Management, Funding and Implementation of the Evaluation

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Acknowledgements

The evaluation team would like to thank the staff of the Iraq Humanitarian Fund, OCHA, the Advisory Board members, clusters, partners and community members that engaged in the Iraq case study. We are grateful for the time and support they provided, and for the information and documentation they shared that has formed a key part of the analysis.

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Cover Photo: The Mobile Reproductive Health Clinic provides maternal health services to pregnant women in Khazer Camp. Credit: OCHA/Sylvia Rognvik
Iraq Country Report: Executive Summary

Evaluation purpose

1. The evaluation of Country-Based Pooled Funds (CBPF) has two main purposes: to improve accountability and learning, and to examine the results of the humanitarian action supported by CBPFs between 2015 and 2018, with the purpose of drawing lessons on what has worked well. It also identifies challenges to the effective functioning of the funds in order to provide recommendations on how to continue to strengthen the CBPF as a funding mechanism in support of timely, coordinated and principled humanitarian response for affected people.

2. The evaluation of the Iraq Humanitarian Fund (IHF) is one of five country case studies. A two-week trip was conducted by two members of the evaluation team who undertook interviews and focus group discussions (FGD) with key stakeholders including with communities which had received IHF-funded assistance.

Summary of findings

3. The overall finding of the evaluation is that the IHF has delivered operational impact in the context of a complex humanitarian crisis. Although it has taken time to achieve, the IHF is now well-managed and fit for purpose.

4. From a resource mobilisation perspective, the fund has been extremely successful in galvanising donor support, particularly in the years immediately after its launch, when it was the largest CBPF and came close to achieving the aspirational goal of accounting for 15 per cent of the HRP. However, successful fundraising has also led to challenges which were exacerbated by the limited capacity of the HFU and insufficient attention paid to risk management resulting in allegations of significant fraud. While there is now broad satisfaction about how risk is being managed, the historical use of NNGOs in front line roles, with limited experience and a lack of HFU capacity and oversight was short-sighted. While some progress has been made by the HFU in strengthening its engagement with local and national NGOs, there is a need to provide more targeted support in order to improve knowledge of the fund and the capacity of NNGOs for project delivery.

5. In the first two-years of the period under evaluation, the scale and complexity of humanitarian need in Iraq went beyond the capacity of the humanitarian architecture. In its early years, HFU resourcing was inadequate to manage and oversee such a large fund. While humanitarian leadership had been significantly strengthened with the appointment of a seasoned HC, the capacity of the broader humanitarian system was variable, and was largely confined operational response with strategic decisions taken by the HC. While the evaluation found interviewees to be broadly satisfied with the IHF allocation priorities that were made, significant concern was raised about the lack of engagement of key stakeholders in the strategic management of the fund and allocation processes. As HFU capacity was strengthened, it played a more prominent role in taking stock and bringing the fund into line with global guidance. This led to some important changes which have strengthened the fund's governance and management and has permitted the fund to more transparently identify and prioritise projects.

6. From a programme quality perspective, the field work undertaken during the case study found a mix of different assessment processes and sources of data to determine needs and noted a range of mechanisms in place to ensure accountability to affected populations (AAP) – both for the purpose of providing information to communities about assistance, but also feedback and complaints mechanisms to gather the views of affected people on the response. Where the most significant challenge was found was in the differential engagement of men and women, with women frequently left out of discussions about prioritisation, and the least aware of feedback and complaints mechanisms.

7. IHF monitoring data shows the significant contribution made by the IHF to the humanitarian response in Iraq. At an output level, the IHF has delivered significant support to many millions of people in dire need of assistance. The dearth of adequate funding to meet needs, particularly in the early years of the fund, makes these achievements all the more important with evidence highlighting the catalytic role played by the fund in responding to newly emerging needs, identifying gaps in services, and providing life-saving assistance. That the fund was used to support and operationalise HC priorities also contributed to strengthening humanitarian leadership, which was particularly important given the complex array of actors that worked outside of the humanitarian response.
8. With a shift in the context towards greater stability has come a re-focusing on efforts to strengthen IHF governance, management, transparency in its decision-making, and needs-based prioritisation, which has resulted in a pooled fund that is well led, managed and fit for purpose. However, it has also revealed gaps elsewhere in the aid architecture and there is now an important need to strengthen support for transition which is outside the scope of the IHF.

**Recommendations for the IHF**[1]

9. Based on the findings of the evaluation and the conclusion outlined above, a number of recommendations are proposed to help strengthen the functioning of the IHF.

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
<th>Responsible/Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Recommendation</strong>: The IHF should establish a clear position on its engagement with NNGOs which is informed by an understanding of capacity gaps, that takes account of the shift in the context towards transition, and which is consistent with Grand Bargain Localization commitments.[2]</td>
<td>HFU</td>
</tr>
<tr>
<td></td>
<td><strong>Explanation</strong>: After four years of operation, the IHF has struggled to develop a coherent approach to working with NNGOs in Iraq. Given the emphasis placed by the Grand Bargain on strengthening local implementation capacity, and the need for humanitarian agencies to start handing over responsibilities to civil society actors and government, there is a compelling justification for the IHF to clarify its position with regard to strengthening its engagement with NNGOs.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Recommendation</strong>: The HC and AB should more clearly outline how the IHF will meet the expectations placed on it for the delivery of cross-cutting priorities</td>
<td>HC, AB</td>
</tr>
<tr>
<td></td>
<td><strong>Explanation</strong>: The evaluation highlighted the significant pressure placed on the IHF by the growing list of CBPF cross-cutting priorities which have proved difficult to consistently meet (a focus on gender, persons with disabilities and AAP in particular). To address this, it is recommended that the HC works with the Advisory Board (AB) to articulate a vision for the IHF which provides a short narrative on which priorities it will deliver, how it will deliver them and the resources (including human resources) that will be required to do this.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Recommendation</strong>: As the context in Iraq transitions out of humanitarian response, the HC, in collaboration with the AB, should determine the future of the IHF beyond the current HRP.</td>
<td>HC, AB (RCO)[3]</td>
</tr>
<tr>
<td></td>
<td><strong>Explanation</strong>: The context in Iraq has changed considerably since the launch of the IHF in 2015 and there is now consensus on the importance of the Government of Iraq and the Kurdistan Regional Government taking greater responsibility for meeting the residual needs of vulnerable communities. In the absence of a coherent strategy to hand over responsibilities, the IHF is at risk of attracting criticism for using humanitarian resources to deliver responsibilities that should be delivered by government. It is anticipated that this will require (i) advocacy with the authorities, and (ii) elaboration of alternative funding modalities more suited to a transitional context.</td>
<td></td>
</tr>
</tbody>
</table>

[1] Please note that these recommendations are relevant to the IHF but issues that have more general relevance across CBPFs and which will be addressed in the Global Synthesis Report are outlined in Section 5.2.

[2] Implications of this recommendation for OCHA more broadly and the CBPF-Section specifically are discussed in the Evaluation Synthesis report which draws evidence from the five case study reports.

[3] This evaluation acknowledges that the implementation of this recommendation will require the delivery by the UN Development System of the UN Sustainable Development Framework Cooperation. The RCO has been added in recognition of this.
4. Outcomes: In what ways do CBPFs contribute to the outcomes of strengthening humanitarian coordination and leadership?

   4.1.1. Collaboration between humanitarian actors
   4.1.2. Coordination mechanisms

4.2. Strengthened leadership.
   4.2.1. HC’s engagement in the IHF
   4.2.2. Decision-making, governance and accountability
4.2.3. The complementarity of the IHF with other funding modalities ........................................... 31
5. Contribution to improved response and operational impact ................................................................. 32
   5.1. Improving humanitarian response and making a difference to people’s lives ................................. 32
      5.1.1. Summary of findings from FGDs .................................................................................. 33
      5.1.2. The contribution of the IHF to reaching those in greatest need ........................................... 34
   5.2. Contributing to the provision of principled assistance ..................................................................... 38
6. Conclusions and recommendations ........................................................................................................... 41
   6.1. Conclusions ................................................................................................................................. 41
   6.2. Recommendations ....................................................................................................................... 42
      6.3. Issues for consideration and further analysis in the Synthesis Report ........................................ 43
Annex 1: Evaluation purpose and methodology ......................................................................................... 44
Annex 2: Evaluation matrix ..................................................................................................................... 49
Annex 3: Interview participants ............................................................................................................... 51
Annex 4: Bibliography ............................................................................................................................. 53
Annex 5: Humanitarian context ............................................................................................................... 55
List of Boxes

Box 1: Weaknesses in NGO IHF compliance .......................................................... 9
Box 2: IHF HFU organogram, 2019 ....................................................................... 12
Box 3: Protection issues in Iraq – an individual story ...........................................16
Box 4: IHF-funded MPCA to vulnerable returnees in Kirkuk governate ...............19
Box 5: Lessons learnt by the IHF from the NNGO allocation window, 2018 ..........23
Box 6: Beneficiary perspectives on IHF assistance .................................................33
Box 7: Reduced humanitarian assistance – an individual story ............................33
Box 8: Preoccupation about the future – an individual story ...............................34
Box 9: The use of IHF funding by the Rapid Response Mechanism to provide life-saving assistance in Iraq .........................................................35
Box 10: The role of the IHF in responding to an influx of IDPs from Hawiga .........36
Box 11: IHF support for protection monitoring and legal support in Northern Nineawa and Dohuk Governorates .........................................................37
Box 12: IHF support for health services in IDP camps in Sulaymaniyah Governorate 38

List of Figures

Figure 1: Donor funding allocated by the IHF, 2015-2018 ....................................4
Figure 2: Donor contributions to the IHF, 2015-2018 ...........................................5
Figure 3: Timeline of donor contributions to the IHF ............................................6
Figure 4: Progress on risk management activities, 2017-2018 (% activities required by operational modality) .................................................................9
Figure 5: IHF staff numbers and management costs (HFU actual expenditure), 2015-18.12
Figure 6: HRP appeal and contributions, IHF contributions and CERF allocations, 2015-18 ......14
Figure 7: Links between IHF Standard Allocations and the 2017 HRP strategic objectives (SO) .................................................................15
Figure 8: Comparison of protection requirements and allocations between the HRP and IHF, 2015-2018 .................................................................16
Figure 9: Percentage of funds allocated per type of partner/year, 2015-18 ............21
Figure 10: Eligible IHF NGO partners per type/year, 2015-18 ..............................21
Figure 11: Beneficiaries supported through IHF-funded projects by cluster, 2015 - 2018 27
Figure 12: Total beneficiaries reached by the IHF, 2015-2018 ...........................27
Figure 13: Analysis of HRP beneficiary data with IHF beneficiaries targeted and reached, 2015 – 2018 .................................28

List of Tables

Table 1: Summary of data collection methods and sources ..................................... 1
Table 2: IHF at a glance, 2015-2018 ................................................................. 2
Table 3: Timeline of IHF allocations, 2015-2018 ..................................................2
Table 4: IHF funding as a share of HRP contributions, 2015-2018 .........................4
Table 5: HFU Allocation and risk management overview – value of projects by risk rating (%), 2015 – 18. 8
Table 6: The use by IHF of monitoring modalities, 2015-2018 ............................8
Table 7: Analysis of workflow process targets versus actuals for 2015-2018 ...........20
Table 8: Complementarity between IHF and CERF funding in Iraq, 2015-18 ...........31
Table 9: The provision of principled humanitarian assistance by the IHF ..............38
<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Administrative Agent</td>
</tr>
<tr>
<td>AAP</td>
<td>Accountability to Affected Populations</td>
</tr>
<tr>
<td>AB</td>
<td>Advisory Board</td>
</tr>
<tr>
<td>BDO</td>
<td>Binder Dijker Otte</td>
</tr>
<tr>
<td>CBPF</td>
<td>Country-Based Pooled Fund</td>
</tr>
<tr>
<td>CERF</td>
<td>Central Emergency Response Fund</td>
</tr>
<tr>
<td>CPF</td>
<td>Common Performance Framework</td>
</tr>
<tr>
<td>DSRSG</td>
<td>Deputy Special Representative of the Secretary-General</td>
</tr>
<tr>
<td>ERC</td>
<td>Emergency Relief Coordinator</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussions</td>
</tr>
<tr>
<td>FTS</td>
<td>Financial Tracking Service</td>
</tr>
<tr>
<td>GAM</td>
<td>Gender with Age Marker</td>
</tr>
<tr>
<td>GB</td>
<td>Grand Bargain</td>
</tr>
<tr>
<td>GMS</td>
<td>Grant Management System</td>
</tr>
<tr>
<td>HC</td>
<td>Humanitarian Coordinator</td>
</tr>
<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
</tr>
<tr>
<td>HFU</td>
<td>Humanitarian Financing Unit</td>
</tr>
<tr>
<td>HNO</td>
<td>Humanitarian Needs Overview</td>
</tr>
<tr>
<td>HoO</td>
<td>Head of Office</td>
</tr>
<tr>
<td>HPC</td>
<td>Humanitarian Program Cycle</td>
</tr>
<tr>
<td>HRP</td>
<td>Humanitarian Response Plan</td>
</tr>
<tr>
<td>IAHE</td>
<td>Inter-Agency Humanitarian Evaluation</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>ICCG</td>
<td>Inter-Cluster Coordination Group</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>IHF</td>
<td>Iraq Humanitarian Fund</td>
</tr>
<tr>
<td>IHPF</td>
<td>Iraq Humanitarian Pooled Fund</td>
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<tr>
<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<tr>
<td>IS</td>
<td>Islamic State</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interviews</td>
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<tr>
<td>MA</td>
<td>Managing Agent</td>
</tr>
<tr>
<td>MPCA</td>
<td>Multi-Purpose Cash Assistance</td>
</tr>
<tr>
<td>NCCI</td>
<td>NGO Coordination Committee for Iraq</td>
</tr>
<tr>
<td>NCE</td>
<td>No Cost Extension</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NNGO</td>
<td>National Non-Governmental Organization</td>
</tr>
<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>OIOS</td>
<td>Office for Internal Oversight Services</td>
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<tr>
<td>OPR</td>
<td>Operational Peer Review</td>
</tr>
<tr>
<td>oPt</td>
<td>occupied Palestinian territories</td>
</tr>
<tr>
<td>PFWG</td>
<td>Pooled Fund Working Group</td>
</tr>
<tr>
<td>PSEA</td>
<td>Protection from Sexual Exploitation and Abuse</td>
</tr>
<tr>
<td>PwD</td>
<td>Persons with Disabilities</td>
</tr>
<tr>
<td>RA</td>
<td>Reserve Allocation</td>
</tr>
<tr>
<td>RC</td>
<td>Resident Coordinator</td>
</tr>
<tr>
<td>RCM</td>
<td>Remote Call Monitoring</td>
</tr>
<tr>
<td>RR</td>
<td>Rapid Response (CERF)</td>
</tr>
<tr>
<td>RRM</td>
<td>Rapid Response Mechanism</td>
</tr>
<tr>
<td>SA</td>
<td>Standard Allocation</td>
</tr>
<tr>
<td>SG</td>
<td>Secretary-General</td>
</tr>
<tr>
<td>SO</td>
<td>Strategic Objective</td>
</tr>
<tr>
<td>SPEGs</td>
<td>Strategy, Planning, Evaluation and Guidance Section</td>
</tr>
<tr>
<td>SRC</td>
<td>Strategic Review Committee</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>TPM</td>
<td>Third Party Monitor</td>
</tr>
<tr>
<td>UFE</td>
<td>Underfunded Emergencies (CERF)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>Glossary of terms</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>The Operational Handbook highlights that there are two types of accountabilities in relation to CBPFs. The first relates to the ability of CBPFs to achieve their objectives (as illustrated by the operational impact model) as humanitarian financing mechanisms. The second is of recipient organizations to deliver project results.</td>
</tr>
<tr>
<td><strong>Accountability to affected populations</strong></td>
<td>Accountability to affected populations (AAP) is an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist[4]. The Inter-Agency Standing Committee has endorsed four commitments on AAP and Protection from Sexual Exploitation and Abuse (PSEA). These are described under the four headings of leadership, participation and partnership, information, feedback and action, and results.[5]</td>
</tr>
<tr>
<td><strong>Central Emergency Response Fund (CERF)</strong></td>
<td>Established in 2005 as the UN's global emergency response fund, CERF pools contributions from donors around the world into a single fund allowing humanitarian responders to deliver lifesaving assistance whenever and wherever crises hit. CERF has a US$1 billion annual funding target and is fully un-earmarked to ensure funds go to meet the most urgent, lifesaving needs.[6]</td>
</tr>
<tr>
<td><strong>Country-Based Pooled Funds</strong></td>
<td>CBPFs are established by the UN Emergency Relief Coordinator (ERC) when a new emergency occurs or when an existing humanitarian situation deteriorates. Contributions from donors are collected into single, un-earmarked funds to support local humanitarian efforts. Funds are directly available to a wide range of relief partners at the front lines of the response through an inclusive and transparent process in support of priorities set out in crisis-specific Humanitarian Response Plans.[7]</td>
</tr>
<tr>
<td><strong>Humanitarian action</strong></td>
<td>Humanitarian action comprises assistance, protection and advocacy in response to humanitarian needs resulting from natural hazards, armed conflict or other causes, or emergency response preparedness.[8]</td>
</tr>
<tr>
<td><strong>Humanitarian principles</strong></td>
<td>Underlining all humanitarian action are the principles of humanity, impartiality, neutrality and independence. These principles, derived from international humanitarian law, have been taken up by the United Nations in General Assembly Resolutions 46/182 and 58/114. Their global recognition and relevance are furthermore underscored by the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief and the Core Humanitarian Standard on Quality and Accountability. The General Assembly has repeatedly reaffirmed the importance of promoting and respecting these principles within the framework of humanitarian assistance.[9]</td>
</tr>
<tr>
<td><strong>Grand Bargain</strong></td>
<td>The Grand Bargain is an agreement between more than 30 of the biggest donors and aid providers, which aims to get more means into the hands of people in need. It includes a series of changes in the working practices of donors and aid organizations that would deliver an extra billion dollars over five years for people in need of humanitarian aid. These changes include gearing up cash programming, greater funding for national and local responders and cutting bureaucracy through harmonized reporting requirements.[10]</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Localization</th>
<th>Localizing humanitarian response is a process of recognizing, respecting and strengthening the leadership by local authorities and the capacity of local civil society in humanitarian action, in order to better address the needs of affected populations and to prepare national actors for future humanitarian responses.[11]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational impact</td>
<td>The 2015 CBPF Policy Instruction defines operational impact as the provision of timely, coordinated, principled assistance to save lives, alleviate suffering and maintain human dignity.[12]</td>
</tr>
<tr>
<td>Risk Management</td>
<td>According to the Operational Handbook, risk management aims to provide a specific set of decision-making tools to support the achievement of strategic outcomes in a transparent manner. Risk management includes risk identification, risk analysis and the development of mitigation strategies to manage residual risks. Partner risk management focuses on tailoring grant management procedures according to the capacity and performance of partners. Funding decisions should take into account risk analyses at both levels suggesting the appropriate assurance mechanisms. CBPF risk management procedures do not apply to UN agencies, only to other types of partners.</td>
</tr>
</tbody>
</table>
1. Introduction, approach and context

This section introduces the evaluation, provides a summary of the approach used for the case study and gives a brief background to the humanitarian situation and the IHF. A description of the methodology and the context are provided in annexes 1 and 5 respectively.

1.1. Introduction

10. The evaluation of Country-Based Pooled Funds (CBPF) has two main purposes: to improve accountability and learning, and to examine the results of the humanitarian action supported by CBPFs between 2015 and 2018,[13] with the purpose of drawing lessons on what has worked well. It also identifies challenges to the effective functioning and provides recommendations on how to continue to strengthen the CBPF as a funding mechanism in support of timely, coordinated and principled humanitarian response for affected people. The evaluation will contribute to greater transparency and accountability for key stakeholders.

11. The evaluation of the Iraq Humanitarian Fund (IHF) is one of five country case studies. A two-week trip was conducted by two members of the evaluation team who undertook interviews and FGDs with key stakeholders including with communities which had received IHF-funded assistance.

1.2. Approach

12. The team used a mixed-methods approach for data collection and analysis which included document review (see annex 4 for a bibliography), project-related data analysis, semi-structured key informant interviews (see annex 3 for a list of participants) and gender disaggregated focus-group discussions with communities. A summary of evidence sources for the evaluation is provided in Table 1.

Table 1: Summary of data collection methods and sources

<table>
<thead>
<tr>
<th>Tools and methods</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document and literature review</td>
<td>38 documents cited in this case study report plus a document repository containing 414 documents.</td>
</tr>
<tr>
<td>Key informant interviews</td>
<td>164 informants from Erbil, Mosul, Kirkuk, Sulaymaniyyah and Dahuk. 43.5% female and 56.5% male.</td>
</tr>
<tr>
<td>Community engagement</td>
<td>260 community members from 5 IHF-funded projects</td>
</tr>
</tbody>
</table>

13. The findings of the case study, presented in the sections below, are structured according to the evaluation matrix which is reproduced in annex 2.

1.3. The humanitarian context in Iraq

14. In Iraq, the period under evaluation was dominated by four years of intensive, virtually non-stop combat which had a significant human toll. In 2014, 2.5 million civilians were displaced inside Iraq; in 2015, more than one million people fled their homes; in 2016, an additional 700,000 people fled; and in 2017, 1.7 million civilians were newly displaced.[14] Population movements have been multi-directional; at the same time that hundreds of thousands of people have been fleeing their homes, hundreds of thousands have been returning. It was only in 2018 that the context began to change to one of significant return, albeit with residual IDP caseloads whose needs continue to be supported by the humanitarian community (please see annex 5 for a more detailed analysis of the context).

[13] During the evaluation period, CBPFs were operational in the following countries: Afghanistan, Central African Republic, Colombia, Democratic Republic of the Congo, Ethiopia, Iraq, Jordan, Lebanon, Nigeria, Myanmar, Pakistan, occupied Palestinian territory, Somalia, South Sudan, Sudan, Syria, Turkey and Yemen. The Colombia fund closed at the end of 2018. The Haiti fund closed in 2015 and is not part of this evaluation.

1.4. Background to the IHF

15. The Iraq Humanitarian Pooled Fund (IHPF) was established in June 2015 at which time it was estimated that 8.2 million Iraqis, over 20 per cent of the population required some form of humanitarian assistance. The extent of humanitarian needs quickly established the IHPF as one of the largest CBPFs globally. The IHPF was intended to support the timely disbursement of funds to support Non-Governmental Organizations (NGOs) and United Nations (UN) agencies, funds, and programs to respond to the most critical humanitarian needs as outlined in the Humanitarian Response Plan (HRP). In 2016, as part of standardizing OCHA-managed pooled funds, the IHPF was renamed as the Iraq Humanitarian Fund or IHF. Table 2 provides a summary of key facts about the IHF.

Table 2: IHF at a glance, 2015-2018

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total annual contributions ($ millions)</strong></td>
<td>$57m</td>
<td>$102m</td>
<td>$85.4m</td>
<td>$57m</td>
</tr>
<tr>
<td><strong>No. of donors</strong></td>
<td>5</td>
<td>12</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td><strong>No. of projects</strong></td>
<td>38</td>
<td>135</td>
<td>133</td>
<td>84</td>
</tr>
<tr>
<td><strong>No. of people reached (millions)</strong></td>
<td>6.2m</td>
<td>4.9m</td>
<td>5.4m</td>
<td>1.6m</td>
</tr>
<tr>
<td><strong>No. of implementing partners</strong></td>
<td>27</td>
<td>55</td>
<td>64</td>
<td>53</td>
</tr>
<tr>
<td><strong>IHF as % of total contributions to the HRP</strong></td>
<td>7.4%</td>
<td>13.4%</td>
<td>8.5%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

1.4.1. Timelines of IHF allocations

16. Table 3 provides an overview of the humanitarian timeline for the period under evaluation alongside IHF and Central Emergency Response Funds (CERF) allocations. This should be read in conjunction with the findings of the case study which are outlined in the sections below.

Table 3: Timeline of IHF allocations, 2015-2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Humanitarian event (appeal/crisis)</th>
<th>CERF allocations (RR/UF)</th>
<th>IHF SA</th>
<th>IHF RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 2015</td>
<td>Revised HRP launched requesting $498m for July – December 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun 2015</td>
<td>Establishment of the Iraq Humanitarian Pooled Fund</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul 2015</td>
<td>Humanitarian programmes suspended or scaled back to funding shortfall</td>
<td></td>
<td>July 2015 $22.3m</td>
<td></td>
</tr>
<tr>
<td>Oct 2015</td>
<td>3.2m people displaced and 400k returned to their homes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[15] For ease of reference, this evaluation will refer to the fund as the Iraq Humanitarian Fund or IHF.
[17] This is the number of people targeted. The methodology for calculating the number of people reached in the Annual Report was changed and so the target is used.
[18] The timeline is a snapshot of key events and does not seek to provide a comprehensive overview.
[21] CERF Underfunded Emergencies (UF) grants provide support for critical needs in underfunded and often protracted crises. These are allocated during two rounds per year, OCHA (2019) About CERF, January 2019.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2016</td>
<td>RA1: Multi-purpose cash assistance to vulnerable families and IDPs</td>
<td>Jan 2016 $1m</td>
</tr>
<tr>
<td>Mar 2016</td>
<td>SA1: Targeting 10 clusters’ first line emergency response priorities</td>
<td>Mar 2016 $32.2m</td>
</tr>
<tr>
<td>July 2016</td>
<td>RA3: IHPF/CRF complementary allocation for Fallujah CCCM needs</td>
<td>July 2016 $15m, Fallujah</td>
</tr>
<tr>
<td>Aug 2016</td>
<td>RA4: Support to humanitarian supply chains in preparation for the Mosul crisis</td>
<td>Aug 2016 $800k</td>
</tr>
<tr>
<td>Sep 2016</td>
<td>SA2: Preparedness of IDP camps in advance of military operations in Mosul</td>
<td>Sep 2016 $41m</td>
</tr>
<tr>
<td>Oct 2016</td>
<td>The fight for Mosul commences with protection threats for 1m people</td>
<td></td>
</tr>
<tr>
<td>Nov 2016</td>
<td>1.2 million people have returned to their homes across Iraq</td>
<td></td>
</tr>
<tr>
<td>Jan 2017</td>
<td>RA1: ‘NNGO window’ to strengthen local response capacity and inclusiveness</td>
<td>Jan 2017 $2.1m</td>
</tr>
<tr>
<td>Feb 2017</td>
<td>Military operations begin in West Mosul, rapidly increasing displacement</td>
<td></td>
</tr>
<tr>
<td>Mar 2017</td>
<td>RA2: WASH support for Haji Ali Camp</td>
<td>Mar 2017 $2m</td>
</tr>
<tr>
<td>Apr 2017</td>
<td>SA1: Support to prioritized activities of the 2017 HRP</td>
<td>Apr 2017 $47.1m</td>
</tr>
<tr>
<td>May 2017</td>
<td>RA3: Provision of dignity kits to vulnerable women and girls</td>
<td>May 2017 $10m, RR Mosul</td>
</tr>
<tr>
<td>Jun 2017</td>
<td>RA4: Upgrading of Chamakor and Hasanshan IDP camps</td>
<td>Jun 2017 $3.1m</td>
</tr>
<tr>
<td>July 2017</td>
<td>Iraq Prime Minister announces complete recapture of Iraq (with 1m IDPs recorded)</td>
<td></td>
</tr>
<tr>
<td>Sep 2017</td>
<td>RA5: Multi-sectoral support for Salamiyah-Nimrud IDP camps</td>
<td>Sep 2017 $2.1m</td>
</tr>
<tr>
<td>Oct 2017</td>
<td>RA6: Multi-sectoral assistance to support the Hawiga Operational Plan</td>
<td>Oct 2017 $14m</td>
</tr>
<tr>
<td>Dec 2017</td>
<td>For the first time since 2013, IOM recorded more returnees (3.2m) than IDPs (2.6m)</td>
<td></td>
</tr>
<tr>
<td>Dec 2017</td>
<td>RA7: Winterization, Jed’ah IDP camp upgrading, and NGO coordination support</td>
<td>Dec 2017 $4.8m</td>
</tr>
<tr>
<td>Feb 2018</td>
<td>SA1: Critical funding to jumpstart prioritized humanitarian activities in the 2018 HRP</td>
<td>Feb 2018 $34m</td>
</tr>
<tr>
<td>Oct 2018</td>
<td>RA1: 2nd phase of nationwide measles vaccination campaign</td>
<td>Oct 2018 $2.6m</td>
</tr>
<tr>
<td>Dec 2018</td>
<td>2019 SA1: Addressing the protracted needs of returnees and IDPs prioritised in the HRP</td>
<td>Dec 2018 $37m</td>
</tr>
</tbody>
</table>
2. Inputs: Is the management of the fund fit for purpose and does it operate efficiently?

This section of the report focuses on the inputs to the fund, which include financial contributions, risk management and the capacity of the humanitarian system to manage the fund and deliver projects.

2.1. Resource mobilization

2.1.1. Donor contributions

17. The IHF was established almost a year after the activation of the Level 3 response\textsuperscript{[22]} at a time of significant humanitarian need in Iraq. This coincided with a significant shortfall in funding for the crisis and by 2016, the IHF was the largest CBPF. At this time, the significant fundraising efforts of the HC went a considerable distance to meeting the Secretary-General’s (SG) aspiration for CBPFs to account for 15 per cent of HRP requirements (see Table 4), however, this was in the context of a humanitarian response for which 58 per cent of the funding was outside of the HRP. A similar pattern was observed in 2018 when the fund accounted for 10.2 per cent of HRP funding.

18. Donor contributions and the scale of IHF allocations\textsuperscript{[23]} were reduced as the situation started to stabilise and displaced communities started to return home, albeit with a large residual IDP/refugee population which provides a focus for a smaller fund in 2019 (see Figure 1 below).\textsuperscript{[24]}

Figure 1: Donor funding allocated by the IHF, 2015-2018

![Donor funding allocated by the IHF, 2015-2018](image)

Table 4: IHF funding as a share of HRP contributions, 2015-2018\textsuperscript{[25]}

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRP contributions</td>
<td>$518m</td>
<td>$758.3m</td>
<td>$942m</td>
<td>$516.6m</td>
</tr>
<tr>
<td>IHF as a % of total contributions to the HRP</td>
<td>7.4%</td>
<td>13.4%</td>
<td>8.5%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Total funding outside the HRP (%)</td>
<td>51.9%</td>
<td>57.8%</td>
<td>32%</td>
<td>53%</td>
</tr>
</tbody>
</table>

19. While there was widespread criticism of the donor response to humanitarian needs in Iraq in 2014 and 2015, this pattern started to change in 2016 as humanitarian funding increased. A strong HC with an ambitious approach to using the IHF to strengthen preparedness and deliver front-line response further strengthened donor interest. At this time,

\textsuperscript{[22]} The L3 was activated on 12 August 2014 and was extended until the end of 2017. See https://interagencystandingcommittee.org/iasc-transformative-agenda/news-public/l3-iasc-system-wide-response-activations-and-deactivations.

\textsuperscript{[23]} The IHF had significant carry-over from one year to the next during the period under evaluation. The focus of this figure is on IHF allocations (i.e. what the fund spent) rather than donor contributions.

\textsuperscript{[24]} The 2019 HRP reports that while four million people that were displaced by the conflict with IS have returned, 1.8 million people remain displaced. See OCHA (2019) 2019 Humanitarian Response Plan, Iraq, February 2019.

\textsuperscript{[25]} Data on HRP contributions was obtained from OCHA’s Financial Tracking Services (https://fts.unocha.org/appeals/634/summary). Data on IHF contributions was obtained from the respective Annual Reports.
the IHF was considered well-positioned to address humanitarian needs, albeit in a context where significant funding remained outside of the HRP. The increase in funding allowed the IHF to play a key role in responding to the conflict in Mosul in addition to addressing the humanitarian needs of conflict-affected communities elsewhere in Iraq. It is noteworthy that the IHF was the second largest funding source for the Mosul response, contributing over 15 per cent of the $284 million Flash Appeal. [26]

20. Since the end of the conflict in Iraq, two opposing factors have influenced contributions; the strengthening of the HFU and alignment of the fund with global guidance has addressed concerns about gaps in the evidence-base for allocations, and uneasiness about the limited capacity of the team. Less positive has been allegations of significant fraud which has been highlighted in several audits and which is now the subject of forensic audits (see section 2.2 below).

2.1.2. Resource mobilization

21. The IHF does not have a dedicated resource mobilization strategy, although it does have a series of Communications Strategy and Action Plans [27] which cover the period from mid-2017 to the end of 2019 [28]. While the primary focus of these plans has been to outline information products and platforms, they also include key messages and outreach activities for current and potential donors.

22. The aim of the Communications Strategy is to increase and streamline external communications and advocacy for the IHF and the work of the HFU. The document outlines how the HFU engages diverse stakeholders of the fund through various information products and platforms for the purpose of resource mobilization, knowledge sharing and partnership management. The annual report, bi-monthly update and funding snap shots have been consistently delivered on time. However, for much of the period under evaluation, the HFU has faced challenges in consistently delivering some products that would fill a felt need in demonstrating the impact of the IHF, such as human interest stories, due to competing priorities and delays in recruitment of the Communications post. [29] The OCHA Iraq Twitter handle is periodically used to provide updates on the IHF.

**Figure 2: Donor contributions to the IHF, 2015-2018 [30]**

[28] The strategy expired in December 2018 and has not been updated for the current year.
[29] The communications post was advertised in September 2018 and no candidate had been identified by HR at the time of the case study visit in August 2019.
[30] OCHA GMS.
Given the fund was launched in response to a specific event that resulted in significant humanitarian need, it is difficult to speak about its sustainability although it is noteworthy that even with a significant reduction in humanitarian need and more modest contributions, the IHF has still managed to broaden its donor base;[31] in 2018, there were 13 contributing donors, one more than at its height in 2016, and five more than were engaged in 2017. This suggests that there certainly continues to be significant interest in, and support for the fund, even if its future, and that of the HRP are less clear (see Figure 2).

Consistent with the many other CBPFs, a significant proportion of the IHF’s funds have been received in the second half of the year (see Figure 3). This was the case for each of the years under evaluation with 19 per cent of contributions received in the third-quarter and 38 per cent of contributions made in the last quarter of the year in 2018[32] (in 2016, 43 per cent of contributions were made in the last quarter of the year, and in 2017, the figure was 55 per cent).[33]

Early and predictable contributions are crucial as they permit adequate time to prioritize funds strategically and in complementarity with other available funding. In 2018, specifically, the disbursement of a particularly large contribution at the end of the year, caused significant upheaval as there was pressure to allocate the funds before year end. This is a complex issue as the IHF (as well as other CBPFs) is frequently the beneficiary of unanticipated donor underspends but at the same time, the receipt of funding so late in the year does limit the ability of the fund to plan.

**Figure 3: Timeline of donor contributions to the IHF[34]**

![Timeline of donor contributions to the IHF](image)

### 2.1.3. Multi-year contributions

While the lack of predictability in the timing and size of donor contributions limited the fund’s ability to optimize allocations in relation to humanitarian needs and the wider humanitarian program cycle, there has been a positive trend observed towards multi-year funding commitments to the IHF. Multi-year funding offers much-needed predictability and there has been a perceptible shift in donors’ willingness to consider this approach; during the period under evaluation, multi-year funding agreements had been negotiated with Belgium, Canada, Qatar, Sweden and the UK with the number increasing from four in 2017 to five in 2018.[35]

Iraq has been the third largest recipient of multi-year funding behind Yemen and Syria, having received commitments of $111.4m between 2015-19. This has provided the IHF significant assurance that goes beyond merely funding its annual cost plan. It is noteworthy that at the time this report was written, and in the context of a fund that has seen a significant reduction in scale, only two donors have multi-year commitments. While the reasons for this were not clear, it may be a consequence of uncertainties surrounding the use of an HRP beyond 2020 which would have implications for the IHF.

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[31] overall contributions to the Fund declined by 36 per cent between 2017 and 2018, from $85.4 million to $57 million. This is a 47 per cent decrease on contributions to the Fund during the peak of the response in 2016. Iraq’s HRP envelope did, however, also decrease by 42 per cent, from $985 million to $569 million (Iraq Humanitarian Fund (2018) IHF Annual Report, 2018, March 2019).


[34] GMS data, July 2019.

2.2. Risk management

27. Risk management has been a focus for the HFU and OCHA for the latter half of the period under evaluation, due in large part to ongoing inquiries into presumptive fraud. The significant incidence of presumptive fraud has been the result of a combination number of factors, which together, exposed the fund to considerable risk in its early years:

- Funding shortfalls which necessitated the swift use of the fund in advance of the implementation of a robust risk management framework;
- The limited size and capacity of the HFU. This included the lack of financial capacity which was not addressed until the recruitment of a finance staff member at the end of 2017;
- The relative immaturity of civil society in Iraq and the emergent nature of local and national NGOs which had limited administrative, financial and logistics capacity;
- The volatility of the humanitarian environment in 2015, 2016 and 2017 which led to a reliance on local and national NGOs for service delivery and made the provision of assistance extremely difficult;
- A protracted procurement process by the UN Secretariat of Long-Term Agreements (LTA) for global audit services and a lack of timely decision-making by headquarters to extend pre-existing audit contracts.

28. These issues are discussed below alongside measures that have subsequently been put in place by the HFU to monitor, identify and manage risk.

2.2.1. Capacity assessment and due diligence

29. The CBPF guidelines lay the foundation for risk management in the IHF. The operational modalities determine the control mechanisms that are applied according to the partner’s risk level, including funding tranches, reporting, monitoring, and maximum budget amount. This was supplemented by a draft risk management framework for the IHF which was put in place in April 2015. The focus of this was on the identification of risks and articulation of strategies to manage or mitigate them.

30. In 2016, a Risk Management Technical Working Group comprising DFID, OCHA and UNICEF was established to analyse the risk trends and tendencies, operational context, external and internal risk contributing factors, and draft the risk management matrix. This informed a risk evaluation and mitigation exercise held at the Advisory Board (AB) meeting later in the same year. The exercise resulted in an updated Risk Management Framework and a monitoring and implementation plan.

31. The IHF Capacity Assessment Tool was in place by July 2016 with the purpose of ‘ensur[ing] that the HFU possesses the necessary information about the capacities of non-governmental partners that seek access to IHF funding in order to make an informed decision on eligibility’. The assessment process and tools were informed by the IHF Operational Manual and the CBPF Operational Handbook. Once prospective partners had been capacity assessed, they completed the due diligence application.

32. By the end of 2015, 61 NGOs had undergone capacity assessments (33 INGOs and 28 NNGOs) and by November 2016, this number had increased to 133 (73 international NGOs and 60 NNGOs), of which approximately 40 per cent were considered high and medium risk with just under 20 per cent considered to be low risk (no NNGOs were assessed as low risk, and only 10 per cent were considered to be medium risk, the majority being considered high risk). It is worthy of note that the rapid increase in eligible partners was reportedly accompanied by in-person training sessions which were delivered to partners in Baghdad, Dahuk, Erbil, Kirkuk and Sulaymaniyah in Arabic and English, with coaching provided upon request.

33. NNGOs in particular attached considerable importance to the capacity assessments and were keen to be as-
sessed. This was not only because of the importance of the IHF as one of the only sources of direct funding for NNGOs, but also because there has been some success in partners graduating from IHF funding to other donors and as such, the fund is considered by many to be a stepping stone.

34. The significant appetite of NNGOs for undergoing capacity assessments presented the IHF with a dilemma; the Grand Bargain (GB) commitment to strengthen partnership with NNGOs is a cross-cutting priority for CBPFs, however, the high-risk status of NNGO partners linked to ongoing forensic audits into alleged fraud and mismanagement has made it difficult to balance these two conflicting pressures. Table 5 provides an analysis of the value of projects by risk rating\textsuperscript{[40]}. In 2018, the HFU chose not to capacity assess any new partners until it was able to take stock of operational gaps.

**Table 5: HFU Allocation and risk management overview – value of projects by risk rating (%), 2015 – 18**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>8.6%</td>
<td>8.8%</td>
<td>14.7%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Medium</td>
<td>18.0%</td>
<td>22.4%</td>
<td>19.8%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Low</td>
<td>73.4%</td>
<td>68.8%</td>
<td>65.5%</td>
<td>45.4%</td>
</tr>
</tbody>
</table>

2.2.2. Monitoring, spot-checks and audits

35. The HFU develops a monitoring plan for each allocation that is informed by the risk rating of the partner, the project activities and location. A number of project monitoring approaches have been adopted during the period under evaluation which include remote call monitoring (RCM) via the IDP call centre, third-party monitoring (TPM) and direct monitoring by OCHA staff who may be accompanied by cluster focal points.

36. Table 6 presents a historical analysis, prepared in 2019, of the achievements of the HFU by monitoring modality against requirements for the period under evaluation. It shows the genesis of the challenges now faced by the IHF with a limited number of monitoring visits and spot-checks in the early years of the fund which were compounded by the dearth of audit services which was only rectified late in 2017.

**Table 6: The use by IHF of monitoring modalities, 2015-2018\textsuperscript{[41][42]}**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring</td>
<td>12</td>
<td>11</td>
<td>51</td>
<td>90</td>
</tr>
<tr>
<td>Financial spot-check</td>
<td>0</td>
<td>2</td>
<td>39</td>
<td>69</td>
</tr>
<tr>
<td>Country office audit</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>55\textsuperscript{[43]}</td>
</tr>
<tr>
<td>Forensic audit</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>18\textsuperscript{[44]}</td>
</tr>
</tbody>
</table>

37. An external audit firm, BDO procured on an LTA by headquarters in February 2017 is in the process of conducting independent audits of all IHF-funded projects. While some progress was made in addressing the backlog in 2017, it was not until the arrival of the HFU Finance Officer in October 2017 that momentum increased. Figure 4 below presents a comparative analysis of the IHF’s compliance and risk management performance by modality for 2017 and 2018 (i.e. percentage achieved against what is required by the operational modality). By the end of 2018, 147 of the 227 required audits of IHF projects were either underway (93) or completed (54). The remainder are planned for completion in 2019.\textsuperscript{[45]}

\textsuperscript{[41]} Data was obtained from the Iraq HFU
\textsuperscript{[42]} It is important to note that while the number of monitoring missions and financial spot-checks outlined in the 2015 and 2016 IHF reports far exceeds what is reported in the table, the statistics that have been used have been extracted from GMS by the IHF HFU and cover only formal monitoring missions, supported by monitoring reports uploaded to GMS and accompanied by responses to the findings from the respective partners.
\textsuperscript{[43]} A further 65 audits had commenced by April 2019.
\textsuperscript{[44]} A further 15 forensic audits had commenced by April 2019.
The inability to adequately resource the HFU, the failure to procure audit services in a timely way and delayed decision-making on the extension of existing audit services have been significant challenges to the IHF. The first issue contributed to a lack of oversight, while the second and third have, with the passing of time, complicated the process of investigating and substantiating presumptive fraud. The launch of forensic audits has resulted in NNGOs being suspended from further IHF funding which has had consequences for their contracts with other UN agencies and NGOs. As the audit processes have become protracted, these problems have been further compounded. The range of compliance issues that have been highlighted by the audits suggest weaknesses in the initial capacity and due diligence assessments that were undertaken, and may have been addressed by a greater focus on training prior to allocating funding and (see Box 1).

**Box 1: Weaknesses in NGO IHF compliance**

- Weaknesses in cash management documentation and process;
- Insufficient supporting documents during the audit visit;
- No separate bank account used for projects;
- Failure to comply with project reporting requirements;
- Inadequate internal control procedures;
- Ineligible expenditures;
- Inadequate insurance coverage against all the risks;
- Payments after the project liquidation period;
- Poor bookkeeping system;
- No regular bank reconciliation;
- The omission of serial number of purchase orders and purchase requests;
- Weak Procurement documentation and procedures;
- Mismatch between the project financial report and the project general ledger;
- A lack of HR policies, inadequate competitive procedures for the awards of contracts, a mis-match between staff and other personnel costs, lack of proper evidence/documentation on staff payments.

**Challenge:** The failure of the UN Secretariat’s Procurement Division in New York to successfully procure a timely LTA for audit services was one of the most significant challenges to the IHF and has contributed to the significant backlog of audits that currently exists.

**Figure 4: Progress on risk management activities, 2017-2018 (% activities required by operational modality)**

38. Comparable data is not available in the IHF Annual Reports for 2015 and 2016. IHF performance against narrative and financial reporting was not reported in the 2018 annual report. These issues have been reported to the HFU and are not considered to be exhaustive, but do provide important evidence for the evaluation.
39. While the Standard Operating Procedures\[^{[48]}\] provide guidance on suspected fraud and misuse of funds by partners, because of issues of complexity (and potential conflict of interests), the development of ToRs and management of forensic audits are the responsibility of the Oversight and Compliance and Fraud Management Unit (OCFMU) at the CBPF Section in New York. However, interviews suggest that some of these responsibilities were delegated to the OCHA Head of Office (HoO) and IHF Fund Manager to lead. Given the sensitivities (including potential for conflicts of interest) and workload implications linked to the audits, this seems short-sighted. A second concern is the length of time it is taking to conduct forensic audits with some having already been ongoing for well over a year.

40. This evaluation considers that with the caveats outlined above, the HFU has now established a mature approach to monitoring, spot-checks and audits which is consistent with the feedback received during interviews with members of the AB and donors. However, the findings also suggest that there is a need for greater investment in training of NGOs to deliver IHF-funded projects.

2.2.3. Reporting of compliance issues

41. This evaluation found that key informants were satisfied with the approach of the IHF to ascertain and address allegations of fraud and considered it to constitute sound practice; the HFU provides regular updates to donors on escalated accountability issues pertaining to individual partners. These outline the actions taken and current status (including the partner’s eligibility status). In addition to these updates, the HFU provides alerts when it discovers cases of fraud or mismanagement. As with other CBPF’s, it has proved challenging to balance the conflicting requirements of promoting transparency on the one hand with dealing responsibly with sensitive information on the other.

42. Interviews suggest that OCHA’s approach to managing fraud compares favourably with that of other humanitarian agencies and there was a general sentiment expressed that the IHF was proving to be more transparent in its reporting of compliance issues than other agencies. This imbalance has the potential to be problematic, particularly for other members of the humanitarian system which do not adhere to the same standards of investigation and reporting.

2.3. Implications of the global standardization of CBPFs

43. The implementation of the global standardization of CBPFs (as per the 2015 Policy Instruction, Operational Handbook, and Common Performance Framework) was rolled out towards the end of 2017, although the IHPF Operational Manual which had been in place since July 2015 was not replaced by the revised IHF Manual until March 2018.

44. The move to bring the procedures and approach of the IHF into line with the global guidance is of considerable interest to this evaluation because of the implications it had for the implementation of the fund. During the first three years of the IHF, while there was broad support for the use of the fund to support preparedness and response to the conflict in Mosul and other Islamic State (IS)-occupied territory, concerns had been expressed about fund governance and decision-making processes which informed allocation processes (this issue will be examined in greater detail in section 3.1). As a consequence, bringing the IHF into line with global policy was broadly welcomed and has strengthened confidence in the fund.

45. Overall, there was positive feedback about the Grant Management System (GMS), which was considered to have significantly strengthened flexibility and transparency. NGO informants found the system relatively user-friendly and felt that the fund compared favourably with that of many other donors. Conversely, UN agencies tended to be more critical of it, along with the procedures more generally.

46. Despite their concerns, it is noteworthy that UN agencies are still a significant beneficiary of the IHF and there was consensus about its added value from all those interviewed, particularly given the history of shortfalls in humanitarian funding.

2.4. Capacity of the humanitarian system

2.4.1. Leadership and management of the IHF

47. There was broad agreement that improvements had been made to the leadership and management of the IHF over the period under evaluation. In Iraq, the HC is also the Resident Coordinator (RC) and the Deputy Special Representative of the Secretary-General (DSRSG). Interviewees regarded the current HC/RC/DSRSG as committed to the task of leadership and oversight of the fund. She is ably supported by the OCHA Head of Office (HoO) in this task who also provides management support for the fund manager. Given the current challenges associated with fraud and mismanagement which have required significant engagement from OCHA, this support was considered to be essential.

48. The role of the AB is to determine strategic focus, oversee process, manage risk and review activities. For the early part of the period under evaluation, the AB played a relatively modest role in governing the fund and was not consistently consulted about allocation decisions. Anecdotal evidence suggests that the humanitarian community was itself divided on several key issues linked to the response during this time, and this may have influenced decisions surrounding the engagement of the AB. However, changes were made to bring practice into line with global guidance as the revised Operational Manual was rolled out during 2017 and 2018. The IHF now has an inclusive AB with equal representation from the UN, NGOs (including NNGOs) and donor representatives. The diversity of the group and the operational role it plays has the potential to be a significant strength, although the country visit coincided with a change in the membership and it proved difficult to evidence this.

49. The HFU’s competence and capacity is fundamental to a CBPF’s effectiveness and in the early years of the fund, the resourcing of the team was inadequate to provide the management and oversight that was required in such a complex humanitarian environment. Although surge capacity was provided (e.g. three finance officers were sent to support the technical and financial review phase of the 2016 second SA), short-term support did little to address the longer-term gaps in the team and there were also concerns expressed that surge staff lacked familiarity with the context. Moreover, it took far too long for the limited capacity of HFU to be recognised, and when the gaps had been identified, it took too long to strengthen the team.

50. Responsibility for the slow pace of scale-up of the HFU was shared between the country on the one hand, which chose to ignore requests for it to strengthen the team, and headquarters on the other, which took too long to recruit additional capacity. Being able to adequately resource new, or scaled-up CBPFs, is an important lesson that can be drawn from the case study.

51. That said, the HFU has been strengthened over time and there is now broad recognition that its current size and capacity is adequate to administer and manage the fund (see Box 2).

Lessons: In the early years of the fund, HFU capacity was inadequate and even after the gap had been identified it took too long to adequately strengthen the team. Being able to adequately resource new, or scaled-up CBPFs, is an important lesson that can be drawn from the case study.
Box 2: IHF HFU organogram, 2019

52. HFU costs have fluctuated over the years and, as a consequence it is difficult to identify any specific trends (see Figure 5). With the structure of the HFU in mind, while offering value for money is important, this evaluation believes that cost is an unhelpful performance indicator as strong management and robust monitoring and risk management processes are key to the success of a CBPF and it is important to encourage adequate investment in these aspects.

Figure 5: IHF staff numbers and management costs (HFU actual expenditure), 2015-18

[50] Data obtained from IHF Annual Reports.
[51] The data for the IHF management costs for 2015 and 2016 was not available in a way that permitted comparison with the figures for 2017 and 2018.
2.4.2. The capacity of the clusters to manage allocations

53. The Operational Handbook\(^{[52]}\) anticipates that ICCG and individual clusters play a strategic role in ensuring linkages between the fund, the HRP and cluster strategies, and an operational role in providing technical expertise and supporting the process of project prioritisation, review and revision. In reality, between 2015 and 2017, the role of the clusters was more operational than strategic, and it was not until mid-way through the evaluation period that changes were made to permit clusters to play their full role (this issue is discussed in greater detail in section 3.1.2).

54. Since the changes were made, clusters have been broadly supportive of their engagement in IHF-related tasks and while capacity has varied between clusters, they all willingly participate in the processes of prioritisation, allocation and disbursement. Consistent with other evaluation case studies, there was less clarity about their role in monitoring quality of IHF-funded programmes, and while there was some evidence of joint HFU-cluster monitoring missions, many cluster coordinators felt this was outside the scope of their role or that they had inadequate resources to fulfil this role.

55. The lack of consistent cluster engagement in monitoring IHF projects presented a challenge as, certainly in the early years of the fund, the HFU had very limited capacity and while they did engage third party monitors (TPM), this provided a verification function, and only engaged in a limited way on issues of technical quality. Without the participation of clusters, the HFU does not have access to the technical specialism necessary to programme technical quality and while the HFU M&E officer has continued to try to engage in joint monitoring missions with cluster focal points, this has been dependent on staff availability. Regarding this issue, it is noteworthy that the 2018 IHF Operational Manual\(^{[53]}\) outlines a menu of six monitoring approaches but the clusters are not included in these.

2.4.3. The capacity of partners to deliver IHF projects

56. Ultimately, the IHF can only meet its objectives if it is able to identify partners that have access to areas where there is the greatest humanitarian need, and that have capacity to deliver timely and coordinated programmes. Section 3.3 below addresses how the IHF selects the best-placed partners and supports localization but it is important to note the challenges that it has faced in balancing these priorities.

57. While significant efforts have been made over the last five years to increase the number and diversity of partners eligible to receive IHF funding, the adverse findings of recent audits have highlighted the challenges that exist in delivery, particularly (but not exclusively) linked to NNGOs. The evaluation does not consider that this has constrained the reach of the fund, although this has been in part a consequence of improvements in humanitarian access since the conflict with IS was concluded in 2018 which means that most areas are currently equally accessible to both international and national NGOs.


3. Activities and outputs: To what extent are CBPFs supporting partners to meet the most urgent humanitarian needs in a way that is timely and is consistent with Grand Bargain priorities?

This section of the report examines the fund’s performance in delivering key activities and outputs, including the identification of priority needs, selecting the best-placed partners, supporting the delivery of program quality, and responding to the needs of affected populations. It concludes with an overview of the outputs from IHF projects.

3.1. Contextually relevant and in line with HRPs

3.1.1. Alignment with the HRP and strategic priorities

58. As indicated in Figure 6 below, the IHF is integral to the HRP and, between 2015 and 2018, it accounted for between 7.4 and 13.4 per cent of total HRP funding (with the 2016 contribution accounting for the highest percentage). An important caveat to this is that Iraq has consistently received significant humanitarian funding outside of the HRP which inflates the IHF percentage.\[54]\n
Figure 6: HRP appeal and contributions, IHF contributions and CERF allocations, 2015-18\[55]\n
59. The finding of the evaluation is that while standard allocations (SA) of the IHF were predominantly aligned with the HRP and its strategic priorities, this was not necessarily the case for reserve allocations (RA). That is not to say that the RAs did not prioritise humanitarian needs, but it is noteworthy that they focused significant attention on preparedness, as efforts to retake territory held by the IS gained pace. While the significant investment that was made to prepare for the Mosul response in 2016 was outlined in a Flash Appeal\[56]\ other RAs were not accompanied by similar analysis and the limited involvement of the clusters or the AB in the prioritisation process and the lack of documentation means that it is not possible to review and assess the evidence base for the allocations. That said, in the context of the need for an urgent response, there was broadly positive feedback about the decisions that were made, if not the processes which informed them.

\[54]\ Over 50% of humanitarian funding was outside the HRP for three of the four years under evaluation which, if taken into account, would cut the IHF percentage in half.


\[56]\ The total requirement of the Mosul Flash Appeal was $283.7m and it was 98.2% funded (OCHA FTS).
60. While IHF annual reporting on how each of the allocations have met specific HRP strategic objectives (SO) has been inconsistent across the evaluation period, allocation data from 2017 and 2018 illustrates how it has contributed to the achievement of the HRP. While all of the IHF projects were reportedly linked to HRP projects, close to 81 per cent ($62.3 million) of the allocated funds targeted those in need of assistance which was the primary SO of the 2017 HRP (see Figure 7). All IHF funding responded to either one or more of the four strategic objectives in the HRP.

Figure 7: Links between IHF Standard Allocations and the 2017 HRP strategic objectives (SO)[57]

61. Significant concern was expressed during interviews with UN and NGO staff about a lack of a comprehensive and shared analysis of humanitarian needs in Iraq which caused challenges in using the data contained in the HRPs to prioritise humanitarian assistance. This was considered in large part to be a result of the failure to adequately involve key parts of the humanitarian system, in particular, the clusters in fund processes. Additional factors, that negatively influenced the perceived validity of the HRP, were capacity limitations and a lack of coherence between humanitarian actors. As figure 7 illustrates, the 2017 HRP SOs were so broad that it would be difficult for a humanitarian programme to fall outside of them. There was mixed opinion about this issue with some interviewees considering that broad SOs offered important flexibility for the HC to determine priorities, while many others felt that the lack of focus undermined the value of the HRP, which may have contributed to the significant amount of donor funding that was disbursed outside the plan. Preparations for the 2019 HRP sought to address these concerns, and far greater emphasis was placed by OCHA and the HC on working with the clusters to determine humanitarian needs and outline priorities for assistance which have offered a series of filters for prioritising IHF funding.[58]

62. The prioritisation of successive Iraq HRPs on protection is noteworthy, and a review of HRP protection funding requirements against IHF protection funding allocations shows that with the exception of 2015, the IHF has consistently dedicated a significant proportion of its resources to funding this priority (see figure 8). Of note is the first SA of 2019 which prioritised the centrality of protection as one of two HRP Strategic Objectives as the focus of the $40 million allocation. Box 3 provides an account of the operational impact of IHF funding for mental health and psychosocial support.

3.1.2. Transparent identification of high-quality projects

63. The process of transparently identifying needs-based priorities for the IHF was an issue that elicited considerable feedback during the case study and which also benefits from significant evidence due to a number of lesson-learning exercises that were undertaken by a range of different stakeholders.[61] The period under evaluation can be separated into two distinct phases (i) June 2015 – October 2017 and (ii) October 2017 - present.

**Good practice:** The evaluation was informed by several lessons-learned exercises by the HFU in addition to others external to the fund. These offer significant reflection on fund management and prioritisation and allocation processes which have proved invaluable to shifting practice in addition to documenting experiences.

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[59] IHF data obtained from relevant annual reports. HRP data obtained from OCHA FTS.
[60] Photo courtesy of OCHA Iraq, June 2019.
[61] The evaluation recognises the value of these light-touch reviews and the important contribution that they have made to the case study.
Phase 1: June 2015 – October 2017

64. This phase commenced with the establishment of the IHF which coincided with a rapid increase in humanitarian need as a consequence of the conflict in Mosul and other IS-occupied territories. Throughout 2016 and 2017, the operating environment was extremely complex and the nature of the humanitarian consequences necessitated strong leadership and decision-making. This style of leadership was extended to the IHF.

65. During this phase, there were concerns raised about the lack of involvement of the ICCG in determining needs and articulating the allocation strategies. For one particular SA, this resulted in a formal request being made by the clusters to the HC to redefine the strategy which was agreed. Similar concerns about a perceived lack of clarity about priorities and opacity of decision-making were made by NGO partners.

Challenge: Significant concern was expressed during interviews with UN and NGO staff of a lack of a comprehensive and shared analysis of humanitarian needs in Iraq which made it difficult to transparently identify needs-based priorities for the IHF.

66. Concern was also expressed by clusters about the quality of proposals which was linked to the lack of clarity about strategic priorities which made it difficult for partners to prioritise and the limited time that they had to prepare submissions (see 3.2 below). During this time, NGOs lacked familiarity with the process which may also have had a bearing on proposal quality.

67. Iraq is one of three case studies (the others being South Sudan and Afghanistan) where cluster defences were used and offers considerable learning. Documentation and interviews revealed a lack of understanding about the purpose, timing, efficiency and accountability related to decision making within the cluster defence phase. A concern was also raised that there is no requirement for cluster defences within the global guidelines and that it is not part of the CBPF workflow.

68. Many participants did not understand why submitted concept notes, cluster score cards or expertise such as Pro-Cap and Gen-Cap were not utilized during the defence or what added value it had over the more detailed technical review phase. Concerns were also raised that defences tended to emphasise competition between clusters rather than foster collaboration. On a more positive note, there was discussion about how a strategic cluster defence may be used to support the development of cluster priorities within the allocation strategy but this would require that it happens earlier in the CBPF workflow. There was an opinion expressed by many participants, but particularly from NNGOs that the quality of the defence would be enhanced with broader participation from a wider range of stakeholders in line with the CBPF principle of inclusiveness. In particular it was noted that greater participation of NNGOs and frontline responders in the defence could enhance quality by bringing a field level perspective to the process.

Lessons: Cluster defences were not widely understood and lessons-learning in 2018 and during the case study revealed a lack of understanding about their purpose, timing, efficiency and accountability related to decision making.

Phase 2: October 2017 – present

69. This phase heralded the drafting and roll-out of the revised IHF Operational Manual and implementation of the recommendations from the lessons-learning from previous allocations, both of which brought the fund more closely into line with global guidance.

70. During this phase, an innovative approach to reinforce coordination within and across clusters by adopting a strategic prioritization process for a RA in October 2017 based on an inter-cluster response plan was far-sighted, but ultimately proved to be too arduous and was not repeated. A lessons-learning exercise after the allocation suggested that working in this way would require preparatory work and it was over-ambitious to expect a RA to overcome the challenges that this posed.
71. While there was still significant concern about the evidential basis for the 2018 HRP, the more prominent role of the clusters and the greater consultation with and engagement with the AB permitted the fund to more transparently identify and prioritise projects. The process of preparing the 2019 Humanitarian Needs Overview (HNO) and HRP linked to the shift in the context in Iraq to one of post-conflict and transition has made the process of identifying and agreeing priorities less contentious, although the significant reduction in funding has brought its own challenges given the shortfalls that exist.

72. While the quantity of project proposals (both received and funded) made the process of strategic and technical review cumbersome in 2017, the number of submissions was reduced from 133 to 84 in 2018 which has assisted in easing the workload of clusters. The shift towards a smaller and more manageable number of projects has continued in 2019 with 32 projects approved in the Consortia approach that was adopted for the first SA in 2019 (the approach is discussed in greater detail in section 3.2).

3.1.3. The use of cash and vouchers in line with Grand Bargain commitments

73. The IHF has financed cash and voucher-based assistance throughout the evaluation period. For example, in 2016, $1 million was allocated to multi-purpose cash assistance (MPCA) which was aimed at providing unconditional cash assistance to vulnerable and newly displaced families.\textsuperscript{[62]} In 2017, the contribution of the IHF to supporting MPCA was scaled-up with an allocation of $5 million which accounted for 21 per cent of the total sectoral funding received toward the HRP. Cash assistance was also integrated across clusters and in addition to MPCA, the IHF funded projects of CCCM, Food Security, Emergency Livelihoods, Shelter/NFIs, Protection and WASH Clusters worth $8.2 million included cash components such as emergency cash transfers, cash vouchers, and cash-for-work schemes.\textsuperscript{[63]} In 2018, the IHF supported partners of the Cash Working Group to support those living in out-of-camp locations, people who were unable to return home, newly or secondarily displaced people and those that did not qualify for the government’s social protection programme.

\textbf{Good practice:} The IHF promoted the use of multi-purpose cash assistance and played a key role in funding cash and vouchers at the sectoral level.

3.2. Effectiveness and efficiency of processes to allocate and disburse funding

3.2.1. Efficiency and timeliness of IHF allocation and disbursement processes

74. The IHF Operational Manual outlines the workflow for both the SA and RA, with an indicative number of working days for each step.\[64\] In the case of SA, the steps from the development of the allocation strategy to disbursement of the first tranche should take 55-64 working days while, for RA, these steps should take 18-22 working days.

75. Prior to the revision of the Manual, the time taken for the workflow was far less clear, in part because it was not explicitly outlined but also because of variability in the process that was used (which on at least one occasion, included the need to restart the process) which meant that the workflow and timeline shifted between allocations. There was particular frustration with the Second SA of 2017 which was broadly criticized both internally and from NGO partners which considered it to be ‘[un]clear, disorganized and unfair. Key challenges identified include: short and shifting timelines; conflicting and changing programmatic advice; too heavy and confused technical advice; and lack of transparency in decision-making, from strategy-setting to selection of partners and projects.’\[65\]

76. The 2015 IHF Annual Report indicates the maximum and minimum number of working days from proposal submission to disbursement as 100 and 22 respectively with the median number of days being 45. The following year, the IHF reported having the fastest SA globally with the in-country processes completed in 27-days.\[66\] In 2017, while 54 per cent of RA projects were reported as being processed within 30-days, 70 per cent of the projects under the NNGO RA took in excess of 90-days to be processed.\[67\]

77. Given the significant variation in the duration of the workflows and the lack of consistency in the data available in GMS and recorded in the annual reports, it is difficult to construct a consistent workflow analysis for allocations, but a review of the data that is available in GMS provides a mixed picture (see Table 7).

<table>
<thead>
<tr>
<th>Workflow</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation type</td>
<td>RA</td>
<td>SA</td>
<td>RA</td>
<td>SA</td>
</tr>
<tr>
<td>Submission deadline to IP signature TARGET (days)</td>
<td>No data</td>
<td>60</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Submission deadline to IP signature ACTUAL (days)</td>
<td>30</td>
<td>40</td>
<td>39</td>
<td>56</td>
</tr>
<tr>
<td>Executive Officer signature to cash transfer TARGET (days)</td>
<td>No data</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Executive Officer signature to cash transfer ACTUAL (days)</td>
<td>13</td>
<td>8</td>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>

78. While there are no specific trends, it is noteworthy that from 2017, the target that was set for proposal submission to IP signature was 60-days for an SA and 30-days for an RA. The first target has routinely been met, but not the second. The target for Executive Officer signature to disbursement of the first tranche is 10-days which, with one exception, has been met.

79. With a view to streamlining the process and increasing timeliness, an attempt was made in 2017 to link the strategic and technical review of proposals, but this was poorly received by clusters and partners with concerns raised that the workload was too high and there were too many projects to review, many of which were not ultimately approved which constituted wasted effort. Concerns were also raised about how the change was communicated as it caused significant confusion.

80. In a lessons-learning process conducted in 2017, concerns were raised by IHF partners about the length of the timelines which were considered to be too short. A proposal was made to synchronize the SA with the Humanitarian Programme Cycle to allow for better planning, although when this was trialled for the SA at the end of 2018, there was discontent about the significant challenges this presented from a workload perspective. Concerns have also been raised on a number of occasions about the cluster reviews being time-consuming, although there was an acknowledgement that quality proposals require comprehensive review processes.

81. Interviews also highlighted some frustration about a perceived lack of flexibility of the fund; in a survey undertaken in 2016, it was considered by stakeholders to be the most problematic part of the IHF process (with timely disbursements being the second most challenging area). In the 2017 stakeholder survey these two concerns were transposed with 24 per cent of 70 respondents considering timeliness to be the greatest concern with project revisions next, with 19 per cent of those who undertook the survey.

3.3. The promotion of best-placed partners and support for localization

3.3.1. Use of procedures to identify the best-placed partners to meet humanitarian needs

82. The IHF is committed to working with partners that are best placed to respond to humanitarian needs. However, humanitarian access and differences in risk appetite and tolerance has meant that different types of agencies have had a greater prominence in the response at different times. In the early years of the response, NNGOs were frequently more willing to accept the implications of the volatile security situation and hence had better access to those in greatest need. Once the conflict with IS had ended and the situation had stabilised, access improved for all agencies.

83. In terms of incentivising participation in the fund, efforts have been made to engage NNGOs, particularly in the early years of the fund, when access was constrained for international NGOs. During this time, reports suggest that training was provided to familiarise organisations of the basic requirements of the fund in addition to an initial set of capacity assessments which were undertaken to establish a cadre of organisations which were eligible to receive IHF funding.

[68] Data obtained from GMS, July 2019.
[69] 17 out of 28 or 70% of respondents considered this to be one of the top three challenges of the IHPF process, with the timely disbursement of funds being considered by most people as the second greatest challenge, selected by 48% of the respondents. See Iraq Humanitarian Pooled Fund (2016) Lessons Learned: IHPF Second Allocation – Mosul preparedness and under-funded humanitarian response plan.
84. While Table 7 shows a steady decrease in funding to UN agencies and an associated increase in funding to INGOs, the proportion of funding allocated to NNGOs started very strongly but was reduced after the first year and has been broadly static in subsequent years (see Figure 9).

Figure 9: Percentage of funds allocated per type of partner/year, 2015-18[^70][^71]

85. It is noteworthy that the percentage of funds disbursed to NNGOs is comparatively modest[^72], which is linked to the challenges that the IHF has faced with fraud (see Risk Management in section 2.2). Many of the allegations of fraud are linked to the first years of the fund, when 29 per cent of funding was allocated to NNGOs. While forensic audits are still ongoing, interviews with NNGOs that are the subject of forensic audits and others that are eligible or implementing IHF-funded projects revealed a general concern that requirements of the fund went beyond the capacity that existed in many (although not all) NNGOs. These were not new requests but echo similar requests that have been made previously. This suggests that in the first year of the fund, when NNGOs had the best access to those in need, they may also have been ill-prepared for implementation.

86. The IHF’s efforts to engage NGOs led to a significant increase in the number of partners eligible to receive IHF funding in the first year of the fund, but this has remained relatively static since, with the total increasing by just 19 agencies to 160 between 2016 and 2018 (see Figure 10).

Figure 10: Eligible IHF NGO partners per type/year, 2015-18[^73]

87. After the significant focus of IHF allocations to NNGOs in 2015, as illustrated in figure 10, the fund subsequently significantly reduced its direct funding to NNGOs to 10 per cent in 2016 (from 29 per cent in the previous year), and then 9 per cent in both 2017 and 2018. It has, however, continued to support passthrough funding via partnerships with UN agencies and INGOs. In a U-turn on earlier allocation strategies which stipulated that ‘whenever possible, and in order to

[^70]: Data obtained from IHF Annual Reports.
[^71]: ‘Other’ refers to members of the Red Cross/Red Crescent Movement.
[^72]: Other CBPFs that the evaluation team visited tended to have a far greater focus on funding NNGOs.
[^73]: Data obtained from IHF Annual Reports.
limit overheads and administrative costs, implementing partners should not enter into subcontracting agreements’, the 2019 SA required that projects were delivered through consortia, with an initial emphasis on UN leadership with NNGO participation. While operational factors meant that leadership was ultimately shared by UN agencies and INGOs, the implication of this is that no funding was allocated directly to NNGOs.

88. While the consortia approach was mooted as a means of strengthening localization through an emphasis being placed on training, interviews suggested that the context of a comparatively short-term partnership has made it very difficult for agencies to focus on training. Few agencies appear to have had a training budget and, in some cases, consortia were formed of agencies which had no previous experience of working together and the need to swiftly expedite the allocation meant that even basic organizational assessments for these new partnerships were not able to be completed in a timely way. Interviews revealed that in many cases, the 7 per cent program support costs were not shared with NNGOs and so the terms of the partnership were certainly not favourable to them.\(^{74}\) While a small number of NNGOs did appear to be satisfied, the majority of interviews with IHF partners revealed concerns about the quality of partnerships, in addition to some anxieties that the approach will do little to contribute to Grand Bargain priorities on localization. What the consortia approach did achieve was to reduce the exposure of the IHF to additional risk, which was passed on to its international partners. It also reduced the number of projects which reduced administration.\(^{75}\)

**Challenge:** The IHF has struggled with its engagement with NNGOs. The results of the early years of the fund have come under question due to the extent of alleged fraud and mismanagement. Current efforts to support greater engagement with NNGOs through a consortia approach has raised concern about issues of programme quality and has not contributed to GB priorities on localisation. The approach has reduced the exposure of the IHF to risk.

89. In defence of the IHF, it must be borne in mind that working with partners is a means to an end, rather than an end in itself, as the objective of CBPFs is to channel funds through partners best placed to implement prioritized activities in a timely, efficient and accountable manner. Several interviewees noted potential challenges with increasing direct funding to NNGOs. One is that NNGOs might have access to hard-to-reach areas but not the technical capacity or systems in place required to deliver a project. Clusters prioritizing access then need to find ways to provide technical support, such as linking the NNGO to an INGO.

90. A second challenge that was raised is that NNGOs that have close links to affected communities and are able to deliver on the ground, may not have the skills to write good quality proposals and reports. Linked to this, most guidance documents are written in English which is not their first language. These factors have in the past necessitated greater engagement with NNGO partners by clusters and the HFU in order to improve the quality of proposals. This has had the effect of slowing down the proposal review process. It was also felt that smaller NNGOs tend to have less capacity to deliver assistance at scale. This can lead to the IHF making a larger number of small grants, which has implications for the workload and capacity of the HFU. The IHF referred to these tensions in a recent report on localization (see Box 5).

\(^{74}\) For some agencies, this was because their internal policies prohibited the sharing of PSC as this is ring-fenced to fund HQ costs.

\(^{75}\) Since the case study visit, the IHF has further refined the consortium approach based on feedback from stakeholders from two surveys. Lessons learned were shared and built into a subsequent allocation. The IHF report that early indications are that the shortcomings raised by the evaluation in this area have been addressed particularly around providing time for consortia to be formed, capacity building of NNGOs and increasing funding levels to NNGOs.
3.3.2. Inclusion of, and support for, local and national actors

91. Localization goes well beyond the provision of funds to NNGOs and the IHF has sought to include and support local and national organisations in a number of other ways. One of these has been to ensure NNGO representation on the Advisory Board, which now includes one NNGO member and a representative of the NGO Coordination Committee for Iraq. These additions to the AB have improved dialogue, transparency and information sharing between the IHF and the NGO community broadly.

92. The issue of training was raised by NNGO interviewees on numerous occasions during the case study. There was a strong desire to benefit from training and capacity building which focused on basic aspects of the fund, in addition to broader project management issues such as financial management and controls, procurement and supply, and report writing. While some efforts were made to provide support to NNGOs in the early years of the IHF, the investment in training has decreased more recently and while there is a NGO coordination body (the NGO Coordination Committee for Iraq or NCCI), that has the potential to partner with the IHF in the provision of targeted training, progress is yet to be made. The reason given for the delays was a lack of capacity within the HFU.

93. Despite some feedback questioning whether the IHF and OCHA have a role to play in training and capacity building to strengthen localization, the 2019 HNO offers cause for optimism, as it clarifies the importance of NNGO delivery of humanitarian programming in under-served areas. In anticipation of these changes, it is reported that the AB has agreed that the IHF will focus on capacity building of NNGO partners which will be informed by an NNGO capacity mapping exercise. This evaluation would endorse an approach that seeks to strengthen the understanding and capacity of local actors to deliver IHF projects, alongside a strategy to shift greater responsibility to them for implementation.

94. The government is an important actor for the localization agenda but concerns about the potential for politicising assistance have posed a barrier to involving them in prioritization processes. However, with the situation in Iraq having shifted away from humanitarian action, engagement with the government on its responsibilities to provide assistance to both settled populations and those displaced as a consequence of the conflict is growing ever more important. There was a suggestion that the IHF should, at a minimum, inform relevant authorities at the Governorate level about funding decisions and the evidence base for those decisions as part of a strategy to strengthen engagement.

3.4. Delivering quality programming

3.4.1. Projects based on coordinated and participatory needs assessments

95. As noted in section 3.1.1, the extent to which IHF allocation strategies have been based on a clear evidence base has varied. At the level of individual projects, the proposal format in GMS requires partners to articulate their understanding of the context and specify how they have used needs assessment and analysis data to underpin project design. In general, this was well done. Proposals have cited a mix of different assessment processes and sources of data, from individual assessments and surveys conducted by the implementing partner, to shared assessment exercises, including multi-cluster needs assessment processes.

[77] Ibid.
96. Discussion with focus group participants largely confirmed that assessments, surveys and some form of community consultation had taken place in order to assess needs and identify the most vulnerable people. Beneficiaries described house-to-house verification exercises and consultations with community leaders prior to project implementation. The level of community engagement with these processes was mixed, however, and in some cases community members were unclear how humanitarian organisations had determined the severity of need. There was also a clear disparity between the level of engagement with men and women, with women frequently left out of community-level discussions to determine needs and priorities.

3.4.2. Identifying those most in need, including marginalized groups

97. In line with successive HRPs, IHF allocation strategies have consistently stressed that the Fund should be used to support those most in need of humanitarian assistance. This includes newly displaced populations, those at risk of displacement, people in need in underserved and hard-to-reach areas, and those benefitting from projects facing closure or scaling-down (also see Section 5.1.2). In most strategy papers, the description of vulnerable groups is left vague. In some cases, however, particularly where the focus of the strategy is narrower – such as the 2017 RA for winterization – groups of vulnerable people are spelled out in detail, including female-, child- and elderly-headed households, families including persons with disabilities (PwD), pregnant or lactating women, large families of eight people or more, and families with low or no incomes.[78]

98. Within specific IHF-funded project proposals, organizations are required to provide an outline of target beneficiaries. For most proposals, this includes a significant level of detail about particularly vulnerable groups and a description of how organizations intended to identify and reach them. Interviews with implementing organizations and discussions with FGD participants generally confirmed that those most in need had been identified, and the assistance subsequently provided had made a positive difference to people’s lives. Teams of project staff, including networks of community volunteers in some cases, were used to identify particularly vulnerable individuals and families and ensure that they had benefitted from project interventions.

99. In a number of FGDs, participants complained about declining levels of assistance and a reduction in the quality of services provided, which often impacted on particularly vulnerable members of the community (see also Box 9 in section 5.1.2). For example, in one project location where a primary health clinic had been downgraded to a mobile clinic due to a shortage of funding and a decrease in the camp population, FGD participants noted that it was the most vulnerable – including elderly people, PwD and those with chronic diseases – who had been particularly affected by the change and were no longer able to easily access treatment. One woman described how “for health problems outside the scope of the mobile service, we have to visit the nearest hospital which is 12 kilometres away. It’s difficult to get there, particularly for the elderly, disabled and heavily pregnant women”. Female FGD participants also highlighted that without access to a female doctor, they were no longer easily able to consult medical staff about women’s health issues.

3.4.3. Taking account of gender, age, disability and mainstreaming protection

100. IHF allocation strategies have generally stressed that proposals for funding should consider gender mainstreaming. In the case of more recent strategies, proposals were also required to incorporate protection principles and promote meaningful access, safety and dignity within the provision of humanitarian assistance.[79] There is little specific reference made to age or disability at the level of allocation strategies. However, at the project level, within the GMS project proposal template, requesting organizations are required to include descriptions of various aspects of quality programming within their project design, including gender, disability and protection mainstreaming.

101. GMS incorporates the IASC Gender with Age Marker (GAM),[80] with scores generated by partners through self-assessment of their own projects using a standard set of criteria to generate an overall code from 0-4. Data is not available on GAM or Gender Marker scores for IHF-funded projects for all years covered by the evaluation. However, in 2018, the vast majority – 86 per cent – of IHF-funded projects, worth around $34 million, scored 2a on the IASC Gender Marker.

[80] The GAM replaces the previous IASC Gender Marker and has been in use within GMS since mid-2018.
indicating that they were designed to contribute significantly to gender equality.\[^{81}\]

102. While it is positive that the IHF application process requires organizations to reflect and report on aspects of quality programming, including completion of the GAM, a review of project proposals, as well as field visits and interviews with project staff revealed a mixed level of understanding of some aspects of quality programming. The integration of disability considerations was found to be particularly weak. The team concluded that a shortage of reliable baseline data on the prevalence of PwD, and a lack of technical understanding among project partners about how to make projects accessible to PwD, had impacted on the quality of IHF-funded responses. One organization described the overall approach to disability in Iraq as ‘a charity approach’, with humanitarian agencies lacking the experience and capacity required to fully understand and address the needs of PwD, as well as other vulnerable groups. Moreover, the short-term nature of IHF funding had made it difficult for organizations to realistically incorporate measures to reach out to PwD within the limited lifespan of projects. As a result, there had been an over-reliance on the few disability-specialist humanitarian organizations that are operational in Iraq – the majority of whom are already over-stretched and under-resourced to play a system-wide, advisory role and to fully complement the work of other agencies by implementing projects that specifically target PwD.

103. Similar concerns were raised about the incorporation of other cross-cutting issues or more specialist interventions such as protection and mental health and psychosocial support. While, on the one hand, the financing of these programmes was considered positively, particularly given the significant needs that existed and the lack of funding. However, the short duration of IHF projects, and the mainstreaming of some of these interventions alongside the provision of other assistance made programs more complex and made it more challenging to determine results and ensure effective delivery.

104. Despite these challenges, some positive examples of quality programming do already exist and, in general, the evaluation team observed a willingness among IHF-funded partners to more seriously engage on mainstreaming of cross-cutting issues. This was described by one cluster coordinator as an intention to ‘upgrade’ the work of the cluster overall – both in terms of adhering to sector-specific technical standards and incorporating key cross-cutting issues. A number of clusters expressed an appreciation for the involvement of a representative from the Protection Cluster in Strategic Review Committee and Technical Review Committee processes, which had reportedly helped to improve the scrutiny of project proposals and raise the overall quality of cluster responses. Others commented on the valuable contributions made by individual cluster members with strong capacity on inclusive programming who had helped to make practical suggestions to improve the quality of individual proposals for IHF funding. There is also evidence of a collective effort to improve the visibility of PwD within the humanitarian response. For example, the Iraq HNO 2020 is expected to include disability prevalence data for the first time, providing a more solid evidence-base for both the HRP and future IHF allocations in terms of understanding and responding to the needs of PwD.

3.4.4. Accountability to affected populations

105. A review of IHF-funded project descriptions, as well as field visits and interviews, confirmed that a range of mechanisms are in place to ensure accountability to affected populations (AAP) in Iraq – both in terms of providing essential information to beneficiaries on available assistance, and feedback and complaints mechanisms to gather the views of affected people on the response. This includes centralised AAP mechanisms, such as the Iraq IDP Information Centre (IIC) or IDP Call Centre;\[^{82}\] and localised mechanisms, including camp committees/camp managers, community mobilizers, transmission of information via the local mukhtar, feedback and complaints boxes, and agency/project-specific hotlines.

106. FGDs with beneficiaries largely confirmed that people were aware of the different AAP mechanisms that exist, though their use of them had been mixed. Women in particular highlighted the difficulties in receiving information or making complaints, mainly for cultural reasons. One woman illustrated the problem by explaining, “the main way of making complaints is to talk to the Camp Manager. However, we can’t do that as women, and anyway there’s no point because he never listens. We don’t have a camp committee or a woman that we can talk to share our problems or get


\[^{82}\] See the interactive IIC dashboard here: https://app.powerbi.com/view?r=eyJrIjoiOTI0ZjhhMjQtZmYyMy00ZDE1LTgzNjltOTUxMDkyODk4MTk5NiIsImMiOjEwfQ%3D%3D.
information.” This was not the case for all projects visited – in some cases, both men and women were aware of and had utilised AAP mechanisms. Overall though, men were more satisfied than women with the systems in place and the follow-up that had taken place.

107. Other studies and assessments confirm the limitations of efforts to improve AAP within the humanitarian response in Iraq. A multi-cluster assessment conducted in August 2018 reported that affected communities consistently indicated that they lacked information about the services and support available to them. More recently, a larger survey conducted by Ground Truth Solutions and the Organisation for Economic Co-operation and Development (OECD) Secretariat in Iraq, reported that many displaced people did not know how to file a complaint (42 per cent of those surveyed; 54 per cent in the case of women); and of those that had made a suggestion or a complaint, 58 per cent had not received a response.

108. There are clearly limitations with IHF funding that constrain the ability of organizations to design and implement participatory projects with effective in-built AAP systems. In interviews, the short timeframe of projects was again highlighted as a restriction, as were budget limitations – the need to trim costs down to a minimum in order to secure funding. A lack of dedicated staff within organizations and clusters to focus on accountability issues and systems was also raised as a limitation. While these constraints are all valid, the evaluation team concluded that more could and should be done to work with and strengthen existing AAP mechanisms within IHF-funded projects. For example, greater engagement of clusters with the centralized IIP/IDP Call Centre would help increase the speed and quality of responses to questions and complaints from beneficiaries; and, in particular, better use of existing localised AAP systems would maximise opportunities for face-to-face contact between beneficiaries and aid providers.

3.5. Outputs

109. While this review has focused attention on the activities of the IHF, it is the results that are of greatest importance, particularly in the context of a dynamic humanitarian crisis. Rather than replicate the data on outputs and project achievements from the IHF annual reports, this section focuses on summarizing the number of people assisted over the evaluation period. The tables below provide an overview of the what the IHF achieved in each of the years under evaluation.

110. It is also important to bear in mind that in its reporting, the IHF does not routinely address duplication of beneficiary data and so while the cluster totals are accurate, aggregation of this data will double- or triple-count beneficiaries that received services from multiple clusters.

111. Figure 11 shows the number of people receiving IHF-funded assistance by cluster. This shows that health has consistently delivered IHF-funded services to the largest number of beneficiaries with the WASH cluster reaching the second largest number of people. To a large extent, the data shown is consistent with the funding allocations that have been made by the IHF, with WASH and health being the two largest recipients of funding (between 2015 and 2018, [84]

[85] The Ground Truth Solutions/OECD survey referenced above indicated that 85 per cent of people asked said that they preferred to receive information about available assistance through face-to-face contact, and 10 per cent through hotlines.
[86] When reviewing the figures, it is important to note that the 2018 beneficiary numbers are presented differently to previous years because CBPFs changed how they reported results in 2018. Rather than reporting results based on the year in which the funding was allocated, the annual reports showed results reported in 2018, regardless of whether the projects had been funded in 2017 or 2018. This explains the differences in the numbers of beneficiaries in the graphs below compared to Table 2 at the beginning of this report.
both received $48m from the IHF\(^{[87]}\). In comparison, the protection cluster, which reached the third largest number of people, received $25m in IHF funding.

**Figure 11: Beneficiaries supported through IHF-funded projects by cluster, 2015 - 2018\(^{[88]}\)**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp coordination &amp; camp management</td>
<td>0.4</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Emergency livelihoods</td>
<td>2.6</td>
<td>1.1</td>
<td>2.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Food security</td>
<td>1.3</td>
<td>1.4</td>
<td>1.4</td>
<td>1.3</td>
</tr>
<tr>
<td>Health</td>
<td>2.3</td>
<td>2.1</td>
<td>1.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Rapid response mechanism</td>
<td>0.4</td>
<td>1.1</td>
<td>1.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Multipurpose cash assistance</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Water, sanitation &amp; hygiene</td>
<td>1.8</td>
<td>1.8</td>
<td>2.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Camp coordination &amp; camp management</td>
<td>0.4</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

**Figure 12: Total beneficiaries reached by the IHF, 2015-2018\(^{[89]}\)**

112. Figure 12 below provides a gender- and age-disaggregated overview of the total number of people reached with IHF support from 2015-18. The data reveals the significant reach achieved by the IHF in its provision of humanitarian services.

113. Figure 13 below provides context to the beneficiary numbers given above by providing an analysis of beneficiaries targeted against those that were reached for each of the years under evaluation. The total number of affected people in Iraq and the number of affected people targeted by the HRP have also been provided for the purposes of context.

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\(^{[87]}\) Data obtained from the CBPF Business Intelligence Portal.

\(^{[88]}\) Data obtained from IHF Annual Reports (2015-2018).

\(^{[89]}\) Data obtained from IHF Annual Reports (2015-2018).
While the likelihood of duplication of beneficiary numbers means that it is not possible to compare what the IHF has achieved against the totality of needs that existed, it is noteworthy that in 2017 and 2018, the number of people reached by IHF-funded projects exceed the number of people targeted.


[91] To better understand this point, one only needs to compare the number of affected persons targeted by the HRP with the number of beneficiaries reached by the IHF. The latter is greater than the former in 2015 and 2018 despite the fact that in those years, the funding received by the IHF accounted for 7.4% and 10.2% respectively of HRP requirements.
4. Outcomes: In what ways do CBPFs contribute to the outcomes of strengthening humanitarian coordination and leadership?

The 2015 Policy Instruction anticipates that CBPFs will contribute to the achievement of three outcomes, i.e., improved response, better coordination and strengthened leadership. This section focuses on the IHF’s contribution to the latter two outcomes while the next section examines its contribution to improving humanitarian response.

4.1. Better coordination

4.1.1. Collaboration between humanitarian actors

115. The shift that was made to diversify the representation of the AB has strengthened its utility as an operational humanitarian forum and the participation of NGOs (including the NCCI), UN agencies, donors and the HC crosses traditional fault lines. The AB offers NNGOs an important ‘seat at the humanitarian table’ and involvement in strategic decisions on humanitarian priorities, including sectors and geographies, and on ‘best-placed’ partners.

116. While the IHF’s approach to inclusiveness in its governance arrangements now goes some way to addressing the historic power imbalances in the humanitarian ecosystem, there continues to be scope to further strengthen links between members with a view to maximising the potential benefits of a diverse group of humanitarian leaders.

117. The evaluation noted the challenge posed by having AB representation geographically separated in the two hubs of Baghdad and Erbil. While this is necessary, it does have implications for effective teamworking. The AB has historically met to discuss SAs and was at times convened to discuss RAs, which, because of their large number, meant relatively frequent meetings. Now that the context and management of the fund has stabilised, the quantity of IHF business has reduced which offers the potential to meet to discuss strategic issues linked to the use of the fund, such as issues of localization, cross-cutting issues such as gender and inclusion, and aspirations for its work in the future.

118. To this end, the use of the IHF to promote innovative collaborations or to change practice is noteworthy, with the NNGO SA window, the multisector approach, the twinning of the HRP with the IHF SA and the consortia approach all being good examples. While these initiatives have achieved mixed results, it does demonstrate the potential of the fund to assist in shifting practice. The evaluation considers that the fund should continue to be used to innovate and promote positive change in the way that members of the humanitarian system collaborate in Iraq.

4.1.2. Coordination mechanisms

119. The reliance of CBPF allocation processes on the cluster system has long been considered a means of strengthening coordination, but it has also been recognized as a challenge, particularly during the strategic and technical review phases which place significant pressure on an over-burdened system. There have also been instances when a lack of confidence in the transparency of these processes has actively undermined coordination. In its lessons-learning the IHF has been proactive in identifying bottlenecks and in seeking to address them. It has also sought to modify aspects of the process that created tension or disharmony such as decision-making processes linked to the cluster defences which (among other things), were considered to lack transparency.

120. While review processes will always have the potential to attract criticism due to their competitive nature, the IHF has had some success in streamlining processes and addressing concerns about partiality by strengthening participation and promoting transparent review processes. As a consequence, there was broad consensus from across clusters on the overall positive contribution of the IHF.

121. Where less progress has been made is in using the IHF to strengthen integration between clusters. This is less a fault of the IHF and is indicative of the broader cluster approach in Iraq. From the perspective of strengthening the relevance of assistance and in comprehensively addressing needs, the fund certainly offers important potential to support and strengthen integrated programmes in the future.

[92] In CBPF parlance, ‘inclusiveness’ means the participation of a broad range of humanitarian partner organizations (UN agencies and NGOs) in CBPF processes that receive funding to implement projects addressing identified priority needs.

[93] Several other CBPFs including the Somalia Humanitarian Fund have similarly challenging structures.
4.2. Strengthened leadership

4.2.1. HC’s engagement in the IHF

122. The HC’s leadership of the IHF is essential for the performance of the fund as she has responsibility for key aspects of the prioritisation process in addition to holding the casting vote on fund allocation and disbursement. The HFU plays an important secretariat function and, as a result, the Fund Manager plays an important role in supporting IHF leadership, as does OCHA’s Head of Office (HoO) who manages the Fund Manager and who may also deputise for the HC in her absence.

123. Interviews during the inception phase highlighted the influence that an HC’s competence, capacity, professionalism and personality had over the management of CBPFs, and which can play a dominant role in determining the effectiveness of the fund – either positively or negatively – irrespective of the clarity of the Operational Guidance or the soundness of the allocation and disbursement processes.

124. During the four years under evaluation, there has been a shift in the external context from an acute humanitarian crisis to a period of greater stability and transition. A shift also occurred in the HC/RC/DSRSG and the constellation of actors that influence the IHF including the Fund Manager and the OCHA HoO. It is under this new management regime that the fund has been brought into closer alignment with global guidelines, greater emphasis has been placed on strengthening the evidence base for IHF allocations, addressing risk management and compliance issue, and broadening out consultation and decision-making more generally.

125. As a consequence of the changes, the IHF now benefits from a strong fund management team, capable support from the OCHA HoO, and an HC who is both familiar with pooled funds and has sought to work closely with the AB. There was broad consensus among evaluation participants that this mix of personality, capacity and engagement offers an important foundation for success. That is not to say that the fund does not have challenges, and this report has detailed a number of concerns – but this evaluation considers that the leadership, management and processes that are currently in place have the potential to overcome the challenges it faces.

4.2.2. Decision-making, governance and accountability

126. Interviews revealed that in the early years of the fund, there was significant concern about governance challenges linked to the limited role played by the AB and a lack of engagement with clusters about strategic priorities. A lessons report overseen by the NCCI articulates these challenges well, noting that ‘the most acute concerns raised during the Second Standard Allocation were regarding the AB’s role. Critical issues which should have been flagged by this body prior to sign-off appear not to have been raised, such as the need for elaboration of strategic guidance for preparedness, feasibility of timelines and consolidated processes. Further, engagement with key constituencies seems not to have occurred as there was insufficient time for joint strategizing and debates’. [94]

127. This does not mean that the decisions taken about the allocations were wrong, but it means that it is not possible to draw on strong evidence to prove that they were right. In considering issues of governance and decision-making, it is important to note that the HC is tasked with making final decisions on projects recommended for funding although the revised IHF Operational Manual does now place some strictures on HC decision-making asserting that ‘whilst this modality [RA] is used for unplanned emergencies, allocation strategies must be based on response or contingency plans endorsed by the HC. As with the Standard Allocation, the process is led by the HFU and informed by Clusters and humanitarian partners to ensure the best possible use of resources’. [95]

128. With recent changes having been made and the revised guidance now being implemented, interviews with standing AB members highlighted greater clarity about roles and responsibilities and broad satisfaction with the level of participation that they had in decision-making processes, with a good balance achieved between consultation and decision-making. There was generally positive feedback received about the running of the IHF.

4.2.3. The complementarity of the IHF with other funding modalities

129. From the perspective of complementarity, the most important humanitarian linkages are between the IHF and CERF funding since combining allocations offers an opportunity to increase efficiency as well as strengthen fund effectiveness and reach. The key time at which both funds were mobilised for Iraq was around the Mosul response which offers mixed findings (see Table 8).

Table 8: Complementarity between IHF and CERF funding in Iraq, 2015-18

<table>
<thead>
<tr>
<th>Year</th>
<th>Evidence of CERF/IHF complementarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>In 2016, Iraq became the top recipient country of CERF funding, having received $33.4 million through the Fund’s Rapid Response Window; $15 million was released to support response to the Fallujah crisis in July to cover existing gaps in CCCM which was followed by a $800,000 IHF RA. An $18.4 million CERF grant for Mosul in December was triggered after the IHF had allocated $44.3 million to scale up humanitarian assistance in and around Mosul; CERF focused on the most time-critical needs of life-saving sectors following the onset of the crises while IHF covered wider sectoral needs through more flexible programming modalities including direct funding to NGOs.</td>
</tr>
<tr>
<td>2017</td>
<td>In May 2017, an additional $10 million CERF grant was allocated to address an urgent, unpredicted gaps in food security assistance in Mosul. CERF focused on the most time-critical needs of life-saving sectors following the onset and subsequent rapid deterioration of the Mosul crisis, while the IHF covered wider sectoral needs through more flexible programming modalities including direct funding to NGOs.</td>
</tr>
</tbody>
</table>

130. Despite CERF and IHF funding having been used to support the same responses, and the annual reports asserting coordination between the funds, there is no evidence of this in the allocation strategies which focused attention on the individual funds rather than how the two working in tandem could have leveraged greater efficiencies or strengthened effectiveness. While the timing of the allocations may have precluded this, other funds have been more deliberate in their efforts to promote complementarity, including through the use of joint allocation strategies. This was not the case in Iraq.

131. Given the current context in Iraq, which is transitioning out of humanitarian response, coordination with other funding instruments is also important, and the HC/RC/DSRSG function is potentially well-placed to do this as the nexus in her responsibilities offers an opportunity to deploy funding across the broader aid architecture. However, despite the importance of this, it has proved to be a complex task. In 2019, out of an estimated 6.7 million people in need, the HRP is targeting 1.75 million, and there is growing acknowledgement that the international community, in partnership with the Government of Iraq and the Kurdistan Regional Government must take responsibility for meeting the residual needs of vulnerable communities. While a route to achieving complementarity exists in theory, it has taken time for this to be translated into a coherent approach.

132. Humanitarian leaders have worked with the government and development partners to articulate and implement a comprehensive durable solutions framework for Iraq which will encompass humanitarian, recovery and development interventions consistent with the Government of Iraq’s 2018-2022 National Development Plan. While the UN Development System has embarked on the preparation of the UN Sustainable Development Framework Cooperation, it continues to be a work in progress and so cannot currently play a role in spanning the nexus.

133. As a consequence of these challenges, despite some potential for progress to be made, there continue to be significant obstacles to realising aspirations to strengthen coherence across funding streams. While the HRP has taken the important step of identifying humanitarian priorities for 2019, which provides an important foundation to justify the use of IHF funding for the provision of needs-based assistance, there is an important need to advocate for the government to take greater responsibility for meeting the needs of residual refugee and displaced caseloads as part of a strategy of winding down the humanitarian response. An important aspect of this will be to determine the future role of the IHF which should include the possibility of closing the fund.

5. Contribution to improved response and operational impact

This section examines the extent to which the IHF has contributed to improving humanitarian response (which is the third outcome anticipated in the 2015 Policy Instruction), including by supporting principled humanitarian action. It also assesses how the IHF has delivered the operational impact statement, i.e., the provision of timely, coordinated, principled assistance to save lives, alleviate suffering and maintain human dignity. The section draws on available evidence to respond to evaluation question 1 on the extent to which the fund has made a difference to people's lives.

134. This report has already addressed a number of components of the operational impact statement. Section 3.2.1 discussed the timeliness of the IHF's allocation and disbursement processes. Section 4.1 examined the fund's contribution to strengthening coordination while section 3.1.1 outlined how the fund aligns with HRPs, which are designed to provide a coordinated response. Section 3.4.1 touched on the issue of whether projects are based on coordinated needs assessments. Since principled assistance has not been addressed by the evaluation questions examined in earlier sections of the report, this is covered in section 5.2 below.

135. Quality programming that takes account of gender, age, PwD and protection concerns and that is accountable to affected populations is essential for alleviating suffering and maintaining human dignity. Sections 3.4.3 and 3.4.4 examined the extent to which the IHF is supporting these aspects of quality programming.

136. Humanitarian actors do not generally collect outcome and impact data for the often short-term projects that they implement and this is also the case with CBPF partners. A review of outcome statements and indicators in the GMS demonstrates that these are all output-focused. This means that the evaluation has not had systematic evidence about the outcomes and impact of IHF projects to draw upon.

137. The IHF, like all other CBPFs, contributes to the HRP's strategic objectives. However, the indicators for monitoring these objectives are output indicators, such as the percentage of vulnerable people with access to safe drinking water or the percentage of assisted families reporting improvements in living conditions. Therefore, there is no systematic data on outcomes or impact at the response level either for the evaluation to use.

138. There is also no quantitative data on the number of lives saved or the alleviation of suffering or how humanitarian actors maintained human dignity for the humanitarian response as a whole although it is possible to use available evidence to infer the contribution of humanitarian assistance to these results. Data on how humanitarian assistance has made a difference to people's lives is qualitative, such as success stories and individual project examples.

139. Given the data limitations outlined above, the section below uses mainly qualitative data to describe how the IHF has contributed to an improved humanitarian response and made a difference to people's lives.

5.1. Improving humanitarian response and making a difference to people's lives

140. This section draws on a mix of primary data (key informant interviews, project visits and FGDs with aid recipients) and secondary data (documents) to examine how the IHF has sought to address critical humanitarian needs in order to make a difference to people's lives. The evaluation team visited six project sites in Erbil, Mosul, Kirkuk, Sulaymaniyah and Dahuk in order to review projects implemented by national and international NGOs and UN organizations.

141. All of the projects visited were current, enabling the team to gather real-time feedback from project partners and communities on the quality and effectiveness of the response. The team conducted gender-disaggregated FGDs with 260 key informants.
5.1.1. Summary of findings from FGDs

142. It was clear from FGDs that IHF-funded projects are responding to real and urgent needs. FGD participants described the support that they have received as “essential”, “life-saving” and “making a real difference”. The team visited a range of projects across different sectors, including protection, health, WASH and multi-purpose cash assistance. Given the conditions in which people were living, there was clear evidence of continued needs across these and other sectors.

143. Beneficiaries in camp settings across Governates, but particularly Sulaymaniyah, consistently raised the issue of diminishing humanitarian assistance. Despite continuing need, they had observed a reduction in the amount and quality of services provided by humanitarian organizations (across the board, not just a reduction in assistance from IHF-funded agencies). As a result, discussions with beneficiaries often referred to two discrete phases of assistance: (i) feedback on assistance provided when they first arrived at camps; and (ii) complaints about the more reduced set of services and support they were receiving at the time of the team’s visit. Not surprisingly, feedback from beneficiaries on the former phase was considerably more positive than on the latter, as can be seen on the flipchart drawings below which attempted to capture the ‘before’ and ‘after’ distinction made during discussions (Box 6).

**Box 6: Beneficiary perspectives on IHF assistance**

Flipchart drawings were developed as part of FGDs as a means of visually documenting community perceptions of the quality and effectiveness of IHF-funded projects. The first photo on the left summarises community perceptions of the following: life in the camp in general; targeting; usefulness; treatment by staff; consultation; and complaints mechanisms. The second photo, on the right, focuses on: life in the camp in general; quality of health services; information; complaints; future.

**Box 7: Reduced humanitarian assistance – an individual story**

One woman living in Tazade Camp described how she had been displaced multiple times over recent years with her six children and elderly relatives. She said of life in the camp, “The services are poor and have got a lot worse in recent times. The cash assistance has halved. It used to be around $20 per month and now it’s around $10. That doesn’t even cover our basic food needs. Also, the tents are extremely hot in the summer and there are no air coolers. They distributed air coolers last year but only to people who had newly arrived at the camp, not those of us who’ve lived here for years. We were promised stoves but when they were distributed they were small and inadequate for our needs. The electricity cuts out often during the day and the generator is rarely used. Elderly people and children suffer the most – they can’t sleep at night because of the heat”.

[97] Flipchart drawings were developed as part of FGDs as a means of visually documenting community perceptions of the quality and effectiveness of IHF-funded projects. The first photo on the left summarises community perceptions of the following: life in the camp in general; targeting; usefulness; treatment by staff; consultation; and complaints mechanisms. The second photo, on the right, focuses on: life in the camp in general; quality of health services; information; complaints; future.


144. While support from IHF-funded organisations was much-needed and well-received across all sectors and modalities, there was a particular appreciation for MPCA. This came out strongly from FGDs in Mosul from a group of beneficiaries that had received unconditional cash grants from an INGO with IHF funding (see Box 4 in Section 3.1.3). However, a preference for cash was also raised in FGDs on non-cash related projects at other project sites. Beneficiaries described cash as giving them more “freedom”, “flexibility” and affording them a level of dignity in difficult circumstances to continue making their own choices about how to support their families and prioritise needs. This was common to both men and women, even when cash grants were generally provided in the name of the male head of household (except in cases of female-headed households). Female FGDs said that conflicts over how to spend the cash were rare, and that decision-making over household budgets was usually handed over to women in any case.

145. The team observed weaknesses in terms of engaging women in project design and implementation during FGDs. This issue, as well as general problems with integrating cross-cutting issues such as gender, age, disability and AAP are well-covered in Sections 3.4.3 and 3.4.4 respectively.

146. Preoccupation with the future was a commonly raised theme during FGDs. Many participants, both men and women, said that they would like to return home but were reluctant to do so due to continuing fears about security in their places of origin. In this way, the intentions of IDPs seemed largely at odds with donor contributions and plans to scale back humanitarian assistance to camp-based populations.

Box 8: Preoccupation about the future – an individual story

One woman in Ashti Camp talked about the future and whether she planned to return to her place of origin. She said, "During the conflict there was a lot of bombing. We had to leave suddenly with just the clothes on our backs. When we arrived here we were very well received. Life in the camp is good, though not nearly as good as the life we had before. We live in tents, around eight people per tent, and we have no privacy. I want to go home but I don't feel safe. There are militias there and we don't know what they'll do to us. Before we return, I want to be sure that my husband can find a job and he won't be harassed or kidnapped. Just three days ago there was a case of kidnapping for ransom in my home area. The children, particularly the older ones that remember home, are constantly asking to go back. They want to live in a house again and play outside. I was able to visit my area and I saw with my own eyes that our house has been destroyed. I have to explain that to my children to make them understand why we have to stay here for now. There's nothing left for us where we came from".

147. During discussions, beneficiaries often had difficulty distinguishing between different humanitarian organisations and certainly showed no signs of recognising sources of funding for the assistance they had received – IHF or otherwise. The IHF logo was discretely visible at most project sites, together with the logos of bilateral donors and the relevant implementing partners. The evaluation did not see this lack of clarity among beneficiaries as a weakness. Rather, it was viewed as a sign of strong collaboration between implementing partners, who were working collectively to respond to the holistic needs of vulnerable people; and good judgement on OCHA’s part in terms of not insisting that the IHF logo be displayed excessively or inappropriately in camp settings that are often awash with agency and donor logos.

5.1.2. The contribution of the IHF to reaching those in greatest need

148. As outlined in the context section of this report, the IHF was established at a time of crisis in Iraq, when humanitarian needs were rapidly increasing at the same time as funding shortfalls were resulting in programme closures despite it being designated a Level 3 response in August 2014. Its establishment was one aspect of a re-invigoration of the humanitarian response in mid-2015. The first RA of $22.3 million played an essential role in maintaining life-saving assistance, with a focus on health and WASH in Anbar and Salah al-Din governorates that would have closed without an additional injection of funds. While the intervention of the IHF ensured the continuation of essential humanitarian services in 2015, in 2016, the fund played an equally important role in responding to the escalating displacement crisis in addition to supporting returns and, towards the end of the year, leading humanitarian preparedness in advance of the conflict in Mosul. The second SA of $41 million which was allocated in September supported the establishment of camps to protect and support civilians at the outset of military operations. At that time, the HRP was only 53 per cent funded which meant that of the 226 programmes in the HRP, 130 (58 per cent) had closed or were unable to start due to insufficient funding. A further 28 per
149. While a Flash Appeal launched in July 2016 went some way to filling this gap, the IHF second SA ensured the continuation of life-saving assistance while also funding preparedness for the anticipated exodus from Mosul in advance of military operations. While ultimately the outflow from Mosul was initially less significant than anticipated and people fleeing from Mosul did not arrive in some of the locations with prepositioned stocks, the fund demonstrated its flexibility in permitting partners to re-programme their activities to respond to emerging needs in the newly retaken areas. Over 50 per cent of the projects required no-cost extensions (NCE) and revisions (change in locations, budget and/or target beneficiaries).[101]

150. In 2017, the IHF continued to play a key role in responding to humanitarian events, with a total of seven RAs being made in addition to the two SAs. The importance of the fund was evidenced in it contributing over 15 per cent of the sectoral funding received for eight out of the 13 sectors that were active in Iraq[102]. One of these was the Rapid Response Mechanism (RRM)[103] which was allocated $1m to target 100,000 people (see Box 9).

**Box 9: The use of IHF funding by the Rapid Response Mechanism to provide life-saving assistance in Iraq[104]**

The aim of RRM is to deliver immediate life-saving supplies within 72-hours to highly at-risk populations including families fleeing conflict, located in hard-to-reach areas, caught at checkpoints or stranded between military front-lines. Based on displacement patterns, RRM teams are dispatched to frontline and transit locations with easily cartable emergency kits including bottled water, ready-to-eat food, hygiene kits and female dignity kits.

IHF-funded RRM projects implemented in 2017 supported provision of RRM packages and multi-sector emergency response packages, which operate complementary to the RRM, together reaching 75,000 people including 50,000 IDPs from and 25,000 vulnerable people in west Mosul. A 2017 evaluation highlighted the front-line role played by the RRM in responding to priority needs, finding that IDPs frequently arrived from front lines with little except what they were able to carry. Interviews highlighted food as being their priority and found that the RRM was frequently ‘the only program that was able to reach IDPs at the screening sites in a timely manner and a prioritized manner’. While the RRM modality seeks to respond in 72 hours, distributions frequently took place within 12 hours. Over 70 per cent of households surveyed reported that they received the kits on arrival, with a further 20 per cent receiving the kits within the 72-hour period.

151. Following the intensification of military operations, there was a sudden influx of IDPs from Hawiga district in Kirkuk Governorate. For some of those that fled, water, food and health services were inaccessible and human rights violations and protection concerns were widely reported. With the likelihood of further military operations, the ICCG prepared the Hawiga Crisis Operational Plan[105] to outline scenarios and prepare for further displacement of up to 65,000 people (see Box 10).

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[101] Ibid.
[103] The IHF contributed 18 per cent of the total sectoral funding received by the RRM towards the HRP.
152. 2018 was a year of transition for the humanitarian response in Iraq and of consolidation for the IHF. Whereas the response in recent years had been focused on the immediate lifesaving needs of those fleeing IS, in 2018, the intensity of humanitarian operations was reduced but complexity of meeting needs was increased as vulnerable Iraqis began to show differentiated needs: those in protracted displacement with no immediate prospects of returning home; those who had returned home but found there was a lack of security or services; and those who wanted to return home but found they could not for a variety of reasons. These changes were reflected in the 2018 HRP and in the allocations of the IHF.

153. In 2018, Protection remained the overarching humanitarian priority, and was the highest-funded Cluster under the IHF 2018 First SA. Multiple protection concerns remained, including retaliation against people with perceived affiliations to extremist groups; ethno-sectarian violence; forced, premature and obstructed returns; a lack of civil documentation; IDPs and returnees who require specialized psychosocial support; high UXO contamination of land (including private houses) and housing, land and property issues. Women and children continue to be exposed to multiple protection risks; child labour and child marriage among IDP and returnee children is more prevalent than in recent years (see Box 11).

Box 10: The role of the IHF in responding to an influx of IDPs from Hawiga

In September 2017 military operations to retake Hawiga from IS caused massive displacement. The fifth IHF RA of $14 million was used to provide essential assistance to displaced communities. An allocation strategy was developed to prioritize multi-sectoral assistance in and around Hawiga and neighbouring Shirqat. Through this allocation, 18 partners implemented 23 projects to reach over 492,000 people affected by the conflict with urgently needed shelter/NFIs, health, WASH, protection, education and MPCA.

Good practice: Throughout 2015 and 2016, the IHF played a key role in sustaining humanitarian programmes in Iraq that were critically short of funding in addition to prioritising new displacements as they occurred.
In a continuation of the approach taken in 2018, the first SA of 2019 allocated a significant proportion of IHF funding (over 25 per cent) to protection issues. The Protection Cluster’s funding envelope included support for an NGO-led project to provide protection monitoring and services to vulnerable populations in northern Ninewa and Dohuk Governates. The main project activities included support for replacement of lost/missing civil documentation, legal representation, and assistance to victims of sexual- and gender-based violence incidents.

The evaluation team met with both male and female beneficiaries of the project to discuss their experiences and hear feedback on support they had received through the project. In the project sites visited, the main focus of the work was the provision of legal support and assistance to replace missing documentation.

Feedback from beneficiaries was largely positive (see photos below of flipchart drawings prepared during FGDs at the project site, which illustrate the positive feedback). The services provided were described as meeting a real need and filling an important gap in the broader humanitarian response. One woman in Chamisko camp (pictured) said that, “no-one was previously providing support for legal documentation and it has been causing problems for many families since their arrival at the camp. Without basic documentation, we haven’t been able to deal with the Government, get jobs, send our children to school, or even access humanitarian assistance from aid organizations in some cases.” FGD participants were also positive about the way that the services had been provided. They described NGO staff as open and approachable, and said that they felt as though they were consistently treated with patience and respect.

154. Through the SA launched in November 2018, the IHF provided critical funding to sustain prioritized humanitarian activities as identified by the 2019 HRP with a focus on support to highly vulnerable populations, support for principled returns and activities to maintain camp services for IDPs. Included in this was significant support to health services with focus placed on continued services in existing IDP camps for as long as they remain open and populated through provision of primary and reproductive health care services. Activities funded under the Standard Allocation also included supporting enhanced access to essential vaccination, nutrition, neonatal and child health care services to vulnerable children and women affected by emergencies (see Box 12).

[109] Photo 1 on the left used the following headings to rate the quality and effectiveness of the project: time; trauma; special needs; awareness; consultation; staff; complaints; sustainability; impact; cash; information; and relevance. Photo 2 on the right used the following headings: targeting; usefulness; staff treatment; consultation; complaints; and life in the camp.
Box 12: IHF support for health services in IDP camps in Sulaymaniyah Governorate

While IHF-funded projects have made a positive difference in people’s lives, IDPs repeatedly stressed the decline in the quantity and quality of assistance and its impact. Despite limited resources, IHF-funded projects have filled gaps, contributed to meeting needs and are generally well designed. However, the short-term nature of projects is out of step with protracted needs (limited indication of imminent IDP returns) and has made timely procurement a challenge. Some projects have received repeated IHF funding, but the lack of predictability of IHF funding, and funding gaps have created problems. The evaluation team visited an IDP camp in Sulaymaniyah Governorate where a UN-led project with IHF funding was providing primary health care and referral services in several camp settings. Beneficiaries appreciated the support being provided but complained about declining standards of service provision. Where previously they had been able to access a well-equipped primary health clinic in the camp, that had now been closed and replaced with a mobile health clinic service serving several camps. The mobile clinic (pictured) visited each camp only three days per week for several hours and offered a much-reduced set of medical services. Beneficiaries had to queue for long periods outside the clinic to consult with a doctor, and the clinic offered little privacy for consultations with women on reproductive health issues or other sensitive topics.

Another IHF-funded project, led by an international NGO, provided water, sanitation and hygiene services to camp residents in neighbouring governates. While the project filled a crucial gap, beneficiaries complained that the standard fell below their needs. One woman said, "We have water on a daily basis, but we are not fully satisfied with the service. The water quality is not good, and we have to filter it by ourselves. We know that the organisation is working to enhance the network, but we request that they supervise the water distribution as some people take more than they need and leave less for others. Plus, it is summer the amount of the water we need is higher than other seasons".

5.2. Contributing to the provision of principled assistance

The provision of ‘timely, coordinated and principled assistance’ lies at the heart of the CBPF impact statement, and while the evaluation can draw on tangible evidence to determine issues of timeliness and coordination, an examination of principled assistance is more complex. With regard to the provision of principled assistance, it is important to note that for some of the principles, particularly those of independence and neutrality, it is not possible to examine the IHF in isolation as it is inextricably linked to the wider response, through the HRP. That said, it is possible to make some specific judgments based on primary evidence collected during this evaluation in addition to presenting broader findings which are supported by secondary evidence (see Table 9).

Table 9: The provision of principled humanitarian assistance by the IHF

<table>
<thead>
<tr>
<th>Principle</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanity</td>
<td>Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings. IHF projects have prioritised this higher order principle fairly routinely during the period under evaluation which was frequently given precedence above other humanitarian principles and was used by many agencies as the determinant for providing assistance.</td>
</tr>
</tbody>
</table>

[111] An overview of the humanitarian principles is provided in the glossary at the end of this report. The definitions used in the table are available at https://reliefweb.int/sites/reliefweb.int/files/resources/oom-humanitarianprinciples-eng-june12.pdf.
Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.

Needs-based allocations have been strengthened in recent years, with the greater participation of the ICCG in decision-making on prioritisation and more clearly defined priorities in the HRP. In the early years of the fund, determination of humanitarian priorities was far more difficult due to the dynamic nature of the context, but also due to challenges associated with reaching consensus within the humanitarian community.\[113\] Reports suggest there was a lack of a clear criteria for identifying ‘hard to reach’ areas which made it difficult to say with any certainty where the greatest needs existed.\[113\] IHF allocation strategies in 2015-2017 do not routinely include evidence to support an assessment of the urgency of the needs.

Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

Understanding and use of the principle of independence was complicated by a tacit interpretation by some agencies of their role to support the Iraqi government. While this offered opportunities, it also carried risks to humanitarian space. From an implementation perspective, war trauma surgery undertaken by medical humanitarian agencies in East Mosul has tended to attract the greatest criticism.\[114\]

Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature

The context made it extremely difficult to manage issues of neutrality both from a perspective of perceptions of neutrality as well as in reality, given that few, if any agencies worked in IS-held territory. The proximity of some humanitarian actors to UNAMI also significantly affected their neutrality. Furthermore, the multiple hats worn by the HC/RC/DSRSG did little to resolve the complexity; interviews suggested that members of the humanitarian community were, at times, unclear which of the three roles were being prioritised.

Both the literature and feedback from interviews highlighted the challenges faced by the humanitarian community in providing principled protection and assistance to those in greatest need in Iraq. Many NGOs were uncomfortable with the situation, particularly between 2015 and 2017, although the majority continued to provide aid. In this context, delivery of principled aid required an analysis of trade-offs between the different principles which was complex. One of the most significant challenges was posed by operational decisions that had to be taken about the proximity of humanitarian assistance to the military, and specifically, the use of military convoys and delivery of services in camps that had a military presence.

This report does not seek to resolve or make a judgment about these dilemmas, but it is important to recognise the challenges that they posed for the IHF in determining where, how and to whom to deliver assistance.

One of the implications of the impasse in balancing humanitarian principles, linked to the challenges associated with gaining access to those in greatest need was that international organisations were frequently considered to be risk averse. While there was an OCHA-led access working group, there were significant demands on its time and some found it difficult to engage with it.

\[112\] For example, at the same time as IHF funding was allocated to preparedness activities in advance of the Mosul offensive, the 2017 HRP shows that there were significant numbers of displaced people elsewhere in the country who required assistance and protection.


159. These challenges tended to push NGOs into front-line roles. This frequently added to the confusion about adherence to humanitarian principles due to perceived partiality and affiliations that some had. This challenge was outlined in the report by the Grand Bargain Workstream Mission which took the view that ‘local actors are steeped in local dynamics and at the mercy of political pressure, and that this makes it difficult, if not impossible, for them to be impartial and neutral. Yet, paradoxically, this proximity to the operating environment was also seen as an asset as it allows them to negotiate with authorities/armed groups and access places not reachable by international actors (e.g., in Mosul before the liberation).’\[115\] It is in having sufficient independence and analytical capacity to identify these trade-offs and to make informed decisions that is essential.

160. The greater willingness of NGOs to play front-line roles also placed significant responsibility for implementation in the hands of a small number of courageous, but comparatively inexperienced organisations. Based on discussions during the Iraq field visit, it is evident that many were either ill-prepared for or received insufficient support in this complex task which has likely contributed to the large number of adverse audit outcomes.

6. Conclusions and recommendations

Based on the evidence presented in previous sections of the report, this section seeks to draw conclusions and provides a number of recommendations to strengthen the IHF.

6.1. Conclusions

161. The findings presented in this report document the significant shifts in the humanitarian context and the nature of the Iraq response since the launch of the IHF in 2015. While the fund has made an essential contribution to providing protection and assistance to those in need in the context of a complex humanitarian political crisis, the case study also highlights some important challenges faced in the past which are linked to leadership and fund management. Importantly, this evaluation finds that the changes that have been made over the last two years in particular, have served to considerably strengthen the IHF.

162. This fund differs from the other case studies in that it was established during the period under evaluation at a time of significant humanitarian need and considerable under-funding of the response. Its launch coincided with calls for strengthened humanitarian leadership, and the HC ensured that the fund received significant profile and was positioned to play a lead role in responding to the unfolding displacement crisis in addition to supporting returns. As a result, the IHF was both well-funded and considered by many to have played an essential role in responding to the changing context of needs. To date, the IHF remains one of the funds that has come closest to achieving the aspirational target of 15% of HRP funding.

163. Where the fund was less effective was in adequately utilising the collective capacity of the clusters and its broad-based governance structure to inform how it targeted and prioritised its interventions. While interviewees expressed broad satisfaction about how the fund was used, evidence of how allocations were targeted and prioritised is insufficient to determine whether these responded to the greatest needs. This reflects, in part, the operational requirement for decisions to be made quickly, but is also a consequence of the partial implementation of global guidance.

164. The rapid increase in the size of the IHF and the front-line role it played was not partnered by a commensurate surge in fund management capacity and the need to deploy sufficient quantity and quality of staff along with the tools to quickly establish a CBPF offers an important lesson for OCHA. It was only when management of the fund was strengthened towards the end of 2017, that an analysis of the challenges and a shift towards the implementation of global guidance based on a more consensual model of management and decision-making occurred.

165. The mix of factors including the limited transparency in IHF prioritisation processes, the need for urgent action, and the limited fund management capacity have tarnished the legacy of the IHF; at the time the case study was conducted, the fund was beset with allegations of significant fraud. While there is now broad satisfaction about how risk is being managed, the historical use of NNGOs in front line roles, despite their limited capacity and with fairly limited training and support, exposed the IHF to high levels of risk.

166. While more recently the fund has taken some steps to engage local and national NGOs, there is considerable scope for the HFU to strengthen its focus on NNGO knowledge and fund management capacity.

167. At a project-level, a review of proposals revealed a mix of different assessment processes and sources of data to determine needs; these ranged from individual assessments and surveys conducted by the implementing partner to shared assessment exercises including multi-cluster needs assessment processes. Discussion undertaken by the evaluation team with focus group participants largely confirmed that assessments, surveys and some level of community consultations had taken place in order to assess needs and identify the most vulnerable people. There was, however, a disparity between the level of engagement with men and women, with women frequently left out of community-level discussions to determine needs and priorities.

168. While it is positive that the IHF application process requires organizations to reflect and report on aspects of quality programming, including completion of the Gender and Age Marker, a review of project proposals, as well as field visits and interviews with project staff revealed a mixed level of understanding of some aspects of quality programming. The integration of disability considerations was found to be particularly weak. The team concluded that a shortage of
reliable baseline data on the prevalence of PwD, and a lack of technical understanding among project partners about how to make projects accessible to PwD, had impacted the quality of IHF-funded responses.

169. A review of IHF-funded project submissions, as well as field visits and interviews, confirmed that a range of mechanisms are in place to ensure accountability to affected populations in Iraq – both in terms of providing essential information to beneficiaries on available assistance, and feedback and complaints mechanisms to gather the views of affected people on the response, although the use of them was mixed. Women in particular highlighted the difficulties in receiving information or making complaints, mainly for cultural reasons that IHF-funded organizations have largely failed to overcome.

170. The Iraq response has proven to be extremely challenging from the perspective of navigating the challenges of delivering principled assistance and the IHF has not been immune to these difficulties; while at the project-level, the evaluation found that agencies frequently had mechanisms in place to determine and deliver impartial assistance, there was far less clarity, or consensus between agencies about how to routinely deliver humanitarian services in a way that, to the extent possible, preserved their independence and neutrality.

171. These issues have become less problematic as the situation in Iraq has stabilised which has also limited the role of humanitarian funding and has kindled significant interest in seeking funding for the transition process. Unlike other case studies, there was broad agreement that bridging this nexus was beyond the mandate of the IHF, although there was also concern about the dearth of alternative funding available. The shift has also brought into sharper focus the importance of ensuring meaningful engagement with NNGOs in addition to the Iraqi government which has not played a role in the IHF to date.

172. In conclusion, the findings of the case study suggest that, in large part, the IHF has been effective in delivering timely and coordinated humanitarian assistance, albeit as a work in progress, with improvements having been made over time. From an operational impact perspective, the IHF demonstrated its ability both to fill gaps, but also to spearhead response to shifts in humanitarian need which underlined its relevance and effectiveness. The strong management currently provided by OCHA and the HFU provide important reassurance that the fund is now fit for purpose.

### 6.2. Recommendations

173. Based on the findings of the evaluation and the statements in the section above, a small number of recommendations are proposed to help strengthen the functioning of the IHF.

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
<th>Responsible/ Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Recommendation:</strong> The IHF should establish a clear position on its engagement with NNGOs which is informed by an understanding of capacity gaps, that takes account of the shift in the context towards transition, and which is consistent with Grand Bargain Localization commitments.[116]</td>
<td>HFU</td>
</tr>
<tr>
<td></td>
<td><strong>Explanation:</strong> After four years of operation, the IHF has struggled to develop a coherent approach to working with NNGOs in Iraq. Given the emphasis placed by the Grand Bargain on strengthening local implementation capacity, and the need for humanitarian agencies to start handing over responsibilities to civil society actors and government, there is a compelling justification for the IHF to clarify its position with regard to strengthening its engagement with NNGOs.</td>
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<tr>
<td>2</td>
<td><strong>Recommendation:</strong> The HC and AB should more clearly outline how the IHF will meet the expectations placed on it for the delivery of cross-cutting priorities</td>
<td>HC, AB</td>
</tr>
</tbody>
</table>

[116] Implications of this recommendation for OCHA more broadly and the CBPF-Section specifically are discussed in the Evaluation Synthesis report which draws evidence from the five case study reports.
Explanation: The evaluation highlighted the significant pressure placed on the IHF by the growing list of CBPF cross-cutting priorities which have proved difficult to consistently meet (a focus on gender, persons with disabilities and AAP in particular). To address this, it is recommended that the HC works with the Advisory Board (AB) to articulate a vision for the IHF which provides a short narrative on which priorities it will deliver, how it will deliver them and the resources (including human resources) that will be required to do this.

| Recommendation | As the context in Iraq transitions out of humanitarian response, the HC, in collaboration with the AB, should determine the future of the IHF beyond the current HRP. |

Explanation: The context in Iraq has changed considerably since the launch of the IHF in 2015 and there is now consensus on the importance of the Government of Iraq and the Kurdistan Regional Government taking greater responsibility for meeting the residual needs of vulnerable communities. In the absence of a coherent strategy to hand over responsibilities, the IHF is at risk of attracting criticism for using humanitarian resources to deliver responsibilities that should be delivered by government. It is anticipated that this will require (i) advocacy with the authorities, and (ii) elaboration of alternative funding modalities more suited to a transitional context.

### 6.3. Issues for consideration and further analysis in the Synthesis Report

174. It is recommended that the IHF considers the issues outlined below which were also examined during other country visits and will be addressed in detail in the Global Synthesis Report. These issues will not be reiterated in successive country reports, but additions will be made as new issues arise.

<table>
<thead>
<tr>
<th>#</th>
<th>Issue</th>
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<tbody>
<tr>
<td>1</td>
<td>Implications of the shift towards funding local NGOs: Implications of the growing focus on NNGOs and the tensions implicit in how this is balanced against guidance on best placed partners and operational practicalities (implementation capacity, risk management, budget size, number of projects).</td>
</tr>
<tr>
<td>2</td>
<td>HC leadership and accountability: There is a need to more clearly outline the ways in which HCs are held accountable for delivery of CBPFs and what recourse exists to escalate and address significant concerns in a timely way.</td>
</tr>
<tr>
<td>3</td>
<td>Cross-cutting priorities: Implications for the CBPFs of the growing list of cross-cutting priorities linked to the increase in CBPF budgets globally. There is a need to more clearly articulate CBPF priorities and link these to strategies to deliver them effectively.</td>
</tr>
<tr>
<td>4</td>
<td>Nexus funding: While this is beyond the scope of the ToR for the evaluation, it is important to note the consistent feedback received from the case studies regarding the gap that exists in the aid architecture for supporting recovery and/or transition.</td>
</tr>
<tr>
<td>5</td>
<td>Risk management: The scale of the fraud and mismanagement that the IHF has been exposed to has been a significant strain on in-country capacity, but it has also required significant support from the CBPF section. The experience of Iraq suggests that there is scope to learn lessons about how to strengthen the effectiveness of this.</td>
</tr>
<tr>
<td>6</td>
<td>Minimum standards and support for the establishment of a new CBPF: Significant challenges were experienced in supporting the IHF after it was launched and it took several years for adequate capacity to be put in place. It is important that lessons from Iraq, Nigeria and elsewhere are used to inform a package of support to accompany the launch of new CBPFs.</td>
</tr>
<tr>
<td>7</td>
<td>Monitoring of CBPF projects: Successive evaluation case studies have highlighted the variability in the engagement of clusters to monitor CBPF projects. Where engagement has been limited, it has been difficult for the CBPF to consistently ensure the delivery of technical quality.</td>
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[117] This evaluation acknowledges that the implementation of this recommendation will require the delivery by the UN Development System of the UN Sustainable Development Framework Cooperation. The RCO has been added in recognition of this.
Annex 1: Evaluation purpose and methodology

This annex outlines the purpose, objectives and scope of the evaluation and summarizes the tools that were used and participation of key informants. It should be read in conjunction with the inception report, which provides a more detailed explanation of the approach used by the evaluation team.

Evaluation purpose and scope

175. OCHA has commissioned this evaluation of the 18 CBPFs that it managed between 2015 and 2018, in partnership with six CBPF donors. It is committed to evaluating the CBPFs every three years and this is the first evaluation since they were standardized globally in a 2015 Policy Instruction and Operational Handbook. Interviews during the inception phase highlighted that the evaluation provides an opportunity to take stock of standardization processes and consider how the CBPFs should now move forward, particularly in a fast changing humanitarian landscape.

Evaluation purpose and intended users

176. The evaluation has two main purposes – to improve accountability and learning and examines the results of the humanitarian action supported by CBPFs with the purpose of drawing lessons on what has worked well. It also identifies challenges to the effective functioning in order to provide recommendations on how to continue to strengthen the CBPF as a funding mechanism in support of timely, coordinated and principled humanitarian response for affected people. It is anticipated that the evaluation will contribute to greater transparency and accountability for all stakeholders involved.

177. At a global level, the intended users are the Emergency Relief Coordinator and OCHA, UNDP and MPTFO, Pooled Fund Working Group, CBPF/NGO platform, UN and NGO partner organizations, and OCHA Donor Support Group. At a country-level, the stakeholders have been identified as Humanitarian Coordinators, Humanitarian Country Teams, Advisory Boards, OCHA offices including Humanitarian Financing Unit, UNDP offices where they act as Managing Agent, representatives from the affected population, NGOs, including local NGOs, UN agencies and donor representatives.

Thematic scope

178. The evaluation assesses how CBPFs have performed against their strategic objectives and principles, as per the 2015 OCHA CBPF Policy Instruction. As required by the ToR, the evaluation also examines how CBPFs have performed against their three expected outcomes which include response, leadership, coordination and resource mobilization, and the five principles of inclusiveness, flexibility, timeliness, efficiency, and accountability and risk management in order to lead to the overall operational impact of CBPFs, the provision of timely, coordinated, principled assistance to save lives, alleviate suffering and maintain human dignity.

Evaluation approach and tools

179. The approach and tools have been described in detail in the inception report for this evaluation, which should be read in conjunction with this case study. A summary is provided below.

Analytical framework

180. Given the primary focus of this evaluation on practical solutions rather than theory, an analytical framework (see Figure below) is used that articulates the critical building blocks and enablers of success for CBPFs to deliver their...
intended impact.

**Figure: Analytical framework for the evaluation**

The framework presents a number of different factors for CBPFs that will combine at country-level to contribute to the delivery of timely, coordinated and principled humanitarian response for affected people.

**Evaluation matrix**

The evaluation examines the performance of CBPFs under four evaluation questions. Cutting across these are gender, AAP, humanitarian reforms and five CBPF principles.

- **EQ1: Impact** - To what extent do CBPFs make a difference in the lives of affected people by addressing the differentiated needs of vulnerable groups?
- **EQ2: Outcomes** - In what ways do CBPFs contribute to strengthening the outcomes of humanitarian response, leadership and coordination and to what extent are CBPFs likely to remain relevant for future humanitarian contexts?
- **EQ3: Activities and outputs** - To what extent are CBPFs supporting partners to meet the most urgent humanitarian needs in a way that is timely and is consistent with Grand Bargain priorities?
- **EQ4: Inputs** - Is the management of CBPFs fit for purpose and do they operate efficiently?

The draft evaluation matrix is included in annex 1 and includes the four evaluation questions and 13 sub-questions, indicators, methods and tools for data collection and analysis. It also provides the structure for this report.
Data collection methods and sources

184. The team uses a mixed-methods approach for data collection and analysis. While much of the data collected was qualitative, quantitative data was also gathered in the form of (i) financial and funding data, (ii) project-related data on age and gender, and (iii) metrics related to fund disbursement.

185. The main methods for data collection and analysis for the case study include the following:

- Document and literature review (see annex 4 for a bibliography);
- Financial and project-related data analysis;
- Semi-structured key informant interviews (see annex 3 for a list of interview participants);
- Gender-disaggregated community engagement.

186. A summary of the utilization of these methods is given in the table below.

<table>
<thead>
<tr>
<th>Tools and methods</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document and literature review</td>
<td>38 documents cited in this case study report plus a document repository containing 414 documents.</td>
</tr>
<tr>
<td>Key informant interviews</td>
<td>164 informants from Erbil, Mosul, Kirkuk, Sulaymaniyah and Dahuk. 43.5% female and 56.5% male.</td>
</tr>
<tr>
<td>Community engagement</td>
<td>260 community members from 5 IHF-funded projects</td>
</tr>
</tbody>
</table>

187. The approach to the country visits is detailed in the box below.

Box: Country visit process

Preparation for the country included carrying out a light preliminary desk review, which focused on gathering evidence against the evaluation matrix to be explored in greater depth in-country. The team agreed an itinerary which included meetings with key stakeholders, field visits and community engagement prior to their arrival in country. The visit commenced with a brief kick-off meeting in country with evaluation stakeholders to orientate the team to the national context, provide background on the evaluation approach, methods and tools, and to enable an initial exploration of key issues.

A series of semi-structured interviews with key in-country informants both at national and field level were undertaken, together with visits to project sites and focus group discussions with affected populations.

Towards the end of the visit, a feedback workshop was held with the Advisory Board (AB) and the Humanitarian Funding Unit (HFU), to present and discuss preliminary findings, to fill gaps in evidence, to check the validity of the findings, and to foster ownership.

Following the visit, the team produced a short interim update. A detailed data analysis was then undertaken which informed the preparation of this country report. The five reports will feed into a broader analysis for the evaluation synthesis report.

Gender and equity

188. The team applied a gender sensitive approach and sought to examine the extent to which the CBPF addresses issues of equity. Evaluation questions specifically refer to gender, inclusion and vulnerability and through the review of literature, key informant interviews, and direct engagement of the team with communities, the evaluation will seek to analyse and assess the extent to which the differential needs, priorities and voices of affected people have been considered in the design, selection, implementation and monitoring of CBPF-funded projects. Where relevant, the IASC Gender
Marker will be used as one means of verifying gender mainstreaming at a portfolio level.

**Approach to confidentiality**

189. The stakeholder analysis undertaken by the team highlighted the potential for some issues to be sensitive. In order to mitigate participants concerns and to maximize the opportunities to elicit relevant information, interviews were undertaken based on agreement that details will not be attributed to a specific person or agency. This approach was also adopted for community FGDs. Notes from the interviews and discussions were filed digitally in secure online storage.

**Table: Limitations and mitigation measures**

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Description</th>
<th>Mitigation measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a lack of baseline data and variability in the monitoring data at the outcome and impact level</td>
<td>The model of Operational Impact outlined in the ToR anticipates that the CBPF contributes to a diverse set of humanitarian outcomes – including the humanitarian response, leadership and coordination - in addition to having operational impact on the lives of affected people. However, the monitoring data available for these aspects of the response is limited, and in situations where it does exist, it is likely to vary in quality and quantity. Moreover, at the country-levels, it will be difficult to construct a baseline which will make it difficult to evidence and attribute changes at the outcome or impact-level.</td>
<td>• A literature review was undertaken prior to embarking on the country visit in order to identify all potential sources of information including IAHEs, OPRs and other research and evaluation. • Contribution analysis does not require a baseline or control group to have been established at the start of an intervention. The CBPF model of Operational Impact offers a causal pathway which was used during the evaluation as a means of identifying whether and the extent to which the CBPF contributed to outputs, outcomes and impact (to the extent possible).</td>
</tr>
<tr>
<td>2. It will be complex to attribute specific changes to the CBPF</td>
<td>The CBPF plays a relatively modest role in funding humanitarian programs (in 2018, for countries that have an HRP, CBPF funding accounted for 8.6% of the total received).[122] It is most frequently used either to fund gaps in interventions, to provide funding in contexts when other sources of financing are not available or are not timely, or to offer seed funding for humanitarian priorities when alternatives are not available. As a consequence, it will be difficult to attribute specific changes to CBPF funding.</td>
<td>• To the extent possible, the approach taken to project sampling for the case studies identified and targeted projects that had a comparatively high proportion of CBPF funding in order to offer the greatest opportunity to isolate changes that are attributable to the CBPF. • Contribution analysis is particularly useful for complex interventions where assessment of sole attribution is difficult. It was undertaken in an iterative manner so that evidence was repeatedly collected and analyzed across the case studies in order to refine contribution narratives.</td>
</tr>
</tbody>
</table>

[122] Data obtained from GMS, June 2019.
3. Given the limited scope for community engagement and the limitations outlined above, it will be difficult to evidence operational impact

<table>
<thead>
<tr>
<th>While the ToR for the evaluation highlights the importance of engaging with affected people in order to evidence the contribution made by the CBPF to making change in the lives of affected people (operational impact), there will be limitations in the extent to which the findings in one country can be extrapolated to demonstrate broader impact across all countries. CBPF-funded projects are sectorally diverse and are spread across a range of contexts, countries and conditions. Even with five case studies, the sample size will be modest and at best will provide a series of snapshots of the effect that the CBPF has had on the lives of affected people.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ The literature review sought to mine data from secondary sources (previous CBPF evaluations, HRP reports, IAHEs, OPRs and relevant research) in order to supplement primary data collected during the evaluation to strengthen the pool of evidence.</td>
</tr>
<tr>
<td>▪ The consistent use of a common approach offered the best quality results and the selection of case study countries that permitted direct access to communities assisted the evaluation team in developing a narrative about how they had been affected by the CBPFs</td>
</tr>
<tr>
<td>▪ Significant output data available for the CBPFs is contained in GMS and CBPF annual reports, which was analyzed and synthesized in order to provide a consolidated overview of the results achieved.</td>
</tr>
</tbody>
</table>
### Annex 2: Evaluation matrix

Presented below is the evaluation framework, consisting of evaluation questions, sub-questions, indicators, data sources and analytical methods.

<table>
<thead>
<tr>
<th>Evaluation Questions/Sub-questions</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPACT</strong></td>
<td></td>
</tr>
<tr>
<td>EQ1: To what extent do CBPFs make a difference in the lives of affected people by addressing the differentiated needs of vulnerable groups?</td>
<td></td>
</tr>
<tr>
<td>1.1 To what extent do CBPFs contribute to the provision of timely and principled assistance to save lives, alleviate suffering and maintain human dignity?</td>
<td>evidence that CBPF-funded projects have contributed to saving lives&lt;br&gt;evidence that CBPF-funded projects have contributed to alleviating suffering and maintaining human dignity regardless of gender, age, disability, ethnicity or other factors.&lt;br&gt;evidence that the selection and implementation of CBPF-funded projects adhere to the humanitarian principles&lt;br&gt;evidence of the timeliness of proposal review and disbursement&lt;br&gt;evidence of the timeliness of project implementation (in relation to the starting point of the crisis)</td>
</tr>
<tr>
<td><strong>OUTCOMES</strong></td>
<td></td>
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<tr>
<td>EQ2: In what ways do CBPFs contribute to strengthening the outcomes of humanitarian response, leadership and coordination and to what extent are CBPFs likely to remain relevant for future humanitarian contexts?</td>
<td></td>
</tr>
<tr>
<td>2.1 Improved response: To what extent are CBPFs able to meet newly emerging needs in a timely and flexible manner and to identify and adapt to future changes?</td>
<td>evidence of mechanisms for identifying newly emerging needs in ongoing crises and in new contexts&lt;br&gt;evidence of the timeliness of proposal review and disbursement in response to new emergencies&lt;br&gt;evidence of the flexibility of CBPFs to adapt to changes in context&lt;br&gt;evidence of CBPF ability to adopt new technology and innovate&lt;br&gt;evidence of CBPF management capacity to scan the horizon and of flexibility to adapt to changes&lt;br&gt;evidence of the extent to which CBPFs have enabled donors to improve the flexibility and reach of unearmarked humanitarian funding</td>
</tr>
<tr>
<td>2.2 Better coordination: How do CBPFs contribute to a coordinated humanitarian response?</td>
<td>evidence of the contribution made by CBPFs to increasing collaboration between humanitarian actors (local, national, international) and coordination within the humanitarian system (clusters)&lt;br&gt;evidence that HCs and CBPF Advisory Boards ensure that CBPF-funded projects are coordinated with the broader humanitarian response when making funding decisions and are implemented in line with the HPC&lt;br&gt;evidence that donors take account of CBPF funding when making funding decisions</td>
</tr>
<tr>
<td>2.3 Strengthened leadership: To what extent do CBPFs strengthen the leadership of the HC?</td>
<td>evidence of ways in which CBPFs strengthen the leadership and coordination function of HCs&lt;br&gt;evidence of strategic decision-making processes&lt;br&gt;evidence that the HC adheres to the Operational Handbook for the CBPFs.</td>
</tr>
<tr>
<td>2.4 To what extent do OCHA and HCs use CBPFs strategically?</td>
<td>evidence that HCs take account of other mechanisms and sources of funding (including bilateral funding) during CBPF allocations&lt;br&gt;evidence that HC decisions are based on the comparative advantage of CBPFs and other funding mechanisms&lt;br&gt;evidence that CBPFs are meeting urgent, prioritized needs&lt;br&gt;evidence that OCHA has an organization-wide approach to humanitarian financing.</td>
</tr>
<tr>
<td><strong>ACTIVITIES AND OUTPUTS</strong></td>
<td></td>
</tr>
<tr>
<td>EQ3: To what extent are CBPFs supporting partners to meet the most urgent humanitarian needs in a way that is timely and is consistent with HRP priorities and cross-cutting issues?</td>
<td></td>
</tr>
</tbody>
</table>
### 3.1 To what extent do CBPFs respond to the most urgent needs of people and communities affected by crisis?

- Evidence that CBPF projects are informed by coordinated and participatory needs assessments
- Evidence that CBPF prioritization processes identify the greatest humanitarian needs including those of marginalized groups
- Evidence that CBPF selection and implementation processes take account of gender, age and disability issues, as well as broader inclusiveness issues
- Evidence that CBPF partners involve affected populations in the project management cycle.
- Evidence that accessible mechanisms are in place for information sharing and for feedback and complaints

### 3.2 To what extent are CBPFs aligned with Humanitarian Response Plans, prioritized against needs and relevant to the context?

- Evidence that CBPF funding is aligned with HRPs and/or similar strategic plans
- Evidence on whether CBPFs allocate funding for more than 12 months against multi-year HRPs
- Evidence that clusters are effective in their prioritization and selection of CBPF projects
- Evidence that projects take account of relevant quality standards in their design
- Evidence that CBPFs promote the use of cash and vouchers where relevant

### 3.3 To what extent do CBPFs employ effective disbursement mechanisms and minimize transaction costs?

- Evidence that CBPF disbursement mechanisms are timely and aligned with project implementation
- Evidence that CBPF disbursement procedures and reporting requirements are designed to minimize transaction costs
- Evidence that CBPF decision-making processes are transparent

### 3.4 To what extent and in what ways do CBPFs promote the use of the best-placed partners and strengthen localization?

- Evidence of outreach at country level to national and local actors
- Evidence of inclusion of local and national actors in CBPF decision-making processes
- Evidence that CBPFs have procedures in place to select the most appropriate partners
- Evidence that CBPF partners are responding to identified humanitarian needs
- Evidence of targeted training and support to NNGOs throughout the programme cycle
- Evidence that CBPF documentation and guidance are available in national languages

### Inputs

**EQ4: Is the management of CBPFs fit for purpose and do they operate efficiently?**

#### 4.1 To what extent do CBPFs support overall resource mobilization for HRPs?

- Evidence of HC/HCT efforts to raise funds for CBPFs
- Level of CBPF funding to HRP projects
- Evidence on whether CBPFs are able to mobilize multi-year contributions from donors against multi-year HRPs

#### 4.2 Are CBPFs managing risks appropriately, and is there sufficient oversight and accountability, including monitoring and reporting systems?

- Evidence that CBPFs have risk management systems in place
- Evidence that CBPF accountability and oversight mechanisms operate effectively
- Evidence that CBPF managers are adequately resourced to ensure oversight and accountability, including monitoring and fraud case management
- Evidence that CBPF reporting systems strike a balance between accountability and minimising transaction costs

#### 4.3 Has the global standardization of CBPFs (as per the Policy Instruction, Operational Handbook and Common Performance Framework) increased efficiency?

- Evidence of added value of harmonization resulting from the global standardization of CBPFs
- Evidence of the added value of the GMS
- Evidence of the functionality and transparency of Umoja
- Evidence that global standardization has reduced management costs of CBPFs
- Evidence that global standardization has reduced transaction costs for fund recipients over the evaluation timeframe
- Evidence that harmonization of CBPFs is balanced with flexibility to adapt to local contexts
- Efficiency implications of different fund management structures

#### 4.4 Is there sufficient capacity in the humanitarian system to manage CBPF processes and deliver CBPF projects?

- Evidence that capacity at a global level is adequate to lead, manage and retain oversight of the CBPFs
- Evidence that the capacity of the HC, the Advisory Board, OCHA (the HFU) at a country-level is adequate to fulfill their governance, management and technical advisory roles
- Evidence that the clusters are able to meet their strategic and technical review responsibilities
- Evidence that the quantity and quality of humanitarian partners is sufficient to deliver high quality CBPF projects
Annex 3: Interview participants

Listed below are persons consulted during the Iraq case study visit. A total of 164 persons were interviewed, 43.5% per cent of whom were women.

**Erbil**
Abdel Irdin, Islamic Relief
Abdulrahman Raheem, National Health Coordinator, Health Cluster
Adil D. Jebur, CEO, Tajdid Iraq Foundation for Economic Development (Tajdid)
Aiden O’Leary, Head of Office, OCHA Iraq
Ali Mahmood Ali, Chief Executive Officer, UIMS
Ammar Orakzai, Wash Cluster Co-Coordinator
Ammar Orakzai, WASH Cluster Co-Coordinator
Andres Gonzalez Rodriguez, Country Director, Oxfam
Aseel Al-Khattab, Programme Officer, Humanitarian Financing Unit, OCHA Iraq
Atupele Kapile, Inter-Cluster Coordination Group, OCHA Iraq
Blake Audsley, Deputy Leader, Field Planning, USAID Iraq
Bryor Jabor, Green Desert
Celia Dujan, MH Iraq
Claudia Nicoletti, Protection Cluster Co-Coordinator
Cleopatra Chipuriro, Education Cluster Coordinator
Craig Anderson, Deputy Head, Humanitarian Financing Unit, OCHA Iraq
Daniel Seckman, Managing Partner, SREO Consulting
David Joy, Head of Resident Coordinator’s Office, Iraq
David White, Head, Humanitarian Financing Unit, OCHA Iraq
Denis Wani, Monitoring and Evaluation Officer, IOM
Dr Ahmad, M Alheety, The United Iraqi Medical Society
Dr Fawad Khan, Health Cluster Coordinator
Dr. Ahmad M. Alheety, President, The United Iraqi Medical Society
Dr. Orfan A. Al-Nuaemi General Advisor, RNVD
Drew Craig, CCCM Cluster Co-Coordinator
Elsa Daham, Public Aid Organisation
Fatma Said, Returns Working Group
Fekadu Tafa Humanitarian Affairs Officer (Monitoring), Humanitarian Financing Unit, OCHA Iraq
Filip Cerng, Relief International
Forkan Thakoan, RNVD
Francesca Coloni, Shelter/NFI Cluster Coordinator
Gabrielle Fox, Cash Consortium for Iraq
Geoffrey Baemlin, Head of Programme, DRC
George Petropoulos, Deputy Head of Office, OCHA Iraq
Giovanni Cassani, Head of Erbil Office, IOM
Haider Alithawi Rapid Response Mechanism Focal Point, UNICEF
Hamdi Mulhem, Auditor, BDO
Hamida Ramadhani, Deputy Representative, UNICEF
Hassanein Naif, Arche Nova
Heleen Berends, ZOA International
Himyar Abdulmoghi, Deputy Representative, UNFPA
Ihsan M. Hasan Director, Sorouh For Sustainable Development Foundation (SSDF)
Jalal Kana, HEIP Iraq
Jeff Silverman, WASH Cluster Co-Coordinator
Karan Gajo, MEAL Manager, RNVD
Karan Gogo, RNVD
Kareem Elgibali, Ayadi Al-Salam for Relief and Development (AARD)
Kenneth Grant, Technical assistant, ECHO
Knud Andersen, People in Need
Kuda Mhwandagara, Information Management Working Group
Lama Al Shreia, Almortaga
Las Rashid, Food Security Cluster Coordinator
Lawrence Menthana, International Medical Corps
Liny Suharlim, ACTED
Liza Zhahanina, Cash Working Group Coordinator
Luigi Pandolfi, Head of Erbil Office, ECHO
Luma Younus, Finance Officer, Humanitarian Financing Unit, OCHA Iraq
Maha Ibrahim Samoni, Mamuzain
Makiba Yamano, Child Protection Sub-Cluster Coordinator
Marguerite Nowak, CCCM Cluster Coordinator
Marta Ruedas, Humanitarian Coordinator/ Resident Coordinator/ Deputy Special Representative of the Secretary General
Maruo Clerici, Cash Working Group Coordinator
Meron Berhane, Country-Based Pooled Fund Unit, OCHA New York
Mirte Bosch, Regional Humanitarian Policy Officer, Yemen, Syria and Iraq, Government of the Netherlands
Misheck Chitanda, Fundraising Officer, RNVD
Mitchell McCough, Emergency Livelihoods-Social Cohesion Cluster Co-Coordinator (Acting)
Mohammad Al-Masr, Humanitarian Affairs Officer (Finance Officer), Humanitarian Financing Unit, OCHA Iraq
Mohammad Salah, Sahara Economic Development Organisation (SEDO)
Mohammed Khan, National Protection Cluster Coordinator
Mohammed Neameh Hussein, Executive Director, SEDO
Mones Woleed Taha, Critical Needs Support Foundation (CNSF)
Muhammad Mahmud, Executive Director, HEEVIE
Nicia El Dannawi, Gender-Based Violence Sub-Cluster Co-Coordinator
Nihan Erdogan, Inter-Cluster Coordination Group, OCHA
Oraline Tsaconas, Première Urgence Internationale (PUI)
Annex 4: Bibliography

This annex outlines the texts cited in this report. A summary table is also provided of the documents that were submitted to the team and reviewed as part of the case study visit.

Devex (2018) Did WHO’s quest to save lives in Mosul battle get too close to the front lines, March 2018
Inter-Cluster Coordination Group (2017) Hawiga Crisis Operational Plan, August 2017
IASC (2017) Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse, November 2017, IASC Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse
IASC (no date) Accountability to Affected Populations: A brief overview
Iraq Humanitarian Fund (2017) IHF Reserve Allocation for Winterization
Iraq Humanitarian Fund (2017) Presentation to the Pooled Fund Working Group, 14th December 2017
Iraq Humanitarian Pooled Fund (2016) Lessons Learned: IHPF Second Allocation – Mosul preparedness and under-funded humanitarian response plan
OCHA (2019) About CBPFs, 16 January 2019
OCHA (2019) About CERF, January 2019
OCHA (2015) Policy Instruction: Country-Based Pooled Funds, Ref.2015/01
<table>
<thead>
<tr>
<th>Description</th>
<th>Type of documents</th>
<th>#</th>
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<tbody>
<tr>
<td>Accountability framework</td>
<td>Field visits, spot checks, TPM, capacity assessments</td>
<td>5</td>
</tr>
<tr>
<td>Allocations</td>
<td>Allocation strategies, 2016-2019</td>
<td>64</td>
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<tr>
<td>Annual reports</td>
<td>Annual reports, 2010-2019</td>
<td>4</td>
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<tr>
<td>Common Performance Framework</td>
<td>Common Performance Framework</td>
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<tr>
<td>Communications</td>
<td>Social media strategy and accompanying documents</td>
<td>10</td>
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<tr>
<td>Evaluations, review and studies</td>
<td>2015 evaluation, OIOS reports, BOA reports, audit reports</td>
<td>250</td>
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<td>Governance</td>
<td>Advisory board and donor meetings, 2015-2018</td>
<td>18</td>
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<tr>
<td>HFU, OCHA</td>
<td>Organograms, workplans etc.</td>
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<tr>
<td>Localization</td>
<td>IHF localization documents</td>
<td>9</td>
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<tr>
<td>Partner surveys</td>
<td>Partner surveys for 2018 and 2019</td>
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<td>Planning and lessons learned</td>
<td>Lessons learned from planning and allocation strategies</td>
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<td>Resource mobilisation</td>
<td>Resource mobilisation approach</td>
<td>3</td>
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<tr>
<td>Rules, guidelines and procedures</td>
<td>Operational manuals (and pre-manuals), 2010-2019</td>
<td>4</td>
</tr>
<tr>
<td>IHF and fund complementarity</td>
<td>CERF</td>
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<tr>
<td>Iraq general</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>414</strong></td>
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</table>
Annex 5: Humanitarian context

This annex outlines the context in which the evaluation is being undertaken including the humanitarian situation in Iraq, and an overview of the IHF.

Context of the humanitarian situation in Iraq

190. The most recent conflict in Iraq, and the one that dominated the period under evaluation, began in January 2014 and quickly resulted in large-scale territorial seizures by the Islamic State (IS). IS rapidly gained significant territory, causing waves of displaced people and in August 2014, the UN designated Iraq a Level 3 emergency. Despite this, there was significant difficulty in raising funding to respond to the crisis and it was in this context that the Iraq Humanitarian Pooled Fund was established in 2015 in support of the UN’s Strategic Response Plan.

191. By June 2015, it was estimated that 8.2 million people, almost 25 per cent of the population, were in need of assistance as a direct consequence of the conflict and associated violence. Iraq’s humanitarian crisis remained extremely volatile in 2016 and by the end of 2017, 11 million people were estimated to be in need of humanitarian assistance. The military operation to retake Mosul from IS, which began in October 2016, intensified as the frontline moved to the densely populated western Mosul in 2017. One million civilians fled the city before the battle ended in July.

192. The nature of the conflict and the displacement of large parts of the Iraqi population meant that nearly every aspect of Iraqi society was affected. The number of health consultations performed in health clinics has increased eightfold and around 23 hospitals and more than 230 primary health facilities have been damaged or destroyed. Schools in the governorates impacted by IS are forced to convene three sequential sessions to cope with the increased number of students. Nearly 3.7 million school-aged Iraqi children attend school irregularly, or not at all, and more than 765,000 displaced children have missed an entire year of education.

193. Above all else, the conflict in Iraq was a protection crisis; people lacked effective protection and were subjected to grave violations of international humanitarian and human rights law. Restricted access to safety, lack of freedom of movement, violations of humanitarian law, violence and unfair practices exacerbated inter-communal tensions. The severity and pervasiveness of gender-based violence and grave violations of children’s rights were of critical concern. Extensive conflict in Iraq has resulted in significant contamination from explosive devices, affecting human security and access, severely distressing and traumatizing children, and leading to family separation.

194. Background to the Iraq Humanitarian Fund

Objectives of the IHF

195. The IHF (formerly Iraq Humanitarian Pooled Fund) is a pooled fund led by the HC and managed by OCHA. Established in June 2015, the fund supports humanitarian partners respond to the complex and dynamic crisis in Iraq, including through direct funding to national frontline responders.

196. The objectives of the IHF are to:

- Support life-saving and life-sustaining activities while filling critical funding gaps;
- Promote needs-based assistance in accordance with humanitarian principles;
- Strengthen coordination and leadership primarily through the function of the HC and by leveraging the cluster system;
- Improve the relevance and coherence of humanitarian response by strategically funding priorities as identified under the HRP; and
- Expand the delivery of assistance in hard-to-reach areas by partnering with national and international NGOs.

Management structure

197. The HC determines the fund’s strategic focus, sets the allocation amounts, approves projects and initializes disbursements. The HC chairs the IHF Advisory Board, which comprises senior-level representatives of donors, UN agencies, NGOs and observing organizations. The board’s core function is to support the HC on the strategic focus, ensuring that the allocations are in line with the HRP and that the fund’s main objectives are met.

198. Cluster leads support the IHF processes at the strategic level, to ensure there are links between the proposed projects, the HRP and cluster strategies, and at the operational level, to provide technical expertise to the process of project prioritization and evaluation, and to promote sector coordination among humanitarian agencies.
199. Under the overall supervision of the OCHA Head of Office, the HFU ensures adequate and efficient management of the fund, including the coordination of allocation processes and oversight of the entire funding cycle, from the opening of an allocation to the closure of projects, while providing technical support and policy advice to the HC.

200. The HFU maintains accountability requirements, including risk management and operational modalities, as well as coordination with other units of the OCHA Country Office and sub-offices. Further, the HFU ensures donor contributions are channelled to partners in compliance with the minimum requirements outlined in the IHF Operational Manual and OCHA’s Global Guidelines for CBPFs.

**Allocation strategy**

201. The IHF has two modalities to allocate funds: 1) the Standard Allocation, and 2) the Reserve Allocation. The HC, in consultation with the AB, determines the appropriate use of the two modalities given the context. Both allocation modalities must be based on response plans or strategies developed by the ICCG/Clusters and approved by the HC to ensure the strategic use of funds. The CBPF Global Guidelines provide a detailed guide to the use of both the allocation modalities. The steps and their sequence are mandatory and must also adhere to the five global CBPF principles of inclusiveness, flexibility, timeliness, efficiency and accountability by which performance of the funds is measured.¹²⁶

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