Template Annual Progress Report for implementing partners

1. GENERAL INFORMATION	
Applying organisation	Terre des hommes Foundation, Lausanne
E-mail address of the organisation	info@tdh.ch

2. PROJECT INFORMATION	
Name of project	Emergency COVID-19 pandemic adapted WASH, Protection, and Basic Needs Assistance for vulnerable returnee and/or IDP communities in post-conflict Iraq
Duration of project	7 months
Starting date	01/06/2020
Ending date	31/12/2020
Project budget (in total and contribution from the Netherlands)	Not disclosed

I. Annual Progress (maximum 3 pages)

IMPROVING PROSPECTS FOR REFUGEES AND VULNERABLE HOST COMMUNITIES*

Overall objective: To prevent the deterioration of the health outcomes and dignity of vulnerable returnee households due to the spread of the COVID-19 pandemic in Iraq *(location not disclosed)*.

Outcome level	Indicator	Target at the end of the program	Actual Reached Jun-Dec 2020	Overall Target Vs. Achievement
OUTCOME 1: To reduce protection risks among vulnerable returnee households and children in undisclosed location.	**Outcome indicator 1.1:** % of children and adolescents identified with protection concerns who benefitted from social assistance services directly and/or through referral with a positive outcome (f/m, r or IDPs/HC).	75%	97%	129%
Output 1.1: Children and adolescents	**Output indicator 1.1.1:** Number of children and	175	180 (88 girls, 92 boys)	103%

with increased protection concerns due to COVID-19 are identified and are directly supported and have access to required services.	adolescents with urgent protection concerns directly supported by Tdh Case workers.			
	Output indicator 1.1.2: Number of children and adolescents with protection concerns amongst recently returned IDPs directly benefitting from individual psychosocial and mental health support and legal Support (f/m).	40	36 (20 girls, 16 boys)	90%
	Output indicator 1.1.3: Number of child protection cases referred to other organizations and successfully supported.	35	34 (16 girls, 18 boys)	97%
	Output indicator 1.1.4: Number of children benefiting from Learning/PSS kits.	1,200	1,298 (643 girls,655 boys)	108%
Output 1.2: Community-based structures and services to identify and support vulnerable families are strengthened.	**Output indicator 1.2.1:** Number of child protection committee members /FPs supported and trained (m/f).	50	55 (13 girls, 42 boys)	110%
	Output indicator 1.2.2: percentage of CPC members/FPs who demonstrate an improved knowledge, attitude and	60%	100%	167%

	practices on child protection principles and identification of vulnerable families.			
Activities Per Outcome 1				

1.1.1: Provision of case management to children and adolescents at individual protection risk

Under this activity, a total of 180 children (88 girls and 92 boys) received comprehensive child protection case management services in line with national standard operating procedures (SOP) and international Child Protection Minimum Standards (CPMS). Tdh uses a comprehensive, integrated approach to case management, which includes children and their families in the planning and implementation of case plans. Using a SMART (Specific, Measurable, Achievable, Relevant/realistic, and Timebound) method, case plans were customized to meet the needs of the child and ensure that necessary support is given to the family. Tdh case workers use Child Protection Information Management System (CPIMS) forms where assessment, case planning, follow-ups, and reviews are thoroughly and timely documented. Due to the scarcity of services in Tdh's areas of intervention, case workers mostly conducted the direct provision of material assistance, mental health, and psychosocial support services.

Vulnerable children were identified through a range of mechanisms set up and strengthened by Tdh, including case workers themselves, Community-Based Child Protection Mechanisms (CBCPC's), Tdh PSS Animators, referral pathways established and strengthened with external service providers, government social workforce and through other humanitarian actors present in the intervention locations.

Under previous awards in undisclosed location and surrounding areas, case management trends indicated a movement towards recovery and the improvement of the overall psychosocial wellbeing of the family with a core focus on the child, with basic needs largely met. The onset of the COVID-19 pandemic saw a return to fulfilling emergency needs in terms of material support, in particular winterization items, and a focus on cases of neglect compounded by the stresses of indefinite school closures and other lockdown measures. Widespread socioeconomic deterioration negatively impacted the emotional and physical wellbeing of families as a whole. Tdh case workers were able to tailor their case management approach under COVID-19 and respond to these specific needs, with additional capacity building and guidance provided by program experts and relevant clusters. The majority of the cases attended were emotional and physical violence (39%), lack of legal documentation (15%), exploitation (11%), followed by other protection concerns such as domestic violence, psychosocial distress, child marriage, child labour, and life-threatening medical issues, among others.

As a result of COVID-19 restrictions, case workers were unable to continue counselling sessions in the home. Where possible, teams liaised with schools and partner agency Community Resource Centers (CRC's) to utilize empty classrooms/meeting rooms to continue sessions in a manner that ensured the confidentiality, dignity and safety of the beneficiary.

1.1.2: Provision of individualized mental health and psychosocial support to address children and adolescents' psychological distress.

Tdh provided individualized MHPSS services to 36 children (20 girls and 16 boys) identified as having severe psychosocial distress. Individual counselling aided children to deal with their emotions, feelings of anxiety and trauma related stress from past experiences as well as those presenting with current or ongoing risks. These individuals were identified and referred to Tdh from external service providers and internally through Tdh case workers and PSS monitors.

The majority of cases attended were of psychological and/or emotional violence, neglect, and girls at risk/victims of early/forced marriage. Adolescents girls identified as vulnerable due to heightened risk of sexual abuse and exploitation, early and forced marriage were prioritized. Most of the cases attended reported an increase in anxiety and overall deterioration in mental health and well-being due to COVID-19, ongoing isolation as a result of school closures and lockdown measures, uncertainty surrounding the pandemic, fear of COVID-19 infection and loss of family members.

1.1.3: Provision of individual legal assistance to children and adolescents missing civil documentation.

Tdh provided legal assistance to 34 children (16 girls and 18 boys) to secure civil documentation necessary to allow children and their caregivers to access services such as health care, freedom of movement and decrease the risk of statelessness. Tdh's lawyer supported the children on a case-by-case basis including providing the required counselling on governmental procedures in obtaining the civil documentation, supporting with the transportation costs, and providing legal assistance during the court proceedings.

Tdh faced challenges in civil documentation processes due to government imposed COVID-19 restrictions and subsequent limited operational capacity of the relevant authorities. From August to September 2020, government departments operated at 0-25% capacity, and 50-100% from October onwards. These restrictions placed an increased burden on already overwhelmed government processes, however, Tdh was ultimately able to secure the necessary documentation as per the initial case plans.

1.1.4: Distribution of Learning / PSS kits:

The closure of schools in February 2020 through to November 2020 due to the COVID-19 pandemic forced children to stay at home without adequate engagement or learning mechanisms in place. Vulnerable children who have suffered cumulative stress through the recent conflict, displacement, and return – experienced a continued disruption of their education as well as the compounding impact of COVID-19 to their psychosocial and physical well-being. During the surge of COVID-19 in vulnerable communities, children and families also experienced feelings of helplessness, boredom, loneliness and depression due to being isolated. To mitigate these risks, a total of 1,298

children (655 boys and 643 girls) were provided with PSS and learning kits[1], for continued engagement in self-learning in the home. Kits were complementary to the hygiene and recreation kits provided by the Tdh WASH team, as detailed under Activity 2.1.3 below.

1.2.1: Establishment, training and follow-up of Community-Based CP referral focal points

Tdh established four Community Based Child Protection Committees (CPCs) with a total of 55 members (13 female and 42 male). The CPCs were established in undisclosed locations. The CPCs were provided trainings on core concepts of child protection, safe identification, and safe referrals of children with protection concerns, awareness raising and community sensitization on child protection themes. The pre and post assessment showed that all participants increased their knowledge of child protection and community-based child protection mechanisms. This was achieved at 100 %.

Established CPCs continue to play an important role in protecting children from abuse, violence, exploitation, and neglect within their communities and enhancing the protective environment at the community level by raising awareness, liaising and referring to service providers to provide needed services to the children and advocating for school enrolments. During periods of lockdown, CPC's were vital in providing contextual updates on intervention locations, highlighting households suffering from rapid socio-economic deterioration and following up on high-risk cases in liaison with Tdh case workers.

Inclusion of women in the child protection committees remains a key concern due to cultural barriers where women are discouraged to participate in community activities. As CPC's are provided with ongoing mentorship, Tdh will continue to utilize the existing committees to advocate for more inclusion and meaningful participation of women.

OUTCOME 2: Improved essential COVID-19 health, prevention, and hygiene awareness among vulnerable returnee and IDP communities.	**Outcome indicator 2.1:** Percentage of surveyed beneficiaries showing an increased knowledge of COVID -19 prevention, control, and hygiene practices.	75%	93% (775 out of 829) Participants showed increase in knowledge.	124%

[1] **Learning Kits Contents:-** Copybook Arabic, 60 pgs - four Pcs, copybook English, 60 pgs – two pcs, metal pencil sSharpener – two pcs, durable plain white eraser – four pcs, ruler 30 CM – two pcs blue, ink Pen, set of six – two set, wooden HB pencil, set of six – two set, coloring pens, set of 12 – one set, standard blank sketch book – three pcs, stress ball – four pcs, and mecano building blocks, two sets.

Output 2.1: Households vulnerable to COVID-19 have access to awareness on prevention, health and hygiene practices related to COVID-19.	**Output indicator 2.1.1:** Number of individuals that receive COVID-19 IEC materials.	18,000	17,204[2]	96%
	Output indicator 2.1.2: Number of individuals in households vulnerable to COVID-19 that receive one-on-one prevention, health, and hygiene awareness sessions.	600	829 (73 girls,750 boys)	138%
	Output indicator 2.1.3: Number of children that benefit from age-tailored health and hygiene recreational kits.	1,200	1,212 (572 girls, 640 boys)	101%
Output 2.2: Households vulnerable to COVID-19 have access to gender-responsive COVID-19 prevention kits and COVID-19 cleaning kits.	**Output indicator 2.2.1:** Number of individuals most vulnerable to COVID-19 who receive essential gender-responsive COVID-19 prevention kits.	1600 HH (9,600 Individuals)	1,650 HH (7,592 Individuals)	138%
	Output indicator 2.2.2: Number of households that receive COVID-19 cleaning kits.	100 HH	100 HH (330 Individuals)	100%
Activities Per Outcome 2				

[2] **Note:** the Information Education Communication (IEC) Materials were distributed with the hygiene and recreational kits + 1,400 were distributed at HH leve through the loaudspeaker activity.The total number of individuals reached is: 7,592+1,212+8,400 = 17,204.

2.1.1: Public Prevention and Hygiene Promotion Campaign on COVID-19

In order to respect the 'no-contact' principle to reduce the risk of COVID-19 transmission and to reach households fearful of engaging with external actors due to risk of contamination, Tdh implemented loudspeaker messaging in key public locations. These messages were critical in disseminating clear, accurate information related to the pandemic, at a time when communities had little or no access to such materials or were steeped in misinformation and myths spread through social media and other channels.

Tdh used a vehicle with a driver and loudspeaker, commonly used in Iraq by local salespeople. Once in a target location, the driver stopped the vehicle, and Tdh staff made a brief introduction before delivering key information and messages through the loudspeaker. Each stop lasted 15 minutes or less to avoid disturbing households for too long. Tdh first explained the aim of the activity and asked people not to approach the team members or gather, in order to maintain social distancing. Tdh staff ended the activity by repeating the key messages, announcing the activity's end, and by thanking community members for their attention. The loudspeaker campaign aimed to reach people who were not prioritized for more intensive one-on-one awareness sessions. This type of campaign is a more connected and direct method than other mass messaging techniques such as SMS or radio/tv messages. It also helped to reach highly vulnerable community members who did not have access to phones, radio, or television. An estimated 10,484 households were reached by loudspeaker messaging for an estimated total 62,904 individuals.

Tdh distributed leaflets to households with key information on COVID-19 and the core prevention methods (i.e., hand hygiene, respiratory hygiene, avoiding touching your face, social distancing). These Information Education Communication (IEC) Materials were distributed to 2,250 households in tandem with prevention, recreational and cleaning kits covering 8,804 individuals. Over 1,400 HHs received sets of IEC materials during the public messaging campaign.

The loudspeaker activity messaging was an opportunity to distribute IEC materials alongside verbal messaging. Through this approach, 17,204 individuals benefited from the IEC material distribution, 96% were reached for this activity as previously planned with IEC materials.

2.1.2: One-on-one household COVID-19 prevention, health and hygiene awareness sessions for households vulnerable to COVID-19

Tdh implemented a campaign focusing on no-contact awareness raising. Staff worked in tandem with child protection teams, partner-school headmasters and community leaders to compile community phone lists per response location. Furthermore, beneficiaries provided consent to share contact information with Tdh as per the household needs assessments conducted. Dedicated Tdh staff and Community Health Volunteers (CHV) received specific training on how to conduct phone-based awareness raising including guidance notes and briefings on the revised modality, key COVID-19 messages, phone protocol and etiquette and data collection and management. CHV's were recruited as community-based focal points including health care professionals (nurses) and teachers. Tdh staff were clearly directed to offer no medical information, diagnosis, or advice, and

to instruct beneficiaries to seek assistance from a healthcare professional. Tdh staff promoted active listening and asked follow up questions, ensuring that the messages were understood during the phone call.

Telephonic awareness raising was completed in November for 829 individuals, representing 829 households covering an estimated 4,974 individuals (family members). Calls were made to the head of the households to benefit the household as a whole, assuming on average that the household has four children and two adults.

The COVID-19 awareness activities were preceded by a baseline Knowledge, Attitude and Practices (KAP) survey followed by the endline KAP survey to measure the activities' impact. This was completed in November 2020 with 829 respondents. Following Tdh intervention:

- 93% of respondents showed an overall increase in knowledge of COVID-19 prevention, control and hygiene practices.
- 100% of respondents were able to relay the most common symptoms of COVID-19.
- 78% of respondents were able to convey methods to protect themselves from COVID-19 (hand washing, alcohol hand-rub, social distancing, wearing masks, etc.).
- 82% of respondents demonstrated an understanding of key moments for prevention of COVID-19 through handwashing practices.

2.1.3: Distribution of Hygiene Learning / Recreational Kits for Children 7 – 13 years

Tdh distributed 1,212 customized health and hygiene recreational kits to 1,212 children (572 girls and 640 boys). These kits were designed to inform children about the health crisis and what they can do to prevent the spread of COVID-19.

The kits[3] included recreational materials to continue self-learning activities in the home, to support children and their families through the distress of isolation and to provide children with an age-appropriate understanding of the pandemic and associated risks. Distributions took place in tandem with hygiene kit distributions and supplementary household support, using community volunteers, facilitators, and locally resident staff members. As per the observations of Tdh, community members were appreciative of the complementary educational and hygiene kit materials, which provided children with applied and accessible information, and the means to practice it. Furthermore, the provision of kits reduced the burden of time and resources on income generators, who were already experiencing the impacts of critical losses as a result of the ongoing effects of COVID-19

[3] **Tdh's Hygiene recreational kits** as per the WASH cluster group and needs identified in the field include: COVID-19 response booklet for children (Arabic, color printing and seven pages); COVID-19 response booklet for kids together (Arabic, black and white printing, for coloring seven pages), story book for children on COVID-19 (Arabic, color and 22 pages) and wood coloring pencils (set of 12).

2.2.1: Distribute COVID-19 Prevention Kits to vulnerable households.

In order to mitigate the risk of COVID-19 transmission Tdh's WASH team distributed 1,650 hygiene kits to 1,650 households 7,592 individuals (1,752 girls, 1,999 boys, 2,013 women and 1,828 men) reaching 138 % of the targeted households. Given the protracted nature of the pandemic and subsequent lockdowns, as well as the high risk of a second wave of infections, a top-up of 1,200 hygiene kits was distributed to the same beneficiaries. The hygiene kits top-up followed the recommendations of the WASH cluster, and was further enhanced by Tdh to include additional hygiene related items such as garbage bags, toothpaste, and toothbrushes.

2.2.2: Distribute COVID-19 Cleaning Kits to vulnerable households with/around suspected cases of COVID-19.

Tdh provided cleaning kits to 100 households (330 individuals) who had been infected by COVID-19 and/or in a situation of significant vulnerability regarding the risk of contamination by COVID-19. The content of the cleaning kit[4] was designed according to the WASH cluster guidelines.[5]

Out of the 100 Kits, 80 were distributed to households with a considerable risk of contamination, in neighbourhoods where increasing numbers of COVID-19 cases were confirmed. Of these, 15 kits were distributed to households with confirmed COVID-19 infections and five through referrals by the Tdh case management team.

OUTCOME 3: Improved access to critical basic needs support and services for households at risk of severe collateral socioeconomic and protection impact.	**Outcome indicator 2.1:** Percent of households reporting satisfaction with support received through direct distribution (i.e., kits), vouchers, or cash. Target: 75%	75%	100% (266 out of 266)	127%
Output 3.1: Households facing collateral basic needs and/or protection impact due to COVID-19 receive	**Output indicator 3.1.1:** Number of returnees and/or IDP particularly vulnerable to the pandemic that receive tailored multi-purpose assistance.	1,000 HHs 8,000 individuals	1,372 HHs 7,723 individuals	137%

[4] **Tdh's cleaning kits contents** -One soft broom, one mop, one bucket 20 litres, one jerry can 20 litres, five pairs of gloves, one small shovel, one pack of surgical mask (100 Pcs), one toilet bowl brush, 10 disinfection soap, and one liter of household bleach.

[5] National WASH Cluster Iraq COVID-19 Response Guidance Note – v2.0 (9 July 2020).

inclusive tailored assistance.	**Output indicator 3.1.2:** Number of beneficiaries that are identified to be in need of additional support that receive internal and/or external referrals.	200	491 (223 girls, 268 boys)	246%
Activities Per Outcome 3				

3.1.1: Provide inclusive and tailored multipurpose support to vulnerable households:

As a result of households facing increased vulnerability and socioeconomic decline due to the deteriorating economy, slower supply-chains, lockdowns, and escalating public health crisis, Tdh sought to identify vulnerable households and communities and provide one-off tailored multi-purpose assistance. Assessments were conducted through phone calls or in-person in close coordination with community leaders and authorities to identify vulnerable households with members facing protection risks. Furthermore, Tdh mobilized internal resources including CPC's, child protection teams and community animators to cross check these lists, in particular focusing on areas with high returns.

Following the assessment, households were selected as per Tdh's vulnerability criteria[6]; Tdh provided tailored support in the form of food kits, non-food kits (NFI)[7] and cash assistance tailored to the needs of beneficiaries. In total, Tdh reached 1,372 Households (7,723 individuals; 2,062 girls, 2,196 boys, 1,848 women and 1,617 men).

Food and NFI Kits:
To mitigate the risk of COVID-19 transmission, Tdh conducted distributions door to door, with no direct contact with household members. Tdh teams left the kits at the front doors of households. To ensure that these were collected by beneficiaries through knocking on a door or ringing the doorbell and observing and communicating with household members from a safe distance. Moreover, distributions took place using community volunteers, facilitators, and locally resident staff members. The receipt of the items was recorded electronically, using Kobo tools. An

[6] **Tdh's vulnerability criteria** is as follows: no HH member has a regular job or is employment / the HH does not have productive assets that generate on average IQD / 320 USD per month or more / the household does not receive regular or repeat (monthly) aid / remittance from other NGOs or other sources and the household has not received a Hygiene Kit / Hygiene Items from another NGO or sources in the last 30 days.

[7] **Kit contents** –
Food -Sunflower oil (two Litres) – eight Pcs, Sunflower oil (four Liters) – 4 Pcs,Brown dry Lentils (two Kg) – Five Pcs, Dry white Beans (two Kg) – three Pcs, White iodized Salt (one Kg) – three Pcs, Bulghur (two Kg) – three Pcs, Dry Chickpeas (two Kg) – three Pcs, White Sugar (two Kg) – three Pcs, Tomato paste cans (two Kg) – three Pcs, White Flour in Jute bag (25 Kg) – two Pcs - White rice in Jute bag (25 Kg) – two Pcs - Jute Bage 50 Liter (Good Quality) – one Pc.
NFI - Solar lantern – one Pc, Blanket – one Pc, Mattress – one Pc, Gas cooker – one Pc, Carpet – one Pc, Kerosene Heater – one Pc

independent verification follow-up call was made the next day to ensure that the family received the kits.

Cash Support:
Tdh entered into an agreement with a service provider, to ensure the safe and confidential registration of beneficiaries for cash support. Prior to the registration with the service provider's Point of Sale (PoS), Tdh briefed all HHs on the registration process, required documents and expected timelines. HHs were divided by village and further divided by day to ensure the *service provider's* registration capacity of 30HH per day; with COVID-19 protocols in place. Cash support briefings were complemented by a household protection messaging session. The protection messaging was piloted under a previous award, in the form of phone-based awareness raising, and was successfully used to transmit clear, succinct messaging on the mitigation of protection risks during lockdown while addressing the negative impacts of COVID-19 stigmatization.

Tdh Child Protection staff were present throughout the registration process to ensure protection monitoring, crowd control, COVID-19 protocols were in effect, and to facilitate the necessary PPE to ensure a safe registration process. Following the completion of the service provider's registration process, eligible beneficiaries became holders of a password protected electronic wallet.

In order to support the most vulnerable households, Tdh provided cash in hand to a limited number of HHs who did not meet the criteria for the service provider's wallet, or who were not able to register at the POS. Where such cases arose, Tdh sought to identify an alternative and appropriate family member within the same household, who was eligible for the service provider's wallet registration. In cases where the registered beneficiary had no alternative contact fulfilling service provider's criteria, Tdh developed a comprehensive Standard Operating Procedure (SOP) for cash in hand distribution, verification, and follow-up.

The cash in hand was provided to:
- HH's that did not have the required documents (ID and/or residency) for service provider registration.
- HH's with only copies of Identification (ID) documents (where the service provider required the original).
- HH's with outdated IDs under a previous authority, which are no longer accepted by the service provider.
- HH's where the registered beneficiary could not visit the service provider point of sale due to advanced age, illness, disability, or associated risks.
- HH's that could not register at the POS due to associated protection risks, as verified by the program manager in liaison with the child protection team.
- HH's where the registered beneficiary was missing, deceased, or had moved.

In order to conform to the Child Protection sub-cluster's guidance in responding to households with children facing high protection risks, these HH did not receive cash support. Instead, they were referred to Tdh's Case Management team for comprehensive assessment, in order to receive tailored support to mitigate protection risks. Through this prioritization, Tdh's support sought not only to prevent the household from steep socio-economic and health status deterioration, but also

the exacerbation of further protection risks.

Post-Distribution Monitoring:
Tdh conducted post-distribution monitoring (PDM) between December 2020 and January 2021 with a representative sample of 266 Households for the major activities (88 WASH, 95 food/NFI and 83 cash support), taking into consideration the scope of the project activities; selection process, beneficiary satisfaction, and accountability to affected populations where 93% reported being very satisfied and 7% fairly satisfied with the services received by Tdh. The PDM was conducted by neutral Tdh staff, not involved in the distributions.

Highlights from the PDM survey include:

- 98% of respondents reported receiving the items with no concerns raised regarding personal safety during the distribution, no reported discrimination based on age, gender, or ethnicity. The other 2% indicated that the service provider office staff deducted a commission fee (2,000 IQD, 1.155E) from the cash received. Tdh was assured from the service provider that the commission fee was a clerical error and that those beneficiaries would be refunded as a result.
- 99% of respondents reported that the items received were enough to cover the household's immediate needs, while 1 % reported that additional support was needed.
- All the respondents stated that the quality of the food and non-food items received was good or very good.
- 96% of the respondents reported Tdh staff behavior during the distribution as "very respectful" and 4 % "respectful".

The PDM's qualitative and quantitative data indicate that highly vulnerable households cannot meet basic needs in the long term, with the compounding stress of income generators providing additional care to children due to the closure of schools. While Tdh supplementary household support was able to provide much needed relief for immediate basic needs support, with the protracted closure of schools, loss of teaching and learning hours, and continued socio-economic deterioration due to other critical losses, vulnerable households continue to be heavily impacted by the effects of COVID-19.

3.1.2: Provide internal and/or external referrals to households in need of additional assistance:

Tdh Child Protection, Education and WASH teams coordinated to mainstream the response accordingly and strengthen internal referral mechanisms to ensure a multi-sector approach to service delivery. As such, 484 children (219 girls, 265 boys) were referred internally to Tdh's WASH department and seven children (four girls and three boys) to external service providers.

Successful child protection referrals continue to be a cause for concern across all intervention locations. As Tdh often works in remote and underserved areas, there is a lack of referring agencies, or lack of quality in the services available. This is particularly pronounced in terms of viable health care services. Additionally, partner agencies are often unwilling to accept referrals outside their direct areas of intervention, or once their targets have been achieved. In all intervention locations,

at governorate level and at national level, Tdh continues to advocate for increased coordination between agencies, strengthened referral pathways and diversifying the available services to include quality community-based mechanisms. Tdh will continue to strengthen the referral mechanism in undisclosed location and surrounding neighborhoods by taking a leadership role in the undisclosed location coordination structure.

II. How did the project improve prospects for host communities and refugees? (maximum 1 page)

Please describe how the activities have improved one or more of the three pillars: 1) Protection and legal status; 2) Expanded or improved local services (education, health care) and infrastructure, and/or 3) Improved economic development and job creation

Undisclosed location in Iraq hosts the second largest number of returnees living in severe conditions at 164,478 individuals, with an additional 550,320 returnees facing medium severity. The sub-district of undisclosed location is classified as a "hotspot of severity," presenting a high score of severity in living conditions on at least one scale of "livelihoods and basic services" and "safety and social cohesion," as well as a high number of returnees. Additionally, the COVID-19 lockdown measures and closing of borders exacerbated the needs of already steeply vulnerable people in Iraq who are in need of humanitarian assistance.

Thus, throughout the intervention Tdh responded to mitigate such risks for overall improvement under each of the three pillars.

1) Protection and legal status:

- Providing comprehensive case management to children with protection risks, including mental health and psychosocial support and legal support for obtaining civil documentation
- Continuing to support community-based child protection committees.

2) Expanded or improved local services (education, health care) and infrastructure

- Preventing and containing the spread of COVID-19 through targeted awareness raising, distribution of hygiene and health learning / recreational kits for children, distribution of household COVID-19 prevention kits, and distribution of household cleaning kits
- Use of blended social behaviour change that included dissemination of COVID-19 related IEC materials and banners; messaging through community agents, door to door messaging and engagement of community leaders for advocacy which promoted safe hygiene practices.
- The observervable practices in the community where this intervention was implemented include mask wearing in public, social distancing, and the ability to identify the symptoms of COVID-19 which contributed to prevent the spread of the disease.

3) Improved economic development and job creation.

- Prevention of deterioration of households' dignity, protection, and economic status through providing tailored and inclusive basic needs support to households.
- As a result of critical losses due to the impacts of COVID-19 lockdowns, allowing households to restart their income and repay debts to shop-owners and in some cases landlords. This in turn mitigated risks associated with child labor and early marriage which were identified as common techniques to provide economic relief.

III. To what extent has the project contributed to the National Plans? (maximum half page)

Please describe to what extent your project has contributed to National Plans in the country.
In Lebanon: LCRP, Lebanon Compact, Sector strategies etc.
In Jordan: JRP, Jordan Compact, etc.

The project specifically contributed to three objectives of Iraq Humanitarian Response Plan 2020.

1. Strategic Objective 1 - Critical problems related to physical and mental well-being

2. Strategic Objective 2 - Critical problems related to living standard

3. Strategic Objective 3 - Critical problems related to protection

IV. Implementation timetable

Please reflect on the process of implementation.

- *To which extend have activities been carried out?*
- *Are activities implemented according to the original plan?*
- *Are there unforeseen circumstances or bottlenecks you are facing while implementing the project?*

In general, the activities were implemented as originally planned.

Tdh did not face any significant access restrictions in the areas of intervention. The security situation remained relatively stable during the implementation period. In November, two out of five checkpoints (between undisclosed locations) were removed, indicating better stability in terms of security. Tdh teams continue to assess the context and vulnerability level in the areas of intervention, in order to implement the present action in a manner that is safe and dignified for both staff and beneficiaries.

Considering the high level of vulnerability of HHs even prior to the pandemic situation, it can be understood that the community preferred food, NFI, hygiene kits and cleaning kits instead of only awareness leaflets. To respond to this necessity, Tdh distributed the majority of the IEC materials in tandem with the kits mentioned above.

The following aspects had a minimal impact on project implementation.

- Specific neighbourhoods were blocked completely, where HHs with confirmed COVID -19 cases were recorded.
- Ongoing lockdowns and COVID-19 restrictions continued to impact distribution plans; however this issue was mitigated through leveraging strong working relationships with the *undisclosed entity* office for access to all intervention locations.
- The ability to register beneficiaries eligible for *undisclosed contractor* Cash Transfer was impacted by *undisclosed contractor*'s internal COVID-19 policy. In order to mitigate these delays, Tdh provided additional support staff to assist with crowd control, distribution of hand sanitizer and PPE and further divided the registration by date and time.

V. Risks and bottlenecks (refers both to past and future) (maximum 1 page)

Please describe:

- *What expected risks and bottlenecks did you come across so far and what mitigating measure did you take?*

- *What unexpected risks and obstacles did you come across? Did you manage to mitigate these risks? How?*
- *What risks and/or obstacles do you foresee for the coming period? How do you propose to mitigate these risks?*

Restrictions on humanitarian access: *Undisclosed content*.

Recruitment and retention: Undisclosed location is a difficult context in which to recruit and retain skilled staff resulting in frequent turnover and gaps in positions. Although there is more stability among the front-line workers, Tdh has experienced gaps at supervisor, deputy and management level. All attempts were made to mitigate this, however, by ensuring profiles of second or third choice candidates are kept on file as well as the maintenance of an internal pool of project staff who may consider moving bases if and when projects cease in other bases.

COVID-19: mitigation measures were imposed to the staff that have included the measures recommended by the World Health Organization (WHO). Also, the staff were briefed on weekly basis about the current situation updates. Tdh also faced some of the staff infected with COVID-19 for which Tdh implemented staff rotation working from office, field, and home. For those who were infected and or were suspected to have (having symptoms) were sent for quarantine and PCR tests taken.

VI. Sustainability (maximum 1 page)

Specify what measures have already been taken to ensure sustainability of reached results after the project. In what way will the outcomes have a lasting impact for the target group?

Awareness efforts: The awareness campaign was useful for the community to gain knowledge, prevention measures and actions to be taken if infected with COVID19. Tdh implemented a KAP survey using phone-based questionnaires to measure knowledge change in targeted beneficiaries. The result indicates that 93% of the beneficiaries have gained awareness and increased their knowledge around COVID-19 prevention, control, and hygiene practices. This result will have compounding effects on long-term behaviour as the pandemic becomes an engrained in daily routines.

Furthermore, the short-term distributions alleviated urgent needs during COVID-19 peaks, providing much needed immediate relief and allowing families to focus on income generating activities, keeping their families safe and healthy, and providing for basic needs. This led to less severe critical losses in communities affected by COVID-19, which will position them to return to normalcy or continue the process of regaining durable solutions.

Use of community volunteers: PSS Animators, to support the delivery of PSS activities, were recruited from the schools or surrounding areas. These are often young graduates motivated to gain work experience in order to jump start their career. The same principle was applied in the recruitment of volunteer teachers to deliver non-formal learning opportunities, to maintain skillsets and competence within communities. It is necessary to highlight that this activity is very welcome by the schools and communities at large.

Training: Education personnel have participated in an initial training on methodological approaches

of PSS as well as comprehensive CP, safeguarding and positive discipline trainings to promote their understanding of a strong protective environment This capacity-building enhanced function as protective agents around children and reinforced their role as duty-bearers.

Coordination

Tdh is an active member of the Child Protection and Education Working Groups in undisclosed location. Tdh is a partner of the Iraq WASH Cluster COVID-19 Taskforce, composed of WASH Cluster partners who are planning and implementing direct responses to COVID-19. Tdh is actively reporting its planned activities for COVID-19 response through the Cluster COVID-19 4W matrix which has been set up as a joint reporting tool for the Health, CCCM (Camp Coordination and Camp Management), and WASH Clusters to prevent duplication and ensure coverage of needs.

Tdh's proposed COVID-19 response activities are fully in line with the WASH Cluster guidelines and the current humanitarian activities that have been prioritized by OCHA (Office for the Coordination of Humanitarian Affairs) in the COVID-19 context and that directly relate to COVID-19 containment, prevention, or response.

Tdh continues to coordinate with local authorities (including the Directorates of Health and Water) and other humanitarian actors in its areas of operation to identify the key needs and areas of support. At the local, governorate, and national level, Tdh has established good relations with the authorities . Tdh provides regular updates to local authorities on activity progress.

Additionally, Tdh has bilateral coordination with several NGOs that resulted in receiving and sending referrals and information sharing.

Moreover, staff coordinated with authorities to raise concerns related to out of school children, corporal punishment, but also to organise school-based PSS sessions.

VII. Partnerships (maximum half page)

In case the activities are implemented by several organisations (working in partnerships), please explain if the agreements made have been followed so far. If not, please explain to what extent this influences the proposed activities and intended goals. Furthermore, please discuss the level of cooperation with the Embassy.

Not applicable

VIII. Adjusting activities (maximum half page)

Please explain if there are any reasons for adjusting the activities as proposed in the project proposal.

Not applicable

IX. Personal stories (maximum 1 page)

If you have examples (stories, photos or video's) which show the impact of the activities on the personal lives of the beneficiaries, please share them here or upload in IATI via document link. Stories could be used for communication purposes.

<u>Child Protection success story:</u>

"….there is no purpose of living if I cannot go to school and have to work all day to support the family, my brother ended his life as he was unable to attend school, I will do the same and end my life" - Fahim*, a 13-year-old boy.

Tala*, Tdh case worker received a call from a member of the community-based child protection committee (CBCPC) who informed her about a 13-year-old child facing a serious protection risk. The CBCPC is a structure established and supported by Tdh, whose members are trained to identify and refer vulnerable children facing high protection risks to specialized case management services.

Upon receiving the call, Tala immediately visited the CBCPC member who told her the story of Fahim*, a 13-year-old child, who had attempted to commit suicide several times. These attempts had inflicted pain and anxiety on the family.

Tala met with Fahim and his parents and registered him for case management; she immediately referred them to Tdh's psychologist who performed a psychological evaluation with the respective family members. During one of these sessions, the psychologist learned that Fahim's brother committed suicide due to tremendous distress after dropping-out from school and engaging in a worst form of child labor. This incident troubled the entire family, especially the mother who suffered from acute trauma that led to depression – "I am afraid of my own children" states Fahim's mother, "I wake up every day with the fear that one of them will take his or his siblings' lives".

With the family's involvement, Fahim's approval and the psychologist's support, Tala designed a comprehensive care plan. The child and the family were provided with individual psychological counselling sessions, food support to alleviate their suffering from the loss of income, and sport and learning material to keep Fahim and his siblings active. A few weeks later, the situation of both Fahim and his mother started improving. Fahim showed interest in sport, he was playing football and following Tdh's psychosocial support activities which helped him to positively channel his energy. Fahim's mother is still recovering from her trauma and fear; with the continued support of Tdh and referral to other specialized services the family is bound to overcome this chapter of their lives.

Fahim spends his day mostly playing with his siblings and friends and is optimistic about getting enrolled for formal education in the coming academic year; this is currently being facilitated by the Tdh education team. Tala continues to follow-up directly and with the support of the CBCPC members, who serve as another protective layer for the child and his family. Tdh will continue to engage with Fahim and support his well-being and his return to formal education.

Like Fahim, thousands of children in Tdh's intervention areas are suffering from severe deterioration in their well-being. Tdh will continue to empower children and communities and contribute to the establishment of a rights-based society.

**all names changed to protect the confidentiality of staff and beneficiaries*

X. Budget

Please attach a budget that includes both the original budget and the actual expenditures.
In case there are budgetary changes of 10% or more, please explain these changes, (In case the changes are between 10%-25%, an approval must be requested before the expenditure.). In case the Netherlands is co-funding the project, please explain to what extent pledged contributions of other donors have indeed been received. If not, please explain to what extent this influences the proposed activities and intended goals.

Please refer to financial report attached.

XI. Additional information

If you have any additional information about the progress of the program, please add here.

Not applicable

XII. Annexes

If you added any annexes, please describe here.

Please refer to results framework attached.
Annex A: Results Framework.