business-Oriented		
Name, Group Facilitator:		
Name, Note-taker:		
Date:		
Location of Meeting:		
Stakeholder’s Organization:	Name of organization	Location of head office
Number of participants:	Male: _____ Female: _____	

Thank you for participating in the group discussion. Note-takers will be summarizing some of the views and conclusions of the group, which will be reported to the evaluators. Please fill out this survey and leave it with the Facilitator of the Focus Group before leaving. Answers to the questions in the survey will help the assessment to better represent the diversity of views, to introduce some related questions that add specificity to issues already discussed, and to provide information on issues for which there was too little time to discuss.

Please note that data are only to specify your organization and to clarify your role in the organization. Your responses and the identity of your organization will be held in strict confidentiality by the Evaluation Team. Only summary data, without reference to specific participants or organizations, will be made public in a report.

Some questions may be very broad in nature, but the evaluators invite you to make very specific references to the activities in which cooperation with Tarabot was significant.

Questions:

1. Can you describe your organization, its areas of activity, and its goals?
.....

2. If your organization provides services to the business sector, does it have a primary target for its assistance or services (for example, an industry, to “women in business”, to an industry or other), could you please identify the group? Is there a secondary group targeted for assistance or services?

3. If your organization engages with the GoI, does it have one or more specific counterpart? Please identify the GoI executive and legislative branch agencies with which your organization has engaged, to date:

Please check all relevant:

Council of Ministers, or COMSEC ?

Central Ministries ? Please identify the 3 most important 1) 2)
..... 3)

Council of Representatives and its committees ?

Ministry branches in the Governorates ? Are these the same as above? Yes No

Governors' Offices ?

Provincial Councils ?

Local Council ?

2. Do you see the role of Government evolving in a positive manner order to promote and support economic growth in Iraq? Yes No Are the GoI's supports for the private sector the correct ones? Yes No

3. What are the leading GoI Ministries that operate to either promote, or restrict, the scope for private sector initiatives and investments? Can you identify the three you see as the most important ?

.....

4. During the past three years, is there one or another Ministry that has shown improved collaboration with the business sector?

Please identify: 1) 2) Are any of the "social" ministries (MoED, other?) equally important? Identify N/A Has the Tarabot program played a positive role to increase GoI – business collaboration? Yes No Some, but not a major role

5. Regarding the policy- level: Have there been business supportive activities—or policy initiatives--coming from another Ministry. From where do you see the policy initiative coming?

- the MoP
- the Council of Ministers
- other ? Please identify

6. Where has there has been a significant involvement by the USAID – Tarabot program in the work of these GoI agencies and ministries? Has Tarabot helped to increase the role of the private sector in:

- public policy formulation ? Yes No Some, but not a major role
- specific practical programs to support private enterprise? Yes No Some, but not a major role

7. Regarding one or more important policy initiatives—resulting in actual legislation—to promote private sector-led growth What do you see as the two most important areas? 1)
..... 2)

8. In the above areas, did the USAID – Tarabot program assist policy 1) consensus-building within the government ? Yes No or 2) the actual formulation of legislation ? Yes No

9. Looking at policy formulation broadly, which private sector organizations do you think have had the most opportunities to engage with the GoI?
.....
.....

10. Is the Chamber of Commerce an important player? Yes No Have universities and economically-oriented research organizations been involved in exchanges on policy? Yes No

11. Overall, what are the most important types of venues for exchange and policy inputs by the private sector?

Please check the ones you see most important:

- National level planning, conferences and workshops?
- Workshops on business regulation, e.g., the ISRAR program to “streamline” regulations?
- Sector- oriented conferences, e.g., on planned public investment (for example, in construction and housing, or for oil or mineral production, etc.) ?
- Policy and legislation-focused hearings, e.g., with the Council of Representatives and its committees?
- Project-level meetings with GoI that involve private sector organizations in planning for specific “business- friendly” services?

12. Tarabot has been involved assisting each of these types of exchanges cited under question 11. Has your organization been involved? Yes No Was Tarabot’s role a useful one? Yes No How could it have been improved? Comment
.....

13. Do you feel that some of the types of exchanges have become “institutionalized” and that these will continue without any project or donor assistance? Has the GoI established sustainable roles and mechanism? Comment
.....

14 Have private sector relations with the provincial level of government evolved in a positive manner? Yes Yes, but marginally No

15. On the provincial level, has the level of accessibility and communications improved regarding: 1) Governors’ Offices Yes Yes, but marginally No 2) Provincial Councils ? Yes Yes, but marginally No What are the major factors in improvements in access and communications? Please comment

16. Considering any training or assistance that the Tarabot program has provided to your organizations, what do you see as the most important and useful types of support? Can you please identify the three most important and useful areas of assistance, with a 1, 2, or 3 in the blank provided ?

- Training or assistance in organizational development ?
- Internal management or systems development ?
- Policy- level workshops and training ?
- Other training ? What was most useful ?
- Involvement in workshops with opportunities for advocacy before the GoI ?
- Involvement in public hearings and debates, e.g., with the /CoR?
- Other assistance? Describe please

17. In addition to initiatives at the national policy- level, Tarabot has engaged with certain ministries to improve services to users, for example the “One-Stop Shops” being established by the Ministry of Trade for business registration and licensing, etc. Has your organization collaborated in this initiative? Yes No

Regardless of your participation, do you see the role of Tarabot as being significant ? Comment Is this a major and positive initiative ? Comment

18. What other initiative do you see as important for providing specific services to the business sector? Comment Have the Service Desks in the Governorates for accelerated services progressed alongside those in Baghdad? Comment Which are the ministries that are the most advanced in this? Have there been any significant initiatives for services for women in business ? Please comment Overall, is progress generally (please check one): Good Moderate Poor ?

19. Has your organization been involved with Tarabot’s “ ISRAR” program to “streamline” or to eliminate obstructive regulations? Yes No Has private sector input in meetings and workshops on business regulation been adequate? Yes No How could the program be improved? Comment Will the program continue after project assistance has ended? Yes No

20. Regarding private sector involvement in government solicitations for services... What has been the impact of improved and standardized procurement regulations throughout the GoI? Do you see the various features for standardized bidding and contracting making things easier for private contractors ? Yes No, or little impact Do they reduce the opportunities for corruption in awarding of contracts? Yes No, or little impact

21. On the broad issue of information- sharing and transparency, do you see any important innovations that have been introduced to facilitate doing business, either with the GoI or as purely private initiatives? Please check below:

- The Ministries, or Governorates, maintain useful and regularly updated websites?
- Public meetings or information in the press to advise of bidding opportunities ?
- Any means to allow small contractors to be aware of smaller contracting possibilities ?

22. Regarding public oversight, do you see that there is there any overall web-based or other IT application to which the private sector has access? Comment Does it allow public information on projects and financial data for monitoring GoI activities?

23. Whether in the areas of policy and business regulation, procurement procedures, or on the “micro processes” level for small businesses to register or receive construction licenses, what area do you see in which Tarabot has played a key role to introduce innovation? Comment

24. Are these sustainable innovations? What factors will determine whether these innovations continue and expand ? Comment

Annex 6.13

Focus Group, Exit Survey:			
CSOs, Service and Advocacy NGOs, Universities and Research Organizations—Social Sectors Focus			
Name, Group Facilitator:			
Name, Note-taker			
Date:		Time	
Location of Meeting:			
Stakeholder’s Organization:	Name of organization	Location of head office	
Stakeholder’s Name and Title:			

Thank you for participating in the group discussion. Note-takers will be summarizing some of the views and conclusions of the group, which will be reported to the evaluators. Please fill out this survey and leave it with the Animator of the Focus Group before leaving. Answers to the questions in the survey will help the assessment to better represent the diversity of views, to introduce some related questions that add specificity to issues already discussed, and to provide information on issues for which there was too little time to discuss.

Please note that data are only to specify your organization and to clarify your role in the organization. Your responses and the identity of your organization will be held in strict confidentiality by the Evaluation Team. Only summary data, without reference to specific participants or organizations, will be made public in a report.

Some questions may be very broad in nature, but the evaluators invite you to make very specific references to the activities in which cooperation with Tarabot was significant.

Questions:

1. Can you describe your organization, its areas of activity, and its goals?

.....

2. If your organization has a primary human target for its assistance or services (for example, a vulnerable group or other), could you please identify the group? Is there a secondary group targeted for assistance or services?

.....
3. Where does your organization operate? At the national level ? Yes No At the community or local level ? Yes No Where, geographically, are services provided?
.....

4. Could you please describe the areas of collaboration and what specific assistance your organization and its staff received from the Tarabot program?

Please check all applicable areas:

- Overall organizational development
- Internal management, systems or software development
- Training related to Leadership and Communication
- Training related to the organization's public awareness or outreach activities
- Training of trainers, design and delivery of training
- Other training, please specify
- Identification of social needs and targeting of the organization's own assistance
- Involvement in sector analysis and advocacy before the GoI
- Involvement in public hearings and debates
- Other assistance, please describe:
.....

5. On how many occasions was assistance or training provided? Over how long a time period was collaboration and/or Tarabot assistance provided?

6. Of these areas of assistance or collaboration, which two areas do you see as most important and useful

-
-

7. Regarding training, if you are a supervisor of other staff, did you notice that training provided by Tarabot help them to better perform their jobs? Yes No If yes, was this primarily in terms of:

- management
- budgeting and planning
- policy analysis
- other technical roles and functions
- leadership and communication
- other? Please describe

8. Has any of the assistance or training provided by Tarabot helped you to better perform your own role and functions? Yes No If yes, was this primarily in terms of:

- Management
- budgeting and planning
- policy analysis
- other technical roles and functions
- leadership and communication
- other? Please describe

9. If Tarabot advisory or technical staff worked directly with your organization, how useful was this assistance? (check one) Very useful Somewhat useful Only marginally useful

10. Did your organization collaborate in any public awareness activities that were arranged by Tarabot staff? Please describe

.....
.....

11. Did your organization collaborate in any policy related conferences or public hearings that were arranged by Tarabot staff? Please describe

.....
.....
.....

12. In this policy-related public event, was your organization able to advocate a policy position, present its research findings, or help public officials better understand an issue? Yes No

13. In this policy-related public event, if it is possible to summarize, please indicate the policy point or social issue articulated by your organization

.....

14. Did collaboration in activities—either sponsored by Tarabot, or for which your organization has assistance in order to participate – increase your organization’s public exposure ? If yes, how ?

.....
.....

15. Have communications with GoI and public officials improved ? Yes No Regardless of the degree of success in communications, have contacts made with GoI and public officials continued? Yes No

16. Where and at what levels have communications and contacts with GoI and public officials principally occurred? Can you estimate the degree of importance of these by indicating 1) most important, 2) the second most important, and 3) the third most important?

- The Council of Representatives, MP or Committee Member
- The Council of Representatives, professional staff member
- A central ministry in Baghdad
- A ministry branch office in a governorate
- A Governor’s Office
- A Provincial Council
- A Local Council (Qada or Nahiya)
- Other GoI public official, please indicate

17. Does your organization maintain a website? Yes No Did you receive any assistance from Tarabot, either for development of the site or training on the use of a website ? Yes No

18. Has enactment of any specific legislation impacted the work of your organization ? Yes No Was this a positive impact? Yes No Can you identify a specific law or act?

.....

19. Does your organization assist the access of Iraqis to Government services to which they are entitled? Yes No N/A If applicable, what is the service area ? (SSN payments, IDP services, etc.

Please indicate the service area

20. If your organization does assist access to services, does the GoI office responsible have any new service desk or window? Yes No If yes, how many of these new service desks or windows (“One Stop Shop”, etc.) are functioning? Has service delivery improved? Yes No Is it faster? Yes No

21. Whether your relationship with the GoI involves citizen services, or policy consultation with NGOs, or any new or changed relationship with a GoI counterpart, do you expect that these changes will be permanent?
Yes No

22. What will be the internal or external factors that determine if changes will endure? Please comment
.....
.....
.....

Thank you very much for your time and attention.

Annex 6.14

Interview Guide: Heads of Directorates (DGs), Central and Provincial			
Organization :			
Evaluator:			
Date:		Time	
Location:			
Stakeholder's Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Discussion:			
<p>1. As Director General, you or your staff (of the Mudiriya or its Departments) have collaborated with the USAID-Tarabot program, often involving several activities. Some of you have received direct technical advisory assistance, or training. Others have had their staff members receive assistance or training from the Tarabot project. These questions relate to how you see the importance and effectiveness of training and assistance, both to your own role and to that of your staff members.</p> <p>2. Please note that your personal data and your responses to these interview questions will be held in strict confidentiality by the Evaluation Team. Only summary data, without interview or location, will be made public. If a specific comment is included in evaluation narrative that is made public, it will be included anonymously.</p> <p>(Here the interviewer makes reference to two, three, or even four of the key activities undertaken with the Ministry or other entity--, e.g., MoLSA work on the Social Safety Network, development of its Policy Unit, etc.; Ministry of Trade's work on regulation, new company registration, cooperation with the Chamber of Commerce and One-Stop Shops, its policy work for free trade agreements, etc; the Council of Representatives, referring to specific Committee hearings and public outreach conferences of which the interviewee would be aware, etc. This introductory discussion allows the interviewee to know that, although some of the questions are framed broadly, responses may be highly specific to the assistance received and to discrete activities. A final tag line, before addressing the list of questions, may state...)</p> <p>Questions may be very broad in nature, but I want to invite you to make very specific references to the activities in which cooperation with Tarabot was significant.</p>			
Questions:			
1. Could you explain the areas of assistance, and the key objectives, of the Tarabot program with your			

Directorate and its staff?

2. What offices or units of your Directorate (other) were the primary targets of assistance under cooperation with the USAID-Tarabot program?
3. Have Tarabot project interventions addressed a national priority? What priority do you see most significant?
4. Were Tarabot advisory or technical staff assigned to your entity (to your Ministry, or to your office in the Province?) Y / N Did assistance involve:
 - technical assistance and advice? Please describe:
 - training or mentoring? Please describe:
 - equipment or software? Please describe:
5. Of the different forms of assistance, which do you see as having the greatest impact for the performance of your office's functions? Which type of assistance had the least impact?
6. Did the assistance or training help the parent Ministry to better perform its functions, or to fulfill its mission? What do you see as the primary area of improvement of the Ministry (or the Governor's Office) in performance of its functions?
7. Has any of the assistance provided by Tarabot helped you to better perform your own role and functions? If yes, please describe
8. Now, regarding staff performance, have members of the Directorate or its offices benefitted from Tarabot training?
9. How many training programs, internal or external, has Directorate staff attended? (an estimate will be satisfactory) Internal, to the Ministry External location
10. Did the training result in improved job performance? Was this primarily in terms of 1) management, 2) budgeting and planning, or 3) other, technical roles and functions? Please describe the impact
11. Taking the following areas of assistance and training, which area do you see as having had the greatest impact and which the least impact?
 - management
 - budgeting and planning, or
 - other, technical roles and functions?
12. For your own training, would you please rate the positive impacts for each area:
 - management
 - budgeting and planning, or
 - other, technical roles and functions?
13. If results were positive, was this related primarily to a) direct technical assistance; b) training; or c) both technical assistance or training?
14. Were there any particular problems associated with the training? Please describe With selection of trainees? Problem of staff absence? Please describe..... Other problem or challenge? Please describe
15. If Tarabot advisory or technical staff were assigned to your Directorate, or to your Ministry (or to the Governor's Office in the Province), were Tarabot staff: expatriate Iraqi national both

16. Was the technical assistance appropriate? Y / N / partially And did the individual assigned have the necessary knowledge and skills to be effective? Y / N / partially Please add any explanation you feel is needed.
17. Were there any problems with assistance, and can you give any suggestions on how to address these, or any challenges that arose in cooperation with the USAID - Tarabot program?
18. What do you see as the most important legislative or policy innovation introduced in the past three years? Did the Tarabot program contribute significantly to this innovation? Please comment
19. Are there any internal or external factors that could in the future affect process of improving the policy and legal framework in Iraq?
20. Do you see any important system change in the organization or its operations? Did the Tarabot program contribute significantly to this systemic change? Do you expect that this will continue beyond the project? Please comment
21. Did the project introduce any innovative solutions? Are they sustainable? Are there any risks associated?
22. Do you think any achievements/elements are replicable in other parts of government? Specify plz
23. In what ways did your Ministry or Governorate seek to increase public participation in planning or carrying out its functions and delivering services? Was public participation a positive factor in its work and how it is perceived? Comment
24. Does your organization (Ministry, Governorate, Provincial Council) have any new methods of delivering services to the public where you see progress? What specific services and is there anything like a new service desk or “one window”? Website? Describe
25. Regarding your organization’s services to citizens, or better informing the public of its activities, what kind of activities may be planned by your organization, or by other GoI institutions, to ensure active public participation? Do you see any obstacles to this?
26. Does your organization have any important non-governmental partners that have helped in improving public service delivery in the country? Can you describe this partnership?
27. If you had to choose a single example or a “story” that demonstrates this area of success, what would you point to? Please comment
28. Could you point to any unpredictable consequence (positive or negative) resulted after any activities introduced by the project?
29. Is there any issue on which we have not touched that you feel should be addressed in the evaluation of Tarabot program?

Thank you very much for your time and attention.

Annex 7. Data Collection Tools, GSP

Annex 7.1

Interview Guide: Governorate Council & Line Ministries			
Organization :			
Evaluator:			
Date:		Time:	
Location:			
Stakeholder's Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>	Other (specify) <input type="checkbox"/>		
Introduction? <input type="checkbox"/>			
Questions:			

PROJECT IMPACT & INNOVATION

1. Please describe the nature of the assistance provided by the GSP program
2. From your perspective, what are the key objectives of GSP assistance program to your organization?
3. Did / do GSP project interventions address a national priority? In what ways? Please specify.
4. Can you make any recommendations to improve the assistance, or to address any challenges that arose in cooperation with the USAID - GSP program?
5. Could you point to any unpredictable consequence (positive or negative) which resulted after activities were introduced by the project? (e.g. workflow increased, unexpected type of service created, etc.)
6. Did you expect any assistance from the GSP project which was not provided? Specify please?
7. Did the project introduce any innovative solutions/system changes (e.g. computer systems, internal/ external working processes developed, procedures/missions/ structures developed) that relates to your organization's mandate and its delivery of services to the public? Specify please
8. Are you comfortable with these innovative solutions/system changes? Yes No partially specify please
9. Did these solution lead to positive changes? Yes No partially specify please
10. Were there any new services created as a result of these innovative solutions? If yes, specify please.

LEGISLATION

11. What do you see as the most important legislative or policy innovation during the past three

years? Did GSP assistance assist this policy change? Please comment

12. Are there any internal or external factors that could affect process of improving policy and legal framework in Iraq?
13. What parts of your organization were the primary targets of assistance under cooperation with the USAID-GSP program?

OSTP

14. Do you find it the Organizational Self-assessment and Transformational Program (OSTP) useful ?
Yes No Partially Specify why ?
15. Do you expect OSTP to be in place after project completed? Why?
16. Were GSP advisory or technical staff assigned to your entity? Yes No Partially Specify please

TECHNICAL ASSISTANCE

17. If your organization received training and/or technical advisory assistance from the GSP program, what is your estimate of the appropriateness and the impacts of these activities?

Technical assistance: Please comment:

Training: Please comment:

Other (e.g., equipment, software?): Please comment:

18. In what assistance areas do you see the most important positive impacts realized? And why?
19. What were the factors (internal and external) which affected in the effectiveness, or lack of effectiveness, of the assistance? Specify please
20. Please rate the following areas of assistance and training on a scale of 1 to 5(5 measuring the greatest impact, 1 having the least impact).
21. Did the assistance or training help your organization to better perform its functions, or to fulfill its mission?
Yes No.... partially....
please describe
22. Were there any particular problems associated with the either the technical assistance or the training? Please describe
23. Other problems or challenges?

24. WOMEN

25. How many female members are there in your council?
26. Are there any constraints that impede women to be more active in local / provincial/district councils? Specify please..
27. In your opinion, have services provided specifically for women improved because of GSP? (i.e. for widows, etc.) Yes No partially
Specify please
28. Have you seen an increase in the role of active female council members because of GSP?

ACHIEVEMENTS & SUSTAINABILITY

29. What factors affect the sustainability (internal or external factors) of these innovations?
30. What do you see as your organization's primary achievements during the past three years? Can you point to areas in which the GSP program played an important role in your successes?
31. Will the achievement be sustained and continuing without outside project support?
32. Do you think any achievements/elements are replicable in other parts of government? Please specify.
33. Is there an area of services provided to the public where you see an important achievement, and

can you describe the specific service or services?

34. Does your council have a web-site?

35. If yes:

(a) was it created within the framework of GSP?

(b) how often information is updated?

(c) Does it have citizens' feedback section?

(d) what actions are/were taken to improve services in accordance with the feedback received from the citizens?

CITIZEN PARTICIPATION

36. What kind of activities have been introduced or are planned to be introduced by your organization, or by other GoI institutions, to ensure active public participation? Do you see any obstacles to this?

37. Does your organization (or other GoI institutions of which you are aware) have any important non-governmental partners that have helped in improving public service delivery in the country?

38. If you had to choose a single example or a "story" that demonstrates this area of success (i.e., in service delivery), what would you choose? Please comment

Is there any issue on which we have not touched that you feel should be addressed in the evaluation of GSP program? Please comment

Annex 7.2

Interview Guide: Central Government Officials (national)			
Organization :			
Evaluator:			
Date:		Time:	
Location:			
Stakeholder's Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Questions:			

PROJECT IMPACT

1. Has the responsiveness of the PC for your demands improved during the last three years? Do you think that Taqadum had any role in that?
2. Has the responsiveness of the PC for citizens' demands improved during the last three years? Do you think that Taqadum had any role in that?
3. Please describe the nature of the assistance provided by the Taqadum program. Is it direct or indirect?
4. From your perspective, what are the key objectives of Taqadum assistance program to your organization?
5. If your organization received training and/or technical advisory assistance from the Taqadum program, what is your estimate of the appropriateness and the impacts of these activities?
6. In what assistance areas do you see the most important positive impacts realized? And why?
7. What were the factors (internal and external) which affected in the effectiveness, or lack of effectiveness, of the assistance? Specify please
8. Please rate the following areas of assistance and training on a scale of 1 to 5(5 measuring the greatest impact, 1 having the least impact).
 Management_____

 Budgeting and planning_____

Technical roles and functions _____
Work processes improved and organized _____
Other _____

9. Did the assistance or training help your organization to better perform its functions, or to fulfill its mission? Yes No Partially
Please describe.....

LEGISLATION

10. Did / do Taqadum project interventions address a national priority? In what ways? Please specify.
11. What do you see as the most important legislative or policy innovation during the past three years which affects your work? Did Taqadum assistance assist this policy change? Please comment
12. Are there any internal or external factors that could affect process of improving policy and legal framework in Iraq?

TECHNICAL ASSISTANCE

13. Were Taqadum advisory or technical staff assigned to your entity? Yes No Partially Specify please
14. If your organization received training and/or technical advisory assistance from the Taqadum program, what is your estimate of the appropriateness and the impacts of these activities?
- Technical assistance: Please comment:
 - Training: Please comment:
 - Other (e.g., equipment, software?): Please comment:

WOMEN

15. How many female members are there in your council?
16. Are there any constraints that impede women to be more active in local / provincial/district councils? Specify please.
17. In your opinion, have services provided specifically for women improved because of GSP? (i.e. for widows, etc.) Yes No partially Specify please
18. Have you seen an increase in the role of active female council members because of GSP?

ISSUES & CHALLENGES

19. Were there any particular problems associated with the either the technical assistance or the training? Please describe
20. Other problem or challenge? Please describe
21. Can you make any recommendations to improve the assistance, or to address any challenges that arose in cooperation with the USAID - Taqadum program?
22. Could you point to any unpredictable consequence (positive or negative) which resulted after activities were introduced by the project? (e.g. workflow increased, unexpected type of service created, etc.)
23. Did you expect any assistance from the Taqadum project which was not provided? Specify please?

ACHIEVEMENTS & SUSTAINABILITY

24. What do you see as your organization's primary achievements during the past three years? Can you point to areas in which the Taqadum program played an important role in your successes?
25. Will the achievement be sustained and continuing without outside project support?
26. Do you think any achievements/elements are replicable in other parts of government? Please specify.

27. Is there an area of services provided to the public where you see an important achievement, and can you describe the specific service or services?
28. Does your council have a web-site?
29. If yes:
 - (a) was it created within the framework of GSP?
 - (b) how often information is updated?
 - (c) Does it have citizens' feedback section?
 - (d) what actions are/were taken to improve services in accordance with the feedback received from the citizens?

CITIZEN PARTICIPATION

30. What kind of activities have been introduced or are planned to be introduced by your organization, or by other GoI institutions, to ensure active public participation? Do you see any obstacles to this?
31. Does your organization (or other GoI institutions of which you are aware) have any important non-governmental partners that have helped in improving public service delivery in the country?
32. If you had to choose a single example or a “story” that demonstrates this area of success (i.e., in service delivery), what would you choose? Please comment
33. Is there any issue on which we have not touched that you feel should be addressed in the evaluation of Taqadum program? Please comment

Annex 7.3

Organization: Citizen Service Desks			
Evaluator:			
Date:		Time	
Location:			
Stakeholder's Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			

PROJECT IMPACT

1. What were key activities that made the most significant contribution to provincial and local government's institutional capacity building & thus service quality improvement? (e.g., training, coaching/mentoring/advising, policy development, system/procedural change, civic outreach)
Specify plz
2. Which GSP activities made the most significant contributions to improvements in institution building as well as service delivery?
3. Did the project introduce any innovative solutions? Are they sustainable solutions? Are there any risks associated with these solutions?
4. Which of these services show the most change since the GSP Project began?
 - Primary Health Care
 - National and Provincial Planning
 - Budgeting
 - Procurement
 - Management of Capital Investment Projects
 - Project Oversight
 - Public Policy
 - Regulatory Reforms
5. What are challenges and external conditions which influence the success and effectiveness of the project activities (aforementioned)?
6. Did any project activities result in unintended consequences or impact? (e.g. unexpected legal and state policy changes, untoward changes in communication patterns and practices, unexpected changes in the power structure, overdependence on the technology, any complains and successes)

WOMEN

7. In your opinion, have services provided specifically for women improved because of GSP? (i.e. for widows, etc.) Y___ N___ IF yes, how have they improved?
8. Have you seen an increase in the role of active female council members because of GSP?

TECHNICAL ASSISTANCE

9. Do you operate the Issue Tracking and Reporting System (ITRS) set up at the Citizens Service desk? Yes No do not know
10. If yes, are you satisfied with the Issue Tracking and Reporting System (ITRS)? Why?
11. Do you need any additional functionality in ITRS?
12. If you have any problems with the ITRS system who provides technical or advisory support?
13. Do you think that ITRS helps to better understand community needs? Specify plz
14. Was ITRS standard operating procedure adopted and implemented at your CSD? Yes No Partially Specify plz
15. Are you (your staff) familiar with ITRS operating manual? Yes No Partially Specify plz
16. Does your Citizens' Service Desk have a web-site?
17. If yes:
 - (a) was it created within the framework of GSP?
 - (b) how often information is updated?
 - (c) Does it have citizens' feedback section?
 - (d) what actions are/were taken to improve services in accordance with the feedback received from the citizens?

ACHIEVEMENTS & SUSTAINABILITY

18. Are there any plans to support service desk operations after GSP is completed? Specify please?
19. What synergies and partnerships worked between GSP and other US /GOI/ other donors -funded programs?
20. What kind of legacy *should* the project should leave behind? What legacy has it left behind?
21. What are lessons learnt that could be applied to future USAID work?

Annex 7.4

Organization :			
Evaluator:	Governance Strengthening Specialist Team Leader		
Date:		Time	
Location:			
Stakeholder's Name and Title:			
Purpose of Visit (check box):			
Data Gathering <input type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Interview Guideline:			

PROJECT IMPACT

- Has your local government improved its service delivery to you since 2011? Y__ N__ Specify plz
- Has your central government improved its service delivery to you since 2011? Y__ N__
- If yes, of which of these local and central government services have you seen or experienced the most positive change since 2011? Please rate on a scale of 0 to 10 by circling. (10 = highly changed; 0 = not changed)

Primary Health Care	0 1 2 3 4 5 6 7 8 9 10
National and Provincial Planning	0 1 2 3 4 5 6 7 8 9 10
Budgeting	0 1 2 3 4 5 6 7 8 9 10
Procurement of Services	0 1 2 3 4 5 6 7 8 9 10
Management of Capital Investment Projects	0 1 2 3 4 5 6 7 8 9 10
Project Oversight	0 1 2 3 4 5 6 7 8 9 10
Public Policy	0 1 2 3 4 5 6 7 8 9 10
Regulatory Reforms	0 1 2 3 4 5 6 7 8 9 10
Community Development	0 1 2 3 4 5 6 7 8 9 10
- Is it easier or more difficult to communicate with your local government officials since 2011?
- Is it easier or more difficult to communicate with your central government officials since 2011?
- What are ways you can communicate with your local government officials? (specify)_____
- What are ways you can communicate with your central government officials?

(specify) _____

8. What kind support have you received from the Citizens Service Desks? specify plz
9. Does your local government respond to your needs more or less since 2011? Do they respond more quickly, or less quickly? Is their response positive and helpful?
10. Does the central government respond to your needs more or less since 2011? Do they respond more quickly, or less quickly? Is their response positive and helpful?
11. Were you able to provide any feedback on the quality of service received? If yes, was the service improved? specify plz

PARTICIPATION

12. Do you feel you can participate in your local and/or government? If so, how can you participate?
13. Do you have example(s) of how your local or central government has responded to your needs since 2011? If so, please explain.
- 14.

WOMEN

15. Have services improved specifically for women (I.E. Widows, IDPS, etc.) since 2011? Y____
N____ If yes, how have they improved?
16. Have you seen an increase in active female council members since 2011?

Annex 7.5

Focus Group: CSOs, Service and Advocacy NGOs, Universities and Research Organizations—Social Sectors Focus			
Name, Group Facilitator:			
Date:		Time	
Location of Meeting:			
Stakeholder’s Organization:	Name of organization	Location of head office	
Stakeholder’s Name and Title:			

PROFILE

1. Can you describe your organization, its areas of activity, and its goals?
2. If your organization has a primary human target for its assistance or services (for example, a vulnerable group or other), could you please identify the group?
.....
3. Is there a secondary group targeted for assistance or services?
4. Does your organization operate at the national level? Yes No
5. Does your organization operate at the community or local level? Yes.. No
- Where, geographically, are services provided?
6. What areas of collaboration and specific assistance did your organization and /or your staff receive from the GSP project?
Please check all applicable areas:
 - Overall organizational development
 - Internal management, systems or software development
 - Training related to Leadership and Communication
 - Training related to the organization’s public awareness or outreach activities
 - Other training, please specify
7. Of these areas of assistance or collaboration, which two areas do you see as most important and useful?

PROJECT IMPACT

8. How many times was assistance or training provided within GSP project framework?
9. Has any of the assistance or training provided by GSP helped you to better perform your own role and functions? Yes No
- If yes, was this primarily in terms of:
 - Management
 - Budgeting and Planning
 - Policy Analysis
 - Other Technical Roles and Function
 - Leadership & Communication

10. Did collaboration in activities—either sponsored by GSP, or for which your organization has assistance in order to participate – increase your organization’s public exposure? If yes, how?
.....
11. Have communications with GoI and public officials improved ? Yes No
12. Regardless of the degree of success in communications, have contacts made with GoI and public officials continued? Yes No
13. Where and at what levels have communications and contacts with GoI and public officials principally occurred?
14. Does your organization assist the access of Iraqis to Government services to which they are entitled? Yes No N/A If applicable, what is the service area?
15. If your organization does assist access to services, does the GoI office responsible have any new service desk or window in your area? Yes No
16. If yes, how many of these new service desks are functioning? Has service delivery improved? Yes No If yes, specify plz

PARTICIPATION

17. Did your organization collaborate in any public awareness activities that were arranged by GSP staff? Please describe

WOMEN

18. In your opinion, have services provided specifically for women and /or marginalized groups improved because of GSP? (i.e. for widows, IDPs, etc.) Y___ N___
19. If yes, specify the groups and how have they improved?
20. Have you seen an increase in the role of active female council members because of GSP?

PUBLIC POLICY-LEGISLATION

21. Did your organization collaborate in any policy related conferences or public hearings that were arranged by GSP staff? Please describe
22. In this policy-related public event, was your organization able to advocate a policy position, present its research findings, or help public officials better understand an issue? Yes No
23. In this policy-related public event, if it is possible to summarize, please indicate the policy point or social issue articulated by your organization
24. Has enactment of any specific legislation impacted the work of your organization? Yes No Was this a positive impact ? Yes No
25. Can you identify a specific law or act that impacted your work?
26. Did your organization participate in legal framework assessment conducted under GSP? Specify plz
27. Does your organization maintain a regularly updated website? Yes No Partially... Specify plz if "Partially"
28. Did you receive any assistance from GSP, either for development of the site or training on the use of a website? Yes No If yes specify
29. Whether your relationship with the GoI involves citizen services, or policy consultation with NGOs, or any new or changed relationship with a GoI counterpart, do you expect that these changes will be permanent? Yes No
30. What will be the internal or external factors which will affect your activities after the GSP is competed? Please comment
31. Is there any issue on which we have not touched that you feel should be addressed in the evaluation of GSP program?

Annex 7.6

Organization visited :			
Date:		Time:	
Location:			
Purpose of the Visit	Direct observation		
Observation focus	Outstanding	Regular	Needs improvement
General appearance of working /office space			
Working area safe & organized			
Equipment (ICT/ medical) available			
Operation and care of equipment			
Staff: appropriate appearance and dress for assigned work			
Staff maintains appropriate with fellow employers			
Staff efficiency under stress			
Staff initiative			
Staff friendly, engaging & listens to customer request			
Brief Summary on service quality:			
Brief Summary on areas to be improved:			
Documents received:			

Annex 7.7

Organization visited :			
Date:		Time:	
Location:			
Purpose of the Visit		Direct observation	
Observation focus	Outstanding	Regular	Needs improvement
General appearance of working /office space			
Working area safe & organized			
Equipment (ICT/ medical) available			
Operation and care of equipment			
Staff: appropriate appearance and dress for assigned work			
Staff maintains appropriate with fellow employers			
Staff efficiency under stress			
Staff initiative			
Staff friendly, engaging & listens to customer request			
Brief Summary on service quality:			
Brief Summary on areas to be improved:			
Documents received:			

Annex 8. Data Collection Tools, PHCP

Annex 8.1

Focus Group: District Department of Health Staff

Meet with the District (Department of Health) Supervisor and read the following:

“We are here on behalf of the Ministry of Health and the Primary Health Care Project in Iraq (PHCP) funded by the United States Agency for International Development. We are conducting a survey of health managers and health facilities to assist the government and donors in knowing more about the current status of primary health care services. Your district and at least one facility in your district were selected to represent this region for how primary health care strengthening activities supported by PHCP are being implemented. We would like to have a discussion with you and district staff who are responsible for supervising and working with the PHCs, including their community activities. In particular, I would like to also meet with project coordinator and staff responsible for PHC/ Maternal, Neonatal and Child Health, Pharmaceuticals, Medical Records and Health Information Systems, Health Supervisors and Quality Improvement Staff as well as the those responsible for the LHC .

Any responses from you or your staff and from the PHC will remain confidential. We are visiting a total of 18 facilities so the results will only be used in aggregate, for example, 10 of 18 District Supervisors reported this activity.

The discussion with you and your staff should take around 1.5 hour. Can we arrange a convenient time to meet with you and the relevant District level staff to discuss some of the Primary Health Care strengthening activities?”

Then ask the District Manager the best time to meet. If all the required staff can participate in one meeting, this is ideal.

District Level (DoH Supervisor) Questionnaire

	Question	Response	
01	Name (s) and Title(s) of all attending: Date: District:		
	Please try to have the presence of the project coordinator.		
02	Would you say you are well-informed, somewhat informed, or slightly informed about the project?	Well-informed 1 Somewhat informed 2 Slightly informed 3	
03	What were the activities that PHCP conducted with your district and project PHCCs? Please give details. (Probe anything else for different types of PHCC) 1) District level 2) Model PHCCs		

	3 Main PHCCs 4) Sub-PHCCs 5) NGOs 6) communities		
04	What is your role in the PHCP project activities?		
Guidelines			
05	Have you or other District level staff participated in developing any of the PHCP guidelines that have been produced during these past 3 years?	YES 1 NO..... 2	→07
06	If yes, which ones REMIND THE INTERVIEWEE WITH THE GUIDELINES AND SYSTEMS MARK ALL RELEVANT And how were you involved in each?	PHC Management A PHC Equipment Maintenance B Infection Prevention C Community Partnership..... D Clinical guidelines E Supportive supervision F Quality Management G Pharmaceutical Supply Management H Integrated Medical Record System I Other, Specify X NONE Y	
Management Guidelines			
7A	Have you or other District level staff participated in any of the PHCP management trainings?	YES.....1 NO2	→8A
7B	If yes, please indicate approximately the proportion of your relevant staff who have been trained.	More than 75%.....1 51% to 75%.....2 Around 50%.....3 25% to 49%.....4 Less than 25%.....5	
7C	Is the management training content being used in the work of district staff or PHC staff?	YES1 Somewhat2 NO3	→7E
7D	How is it being used?		→8A
7E	Why is it not used? What are the difficulties		
Maternal and Child Health (also Sub-PHCs)			

10A	Are the maternal and child health guidelines being adopted in sub-PHCCs	YES 1 NO..... 2	→10C
10B	Why not?		→10D
10C	What could be done to enable sub-PHCCs to provide essential maternal and child health services?		
10D	Are there district activities to support sub-PHCCs in providing essential maternal and child health services?	YES 1 NO..... 2	→10F
10E	What are these activities?		
10F	Are there PHCP activities to support sub-PHCCs in providing essential maternal and child health services?	YES 1 NO..... 2	→10J
10G	Are PHCP activities to support sub-PHCCs effective in covering communities of sub-PHCCs with essential maternal and child health services?	YES 1 NO..... 2	→10I
10H	Why not effective / what is needed?		→10J
10I	How is it effective and what is the evidence?		
10T	What are the activities that the project has done with traditional birth attendants and in which PHCC catchment areas? MARK ALL RELEVANT PHCC TYPES AND WRITE BELOW DETAILS	Model PHCCs A Main PHCCs B Sub-PHCCs C NONE Y Don't Know..... Z	→11A →11A
10U	Activities MARK ALL RELEVANT	Training A Equipment and supplies..... B Follow-up activities C	
10V	Specify details of activities:		
10W	What are your views about the activities with TBAs, their functioning and effectiveness? Probe for different PHCCs.		
10X	What should be done to improve the TBA related activities to improve maternal and child health and mortality indicators? Probe for different PHCCs.		
<u>Supportive Supervision</u>			
11A	Have you or any other District level staff received any training on supportive supervision?	YES 1 NO..... 2	→12A
11B	If yes, please indicate approximately the proportion of your relevant staff who have been trained.	More than 75%..... 1 51% to 75%..... 2 Around 50% 3 25% to 49%..... 4	

		Less than 25% 5	
11C	Has the training affected the way you work?	YES 1 NO..... 2	→11E
11D	Why not?		→11F
11E	How has it affected your work especially in supervision?		
11F	Are the supportive supervision guidelines and the checklist items (monthly review checklist and red flag checklist) applicable to the Iraqi context? Model PHCCs, Main PHCCs and Sub-PHCCs MARK ALL APPLICABLE	Model PHCCs A Main PHCCs B Sub-PHCCs C NONE Y	
11G	What checklist items/measures are not applicable and why (specify in which PHCCs)?		
11H	Does the district provide supportive supervision visits to PHC facilities?	YES 1 NO..... 2	→11J
11I	Why not?		→14A
11J	When did District staff provide supportive supervision most recently to PHC facilities?	WITHIN PAST MONTH 1 WITHIN PAST 2-3 MONTHS 2 WITHIN PAST 4-5 MONTHS 3 6 OR MORE MONTHS 4	
11K	How often are you able to visit the same facility for supportive supervision?	EVERY MONTH 1 EVERY 2-3 MONTHS..... 2 EVERY 4-5 MONTHS..... 3 6 OR MORE MONTHS 4	
11L	Are the trained supportive supervision staff at the district level sufficient or not to cover PHCCs? (project PHCCs or non-project PHCCs as well)	YES, project PHCCs only 1 YES, all PHCC..... 2 NO..... 3	
11M	Elaborate on your answer.		
12A	What do you do within the supportive supervision visit? Details If mentioned: Using the monthly review checklist If mentioned: Using the red flag checklist		
12B	Do you or other District level staff use the monthly review checklist and/or the red flag checklist to assess PHCs services?	YES, all checklists..... 1 YES, red flag checklist..... 2 NO..... 3	→12D
12C	Why not		→13A
12D	Do you measure compliance with all the items / measures on the supportive supervision checklist or do you emphasize only on the red flag checklist? (monthly review checklist and red flag checklist)	YES, all checklists..... 1 YES, red flag checklist only 2 Other Specify 3	

	Other Specify.....	N0..... 4	
12E	Are there supportive supervision checklist items/measures difficult to meet?	YES 1 N0..... 2	→12G
12F	What are the difficult checklist items/measures to meet and why?		
12G	What are enabling factors for facilities to comply with checklist items/measures?		
13A	Are there any effects for supportive supervision visits on improved services provided? Model PHCCs, Main PHCCs and Sub-PHCCs MARK ALL APPLICABLE	Model PHCCs A Main PHCCs B Sub-PHCCs C N0NE Y	→13C
13W hy	Why not? <u>Model PHCCs</u> <u>Main</u> <u>PHCCs</u> <u>Sub-</u> <u>PHCCs</u>		
13B	What are some examples of improvements due to supportive supervision caused by project interventions & support? <u>Model PHCCs</u> <u>Main</u> <u>PHCCs</u> <u>Sub-</u> <u>PHCCs</u>		
13C	Are any long term effects expected from repeated supportive supervision visits?	YES..... 1 N0..... 2	→13E
13D	Why not? →13F		
13E	How yes?		
13F	Will you be able to continue to conduct these supportive supervision visits to PHCCs after the project?	YES..... 1 N0..... 2	→13H
13G	Why not? →14A		
13H	How yes?		
Quality Management			
14A	Have you or any other District level staff received any training on quality management?	Quality Standards A	

		Quality Improvement B Other, specify X NO..... Y	→15A
14B	If yes, please indicate approximately the proportion of your relevant staff who have been trained on at least one quality management topic?	More than 75%..... 1 51% to 75%..... 2 Around 50% 3 25% to 49%..... 4 Less than 25% 5	
14C	Has the training affected the way you work?	YES 1 NO..... 2	→14E
14D	Why not?		→14F
14E	How has it affected your work?		
14F	Are the various quality standards in the training curricula applicable to the Iraqi context? Model PHCCs, Main PHCCs and Sub-PHCCs MARK ALL APPLICABLE	Model PHCCs A Main PHCCs B Sub-PHCCs C NO..... Y	
14G	What quality standards are not applicable and why? <u>Model PHCCs</u> <u>Main</u> <u>PHCCs</u> <u>Sub-</u> <u>PHCCs</u>		
14H	Does the district provide quality improvement visits to PHC facilities? Why not?	Model PHCCs A Main PHCCs B Sub-PHCCs C NO..... Y	→14X
14J	How often are you able to visit the same facility for quality improvement?	EVERY MONTH..... 1 EVERY 2-3 MONTHS..... 2 EVERY 4-5 MONTHS..... 3 6 OR MORE MONTHS 4	
14K	Are quality improvement staff at district level sufficient to cover all PHCCs	YES, project Model PHCC only1 YES, all project PHCC..... 2 YES, and non-project PHCC ... 3 NO..... 4	
14L	What do you do within the quality improvement visit?		
14M	Are there any effects for quality improvement visits on the quality of services provided? Model	Model PHCCs A Main PHCCs B	→14N →14N

	PHCCs, Main PHCCs and Sub-PHCCs MARK ALL APPLICABLE	Sub-PHCCs C None..... Y	→14N
14M Why	Why not <u>Model PHCCs</u> <u>Main</u> <u>PHCCs</u> <u>Sub-</u> <u>PHCCs</u>		→14O
14N	What are the quality improvement and performance improvement success stories caused by project interventions & support? ASK TO TAKE COPIES OF SUCCESS STORIES <u>Model PHCCs</u> <u>Main</u> <u>PHCCs</u> <u>Sub-</u> <u>PHCCs</u>		
14O	Do you measure compliance with all the quality standards and guidelines provided during the training or do you emphasize only on priorities?	YES, all standards 1 YES, priority standards 2 NO..... 3	
14O Why	Why not all standards /No <u>Model PHCCs</u> <u>Main</u> <u>PHCCs</u> <u>Sub-</u> <u>PHCCs</u>		
14P	Do you have a list of quality standards that you check? Can I have a copy?	YES 1 NO..... 2	
14Q	Are there quality standards difficult to meet?	YES 1 NO..... 2	→14S
14R	What are the difficult standards to meet and why?		
14S	What are enabling factors for facilities to comply with quality standards?		
14T	Are any long term effects expected from repeated quality improvement visits?	YES..... 1 NO..... 2	→14T2
14T1	Why not?		→14U

14T2	How yes?		
14U	Will you be able to continue to conduct these quality improvement visits to PHCCs after the project ends?	YES 1 NO..... 2	→14W
14V	Why not?		→14X
14W	How yes?		
14X	Is the project the first to implement any activities related to quality in your district?	YES..... 1 NO..... 2	→14Z2
14Y	Are there any changes in district level staff quality visits to PHCCs as a result of Project supported training and activities.	YES..... 1 NO..... 2	→14Z2
14Z1	Please describe any changes you or other District level staff have made in quality visits as a result of Project supported training and activities. <u>Details of project effects:</u>		
14Z2	Are you or colleagues undertaking quality management activities similar to the project's activities in non-PHCP clinics?	YES 1 NO..... 2	
<u>New Integrated Medical Record System</u>			
15A	Have you heard anything about the new Integrated Medical Record system?	YES 1 NO..... 2	→16A
15B	What are the advantages of the new Integrated Medical Record System?		
15C	Have you or any of your staff at district level received training on the new Integrated Medical Record System	YES 1 NO..... 2	→15E
15D	If yes, please indicate approximately the proportion of your relevant staff who have been trained.	More than 75% 1 51% to 75% 2 Around 50%..... 3 25% to 49% 4 Less than 25%..... 5	
15E	Has the project PHCCs received training on the new Integrated Medical Record System? Please elaborate	YES, all PHCCs..... 1 YES, not all PHCCs..... 2 NO..... 3 DON'T KNOW 8	→16A →16A
15F	Are all project PHCCs using the new Integrated Medical Record System? Specify details	YES, all PHCCs..... 1 YES, not all PHCCs..... 2 NO..... 3	→16A
15G	Why not?		

15H	What were the challenges faced in the introduction of the new Integrated Medical Record System?		
15I	What is the feedback of PHCCs about the new Integrated Medical Record System after its adoption?		
15J	What have you done or are you going to do in response to their feedback?		
15K	Are all the project PHCCs using the new Integrated Medical Record System in reporting to the district their activities and indicators?	YES, all PHCCs..... 1 YES, not all PHCCs..... 2 NO..... 3	→15M
15L	What are the effects of reporting according to the new system?		
15M	What are the constraining factors?		
15N	Are there plans to use the new Integrated Medical Record System in non-project PHCCs? Please elaborate. Why not	YES, using 1 YES, planning to 2 NO 3	
15O	Do Model Clinics use an electronic child immunization record system?	YES, all Model PHCCs..... 1 YES, not all Model PHCCs..... 2 NO 3	→15Q
15P	What are the constraining factors? (SKIP THE FOLLOWING QUESTIONS IF THE ANSWER TO PREVIOUS QUESTION WAS NO)		
15Q	What are the effects of using the new electronic child immunization record system?		
Pharmaceuticals			
16A	Have you or any other District level staff received any training on Pharmaceutical Supply Management?	YES 1 NO 2	→16U
16B	If yes, please indicate approximately the proportion of your relevant staff who have been trained	More than 75%..... 1 51% to 75%..... 2 Around 50%..... 3 25% to 49%..... 4 Less than 25%..... 5	
16C	Has the training affected the way you work?	YES 1 NO 2	→16E
16D	Why not?		→16F
16E	How has it affected your work?		
16F	Are the Pharmaceutical Supply Management guidelines applicable to the Iraqi context in districts ?	YES 1 NO 2	
16G	Are the Pharmaceutical Supply Management guidelines applicable to the Iraqi context in PHCCs ? Model PHCCs, Main PHCCs and Sub-PHCCs	Model PHCCs A Main PHCCs B Sub-PHCCs C	

	MARK ALL APPLICABLE	None.....Y	
16H	What is not applicable and why? <u>At District Level</u> <u>Model PHCCs</u> <u>Main PHCCs</u> <u>Sub-PHCCs</u>		
16I	Are there any constraints facing the district in applying the Pharmaceutical Supply Management guidelines	YES 1 NO..... 2	➔16K
16J	What are the constraints at districts in applying the Pharmaceutical Supply Management guidelines?		
16K	Are there any constraints facing the PHCCs in applying the Pharmaceutical Supply Management guidelines? Model PHCCs, Main PHCCs and Sub-PHCCs MARK ALL APPLICABLE	Model PHCCs A Main PHCCs B Sub-PHCCs C None..... Y	➔16M
16L	What are the constraints at PHCCs in applying the Pharmaceutical Supply Management guidelines? <u>Model PHCCs</u> <u>Main PHCCs</u> <u>Sub-PHCCs</u>		
16M	Are there any benefits for the district from applying the Pharmaceutical Supply Management guidelines?	YES 1 NOT USED LONG TIME 2 NO..... 3	➔16O
16N	What are the benefits at the district?		
16O	Are there any benefits at the PHCCs from applying the Pharmaceutical Supply Management guidelines? Model PHCCs, Main PHCCs and Sub-PHCCs MARK ALL APPLICABLE	Model PHCCs A Main PHCCs B Sub-PHCCs C None..... Y	➔16P hy
16P	What are the benefits at PHCCs? <u>Model PHCCs</u> <u>Main PHCCs</u>		➔16Q

	<u>Sub-PHCCs</u>		
16P Why	Why not?		
	IF THE PSM HAS NOT BEEN USED FOR LONG TIME GO TO 16T		
16Q	Has the adoption of the Pharmaceutical Supply management resulted in reduced instances of stock outs or it has had no effect?	YES, reduce stock-out 1 NO..... 2	
16R	Has the adoption of the Pharmaceutical Supply management resulted in reduced instances of expired medication or it has had no effect?	YES, reduced expiration..... 1 NO..... 2	
16S	Any other effects?		
16T	Are there plans to train and apply the Pharmaceutical Supply Management guidelines at non-PHCP PHCCs	YES, already used 1 YES, planned..... 2 NO..... 3	
16U	Since the start of the PHCP activities, has there been a positive effect OR no effect on availability of medication and supplies in PHCCs?	Positive effect from beginning of project 1 Positive effect after Pharmaceutical Supply Management Guideline 2 NOT USED LONG TIME 3 No effect..... 4	→17A →17A
16V	Is this positive effect due to PHCP activities?	YES 1 NO..... 2	
Equipment			
17A	Has the PHCP or the MOH supplied equipment to the PHCCs as part of the project?	YES 1 NO..... 2	→18A
17B	Are these equipment the most needed by PHCCs to provide priority services?	YES 1 NO..... 2	
17C	Is there a system for preventive maintenance and calibration of these equipment?	YES 1 NO..... 2	
17D	Are supplies for the proper functioning of these equipment being made available to the PHCCs?	YES 1 NO..... 2	
17E	Are there systems to repair the equipment that is faulty, especially the essential and simple equipment?	YES 1 NO..... 2	
17F	Are there systems to replace the equipment that is faulty, especially the essential and simple equipment?	YES 1 NO..... 2	
17G	Please give details of any negative answers in the section about equipment in all questions of this section.		

Patient Rights			
18A	Are you familiar with the concepts of Patient Rights?	YES 1 HEARD OF IT ONLY 2 NO..... 3	→19A →19A
18B	What actions have been taken to educate the PHC staff or communities about Patient Rights? <u>PHC staff</u> <u>Communities</u>		
18C	What are the challenges faced in implementing the Patients Rights in PHCCs and what can be done to overcome them?		
18D	Are the Local Health Committees (LHC) within PHC facilities functional?	Yes all PHCP PHCCs..... 1 Yes some PHCP PHCCs.....2 No.....3	→19A
18E	Does the district supervise the work of the LHCs?	Yes..... 1 No.....2	
18F	What are the activities of the LHCs within the past 6 months ? Give details, do not read ask anything else. <u>Health Education</u> <u>Outreach Services</u> <u>Community/ PHCC infra-structure</u> <u>PHCC quality of services</u>		
General Summary and Conclusions			
19A	Can you provide any examples you haven't already mentioned of how the project or project activities have supported or improved your work?		
19B	Can you mention any particular strong points in how the project is implemented, or how the project staff work with the District?		
19C	Are you aware of any major challenges faced by the PHCP project that haven't yet been mentioned?		
19D	Overall, how satisfied are you with the interventions the PHCP project has implemented to date?	Very satisfied1 Satisfied,2 Somewhat satisfied,3 Unsatisfied4	

		Very unsatisfied5	
20A	Do you think that the Project interventions focus on issues that are important or not?	Yes, important.....1 No2	
20B	Do they reflect the needs of the District and PHC staff or not?	Yes1 No2	
20C	PLEASE PROVIDE A BRIEF EXPLANATION IF THERE WERE SOME NEGATIVE RESPONSES ABOUT THE PHCP PROJECT AND PRIORITIES.		
21A	To what extent has PHCP succeeded in improving quality of services at PHCCs?	Improved greatly Improved..... Stayed the same Worsened Worsened greatly	
21B	In what facilities / aspects / systems did it succeed?		
21C	What facilities / aspects / systems still need improvement?		
22A	Do you believe the new management and quality activities promoted by the PHCP Project are sustainable when Project support is no longer available?	Yes.....1 No2	→22C
22B	<p>If yes, please provide some examples of activities that have been instituted and that you think are becoming institutionalized and will be sustained. Provide any explanations for systemic changes that will support the activities when the Project is no longer present.</p> <p><u>At District Level</u></p> <p><u>Model PHCCs</u></p> <p><u>Main PHCCs</u></p> <p><u>Sub-PHCCs</u></p>		
22C	Do you have any additional comments about the PHCP Project that we haven't already discussed?		

Annex 8.2

Organization :	USAID		
Evaluator:	Team Leader & Primary Health Care Expert		
Date:	TBD	Time	2 hours
Location:	USAID premises		
Stakeholder's Name and Title:	PHCP COTR, in-depth interview		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input checked="" type="checkbox"/>			
Interview Guideline:			
<ul style="list-style-type: none"> - Focus areas of the evaluation (introduction) - Views on PHCP design and implementation - Views on achievements (at levels to be considered: macro, meso , micro) - Key innovations identified and their sustainability context to be discussed - Legacy focus (tangible & intangible gains) - Strengths and weaknesses of PHCP in context of sustainability / opportunities for improvement - Constraints and challenges (as well as supportive factors) faced (external) in context of sustainability & effectiveness - Unintended PHCP consequences - Level of dialogue between state and no state actors & project's contribution in this regard - Exit strategy approved developed - Any lessons learnt 			

Annex 8.3

Organization :	PHCP Implementing Partners		
Evaluator:	Team Leader & Primary Health Care Expert		
Date:	TBD before & during data collection	Time:	As much time as needed
Location:	PHCP Offices		
Stakeholder's Name and Title:	The three component leaders and relevant staff In-depth interviews		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Interview Guideline:			
<ol style="list-style-type: none"> 1. Do you think that PHCP was successful in its overall mission to improve service delivery to citizens? 2. What were key activities that made the most significant contribution to service quality improvement? 3. What were the institutional changes / operational improvements resulting from PHCP efforts during the program period? Any examples? Are they sustainable? 4. To what extent did PHCP contribute to improved HR capacity at MOH level, provincial level, district level and facility level and how? 5. Level of dialogue with MOH 6. Did the project introduce any innovative solutions (give some examples)? Are they sustainable? 7. Which of PHCP approaches and activities for improving service delivery can be replicated by the GOI without external support and how is that possible? 8. Do you think that the MOH is in a position to roll out the model clinic concept? What are the systems and plans in place that would allow it to do so? 9. What are the factors that are likely to affect sustainability of improved institution building and service delivery, especially pharmaceutical management, supportive supervision, continuous quality improvement (both positive and negative factors)? 10. What are challenges and external conditions which influenced (supporting and preventing) the success and effectiveness of the project activities? Please specify 11. Where and when was the GOI uncooperative or unhelpful regarding PHCP activities? Why? 12. Which services and systems were improved as a direct result of PHCP institution-building efforts? How are these improvements measured i.e. is there evidence of improvement? Can I have copies of documentation? 13. How have government relationships and project gains survived staff turnover? 14. What synergies and partnerships worked between PHCP and other international funded agencies (WHO, UNICEF, UNFPA) and GOI funded programs? 15. Did any project activities result in unintended consequences or impact? 16. Unintended results of PHCP including effects of PHCP on non-PHCP PHCCs due to effects of PHCP on MOH systems 17. What were the measures and criteria used to come up with the draw down plans? The PHCP reduced 			

activities but at the same time added some activities

18. How was the project implementation affected by the drawdown plans
19. Was there any exit strategy developed or approved?
20. What are the plans of MOH to sustain activities and/or for example to roll out converting main clinics into model clinics.
21. What are lessons learnt that could be applied to future USAID work?

What do you think the legacy of the PHCP project is/will be at the level of MOH, Provincial, district and PHCCs levels

Annex 8.4

Organization :	WHO/UNICEF/ TAG members		
Evaluator:	Team Leader & Primary Health Care Expert		
Date:	TBD	Time	1 Hour per interview
Location:	Baghdad		
Stakeholder's Name and Title:	WHO Primary Health Care Official UNICEF Health Care Official TAG member Individual in-depth interviews		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Questions:			
<ul style="list-style-type: none"> - Are the TAG members involved in PHCP planning process? In what ways are they involved? - Are TAG's opinions and inputs in planning processes, valued and taken in consideration? - What are the most important contributions of the TAG in PHCP interventions? - What are the challenges faced by TAG in advising PHCP? - What are the opportunities for improvement of collaboration and integration of your organization work with PHCP? - What were the main achievements of PHCP? How? - What were the least effective interventions of PHCP? Why? - Did the project introduce any innovative systems or solutions? Specify plz? <i>(note: applicable to TAG members)</i> - Do you think these innovations are sustainable and/or replicable? why do you think so? <i>(note: applicable to TAG members)</i> - In your opinion was there an improvement in quality or variety of PHC services provided or do you believe it remained the same after the PHCP's interventions? In what services and/or systems? How? - Did PHCP interventions have an effect on other non- PHCP health systems and/ or services (MOH, WHO, UNICEF, Universities, Medical Syndicate)? - After PHCP ends, do you think that it is important that TAG continues as an advisory group to MOH and for donor co-ordination? - Are there plans for MOH to continue to maintain TAG meetings and activities? 			

- Was there any unintended PHCP consequences? Kindly mention?
- What do you believe the USAID/PHCP would be remembered after few years for helping the Iraqi MOH achieve (Legacy)?

Annex 8.5

Organization :	MOH		
Evaluator:	Team Leader & Primary Health Care Expert		
Date:	TBD	Time	1 hour per interview
Location:	Baghdad		
Stakeholder's Name and Title:	MOH Deputy Director General of Public Health		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Questions: <u>Individual in-depth interview</u>			
<ul style="list-style-type: none"> - How has the PHCP been able to address the needs and priorities of the MOH and the Iraqi Primary Health Care Sector, and to what extent? - What are the main achievements that you find that PHCP has been able to help the MOH achieve, what were the enabling factors? - What has the project not been able to achieve yet, what were the challenges faced? - What is your view about the PHCP implementation strategy? Did they actually encourage active participation of MOH staff? Please give examples? - Did PHCP activities sufficiently support MOH to institutionalize systems that enable and ensure sustained improvement of quality of PHC services provided? Please give details and opinion? - What were these systems? Probe about various systems PHCP worked on. - What systems were new and what systems were upgraded? - Are these systems currently in place and functioning effectively? Please comment on their effectiveness. - Do you envision any risks associated with proper functioning of these systems? - What systems have the PHCP not been able to institutionalize and what systems have the PHCP been successful in institutionalizing and why? - Do you believe that PHCP activities have helped MOH to improve quality of PHC service delivery to Iraqi citizens? Give examples of services and systems they have been able to improve and others where they were not successful or important services / systems they did not address? - Do you believe that PHCP has been able to increase utilization of preventive care services and or early detection and treatment of non-communicable diseases? How? What is the evidence for this? Can you provide us with utilization statistics that substantiates this? 			

- Do you feel that PHCP was effective in transferring skills and capacity to the different levels of the MOH as appropriate? In what aspects? How yes? Why not? Please give examples.
- What plans do you have in place to be able to sustain and continue to improve PHC service delivery and increased demand for preventive services?
- Are there challenges to achieving this (upgrading more clinics to become Model Clinics, continued support to sub-clinics in serving vulnerable groups to reach MDGs 4 & 5)?
- After the project ends and maybe after a few years, what do you believe that the USAID/PHCP would be remembered for helping the Iraqi MOH achieve. What would be the legacy of USAID in MOH policies, MOH institutional capacity, and PHC service delivery; would USAID/PHCP be remembered for any paradigm shift in Iraqi PHC service delivery or in health status of Iraqis?

Annex 8.6

Organization :	MOH		
Evaluator:	Primary Health Care Expert		
Date:	TBD	Time	1 hour per interview
Location:	Baghdad		
Stakeholder's Name and Title:	MOH Managers, Primary Health Care Managers, Maternal and Child Health		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Questions:			
<ul style="list-style-type: none"> - What are the activities that you /your department has taken part in with PHCP - Describe the MOH role / your role in that activity. - How was collaboration, did you face any problems associated with project implementation? - Did the PHCP encourage MOH and provincial level active participation in design and implementation of project activities? Did it work on strengthening the capacity of MOH staff as it undertook project activities or not? - How was transfer of know how? - Did the project introduce any innovative systems or solutions? Specify plz? - Do you think these innovations are sustainable? What are the risks? - What are your views about the guidelines / standards that were produced? (For PHC stress management and quality guidelines; For MCH: ANC, PNC, Emergency Obstetric and Neonatal Care and IMCI). - Are they feasible within the Iraqi context (MC, main clinic, SC), what is feasible and what is not and why? - What are the project plans / MOH plans to adopt the guidelines at the different types of PHCCs/ different MOH levels ... etc. - Have systems /resources been put in place to enable compliance with the standard guidelines - How efficient /effective are these systems, are resources made available continuously - What are your views about the training of trainers provided by the projects - What are your views about the roll-out training provided to the health providers, district staff, 			

director staff to implement these guidelines

- What are your views about the new pharmaceutical management system?
- Is it adopted? How yes? Why not?
- Has any benefits / changes in availability of drugs and supplies been achieved?
- What are your views about the new equipment bought through the lifetime of the project especially that which has been purchased for the MC?
- Is all equipment now used in PHCC? How yes? Why not?
- Has any benefits / changes in envisioned quality of PHCC services occurred
- How is the MOH maintaining this equipment in a functional and calibrated state?
- What are your views about the new integrated medical record system?
- What are the advantages
- What is the expected benefit from its adoption / envisioned quality of PHC changes
- To what extent have these guidelines, systems, resources and training been effective in improving of the quality of primary health care service delivery
- What is still needed to achieve improved service delivery quality
- How do you assess demand for /utilization for these services (preventive services)? Have they increased? What was done to increase utilization?
- How effective are the results what still needs to be done
- Do we have any evidence of improved services / increased utilization especially of vulnerable groups especially for preventive services, which types of facilities?
- Can I obtain any service statistics that substantiate this evidence
- Is the MOH capable of sustaining improved services or further improving services? How so? How did the PHCP contribute to this ability?
- Would the MOH be able to scale up to other non-PHCP PHCCs? How so? How did the PHCP contribute to this ability?
- Would the MOH be able to scale up PHCCs to model clinics? How so? How did the PHCP contribute to this ability?
- What do you think are the major changes due to USAID/PHCP in capacity and implemented systems at MOH / DOH management and support of primary health care? What was the situation before the project and what is the situation after the project due to the implemented activities of the project?
- What do you think are the major changes due to USAID/PHCP in capacity and implemented systems at PHCCs (MC, main clinics, SC)? What was the situation before the project and what is the situation after the project due to the implemented activities of the project?
- After the project ends and maybe after a few years, what do you believe that the USAID/PHCP would be remembered for helping the Iraqi MOH achieve. What would be the legacy of USAID in PHC service delivery, would it be remembered for any paradigm shift in Iraqi PHC service delivery or in health status of Iraqis

Annex 8.7

Organization :	MOH		
Evaluator:	Primary Health Care Expert		
Date:	TBD	Time	1 hour per interview
Location:	Baghdad		
Stakeholder's Name and Title:	MOH Staff responsible for introducing the New Integrated Medical Record System		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Questions:			
<ul style="list-style-type: none"> - What was done by the PHCP and the MOH to revise the Medical Record System at PHCC? What was the role of each party and how was cooperation? - What were the guiding principles for choosing what and how to change the forms / systems? - What are the advantages of the new medical record system? Please give details of major changes / advantages. Advantages to quality of clinical care and advantages to monitoring service delivery. What are the disadvantages, if any? - Please explain what is the comprehensive patient file and how it was piloted and with what effect? What are its advantages / disadvantages? - What was done to introduce the new medical record system to PHCCs to adopt <ul style="list-style-type: none"> ➤ Printing of forms, registries and distribution ➤ Dissemination of guidelines ➤ Training of providers ➤ Other specify - Do you find this new system to be more or less comfortable and/or effective? - What were the challenges / enabling factors that were faced in the introduction phase? - Have all PHCCs of the PHCP adopted yet the new medical record system? How yes, why not? What parts of the medical record system are being utilized and what is not? What types of PHCCs / or characteristics of PHCCs who are using / not using the new medical record system? What are the constraints /enabling factors? - What is the feedback of PHCCs after its adoption? What are you going to do in response to the feedback? - Are the PHCP PHCCs using the new medical record system to report to the districts their activities and indicators? What are the constraining and enabling factors? What are the effects of 			

reporting according to the new system?

- Has the MOH given directions to implement the new medical record system across all PHCCs nation-wide? How yes, why not? What are the results so far?
- If we were to summarize, what are the major differences in primary health care service delivery between the old system and the new system? What has adoption of the new system resulted in: enhancement / deterioration of services?
- Any activities conducted to develop a digitalized Medical Record System?

Annex 8.8

Organization :	MOH		
Evaluator:	Primary Health Care Expert		
Date:	TBD	Time	1 hour per interview
Location:	Baghdad		
Stakeholder's Name and Title:	MOH, Staff responsible for the Pharmaceutical Supply Management System		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Questions:			
<u>MOH staff who took part in producing the guidelines:</u>			
<ul style="list-style-type: none"> - What were the aims of producing the Pharmaceutical Supply Management (PSM) guidelines for the district and the PHCC levels? What was the rationale behind developing the guidelines? Was there any previous guidelines? What was the situation prior to producing the guidelines? - How was the PSM guidelines produced? Who was involved? How were the topics and the management procedures chosen? What was the role of the different relevant sections of the MOH? - What are your views about the produced guidelines? - What would be the results / advantages of implementing these guidelines at district and PHCC levels? - Has training on the guidelines been undertaken for districts and PHCCs of the PHCP? What is the current status of training? - What MOH systems / PHCP activities have been put in place / implemented in order that districts and PHCCs apply the guidelines? 			
<u>District Level:</u>			
<ul style="list-style-type: none"> - What is your position and what is your role regarding pharmaceutical drugs and supplies in the district and regarding PHCCs? - Do you have the Pharmaceutical Supply Management (PSM) guidelines for the district and for the PHCC levels? - What are your views about the guidelines? How applicable are they to the Iraqi context in districts and in PHCCs and sub-PHCCs? - Were you trained on the guidelines? Who trained you? What are your views about the training? 			

Did it adequately prepare you to observe these guidelines and support the PHCCs in applying the guidance?

Topics to be discussed with all:

- Are there any constraints facing districts / PHCCs in applying the PSM guidelines? What are these constraints? What has been done to overcome them?
- Have any effects / benefits from applying these guidelines been achieved or have become evident? Provide examples and evidence if possible.
- Are there any plans to apply these guidelines in other non-PHCP PHCCs? What are these plans and how feasible are they? What are the enabling or constraining factors?
- Since the USAID/PHCP project started in 2011, has there been any change (positive or negative) in availability of essential drugs and supplies at project PHCC level? Are these changes resulting from project activities and/or MOH activities? How yes, why has no positive change in availability of drugs occurred?
- Has an essential drug and supplies list been produced for PHCCs and another for sub-PHCCs? Are these drugs and supplies continuously available in PHCCs? How yes why not?

Annex 8.9

Organization :	MOH PHC facility level		
Evaluator:	Primary Health Care Expert Six Data Collectors		
Date:	TBD	Time	30 minutes each interview
Location:	Selected PHC facilities all over Iraq		
Stakeholder's Name and Title:	PHC Clients Four exit client interviews in each selected facility.		
Purpose of Visit (check box):			
Data Gathering <input checked="" type="checkbox"/>		Other (specify) <input type="checkbox"/>	
Introduction? <input type="checkbox"/>			
Questions:			
<u>What do you think of:</u>			
<ul style="list-style-type: none"> - Service received - Knowledge of patient rights - Availability of prescribed drugs - Availability of laboratory tests - Recall of important procedures delivered to client according to clinical guidelines - Level of satisfaction with various quality items e.g. waiting time, being listened to, privacy etc. 			
What is your level of overall satisfaction			
Why do you come to this clinic and would you come again?			
Would you recommend this clinic to others?			
CLIENT EXIT INTERVIEW			
01 FACILITY NAME _____			
02A FACILITY NUMBER			
02B FACILITY TYPE			
03 DISTRICT CODE			

--	--	--	--

04 INTERVIEWER NAME _____

05 INTERVIEWER NUMBER

06 CLIENT INTERVIEW NUMBER

07 DATE

(a)

(b)

(c)

DAY

MONTH

2014

YEAR

READ TO CLIENT: Hello, I am _____. We are implementing a survey for the Ministry of Health which supports health services. We would like to interview you to better understand the experiences of people who receive care in this facility and your opinion of the services received. The information you provide will be used to improve services to your community. All information you provide will remain confidential.

Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.

Do you have any questions for me? Do I have your permission to continue with the interview?

Signature of interviewer indicates that the consent form was read and the client agreed to participate.

	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about.	
--	--	--

8	Which services did you receive today?	Antenatal Care..... A
---	---------------------------------------	-----------------------

	<p>IF A CHILD IS THE RECIPIENT OF SERVICES MAKE SURE TO ASK THE AGE OF THE CHILD TO FIND OUT WHETHER THE CHILD IS UNDER FIVE OR ABOVE FIVE AND MARK THE APPROPRIATE CODE.</p> <p>IF CLIENT COMING FOR ANTENATAL CARE (A), CHILD IMMUNIZATION (D), UNDER FIVE CHILD HEALTH (E) OR SICK CHILD UNDER FIVE, MAKE SURE TO FILL THE APPROPRIATE SECTIONS AT THE END OF THE INTERVIEW.</p>	Postnatal careB Family planning.....C Child immunizationD Under five child health (Growth Monitoring)E Sick child under five.....F Child or adult curative care.....G Communicable DiseasesH Chronic DiseasesI Laboratory.....J X-Ray.....K Referral ServicesL Injections.....M OTHER SPECIFYX DON'T KNOWZ	
9	Did you receive any medicines or other items from the facility to take at home?	YES, ALL MEDS.....1 YES, SOME MEDS ONLY.....2 NO SAID TO BUY FROM OUTSIDE..3 NO PRESCRIPTION/ TESTS ONLY ...4	→11
10	Did a doctor or nurse at the facility explain to you how to give/take these medicines at home?	YES.....1 NO2 PHARMACIST EXPLAINED.....3 DON'T KNOW8	
11	Did you receive any diagnostic tests today such as blood, urine, or x-ray??	YES.....1 NO2	→13
12	Did a health worker discuss the results of the tests with you?	YES.....1 NO2 RESULTS NOT OUT YET3	
13	Do you have a health card where the services you received are documented?	YES.....1 NO2	
CLIENT SATISFACTION			

14	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>						
		SAW PROVIDER IMMEDIATELY .000						
		DON'T KNOW 998						
Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems or not problems for you today, and if so, whether they were major or minor problems for you.								
15	COMMON PROBLEMS	TYPE OF PROBLEM		NO PROBLEM	DON'T KNOW			
		MAJOR	MINOR					
01	Time you waited to see a provider	1	2	3	8			
02	Ability to discuss problems or concerns about your health or condition	1	2	3	8			
03	Amount of explanation you received about: any questions or problems you had or the medical care or treatment provided?	1	2	3	8			
04	The medical care or treatment provided	1	2	3	8			
05	Privacy from having others see the examination	1	2	3	8			
06	Privacy from having others hear your consultation discussion	1	2	3	8			
07	Availability of medicines at this facility	1	2	3	8			
08	Availability of diagnostic tests such as blood, urine, or x-ray.	1	2	3	8			
09	The cleanliness of the facility	1	2	3	8			
10	State of repair/condition of the facility	1	2	3	8			

11	How the doctor treated you during examination	1	2	3	8
12	How the nurse treated you during examination	1	2	3	8
13	How the staff treated and spoke with you during the visit	1	2	3	8
14 Any other problems					
16	Have you visited this facility before?	YES			→19A
		NO			
17	Have you noticed any difference in the services or the way that health workers treat you over the past year?	YES			→19A
		NO			
18	For each of the following, please tell me if you have noticed any change in this facility, or if others in the community have discussed changes in the facility over the past year (Instruction: After reading each statement repeat the words better / no change /worse)				
		BETTER	NO CHANGE	WORSE	DON'T KNOW
01	Time you waited to see a provider	1	2	3	8
02	Ability to discuss problems or concerns about your health or condition	1	2	3	8
03	Amount of explanation you received about any questions or problems you had or the care or treatment provided?	1	2	3	8
04	The care or treatment provided	1	2	3	8
05	Privacy from having others see the examination	1	2	3	8
06	Privacy from having others hear your consultation discussion	1	2	3	8
07	Availability of medicines at this facility	1	2	3	8
08	Availability of diagnostic tests such as blood, urine, or x-ray.	1	2	3	8
09	The cleanliness of the facility	1	2	3	8

10	State of repair/condition of the facility	1	2	3	8
11	How the doctor treated you during examination	1	2	3	8
12	How the nurse treated you during examination	1	2	3	8
13	How the staff treated and spoke with you during the visit	1	2	3	8
14 Any other changes					
19A	Is this the closest health facility to your home?	YES 1			→20
		NO 2			
		DON'T KNOW 98			→20
19B	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 1 BAD MEDICAL REPUTATION 2 DON'T LIKE PERSONNEL 3 NO MEDICINE 4 PREFERS TO REMAIN ANONYMOUS 5 IT IS MORE EXPENSIVE 6 NO DOCTOR 7 NO FEMALE DOCTOR 8 TREAT MY COMMUNITY BAD 9 TREAT WOMEN BAD 10 WAS REFERRED 11 OTHER SPECIFY 96 DON'T KNOW 98			
19C	Why did you come to this facility	FEMALE DOCTOR A GOOD MEDICAL TREATMENT B AVAILABILITY OF MEDICINES C AVILABILITY OF LABORATORY ... D			

		AVAILABILITY OF EQUIPMENT.....E GOOD TREATMENT BY STAFFF LISTEN TO PROBLEM AND EXPLAIN WELL G PRIVACY H WELL ORGANIZED / MINIMAL WAITING TIMEI GOOD CLEAN BUILDING.....J OTHER SPECIFY X DON'T KNOWZ	
20	In general, which of the following statements best describes your opinion of the services you received at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 1) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY..... 1 2) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED.....2 3) I AM NOT SATISFIED WITH THE SERVICES I RECEIVED3 Why are you not satisfied with the services you received		
21	Will you recommend this health facility to a friend or family member? WHY NOT	YES 1 NO 2 NO CHOICE.....3 DON'T KNOW8	
PATIENT RIGHTS			
22	Did you hear of Patient Rights?	YES 1 NO 2	→25
23	How did you come to know about Patient's Rights? MARK ALL MENTIONED	SEEN POSTERS / PAMFLETA HEALTH WORKER TOLD ME..... B HEALTH PROVIDER TOLD ME C NGO/CIVIL SOCIETYD COMMUNITY LEADER E	

		TV / RADIO F NEWSPAPER..... G OTHER SPECIFY X DON'T KNOW Z	
24	What are the various Patients' Rights? MARK ALL MENTIONED	RIGHT TO KNOW A TREATMENT AND CARE B MAKE OWN DECISIONS ON TREATMENT C PRIVACY OF PERSONAL INFO D REFERRAL E SECOND OPINION F VISUAL PRIVACY G AUDITORY PRIVACY H CHOICE OF PROVIDER I OTHER SPECIFY X DON'T KNOW Z	
	The following section should be asked to pregnant women		
	ANTENATAL CARE		
25	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT 1 SECOND VISIT 2 THIRD VISIT 3 FOURTH VISIT 4 MORE THAN 4 VISITS 5 DON'T KNOW 8	
26	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES 1 NO 2 DON'T KNOW 8	
27	During this visit (or previous visits) has a provider talked to you about any signs that should warn you of problems or complications with the pregnancy?	YES 1 NO 2 DON'T KNOW 8	
28	Please tell me any signs of complications (danger	VAGINAL BLEEDING A	

	signs) that you know of. CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")	FEVER B SWOLLEN FACE OR HAND C TIREDNESS OR BREATHLESSNESS D HEADACHE OR BLURRED VISION E SEIZURES/CONVULSIONS F REDUCED OR NO FETAL MOVEMENT G OTHER SPECIFY X DON'T KNOW Z	
29	Did the provider advise you what to do if you experienced any of the signs of complications?	YES 1 NO 2 DON'T KNOW 8	
30	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	YES 1 NO 2 DON'T KNOW 8	
31	During this visit (or previous visits) has a provider talked to you about any complications during or immediately following childbirth?	YES 1 NO 2 DON'T KNOW 8	
32	During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time?	YES 1 NO 2 DON'T KNOW 8	
33	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?	BETWEEN 4 TO 6 MONTHS 1 6 MONTHS 2 Other 6 DON'T KNOW 8	
	The following section should be asked to women coming for postnatal care or coming with a child under five		
	HEALTHY OR SICK CHILD UNDER FIVE		
34	How old is the child in months?	Age in months	

35	Did anyone at the health facility weigh your child today?	YES1 NO2 DON'T KNOW8	
36	Did anyone at the health facility talk to you today about your child's weight and how your child is growing?	YES1 NO2 DON'T KNOW8	
37	Did any provider ask you today about the types of foods and amounts that you normally feed your child when not sick? <u>If child not sick today skip to 40</u>	YES1 NO2 DON'T KNOW8	
38A	Did any provider tell you about any serious symptoms or danger signs for which you should bring [NAME] back immediately?	YES1 NO2 DON'T KNOW8	→39 →39
38B	IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately?	FEVERA BREATHING PROBLEMSB BECOMES SICKER.....C BLOOD IN STOOL.....D VOMITINGE POOR/NOT EATINGF POOR/NOT DRINKINGG OTHER SPECIFYX NO, NONEY DON'T KNOWZ	
39	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINESA IF SYMPTOMS INCREASE OR BECOME WORSEB FOLLOW-UP APPOINTMENTC VIT. AD LAB TEST RESULTSE ROUTINE IMMUNISATIONF OTHER SPECIFYX	

		NO Y DON'T KNOW Z			
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general				
40	Sex of Respondent	MALE 1 FEMALE 2			
41	How old were you at your last birthday? (respondent)	AGE LAST BIRTHDAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
42	Have you ever attended school? (respondent)	YES 1 NO 2	→44		
43	What is the highest level of school you attended?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/A-LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5	→END →END →END →END		
44	Do you know how to read or how to write?	YES 1 NO 2			
END	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!				

8.j.

SECTION 1.0 FACILITY IDENTIFICATION AND CONSENT						
100A	Name of facility (INCLUDE OTHER NAMES FACILITY IS KNOWN BY) _____	DISTRICT CODE	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
100B	Type of facility : 1) Model 2) Main 3) Sub PHCC	FACILITY CODE	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
		FACILITY TYPE	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
101	DATE OF DATA COLLECTION (WRITE DATE HERE) _____	DAY	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
		MONTH	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
		YEAR	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

102a 102b	INTERVIEWER NAMES _____ _____	INTERVIEWER 1 CODE INTERVIEWER 2 CODE	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>										
103	Contact information for interview person of facility NAME: _____ TITLE: _____ QUALIFICATION: _____												
<p>FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:</p> <p>Good day! My name is _____. I am part of an independent team assessing the Primary health Care Project being implemented by the University Research Corporation and the Ministry of Health, and funded by the Ministry of Health and USAID We are conducting an evaluation of the progress thus far in implementing the project and in improving primary health care services. As part of this evaluation we are conducting a survey of health facilities to assist the government and donors in knowing more about the current status of primary health care services.</p> <p>Now I will read a statement explaining the evaluation.</p> <p>Your facility was selected to participate in this study. We will be asking you questions about various health services and will be asking to see service sites, equipment, supplies, and pharmaceuticals, and will be asking to interview staff about training they have received and their experiences with the PHC system. Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.</p> <p>If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.</p> <p>At this point, do you have any questions about the study? Do I have your agreement to proceed?</p> <p>_____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table></p> <p>INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED DAY MONTH YEAR</p>													
SECTION 1 POPULATION SERVED													
1.1 CATCHMENT POPULATION													
First, I want to better understand how this facility links with communities, other facilities, and more about the client population served by this facility.													
111	How many people live in the catchment area, that is, the geographic areas where this facility has direct												

	responsibility?	CATCHMENT POPULATION DON'T KNOW.....99998	
113	Can you share with me from records what was the estimated population size that received PHC services in your facility? 1) three years ago 2) today	Three years ago Today	
1.3 REFERRALS			
130	Are there written guidelines for which patients should be referred to another facility and for when?	YES..... 1 NO..... 2 NEVER REFER PATIENTS 3	→200
131	How do referred patients <u>most often</u> go to the referral site?	FACILITY AMBULANCE A FACILITY CALLS AMBULANCE FROM OTHER SITE TO PROVIDE TRANSPORTATION.....B FAMILY RENTS VEHICLE/PRIVATE VEHICLE.....C OTHER X (SPECIFY) DON'T KNOWZ	
132	Is there a record maintained for all <u>patients referred outside to another facility</u> ? IF YES, ASK IF THE INFORMATION IS COMPILED FOR INTERNAL OR EXTERNAL USE.	YES, COMPILED 1 YES, IN SERVICE REGISTERS, NOT COMPILED 2 NO..... 3 NEVER REFER PATIENTS 5	→200
133	Is a printed referral form used? IF YES, ASK TO SEE A BLANK COPY	YES, OBSERVED..... 1 YES, FORM NOT SEEN..... 2 NO..... 3	
134	Does this facility receive information back from facilities when patients are referred?	YES, ALWAYS 1 YES SOMETIMES..... 2 NO..... 3	
SECTION 2 GOVERNANCE AND MANAGEMENT			
Now I want to ask you questions related to governance and routine systems implemented by the facility. If someone else in the facility is more familiar with the topic, please tell me so that we can arrange for me to talk with them.			
2.0 LOCAL HEALTH COMMITTEE			

200	Does this facility interact with a Local Health Committee (LHC)?	YES1 NO2	→ 211
200A	How many LHC members are female (from PHCC and from community)?	PHCC..... Community.....	
201	How long has the LHC been functional?	LESS THAN 1MONTH1 2-3 MONTHS2 4-6 MONTHS3 7-11 MONTHS4 12 MONTHS OR MORE5 DON'T KNOW8	
201A	Does the LHC have a workplan? Can I see it?	YES, SEEN1 YES, NOT SEEN2 NO3	
202A	When was the most recent time the Local Health Committee met?	WITHIN THE PAST 1 MONTH.....1 WITHIN THE PAST 2-3 MONTHS.....2 WITHIN PAST 4-6 MONTHS3 MORE THAN 6 MONTHS AGO.....4 HAS NOT MET YET.....0	
202B	Do you keep LHC meeting minutes? IF YES, ASK TO SEE LHC meeting minutes	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	
203	Does this facility have a copy of the Community Health Partnerships Handbook? IF YES, ASK TO SEE THE HANDBOOK	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	
204	Have you or any staff in this facility been trained on community partnership or the community partnership handbook?	YES1 NO2 DON'T KNOW8	→ 205A → 205A

204A	Which of the following best describes your opinion of the leadership and management training? READ ALL RESPONSES AND CIRCLE MOST APPLICABLE.	VERY GOOD GOOD..... FAIR..... POOR VERY POOR.....	
204B	Have you been able to apply what you have been trained on to your current work?	YES 1 NO 2 DON'T KNOW 8	→ 205A → 205A
204C	How?		
205A	Has the LHC conducted / participated in any community health activities in the past 6 months?	YES 1 NO 2	→ 210
205B	What were these activities? MARK ALL RELEVANT AND SPECIFY DETAILS	Outreach to Vulnerable Groups A Health Messages..... B Child immunization C Neonatal care services D Maternal care E Common child illnesses..... F Chronic Diseases G Waste Disposal..... H Clean water I Sanitation J Improving quality..... K OTHER SPECIFY..... X DON'T KNOW Z	
206A	In general do you think that the work of the LHC is leading to increased utilization of PHC services by the community especially vulnerable groups and women?	YES DEFINITELY 1 YES SOMEWHAT 2 NOT AT ALL 3	
206B	In general do you think that the work of the LHC is leading to improvements in the quality of the health services provided at the PHC?	YES DEFINITELY 1 YES SOMEWHAT 2 NOT AT ALL 3	
SECTION 2.1 MANAGEMENT SYSTEMS			
211	Does this facility have routine staff meetings?	YES 1 NO 2	→ 213A

212A	When was the most recent management team/routine staff meeting?	WITHIN THE PAST 1 MONTH.....1 WITHIN THE PAST 2-3 MONTHS.....2 WITHIN PAST 4-6 MONTHS3 MORE THAN 6 MONTHS AGO.....4	
212B	Do you keep staff meeting minutes? IF YES, ASK TO SEE staff meeting minutes	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	
213A	Have any staff in the facility received the Primary Health Care Project Leadership and Management training in the past 3 years? IF YES, ASK IF STILL IN PHCC OR MOVED ELSEWHERE.	YES, STILL IN PHCC1 YES, MOVED2 NO3 DON'T KNOW8	→ 214A → 214A
213C	Which of the following best describes your opinion of the leadership and management training? READ ALL RESPONSES AND CIRCLE MOST APPLICABLE.	VERY GOOD GOOD..... FAIR..... POOR VERY POOR.....	
213D	Have you been able to apply what you have been trained on to your current work?	YES1 NO2 DON'T KNOW8	→ 214A → 214A
213E	How?		
214A	Have any staff in the facility received the Primary Health Care (PHC) Management Training in the past 3 years? IF YES, ASK IF STILL IN PHCC OR MOVED ELSEWHERE.	YES, STILL IN PHCC1 YES, MOVED2 NO3 DON'T KNOW8	→ 215 → 215
214C	Which of the following best describes your opinion of the training? READ ALL RESPONSES AND CIRCLE MOST APPLICABLE.	VERY GOOD GOOD..... FAIR..... POOR VERY POOR.....	

214D	Have you been able to apply what you have been trained on to your current work?	YES1 NO2 DON'T KNOW8	→ 215 → 215
214E	How?		
215	Does this facility have a copy of the Primary Health Care Management Handbook? IF YES, ASK TO SEE THE COPY.	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	
216A	Does this facility receive any external supervision, e.g., from district, provincial, or national offices?	YES1 NO2	→ 221
216C	How frequent? (RECORD FOR THE MOST FREQUENT VISITOR)	EVERY WEEK TO LESS THAN MONTH 0 EVERY MONTH..... 1 EVERY 2-3 MONTHS 2 EVERY 4-5 MONTHS 3 6 OR MORE MONTHS..... 4	
218	Did the supervisor leave any written feedback? IF YES, ASK TO SEE THE WRITTEN FEEDBACK AND CIRCLE ALL THAT APPLY	YES, OBSERVED NOTE IN SUPERVISION REGISTER A COPY OF COMPLETED CHECKLISTB OTHER TYPE OF NOTEC NOX	
219	During the last supervision visit, did the supervisor assess the following? READ ALL AND MARK ALL THAT APPLY	PHC FACILITY ADMINISTRATION REVIEWA STAFF AVAILABILITY / TRAINING B INFORMATION SYSTEM REVIEW...C REFERRAL SYSTEM REVIEW.....D COMMUNITY INVOLVEMENT REVIEW.....E DRUG STOCK OUT AND EXPIRY ...F HEALTH PROGRAM REVIEWG OTHER SPECIFY.....X NONEY	
2.2 PERSONNEL MANAGEMENT			

221	Does the facility have written job descriptions? IF YES, CLARIFY IF JOB DESCRIPTIONS EXIST FOR ALL POSITIONS.	ALL POSITIONS.....1 SOME, NOT ALL POSITIONS2 NO3	→ 223
222	May I see the job description(s) for staff nurses?	YES, OBSERVED1 REPORTED, NOT SEEN2 NOT AVAILABLE3	
223	Does this facility maintain a written or computerized record for staff training?	YES, OBSERVED1 REPORTED, NOT SEEN2 NOT AVAILABLE3	
224	Does the PHCC suffer from any shortage in staff? READ ANSWERS AND Mark ALL MENTIONED AS SHORTAGE	Generalist (non-specialist) medical doctorsA Specialist medical doctorsB Non-physician clinicians/paramedical professionalsC NursingD Nursing/midwifery associate professionalsE Pharmacist/pharmacy assistantF Laboratory Scientists/technologists/assistantsG Other health workerH Health management and support workers I Female physician.....J Female nurseK Other SpecifyX NO SHORTAGE.....Y	
2.3 QUALITY MANAGEMENT SYSTEMS			
Please ask to speak to someone who is in QI team. If such a person does not exist ask to speak to any staff who is trained on quality and knows the activities of quality in the facility.			
2300	Does this facility have guidelines for the Continuous Quality Improvement process? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	
2301	Has any of staff been trained in Continuous Quality Improvement? IF YES, ASK IF STILL IN PHCC OR MOVED ELSEWHERE.	YES, STILL IN PHCC.....1 YES, MOVED2 NO3 DON'T KNOW8	→ 2303 → 2303

2302A	Which of the following best describes your opinion of the training? READ ALL RESPONSES AND CIRCLE MOST APPLICABLE.	VERY GOOD GOOD..... FAIR..... POOR VERY POOR.....	
2302B	Have you been able to apply what you have been trained on to your current work?	YES 1 NO 2 DON'T KNOW 8	→ 2303 → 2303
2302C	How?		
2303	Does this facility have a Quality Improvement Team that has been trained in Continuous Quality Improvement?	YES, all trained 1 YES, some trained..... 2 YES, not trained..... 3 NO 4 DON'T KNOW 8	→ 2307 → 2307
2304	Does the Quality Improvement Team have female members?	YES 1 NO 2	
2305	When was the most recent QI Team meeting?	WITHIN THE PAST 1 MONTH..... 1 WITHIN THE PAST 2-3 MONTHS..... 2 WITHIN PAST 4-6 MONTHS..... 3 MORE THAN 6 MONTHS AGO..... 4	
2306	Do you keep QI meeting minutes? IF YES, ASK TO SEE QI meeting minutes	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
2307	Are there quality standards difficult to meet?	YES 1 NO 2	→ 2309
2308	What are the difficult standards to meet and why?		
2309	What are enabling factors for facilities to comply with quality standards?		
2310	Does the facility involve beneficiaries and patients and their families in setting polices and implementing quality improvement and patient safety activities?	YES 1 NO 2	→ 2312

2311	If so, how?		
2312	Does the facility or others conduct staff satisfaction? IF YES, ASK TO SEE THE REPORTS	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	
2313	Does the facility have any quality improvement success stories and quality improvement projects? IF YES, ASK TO SEE THE REPORTS AND TAKE PHOTOCOPIES	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	→ 2315
2314	If so, how?		
2315	Was the facility involved in any quality improvement collaboratives? IF YES, ASK TO SEE THE REPORTS AND TAKE PHOTOCOPIES	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3	→ 240
2316	If so, how?		
2.4 CLIENT OPINION			
240	Does this facility have any system for determining clients' opinions or receiving feedback about the health facility or its services?	YES1 NO2	→ 250
241	What methods are used to determine client opinions or receiving feedback READ ALL OPTIONS AND MARK YES OR NO	YES	NO
01	SUGGESTION BOX	1	2
02A	CLIENT SURVEY FORM: 02B How often.....	1	2
03A	CLIENT INTERVIEW FORM: 03B How often.....	1	2
04A	LOCAL HEALTH COMMITTEE MEETINGS: 04B How often.....	1	2
05	OFFICIAL MEETING WITH COMMUNITY LEADERS OTHER THAN LOCAL HEALTH COMMITTEE	1	2
06	INFORMAL DISCUSSIONS WITH CLIENT OR COMMUNITY	1	2
07A	FOCUS GROUP DISCUSSIONS WITH CLIENTS OR COMMUNITY: 07B How often.....	1	2

08	FORMAL COMPLAINTS.....	1	2	
09A	COMMUNITY SURVEYS / INTERVIEWS: 09B How often	1	2	
10A	STAFF FEEDBACK: 10B How often.....	1	2	
96	OTHER (SPECIFY).....	1	2	
242	Is there a routine procedure for reviewing feedback from any of the above methods and reporting on clients' opinions? IF YES, ASK TO SEE THE REPORTS AND TAKE PHOTOCOPIES	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3		
243	Is reporting on clients' opinions used to improve quality of the facility? IF YES, ASK TO SEE THE REPORTS AND TAKE PHOTOCOPIES	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3		
2.5 PERFORMANCE MANAGEMENT				
250	Does the facility set and review any quality improvement goals (aims)? IF YES, ASK TO SEE THE REPORTS AND TAKE PHOTOCOPIES	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3		
251	Does the facility aggregate and analyze its monthly facility PHC activities report to be useful information and compare its data across time and identify quality improvement opportunities? IF YES, ASK TO SEE THE REPORTS AND TAKE PHOTOCOPIES	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3		
252	Does the facility aggregate and analyze supervisor checklist and identify quality improvement projects for red flags identified?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3		
SECTION 3: FACILITY RESOURCES				
Number	Question	Result	Skip	
SECTION 3.1 FACILITY INFRASTRUCTURE				
Now I have some questions about the basic infrastructure of the facility, and I will ask to see some of the items I ask about.				

<p>310</p> <p>What infrastructure problems do you have that limit your ability to provide good quality services?</p> <p>READ ALL AND MARK ALL THAT APPLY</p> <p>GIVE DETAILS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Telephones and MobilesA</p> <p>COMPUTERB</p> <p>INTERNETC</p> <p>No ElectricityD</p> <p>Electricity often cut off.....E</p> <p>No Generator or solar energy source..... F</p> <p>No piped waterG</p> <p>Water supply often cutsH</p> <p>Well or pumped water I</p> <p>Sanitation problemJ</p> <p>Other specifyX</p> <p>No infrastructure problem.....Y</p>		
<p>313</p>	<p>Do all fire extinguishers have current tags? (Yes No)</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED NOT SEEN 2</p> <p>NO 3</p>	
<p>314</p>	<p>Are no smoking signs displayed in public areas?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED NOT SEEN 2</p> <p>NO 3</p>	
<p>315</p>	<p>Is there a map showing catchment area displayed in public area?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED NOT SEEN 2</p> <p>NO 3</p>	
<p>316</p>	<p>Is the services offered in facility displayed in public area?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED NOT SEEN 2</p> <p>NO 3</p>	
<p>317</p>	<p>Do staff wear uniform and identification badge?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED NOT SEEN 2</p> <p>NO 3</p>	
<p>318</p>	<p>Is access to facility easy for senior and people with disability?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED NOT SEEN 2</p> <p>NO 3</p>	

319A	Is there privacy for people in examination rooms?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3	
319B	Is there patients Rights poster in the public area?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3	
3.2 HEALTH CARE INFECTION PREVENTION AND CONTROL & WASTE MANAGEMENT			
320	Does this facility have a copy of the Guidelines for PHC Infection Prevention and Waste Management?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3	
321A	Do you have an infection control team	YES..... 1 NO 2	
321B	Are they all trained on Infection prevention and Waste Management?	YES, all trained 1 YES, some trained 2 NO 3 DON'T KNOW 8	
321C	Have any other staff received training in PHC Infection Prevention and waste management in the past 3 years? IF YES, ASK IF STILL IN PHCC OR MOVED ELSEWHERE.	YES, STILL IN PHCC 1 YES, NOT IN PHCC..... 2 NO 3 DON'T KNOW 8	→ 322C → 322C
321E	Which of the following best describes your opinion of the training? READ ALL RESPONSES AND CIRCLE MOST APPLICABLE.	VERY GOOD GOOD..... FAIR POOR..... VERY POOR	

321F	Have you been able to apply what you have been trained on to your current work?	YES..... 1 NO 2 DON'T KNOW 8	→ 322C → 322C
321G	How?		
322A	Does the facility segregate its waste?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3	
322B	Does the facility use any color coding for the waste system?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3	
322C	Do you have special containers for infectious waste?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3	
322D	Do you have special containers for sharps?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3	
322E	Do you have any constraints to implement infection control guidelines? READ ALL AND MARK ALL THAT APPLY ASK FOR DETAILS	<u>SHORTAGES IN</u> Protective Equipment Supplies A Cleansing solutions /soap.....B Disinfectants.....C Surface disinfectants..... D Lack of Staff Training.....E Difficult Staff Behavior Change..... F OTHER SPECIFY X No Constraints..... Y	

322F	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility <i>finally</i> dispose of sharps waste (e.g., filled sharps boxes)?</p>	<p>BURN INCINERATOR 1</p> <p>Transfer to hospital or province 2</p> <p>OPEN BURNING 3</p> <p>DUMP WITHOUT BURNING 4</p> <p>REMOVE OFFSITE..... 5</p> <p>NEVER HAS SHARP WASTE..... 6</p>	<p>→ 324</p> <p>→ 324</p> <p>→ 324</p>
323	<p>ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE IF THE SITE IS PROTECTED (ANIMALS AND UNAUTHORIZED PERSONS CANNOT GAIN ACCESS) OR NOT PROTECTED.</p>	<p>PROTECTED SITE, 1</p> <p>SITE NOT PROTECTED..... 2</p>	
324	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages.</p> <p>How does this facility <i>finally</i> dispose of medical waste other than sharps boxes?</p>	<p>BURN INCINERATOR 1</p> <p>Transfer to hospital or province 2</p> <p>OPEN BURNING 3</p> <p>DUMP WITHOUT BURNING 4</p> <p>REMOVE OFFSITE..... 5</p> <p>NEVER HAS MEDICAL WASTE..... 6</p>	<p>→ 330</p> <p>→ 330</p> <p>→ 330</p>
325	<p>ASK TO SEE THE PLACE USED BY THE FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE IF THE SITE IS PROTECTED (ANIMALS AND UNAUTHORIZED PERSONS CANNOT GAIN ACCESS) OR NOT PROTECTED.</p>	<p>PROTECTED SITE, 1</p> <p>SITE NOT PROTECTED..... 2</p>	
3.3 GROUNDS AND BUILDING MAINTENANCE			
	<p>Now I would like to know if you or any of the staff have received the following training during the past 2 years.</p>		
330	<p>Have you or any staff received training in PHC maintenance and management?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
331	<p>Does this facility have a copy of the Standard Operating Procedures for PHC maintenance management? IF YES, ASK TO SEE THE COPY</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>	
332	<p>Is there a budget line item for building and/or grounds maintenance?</p>	<p>YES..... 1</p> <p>NO 2</p>	

334	Does this facility have designated maintenance personnel?	YES..... 1 NO 2	
335	Does the facility have a routine preventative maintenance plan that is functional for any of the building infrastructure such as water systems, electric systems, sewerage, or building repair?	YES functional 1 YES not functional 2 NO 3	
3.4 EQUIPMENT MAINTENANCE			
340	Is there a budget line item for routine equipment maintenance and repair?	YES..... 1 NO 2	
341	Is there a schedule for inspection, testing and preventive maintenance for any major piece of equipment as guided by the manufacturer's recommendations? IF YES, ASK "Who conducts the preventive maintenance?" READ ALL RESPONSES AND CIRCLE ALL THAT APPLY	YES, COMPANY SUPPLYING MACHINE A YES, CONTRACT WITH OUTSIDE PERSON/ COMPANY B FACILITY STAFF TRAINED IN MACHINE MAINTENANCE C NO X	
342	Does this facility have a process for repairing and/or replacing small equipment such as stethoscopes or blood pressure machines?	YES..... 1 NO 2	➔ 400
343	Does this process function well, that is, is broken equipment repaired or replaced in a timely manner?	ALMOST ALWAYS..... 1 SOMETIMES..... 2 RARELY..... 3	
SECTION 4 CLIENT SERVICES			
ASK TO GO TO WHERE AMBULATORY CURATIVE CARE SERVICES ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH CURATIVE AND PREVENTIVE CARE SERVICES AND HOW THEY ARE ORGANIZED. EXPLAIN THE SURVEY AND THAT YOU WILL BE ASKING FOR INFORMATION ABOUT THE SERVICES AND ASKING TO SEE SERVICE SITES, EQUIPMENT, AND SUPPLIES.			
4.0 SERVICES OFFERED			

400	Please tell me which of the following services are offered by staff in this facility, and if the service is routinely offered in the facility, in the community, or both in the facility and the community	IN FACILITY	IN COMMUNITY	BOTH FACILITY AND COMMUNITY	NOT OFFERED
01	Curative care for adults	1	2	3	4
02	Curative care for children (5+)	1	2	3	4
03	Emergency trauma care	1	2	3	4
04	Family Planning	1	2	3	4
05	Antenatal Care	1	2	3	4
06	Delivery services	1	2	3	4
07	Postnatal Care	1	2	3	4
08	Child immunization	1	2	3	4
09	Integrated management of childhood illness (under 5)	1	2	3	4
10	Pregnant women Immunization	1	2	3	4
401A	Are there Traditional Birth Attendants in the PHCC geographic Area?	YES..... NO			→ 402A
401B	Have they been trained?	YES..... NO			→ 402A
401C	Is there a monthly meeting with TBAs	YES..... NO			
401D	Does the TBA accompany mothers when they come to complete birth registration of their babies?	YES..... NO			
401E	Does the TBA inform the woman of danger signs during pregnancy?	YES..... NO			
401F	Does the TBA inform the woman of danger signs for the newborn and children under-five?	YES..... NO			

402A	Is the mother examined when she comes to register her baby?	YES..... NO		
402B	Is the baby examined when they come to be registered?	YES..... NO		
403	Do you have the Handbook of Quality Standards and Operational Guidelines for Clinical Service Delivery in Primary Care Clinics available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED YES, REPORTED NOT SEEN NO		
404	Do you have the Clinical Guidelines for Communicable Diseases in PHC available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED YES, REPORTED NOT SEEN NO		
405	Do you have the new Guidelines for Non-Communicable Diseases? IF YES, ASK TO SEE THE GUIDELINES AND CIRCLE ALL TOPICS FOR WHICH GUIDELINES WERE OBSERVED	OBSERVE D	REPORTED, NOT SEEN	NOT AVAI LAL E
01	Asthma	1	2	3
02	Diabetes	1	2	3
03	Hypertension.....	1	2	3
406A	Do you have the Integrated Management for Childhood Illness (IMCI) guidelines for the diagnosis and management of childhood illnesses available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED YES, REPORTED NOT SEEN NO		
406B	Do you have the Antenatal Guidelines for PHC available in this facility today? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED YES, REPORTED NOT SEEN NO		
407A	Is there a copy of the Poster for Patient Rights in this service area? IF YES, ASK TO SEE THE POSTER	YES, OBSERVED YES, REPORTED NOT SEEN NO		

407B	Are there posters and/OR job aids for Antenatal Care in this service area? IF YES, ASK TO SEE POSTER &/OR Job aids	YES, OBSERVED					
		YES, REPORTED NOT SEEN					
		NO					
407C	Are there posters and/OR job aids for Postnatal Care (PNC) in this service area? IF YES, ASK TO SEE POSTER &/OR Job aids	YES, OBSERVED					
		YES, REPORTED NOT SEEN					
		NO					
407D	Are there posters and/OR job aids for Integrated Management of Childhood Illnesses (IMCI) in this service area? IF YES, ASK TO SEE POSTER &/OR Job aids	YES, OBSERVED					
		YES, REPORTED NOT SEEN					
		NO					
407E	Are there leaflets, brochures or booklets that contain health promotion information available for public? IF YES, ASK TO SEE MATERIALS	YES, OBSERVED					
		YES, REPORTED NOT SEEN					
		NO					
407F	Are health and nutritional information available for public? IF YES, ASK TO SEE MATERIALS	YES, OBSERVED					
		YES, REPORTED NOT SEEN					
		NO					
408	Now I would like to know if you or any of the staff have received the following training during the past 3 years. IF YES, ASK IF STILL IN PHCC OR MOVED ELSEWHERE.	YES STILL IN PHCC	YES BUT MOVED	NO	DON'T KNO W		
01	Quality Standards and Operational Guidelines for Clinical Service Delivery in Primary Care Clinics	1	2	3	8		
02	Clinical Guidelines for Communicable Diseases in Primary Care Clinics	1	2	3	8		
03	Clinical guidelines for Asthma	1	2	3	8		
04	Clinical guidelines for Diabetes.....	1	2	3	8		
05	Clinical guidelines for Hypertension	1	2	3	8		
06	Integrated Management of Childhood Illnesses (IMCI)	1	2	3	8		

07	Antenatal Care	1	2	3	8		
08	Updated Integrated Medical Record System	1	2	3	8		
09	Pharmaceutical Supply Management	1	2	3	8		
10	Screening and referring complicated cases	1	2	3	8		

4.1 SERVICE DELIVERY CONDITIONS/ INFECTION PREVENTION AND CONTROL

Now I will be asking to see where clinical services for curative care are provided and will be asking about the service environment, available examination and treatment equipment, diagnostic tests available, and essential drugs that are available.

410	ASK TO SEE WHERE CLIENT EXAMINATIONS TAKE PLACE AND MARK IF THE FOLLOWING ARE AVAILABLE IN THE SERVICE AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
02	Hand-washing soap/liquid soap	1	2	3	
03	Alcohol based hand rub	1	2	3	
04	Disposable latex gloves	1	2	3	
05	Waste receptacle (pedal bin) with lid and plastic bin liner	1	2	3	
06	Sharps container ("safety box")	1	2	3	
07	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3	

SECTION 4.2 EQUIPMENT AND SUPPLIES

I am interested in knowing if the following basic equipment and supplies used in the provision of client services are available in the outpatient area of this facility.

420A	Did you receive any project equipment during the past three years?	YES..... 1 NO 2		→ 420C
420B	Is this equipment being used or is it still kept as stock	YES..... 1 NO 2		
420C	For each equipment or item for client movement and examinations, please tell me if it is available today and functioning. ASK TO SEE THE ITEMS.	AVAILABLE AND FUNCTIONING	AVAILABLE NOT FUNCTIONING	NOT AVAILABLE
01	Examination Couch			

02A	Adult weighing scale	1	2	3
02B	Adult height scale	1	2	3
03	Child/infant weighing scale- 100 gram gradation	1	2	3
04	Measuring Tape	1	2	3
05	Thermometer	1	2	3
06	Ear Digital Thermometer	1	2	3
07	Stethoscope	1	2	3
08	Blood pressure apparatus (Mercury)	1	2	3
09	Light source (flashlight acceptable) that can be aimed for looking at throat, pelvic examination, etc.	1	2	3
10	Otoscope (for looking in ears and throat)	1	2	3
11	Ophthalmoscope (for looking in eye)	1	2	3
12	Diagnostic set (Otoscope and Ophthalmoscope)	1	2	3
13	Oxygen delivery apparatus (tubes and masks/nasal prongs)	1	2	3
14	Filled Oxygen Cylinder	1	2	3
15	Spacers for inhalers (for treating asthma	1	2	3
16	Disposable syringes with disposable needles	1		3
17	Sterilizer (functional) (autoclave)	1	2	3
18	Dry heat sterilizer (functional)	1	2	3
19	Glucometer	1	2	3
20	Ambu Bag and Mask	1	2	3
21	Resuscitation	1	2	3
22	Part gram	1	2	3
421	Are any of the following diagnostic tests available in this facility? IF YES, CLARIFY IF THE TEST CAN BE CONDUCTED TODAY	TEST AVAILABLE TODAY	TEST USUALLY AVAILABLE BUT NOT TODAY	NOT AVAILABLE
01	Hemoglobin or haematocrit	1	2	3
02	Blood glucose testing	1	2	3
03	Urine glucose (dipstix)	1	2	3
04	Blood chemistries	1	2	3
05	General microscopy (microscope with slides)	1	2	3
4.3 MEDICINES AND COMMODITIES				

I would like to go to where medicines are stored to find out about the availability of medicines and basic drug management practices. ASK THE PHARMACIST TO CHECK IF THE FOLLOWING MEDICINES ARE AVAILABLE. ACCEPT THE RESPONSE OF THE PHARMACIST.				
430	Are any of the following medicines available in this facility? IF YES, CLARIFY IF THE MEDICINE IS AVAILABLE TODAY	AVAILABLE TODAY	USUALLY AVAILABLE BUT NOT TODAY	NOT AVAILABLE
01	1 st line treatment for child pneumonia (cotrim or amoxicillin)	1	2	3
02	2 nd line antibiotic (ceftriaxone, ciprofloxacin)	1	2	3
03	Oral Rehydration Salts	1	2	3
04	Zinc tablets	1	2	3
05	Vitamin-A capsules	1	2	3
06	Albendazole or Mebendazole cap/tab	1	2	3
07	Folic Acid supplement tablets	1	2	3
08	Iron supplement tablets	1	2	3
09	Oxytocin	1	2	3
10	Misoprostol	1	2	3
11	Magnesium Sulphate	1	2	3
12	Family planning methods	1	2	3
13	Corticosteroids	1	2	3
14	Betablocker (e.g., Atenolol, Metoprolol tartrate 50mg tab)	1	2	3
15	Diuretic (e.g., Frusemide hydrochlorothiazide)	1	2	3
16	1 st line diabetes treatment (Glibenclamide, metformin capsules,)	1	2	3
17	Insulin injectable	1	2	3
18	Glucose injection	1	2	3
19	1 st line asthma treatment: (Salbutamol 0.1 mg/dose inhaler)	1	2	3
20	Paracetamol tablets	1	2	3
21	Normal saline or ringers lactate IV solution	1	2	3
22	5% dextrose IV solution	1	2	3
DRUG MANAGEMENT				
Now I want to know about your drug management system				

431B	Are there Pharmaceutical Supply Management Guidelines in this facility? IF YES, ASK TO SEE THE GUIDELINES.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
431C	Have you or your colleagues been trained on the Pharmaceutical Supply Management Guidelines? IF YES, ASK IF STILL IN PHCC OR MOVED ELSEWHERE.	YES, STILL IN PHCC 1 YES, MOVED 2 NO 3 DON'T KNOW 8	→432A →432A
431E	Which of the following best describes your opinion of the training? READ ALL RESPONSES AND CIRCLE MOST APPLICABLE.	VERY GOOD GOOD..... FAIR..... POOR VERY POOR.....	
431F	Have you been able to apply what you have been trained on to your current work?	YES 1 NO 2 DON'T KNOW 8	→ 432A → 432A
431G	How?		
432A	Has the PHCC adopted the Pharmaceutical Supply Management guidelines? IF YES ASK WHEN	YES 1 YES, just recently..... 2 NO..... 3	→432E →432E
432B	Has the adoption of the Pharmaceutical Supply Management guidelines resulted in reduced instances of stock outs or it has had no effect? Please provide details and examples.	YES, reduce stock-out..... 1 NO..... 2	
432C	Has the adoption of the Pharmaceutical Supply management resulted in reduced instances of expired medication or it has had no effect? Please provide details and examples.	YES, reduced expiration..... 1 NO..... 2	
432D	Any other effects?		
432E	Since the start of the PHCP activities, has there been a positive effect OR no effect on	Positive effect from beginning of project.....	

	availability of medication and supplies in PHCCs?	Positive effect after Pharmaceutical Supply Management Guideline 2 No effect 3		→433
432F	Is this positive effect due to PHCP activities?	YES 1 NO 2		
433	ASK ABOUT EACH OF THE FOLLOWING AND ASK TO SEE AN EXAMPLE OF WHERE THE FORM/SYSTEM IS USED	YES, OBSERVED	YES, REPORTE, NOT SEEN	NOT USED
01	Stock cards/bin card/ inventory control card	1	2	5
02	Stock ledger	1	2	5
03	Computer system	1	2	5
96	Other (Specify) _____	1	2	5
95	No system at all	1	2	5
434	Is there a line item for purchasing medicines that are not available elsewhere?	YES..... 1 NO 2		
SECTION 4.4 PHARMACEUTICAL STORAGE CONDITIONS				
440	STORAGE CONDITIONS FOR MEDICINES: PRIMARY PHARMACY FOR OUTPATIENT MEDICINES: OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) FOR EACH OF THE FOLLOWING CONDITIONS	YES	NO	
01	ARE THE MEDICINES STORED ON SHELVES OR IN CABINETS (NOT ON THE FLOOR)?.....	1	2	
02	ARE THE MEDICINES PROTECTED FROM WATER FROM LEAKS?	1	2	
03	ARE THE MEDICINES PROTECTED FROM THE SUN?.....	1	2	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?.....	1	2	
441	LOOK AT THE STORAGE AREA AND INDICATE YES OR NO FOR EACH ITEM BELOW	YES	NO	
01	STORAGE AREA CAN BE LOCKED.....	1	2	
02	THERE IS LIMITED ACCESS	1	2	
03	DOORS SOLID	1	2	

04	WINDOWS HAVE BARS OR SHUTTERS THAT CAN BE LOCKED ...	1	2	
----	--	---	---	--

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 5 IMMUNIZATION SERVICES

500	Does this facility offer any immunization services?	YES 1 NO 2	
501	Is tetanus toxoid vaccination available?	YES 1 NO 2	
502	Does this facility have a cool box for vaccines?	YES 1 NO 2	
503	Does this facility store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	YES, STORE VACCINES 1 NO STORAGE OF VACCINES 2	→ 505
504	Does this facility have a refrigerator for the storage of vaccines? IF YES, ASK TO SEE THE REFRIGERATOR AND CHECK IF IT IS FUNCTIONING AND TEMPERATURE MONITORED THROUGH A THERMOMETER	YES, FUNCTIONING & MONITORED 1 YES, NOT FUNCTIONING OR NOT MONITORED 2 NO 3	
505	FOR MODEL CLINICS , Does this facility have an electronic / computerized system for registering child immunization?	YES 1 NO 2	

SECTION 7 HEALTH INFORMATION RECORDS AND REPORTING

Number	QUESTION	RESPONSE	SKIP
Now I want to know about service statistics that are routinely submitted to an authority outside of the facility. By service statistics I mean the routine Ministry report on numbers of clients receiving different services.			
700	Does this facility have a designated person, such as an M&E officer, data manager, who is responsible for preparing the routine report on PHC services statistics that is sent to authorities outside the facility?	YES 1 NO DEDICATED PERSON 2	
701	Has anyone in the facility been trained on the new integrated medical record system?	YES THOSE CONCERNED WITH DATA RECORDING 1 YES ONLY STAFF WHO COMPILES REPORTS 2 NO 3 OTHER 6	

Now I would like to talk with the person or persons most familiar with maintaining client records for this facility. ASK TO SPEAK WITH THE PERSON AND EXPLAIN THE ASSESSMENT TO THE PERSON.

702A	Have you been trained on the new integrated medical record system?	YES..... 1 NO..... 2	
702B	Which of the following best describes your opinion of the training? READ ALL RESPONSES AND CIRCLE MOST APPLICABLE.	VERY GOOD..... GOOD..... FAIR..... POOR..... VERY POOR.....	
702C	Have you been able to apply what you have been trained on to your current work?	YES..... 1 NO..... 2 DON'T KNOW 8	→ 702E → 702E
702D	How?		
702E	What types of data and records are maintained for routine reporting for this facility? READ EACH RESPONSE.	YES	NO
01	Paper copies of routine monthly or quarterly health information system (HIS) reports.	1	2
02	Paper copies of facility service or department reports	1	2
03	Computer files for some types of facility service information	1	2
04	Computerized monthly service statistics database for monthly HIS reports	1	2
05	Are there paper client charts?	1	2
06	Are there computerized client charts?	1	2
07	Are there service registers with daily client information?	1	2
08	Has the new integrated paper client record been introduced?	1	2
09	Have the new patient registers been introduced?	1	2
ASK TO SEE WHERE HMIS REPORTS AND DOCUMENTS ARE STORED.			
704	Is access to the HMIS reports/data records files storage area(s) limited? That is, only authorized persons can gain ready access to the records?	YES, ALL 1 YES, SOME, NOT ALL 2 NO..... 3	
705	Can the HMIS reports and data records/files area(s) be locked?	YES, ALL 1 YES, SOME, NOT ALL 2	

		NO..... 3	
SECTION 7.1 DATA QUALITY			
714	Is there any written guidelines to fill out the new medical record system?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3	
SECTION 8 VIEWS ABOUT PROJECT INTERVENTIONS			
Ask this section to the manager of the facility either after you have finished interviewing them or return to the manager again after you have filled all the previous sections or after you finish interview with the manager.			
800	What were the interventions of the project in your facility? PROBE ANYTHING ELSE MARK ALL MENTIONED AND WRITE DETAILS	Guidelines A Training B Waste Management..... C Infection Prevention and Control D Quality Improvement TeamE Local Health Committee F Pharmaceutical Supply Management.... G Availability of Drugs H Laboratory I Medical records J Equipment from Ministry..... K Maternal Health L Newborn Health..... M IMCI..... N Other Specify..... X NO..... Y	
801	Overall, how satisfied are you with the interventions the PHCP project has implemented to date?	Very satisfied..... 1 Satisfied,..... 2 Somewhat satisfied, 3 Unsatisfied..... 4 Very unsatisfied..... 5	
802	Overall, in your opinion was there an improvement in quality of PHC services provided in your facility as a result of the PHCP or did it remain the same after the project interventions? READ THE RESPONSES AND MARK THE MOST RELEVANT	Improved greatly..... 1 Improved 2 Stayed the same 3 Worsened..... 4 Worsened greatly 5	
803	In what services and/or systems did it improve and how?		

804	In what services and/or systems did it stay the same or worsen? Why and How?		
805	Overall, did utilization of services increase or decrease over the years of PHCP implementation? READ THE RESPONSES AND MARK THE MOST RELEVANT	Increased greatly..... 1 Increased 2 Stayed the same 3 Decreased 4 Decreased greatly..... 5	
806	In what services did utilization increase? Can I have a copy of reports showing increase.....		
807	In what services did utilization stay the same or decrease and why?		
808	What are the opportunities for improvement of quality of services / what is needed still for good quality of care?		
809	Do you believe the new management and quality activities promoted by the PHCP Project are sustainable when Project support is no longer available?	YES..... 1 NO..... 2	
810	After a few years will the PHCP be remembered for its work with the facility?	YES..... 1 NO..... 2	→812
811	Why not?		→END
812	How will it be remembered? For what reasons?		
Thank the manager			

Annex 9. Disclosure of Conflicts of Interest

Nelly Dolidze, Team Leader (1) / Evaluation Expert

TCN Non-Personal Services Agreement, Version 1.0
 Nelly Dolidze, The Advancing Performance Management Project
 Page 19 of 20

Name	Nelly Dolidze
Title	Team Leader/Evaluation Expert
Organization	The QED Group, LLC
Evaluation Position	<input checked="" type="checkbox"/> Team leader <input type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	Contract No. AID-267-C-13-00001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	1. Administrative Reform Project, implemented by Management Systems International (MSI) 2. Primary Health Care Project, implemented by University Research Co., LLC (URC) 3. Governance Strengthening Project, implemented by Chemonics
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant through indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant through indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing	N/A

<p><i>organization(s) whose project(s) are being evaluated.</i></p> <p><i>6. Preconceived ideas toward individuals, groups, organizations or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	
--	--

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	January 27, 2014

John L. Anderson, Administrative Reform Expert

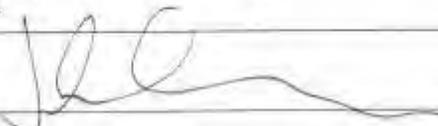
Non-Personal Services Contractor Agreement, Version 1.0
John Anderson, The Advancing Performance Management

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	John Anderson
Title	Administrative Reform Expert
Organization	The QED Group LLC
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-267-C-13-00001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	1. Administrative Reform Project, implemented by Management Systems International (MSI) 2. Primary Health Care Project, implemented by University Research Co., LLC (URC) 3. Governance Strengthening Project, implemented by Chemonics
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry	[Disclose facts if applicable] NA

<i>competitor with the implementing organization(s) whose project(s) are being evaluated.</i> 6. <i>Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i>	
---	--

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	01/26/2014

6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Mahinaz El-Helw
Title	Primary Health Care Expert
Organization	The QED Group, LLC
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	Contract No. AID-267-C-13-00001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	1. Administrative Reform Project, implemented by Management Systems International (MSI) 2. Primary Health Care Project, implemented by University Research Co., LLC (URC) 3. Governance Strengthening Project, implemented by Chemonics
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit	None

<p><i>managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	
--	--

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	[Non-PSC's signature] <i>Mahinaz El-Helw</i>
Date	[Insert Date] <i>1/26/2014</i>

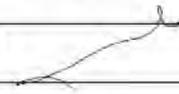
Ali Abdulsada, Local Governance Expert

Non-Personal Services Contractor Agreement, Version 1.0
 Ali Abdulsada, The Advancing Performance Management
 Page 22 of 23

Name	Ali Abdusada
Title	Local Governance Expert
Organization	The QED Group LLC
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-267-C-13-00001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	1. Administrative Reform Project, implemented by Management Systems International (MSI) 2. Primary Health Care Project, implemented by University Research Co., LLC (URC) 3. Governance Strengthening Project, implemented by Chemonics
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [check appropriate box]
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s)	[Disclose facts if applicable]

<p><i>are being evaluated.</i> 6. <i>Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	
--	--

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

<p>Signature</p>	<p>[Non-PSC's signature]</p> 
<p>Date</p>	<p>1/24/2014</p>

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Timothy Clary
Title	Team Leader
Organization	The QED Group LLC
Evaluation Position?	<input checked="" type="checkbox"/> Team Leader <input type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-267-C-13-00001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	1. Administrative Reform Project, implemented by Management Systems International (MSI) 2. Primary Health Care Project, implemented by University Research Co., LLC (URC) 3. Governance Strengthening Project, implemented by Chemonics
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [check appropriate box]
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization	[Disclose facts if applicable]

<p><i>that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	
--	--

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	[Non-PSC's signature] <i>Jim A. Clary</i>
Date	[Insert Date] <i>June 12, 2014</i>

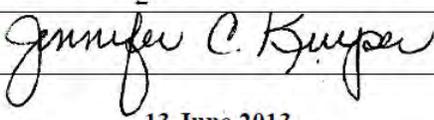
Jennifer Kuiper, Local Governance Expert (2)

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Jennifer C. Kuiper
Title	Local Governance Expert
Organization	The QED Group LLC
Evaluation Position?	<input type="checkbox"/> Team Leader <input checked="" type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	AID-267-C-13-00001
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	1. Administrative Reform Project, implemented by Management Systems International (MSI) 2. Primary Health Care Project, implemented by University Research Co., LLC (URC) 3. Governance Strengthening Project, implemented by Chemonics
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [check appropriate box]
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization	[Disclose facts if applicable]

<p><i>that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></p> <p><i>6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></p>	
--	--

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	[Non-PSC's signature] 
Date	[Insert Date] 13 June 2013

Annex 10. Statement of Differences

There are no differences among the team members in the findings, conclusions, or recommendations related to this evaluation.

U.S. Agency for International Development

1300 Pennsylvania Avenue, NW

Washington, DC 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

www.usaid.gov