



CARE Endline Evaluation Survey

ZUMMAR SUB-DISTRICT – NINAWA GOVERNORATE

July 2020

Project title: Strengthening Access to Emergency Primary Health and Protection Services for Most-affected Vulnerable Returnees and Host Families in Ninewa Governorate, Zummar sub-district

Project Funded by

Implemented by



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LIST OF ACRONYMS

DoH	Directorate of Health
FGD	Focus group discussions
GBV	Gender Based Violence
IDP	Internally Displaced Person
PHCC	Public Health Care Center
SRMH	Sexual Reproductive and Maternal Health

1. EXECUTIVE SUMMARY

With the objective of Increasing access to quality and equitable health care and protection services for vulnerable women, men, boys and girls conflict-affected populations in Zummar primary health care centre (PHCC), underserved and epidemic-prone communities and improving civic participation of local residents, CARE's interventions targeted highly prioritized areas of Zummar surrounded villages and Zummar PHCC in need of rehabilitation as well as continuing to provide a variety of essential medicine and laboratory supplies for NCD treatment. The SRMH service package included medication (such as oxytocin ampoule, methergine vaginal tablet and suppositories) and medical consumables including suture materials, sterile and non-sterile gauze, gloves to meet needs of patients visiting Zummar PHCC through close collaboration with the Ninawa Directorate of Health (DoH) as the local authorities are currently overwhelmed by the scale of needs to enable affected populations to return home. The project also distributed dignity kits packages to GBV survivors, mainly, vulnerable women and adolescent girls based on pre identified criteria and continued to avail safe space for women and children. The provision of safe space allowed the female patients to concentrate on their medical consultations with the doctors at the PHCC and meaningfully participate in awareness sessions delivered by CARE at the free space within the PHCC without worrying about the safety of their children.

The endline evaluation seeks to analyze the endline values for key SRMH and protection indicators as stated in the project documents in the targeted areas and to assess, impact and effectiveness of programming to successfully track accomplishments of the project, relevance and sustainability of the project after the implementation through the usage of quantitative and qualitative data. The evaluation also looked into areas of success as well as challenges faced implementing activities in Zummar sub-district.

The targets of the project against each indicator were assessed through reports. The reports show that all the targets were achieved. The summary of achievements against the targets is attached in "Annex- A" to this report. however; the endline evaluation concludes that project achieved 120% above the planned target (11,569 planned versus 13,904 reached) of the expected targets during the project implementation. Results from the evaluation showed that access to quality and equitable health care and protection services for conflict-affected populations has increased to 92% compared to the 42% baseline values. Patients with non-communicable diseases NCD have improved access to quality health care services through Zummar primary health care (PHCC) centre (result 1; 92%), Women and girls have improved access to Sexual Reproductive and Maternal Health (SRMH) services (result 2; 89%), Improved capacity of Project/PHCC staff and community resource persons to identify and address protection issues (result 3; 89%) and Local returnee and host populations have improved access to protection services (result 4; 87%).

The evaluation found that almost all the project indicator targets are fully met; achievement of 96% (23 out of 24) indicators are 100% or above, with a high efficiency of the works and timeliness, and only one indicator is partially achieved. (refer to Annex A).

89% (n=504) of the community reported they prefer PHCC for ante-natal, post-natal and child health care as compared to the situation prior to the project implementation (baseline = 36) when the private hospitals or clinics were mainly used. Thus, it implies that PHCCs are the most preferred health service provider for the community in Zummar because of the improved infrastructure, accessibility and availability of medicines and doctors, as a result of CARE's intervention (see, result-1, and result-2 of the project log frame).

Zummar PHCC maternity unit record shows that 94% of the newborn children are healthy and reaching the ideal weight bracket. The provision of awareness sessions contributed to increasing the knowledge of pregnant women about child-adequate nutrition, distribution of micronutrients supplements to women, Vitamin D supplementation to Newborns and birth packages from PHCC.

85% of the respondents agrees that Zummar PHCC is equipped with the required equipment and essential non-communicable diseases (NCD) medicines. This has increased ante and post-natal consultation of women with doctors and, when required, facility of lab tests - following the result-1.

91% of the respondents agrees that the information on ante-natal, post-natal and other SRMH services was provided by two major stakeholders of the project, which are CARE CHVs team and PHCC.

93% (94% female, 84% male) of respondents has better perception with increased knowledge and supportive behaviour about contraceptives and family planning, however, the better perception ratio is higher in women than in men. This is in agreement with result 2.

76% of the respondents believes that awareness session was the best part of the project interventions as they learned a lot. This increased learning contributes to sustainability of the project intervention as the community will put this learning into practice and will be replicated.

91% of community agrees that the health staff at PHCC possess the skills and knowledge required for the better treatment and counseling of patients. This is because of training provided by health team, PHCC staff and provision of laboratory and other equipment, minor rehabilitation of PHCC and ensuring the labor/delivery room is functional for 24/7.

2. PROJECT INTRODUCTION

With a funding support from the Ministry of Foreign Affairs, Government of Luxembourg (MoFA Lux) CARE implemented a 9-months project in Zummar sub-district in Ninawa governorate which is ended on July 31, 2020. CARE continued covering critical gaps in health and protection in Ninawa governorate, Zummar sub district of Talefer. The intervention was intended to increase access and utilisation of quality and equitable health care and protection services.

To continue responding to the maternal health care and protection gaps CARE implemented an SRMH service package integrated with gender and protection intervention in Zummar sub-district. The SRMH service package provided medication (such as oxytocin ampoule, methergine vaginal tablet and suppositories) and medical consumables including suture materials, sterile and non-sterile gauze, gloves to meet needs of patients visiting Zummar PHCC. Additionally, as part of the SRMH package, a complementary awareness creation component is implemented with a focus on improving the appreciation (knowledge) of, as well as transforming attitudes and practices of women of reproductive age and men on effective family planning, the importance of antenatal and postnatal care, nutrition needs for expectant women and children under five. The protection component also addressed the gender and protection needs of the target communities. It included building the capacity of project resource persons including community mobilisers, PHCC and CARE field staff to identify and address protection issues.

CARE distributed 400 dignity kits packages to GBV survivors, mainly, vulnerable women and adolescent girls based on pre identified criteria and continued to avail safe space for women and children.

The provision of safe space allowed the female patients to concentrate on their medical consultations with the doctors at the PHCC and meaningfully participate in awareness sessions delivered by CARE at the free space within the PHCC without worrying about the safety of their children who would be entertaining themselves with an assortment of toys at the child safe space.

The NCD component provided a variety of essential medicine and laboratory supplies for NCD treatment, thus easing both the logistical and economic burdens of poor vulnerable families supporting persons suffering from expensive long-term illnesses.

The combined effects of the SRMH and protection together with distribution of dignity kits meant to have a strong positive impact on target communities, encouraging them to take advantage of health services offered at the PHC facility (including consultation, vaginal delivery and necessary blood tests, etc.) for better care and management during as well as after pregnancy.

The beneficiaries of this project were the residents of Zummar seeking treatment from the PHCC and identified protection cases in surrounding villages of Zummar PHCC. The project targeted women, men, boys, girls including persons with special needs (i.e. FHH, GBV survivors, widows and divorce) and persons living with disabilities.

The project objectives were:

- Result 1: Patients with non-communicable diseases have improved access to quality health care services through Zummar primary health care (PHC) centre
- Result 2: Women of childbearing age have improved access to Sexual Reproductive and Maternal Health (SRMH) services
- Result 3: Improved capacity of Project\PHCC staff and community resource persons to identify and address protection issues
- Result 4: Returnee and host populations have improved access to protection services.

3. PURPOSE OF THE ENDLINE EVALUATION

The main purpose of the evaluation was to assess post intervention situation in the targeted area measuring indicators against the baseline mentioned in the project document. The end line survey aimed to measure the effectiveness and efficiency of the intervention. Additionally, the study also considered measuring criteria such as coverage, appropriateness, coordination to evaluate the quality of the intervention. Finally, the evaluation looked at some potential impacts of the intervention.

More specifically, the evaluation looked at the following evaluation questions:

EFFECTIVENESS AND EFFICIENCY

- To what extent did the project meet the expected targets for outcome indicators (outcome and output indicators)? Why were some targets not met, if any?
- Assess performance of the project in terms of effectiveness, efficiency, and timeliness of producing the expected outputs;

COVERAGE, COORDINATION AND APPROPRIATENESS

- To what extent did all patients with non-communicable diseases regardless of age, gender and ability have access to quality health care services through Zummar primary health care (PHC) centre.
- To what extent did the project meet SRMH needs in Zummar PHCC? Are there any SRMH or protection issues that still need to be taken into consideration for the future projects?
- To what extent was gender equality taken into consideration in the SRMH interventions (based on the five CARE standards)?
- To what extent did CARE effectively coordinate with Ninawa DOH and Zummar PHCC management structure and other SRMH actors?

IMPACT

- To what extent did the community's knowledge, attitude, practice and beliefs regarding sexual reproductive health and gender have evolved since the beginning of the project? What are the barriers in the uptake of key health and gender practices, if any?
- To what extent did the gender mainstreaming approach contribute to the promotion of equality, decision making between women and men around SRH related issues?
- Was the overall community promotion approach most appropriate to change knowledge, aptitude and practices on health, protection and gender?

4. SAMPLING AND METHODOLOGY

4.1 SAMPLING

A purposive sampling method was used reaching project beneficiaries through face to face interviews according to the sampling frame and sample size. The sample size was calculated using confidence level of 95% and a confidence interval of 6-10%. On average one enumerator conducted 13 interviews per day. The data collection took 5 days in total engaging 8 enumerators in the data collection. The sampling for the household survey in Zummar PHCC catchment area was as follow:

Table 1: Sampling and Sample Size Breakdown (Quantitative Survey):

Location	Geographical unit / activity type	Population size/ beneficiaries	Sample size	Actual /Those willing to participate
Zummar sub-district	NCD beneficiaries	750	156 (100 F & 56 M)	156 (100 F & 56 M)
	Medical consultations and laboratory tests beneficiaries	5,184 ¹	135 (95 F & 40 M)	142 (95 F & 47 M)
	SRMH and gender awareness messaging	4,905 ²	170 (91 M & 79 F)	181 (98 M & 83 F)
	Psychological counselling	880 ³	87 women	87 women
Total			548 (361 F & 187 M)	566 (365 F & 201 M)

4.2. METHODOLOGY

A mixed research methodology was used to answer the above-mentioned evaluation questions. The tools were developed in English and translated into Arabic to be used by enumerators for data collection.

The data collection included qualitative and quantitative approaches (Key Informant Interviews-KIIs, Household visits, Focus Group Discussion-FGD and interviews). Due to the sensitivity of data collection on gender-based violence the CARE team conducted the data collection through enumerators which were specifically trained on how to handle this information to ensure safety and confidentiality of individuals.

¹ Medical consultation and laboratory tests beneficiaries since the beginning of the project

² Unique awareness beneficiaries since the beginning of the project.

³ Counseling beneficiaries since the beginning of the project.

4.2.1 DESK REVIEW

Data from desk review used to analyze internal project documents such as proposal, log frame, baseline, post distribution monitoring and satisfaction survey and external resources including Iraq Humanitarian Response Plan 2020, Health cluster Strategy 2020 and Zummar PHCCs record

to allow the evaluation team to better understand the context including knowledge gained from previous evaluations and other research, progress captured in project monitoring documents, identified potentially key issues for fieldwork, and identified potential judgement criteria, sources, and methods for the evaluation matrix. The evaluation team leader was responsible for the desk review.

4.2.2 QUANTITATIVE DATA COLLECTION AND OBSERVATION TOOLS

Data was collected by 8 enumerators both male and female (50/50) using tablets to collect digitally the data using KOBO collect application. Only female enumerators conducted interviews with women and girls, especially for questions related to dignity kits. Enumerators only asked questions to one person per household, selecting sometime adult and sometime adolescent or children. Data Collection team ensured that children of the household responded to these questions without being influenced by any other member of the household.

The quantitative survey was conducted in Zummar PHCC catchment area. Participants to the survey were selected using simple random sampling methodology based on Zummar PHCC patient visitors' records. In case of absence or refusal of encountered HH, the household was replaced with alternative beneficiaries within the same location.

4.2.3 KEY INFORMANT INTERVIEW

The Key Informant Interviews (KIIs) aimed to collect information from individuals familiar with the details of the context / project and people living in the area who are well known and respected in the community. The purpose of the KIIs was to aid in verifying the individual qualitative and quantitative interviews outcomes.

Key informant interview also organized with collect specific insights to answer the evaluative questions. Key informants include:

- Project staff
- Zummar PHCC management staff
- Directorate of Health (DoH)
- Mukhtars
- Zummar PHCC Midwives
- Protection actors in the area

Health and protection team were responsible to conduct KII with the support of MEAL staff. At the end of each day, debriefing session was organized with all data collectors and the evaluation team leader to discuss on evaluation process. The detailed results of the KII then entered in data analysis table on excel in English by MEAL team.

4.2.4 COMMUNITY HEALTH VOLUNTEERS AND LOCAL AUTHORITIES SURVEYS

One of the key indicators for the project was assess the {% PHCC and field project staff reporting "improved" knowledge of protection\gender issues} & {% of psychological first aid (PFA) trained staff remain active in their roles} as community health volunteers, project officers, gender workers. The evaluation team conducted a short survey with community health volunteers, project officers, gender and case workers, psychologist and local authorities to assess whether they plan to remain active after the end of the project. Ideally a similar survey should be conducted in 6 months to assess whether they did actually remain active in their role without the support of CARE. The anonymous survey was conducted over the phone by CARE M&E Assistant using Kobo Collect.

4.3 DATA COLLECTION AND ANALYSIS

The CARE endline evaluation survey data collection took place from July 9, 2020 to July 13, 2020 in Zummar sub-district–Ninawa governorate to utilize existing information as much as possible and to prevent duplication of efforts.

The questionnaires were translated into Arabic and administered by data collection team who explained the questions to the responders and then recorded their answers. The survey conducted using Kobo Collect platform. However, KIIs and individual interviews conducted through semi-structured questionnaires open-ended discussions using papers. MEAL team supervised survey coordination, planning, and implementation.

After all qualitative data was collected, the MEAL team first read through each interview in order to gain a holistic overview of the attitudes of the respondents on the sexual reproductive health and protection. Then, the data was organised into themes and sub-themes, allowing the MEAL team to structure the data in line with the endline evaluation objectives. After the data was organized and coded, the MEAL team was able to systematically draw out key findings and results.

Quantitative data was analysed using KOBO Toolbox and Microsoft excel. The analysis focused on identifying the most significant findings. For this, the MEAL team made use of descriptive statistics, t-tests, chi-square tests and other inferential statistical tests appropriate to the variables under review. The survey includes a range of analysis covering the demographics of survey participants, respondent details, and access to SRH and protection needs.

4.4 ENSURING DATA QUALITY

In order to ensure data quality, MEAL and a health technical staff coordinated to train the enumerators on the survey's objective, the specific questions, the survey design along with a detailed explanation of each question and participants' selection procedures.

All aspects of the data collection process and supervision were led by the MEAL team. In addition, regular close contact with the enumerators was maintained to ensure that procedures and instructions were being followed.

Throughout the data collection process, data quality was verified by MEAL staff who were supervising the process in order to ensure that it contained all needed data and that there had been no technical issues.

The approach followed to ensure high data quality standards were as follows:

- All enumerators trained on the questionnaire before data collection. The enumerators provided with an orientation on the methodology for selecting the respondents.
- Raw data was cleaned before analysis, ensuring the dataset is accurate, complete, and reliable.
- Spot checking and supervision of the data collection process was done by the project Field Officer.

4.5 LIMITATIONS

The survey used a convenience sample where only individuals who visited the health facility at the time of the survey are interviewed. This also means that people who did not visit the facility at the time of the survey were not considered. This might be due to several reasons (lack of access to the facility due to distance, or other reasons were excluded who may have lower or higher satisfaction rates).

Additionally, the satisfaction can change over time considering the fact that the patients are interviewed at the exit straight after they receive treatment and may feel that their treatment did not work a couple of days later.

Furthermore, due to COVID-19 pandemic disease, curfew was applied to all governorates of Iraq, lockdown of roads between Zummar PHCC and surrounded villages and freezing of gathering activities, such as focus group discussions (FGDs) affected the process of collecting data, in addition people were feared to respond to us and not giving space to ask people questions.

5. FINDINGS

This chapter presents the key findings of the survey, the findings is grouped into four main thematic categories as follows below.

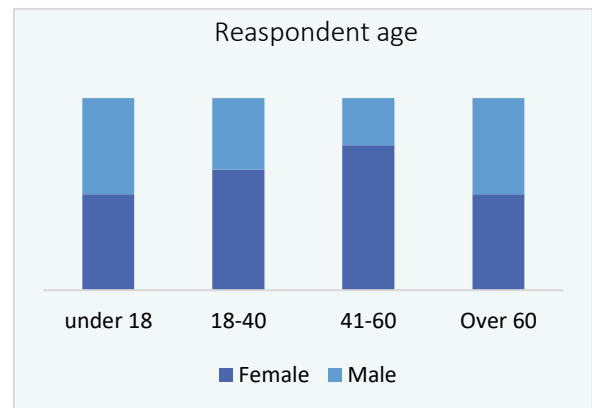
5.1 DEMOGRAPHIC INFORMATION

In total, 566 respondents participated in this survey, consisting of 374 (66%) females and 192 males (36%). 66% (n=376) of the respondents were adults between 18 to 40 years old and 30% (n=171) were adults between the age of 40 to 60 years.

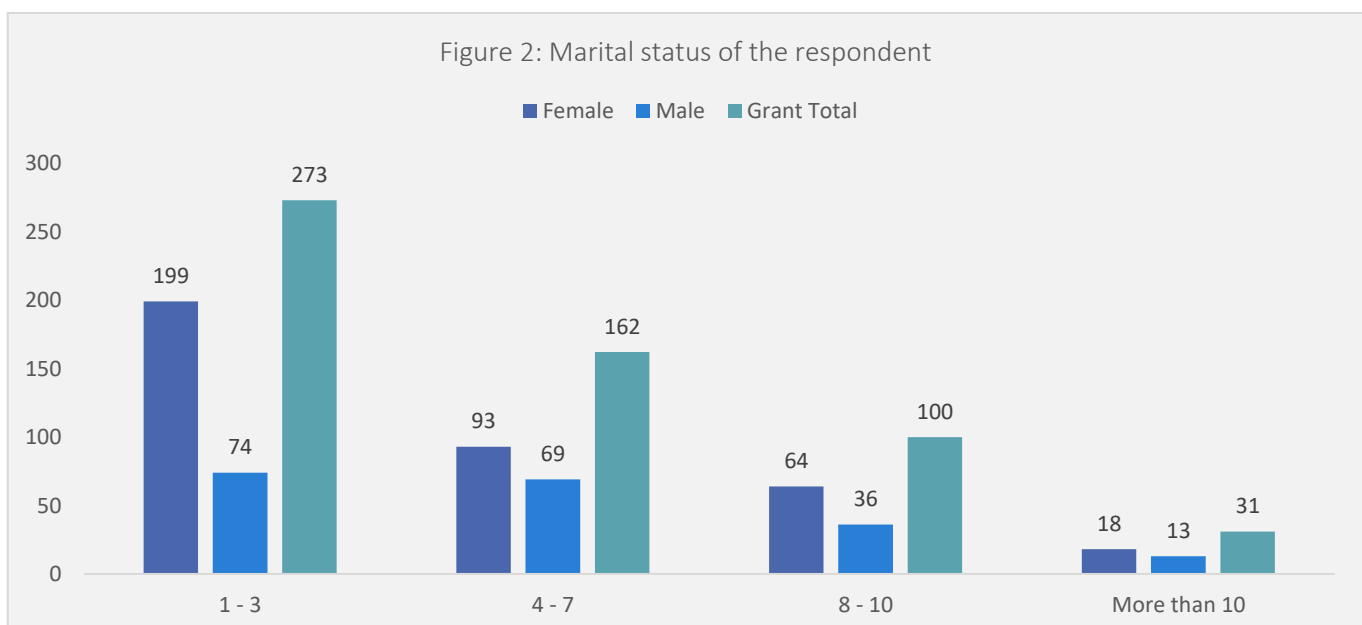
Respondents were asked to indicate what category of household they live in. Of total, 83% (n=471) respondents mentioned that they live in male headed household and 17% (n=95) female headed household. When asked what category best described the age range of their head of household. 92% (n=518) of respondents reported adult headed household (18-59), followed by elder (60 and above) 6% (n=36) and Child (17 and under) 2% (n=12).

Overall, 66% (n=184) of respondents were residents of Zummar (host community), 30% (n=82) returnee (last year), 2% (n=6) returnee (last 6 months) and 2% (n=5) displaced. 73% (n=202) of respondents were between 18-40, and 19% (n=53) were between 41-60 years old. In addition to this, majority of respondents 73% (n=197) were married. Figure 1 and 2 describes the respondents' age and marital status who participated in the survey.

42% (n=237) of the surveyed respondents had no schooling completed, while 34% (n=192) had primary school, and 16% (n=91) were high school. However, only 5% (n=25) had associate degree.



Number of family members was also collected together with other demographic information. Data from the survey shows that 48% (n=273) of respondents surveyed had 1-3 members, 29% (n=162) had 4-7, 18% (n=100) had 8-10 and only 5% (n=31) had more than 10 members in the family.

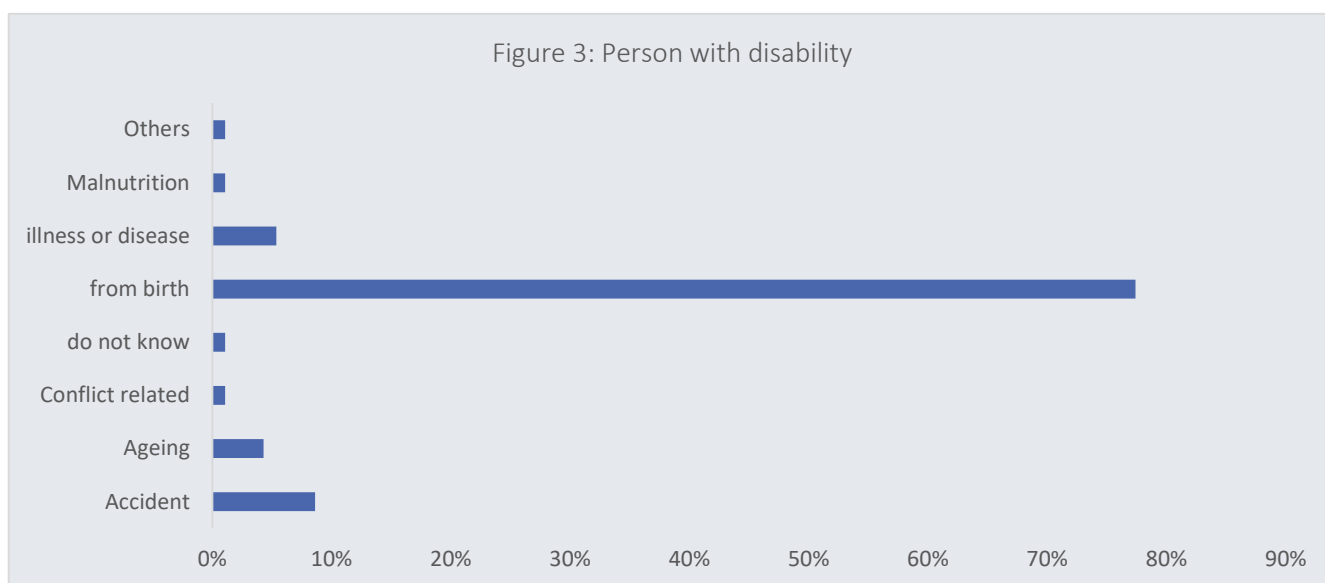


5.2 DISABILITY MEASUREMENT

It is worth mentioning that the Washington group questions were integrated into the survey questions in order to know whether the respondents had difficulties performing basic universal activities (walking, seeing, hearing, cognition, self-care and communication).

The figure below presents disability measurement data for survey target location. Out of 566 respondents, 16% (n=93) had reported they have disability. Of the 93 respondents who reported having disability, 60 were female and 33 were male. Of those 61 respondents reported having more than one difficulty.

The distribution of these responses can be further explained as follows; 32 respondents had one type of disability, 7 respondents had 2 types of difficulties, and 54 of them had more than 3 type of difficulties.



Of total who reported they have disability, the type of disability that scored lowest was inability to self-care 3%. Conversely, seeing 39% (n=36) scored the highest among the responses. When respondents were asked to indicate the number of members with disability in their family, 10 respondents said 1, 9 respondents said 2, 8 respondents said 3 and 2 respondents said 4.

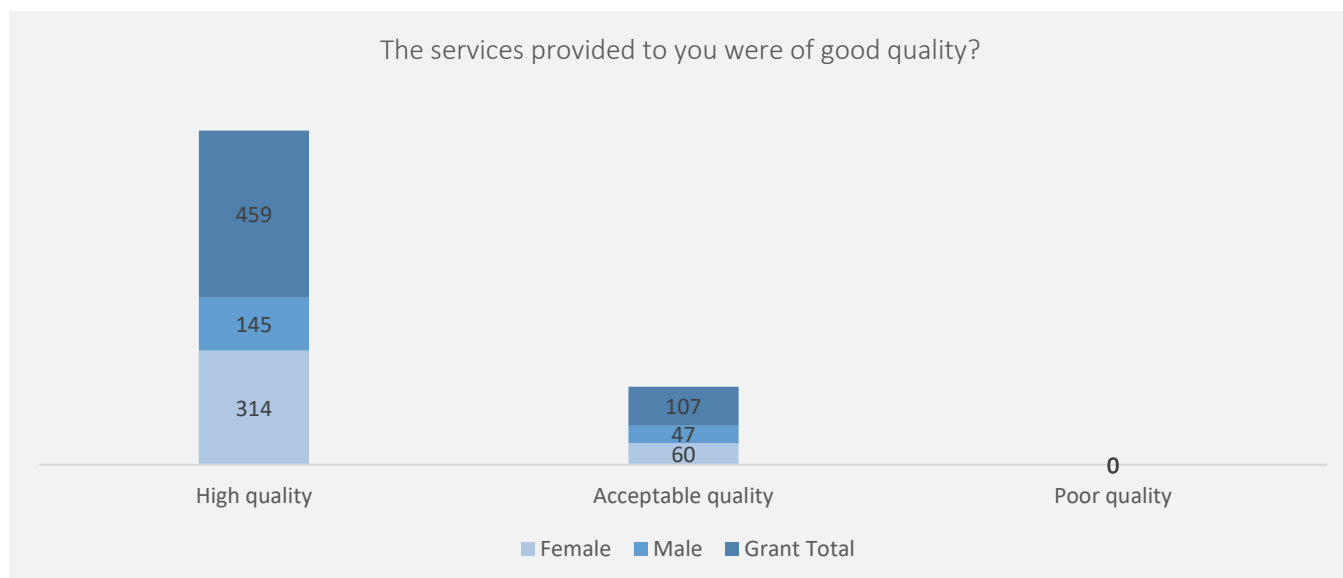
Following the above question, the respondents were asked to indicate the functional cause of their difficulty. Out of the 93 respondents who reported having disability, 9% accident and 77% from birth were considered the most remarkable cause of difficulty for respondents. In addition to these difficulties, illness or disease 5%, conflicted related 1%, ageing 9% and malnutrition 1% were also cited by respondents.

EFFECTIVENESS

The effectiveness of the project was assessed through accomplishment of outputs and outcomes indicators, the responses from the beneficiaries about the quality and usefulness of services provided to them, information about referrals and barriers and supporting factors to the achievements of intended outcomes.

Key Evaluation Question: To what extent did the project meet the expected targets for the indicators? Why were some targets not met, if any?

The evaluation tools were designed to confirm the indicators of the project through beneficiaries. All the beneficiaries were of the view that they were benefited by the project as per their needs in Zummar PHCC.



The targets of the project against each indicator were assessed through reports. The reports show that all the targets were achieved. The summary of achievements against the targets is attached in Annex-A to this report. However, the endline evaluation concludes that project reached 120% (11,569 planned & 13,904 achieved beneficiaries) of the expected targets during the project implementation. The evaluation team is confident the CARE's intervention men, women, boys and girls in Zummar PHCC catchment area increased access to quality and equitable health care and protection services for conflict-affected populations (overall objective with 92%), Patients with non-communicable diseases (NCD) have improved access to quality health care services through Zummar primary health care (PHCC) centre (result 1; 92%), Women and girls have improved access to Sexual Reproductive and Maternal Health (SRMH) services (result 2; 89%), Improved capacity of Project/PHCC staff and community resource persons to identify and address protection issues (result 3; 89%) and Local returnee and host populations have improved access to protection services (result 4; 87%).

The table 1 in annex presents in more details the list of indicators for baseline and endline with the following results:

✓	Target is reached (100% or above)	96%	For 23 indicators / 24
○	Target is partially reached (50-100%)	4%	For 1 indicators / 24
✗	Target is not reached (0-50%)	0%	For 0 indicators / 24

To assess the quality of services, the evaluation asked the question "How was the quality of services provided by the project" the possible answer was "high quality", "Acceptable quality" and "Poor quality". Out of 566 beneficiaries surveyed, 81% (n=459) responded said that the service was of "High quality", 18% (n=103) responded claimed as "Acceptable quality" and 1% responded as "Poor quality". The reason around poor quality was mostly due to delays sometimes in getting non-communicable diseases (NCD) medicines to PHCC.

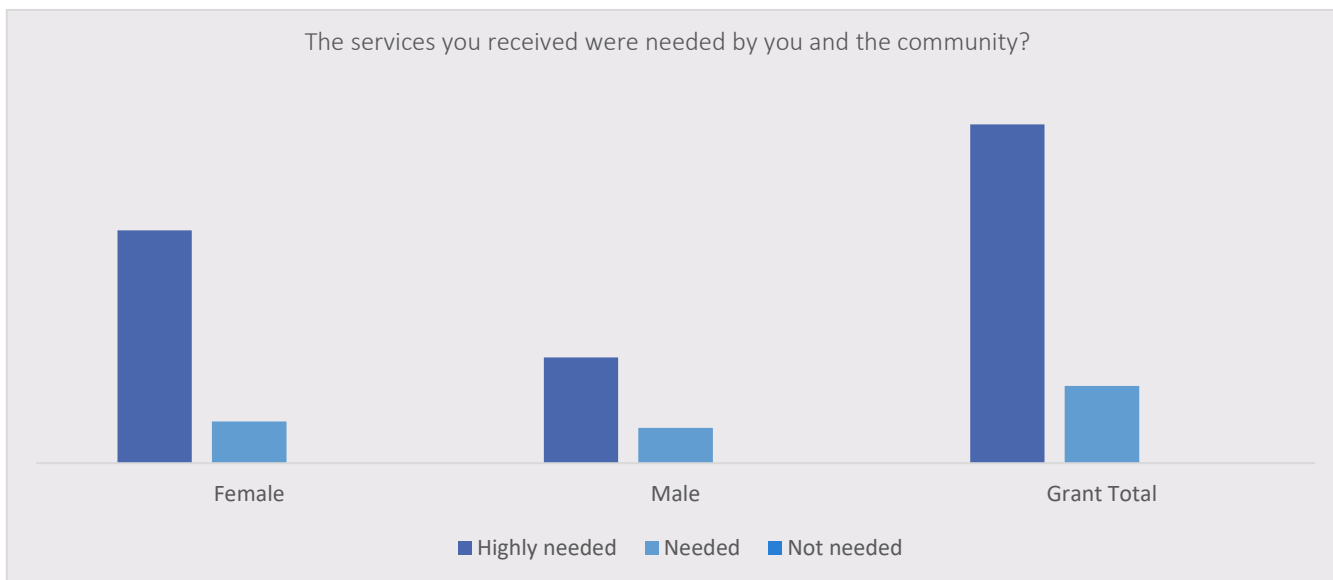
The project staff has referred cases to specialised services providers in the area. These service providers were mostly other NGOs, 71%, and government departments, 29%. The project has also provided information to the beneficiaries about safe and confidential referral pathways. Therefore, it is quite possible that all the referrals were reported to the project because beneficiaries can use the referral pathways by themselves.

Key Evaluation Question: What are key contributing factors affecting the achievement or non-achievement of the intended outcomes?

The findings show that the project was well planned by the CARE and all the activities were implemented as planned in Zummar district, such as CARE's supported services in Zummar PHCC, including Laboratory test, Pre and post-natal tests and medicines, Nutritional supplement, psychological counseling and contraceptives, as well as outreach team through awareness raising sessions and distribution of dignity kits for most vulnerable women. It is also validated by the level of satisfaction of beneficiaries about quality of services provided by the project.

The provision of modern equipment and capacity building to Zummar PHCC staff helped in providing better services to the community and achieving intended outcomes. 81% (n=461) from Key informants and beneficiaries were in agreement that the services provided to Zummar PHCC were “highly needed” by the community. The remaining respondents with 19% also agreed that the service is of “needed”.

As the impact of the crises still remains high on health sector, the project staff were of the view that they can reach more beneficiaries and can provide them all the required medical services if more funds could have been allocated.



The results/outputs established in the log frame are:

1. *Result 1: Patients with non-communicable diseases have improved access to quality health care services through Zummar primary health care (PHC) centre*

The project has carried out the activities to achieve this result during the project duration, which are triangulated by interviews, observation and focus group discussions:

The access to the facility is also easy and in quantitative data, the respondents showed their satisfaction on the access, services and behavior of PHCC staff. The minor rehabilitation with maternal child unit or Primary Health Centre is fully functional and well equipped with medical equipment. Medicines and lab tests facility along with ultrasound are being provided. At the end of the project, this facility will be fully operated by PHCC under the supervision of DoH without any intervention by CARE.

After proper evaluation of the patient by the directorate of Health (DoH) medical team and prescription of medication by the specialist doctor in the extension afternoon hours, patient then was given the necessary medications for their condition for period of one month. All the necessary medication for chronic diseases were provided by the project for the whole duration of implementation. CARE has regularly monitored the quality of NCD medications given the doctors. Project beneficiaries reached under this output are 5,895 (3,723 F & 2,172 M) individuals are reached through medical consultations and laboratory tests and according to regular monitoring and endline evaluation findings, patients interviewed reporting improved access to specialised health services by 92% compared to the 45% baseline values as well as PHCC staff claims that rate supply and quality of medication is “very good”.

2. *Result 2: Women and girls have improved access to Sexual Reproductive and Maternal Health (SRMH) services*

The awareness sessions for pregnant and new mothers is the most well perceived activity for the beneficiaries (direct and indirect). The access to the professional support and equipment has also increased. The positive trend is 69% (baseline value was 43%) of the mothers prefer breast milk as compared to the powder/industrial milk because they are aware about the benefits of mother milk and breast feeding for both mother and child.

The accessibility and knowledge of the mothers have resulted in better health of the newborns. 75% of the newborns are within the ideal weight bracket, however, after 3 months, the weight of the newborn is less than the ideal weight

Based in Zummar PHCC records; 6,098 women individuals of different ages and adolescent girls are reached through sexual reproductive health care services, including; 1,522 of pregnant women of different ages and adolescent girls are reached through maternity unit.

3. Result 3: Improved capacity of Project/PHCC staff and community resource persons to identify and address protection issues

Based in Zummar PHCC records; 6,421 (4,309 F & 2,112 M) have benefited and Improved capacity of medical staff and community resource persons to identify and address protection/gender issues affecting most vulnerable families/individuals in the community through a multi-faceted approach.

CARE team trained 27 males PHCC staff on Gender Equality and GBV components. CARE Field based staff and community volunteers on PFA were trained and the main objective of the training session was to: raise awareness about gender equality, introduce the CARE International Prevention of Sexual Exploitation and Abuse & child safeguarding policies; and the importance of gender mainstreaming in health & protection activities and the root\ factors causes of gender inequality including safely and confidentially referring cases of GBV in a timely manner in accordance with referral pathways SOPs in Iraq. Overall training has been conducted to medical staff, CARE Field based staff and community volunteers and according to endline evaluation and the regular monitoring visits conducted 86% of the participants remained active and worked with CARE activities.

CARE has organized different types of trainings on protection, GBV and gender equality components including GBV and gender mainstreaming into other health and SRMH activities for PHCC team and other powerful and active stakeholders such as tribe\religious leaders and other INGOs in Zummar and surrounding villages, according to endline evaluation and the regular CARE's monitoring pre and post-tests among the training participants claiming that 89% (compare the baseline value 53%) of the participants reporting that their knowledge of protection and gender issues are "improved"

4. Result 4: returnee and host populations have improved access to protection services.

Based on regular project monitoring data; 6,421 (4,309 F & 2,112 M) returnees and host populations have improved their access to protection and benefited from the services.

The project team carried out baseline assessment to explore the root cause\ factors of GBV and challenges for accessing service providers among the targeted community. CARE team used the updated service mapping to refer cases to the relevant authority in a timely manner as well as disseminated the information during field mobilization with those people who had limited mobility movement and were in a vulnerable position. Awareness-raising at the community level on combating and preventing S\GBV and provision of information on S\GBV services. Moreover; according to end line evaluation and the regular monitoring visits among the beneficiary's communities' members reporting that 87% "improved" access to protection services.

End line evaluation conducted among children and women beneficiaries of child friendly spaces result shows, 94% of the participants reporting satisfied with the provided safe space and requesting a bigger space to host a bigger amount of people as the demands is increasing to have spaces.

RELEVANCE

Key Evaluation Question: Were the interventions chosen in line with local priorities and were they the most appropriate and relevant for improving maternal and child health, taking into account the operational environment and the overall context?

Before the implementation of this project, people were suffering from serious health issues due to non-availability of equipment, medicine, trained staff and lack of accessibility at Zummar PHCC. According to the respondents of FGDs the PHCC needed minor rehabilitations and equipments. There was lack of medicines for ante-natal and post-natal care, supplements for mothers and children.

During the project the major interventions were improving the maternal and child health with the provision of soft and hard components; training and awareness sessions as soft component and minor rehabilitation of PHCC, equipping with technology, provision of medicines, supplements and contraceptives to beneficiaries served as hard components for the project.

The finding highlights the situations of maternal and child health issues and shows that before the start of the project the beneficiaries were vulnerable and required ante and post-natal care as the most needed intervention. 49% of the respondents were the witnesses of miscarriages (one miscarriage may be witnessed by multiple respondents) and among many reasons' anemia came as the most highlighted one. According to the respondents, mothers suffered anemia among which 69 % during pregnancy and 66% cases after childbirth. Therefore, the interventions were the most relevant and required for the community.

There is an increase in number of people, who started attending Zummar PHCC after the project intervention. Now, the services provided to the Zummar PHCC catchment area has encouraged the community to visit the PHCC. There is an increase of 56% in respondents who had started attending the PHCC after child delivery. This is due to the extension of the PHCC operating hours through the afternoon to specifically cater for NCD medical consultations by collaborating with practitioners or specialist doctors from DOH Ninewa and other trained staff to diagnose and follow-up on NCD patients. 90% of respondents claimed having access to maternity unit services with the required medication and medical consumables. Moreover; 73% of respondents received "all essential medicines" (pregnant women and newborns as well as contraceptive), while 9% indicated "Some medicines Received", followed by 18% reported "No medicine received" from Zummar PHCC. Dissatisfied respondents' complaints about not having enough quantity of Vitamin D, contraceptives and nutritional supplement.

83% of respondents of survey prefer Zummar PHCC for child delivery as it is the place from where they can now get required medical care. Most of the respondents like the services of awareness sessions, contraceptives and supplements which were made available with the project interventions. The people also mentioned about the improved cleanliness of the PHCC, however, this area needs further improvement especially for toilets which was beyond CARE's intervention. According to head of PHCC, during the project there were many interventions, which were requirement of the time, and these services has given community hope to attend PHCC. Provision of supplements and awareness sessions to the community have also led more women to attend PHCCs.

Child Health Care:

The evaluation was also intended to observe current health situation of children. children are divided among three age groups, which are; newborn (neonatal), up to 6 months and up to 12 months. The survey results show that, during the intervention, because of the services provided by maternity unit in Zummar PHCC for children, the newborn children attain ideal weight. This shows that the community is aware about ante-natal care as 83% (309 out of 372) of new-borns (born during the time period of November 2019- July 2020)⁴ are healthy with weight between

⁴ Zummar PHCC records

or above 2-4 kg. The increase in the child age the care for her/his health decreases. 33% (18 out of 55 with 6-month's old children) and 42% (26 out of 62 mothers with 1 year's old child) found to be under weight.

Sources of information about PHCC/project services:

The chart below shows the connectivity of CARE’s project team with the community that will result in better relationship with them. The project staff and PHCC were the major sources of information for the beneficiaries about the health services provided by PHCC through the project. Community engagement is a major element of sustainability of any organization and increasing trust among the community.

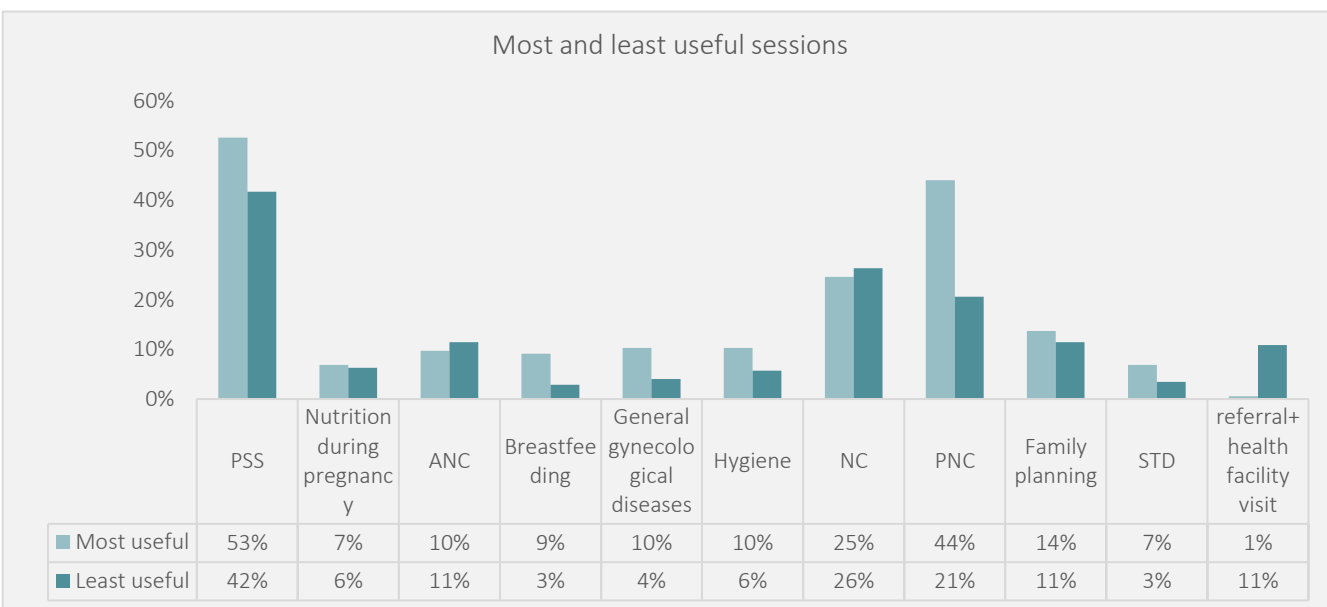
Health awareness session

The respondents were asked to indicate if they had received and satisfied with the health information session conducted by CARE. Overall, of the survey participants, 63% (n=175) of the respondents stated that they received health information session, and all reported that the sessions were useful.

The following questions were only asked to the respondents who attend the session. Among the respondents who reported not having attended the health education session (n=105), significant proportion of participants, 62% (n=63) reported that they were not aware about the session whilst, 29% (n=30) were aware but did not have time to attend. However, 9% (n=9) were not interested in the topic. Majority of respondents 97% (n=169) who attended the session said that the topics were relevant and useful to them.

The respondents were enquired to indicate the most and least useful sessions they received. The result of this question shows that 53% (n=92), post-natal care (PNC) 44% (n=77), and anti-natal care (ANC) 25% (n=43) were the highest most useful topics for the respondents. On the other side, PSS 42% (N=73), natal care (NC) 25% (N=46) and PNC 21% (N=36) were least useful topics mentioned by the respondents. Other topics were also mentioned but were not among the highest percentages.

Of total (175 participants) who are attended the sessions, majority of respondents 78% (n=137) were satisfied with the health awareness service provided to them. 21% (n=37) were somehow satisfied and only 1% (n=1) not satisfied.

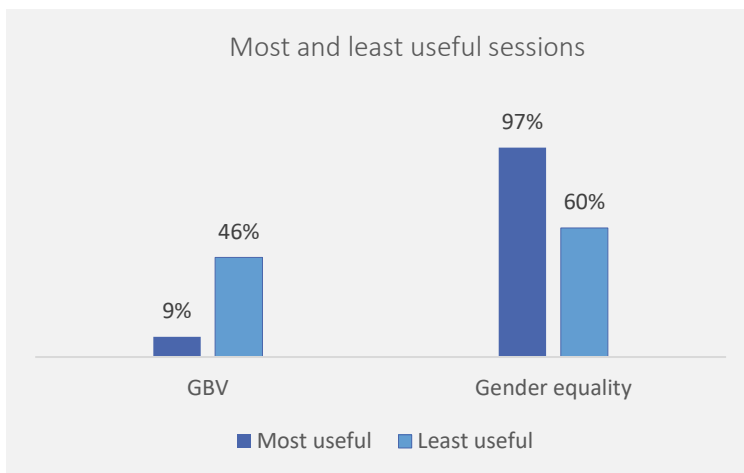


Gender awareness session

The respondents were asked to indicate if they received gender awareness session. A higher proportion of respondents 66% (n=182) stated that they attended gender awareness session with 98% (n=179) reporting that the session was useful and 2% (n=3) reporting the session was not useful.

34% (n=95) respondents who did not attend the session were asked to indicate the reason. Majority of these respondents 58% (n=55) reported that they were not aware about the session whilst, 35% (n=33) were aware but did not have time to attend. 7% (n=7) of those who attended the session said that they were not interested on the topics.

The respondents were enquired to indicate the most and least useful sessions they received. The result of this question shows that gender equality 97% (60% F, 37% M) (n=177) was the highest most useful topics for the respondents. Gender equality 60% (n=109) was meanwhile considered the least useful topics for respondents. 82% (n=150) of respondents were satisfied with the gender awareness service and only 18% (n=32) were not. 52% (n=144) of respondents were aware of the CARE'S beneficiary feedback mechanism, whilst 42% (n=133) were not. 66% (n=184) of respondents said that they were aware of health services provided in the area.

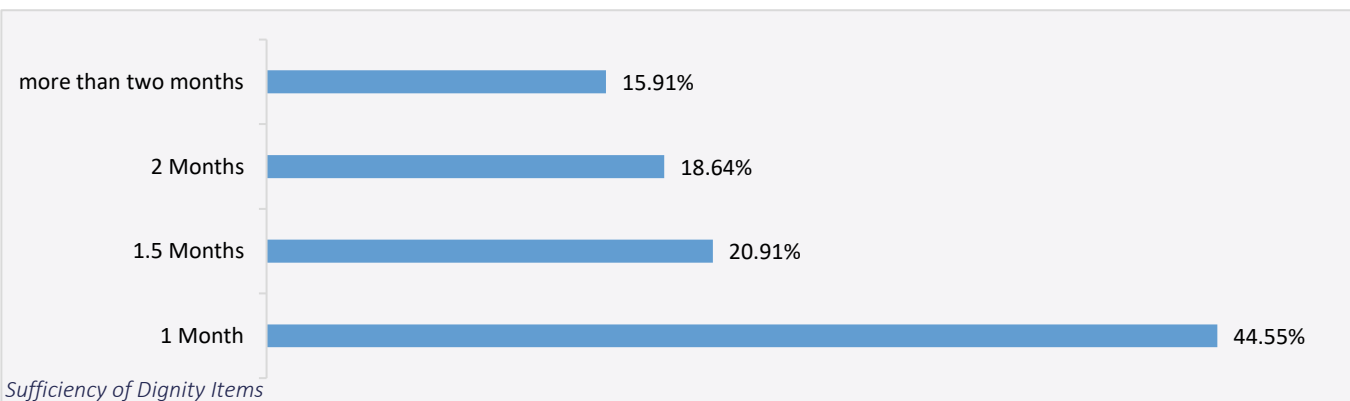


Dignity kits distribution:

CARE distributed 400 dignity kits packages to women and girls of reproductive age, including GBV survivors and vulnerable women and adolescent girls based on pre identified criteria. The distribution of dignity items provided an opportunity to meet and speak to women and girls of various ages including women and girls with disabilities, share information, and better understand their concerns. To mitigate the risk increasing the vulnerability of women, adolescent girls identified as eligible, a safe and confidential referral pathway established with the protection actors working in Zummar and CARE consulted the affected population on their preferred channel of distribution, taking into account access needs for people with disabilities (PWD).

Results from PDM conducted in July 2020 shows when asked about their overall satisfaction with the distribution modality, on average, majority of the women beneficiaries 95% reported being fully satisfied with the distribution process and indicated that the process was fair for everyone. 5% stated that the distribution process was somewhat satisfactory but could be improved upon. The reason was that some of beneficiaries didn't follow the distribution instructions, causing delays in the process and overall, longer waiting for beneficiaries. Moreover; 98% of the women beneficiary respondents reported being satisfied with the content of dignity kits distribution, the modality applied and helped them meet their basic dignity needs.

Regarding quantity of dignity items, (44%) of respondents claimed received items were sufficient for a period of one month, while (21%) stated for 1.5 month, the remaining (18%) agreed with 2 months, and 16% more than two months, based on respondents answers it indicates that overall items were sufficient for period of 1 month. The



respondents were asked to rate the quality of dignity items received. Almost all with (98%) of respondents rate the items as “very good”, and only one percent of respondents (2 respondents) were rated the items as just good quality and there is no item with bad quality based on respondent’s believe.

IMPACT

Key Evaluation Question: What were the intended and unintended, positive and negative, intermediate and long-term outcomes of the interventions?

Both Host community and returnees have positive views about the living conditions as results of the survey shows positive responses of the beneficiaries regarding the sustainable security in Zummar sub-district. CARE’s provision of medical equipment, rehabilitation of the facility, pharmaceuticals and supplies have greatly capacitated the PHCC contributing to increased community preference of seeking health care from the facility. According to respondents, PHCC contains best health practitioners in the area, one of the project intended output, as confidence level of people in PHCC especially for SRMH services has increased. Now, according to the community representatives, even if the security situation gets bad, the community will not stop visiting PHCC for maternal and child health care.

Perceptions of breastfeeding are much higher than the practice. The women may opt not to breastfeed the child because of various reasons including low or no milk supply, use of medication or disease or body image issues etc.

Impact of Awareness Sessions:

Among all the female respondents 92% agree with the statement that "*breast feeding is good as compared to industrial milk*" and among them 86% were those respondents who had attended awareness sessions during this project. The learning and increase in knowledge through awareness sessions is long lasting and this learning could be replicated in the community. Therefore, it can be conveniently said that the knowledge and learning provided to community will have the longest-term impact.

Very positive response received from the respondents about the awareness sessions on birth control. 96% respondents think that it is good practice to be adopted in daily lives. Among these respondents, 89% had attended the session and found it useful. Among all the indirect beneficiaries, 85% found these sessions useful and encouraged such sessions.

Lack of blood (Anemia) is the most common health issue in the mothers. If medicines provided by the project are not available in the PHCC, women can't buy them from the private medical stores. Therefore, awareness should be raised to use dietary methods for combating such issues. These are more sustainable and will have greater impact on the health of household.

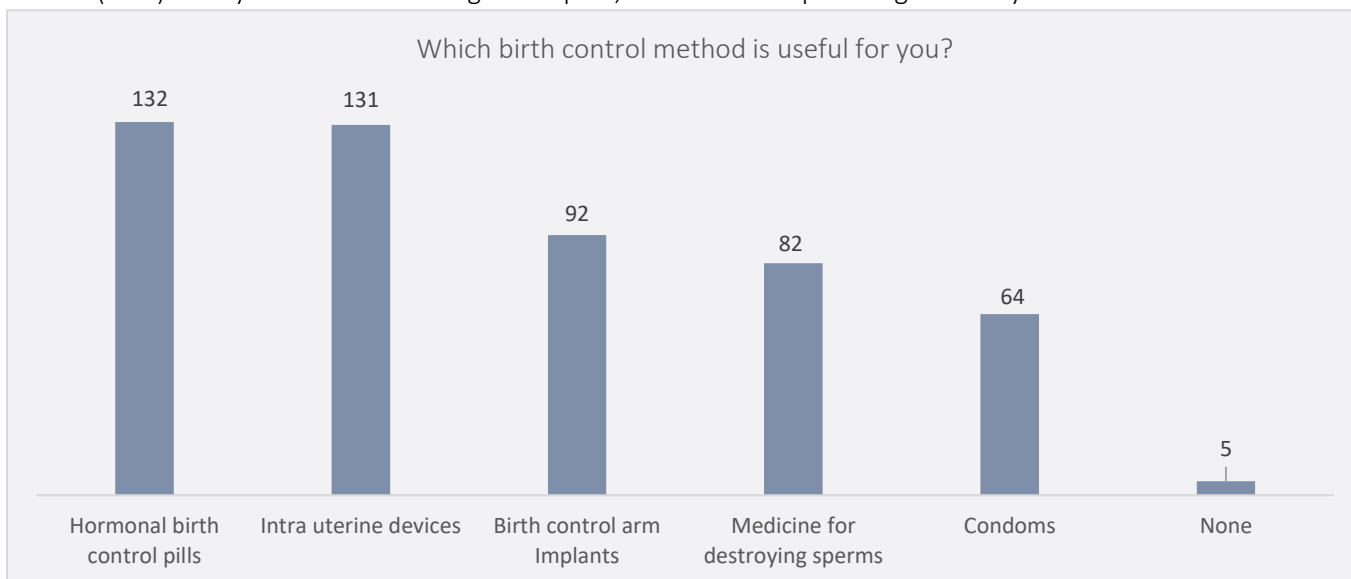
Impact of sessions on birth control and family planning:

The pie-chart below demonstrates that only 12% (11% female and 17% male of total respondents) of the respondents did not like any birth control method which were made part of awareness sessions and symposiums done by CARE. The most acceptable birth control method is hormonal medicines and intra-uterine contraceptive devices (IUCD) and these two methods were also the focus of second symposium done by CARE-International. 67% of the male members of the targeted areas like the hormonal birth control (Oral) method and none of them like condoms as the good birth control method.

Impact of providing equipment, rehabilitation of infrastructure

CARE has provided equipment, furniture and also done minor rehabilitation of Zummar PHCC and Delivery unit is also supported with furnishing of all the required equipment. The equipment purchased is of best quality with warranty of one year and half. CARE is also providing the related supplies. This hard component has an average life of three to five years, apart from renovation with long-term life. CARE has also trained the PHCC staff on using the

equipment, which can be grouped as soft component. The combination of this hard and soft component will have greater long-term impact on the community as a whole. The application of the skills acquired and use of equipment and infrastructure will continue to benefit the community in the years to come. However, the role of directorate of health (DoH) is very critical for ensuring the impact, which is the supervising authority of PHCC.



SUSTAINABILITY

Key Evaluation Question: Which aspects/components of the interventions implemented have contributed to connectedness to longer-term interventions and sustainability beyond the project period? Are skills gained/inputs provided by the project likely to continue being used after the project closure?

Both hard and soft components of this project are contributing to project objective which aims to Increase access to quality and equitable health care and protection services for conflict-affected populations in Zummar sub-district. The benefits of these two components will sustain from medium to longer term.

The soft component to raising awareness about gender and protection topics, health, nutrition, ante and post-natal care, family planning and birth control, PHCC staff along with hard component of providing dignity kits, medicine & furniture and minor rehabilitation will benefit the population of catchment area long after the end of the project. The skills and awareness will be replicated in the community contributing to increased health seeking behaviour – where people will tend to find appropriate remedy in case, they have health problems.

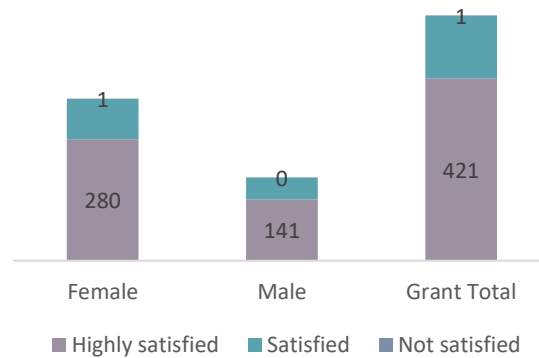
Enhanced skills of PHCC staff

The training that CARE provided during this project had very good perceptions among the PHCC staff. According to PHCC staff, these services had increased their knowledge and build their skill. 74% of the PHCC staff “highly agreed” with the quality of knowledge and skill gained as a result of capacity building training sessions offered during the project period. Remaining 25% “agreed” that the training provided by CARE contributed to gain knowledge.

The PHCC and DoH staff requested the intervention to be replicated in other areas seeking the support. According to PHCC staff, these services are the best and timely. None of the staff in all the PHCC has any negative opinion about the project.

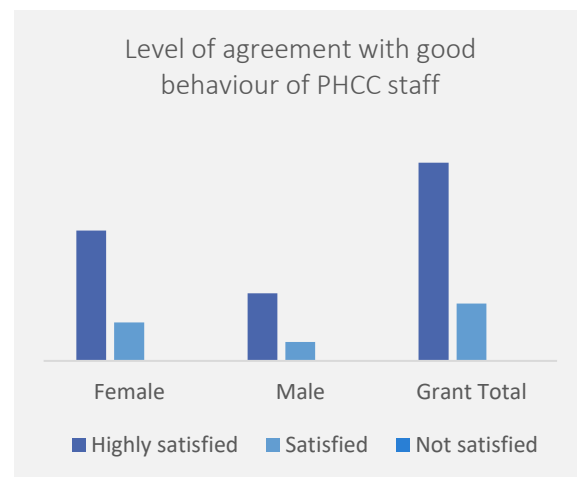
Satisfaction Level of Beneficiaries with the services provided by PHCC staff:

People who are availing the services provided by PHCC are "highly satisfied" or "satisfied" with the services provided by the PHCC. The below figure shows the satisfaction levels of community with the services provided. 94% (n=397) of the respondents has confidence on the services of PHCC staff provides to them includes, ante-natal care, post-natal care, neo-natal care, vaccination, blood test, ultrasounds, provision of medicines and supplements to patients (men, women and children) and awareness/consultation sessions as well as distribution of dignity kits and child friendly spaces in the PHCC. Therefore, the project has created a very good image of PHCC services based on the perceptions of population who are direct and indirect beneficiaries of the project.



Communities' perception on the behavior of PHCC staff

During the project, behavior of PHCC staff was satisfactory (72%) as mentioned in the patient satisfaction and post distribution monitoring report of CARE. . There is increase in the perceptions of beneficiaries as now 99% of the beneficiaries are either very satisfied or satisfied with the behavior of PHCC staff. Beneficiaries are confident that 91% of the staff working in PHCC has right kind of knowledge and skills to further ensure such practices, PHCC management and/or DoH should randomly and consistently monitor the performance of their staff that are in direct contact with beneficiaries and, after extensive need assessment, training could be arranged to fill the tracked gap.



CARE's Complaints and Feedback Response Mechanism

All project activities were guided by protection principles; including 'Do No Harm', equal access to impartial assistance and services, accountability to beneficiaries, participation, and empowerment. The target population, including PWDs, has been consulted since the inception of the project to ensure interventions respond to demonstrated needs in selection of dignity beneficiaries, and types of intervention. Posters and banners containing information about the project objectives and ways for community members to participate in activities are on display at project site and in public spaces. During community awareness meetings, project information, including objectives, is shared with beneficiaries, as well as information about how to provide feedback.

In line with the Core Humanitarian Standard (CHS), Commitment 5, complaints and Feedback Response Mechanism (CFRM) was placed at project sites in Zummar sub-district. Feedback were gathered through toll-free hotline (80010170), and feedback boxes at the PHCC. To encourage its use, project team in consultation with MEAL team socialized the CFRM within communities, informing communities of their existence, usage modalities, and response mechanism.

Data collected through the CFRM was regularly consolidated and analysed to identify trends and is used to inform decision-making and program adaptations. If the complaint was categorised as serious, it is separated and escalated to senior staff. Other routine operational complaints, however, are conveyed and attended to by Health program manager and MEAL coordinator with appropriate training and knowledge of the subject matter. Confidentiality was

always upheld, regardless of severity of the complaint. MEAL officer provided feedback to complainants by phone or directly.

During the project period, 321 complaints and feedback were received, more than 85% through hotlines, 10% through face to face interviews and only 5% through complaints/feedback boxes. Majority of feedback were about requests for information at Zummar PHCC about COVID-19; how individuals can protect themselves and where they can obtain PPE. Other feedback from PHCC included requests for information about vaccines, as well as contraceptives and baby and dignity kits. While CARE is providing medication and services requested, further follow-up revealed some administrative challenges at the PHCC; some PHCC staff were leaving work early, thus patients were unable to obtain medication from the pharmacy or visit the dental clinic.

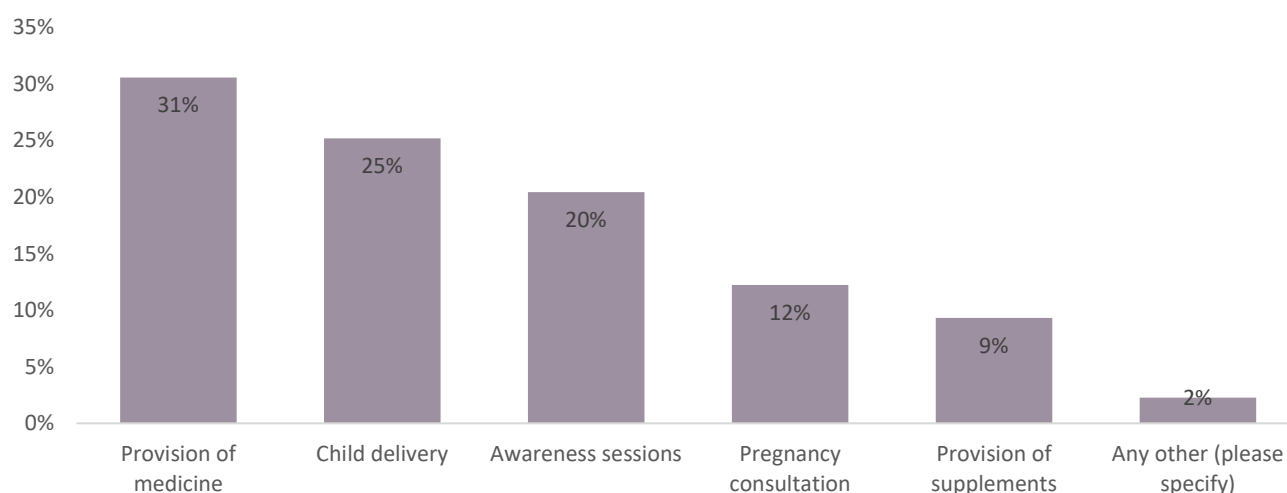
Beneficiaries were asked whether they were aware of CARE's CFRM in their area; 80% of respondents stated being aware of CARE's toll-free hotline and are visited by community health volunteers (CHVs). Of these; 77% reported being satisfied with the response been given by CARE. However; 20% of beneficiaries have either very limited knowledge on how to use the system.

6. OVERALL SUCCESS OF THE PROJECT

The success of any project is determined by its efficiency, effectiveness and impact of its interventions. The project implemented by CARE has been successful. The main success factors are listed below:

- Engagement with community and communicating the message related to birth control and family planning was a challenge in the conservative society of targeted project location. These topics were considered as taboo and against the cultural and religious norms in the society. The project staff has managed to conduct awareness sessions and 6,098 (152 Boys, 217 Girls, 2,940 Women and 2,789 Men) beneficiaries benefited with women and men about birth control and family planning, gender-based violence (GBV), gender equality and also distributed contraceptives in the community. Findings shows that 96% respondents think that awareness sessions on birth control is a good practice to be adopted in daily lives. Among these respondents, 89% had attended the session and found it useful. Among all the indirect beneficiaries, 85% found these sessions useful and encouraged such sessions.
- Increasing the knowledge of pregnant women about herself and newborn child have added to their traditional knowledge. In other words, the traditional knowledge is adjusted according to the latest medical and health practices. This knowledge can be replicated and transferred to the next generation.
- Through the continuous engagement of project staff with communities, trust has been gained, (at many instances during the data collection for example), their efficiency, good behavior and good reputation was praised by the community members.
- The below figure demonstrate that the Provision of medicine and Child delivery room are the most acceptable services provided during the project. And followed by awareness raising sessions which are also consultative session on ante/post-natal care, child care including nutritional care and importance of contraceptives, as well as Gender based violence (GBV) and gender quality so with the interventions of this project both direct and indirect beneficiaries had started visiting PHCC for the consultations. People are now demonstrating their interest in health seeking behavior after their return as previously they were more concerned about livelihood and shelter. This project had made difference in improving the perceptions of beneficiaries regarding care for their health.

Most useful services as identified by beneficiaries



7. CONCLUSIONS

- The objectives of the project have been met. The health care and protection need remain still high in the target area.
- The interventions chosen by the project were in line with local priorities and were the most appropriate and relevant for improving maternal and child health. The activities were highly acceptable by the community and services provided in the PHCC was highly appreciated by the community.
- There is no considerable negative outcome of the project. However, due to the provision of supplements for children, mothers thought it to be the alternate of breast feeding. This negative outcome was slightly seen as some of the mothers, 31%, perceive industrial or powdered milk as appropriate diet for children.
- The provision of training and equipment will have a long-term effect on the maternal and child health.
- The increase in knowledge of mothers through awareness raising sessions on child health care, family planning and expectants/mother's health care will have rippling effect.
- Capacity of project staff, engagement with government authorities and community, professionalism of CARE management contributed to the achievement of desired results. It is catalysed by efficient planning (programmatic and non-programmatic) and implementation.
- Directorate of health is not in position to provide quality health care services to the community. The community is mostly comprised of returnees. therefore, the project was very timely and appropriate. Cost effectiveness is only assessed as the services being provided by PHCC, including lab tests, are much cheaper than the market prices.
- Capacity building of PHCC staff including CHW played a vital role in achievement of project objective. the component of trainings should be bigger in the future projects, especially for CHW because of their penetration and linkages with the community.
- The sustainability of inputs provided by the project highly depends on the financial, technical and operational support form DoH.






8. RECOMMENDATIONS






- Due to protracted crises, the continuity of the project is significant to sustain the benefits to the community.
- Ensure sharing information that is accessible by and appropriate for all members of the communities, including women, girls, boys, elderly, people with disabilities, those with low literacy rates or who belong to the linguistic minorities
- Work with community-based structures and especially gate keepers (community leaders) to launch a dialogue on men and masculinities, provide information on GBV and Gender Equality as a Human Right.
- Lobby with the child protection cluster and the Ministry of Education and other relevant sectors for improved access to quality education for girls and boys. While access is being emphasized for both, more effort is required as both girls and boys express their ambition to attain higher-level education.
- To ensure the sustainability of benefits, advocacy with the DoH is significant. There must be a component of advocacy in future projects. In addition, including advocacy component to new projects as a holistic approach to promote rights of crisis affected population would benefit. This can be done by establishing partnerships with organisations specialized in advocacy in emergencies.
- The community-based organizations (CBOs) should be strengthened through capacity building initiatives for them to assist GBV survivors and make referrals to specialized services. CBOs can play a vital role in sustainability of benefits to the community by providing volunteer services for hygiene promotion, referrals and other related services.
- CARE should increase its reach to people with disabilities to ensure the needs of the most vulnerable are addressed.
- Offline video tutorial should be developed and shared with PHCC staff so that any new staff can get training from this tutorial. The tutorial should cover all the areas of services being provided by PHCC.
- Lobby with the child protection cluster and the Ministry of Education and other relevant sectors for improved access to quality education for girls and boys. While access is being emphasized for both, more effort is required as both girls and boys express their ambition to attain higher-level education.
- The evaluation found complaint boxes at PHCC, but beneficiaries have limited knowledge on how to use the system. It is recommended to improve the existing complaint mechanism to orient project staff and beneficiaries on its modus operandi on how to launch a complaint and how to manage it at different levels.





Annex A –Project Logframe Matrix &. Updated July 2020




✓	Target is reached (100% or above)	✗	Target is not reached (0-50%)
○	Target is partially reached (50-100%)	?	Data not available to draw conclusion




INTERVENTION LOGIC	INDICATORS	TARGET	BASELINE	ENDLINE STATUS	RESULTS	DATA SOURCES
OVERALL OBJECTIVE: Increase access to quality and equitable health care and protection services for conflict-affected populations.	% of men, women, girls and boys utilising health and protection services supported by the project.	85%	40%	Endline evaluation findings shows that among Zummar PHC catchment area populations, almost 92% of the catchment area populations claiming improved access to specialised health services, such as; regular morning and afternoon shifts of NCD services, having available required medications and laboratory tests and doctors.	✓	Endline evaluation, July 2020
	# of men, women, girls and boys utilising health care and protection services supported by the project.	11,569	0	13,904 (8,996 F & 4,908 M) individuals are reached through health care and protection services provided by the project	✓	MEAL plan and Project monitoring report
RESULT 1: Patients with non-communicable diseases have improved access to quality health care services through Zummar primary health care (PHC) centre	% of the targeted NCD patients interviewed reporting improved access to specialised health services to meet their needs in Zummar PHCC.	85%	45%	After proper evaluation of the patient by the DoH medical team and prescription of medication by the specialist doctor in the extension afternoon hours, patient then was given the necessary medications for their condition for period of one month. All the necessary medication for chronic diseases were provided by the project for the whole duration of implementation. CARE has regularly monitored the quality of NCD medications given the doctors and endline evaluation findings shows, patients interviewed reporting improved access to specialised health services by 92% as well as PHCC staff claims that rate supply and quality of medication is “very good”	✓	Endline evaluation, July 2020
	# of beneficiaries reached through medical consultations and laboratory tests.	3,839	1,103	5,895 (3,723 F & 2,172 M) individuals are reached through medical consultations and laboratory tests	✓	MEAL plan and Project monitoring report

INTERVENTION LOGIC	INDICATORS	TARGET	BASELINE	ENDLINE STATUS	RESULTS	DATA SOURCES
Activity 1.1: Assess NCD medication in conjunction with medical staff/management and Directorate of Health for Ninewa.	# of NCD medication and cold chain needs assessment conducted.	1	0	1 NCD medication and cold chain assessment conducted at the beginning of the project by health team to identify medical needs in Zummar PHCC.		NCD assessment report
	# of beneficiaries receiving NCD medication regularly.	750	0	746 patient individuals regularly received NCD medications from Zummar PHCC		MEAL plan and Project monitoring report
Activity 1.2: Extending the Zummar PHCC operating hours through the afternoon to specifically cater for NCD medical consultations by collaborating with practitioners or specialist doctors from DOH Ninewa and other trained staff to diagnose and follow-up on NCD patients.	# of average daily NCD consultation provided with treatment during the extended working hours in Zummar PHCC.	13	0	Zummar PHCC Non-communicable diseases unit received daily average of 30 consultations in the morning hours. Moreover; CARE with this activity aimed to extend working hours to afternoon. As a result, 16 consultation in the afternoon shift on daily basis were provided by specialised doctor due to high demands on NCD.		PHCC records, MEAL plan and Project monitoring report
Activity 1.3 Provide essential medicine for the NCD programme based on established patient caseload and need for a 9-month period.	The PHCC in Zummar is equipped with essential NCD medicines.	Yes	N/A	Based on the NCD assessment finding lists, the essential NCD medicines and cold chain needs which was approved by DoH, were supplied on timely basis to the Zummar PHCC for regular treatment of NCD.		
RESULT 2: Women and girls have improved access to Sexual Reproductive and Maternal Health (SRMH) services	# of women of different ages and adolescent girls benefiting from sexual reproductive health services.	5,880	0	6,098 women individuals of different ages and adolescent girls are reached through sexual reproductive health care services		PHCC records, MEAL plan and Project monitoring report

INTERVENTION LOGIC	INDICATORS	TARGET	BASELINE	ENDLINE STATUS	RESULTS	DATA SOURCES
Activity 2.1: Zummar PHCC maternity unit is provided with the required medication and medical consumables.	# of pregnant women of different ages receive ANC, PNC and FP from Zummar PHCC maternity unit.	1,470	148	1,522 of pregnant women of different ages and adolescent girls are reached through maternity unit.		PHCC records, MEAL plan and Project monitoring report
Activity 2.2: Women of childbearing age benefit from SRMH awareness sessions.	# of women of different ages benefiting from SRMH awareness messaging in the PHCC and outreach activities.	5,880	1,950	6,098 women individuals of different ages and adolescent girls are reached through SRH awareness messaging.		PHCC records, MEAL plan and Project monitoring report
RESULT 3: Improved capacity of Project/PHCC staff and community resource persons to identify and address protection issues	% PHCC and field project staff reporting "improved" knowledge of protection\gender issues.	85%	N/A	CARE has organized different types of trainings on protection, GBV and gender equality components including GBV and gender mainstreaming into other health and SRMH activities for PHCC team and other powerful and active stakeholders such as tribe\religious leaders and other INGOs in Zummar and surrounding villages, according to endline evaluation and the regular CARE's monitoring pre and post-tests among the training participants claiming that 89% of the participants reporting that their knowledge of protection and gender issues are "improved".		Endline evaluation, July 2020
Activity 3.1: Train project staff and community mobilizers to provide basic counselling services and facilitate basic, and culturally sensitive group therapy sessions.	# of trained project staff and community mobilizers on PFA.	8	0	10 Project staff, PHCC staff and community mobilizers have been trained on Psychological first Aid (PFA) in February 2020.		Training attendance records
	% of PFA trained staff remain active in their roles.	75%	N/A	CARE team trained 27 males PHCC staff on Gender Equality and GBV components. CARE Field based staff and community volunteers on PFA were trained and the main objective of the training session was to: raise awareness about gender equality, introduce the CARE International Prevention of Sexual Exploitation and Abuse & child safeguarding policies;		Endline evaluation, July 2020

INTERVENTION LOGIC	INDICATORS	TARGET	BASELINE	ENDLINE STATUS	RESULTS	DATA SOURCES
				and the importance of gender mainstreaming in health & protection activities and the root\factors causes of gender inequality including safely and confidentially referring cases of GBV in a timely manner in accordance with referral pathways SOPs in Iraq. Overall training has been conducted to medical staff, CARE Field based staff and community volunteers and according to endline evaluation and the regular monitoring visits conducted 86% of the participants remained very active and worked with CARE activities.		
Activity 3.2: Organise prevention of sexual exploitation and abuse (PSEA) scheme trainings for project staff.	# of CARE field-based staff attended PSEA training	10	0	10 Project staff, PHCC staff and community mobilizers have been trained on Prevention of sexual exploitation and abuse (PSEA)) in February 2020.		Training attendance records
Activity 3.3: Awareness sessions on gender equality and GBV for PHCC staff and community members by conducting group sessions.	# of target beneficiaries attended FGDs on Gender Equality, GBV and women's rights	5,880	0	6,421 (4,309 F & 2,112 M) individuals reached through Gender Equality, GBV and women's rights.		awareness tracker, MEAL plan and Project monitoring reports
Activity 3.4: Provide dignity kits to be distributed to SGBV survivors and most vulnerable\affected women\girls.	# of dignity kits provided to most vulnerable and affected people	400	0	400 women are identified and reached through distribution of dignity kits to GBV survivors and most vulnerable and affected women and girls in Zummar.		Dignity kits distribution list records
Activity 3.5: Refresher training for project staff on Gender-Based Violence Information Management System (GBVIMS), appropriate referral pathways,	# of CARE field-based protection staff trained on GBVIMS GBV SOP, children safe gardening, communication skills	6	0	8 CARE Field-based protection staff trained on GBVIMS GBV SOP, children safe gardening, communication skills on May 2020.		Training attendance records

INTERVENTION LOGIC	INDICATORS	TARGET	BASELINE	ENDLINE STATUS	RESULTS	DATA SOURCES
SGBV standard operation procedures, children safe, communication skills and psychological first aid (PFA).						
RESULT 4: Local returnee and host populations have improved access to protection services.	% of targeted beneficiaries reporting "improved" access to protection services	85%	15%	The project team carried out baseline assessment to explore the root cause\factors of GBV and challenges for accessing service providers among the targeted community. CARE team used the updated service mapping to refer cases to the relevant authority in a timely manner as well as disseminated the information during field mobilization with those people who had limited mobility movement and were in a vulnerable position. Awareness-raising at the community level on combating and preventing S\GBV and provision of information on S\GBV services. Moreover; according to endline evaluation and the regular monitoring visits among the beneficiary's communities' members reporting that 87% "improved" access to protection services.		Endline evaluation, July 2020
Activity 4.1: Identify protection needs in the community through protection field monitoring tools while conducting outreach activities.	Protection needs assessed through field monitoring and safety audit (observation) as well as through community consultation	N/A	N/A	Monthly field monitoring visits were conducted by protection team throughout the project period to project locations to identify project needs and take necessary actions.		Monthly field monitoring visits records
Activity 1.4: Roll out satisfaction survey among doctors and patients after each medication delivery to ensure continued relevance of distributed items and modality applied.	% of beneficiaries satisfied with distributed items and modality applied.	90%	0	97% (57% fully satisfied and 40% somehow satisfied) of Zummar patient satisfaction survey respondents were satisfied with distributed items and modality applied as well as those who rate the service provided positively at the time of discharge.		Zummar PHCC satisfaction survey, April 2020

INTERVENTION LOGIC	INDICATORS	TARGET	BASELINE	ENDLINE STATUS	RESULTS	DATA SOURCES
Activity 4.2: Ensure provision of a safe space for women and child friendly space for boys and girls in the PHCC with a trained protection staff to facilitate group or individual counselling sessions and material for occupational therapy (e.g. art supplies, games/toys for children, etc.).	# of children and women reached through counselling sessions	1,450	0	1,751 (329 F & 1,422 M) children and women reached through counselling sessions throughout the project period.		awareness tracker, MEAL plan and Project monitoring reports
	% of the targeted children/women satisfied with provided safe space.	85%	0%	Endline evaluation conducted among children and women beneficiaries of child friendly spaces result shows, 94% of the participants reporting satisfied with the provided safe space and requesting a bigger space to host a bigger amount of people as the demands is increasing to have spaces.		Endline evaluation, July 2020
Activity 4.3: Update existing referral pathways for protection issues; disseminate information through the PHCC, community outreach activities to the beneficiaries to be aware about which I\NGO is providing what, where and when as well as sensitise information to local partners/cluster.	Referral pathways for protection updated information shared with beneficiaries	Yes	N/A	At the beginning of the project, the referral pathways for protection information is fully updated and shared with beneficiaries to rely on when they require relevant services.		Referral pathway records