

PHILANTHROPY ADVISORS

## Evaluation of KOICA supported activities

Better Life for Girls: Full Realization of Vulnerable Girls and Boys Rights to Health, Protection and Education in Jordan

LRPS-2021-9164785

UNICEF Jordan Country Office

### DRAFT EVALUATION REPORT

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يود فريق التقييم أن يعرب عن امتنانه لأولئك الذين شاركوا في عملية التقييم. نود أولاً أن نشكر منظمة اليونيسيف في الأردن ، والحكومة الأردنية ، ووزارة التربية والتعليم ، ووزارة الصحة ، والجمعية الملكية للتوعية الصحية ومؤسسة نهر الأردن على دعمهم تواجدهم أثناء التقييم وعلى تخصيص الوقت لإجراء المقابلات.

شكر خاص للمشاركين الرئيسيين الآخرين ، أولياء الأمور ومقدمي الرعاية ، والعاملين في المدارس والصحة ، لمشاركتهم أفكارهم الجيدة ونظرة عامة على الأنشطة التي تدعمها KOICA. لقد أجابوا بصبر على أسئلتنا وساعدونا على إبراز النتائج الأساسية لغرض هذا التقييم.

## ACRONYMS

CP	Child Protection
CHC	Comprehensive Health Centers
ESC	Evaluation Steering Committee
ET	Evaluation Team
FGD	Focus Group Discussion
FPD	Family Protection Department
GoJ	Government of Jordan
KII	Key Informant Interview
KOICA	Korea International Cooperation Agency
IP	Implementing Partners
JHF	Jordan Humanitarian Fund
JRF	Jordan River Foundation
JRP	Jordan Response Plan
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
MoWI	Ministry of Water and Irrigation
NGO	Non-Governmental Organisations
OECD	Organisation for Economic Cooperation and Development
PCA	Programme Cooperation Agreement
RHAS	Royal Health Awareness Society
SGBV	Sexual and Gender Based Violence
ToC	Theory of Change
ToR	Terms of Reference
UNEG	United Nations Evaluation Group
UNICEF	United Nations' Children Fund
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs

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# Executive Summary

## Introduction to the evaluation

### Overview of the Context

Jordan has suffered from the spillover of the conflict in Syria which resulted into a prolonged regional crisis and is acknowledged by the United Nations (UN) as the worst displacement crisis of this century. The Government of Jordan is confronted with the pressure of maintaining the same quality of services for both Syrian refugees and vulnerable Jordanians impacted by the Syria crisis. As of today, Jordan is hosting 666,692 Syrian refugees who are registered with UNHCR and constitute a large community in the Jordanian demographics. The highest proportion of refugees are registered in the Amman and Mafraq governorates but the Irbid and Zarqa governorates are also important hosting communities. The relations between host and refugee communities were strained by the fact that the vast majority of refugees live in host communities, in urban settings rather than in camps. The needs of Syrian refugees have been transformed by the protraction of the crisis, transitioning from a humanitarian crisis to a permanent situation. As a consequence, the pressure on schools, hospitals, resources, infrastructure and jobs has become a chronic issue rather than a temporary crisis.

According to the 2019 Vulnerability Assessment Framework, needs in the Health, WASH, education and child protection sectors remain extremely high and Syrian refugee communities resort to negative coping mechanisms that put the lives of women and children, girls and boys in danger. With children making up a high proportion of refugees and being at high risk, they suffer from early marriage, Sexual and Gender Based Violence (SGBV), dropping out of school, child labor, and this has led to high protection concerns. In addition, access to health facilities and services and WASH have also been identified as key concerns.

Jordan still relies on international funding to respond to the protracted refugee crisis, and a large number of actors are involved in the response. For this, the Jordan Response Plan (JRP) which is led by the Government of Jordan (GoJ), serves as the main guide providing key principles of a coordinated response with a high emphasis on the coordination and partnership between international donors, international Non-Governmental Organizations (NGO), Jordanian NGOs and Jordanian institutions.

Jordan's economy has been weakened by the increase in population growth, followed by the Covid-19 pandemic which hit hard amid low growth, high unemployment and growing debt.<sup>1</sup> Youth unemployment has reached an unprecedented rate of 50% and both the existing structural weakness and unresolved social challenges have been exacerbated by the pandemic outbreak. The Government of Jordan has developed several plans and programs to address the health and socioeconomic impacts of the pandemic, including the launch of the Covid-19 vaccination program in January 2021, as well as special loan programs for small and medium-sized enterprises.<sup>2</sup> Prior to the pandemic, Jordan made notable improvements in narrowing its current account deficit, however the slowing down of the world's economy following the pandemic, seems to have reversed this trend.<sup>3</sup> The deficit expanded from 2.1% of GDP in 2019 to 8% of GDP in 2020, due to the hard hit on tourism and travel-related key sectors of growth for the Jordanian economy, with the decline in travel receipts.<sup>4</sup>

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<sup>1</sup> World Bank, Jordan Overview, Context, accessed on 28 July 2021, <https://www.worldbank.org/en/country/jordan/overview>

<sup>2</sup> *Ibid*

<sup>3</sup> *Ibid*

<sup>4</sup> *Ibid*

On the social level, the pandemic had a disproportionate impact on women and girls, with the increase of domestic violence. Those amongst the most deprived communities are at greater risk of sexual and gender-based violence (SGBV), with a hindered access to sexual and reproductive health services as well.<sup>5</sup>

#### *Health and WASH gaps in Jordan*

The increased water demands, due to the growth in population and industrial and agricultural capacity have exacerbated the water challenges in Jordan<sup>6</sup>, with a 40% increase in water demand in Northern governorates in recent years<sup>7</sup> and declining water levels in some main aquifers, at a rate exceeding 20m/year.<sup>8</sup> More than 98% of Jordan's population have access to an improved water source, however only 93% have access to a safely-managed source and 86% to a piped network.<sup>9</sup> There's a gap between urban and rural areas, the latter having water available less than once every two weeks and with a reduced availability of water during the summer for rural areas. In particular, the Northern Governorates of Irbid and Mafrq have been affected by the influx of Syria refugees where the population increase has caused a significant additional demand for water, resulting in local water shortages and, ultimately, enormous pressures on the sewage network and wastewater treatment plants.<sup>10</sup>

Only a third of the schools have basic sanitation services.<sup>11</sup> Although key hygiene norms, including handwashing, are well-practiced in Jordan, there remain gaps in access to basic hygiene items for vulnerable households.<sup>12</sup> In terms of health and WASH in schools, both the Ministry of Education (MoE) and the Ministry of Health (MoH) have competency. Schools are under the authority of the MoE, although the MoH's mandate includes the provision of: "preventive health services to children in public schools kindergartens and nurseries" as well as providing and extending "health services to some non-government schools, kindergartens and nurseries or enforce offering them under the supervision of the Ministry".<sup>13</sup> Additionally, the establishment and maintenance of school buildings fall under the MoH's mandate, including licenses for buildings, when opening a new school.

#### *Teachers strike*

In 2019, Jordan witnessed its longest-ever public sector strike that disrupted schooling for more than 1.5 million students.<sup>14</sup> Most teachers in schools have a second or even third job in the informal sector,<sup>15</sup> and demands of a 50% salary increase were presented by the Teachers' syndicate to the government. The country's economic state and restrictions imposed by the IMF led the government to refuse this increase due to its incapacity to afford it. Starting on September 8<sup>th</sup> 2019, most of Jordan's 87,000 public school teachers went on strike to demand the 50 percent salary increase.<sup>16</sup> Teachers continued coming to

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<sup>5</sup> Increase in domestic violence, poor access to family planning, Plan International, May 20, 2020, <https://plan-international.org/news/2020-05-20-covid-19-jordan-domestic-violence-poor-access-family-planning>

<sup>6</sup> <https://www.unicef.org/jordan/water-sanitation-and-hygiene>

<sup>7</sup> UNICEF Jordan's WASH Top Facts, 2019

<sup>8</sup> *Ibid*

<sup>9</sup> <https://www.unicef.org/jordan/water-sanitation-and-hygiene>

<sup>10</sup> Breulmann M., Müller R.A., Al-Subeh A. and van Afferden M. (2021) Influx of Syrian Refugees in Jordan – Effects on the Water Sector. Published by the Helmholtz Centre for Environmental Research – UFZ with support from the Ministry of Water and Irrigation; Amman – Leipzig. <https://reliefweb.int/report/jordan/influx-syrian-refugees-jordan-effects-water-sector>

<sup>11</sup> <https://www.unicef.org/jordan/water-sanitation-and-hygiene>

<sup>12</sup> *Ibid*

<sup>13</sup> The Hashemite Kingdom of Jordan, The Official Site of the Jordanian Ministry of Health, accessed on 28 July 2021

<sup>14</sup> Jordan teachers end four-week strike in pay deal with government, Al Jazeera, 6 October 2019, <https://www.aljazeera.com/news/2019/10/6/jordan-teachers-end-four-week-strike-in-pay-deal-with-government>

<sup>15</sup> Teachers on strike in Jordan demand higher income, 'dignity', Al Jazeera, by Marta Vidal, 26 September 2019, <https://www.aljazeera.com/features/2019/9/26/teachers-on-strike-in-jordan-demand-higher-income-dignity>

<sup>16</sup> *Ibid*

school during their regular working hours, but refused to teach.<sup>17</sup> The strike lasted 4 weeks, thus becoming the longest strike of the public sector in the kingdom's history. As a result of the strike, many students did not attend classes for one month, thus disrupting their education. Jordan's government reached a pay deal with the teachers' syndicate to end the strike, and agreed to a 35-75 % increase in salaries, based on teacher's qualifications. However, in April 2020, the government froze all public sector pay increases until the end of 2020 due to Covid-19 outbreak.<sup>18</sup>

All schools, public and private, have been closed since March 2020 and children have had access to remote and online learning. Schools are scheduled to open in September 2021, for the upcoming school year. Following a year and a half of online schools, with an ongoing pandemic and interruptions of several international and national projects for schools and students; moving forward, these gaps have to be considered as a priority, on the educational and health levels.

## Object of the evaluation

### Overview of KOICA supported activities

The Korea International Cooperation Agency (KOICA) invested USD 4.5 million to support programmes to fulfill the rights of girls and boys in Jordan. Under the KOICA supported activities, UNICEF engaged in three core sectors, Health, WASH and Child Protection.<sup>19</sup> The following interventions were the focus of this evaluation:

*Box 1: Koica supported activities per sector*

SECTOR	HEALTH	WASH	CHILD PROTECTION
KOICA supported activities	Integrated School Health (ISH) Programme; Support to Primary Health Centers	National Standards for WASH in Schools; Three Star Approach; Environment Action Clubs	Helpline services: Counselling & Case Management

In 2017, UNICEF and the Ministry of Health (MoH) launched the **Integrated School Health Programme** supporting access to essential health services, support to health workers, providing medical supplies, awareness-raising materials on healthy behaviors as well as inspection of school environments with the Ministry of Education (MoE).

In 2017, through the WASH in Schools Programme, UNICEF supported the **National WASH in Schools Standards** focusing on establishing the groundwork for schools in Jordan to align with basic international standards for providing students with a clean and hygienic environment i.e: access to clean running water and adequate sanitation facilities. In 2018, UNICEF supported the **Three Star Approach**<sup>20</sup> in partnership with Jordanian local NGO the Royal Health Awareness Society (RHAS) and MoE focusing

<sup>17</sup> Teachers on strike in Jordan demand higher income, 'dignity', AlJazeera, by Marta Vidal, 26 September 2019, <https://www.aljazeera.com/features/2019/9/26/teachers-on-strike-in-jordan-demand-higher-income-dignity>

<sup>18</sup> Jordan : Teacher's Syndicate Closed ; Leaders Arrested, Human Rights Watch, 30 July 2020, <https://www.hrw.org/news/2020/07/30/jordan-teachers-syndicate-closed-leaders-arrested>

<sup>19</sup> Outcome 2 of the project is not covered by this evaluation

<sup>20</sup> UNICEF's Three Star Approach for WASH in Schools is designed to improve the effectiveness of hygiene behavior change programs. The approach ensures that healthy habits are taught, practiced and integrated into daily school routines. The Three Star Approach helps schools meet the essential criteria for a healthy and protective learning environment for children as part of the broader child-friendly schools' initiative. It aims to address the bottlenecks that block the effectiveness and expansion of current WASH in Schools programmes.

on WASH activities in schools in Jordanian host communities. The intervention focused on a soft WASH approach supporting behavior change and awareness on hygiene and water conservation and rehabilitation of WASH infrastructure in schools. UNICEF also launched a Knowledge, Attitudes and Practices (KAP) survey in 2018 in order to identify the gaps and needs in terms of accessibility, functionality, privacy and cleanliness standards which resulted in better guiding the intervention. The Three Star Approach also aimed at establishing the **Environment Action Clubs** in each supported school, a platform promoting environmental and climate literacy involving children and students participation;

In 2020, UNICEF supported the **helpline** run by the Jordan River Foundation (JRF), a key intervention in regards to the consequences of the Covid19 pandemic and the lockdown in Jordan which resulted in high domestic violence.<sup>21</sup> The helpline provided remote services through community based reach to vulnerable communities. In addition, UNICEF along with UNHCR created **two Guidance Notes** addressing the shifting situation due to the pandemic to enhance better case management, support and protection.

Based on the desk review conducted during the inception phase, the evaluation team was able to compile into the table below the outcomes and specific activities that constitute the object of the evaluation.

*Box 2: Compiled result framework for the evaluation*

<b>Outcome 1 : A quality health system meets the needs of a vulnerable population, especially children</b>	
<b>HEALTH</b>	<ul style="list-style-type: none"> <li>➤ <b>School Health Package for Students:</b> Integrated health education and services in schools provided               <ul style="list-style-type: none"> <li>○ Health Promotion (Education &amp; Awareness)</li> <li>○ Prevention Services (Immunization; Medical examination; Vision, dental and nutrition checks)</li> <li>○ Medical &amp; dental treatment at Health Centers</li> </ul> </li> <li>➤ 1 school health clinic furnished in 20 most vulnerable schools</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>➤ Implementation of the <b>National Standards for Water Sanitation and Hygiene (WASH) in Schools</b> programme in selected schools in Jordan, in tandem with the <b>Three Stars Approach</b> <ul style="list-style-type: none"> <li>○ Three Stars Approach training for schools' health focal points at the directorate of educations and the selected schools</li> <li>○ School health teachers support promoting behavior change for hygiene through hygiene awareness-raising activities, Menstrual Hygiene Management (MHM) water conservation, sanitation, solid waste management, and environmental protection activities</li> <li>○ Schools support to address environmental hazards, operate and maintain safe and usable WASH facilities</li> <li>○ Orientation and mobility training for schools' janitors</li> <li>○ Water testing, cleaning, and disinfection of water storage tanks</li> <li>○ Regular follow-up and monitoring visits monthly</li> </ul> </li> <li>➤ <b>WASH environmental clubs</b> in targeted schools               <ul style="list-style-type: none"> <li>○ Establishment of environmental clubs in schools</li> <li>○ Clubs facilitators trainings on the Environmental curriculum, and activities</li> <li>○ Support the clubs to organize environmental initiatives at the schools</li> </ul> </li> </ul>

<sup>21</sup> The JRF helpline was created in 2007

## Outcome 3 : A protective environment prevents exploitation, violence, abuse and neglect and responds to the needs of vulnerable girls, boys and women

### Child Protection

- **Helpline services provided to vulnerable children and families**
  - Counselling services for women and children for the following areas;
    - Violence reporting and victims' psychological care;
    - Parenting;
    - Case management.

## Purpose and objectives of the evaluation

The main **purpose** of the assignment was a summative evaluation of KOICA-supported interventions and activities focused on Health, WASH and Child Protection. More specifically, the evaluation aimed at understanding (1) how funds were managed and (2) gain knowledge on the programmatic achievements to fulfill the needs of children and women providing them with appropriate assistance and (3) how the capacities of government and national actors were strengthened.

In addition, PA understands that the **objectives** of the summative evaluation are as follow:

- **Accountability:** Assess the relevance, coverage, effectiveness, efficiency, sustainability, and impact of KOICA supported interventions;
- **Lessons learned:** Identify good practices and lessons learned from KOICA supported interventions (including intended and unintended outcomes) in order to build on general knowledge
- **Forward-looking:** Inform strategic thinking and provide concrete recommendations that will be considered for future UNICEF interventions and its implementing partners as UNICEF is moving into a new country programme document starting in 2023.

## Scope of the evaluation

The evaluation was structured under the three different sectors of intervention (Health, WASH and Child protection) and focused on the activities as outlined in the logical framework and work plan of the intervention (see above). The evaluation covered the activities implemented in primary and secondary schools as well as comprehensive health care centres in the following governorates: Amman, Zarqa, Irbid, and Mafrq; in 2017, 2018, 2019 and 2020.

## Stakeholders and audience of the evaluation

The key stakeholders of the evaluation are UNICEF, the Ministry of Education, the Ministry of Health, the Family Protection Department (FPD), the Jordan River Foundation (JRF), the Ministry of Water and Irrigation, school directors, teachers, children and their parents/caregivers. During the inception phase, the evaluation team developed a stakeholders' matrix (Annex 3) compiling all users of the evaluation with interest and utility of the evaluation (Annex 4). However, below is a summary table of the intended target audience and the foreseen interest and use per stakeholder.

*Box 3: Stakeholders, interest and use of the evaluation*

	Stakeholders and users of the evaluation	Interest in the evaluation	Use of the evaluation
Duty Bearers	UNICEF-JCO	Direct, fully engaged, consulted	Summative, Learning Accountability
Duty Bearers	UNICEF-MENA Regional Office	Direct, fully engaged, consulted	Summative, Learning Accountability
Duty Bearers	Implementing Partners	Direct, consulted	Summative, Learning
Duty Bearers	MoE, MoH, FPD & MoWI	Direct, consulted	Summative, Learning
Right Holders	Schools, Beneficiaries	Indirect and consulted	Accountability
Duty Bearers	UN Agencies	Indirect	Summative, Learning
Duty Bearers	Koica	Direct, consulted	Learning, Accountability
Duty Bearers	3RP and JRP Partners	Indirect	Summative, Learning

## Governance and management of the evaluation

The evaluation was managed and led by the UNICEF planning monitoring and evaluation section and PA's evaluation team directly reported to the Monitoring and Evaluation (M&E) Officer. The evaluation team was technically supported by the WASH, Health and Child Protection specialists involved in the evaluation process.

Furthermore, the Evaluation Steering Committee (ESC) includes UNICEF Partnership, Health, WASH, Child Protection specialists, a representative from the Ministry of Health and KOICA. PA adheres to the responsibilities of the ESC as stipulated in the ToR: provide technical guidance and review the inception report and the draft final report. As part of the inception phase, the evaluation team and the members of the ESC held a kick-off meeting in order to introduce the members of the ESC and the evaluation team.

## Evaluation framework and Methodology

### Logic Model and Theory of Change

The main approach to the evaluation of the KOICA-supported activities is based on the **result framework** "Better life for Girls: Full realization of Vulnerable girls' and boys' rights to health, protection and education in Jordan" provided by UNICEF to the evaluation team at the start of the evaluation. Based on the revised result framework above and the desk review conducted by the team, the logic model implied is **a response to the overall protracted refugee crisis and the realisation of girls and boys rights to health, protection and education in Jordan**. According to the original Problem and Solution Tree Diagram<sup>22</sup>, the project seeks to provide better conditions for girls and women in terms of health, WASH and protection, with a strong focus on children with disabilities<sup>23</sup> as well as girls and women who are at risk of violence and suffer from protection issues.

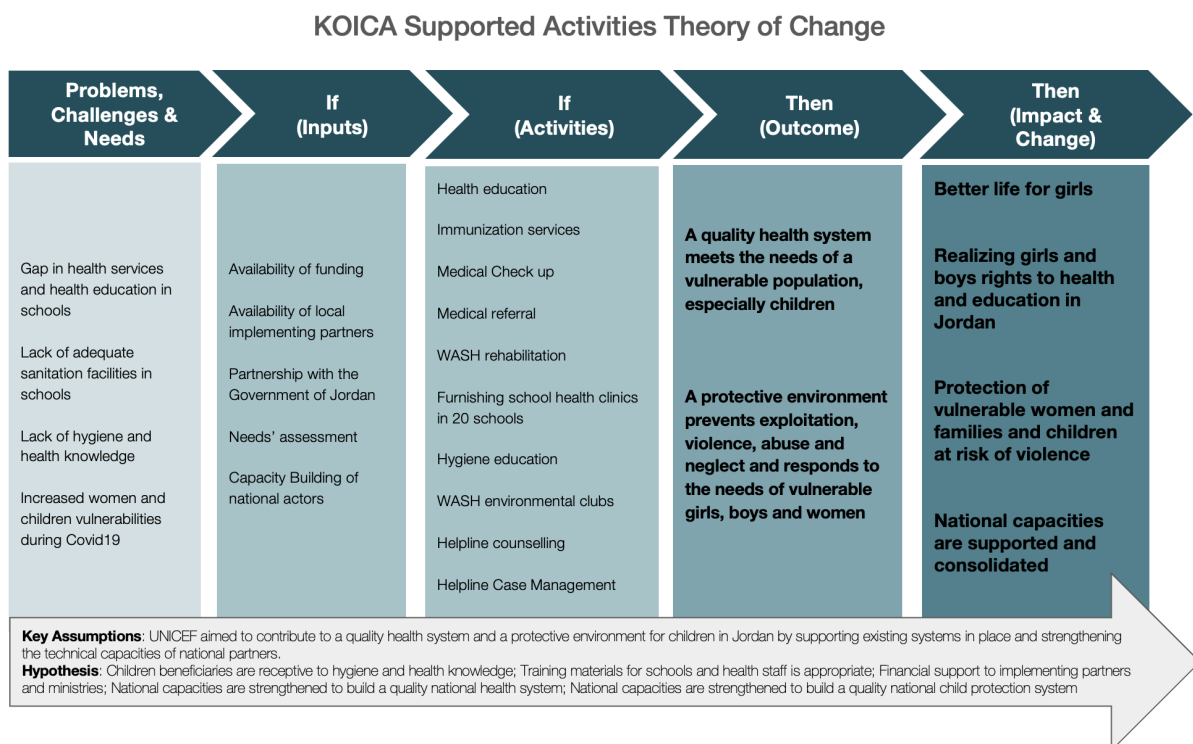
<sup>22</sup> KOICA-UNICEF Project Document 2017 Jordan

<sup>23</sup> Outcome 2 of the result framework is not part of this evaluation

Based on the terms of reference for this evaluation focusing on specific KOICA supported activities, the team was able to reconstruct the implicit Theory of Change (ToC) that was used as a tool to support the evaluation process. The ToC is based on an in-depth revision of the project documents, especially the result framework, the logical framework and the Problem and Solution Tree Diagram. The implicit ToC was revised and refined by the evaluation team (ET) to create a useful tool to fine-tune the assignment and more specifically **to assess the sustainability and impact of the intervention**. In addition, the ToC will support the development of **internal knowledge and learning at UNICEF** as well as **provide in depth donor accountability**.

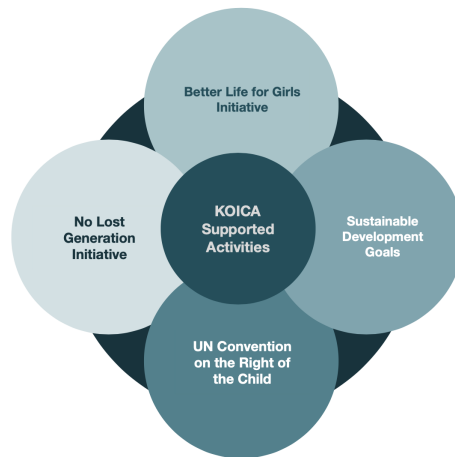
The ToC has helped the team create assumptions and hypotheses that were verified during the evaluation process and the tool has been used to understand what were the enabling factors to achieve the outcomes. In addition, the hypothesis of the ToC suggests that UNICEF, in partnership with the GoJ and their implementing partners, worked towards achieving the grounds for a better life for girls; realizing rights to health and education; protecting women and children at risk. The assumed change and impact was made possible by the enunciated inputs and activities and these composed the core of the evaluation exercise.

Box 4: KOICA supported activities ToC



## Conceptual framework and approach

In complementarity with the previously defined logic model, the team for the evaluation has defined the conceptual framework applicable to the KOICA supported activities. Throughout the evaluation, an assessment of the **relevance** of the activities against the indicators and the core principles of the framework in the graph below was applied. The team focused on the extent to which the intervention has worked towards achieving an integrated approach that fits with regional and international standards. In addition, this approach helped the team contextualise the activities implemented and their relevance towards a human rights based approach.



## Evaluation criteria and evaluation matrix

For this evaluation, PA's team used the OECD/DAC evaluation criteria in addition to the UNEG Norms and Standards for Evaluation to support the methodology and the process of the evaluation. Throughout the assignment, PA ensured the assessment of the **relevance, coverage, efficiency, effectiveness, sustainability and impact** of the KOICA-supported activities.

- **Relevance:** The extent to which activities reflected the priorities and needs of the target group.
- **Coverage:** Did the KOICA-supported activities reach all major groups in the population, including women, those most vulnerable, and in need?
- **Efficiency:** The degree to which the KOICA-supported activities realized value for money and maintained the resource levels required to attain intended results and quality.
- **Effectiveness:** The extent to which the KOICA-supported activities achieved their intended results.
- **Sustainability:** The potential for the KOICA-supported activities' benefits to persevere over the long-term.
- **Impact:** The extent to which the KOICA-supported activities have generated change for the beneficiaries and within communities as well as generated changes in the health and education national systems.

For coherence reasons, and to have a logical flow of analysis of the intervention, the ET decided to analyse the KOICA-supported activities using the following order of criteria:

- **Relevance** : to analyse how the program was designed in light of the problems it intends to respond to then,
- **Coverage** : to understand if it targets the right beneficiaries.
- **Effectiveness** : to understand what was effectively delivered.
- **Efficiency** to understand how these achievements were made in terms of resource use.
- **Impact** : to understand the effect it had on the beneficiaries and beyond and lastly,
- **Sustainability** to understand how these changes are likely to be maintained over time.

PA suggests that the principal and overarching research question of the summative evaluation is **the extent to which the KOICA-supported activities have contributed to the realisation of children's rights to health, protection and adequate school environment**. While key questions were proposed in the ToR and refined in the proposal, the team worked towards refining the key questions as well as in

depth sub-questions for each criteria during the inception phase. Below are the 18 key questions revised for each criteria.

Box 5: Key evaluation questions

Key Evaluation Questions	
<b>Relevance</b>	<ol style="list-style-type: none"> <li>1. Are the KOICA-supported activities consistent with beneficiaries' needs?</li> <li>2. How relevant is the intervention in regards to overall international and national priorities, policies?</li> <li>3. To what extent has UNICEF been able to adapt the intervention to the evolving context?</li> </ol>
<b>Coverage</b>	<ol style="list-style-type: none"> <li>1. To what extent are the most vulnerable populations targeted through the intervention?</li> <li>2. Have the KOICA-supported activities been taking into account relevant standards for equity, gender equality and human rights-based approach, including the participatory approach to include beneficiaries?</li> </ol>
<b>Efficiency</b>	<ol style="list-style-type: none"> <li>1. Have the KOICA-supported activities generated the intended outputs through the most efficient use of inputs, including financial, human resources and partnership approaches?</li> <li>2. M&amp;E: How efficient were the systems put in place to monitor progress of the KOICA supported activities?</li> </ol>
<b>Effectiveness</b>	<ol style="list-style-type: none"> <li>1. To what extent were the objectives of the KOICA-supported project achieved or likely to be achieved, in a timely and systematic manner?</li> <li>2. What were the major factors influencing the achievement or non-achievements of the objectives?</li> <li>3. How effective was the coordination between UNICEF and the different stakeholders involved in the KOICA activities and beyond?</li> <li>4. To what extent have the KOICA-supported schools and centers improved the approach to Health &amp; WASH better than schools not directly supported?</li> </ol>
<b>Sustainability</b>	<ol style="list-style-type: none"> <li>1. To what extent do relevant ministries have the capacity to take full ownership of the KOICA project without UNICEF's upstream support and donor funding?</li> <li>2. How will relevant ministries evolve when the supported activities end, will they adopt the intervention strategy in the long term?</li> <li>3. Could other stakeholders be involved in sustaining the intervention and its results? (youth, volunteers, NGOs)</li> </ol>
<b>Impact</b>	<ol style="list-style-type: none"> <li>1. What differences can be observed in children's behaviour as a result of the intervention?</li> <li>2. What change has the intervention brought into the life of beneficiaries?</li> <li>3. What happened as a result of the project? (capacity, knowledge, behaviour...)</li> <li>4. To what extent did the intervention have an impact on girls and boys during the pandemic (in 2020)?</li> </ol>

PA developed the evaluation matrix that includes all elements of interest to respond to the framework and rationale of the evaluation. The evaluation matrix can be found in Annex I of the evaluation report.

## Methodology of the Evaluation

The summative evaluation of the KOICA-supported activities was guided by the purpose, the objectives, the ToC and key evaluation questions to inform what has been achieved, lessons learned and provide recommendations.

### Phases of the Evaluation

To conduct the evaluation and produce the expected deliverables, PA used a mixed-method approach to collect both quantitative and qualitative data with a particular attention to **gender and disability**. The proposed tools supported the evidence-based research for the evaluation and provided understanding on the results and achievements, use of funds and impact of the supported intervention. The methodology for this evaluation included the below phases and a detailed table of the phases for the evaluation can be found in Annex 2.

#### ➤ Inception Phase

During the inception phase, the team worked on the desk review of documents made available by UNICEF. The team read through the reporting documents between KOICA and UNICEF including bi-annual reports, expenditures, communication and social media presence regarding the activities implemented. The team also accessed the WASH component reporting from UNICEF’s implementing partner the Royal Health Awareness Society (RHAS); Health related documents used in schools including the national standards for WASH in schools; Child protection documents from the Jordan River Foundation (JRF), the partner in charge of the helpline implementation. In addition, the team was able to refine the methodology and approach adopted for the evaluation and prepare the evaluation matrix, the data collection tools and its protocols with questionnaires for KIIs and FGDs targeted for each respondent. The inception report was validated by UNICEF and the Ethical Review Board prior to the data collection phase.

➤ **Data collection mission**

As part of the inception phase, the evaluation team developed a tentative agenda for the field mission that took place from Sunday 4 July 2021 to Tuesday 13 July 2021. The proposed agenda was consolidated in coordination with UNICEF and implementing partners. PA’s evaluation team conducted the following, also summarised in the below table. The list of respondents to the evaluation can be found in Annex 7 and the data collection mission agenda in Annex 6:

- **34 Key Informant Interviews (KIIs):** KIIs were one of the main information sources for the evaluation, including with UNICEF staff at Jordan Country Office, implementing partners (IPs), beneficiaries (parents), Ministries and government interlocutors (MoH) at Amman and governorates level, UN agencies and donors. During the inception phase, PA has developed interview guides adapted to each respondent (It can be found in Annex III of the report). PA conducted KIIs on the basis of the non-attribution of specific comments so as to prevent the source to be identified.<sup>24</sup>
- **17 Focus Group Discussions with parents & caregivers and school staff (FGD):** FGDs were used to gain insight from beneficiaries of the KOICA-supported activities, parents, caregivers and the communities. PA believes FGDs are a unique platform for beneficiaries to share their point of view, experience and stories to ensure that the community fully participates and takes part in the evaluation assignment and its process.<sup>25</sup> When conducting the FGDs, PA complied with the Do No Harm principles and ethical requirements; in addition, PA was sensitive to the methodology and content used when participating in FGDs with beneficiaries (parents and caregivers) according to safeguarding principles. Lastly, PA made sure that FGDs were conducted to encourage active and equal participation.
- **End of field mission workshop:** A presentation of the field mission, data collected and preliminary findings was organised online with UNICEF staff. This was an opportunity to address gaps and validate the preliminary findings to support the analysis phase. The presentation is available in Annex 7.

*Box 6: Summary of data collection tools conducted by the evaluation team*

Data Collection Methods & Respondents	Locations
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<sup>24</sup> Chatham House rule

<sup>25</sup> UNICEF framework for the Participation of Children

<b>Key Informant Interviews</b>	KOICA - (2) UNICEF Staff - (10) Implementing partners - (6) Government Actors - (8) School staff - (9)	<ul style="list-style-type: none"> <li>&gt; Amman</li> <li>&gt; Mafrq</li> <li>&gt; Marka</li> <li>&gt; Russaifah</li> <li>&gt; Irbid</li> <li>&gt; Al Hosn</li> <li>&gt; Taybbeh</li> <li>&gt; Wadi Seer</li> <li>&gt; Azraq Refugee Camp</li> <li>&gt; Zaatari Refugee Camp</li> </ul>
<b>Focus Group Discussions</b>	FGD parents & caregivers Health & WASH & Helpline (included school staff) - (13) FGD with Health Staff at CHC & MoH - (4)	
<b>Total</b>	Number of KII : 35 Number of FGD : 17 Number of female : 118 Number of male : 44	

## Analysis & Quality Assurance

### > Qualitative data management and analysis

- Data was first translated from Arabic into English and cross-checked by a second reviewer for accuracy. The team for the evaluation worked together for the analysis and triangulation of collected data from which evidence was constructed and jointly validated in order to harmonise findings, reach in-depth conclusions, lessons learned and provide recommendations. The team used the evidence matrix approach where data was associated with each key evaluation question and criteria. While the team ensured that all data were complete and accurate, efforts were placed to identify trends, patterns and categories from which emerged key themes and factors of attribution. Data was disaggregated per respondent category and location as well as per sector of the KOICA-supported activities in order to capture different information.
- The end of the field mission workshop was an opportunity for UNICEF and the evaluation team to discuss the preliminary findings and ensure **a participatory approach** to ensure larger triangulation of data. The evaluation team worked together to **triangulate the data** to seek validation, accuracy and harmonise the findings and eliminate bias within the team. During this process, they compared the data collected from different sources and stakeholders, for each tool, interview or focus group, with a particular focus on the geographical locations. Additionally, the team met with the M&E focal point at the end of the third day of data collection, to clarify some of the findings of the first three days.
- Using the **evidence matrix**, the team built a solid analysis of evidence to respond to the objectives of the evaluation to build conclusions and recommendations. Gender sensitivity was applied when selecting the respondents and a special attention was given to the local context. For an adequate gender perspective, the evaluation ensured that all at-risk parties, including women and men, girls and boys, were heard and their views expressed, and that the analysis used sex and age disaggregated data whenever possible. The notes of the interviews were not shared with UNICEF.

PA was responsible for the supervision of the evaluation process and carried out the assignment according to the ToR and guidance from the UNICEF evaluation manager and ESC. To ensure quality assurance, PA cooperated with UNICEF in terms of needs and requirements. PA was committed to ensure an in-depth evidence-based analysis, fair conclusions and transparent process. In line with UNICEF evaluation requirements, PA provided results and recommendations that are applicable in terms

of policy and practical terms. PA committed to the timeline of the assignment to ensure that deliverables were submitted in a timely manner. In addition, PA worked with UNICEF to comply with the requirements of the ethical review applied to this evaluation. PA understands the importance of these reviews and adjusted the assignment and deliverables accordingly.

## Ethical Considerations

PA adheres to the norms and standards of the United Nations Evaluation Group. PA also follows the UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis.<sup>26</sup> In addition, the evaluation process was guided by UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation as well as the standards of Ethical Research Involving Children<sup>27</sup> and the Institutional Review Board (IRB) to protect the rights and welfare of human subjects participating in an evaluation.

PA understands that ethical considerations refer to the confidentiality of the respondents and data gathered and this will be strictly respected. During KIs and FGD, PA's team ensured that respondents understood that participation was voluntary and that the information shared remained confidential and anonymous. Special attention was also dedicated to UNEG guidance and principles of 'do no harm'. The team explained confidentiality and sought the informed consent (verbal) of each interviewee through a verbal introduction. Interviewees also had the opportunity to suspend the interview or opt-out of specific questions for any reason they felt necessary.

The evaluation was conflict sensitive and ethical considerations were respected in all cases and with particular sensitivity when undertaking field visits in Jordan. Considering the vulnerability of the affected populations, specific considerations to the local context were anticipated by the team, including potential assessment fatigue of the affected population, vulnerable groups.

PA also adhered to the ethical principles and standards of ERIC which include:

- Commitment to producing an evaluation of developmental and practical value for the users;
- Commitment to avoid harm to participants;
- Respect for cultural norms;
- Commitment to an inclusive approach ensuring access and participation of women and socially excluded groups;
- Commitment to ensure participation in the evaluation is voluntary and free from external pressure;
- Commitment to confidentiality and anonymity of participants.

Throughout the evaluation process, PA ensured a **participatory approach** and was committed to the following standards:

- **Human Rights Responsive:** According to the human rights international framework, there are agreed rights, standards and targets on which the UNICEF intervention is based upon. By analysing these rights, PA sought elements and highlighted how UNICEF committed to a Human Rights Based Approach (HRBA) and the Gender Equality and Equity Strategy
- **Age, Gender and Diversity (AGD) Sensitive:** During the evaluation, PA ensured that an AGD sensitive approach was used. This was supported by a combined use of quantitative and qualitative data. This included considering whether and how UNICEF's work took into

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<sup>26</sup> [http://www.unicef.org/supply/files/ATTACHMENT\\_IV-UNICEF\\_Procedure\\_for\\_Ethical\\_Standards.PDF](http://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)

<sup>27</sup> UNICEF, Ethical Research Involving Children: <http://www.unicef-irc.org/KM/ERIC/>

consideration the specificity of each group. PA also strived to ensure that all data was disaggregated by age and gender, to allow gender-sensitive analysis and identification of gaps and recommendations. In addition, a particular attention was given to the ethnicity and disability for which disaggregated data and analysis was also provided

- **Accountable to Affected Populations (AAP):** The principle of accountability requires that actors (duty bearers) actively involve the affected people (rights holders) meaningfully in key decisions and processes that impact them. This includes involving persons of concern in the evaluation and ensuring that the response takes due account of the needs, views, and capacities of affected people. Efforts to link the perceptions and knowledge of the affected population to a wider strategic and policy process theory has the potential to add significant value to UNICEF's work in this area. It also functions as a form of empowerment of the affected population by taking children, youth and the community's views seriously.

## Risks and Limitations of the Evaluation

PA was conscious that this evaluation assignment would have limitations and was committed to ensure quality and bring the evaluation to the lowest risks. PA adjusted the risks and limitations after the data collection phase and the mitigation strategy adopted

*Box 7: Risks and Limitations*

Risk and Limitations	Mitigation Strategy
Partnership Cooperation Agreement with MoH was not shared with the ET, as well as monitoring reports	The ET worked with the available documents listed in the bibliography
The ET was not introduced to MoE to conduct a KI	The ET used other sources to assess the KOICA-supported activities
Unavailability of a focal point at UNICEF level for the KOICA supported activities	The ET worked directly with the M&E Unit to mitigate the gaps in information provided for the evaluation. The ET developed a matrix of necessary documents submitted to UNICEF to obtain additional data however, only documents related to the WASH component were provided
School holidays & Tawjihi exam	As the data collection mission was conducting during the school holidays and tawjihi exam, the ET had to adjust the agenda accordingly
Covid19 pandemic	The data collection mission was conducted smoothly despite the health and distancing measures in place. The ET paid attention to respect the protocol in place
Relatively short period for qualitative data collection phase in Jordan	PA mitigated this risk by splitting the team to ensure that the largest geographical areas were covered and to reach out to the highest number of respondents possible. 2 teams of evaluators conducted data collection to also fit the gender requirements
Data collection depended on the availability of the respondents but also the multiplicity of sites and locations of the intervention	A strong coordination and communication process was agreed with UNICEF to inform respondents in due time and a facilitated access to the areas of the intervention.
Potential fatigue of the respondents due to the multiplicity of similar assignments	PA ensured that the purpose of the assignment was shared prior to conducting KIIs or FGD and abided by the ethical considerations to make sure that respondents were informed and

	protected.
Language and communication challenges	PA proposed a multi-cultural team (french and jordanian) to ensure that direct communication was done in arabic
Ethical concerns on working with children and vulnerable persons	PA ensured mainstreaming of the Do No Harm approach and ethical safeguards during the data collection process according to UNICEF standards.
Potential security concerns	PA remained aware of the situation and complied with UNICEF and UNDSS security standards. Furthermore, PA monitored the security situation in the areas covered by the evaluation.
Staff turnover at UNICEF, GoJ and IPs	PA's team did not have access to staff that were previously involved in the KOICA supported activities.

## Evaluation Findings

### Key findings and rating System

The following section presents the findings of the evaluation structured per the OECD-DAC criteria. The findings respond to the key evaluation questions. The team for this evaluation used a rating system for each of the findings, based on a qualitative assessment by the ET. Each finding was rated using the following scale “+” and “-”.

#### *Findings scoring legend*

VERY POOR	POOR	GOOD	VERY GOOD
- -	-	+	+ +

### Relevance

*The extent to which the KOICA supported activities reflect the priorities and needs of the target group.*

<b>KEQ 1. Are the KOICA supported activities consistent with beneficiaries' needs?</b>	
<b>Key Findings</b>	<b>Rating</b>
→ The Koica-supported activities responded properly to the needs of beneficiaries	++
→ The intervention is based on a strong situation analysis	++
→ Evidence of a gap in assessing the needs	--
→ The intervention was relevant to the needs of beneficiaries in terms of practice and behavior gaps	++
→ The support provided to the helpline was highly relevant to the rising needs of beneficiaries during Covid19	++

## Health

The Koica-supported activities form an integral part of the global response to the prolonged humanitarian crisis in Jordan that has weakened the country's capacity and progress towards a better education and health system. While Jordan had placed strong efforts into supporting a national public health system focusing on health in school, schools were shaken by the sudden overload of incoming students as a result of the syrian crisis. With efforts to open public schools to syrian refugee children during the afternoon shift, the school environment became unable to cover for the larger needs in terms of health prevention, promotion and education. In addition, comprehensive health centers which are part of the holistic approach to health have also suffered from an overload of referred cases that would impact the quality of services provided.

The existing comprehensive package for school health services led by the MoH has largely contributed to improving healthier lifestyles among the Jordanian host communities and refugee communities. With prior support from UNICEF to the MoH for the implementation of the Integrated School Health programme in refugee camps and three public schools in Jordan, the KOICA-supported activities have contributed to the scaling up of the experience in thirty-two public schools<sup>28</sup> in host communities, 20 Comprehensive Health Centers in host communities and three refugee camps (Zaatari, Azraq and EJC).

*"UNICEF started supporting the Integrated School Health Programme when we were unable to continue what we had started. The intervention improved the health conditions for students in need."*

A Staff at MoH

The KOICA-supported activities' design was based on the priorities formulated by the MoH and responded to public health needs. Within the scope of the intervention, the MoH identified the schools and health centers to be supported for the implementation of the health component. According to respondents of the evaluation, schools and health centers were not consulted on their needs prior to the intervention even though the services provided to beneficiaries in terms of health seemed to respond to the needs.

## WASH

Complementing the health in schools programme, the KOICA intervention included the identification of gaps related to WASH in schools. In Jordan, it is estimated that only 1 in 3 schools has access to basic sanitation services. Due to the overload of school attendees, Water and Sanitation facilities have become largely unusable for children, especially for girls; and schools also faced shortages in water access. The KOICA-supported activities were designed to respond to this shortcoming, scaling up prior KOICA-supported WASH intervention which would now include health and hygiene education (part of the evaluation). The MOE was in charge of identifying the schools for the implementation of the activities.

Based on the KAP survey conducted by RHAS in 2019, a large majority of the participants to the baseline survey attended schools that had already benefited from health and hygiene related activities. This may affect the ability to measure the results and impact when conducting the endline assessment (ongoing KAP survey), however this does not affect the relevance of the intervention. In addition, the gap in assessing the needs may have affected the early design of the intervention. The ET was able to identify overlapping and duplication between WASH and health activities: health and hygiene education in schools previously provided in schools supported by MoE and those supported by MoH.

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<sup>28</sup> Based on the list provided by UNICEF to the evaluation team

According to the KAP survey conducted by RHAS in 2019, knowledge of participants was reported to be high in terms of hygiene and health; however, the survey did not inform on the practices and behaviors associated with the knowledge. Some obstacles related to the environment may undermine the ability of students to adopt hygienic and healthy behaviors: deteriorated WASH facilities, lack of access to running water, lack of essential materials in schools bathrooms such as trash bins and soap access. The evaluation has evidenced the relevance of the WASH holistic approach in schools embodied by the Three Star Approach and specifically the enabling environment and supply provided to the schools. The intervention in schools focusing on WASH was relevant in terms of enabling children to adopt new practices and change their behaviors.

Despite the results of the KAP survey, the data collected highlights the relevance of health and hygiene education activities conducted as school staff report a general lack of knowledge, particularly in regards to menstrual hygiene.

*"Many girls didn't know how to use menstrual pads, how to fold them and place them in the trash."*

A school teacher, and parent

The relevance of the intervention was also marked by the training provided by RHAS to school staff who are also parents of children attending the school. The evaluation has evidenced the appropriateness of the topics covered during the training.

*"I used to be hesitant to speak about personal hygiene and menstruation, I was embarrassed and girls as well. With the training, we learned how and were encouraged. I now dare to speak about and I explain in detail how to use menstrual pads."*

A school teacher, and parent

## Child Protection

The support provided by UNICEF to JRF's existing helpline came as a response to the Covid19 crisis, which resulted in a significant increase (33%) of family violence cases reported to FPD. Children and families have suffered from multiple lockdowns in Jordan and schools have been closed for over a year and a half. The protection concerns associated with the crisis were extremely high and stress was largely prevalent within families. While children have reached out to the helpline, parents and caregivers were the main callers, thus the intervention was relevant in mitigating the risks for children by providing support to parents and caregivers, such as psycho-social support but also referral to specialised services.

Providing support to a helpline service is particularly important during a crisis period when outreach to the community through case management was nonexistent, especially in a society where multiple topics are taboo and difficult to address in a close circle of family members. The helpline was relevant in providing a safe space to respond to the needs of beneficiaries.

*"I was facing problems at home with my husband and suffered from a lot of stress. I called the helpline many times and they have helped me feel better and overcome the situation."*

A Helpline beneficiary

In addition, the data collected highlights the relevance of the in-kind support provided: distribution of cell phones and computers to enable helpline staff to work remotely. At the beginning of the crisis, staff from

the helpline reported working from home, often on their personal cell phones. The KOICA-supported activities have largely contributed to provide the necessary means to relevantly respond to the needs.

## KEQ 2. How relevant is the intervention in regards to the overall national priorities, policies?

Key Findings	Rating
→ The Koica supported activities are highly relevant to national priorities and policies in Jordan	++

### Health

The intervention is pertinent to the country's priorities and was designed in support of already existing policies. The KOICA activities are consistent with the GoJ's National School Health Strategy<sup>29</sup> (2018-2021) and works towards promoting student's health and well-being in schools. The supported activities provided specific services that are stated in the strategy: provision of periodic medical screening, increased health education and awareness, improved health information system, and address dental health problems. In addition, the supported activities are consistent with the MoH's Health in Schools Strategy in covering the previously mentioned services but also the immunization campaign in schools from refugee camps and host communities.

*"The MoH had already started working on this approach in 2018, and UNICEF supported us with developing the guidelines for health in schools, which were published in 2019."*

A Staff at MoH

### WASH

The WASH supported activities are in line with the GoJ's National School Health Strategy and the National Water Strategy (2016-2025) which identifies the holistic approach to WASH in schools as a priority. The KOICA-supported activities and the Three Star Approach supported by UNICEF have contributed to providing a comprehensive package to improve school hygiene, promote children's health and hygiene education. The MoE has also adopted the National WASH in schools standards which was key in the implemented activities.

### Child Protection

The support provided to the helpline is pertinent to the JRP (2018-2022) and the specific objective on Resilience: promote a protective environment that prevents exploitation, abuse and neglect and responds to the needs of vulnerable children. In addition, strong linkages can be made between the helpline and Jordan's guiding principles for prevention and response to violence; NCFA procedure manual for violence within families. Additionally, case management supported through the broader KOICA funding and by UNICEF are consistent with the national SOP for case management and referral.

## KEQ 3. To what extent has UNICEF been able to adapt the intervention to the evolving context?

Key Findings	Rating
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<sup>29</sup> MoE, MoH & UNICEF joint strategy

→ UNICEF adapted its global approach to respond to the changing context in Jordan	++
→ UNICEF worked towards adapting the intervention during the the Covid19 pandemic	-

UNICEF Jordan Country Office (JCO) is currently working under the Jordan Country Programme 2018-2022.<sup>30</sup> Based on the lessons learned from the response to the Syria refugee crisis, UNICEF has adapted its approach from a humanitarian response to a development approach stepping away from emergency funding providing short term support under which the main focus was the needs of the refugee population in Jordan, particularly Syrians. UNICEF, guided by GoJ’s policy on addressing the needs of all children, Jordanians and non-Jordanians, developed a **new strategy based on vulnerability: the vulnerability-based approach**: “To Achieve the GoJ’s two-year plan and National Vision Jordan 2025, and in support of the JRP, UNICEF is prioritizing actions that will impact on the lives of beneficiaries. Based on the strategy, UNICEF is focusing on three core areas:

- 1) Targeting the most vulnerable children;
- 2) Growing opportunities to promote social cohesion;
- 3) Bolstering national capacity and resilience of national systems.

The KOICA-supported activities are well integrated and in line with GoJ’s priorities and UNICEF’s latest Country Programme. According to the planned activities and based on the programme documents, the intervention is **coherent** with the changing context and realities as guided by the GoJ and the implemented activities have worked in favor of building national capacities and strengthening the already existing system in place as well as targeting the most vulnerable.

### Health (vaccination campaign)

At the start of the pandemic and when Jordan entered its first lockdown, health and medical referral activities targeting children in schools had not started. This component was implemented when lockdown measures were lifted in June 2020. Since then, schools have not re-opened and the medical services provided to students were not provided through school referrals but rather by word of mouth throughout the community. In addition, as a result of the pandemic, the vaccination campaign supported by UNICEF 2020 was not conducted.

The Covid19 sudden restrictions measures have disrupted access to schools and comprehensive health centers and the ability for the MoH to implement the UNICEF supported component. UNICEF faced limitations in adapting the intervention in a relevant manner due to the unfavorable context.

### WASH

According to the data collected by the ET, UNICEF and its implementing partner RHAS were able to adapt the activities by pursuing the intervention online; awareness raising continued remotely through online accessible social media (whatsapp, facebook) as well as activities for the environment club. However, due to the lack of internet access, connectivity and appropriate material, it was reported that a high number of students could not participate in the activities.

*“We do not have a computer or internet at home, my children followed the activities on my cell-phone.”*

<sup>30</sup> <https://www.unicef.org/jordan/media/371/file/Jordan-Reports.pdf>

## Child Protection

As a response to the rising needs due to the lockdown and isolation of vulnerable families, UNICEF provided support to JRF's helpline in order to expand its existing services. As case management was put on hold during a crucial period, the helpline came as a mitigation measure to the risks and protection concerns on the rise during the lockdown. UNICEF supported JRF with the possibility to hire additional staff and the provision of essential materials to work remotely. According to the data provided by JRF, callers of the helpline are ultimately parents and caregivers as children do not dare to call the helpline. However, the presence and support provided to parents and caregivers have had effects on children themselves. The response provided at the time by UNICEF was pertinent to the rapidly and drastically changing context.

## Coverage

*Did the KOICA supported activities reach all major groups in the population, including women, those most vulnerable, and in need?*

### KEQ 1. To what extent are the most vulnerable populations targeted through the intervention?

Key Findings	Rating
→ Lack of system in place to identify the most vulnerable beneficiaries	-
→ Presumption of vulnerability	-
→ Health services targeted vulnerable families but the targeted schools did not appear as the most vulnerable	+
→ The helpline enabled access to remote support for the most vulnerable population during Covid19 restriction measures, however the helpline was not available for the populations in the camps due to a lack of information	+

## Health

The areas of intervention, schools and CHC were identified by the MoH. CHC were chosen in highly refugee-populated and vulnerable areas surrounded by a large network of schools, public and double shifted schools. The original strategy for the health intervention was based on a referral system for identified students in need at school by medical and health focal points; however, based on the data collected, the beneficiaries benefiting from the health services provided at the CHC were rather based on daily needs and word of mouth throughout the community. While it is assumed that vulnerable beneficiaries have been targeted due to environment and the geographical locations, there is a gap in the lack of an outreach and identification system in place for the most vulnerable. This shortcoming can largely be justified by the closure of schools during the implementation of direct provision of health services to students during which families were informed of the availability of free check ups and services available in nearby clinics, which however led to a gap in purposive targeting. A FGD with MoH staff has nonetheless confirmed that families in need were considered as beneficiaries to the supported activities.

*"Families who were not able to afford for the medical services were covered by the KOICA fund"*

A Staff at MoH

## WASH

Under the WASH component, target schools were identified by the MoE and the ET evidenced a lack of vulnerability assessment of the environment and targeted beneficiaries prior to the implementation of the activities. The targeted schools were for the vast majority the object of prior WASH intervention as well as activities focusing on hygiene and awareness of the environment (clean schools project).

The assumption of vulnerability is validated by the geographical environment, rural and poorer socio-economic conditions in the vast majority of the schools; however schools were qualified as in *"fairly good conditions in comparison to other public schools in Jordan with a proactive and sensitive school staff team engaged in the topic matter"*. The selection criteria at ministry-level remained unclear to the ET and no respondent to the evaluation was able to clarify the identification process.

## Child Protection

As mentioned under relevance, by essence, the helpline is a service responding to some of the needs of the most vulnerable population, particularly during the pandemic lockdowns when outreach to the communities was on hold and families were isolated. The risks of violence within families and against children reported to national institutions and FPD were extremely high at that time. The helpline brought a strong contribution in terms of covering for the needs of the most vulnerable.

*"We face so many cases that are in need and there are only few services available in Jordan. Calls are anonymous and confidential and that makes it more accessible."*

A helpline staff

However it is important to note that the helpline was a service provided based on the willingness and the ability of beneficiaries to call and that no services were structured to respond to the most isolated cases and children at risk.

## **KEQ 2. Have the KOICA-supported activities been taking into account relevant standards for equity, gender equality and human rights-based approach, including the participatory approach to include beneficiaries?**

Key Findings	Rating
→ The KOICA supported activities are fairly compliant with a human rights based approach (international standards, equity, gender equality & participatory approach)	+
→ Lack of integration and inclusion of Children with Disabilities (CwD)	--

The evaluation framework had suggested integrating the consistency of the KOICA-supported activities with international standards. The intervention is strongly aligned with KOICA priorities of the Better Life for Girls Initiative and worked towards enhancing girls' health and protection and gender equality. Below is a

table of the integration of HRBA principles of the three sectors of intervention against international standards' indicators.

Box 8: Integration of HRBA principles

Sectors	International frameworks	Indicators
<b>Health &amp; WASH</b>	Sustainable Development Goals	SDG 3: Good Health and Wellbeing; SGD 6: Clean Water and Sanitation; SDG 5: Gender Equality; SDG 16: Ending all forms of violence against children
	No Lost Generation Initiative	Girls' Right to Health will be realized through the School Health and WASH in Schools interventions targeting Syrian refugee girls and boys with a specific attention to the specific needs of girls
	UNCRC	Education: Article 28; Stay Healthy: Article 24 and Article 39
<b>Child Protection</b>	Sustainable Development Goals	SDG 16: Ending all forms of violence against children
	No Lost Generation Initiative	Girls and women affected by violence against children including gender-based violence, early marriage, and other protection issues affecting girls will be referred and managed through UNICEF's network of partners
	UNCRC	Article 19 on protecting children from violence

The KOICA-supported activities aimed at leaving no one behind

UNICEF works toward leaving no one behind and covering the needs of all children: Jordanians, Syrians and all refugees with equal access to services provided. The intervention is designed to cover the needs of all children: the immunization campaign was implemented in refugee camps and double-shifted schools; the health and WASH activities were implemented partly in double-shifted schools; and the helpline is accessible to everyone. In regards to WASH and health, the ET did not evidence the extent to which the activities targeted all children in an equitable manner, the data collected did not provide the necessary information to illustrate the coverage; and the partnership documents did not provide the achievement against the originally stated target (80% of Syrian refugee children).<sup>31</sup> In addition, partners' monthly reports made available to the ET did not provide properly disaggregated data. With the helpline, under the child protection component, JRF monthly reporting shows that Syrians and other refugees represent only a few cases who have either called the helpline, received counselling or referral.

Gender Equality: The intervention is designed to provide equal access to services for boys and girls

Based on the programme documents, KOICA-supported activities are gender sensitive with a particular focus on girls and boys' rights. Gender equality is cross-cutting throughout all originally designed activities, and it has been mainstreamed in all aspects of the activities : from service delivery to capacity building as well as data disaggregation in reporting from partners and UNICEF. Based on the available documents, girls and boys have had equal access to services provided in terms of health and child protection; however, boys were not part of the WASH activities that are the object of this evaluation. Hygiene and health education was only implemented in schools for girls<sup>32</sup>, data reported by RHAS

<sup>31</sup> UNICEF-KOICA Final Report, March 2021

<sup>32</sup> The ET was made aware that the intervention was originally aiming to target schools for boys but the MoE granted approval for schools for girls only.

highlights that boys were also beneficiaries of this specific component. It is expected that these beneficiaries were part of mixed primary schools however the ET did not interview parents of boys beneficiaries.

The ET noted that the design of the KOICA-supported activities is in line with gender-responsive programming standards and gender was mainstreamed throughout all components of the activities and implementation.

#### Participatory Approach

The participation of involved stakeholders, notably duty bearers, is quite consistent within the supported activities. GoJ and IPs have been strongly involved in the design of the intervention, from a technical perspective to the provision of services. For Health and WASH, the two relevant ministries have strongly participated in the 'project cycle' in which they have had ownership over drafting the key strategies for health and WASH in schools. For CP, it is noteworthy to mention that a national organisation was able to build on its strong link with the GoJ to leverage on its network to adapt support towards a targeted intervention to respond to urgent needs. With this dynamic in place, the participatory approach of stakeholders is fairly strong. The ET raised some nuance on the participatory approach when it comes to beneficiaries involvement (rights holders) as direct and indirect beneficiaries are yet to be considered: children and families but also school and health staff. The data collected has evidenced a gap in the inclusion of direct and indirect beneficiaries (children, school and health staff) in the process design of the activities, as well as the role of school and health staff in delivering the services, and the role of children within their communities.

#### Inclusion of Children with Disabilities (CwD)

Disability still suffers from important stigma and judgment in Jordan, which has resulted in a large institutionalisation of persons with disabilities, particularly children. It is important to note that only 3% of CwD in Jordan receive education services<sup>33</sup> (public or alternative) which reveals that CwD are usually not integrated in the public schooling system and remain excluded from national policies targeting schools. Although the statistics from the MoE show that 1.9%<sup>34</sup> of enrolled children in primary education are CwD, many reports evidenced the high dropout rate related to an unsuitable environment in school. In general, only rare schools are equipped to support and maintain the enrollment of CwD in schools.

*"There are no CwD in our school, the environment is not suitable for them, they usually attend other schools for CwD"*

A school teacher, and parent

Throughout the evaluation, the ET was not able to consult consistent disaggregated data on targeting CwD for all three components of the supported activities. With school staff interviewed reporting the absence of CwD enrolled in the schools, CwD have barely been beneficiaries of the Health and WASH components of the KOICA-supported activities. The ET was able to compile the data provided by RHAS and evidenced that 9 CwD were beneficiaries benefited from the WASH activities and 2 are part of the environmental club<sup>35</sup>.

<sup>33</sup> Thompson S. 2018. *The current situation of persons with disabilities in Jordan*. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies.

<sup>34</sup> Ministry of Education (2018). Education Strategic Plan 2018 – 2022

<sup>35</sup><https://app.powerbi.com/view?r=eyJrIjojODUwZGEyY2ltNmRkMCM0NGQ2LWlyYzUtZWwZTgzNWU0OWVjIiwidCI6ImJhYTBINGNkLTQ3ODEtNDc3Ny05ZWZkLTE1NzU3N2FIN2E0YiIsImMiOjI9>

In addition, while some visited schools for this evaluation provided accessible installations for PwD, a school health clinic was noted to be on the first floor of the school facility making it inaccessible for CwD in need of services at the clinic. In other schools, the toilet facilities were also not accessible for CwD.

## Effectiveness

*The extent to which the KOICA supported activities achieved its intended results*

The team for this evaluation placed efforts into analysing the effectiveness of the KOICA-supported activities by looking at the level of achievement against the planned target. The ET has also integrated the level of achievement of the activities per key areas of focus based on UNICEF strategy.<sup>36</sup>

<b>KEQ 1. To what extent were the objectives of the KOICA supported project achieved or likely to be achieved, in a timely and systematic manner?</b>	
<b>Key Findings</b>	<b>Rating</b>
→ UNICEF effectively worked towards supporting a quality health system to meet the needs of a vulnerable population, especially children	+
→ UNICEF effectively worked towards supporting a protective environment that prevents vulnerable girls, boys and women from exploitation, violence, abuse and neglect and responds to their needs	+
→ Provision of services to the most vulnerable	+
→ Bolstered national capacities and systems	++
→ Lack of clarity on implementation timeline	--
→ Data reported under the health component could not be triangulated with the MoH reports	--
→ Effectiveness was altered by the COvid19 and activities for health & WASH implemented in schools were on hold	-

The ET raised a real concern about reported figures for Health and WASH to the donors as the distribution of output over the years was stable and consistent with the targets (1/4th of the target being met every years) when the reported timeline of activity by the activity implementers and other internal reporting showed that activity implementation had been greatly fluctuating over the years (preparation period and slow launch of activity the initial years, Covid related suspensions the last one...). This discrepancy between activity implementation and reported outputs raised concerns about the veracity of the reported number and attribution to the given activity of the produced outputs. In absence of further verification methods and access to data from the ministries, the ET thus analysed effectiveness in light of these numbers for the following section, with concerns over the real attribution to activity.

## Health

<sup>36</sup> Jordan Country Programme, 2018-2022, <https://www.unicef.org/jordan/media/371/file/Jordan-Reports.pdf>

The ET used the reports to the donor<sup>37</sup> to identify the level of achievement for each activity implemented according to the planned target. It is reflected in the table below:

Outcome 1 (HEALTH & WASH): A quality health system meets the needs of a vulnerable population, especially children	Indicator	Planned Target	Level of achievement
<b>HEALTH</b> <b>School Health Package for Students - Integrated health education and services in schools provided:</b> <ul style="list-style-type: none"> <li>➤ Health Promotion (Education &amp; Awareness)</li> <li>➤ Prevention Services (Immunization; Medical examination; Vision, dental and nutrition checks)</li> <li>➤ Medical &amp; dental treatment at Health Centers</li> </ul> <b>1 school health clinic furnished in 20 most vulnerable schools</b>	Number of boys and girls at schools received vaccines (Td, OPV) at targeted schools	80,000 children (40,000 of whom to receive Td, OPV and 80,000 of whom to receive medical check-ups)	39,964 children (20,169 girls) (99.9% achieved)
	Number of students (boys and girls) with increased access to regular medical check-ups and referrals (if necessary) at targeted schools		78,411 children (39,682 girls) (98% achieved)

#### Provision of services to the most vulnerable

Based on the information available in the supported activities' reports, health activities were implemented and achieved according to the original target. However, the evaluation evidenced gaps in the data provided in the reports:

- **Health Promotion (Education & Awareness):** 77,927 children participating in education and awareness activities are reported in the logical framework of the final report. However, the ET was not able to collect data on this activity. It is unclear whether this activity falls under the scope of the WASH or Health component. There are uncertainties over who conducted the trainings and when these were delivered to children.
- **Medical examination (vision, dental and nutrition checks) in schools and health centers:** The evaluation did not evidence consistency in medical examination conducted in schools but rather in CHC where families came spontaneously after hearing of the free services within the community.
  - Only 1 of the schools visited by the ET was able to mention that children benefited from medical checkups and that vulnerable students were referred to the closest CHC for free medical service. There is a lack of clarity on whether this has happened as a result of the UNICEF/Koica supported activities or through the regular MoH activities, as reported by the school staff.
  - The ET was not able to collect evidence on the data provided for medical checkups, as documents from the MoH were not made available. However, when interviewing the CHC, the ET was informed that access to free medical services activities were conducted **from June 2020 to November 2020**. The ET was able to collect data on the numbers of children who benefited from medical checkups at the following CHC:
    - Al Hosn Comprehensive Health Center: 517 children
    - Wadi Al seer Comprehensive Health Center: 1835 children
  - Additionally, the data collected largely informs the evaluation on a confusion over the services provided as a response to Covid19 rather than being part of a national health campaign by MoH supported by UNICEF and KOICA

<sup>37</sup> Final Report to KOICA, March 2021

- **Training of health and school staff:** CHCs visited and interviewed by the ET did not receive specific training but rather additional equipment, materials and vaccines.
- **On Furnishing School health clinics:** Effectively, the schools visited by the ET all had a room arranged as a health clinic. However, the timeline for this activity is unclear, some of the clinics had been recently furnished as reported by school directors.
  - The respondents to the evaluation mentioned that health clinics have so far not been in use due to the closure of schools since the beginning of the pandemic
  - In addition, school and health centers have raised concerns over the functioning of the health clinics and the extent to which medical staff would be assigned
  - There is no sustainable plan for supply of the medical consumable needed for the running of such clinics (bandages, disinfectant etc.)
  - The awareness material associated with the clinic (posters on health and hygiene best practices etc.) was distributed, and posted on the wall for a large part of it, only a few days before the evaluators visit.

*“We have recently received the materials to furnish the health clinic for the school but until now it has not been used”*

A Health Staff at CHC

#### Bolstered national capacities and systems

Complementing the direct delivery of health services by the MoH, the KOICA-supported activities have also worked in favor of strengthening the national capacities and existing system in place. UNICEF supported the MoH and MoE in developing the following guidelines that were effectively adopted at national level:

- Jordan National School Health Strategy 2018-2021
- Integrated School Health Programme (MoH)
- School Health Guidelines produced in 2019
- School Health-Promotion Manual in 2020

#### **WASH**

The ET used the internal reporting documents between UNICEF and RHAS to identify the level of achievement per each activity implemented according to the planned target. Additionally, **the team collected information in order to formulate the indicator and planned target.** It is reflected in the table below:

<b>Outcome 1 (HEALTH &amp; WASH): A quality health system meets the needs of a vulnerable population, especially children</b>	<b>Indicator<sup>38</sup></b>	<b>Planned Target</b>	<b>Level of achievement</b>
<b>WASH</b> Implementation of the <b>National Standards for Water Sanitation and Hygiene (WASH) in Schools</b> programme in Jordan, in tandem with the <b>Three Stars Approach</b>	Revised indicator by the ET <sup>39</sup> :  Number of boys and girls with		

<sup>38</sup> The indicator for WASH in the logical framework available in the report to KOICA does not reflect the activities being evaluated: Support to the National Standards for WASH within the framework of the Three Star Approach. The Health and hygiene activities that appear in the logical framework are reported under health, not under WASH, as mentioned under effectiveness (health).

<sup>39</sup> Based on UNICEF-RHAS Programme document: WASHinSchools/JOR/PCA2019187/PD2019220/2019/RHAS/Jordan

<ul style="list-style-type: none"> <li>➤ Three Stars Approach training for schools' health focal points at the directorate of educations and the selected schools</li> <li>➤ School health teachers support promoting behavior change for hygiene through hygiene awareness-raising activities, Menstrual Hygiene Management (MHM) water conservation, sanitation, solid waste management, and environmental protection activities</li> <li>➤ Schools support to address environmental hazards, operate and maintain safe and usable WASH facilities</li> <li>➤ Orientation and mobility training for schools' janitors</li> <li>➤ Water testing, cleaning, and disinfection of water storage tanks</li> <li>➤ Regular follow-up and monitoring visits monthly</li> </ul>	<p>improved access to WASH services</p> <p>Number of vulnerable children who demonstrate an awareness of key hygiene messages and water conservation</p> <p>Number of clubs created</p>	<p>7200</p> <p>20</p>	<p>8263 boys and girls (over-achieved)</p> <p>20</p>
<p><b>WASH environmental clubs in targeted schools</b></p> <ul style="list-style-type: none"> <li>➤ Establishment of environmental clubs in schools</li> <li>➤ Clubs facilitators trainings on the Environmental curriculum, and activities</li> <li>➤ Support the clubs to organize environmental initiatives at the schools</li> </ul>			

#### Provision of services to the most vulnerable

The evaluation evidenced gaps in setting the targets under the WASH component which may have resulted in measuring the progress and achievements per activities. As mentioned above, the indicators and targets reflected in the reporting documents to KOICA did not reflect the actual activities implemented. The ET worked to compile information from the available documents. While the planned target for the first indicator on children and access to WASH services is clear, the targets for the two other indicators remain unclear to the team.

During the data collection mission, the ET was able to visit 5 of the 16 schools supported by the WASH intervention. The data collected evidenced that the activities were effectively implemented by UNICEF's IP, RHAS from June 2019 to March 2020 and continued remotely after the start of the pandemic. After conducting a training needs' assessment, RHAS effectively delivered the Three Star Approach training in late 2019 to teachers and health focal points in schools. Trained staff in schools were responsible for disseminating the content of the training to children in schools. Teachers and health focal points organised activities, according to free time available, focusing on promoting hygiene and health behavior with an emphasis on menstrual hygiene, water conservation, sanitation, solid waste management, and environmental protection activities.

*"RHAS asked us about our training needs and then organised training sessions. We learned a lot from the training and we would like to have a brochure. We were then in charge of organising sessions with children in the school; we had to find free time during the day for this, sometimes instead of the art class."*

A School staff

School staff reported learning on how to care for the school facilities and effectively learned how to clean and disinfect the water storage system and tanks. In addition, environmental clubs were created in all schools supported by the intervention. The schools involved in the activities started creating online and social media networks to share about the on-going activities in schools. Teachers reported that learning about what other schools were doing enhanced the effectiveness of what they had learned and what they were implementing in their own school but also created a strong sense of belonging to a joint community working in favor of a better school environment.

The WASH component highly suffered from the Covid19 outbreak as activities in schools had started in November 2019. By March 2020 with the lockdown measures, awareness raising sessions had to be conducted online and remotely. However, the activities related to the school environment and clubs were interrupted. This is considered as an important limitation leading to the impossibility of measuring achievement.

Bolstered national capacities and systems

With the implementation of the Three Star Approach in the supported schools, UNICEF and KOICA contributed to improving the National WASH in Schools Standards by proposing a holistic approach to WASH in favor of a healthy and safe environment for children as well as empowering school staff and the community with effective knowledge on health, hygiene and environment protection. The intervention worked towards reinforcing the approach to WASH at national level with support and alignment with the following policies:

- Health in School Strategy (MoE)
- National WASH in Schools Standards 2017
- National Water Strategy 2016- 2025

**Child Protection**

The ET used the internal reporting documents between UNICEF and JRF to identify the level of achievement for each activity implemented according to the planned target. It is reflected in the table below:

<b>Outcome 3 (CHILD PROTECTION): A protective environment prevents exploitation, violence, abuse and neglect and responds to the needs of vulnerable girls, boys and women</b>	<b>Indicator<sup>40</sup></b>	<b>Planned Target</b>	<b>Level of achievement<sup>4</sup> 1</b>
<p><b>Child Protection - Helpline</b>            Helpline services provided to vulnerable children and families</p> <ul style="list-style-type: none"> <li>➤ Counselling services for women and children for the following areas               <ul style="list-style-type: none"> <li>● Violence reporting and victims' psychological care;</li> <li>● Parenting;</li> <li>● Case management.</li> </ul> </li> </ul>	Number of vulnerable women and children accessing quality helpline services	1200	3284

Provision of services to the most vulnerable

Based on the available data from JRF reporting, the helpline activity was effectively implemented in a systematic and extremely timely manner. UNICEF's support to the helpline under the KOICA-supported activities was effective shortly after the outbreak of Covid19 and at the start of the lockdown and provided a protection response to the risks of violence, abuse and neglect against children. It also brought incredible support to parents and caregivers in need during a traumatic time, with psychosocial support and counseling services.

<sup>40</sup> There is no specific indicator for the helpline in the logical framework UNICEF-KOICA. The ET is suggesting the indicator in the table.

<sup>41</sup> Based on JRF reporting Helpline Statistics Summary March 2020-March 2021

According to the planned target available in JRF's progress report<sup>42</sup>, UNICEF's partner has over-achieved the expected result of the helpline services. This can be explained by the rising needs during the period of implementation but the effectiveness of the helpline was also supported by external but complementary factors to the KOICA-supported activities. The UN Office for the Coordination of Humanitarian Affairs (OCHA) funded a national media campaign through the Jordan Humanitarian Fund (JHF) called #We\_Hear\_You. The campaign provided information on available services, especially the JRF helpline.

#### Bolstered national capacities and systems

By providing support to JRF's helpline, UNICEF invested in a long existing system (since 2007), but also strengthened the capacities of a key national actor in providing training on remote case management for cases who benefited from referrals after calling the helpline.

UNICEF's broader work in CP effectively contributes to strengthening the national capacities and system as it provides technical support to relevant actors working to protect children and reduce the risks of violence. Beyond the KOICA-supported activities, UNICEF is engaged in the following national agenda to support a legal framework and the provision of CP services:

- National SOP for case management & Referral Pathways
- Alternative Care for Children
- Policies and Guiding Principles for the Prevention of and Response to Violence in Jordan (Gender-Based Violence, Family Violence and Child Protection)
- Management of Family Violence Cases
- Child Labor SOP

*"UNICEF's work for protecting children in Jordan is focusing on different pillars, delivering protection services but the core of our work focuses on the legislative framework to protect children against violence. In Jordan, 81% of children were subjected to violence, at home, at school or within the community."*

A UNICEF staff

## **KEQ 2. What were the major factors influencing the achievement or non-achievements of the objectives?**

The ET developed a table to summarise the main enabling and limiting factors affecting the effectiveness of the KOICA-supported activities, as described in the different sections above.

Box 9: Enabling and limiting factors

Sector	Enabling Factors	Limiting Factors
Health	<ul style="list-style-type: none"> <li>➔ National interest and ownership</li> <li>➔ MoH partnership</li> <li>➔ Receptive health staff at CHC and school staff</li> </ul>	<ul style="list-style-type: none"> <li>➔ Covid19 crisis</li> <li>➔ School closure</li> <li>➔ Overlap Health &amp; WASH</li> <li>➔ Overload on medical staff</li> <li>➔ Resource dedicated to camp intervention</li> </ul>

<sup>42</sup> Programme Progress Report FACE, JRF 2021

WASH	<ul style="list-style-type: none"> <li>→ National interest and ownership</li> <li>→ MoE partnership</li> <li>→ RHAS partnership</li> <li>→ RHAS technical capacities</li> <li>→ Receptive school staff</li> <li>→ Interest within the community</li> </ul>	<ul style="list-style-type: none"> <li>→ Covid19 crisis</li> <li>→ School closure</li> <li>→ Overlap Health &amp; WASH</li> </ul>
Child Protection	<ul style="list-style-type: none"> <li>→ Rising needs</li> <li>→ JRF partnership</li> <li>→ JRF long existing helpline</li> <li>→ UNICEF flexibility to adapt to the context</li> </ul>	<ul style="list-style-type: none"> <li>→ Covid19 crisis</li> </ul>

**KEQ 4. To what extent have the KOICA-supported schools and centers improved the approach to Health & WASH better than schools not directly supported?**

Key Findings	Rating
➤ The ET did not visit schools or CHC that were not directly supported by the KOICA activities	N/A

The extent to which the KOICA-supported schools and health centers improved the approach to Health and WASH better than schools that were not directly supported remains unclear to the ET, especially knowing that the intervention is plugged in a national functioning system when it comes to health so the support is rather at central level, through funding. For WASH, it is rather unclear also because of the potential overlap of health awareness and education implemented in schools by the MoH.

### Efficiency

*The degree to which the KOICA-supported activities realised value for money and maintained resource levels required to attain intended results and quality*

**KEQ 1. Have the KOICA-supported activities generated the intended outputs through the most efficient use of inputs, including financial, human resources and partnership approaches?**

Key Findings	Rating
→ Available reporting data on the use of funds against the generation of outputs lead to gaps in assessing the efficiency of the intervention	--
→ The intervention is based on strong existing partnership	++
→ No project manager assigned to the KOICA supported activities	--
→ Dissociation of Health & WASH sectors in schools	-

→ Strong leverage of internal inputs and efforts placed to invest in additional human resources where needed	++
→ Gaps in Allocation of resources, financial and human, may have affected the quality of services	-

According to Annex I Uncertified Donor Statement attached to the Final Report submitted in March 2021, the contribution from KOICA was distributed as below per sector.

Box 10: KOICA funding per sector

Distribution of KOICA funding per sector being evaluated	
Health	1,451,746.55
WASH	828,824.07
Child Protection (Helpline services)	1,439,380.68
<b>Total</b>	<b>3,719,951.03</b>

The ET had access to the expenditures reported to KOICA by UNICEF which appear to include a much larger scope of activities than the one being evaluated. The ET was not able to analyse the specific funding allocated to the activities as the available documents did not provide a breakdown per activity as well as the grant provided to IPs. Nonetheless, the ET reflected on the available information and highlighted that all three sectors of intervention were fairly and evenly supported, with less allocation of funds to WASH. The final report for the intervention mentioned that other donors provided funding to the WASH sector, however, there was a lack of clarity over the co-funding approach and transparency that led to the inability of identifying who funded what.

Additionally, when looking at the UNICEF Jordan KOICA SC170416 Biannual Report (June 2020), work plan per activity and expenditures, the ET found inconsistencies between the activities and output figures against the disbursement of the budget. The implementation timeline of WASH & health activities fluctuated over the years and it was rather difficult to link the activity and output indicators with the financial inputs. The ET was surprised by the evenly distributed output figures in reports to donors, over the years (1/4th of the target being met yearly) knowing that the timeline of activity implementation would not support such consistent yearly outcomes and thus, is doubtful on the veracity and adequacy of reporting with the attribution to spendings and activity implementation.

### Partnership

UNICEF in Jordan has been working hand in hand with the GoJ, particularly the MoE and MoH. UNICEF's role has been key in supporting both entities in strengthening existing systems in place by providing financial and technical support.

*"We have been working with UNICEF for many years, their support has been key, in helping us with technical knowledge to reinforce the system but also covering financially for what we cannot provide".*

A Government actor

Beyond governmental actors, UNICEF holds strong ties with national NGOs and two of them worked as implementing partners for the KOICA supported interventions. UNICEF financially supported local NGOs through the provision of grants but also technically by building the capacities of the national civil society. For the activities evaluated, UNICEF worked mainly with RHAS and JRF, two recognized key national partners with extensive field experience of the WASH, Health and Child Protection sectors.

*"We partner with strong national actors which are well connected to the institutions in Jordan and can have a strong leverage. In addition, they are well established everywhere in Jordan, including in remote communities".*

A UNICEF Staff

The ET was able to evidence the complementarity between national NGOs and UNICEF in terms of mandate and approach. RHAS and JRF received the necessary support to build the capacities of their staff to implement the activities but also to create internal technical ownership that contributed to a shared vision.

*"We have a strong partnership with UNICEF for 15 years now. We have a fruitful relationship and they support us with knowledge and the ability to respond to the needs of our community"*

An implementing partner

The partnership approach developed by UNICEF with GoJ and national NGOs served the efficient implementation of the KOICA supported activities.

It is also important to note that the intervention and specific activities under the child protection component benefited from the partnership with IMC, a key actor in case management. The evaluation evidenced the efficient case management system in place in host communities and refugee camps, particularly in the latter, with a child protection team operating on site, at Makani centers, and coordinating with IMC case management team. The team set up at camp level contributed to strong community knowledge on the available services and support. The ET was able to identify respondents to FGD that were well aware of the existence of the services, because they had benefited from them, and the knowledge of the specific terminology of "protection". The ET recognised the limitations associated with the low number of respondents related to case management, however the level of understanding of the concept of protection and the stakes related to protecting children was striking and may evidence the efficiency of the system in place in camps.

*"During the Eid, a few weeks ago, I married one of my 18 years old daughter away to her cousin; during the engagement, I agreed to also marry my 14 year old daughter to the brother of the cousin. I was in a desperate condition and felt that agreeing to this would relieve my family. A few days after, I realised how wrong it was and I went to the protection office at the Makani center to ask for help and they supported me".*

A mother

## Programme Management

The evaluation has evidenced a gap in human resources allocated to the KOICA-supported activities: as the intervention is built between three different programme sections at UNICEF, the compilation of information and data related to the results and achievements has been challenging. Each programme

section was in charge of cooperating and providing consolidated data to the donors relations section. A revision of the human resources chart in place shows that there was no assigned project manager under the KOICA fund or for the activities implemented jointly by the sections. This gap may have affected the efficiency of the intervention and the ability to create synergies, keep track of the achievements per activity based on indicators. Moreover, it is important to note that the ET as well as the M&E Section at UNICEF faced challenges in gathering the necessary information for the evaluation. Beyond the efficiency gap this may create over the course of implementing the activities, it may lead to gaps in building the institutional memory of what has been achieved.

UNICEF and the GoJ have worked together to develop the National School Health Strategy with strong inputs from the MoE and MoH. The data collected by the ET highlighted that a well established relation existed between the two ministries although both worked independently on a specific health in schools' strategy. Throughout the scope of the KOICA-supported activities, this has led to a dissociation of activities focusing on health with the provision of similar services. The dissociation appeared at two levels:

- 1) At UNICEF programme sections level, with different teams working on WASH and health;
- 2) At Ministry level, with both competent ministries working in different geographical locations and schools.

The schools identified for the WASH component benefited from health and hygiene awareness activities and the schools under the Health component benefited from Health education activities. The ET found a gap in synergies that may have led to an overlapping of activities implemented resulting in a lack of efficiency.

## **Health**

With a well established health programme section, UNICEF was able to grant access to vaccines at a much lower price than the ones available locally. This contributed to the implementation of significant immunization campaigns in public schools in host communities and in refugee camps. The UNICEF health team had identified a health officer as their focal point within the section for the health-supported activities. The ET also raised the lack of clarity on the human resources that contributed to medical check-ups in public schools and the referral to CHC.

Staff involved in the medical checkups and vaccination campaign in refugee camps have reported gaps when conducting the campaigns due to low human resources allocated to the large targets, and the tight time frame. In addition, the efficiency of the vaccination component was undermined by gaps in the vaccination information tracing: during the data collection, refugees have reported losing their vaccination card in Syria and this has resulted in the exclusion from the vaccination scheme. In regards to vaccination, the ET also noted that in 2020, the vaccination campaign was not supported by UNICEF but rather under MoH leadership and funding within the camps.

The efficiency of the medical checkups provided in the CHC was undermined by the overload of free of charge services. Medical staff at CHC found themselves over-stretched between the response to the daily workload in vulnerable areas, the Covid 19 crisis, and the provision of health services supported by UNICEF. Health staff have reported an overwhelming load of cases with a pressure to deliver against project's targets. Representatives of the Health directorate have also reported the additional administrative work for reporting against results of the activities to the MoH while no additional human resources were provided.

Additionally, the evaluation has evidenced the lack of financial support provided to health staff at CHC to cover for additional efforts. According to the data collected, only little incentives were distributed during the year of implementation of the free medical check up activities at CHC. Staff reported financial incentives between JOD 50 and JOD 180 (for the entire duration of the intervention) for the additional efforts provided to achieve the results of the activities.

*"We serve a large community in our area and the needs are very important. We were asked to provide free services to children in addition to our usual work, we barely received any support or extra money for our work"*

A Health Staff at CHC

The conditions in which the provision of health medical checkups were provided at CHC and not at schools with specialised referrals at CHC, may have impacted the efficiency and quality of the services provided. While staff reported the dire needs of the community to access free medical services because of poor economic conditions, they have also felt pressured under the incoming flow of beneficiaries.

*"When the project was implemented in our clinic, it was just after the first lockdown in Jordan. We had a lot of cases related to Covid19, the health situation was hectic and we had to suddenly provide health checkups for a large number of children "*

Health Staff at CHC

## **WASH**

UNICEF placed efforts in identifying a partner that had the capacity and the knowledge to start working on hygiene, health and environment in public schools. UNICEF launched a call for proposal and RHAS was selected to implement the WASH component in schools. Both organisations had previously partnered for other projects. Throughout the course of the intervention, UNICEF and RHAS faced challenges due to the turnover of staff at UNICEF and building trust with newly appointed staff was mentioned as a restraint. When the WASH team at UNICEF was falling short in terms of human resources affecting the consistency of the relationship with partners, UNICEF decided to expand the team by hiring an additional staff (UNV national volunteer). This action by UNICEF enhanced the efficiency of the intervention.

Hygiene and health training to school staff were provided by RHAS in public schools by the end of 2019. Trained staff disseminated their knowledge by providing awareness sessions to children in schools, as well as teachers who did not participate in the training. The "snow-ball effect" of knowledge dissemination has shown to be quite efficient with the use of the school staff available. However, the data collection in schools highlighted that there was no specific time allocated to schedule awareness sessions with children and other teachers. The activities had not been designed to integrate that component in the school programme. Trained staff had to exploit any possible free time during the day to conduct awareness sessions, during sports and arts classes or when some teachers were absent.

## **Child Protection**

The KOICA-supported activities faced challenges when the Covid19 crisis hit and implementing their activities, particularly under CP, became strenuous. UNICEF helped in the transition to remote work immediately when the lockdown started by supporting with equipment and additional human resources working at the helpline. UNICEF efficiently mitigated some of the main Covid19 restrictive measures and managed to partially shift the CP intervention to respond to the urgency of the situation.

Additionally, in order to respond to the challenges regarding case management, UNICEF supported IMC in creating a volunteer network in refugee camps and urban areas to efficiently access vulnerable populations and communities during Covid19. UNICEF showed efficiency in the use of resources to adapt to the changing context and supported a new model that has shown efficient results. The para-caseworkers network created is a unique approach that has empowered the community and built strong dynamics of proximity supporting positive development of community based protection.

**KEQ 2. M&E: How efficient were the systems put in place to monitor progress of the KOICA supported activities?**

Key Findings	Rating
<p>→ The M&amp;E system was designed to efficiently capture progress and results of the activities implemented however UNICEF hardly captured the quality of the services provided</p>	-

The M&E system in place to capture progress and results responds to the requirements in terms of accountability and transparency. The ET had access to the reporting reports submitted by UNICEF to KOICA; the monthly activity report submitted by RHAS to UNICEF and brief progress reports from JRF. M&E reporting documents were all disaggregated by nationality, gender, disability and age group.

**Health**

UNICEF had developed a M&E system based on spot checks and field visits, and monthly progress reports were provided by CHC to the health directorate at governorate level and then submitted to UNICEF. UNICEF’s final report for the KOICA-supported activities mentioned “ field visits to schools twice per semester for inspection, observation and evaluation of activities implementation and verification of distributed items on the ground”.<sup>43</sup> The extent to which these monitoring visits were conducted given the conflicting timeframe of the activities implemented and the closure of schools related to Covid19 is unclear to the evaluation team. In addition, the evaluation showed some gaps in the information provided, for example: reports do not inform on the provision of services and the referral from schools to health clinics as originally stated in the project proposal and the data collected evidence that medical checkups were not conducted in schools but rather directly in CHC. The M&E system in place faced challenges in capturing the operations changes in the field and reflecting the changes in the implementation of activities.

The ET has identified gaps in the activities’ logical framework, and specific indicators related to health: health education was not reflected and it is unclear to the team whether this component reflects the health and hygiene activities provided under WASH. This highlights the need to better identify indicators for each of the foreseen activities in order to develop the adequate M&E reporting system. The evaluation also evidenced a gap in the follow up system with beneficiaries to measure the quality of the services provided.

It should be noted that progress reports between the MoH and UNICEF were not provided for consultation to the ET therefore, the accuracy of data reported on the results and the number of beneficiaries children under the health component could not be verified.

<sup>43</sup> UNICEF Final Report to KOICA, March 2021

## WASH

The WASH section developed a M&E system based on UNICEF's partner monthly reports on achievements against activities and expected targets. RHAS reports are well structured to respond to the requirements of UNICEF and provide the necessary information. However, the ET was not informed on UNICEF's plan to monitor the activities conducted by RHAS. Indeed, UNICEF supported RHAS in conducting a KAP survey in December 2019 that was used as a baseline for the activities implemented to measure the progress made by children, the knowledge acquired and the change in behavior. The KAP survey-baseline was conducted in 11 of the 16 supported schools and 516 children participated. A follow up KAP survey was due to be conducted in 2020 but was delayed with the start of the pandemic in March 2020. It is currently being finalised.

The evaluation showed that the WASH section had efficiently developed a joint M&E system with its partner to monitor the progress of the KOICA-supported activities and the KAP survey is a qualitative tool informing the impact of the intervention.

## Child Protection

UNICEF's CP section developed a M&E system based on field monitoring visits, and reports provided by its partner JRF, on a quarterly basis. Field visits were on hold during the prolonged Covid19 restrictions. However, at the time of the evaluation, UNICEF had resumed its presence in the field. The ET found that reporting from JRF efficiently informed UNICEF on the progress against expected results however the quantitative data provided lacks information on the quality of services provided and follow up of cases.

## Impact

*The extent to which the KOICA-supported activities have generated changes for the beneficiaries and within communities as well as generated changes in the health and education national systems.*

Measuring the real impact of the programme for its direct beneficiaries has been quite of a struggle for the ET. Indeed, the set of activities supported by KOICA are part of larger national interventions, broader in scope and size than the support itself and for a large part of it, initiated before the onset of this particular support. Additionally, some of the activities around awareness and behaviour change in Health and Hygiene are also similar to other actors' interventions, to the same public, in different places (social centers, community level, etc.) and different media (social network, radio, television, posters). Furthermore, the Covid19 pandemic and the public health discourse on health prevention, which hit all layers of society through multiple messaging on multiple channels contributed partly to the same objectives as a part of the KOICA-supported interventions. Therefore, the ET faced a problem of attribution of impact to the program when it comes to these particular sought behaviour and practice changes for the beneficiaries.

Moreover, the Covid19 pandemic, and consecutive disruption of service delivery, school service and activities made it difficult for the ET to analyse the impact of activities suspended 18 months earlier in a shifting context of intervention. However, knowing that these interventions are based on a solid ToC and experience of implementation in multiple countries for a very long time, and knowing that they are in line with all classic public health intervention and health authorities' recommendations, one can judge that they are very likely to contribute to a positive impact in terms of amelioration of the health and hygiene outcomes at the country level and positive behaviour change for the individuals.

**KEQ 1. What differences can be observed in children’s behaviour as a result of the intervention?**

**KEQ 2. What change has the intervention brought into the life of beneficiaries?**

Key Findings	Rating
→ Lack of qualitative indicators and monitoring to measure the impact of the provided services	--
→ Health and wellbeing of children enhanced	++
→ Lack of evidence of impact on children from the health services provided	--
→ Strong children behavior change in regards to hygiene and environment	++
→ Self hygiene awareness and new hygiene habits	++
→ Sensitive taboos can now be addressed	++

### Health

Under the health component, the significant change in the life of beneficiaries was the access to primary health services for vulnerable children coming from families who cannot afford the basic health services. The services provided enhanced the health and wellbeing of children and families are now more aware of the existence of CHC in their communities.

*“We provided dental services to children from families that were never able to afford this. Children have definitely benefited from the services”*

A health staff

Additionally, the supported immunization campaign ensured that children were protected from any form of contractible disease. The ET noted a gap in available information as well as qualitative indicators and monitoring regarding the services provided and follow up of medical cases which limits the capacity to measure the quality and the impact of the intervention.

The evaluation evidenced that the impact of UNICEF’s support is primarily financial in covering gaps of a prior existing system in Jordan implemented by MoH. The overarching question remains on the sustainability of supporting the direct delivery of services and has been tackled previously in the report. However, impact can be extrapolated to the future potential for impact in the sense that the system and approach adopted at national level will benefit and bring change in the life of children, throughout the replication of the intervention.

### WASH

As mentioned previously, RHAS is conducting a KAP survey (endline), post implementation of the activities in schools focusing on the knowledge acquired and the change in behavior. The ET was able to collect outstanding data from participants to FGD discussions with parents and school staff. School staff, teachers and directors mentioned how the school has changed as a result of the holistic approach to WASH (Three Star Approach): The school environment has changed, especially the access to sanitation

facilities in some of the targeted schools, which are now separated for boys and girls in mixed primary schools (protecting children from risks of SGBV), and by grade; children have access to running water and soap as well trash bins.

*"In the past, our toilets were hardly usable and we did not have any trash bins; now whenever there is no more soap available, children come and complain so that we replace it. The students have felt the change in our school".*

A School staff

Parents have extensively shared their perspective on the impact of WASH activities in schools, mentioning that their children were sensitive to learning about hygiene in schools rather than at home. Both school staff and parents also report the impact on breaking certain taboos, for example menstruation, and the ability for girls to discuss freely when they have specific questions on this. The training provided by RHAS had a valuable impact on the ability for school staff to overcome barriers of raising specific topics.

*"About menstruation, we would speak to each student individually to avoid embarrassing her in front of her peers. Sometimes we would contact a mother, to tell her how to speak to their daughters when they have their period. To avoid embarrassment from the mother, I would say that maybe her daughter was shy to talk to her about it. And I would recommend and advise her on personal hygiene and menstruation".*

A School staff

The evaluation collected data from parents and caregivers showing that it is unclear whether the impact on their children and the change in behavior was due to the WASH activities or COVID19 health measures, as both were concomitant.

### Child Protection

The helpline was a remarkable response to the vulnerabilities of isolated families during Covid19. Parents, especially mothers and children were able to have access to PSS and mental health support; access to this service certainly impacted the well-being of women and children and helped them to cope with the situation. Additionally, the creation of para-case workers had an impact on the reach and coverage of the needs during the lockdowns and isolation of families.

*"The helpline was the only mean for beneficiaries. In a culture of silence, the helpline offered a place in which they can find someone they can speak to. The national CP system is at stake if there isn't access to such a service".*

A School staff

### Sustainability

The potential for the KOICA-supported activities' benefits to persevere over the long-term.

The ET suggested merging KEQ 1 & KEQ 2 under sustainability as they address similar topics.

**KEQ 1. To what extent do relevant ministries have the capacity to take full ownership of the KOICA-supported activities without UNICEF's upstream support and donor funding?**

**KEQ 2. How will relevant ministries evolve when the supported activities end, will they adopt the intervention strategy in the long term?**

Key Findings	Rating
→ The relevant ministries were fully engaged in the supported intervention with strong ownership over the strategy and well established technical capacities	++
→ Lack of GoJ's engagement over the CP approach with ownership at civil society level	-
→ The financial resources at national level may hinder the capacity of GoJ to pursue the intervention	--

**Health**

The activities implemented under the health component were in continuation and in line with the national programme for health promotion and services for children in public schools and in refugee camps. The MoH is well aware of the activities supported by UNICEF and was a key partner in the intervention. During interviews with staff from the MoH, it was reported that given the already existing nature of the activities, the services will continue to be provided in the future. The MoH gained strong ownership over the health approach of the intervention by being fully engaged in developing the National Standards for Health in Schools which was adopted by the ministry.

*“The activities implemented in schools and Health centers activities are a “pilot”. We are aiming for its scalability and replicability to other governorates”.*

A staff at MoH

The MoH expressed determination to replicate the model of the intervention to a larger geographical scope to respond to the needs in Jordan and invest in a model that would be implemented at national level. The evaluation evidenced sustainable ownership and technical capacities at GoJ level to pursue the health strategy. In addition to the framework adopted, school health guidelines and manuals were adopted to be disseminated in schools and used as guidance in future intervention.

The equipment provided to the health clinics in schools are sustainable in the sense that they will remain in the future in each of the schools targeted, however it is unclear how schools will be using the clinics and the material provided in the future, and there is no plan yet for supply or resupply of the consumables (bandages, stitches, drugs etc.)

**WASH**

The MoE in Jordan was a key stakeholder in the implementation of the activities under the framework of the National WASH in Schools Standards adopted in 2016 and developed jointly by the ministry<sup>44</sup> and UNICEF; and the Health in School Strategy (MoE). The ET did not interview representatives of the MoE; however, with strong efforts placed in adopting national standards and strategy for WASH in schools, it is estimated that the ministry had ownership over the intervention, notably for the rehabilitation component (not within the scope of the evaluation).

<sup>44</sup> Along with the Ministry of Water and Irrigation

The soft WASH component, hygiene, health and environmental awareness was implemented by UNICEF's partner RHAS and it is important to note that the MoE's engagement on this approach is uncertain although it is integrated in the National WASH strategy. The Three Star Approach was adopted by RHAS and implemented as a pilot directly in schools targeted by the activities. The extent to which MoE has adopted the Three Star Approach as part of its strategy is unclear but RHAS remains a strong partner, which is why it is part of the national joint response with MoE. The evaluation evidenced the ownership of UNICEF's IP over the approach which is reflected by teachers, parents and members of the community. As mentioned previously in the report, teachers and parents reported a strong sense of ownership over the knowledge acquired and the willingness to continue the hygiene, health and environmental activities in schools. They reported that as a result of the intervention, children in the school now have access to rehabilitated toilets and sanitation infrastructure which will last in the future and will serve the other children and students to come. The knowledge acquired will remain and the approach has empowered the school community in living in a better and healthy environment. Participants to FGD in WASH supported schools have expressed the will to pursue spreading knowledge with future children.

*"We have learned a lot and we saw the school changing but also how children are now more careful and aware. We want this to continue this in the future, we will continue to teach and raise awareness to the other children to come; but we would like to have a brochure"*

A School staff

### **Child Protection**

The ET did not interview representatives from the MoSD, however they were informed that UNICEF conducted an assessment of existing helplines in Jordan in 2018. The assessment recommended to pursue the support to the civil society helplines while strengthening the capacities of MoSD. The evaluation evidenced a gap in addressing legal and structural changes regarding the existing helplines. The support to JRF came as a mitigation measure to the Covid19 crisis and the ET was not able to evidence a sustainable input on the helpline activity. However, the national civil society built additional capacities despite the emergency situation. UNICEF supported JRF with knowledge and capacities in providing remote helpline services, especially remote phone follow-up for cases that were referred to specific services. The sustainability of the support provided to the helpline can be discussed as it relies exclusively on donor funding and lacks ownership at national level, however, staff working at the helpline were supported in building their capacities to work during an emergency situation. JRF and other civil society actors will be able to respond to future unexpected occurrences in the future.

*"The support provided by Unicef was essential. First, in terms of material and mindset, and how durable it is. During COVID, we felt supported when everybody felt shaken"*

A Helpline staff

### **Health, WASH & Child Protection**

The three sectors of the KOICA-supported activities provided direct services to beneficiaries relying almost entirely on international donors. Despite the well established ownership over the intervention, the GoJ lacked financial resources to maintain the action which raised questions over the sustainability of the action. In the context of Jordan, the needs will continue to grow and efforts should be placed in sustaining the action at local level through internal, public or private funding schemes.

### KEQ 3. Could other stakeholders be involved in sustaining the intervention and its results?

Key Findings	Rating
→ National Civil Society	++
→ Network of volunteer within the community	++

#### Health, WASH & Child Protection

For all three sectors, the national civil society is well equipped to sustain the intervention and its results: local NGOs are well linked with local communities and have strong relations with the different ministries. In addition, they benefit from internal human resources and technical capacities that enable them to replicate the action. At community level, the soft WASH approach has shown positive sustainable effects of ownership and desire to pursue the action. Beneficiaries have shown interest in delivering what they have learned throughout the community.

Under the case management component,<sup>45</sup> UNICEF supported its partners in developing new approaches to continue reaching out to the most vulnerables, especially during the Covid19 lockdowns. A network of volunteer para-case workers was created which resulted in the extension of the coverage when access was limited, sustaining case management and providing for the needs. This has empowered the community to become an active member of the CP response in general and create a strong sense of belonging within the community. The model of community-based volunteers could be replicated at a larger scale covering not only CP and case management services but also other sectors of intervention.

## Conclusions and Lessons Learned

PA's team presents here a set of conclusions, lessons learned and good practices per criteria. The conclusions are based on the findings of the evaluation and offer a general reflection on the KOICA-supported activities. The below conclusions provide a global assessment against the objective of the evaluation.

### Relevance

#### *Conclusion & Lessons Learned*

Based on the reconstructed ToC, the identification of the needs responded to the original problems, needs and challenges that justified the intervention: gaps in health services and education in schools were identified; gaps of hygiene and health knowledge in schools were assessed with a KAP survey. In addition, the supported activities have relevantly enabled the continuation of national priorities in terms of health and WASH in schools by covering gaps that the country faced. The activities are relevantly designed and respond to dire needs to be addressed in Jordan, however the scope and identification of the areas of intervention have lacked a proper assessment prior to the intervention.

#### *Good practices*

- KAP Survey to support the baseline of the supported activities and informs on the needs

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<sup>45</sup> Not included in the evaluation scope

- National situation analysis that responded to the needs of the target populations however UNICEF should work on assessing the needs and areas of intervention to avoid duplication of health & WASH activities

## Coverage

### *Conclusion & Lessons Learned*

The KOICA-supported activities targeted vulnerable families and disadvantaged areas with a high proportion of refugee families and fragilised host communities. The evaluation shows that UNICEF relied on its partners for the identification of areas and beneficiaries that lead to a presumption of vulnerability, sometimes not validated by the data collection mission. The intervention was compliant with the HRBA, in line with international standards, equity and gender equality. The participatory approach of government actors was well established however beneficiaries or staff at intervention level (schools) were not included in the design of the intervention. Additionally, CwDs represented only a few beneficiaries covered by the intervention.

### *Good practices*

- Partners involvement in target areas and populations, which should be coupled with UNICEF's participation
- Participatory Approach and inclusion of government actors in the design of the intervention
- Mainstreaming HRBA in programme design

## Effectiveness

### *Conclusion & Lessons learned*

UNICEF effectively supported a quality health system to meet the needs of a vulnerable population, especially children; and a protective environment that prevents vulnerable girls, boys and women from exploitation, violence, abuse and neglect and responds to their needs. In general, the activities that were under the scope of this evaluation have been implemented, however the timeline and consistency of the implementation remains unclear. While revised planned targets against reported results by UNICEF and IP have been achieved for the WASH and CP components, the achievements of the component were not analysed further than UNICEF internal reports as data from the MoH was not available. Additionally, the effectiveness of the intervention and the timely implementation of activities was altered by the Covid19 crisis.

### *Good practices*

The KOICA-supported activities are effectively consistent with UNICEF JCO Country Programme's strategy:

- Provision of services to the most vulnerable
- Bolstered national capacities and systems

## Efficiency

### *Conclusion & Lessons learned*

The efficiency of the supported activities was made possible with UNICEF's existing partnership with the GoJ and both ministries relevant to the activities, MoE and MoH. Additionally, UNICEF was able to build on prior partnerships with the Jordanian civil society. However, the in-depth analysis of the efficiency of the intervention in regards to the use of funds was not made possible as the ET did not have access to the overall budget, breakdown per sector and activities, and budget with IPs. The evaluation evidenced

gaps in allocation of financial and human resources which may have hindered the efficiency but also the quality of the services provided, especially for the health component in camps. However, UNICEF worked its best to leverage on internal inputs to support the intervention (vaccination delivery and appointing additional staff where needed). The ET estimates that the efficiency of the intervention was affected by the lack of an assigned focal point or programme manager for the KOICA-supported activities which may have led to confusion and overlap. The confusion can be seen in the logical framework of the supported activities in which, as mentioned, certain activities under WASH do not appear further leading to a gap of clear indicators. The ET identified an overlap between the WASH and health sectors at UNICEF level while the intervention, especially the areas of intervention are dissociated.

#### *Good practices*

- Strong partnership and coordination with GoJ
- Partnership with strong local NGOs

## Impact

#### *Conclusion & Lessons learned*

Assessing the impact of the KOICA-supported activities was affected by the lack of proper indicators and monitoring mechanisms to measure the quality and impact of the services provided. Despite the lack of data-supported evidence of the impact on children for the health component, the evaluation evidences that the health and well-being of children was improved because they were provided with health services in a context where their families can't afford for their basic health. The evaluation reflected evidence of behavior change among children, especially girls who were mostly targeted by the hygiene and health awareness sessions in schools delivered by their teachers. Parents and caregivers reported change in daily life habits, a better self hygiene awareness and care for the environment in school but also in the community. The WASH awareness sessions in schools have had a strong impact on the targeted communities. The helpline definitely had a strong impact on families in despair during the Covid19 crisis and should be at the heart of the national approach to CP in a society where speaking to someone over the phone, anonymously is often an easier step to take.

#### *Good practices*

- Children health and well-being and access to health services
- Three Star Approach: holistic approach to WASH and soft WASH
- Awareness raising on the environment building stronger sense of belonging to schools and community
- Helpline services

## Sustainability

#### *Conclusion & Lessons learned*

The sustainability of the KOICA-supported activities lies mostly in the strengthening of the national capacities and systems in place. The GoJ, MoE and MoH had full ownership over the strategy of the intervention and strong internal technical capacities. Moreover, long term strategies for health and WASH in schools have been adopted based on previously supported national programmes. For the CP component, there is still a lack of engagement at GoJ level, despite ongoing efforts, but the CP ownership lies in the hands of the national civil society. The sustainability of the KOICA-supported activities is strongly affected by the nature of the intervention, relying exclusively on international funding which may hinder the capacity of the GoJ to pursue the intervention.

### Good practices

- GoJ engagement and ownership in the health and WASH sector
- Partnership with local civil society
- Network of volunteers within the community to support a community-based approach for CP.

## Recommendations

PA's ET worked on developing three levels of actionable recommendations: Strategic, programmatic and operational. The matrix below presents the recommendations, the assigned entity and priority.

Sector	Recommendations	Action by	Priority
	<b>Strategic Recommendations</b>		
	➤ KOICA should sustain its support to national programmes implemented and owned by the GoJ through its relevant Ministries	KOICA GoJ	Short-term
	➤ KOICA and Unicef should support the GoJ in fully owning and implementing programmes that are supported by national policies and support their full implementation by GoJ	KOICA UNICEF GoJ	Medium-term
	➤ KOICA should consider transitioning the funding to bilateral support for the programmes features fully embedded into the routine activities of the MoE and MoH within schools	KOICA MoH MoE	Medium-term
	➤ The donor community should work and align on synergies of the funding approach in the Health & WASH sectors to avoid duplication of activities, to enhance transparency and accountability allowing for comprehensive school intervention rather than siloed sectoral interventions	Donors KOICA	Medium-term
	<ul style="list-style-type: none"> <li>➤ UNICEF and the donor community should continue to invest in strengthening the national system and the GoJ with a strong focus on the sustainability of the support provided</li> <li>➤ Efforts should be invested in the identification of future funding of supported actions, focusing on long-term financial support through development banks and the Jordanian private and philanthropic sectors</li> </ul>	Donors KOICA UNICEF	Long-term
	<b>Programmatic Recommendations</b>		
	➤ UNICEF should advocate and support GoJ and relevant ministries to work towards a holistic approach for health & WASH in Schools while working with MoE and MoH to develop a common framework for health & WASH in Schools	UNICEF MoE MoH	Medium-term
	➤ UNICEF should support the child protection national system in strengthening the national helpline approach, engaging relevant ministries. UNICEF could engage with the GoJ in developing a national vision for the provision of helpline, especially in facilitating learning on other existing national model in the MENA region (Lebanon, Tunisia)	UNICEF MoSD	Medium-term
	<ul style="list-style-type: none"> <li>➤ Programme Design: A centralised programme management unit or project manager should be assigned to support the consistent development of any intervention bridging the different sectors with the same beneficiaries in a given location (school)</li> <li>➤ Programme and project should focus on geographical areas of intervention and the vulnerabilities of the targeted populations and develop a comprehensive package including WASH and Health components rather than developing siloed sectoral interventions in schools</li> </ul>	UNICEF	Short-term
	<ul style="list-style-type: none"> <li>➤ When designing a programme or project, a logical framework specific to the intervention should be developed, with clear indicators, planned targets and baseline</li> <li>➤ Interventions should be based on clear rationale and realistic objective using a SMART</li> </ul>	UNICEF	Short-term

	<ul style="list-style-type: none"> <li>➤ approach with clear results and measurable indicators, aligned with a Theory of Change</li> <li>➤ Follow-up, quality &amp; Impact: Using the suggested tools, UNICEF's sections and programmes should develop measurable qualitative indicators to measure the quality and impact of an intervention, particularly when working with implementing partners in a centralised mechanism (eg. the aforementioned program management unit)</li> </ul>		
	<ul style="list-style-type: none"> <li>➤ Funding and budget transparency should be reinforced to provide better accountability</li> </ul>	UNICEF	<i>Short-term</i>
	<ul style="list-style-type: none"> <li>➤ Targeting of areas for interventions should be sustained by clear assessment methodology and indicators to inform on the vulnerability of the children prior to their selection in such programmes.</li> </ul>	UNICEF MoH MoE	<i>Medium-term</i>
<b>Health, WASH &amp; Child Protection</b>	<b>Operational Recommendations</b>		
	<p>Health</p> <ul style="list-style-type: none"> <li>➤ Strengthen system in place at CHC level in coordination with schools and MoH with health focal point from nearby CHC assigned to each school</li> <li>➤ Create synergies between schools in camps and CHC in host communities</li> <li>➤ Ensure that the level of resources dedicated for school health activities in camps match the number of targeted beneficiaries and that the appropriate time is allowed for campaigns to be rolled out with appropriate quality of the check-ups</li> </ul>	UNICEF MoH	<i>Short-term</i>
	<p>WASH</p> <ul style="list-style-type: none"> <li>➤ Develop training manuals and brochures on hygiene for teachers and students</li> <li>➤ Create a network of volunteer to disseminate knowledge acquired in other schools</li> </ul>	UNICEF MoE RHAS	<i>Short-term</i>
	<p>Child Protection</p> <ul style="list-style-type: none"> <li>➤ Raise awareness of the availability of the helpline in refugee camps</li> <li>➤ Develop campaigns in schools to inform on the helpline</li> </ul>	UNICEF JRF	<i>Short-term</i>

## List of Annexes

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Annex 4: Evaluation Matrix

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Annex 6: Field Mission Agenda

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Annex 8: List of respondents

Annex 9: Bibliography

Annex 10: Evaluation Team