PHILANTHROPY ADVISORS

EXTERNAL EVALUATION
KOICA SUPPORTED ACTIVITIES

"Better Life for Girls: Full Realization of Vulnerable Girls
and Boys Rights to Health, Protection and Education in Jordan"
2017-2021

LRPS-2021-9164785
UNICEF Jordan Country Office
MENA Region
2021

FINAL EVALUATION REPORT

Evaluation Team
Vincent Mudry, Chief Programme Officer / Senior Consultant / Team Leader
Marie Lefevre Saadoun, Senior Consultant / Team Member
Marwa Ershaidat, Consultant / Team Member
Abdulsalam Amoush, Consultant / Team member

DISCLAIMER

The views presented in this report are those of the authors and do not necessarily represent the views of UNICEF.

ACKNOWLEDGMENTS

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
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations' Children Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs

Table of contents

1 Executive Summary

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 664,414[1] Syrian refugees who are registered with UNHCR and constitute a large community in the Jordanian demographics. According to the 2019 Vulnerability Assessment Framework, needs in the Health, WASH, Education and Child Protection sectors remain extremely high. With children making up a high proportion of refugees[2] and being at high risk, they suffer from early marriage, Sexual and Gender Based Violence[3] (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 Organisations (NGO), Jordanian NGOs and Jordanian institutions. The Government of Jordan has developed several plans and programs to address the health and socioeconomic impacts of the COVID-19 pandemic, including the launch of the COVID-19 vaccination program in January 2021. 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. On the social level, the pandemic had a disproportionate impact on women and girls, with the increase of domestic violence[4]. 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.

Object and Scope of the Evaluation

The Korea International Cooperation Agency (KOICA) invested USD 4.5 million in 2017 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.[5] 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 Care Centers	- National Standards for WASH in Schools; - Three Star Approach; - Environment Action Clubs	Helpline services: Counseling & Case Management

The key stakeholders of the evaluation were UNICEF, KOICA, the Ministry of Education (MoE), the Ministry of Health (MoH), the Family Protection Department (FPD), the Jordan River Foundation (JRF),

---

[1] UNHCR. UNHCR Fact Sheet Jordan, Feb. 2021

[2] 46,7% of refugees are children, UNHCR Operational Update October 2021

[3] UNFPA Study on child marriage rising among most vulnerable Syrian refugees, 2017 http://www.unfpa.org/news/new-study-finds-child-marriage-rising-among-most-vulnerable-syrian-refugees#

[4] 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

[5] Outcome 2 of the project is not covered by this evaluation

the Royal Health Awareness Society (RHAS), school directors, teachers, children and their parents/caregivers.

Purpose and Objective 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 in Jordan. More specifically, the evaluation aimed at understanding (1) how funds were managed, (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, the **objectives** of the summative evaluation were 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 moves into the new country programme document starting in 2023.

Framework of the Evaluation

The main approach to the evaluation of the KOICA supported activities was 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 (ET) 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 realization of girls and boys rights to health, protection and education in Jordan**. According to the original Problem and Solution Tree Diagram[6], the intervention sought to provide better conditions for girls and women in terms of health, WASH and protection, with a strong focus on children with disabilities[7] as well as girls and women who are at risk of violence and suffering from protection issues. 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 review of the programmes and sections' 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**.
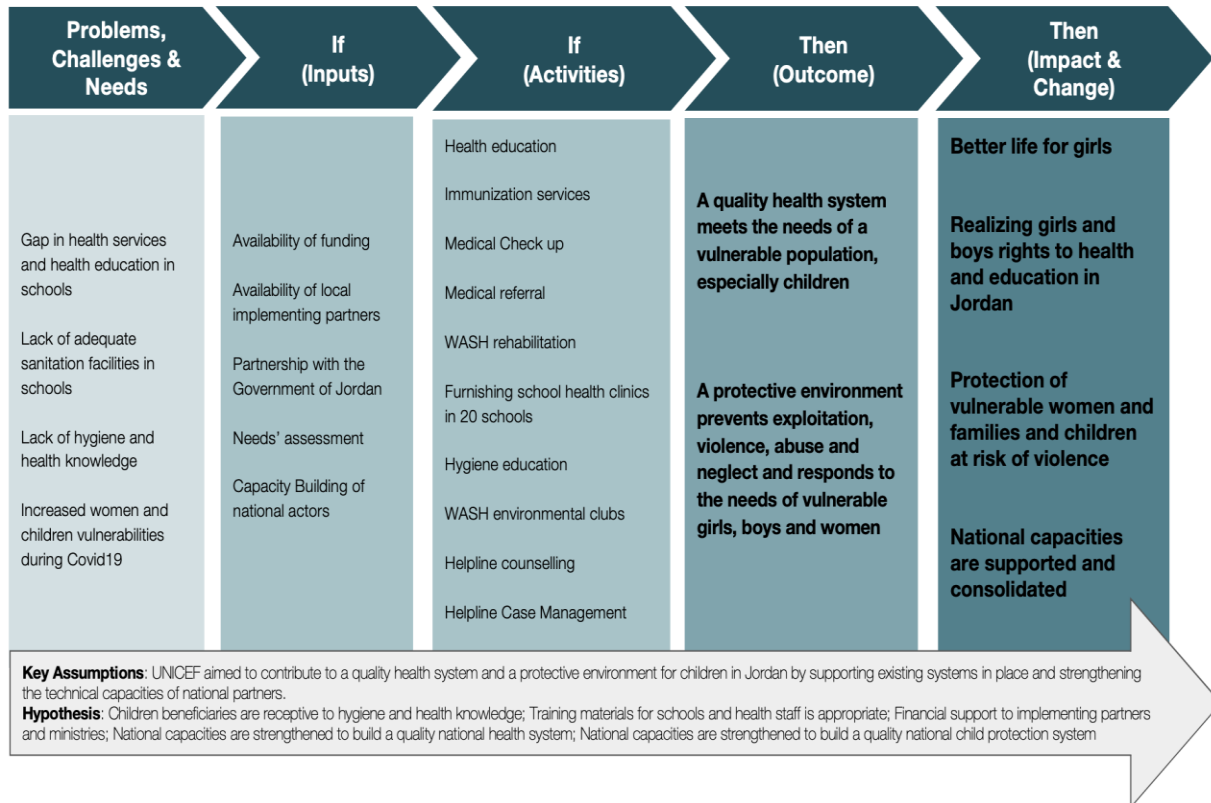
---

[6] KOICA-UNICEF Project Document 2017 Jordan
[7] Outcome 2 of the result framework is not part of this evaluation

KOICA Supported Activities Theory of Change

Problems, Challenges & Needs	If (Inputs)	If (Activities)	Then (Outcome)	Then (Impact & Change)
Gap in health services and health education in schools Lack of adequate sanitation facilities in schools Lack of hygiene and health knowledge Increased women and children vulnerabilities during Covid19	Availability of funding Availability of local implementing partners Partnership with the Government of Jordan Needs' assessment Capacity Building of national actors	Health education Immunization services Medical Check up Medical referral WASH rehabilitation Furnishing school health clinics in 20 schools Hygiene education WASH environmental clubs Helpline counselling Helpline Case Management	**A quality health system meets the needs of a vulnerable population, especially children** **A protective environment prevents exploitation, violence, abuse and neglect and responds to the needs of vulnerable girls, boys and women**	**Better life for girls** **Realizing girls and boys rights to health and education in Jordan** **Protection of vulnerable women and families and children at risk of violence** **National capacities are supported and consolidated**

Key Assumptions: UNICEF aimed to contribute to a quality health system and a protective environment for children in Jordan by supporting existing systems in place and strengthening the technical capacities of national partners.
Hypothesis: Children beneficiaries are receptive to hygiene and health knowledge; Training materials for schools and health staff is appropriate; Financial support to implementing partners and ministries; National capacities are strengthened to build a quality national health system; National capacities are strengthened to build a quality national child protection system

Conceptual framework and approach to the analysis of the relevance

In order to better assess the relevance of the programme against a solid conceptual framework, in complementarity with the logic model, the team for the evaluation defined the hereunder a framework applicable to the KOICA supported activities. Throughout the evaluation, the ET provided an assessment of the **relevance** of the activities against the indicators and the core principles of the framework in the graph below   . However, this framework does not necessarily prove useful to the assessment against the other OECD criteria. 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.
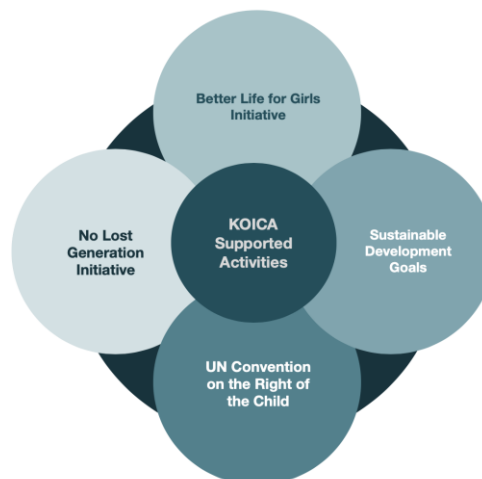
Methodology of the Evaluation

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

- ➤ **Relevance:** to analyze how the programme 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.
- ➤ **Sustainability:** to understand how these changes are likely to be maintained over time.

PA suggested that the principal and overarching research question of the evaluation is **the extent to which the KOICA supported activities have contributed to the realization of children's rights to health, protection and adequate school environment**.

Findings

Relevance

The KOICA supported activities benefited from a strong situation analysis supported by UNICEF's presence in Jordan and understanding of the challenges triggered by the Syrian refugee crisis. The intervention was relevant to the dire needs of boys and girls but also their families and provided them with adequate services in terms of health and child protection, notably in regard to the consequences of the COVID-19 crisis. The WASH component enhanced the possibility for children to access a healthy school environment and acquire better hygienic behaviors. Additionally, the intervention was well integrated in the national priorities and UNICEF worked towards supporting the Government of Jordan in strengthening its strategies and developing policies.

In the midst of the COVID-19 context, UNICEF adapted the intervention with the support to the helpline to provide help to isolated mothers and children at risk. However, for health and WASH, the activities were for most interrupted.

Coverage

Despite the high relevance of the activities, gaps were identified in targeting areas and locations that were the most vulnerable and left-out. Some supported schools had already been integrated in previous similar interventions; and others appeared as being in a fairly favorable environment in comparison to other areas in Jordan. The vulnerability of the target location remains debatable and a lack of efforts was noted in reaching out to remote areas and schools that did not receive support in the past for the Health and WASH interventions.

The KOICA supported activities were fairly compliant with a human rights-based approach (international standards, equity, gender equality & participatory approach) and responded adequately to the priorities of the Sustainable Development Goals. Efforts were made by UNICEF in mainstreaming gender equality,   , and equity through the programme and implementation of the activities. Nonetheless, the evaluation showed gaps in "leaving no one behind", children with disabilities (CWD) hardly benefited from the activities, with only a few cases reported. This finding can largely be explained by the unfavorable context in public schools in Jordan for the integration of CwD, however this gap was not placed at the heart of this specific intervention when working with schools and national authorities. Additionally, while the helpline enabled access to remote support for vulnerable children and mothers,

it was not designed, from the onset of the programme, to be made available for refugees living in camps. This design choice, supposedly addressed by other protection mechanisms within camps, proved problematic with the covid-19 related halt of such protection mechanisms. Therefore, refugees in camps faced   lack of information, leaving them with important protection concerns, especially during the lockdowns   .

Effectiveness

Based on the programme documents and review, UNICEF effectively worked towards supporting a quality health system to meet the needs of the most vulnerable, especially children and supporting a protective environment that prevents vulnerable girls, boys and women from exploitation, violence, abuse and neglect and responded to their needs. For this, UNICEF and its partners provided services to the most vulnerable and bolstered national capacities and pre-existing systems.

Nevertheless, the evaluation showed a lack of clarity in the implementation timeline leading to uncertainties on what was achieved in which period. Complementing this, gaps were identified in the reports of data on the level of achievement, and results could not be triangulated. Moreover, the ET lacked the possibility to consult a comprehensive results framework based on the actual activities implemented. If such tools were designed and used during the lifetime of the programme, their quality or granularity failed in informing the ET with a full picture of output and outcome generation. T   his le   d to the inability to understand what was effectively delivered.

The effectiveness of the activities was largely impacted by the Covid-19 lockdowns; activities for health and WASH implemented in schools were on hold while the 'project' was still on-going.

Efficiency

The results of the intervention were largely made possible with UNICEF's partnership with national civil society organisations, responsible for the direct implementation of the activities. Additionally, UNICEF was able to leverage internal inputs and invest in additional human resources when required.

The evaluation showed that the efficiency of the activities were affected by the lack of an   'overall project manager' assigned to the KOICA activities or fund. Indeed, the intervention rather functioned as a set of different activities undertaken by different programme sections and was not able to mutualise or articulate some of the activities (for instance school interventions for WASH and Health) to enhance its coherence and thus its efficiency. This has led to considerable gaps in assessing how funds were used against the generation of outputs, as the necessary information was not all made available.

Impact

The evaluation showed that the intervention had a direct impact on children: providing them with health services, enhancing their well-being, contributing to a safer and hygienic school environment. Parents and caregivers largely reported that their children have a better awareness of the school environment, coupled with hygiene knowledge and new hygiene habits. However, the evaluation highlighted weaknesses in the monitoring system regarding the choice and design of relevant and measurable qualitative indicators able to inform on and capture the outcomes. Therefore the monitoring system failed at measuring the real   impact of the provided services.

Sustainability

The sustainability of the intervention is supported by the engagement of national partners, civil society and authorities that were fully engaged in the activities. Both have built strong ownership over the three sectors supported by KOICA, i.e. health, WASH and child protection. UNICEF supported the national strategies and policies, now adopted by the relevant ministries, but also the technical capacities of its partners, creating a stronger system in place that will lead future national priorities and responses

While Jordan is well-equipped to maintain the strategy of the KOICA supported activities at a larger scale, the limited financial resources at national level may hinder the capacity of GoJ to pursue the

intervention. Jordan still relies largely on international funding and this raises concerns over the sustainability of an intervention, funded by international donors or agencies.

Conclusion

The KOICA supported activities were strongly in line with UNICEF's strategy in Jordan, providing services to the most vulnerable children and bolstering national capacities. The intervention provided children with the necessary means and opportunities to enhance their rights to health and protection in response to long existing needs in Jordan. The activities have also worked towards reinforcing the national existing system for access to health and hygiene in schools, and the national child protection system. The intervention benefited from partnering with strong national NGOs that are well established among the communities with strong ties to the Government of Jordan that could be leveraged in the future to pursue the work in favor of children's rights and well-being.

The evaluation showed that large targets can be achieved reaching vulnerable children and their families, however the intervention would have benefited from a stronger centralized programme management team, to better inform on the activities implemented, strengthen accountability, and measure the impact.

Recommendations

PA's team developed a detailed set of recommendations that are strategic, programmatic and operational. These are provided in the evaluation report and include the assigned entity as well as priority of the action. The overarching strategic recommendations are proposed here:

1. **KOICA and UNICEF should sustain financial support to nationally owned and implemented programmes (by the GoJ through relevant Ministries) and, for sustainability purposes, all stakeholders should be involved in the identification of future long-term funding through diversifying the financing landscape including development banks, the Jordanian private sector and other philanthropic actors.**

2. **KOICA and UNICEF should continue to technically support the GoJ in fully owning and implementing programmes that are aligned and supported by national policies for full realization of intended results.**

3. **For the programmes features fully embedded into the routine activities of the MoE and MoH within schools, KOICA should consider, with careful monitoring and accountability mechanisms, transitioning the funding of operational activities to bilateral support to reinforce ownership and sustainability on national strategies.**

4. **The donor community and the implementing actors should align and enhance synergies in the Health and WASH sectors for better coherency and coverage, to avoid duplication of activities (and efforts), transparency and accountability and thus allowing for comprehensive school interventions rather than siloed sectoral interventions.**

2 Introduction to the evaluation

2.1 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 664,414[8] 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[9]. 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[10]. 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)[11] 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 Organisations (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.[12] 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.[13] 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.[14] 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.[15]

---

[8] UNHCR. UNHCR Fact Sheet Jordan, Feb. 2021, last accessed on 10 Sept 2021.

[9] UNHCR. "Operational Data Portal." Situation Syria Regional Refugee Response, data2.unhcr.org/en/situations/syria/location/36.

[10] UNHCR. UNHCR Fact Sheet Jordan, Feb. 2021, last accessed on 10 Sept 2021.

[11] Government of Jordan. Jordan Response Plan Website, www.jrp.gov.jo/.

[12] World Bank, Jordan Overview, Context, accessed on 28 July 2021, https://www.worldbank.org/en/country/jordan/overview

[13] *Ibid*

[14] *Ibid*

[15] *Ibid*

On the social level, the pandemic had a disproportionate impact on women and girls, with the increase of domestic violence[16]. 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.[17]

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[18], with a 40% increase in water demand in Northern governorates in recent years[19] and declining water levels in some main aquifers, at a rate exceeding 20m/year.[20] More than 98% of Jordan's population have access to an improved water source, however only 86% have access to a safely-managed source and 89% to a piped network.[21] There is 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 Mafraq 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.[22]

Only a third of the schools have basic sanitation services.[23] Although key hygiene norms, including handwashing, are well-practiced in Jordan, there remain gaps in access to basic hygiene items for vulnerable households.[24] In terms of health and WASH in schools, both the Ministry of Education (MoE) and the Ministry of Health (MoH) have shared responsibilities over the mandate. 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 non-government schools, kindergartens and nurseries".[25] Additionally, the establishment and maintenance of school buildings fall under the MOE'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.[26] Most teachers in schools have a second or even third job in the informal sector,[27] and demanded a 50% salary increase presented by the Teachers' syndicate to the government. The country's economic state and restrictions imposed by the IMF led the government to refuse to honor this salary increase demand.

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

---

[16] 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

[17] *Ibid*

[18] https://www.unicef.org/jordan/water-sanitation-and-hygiene

[19] Jordan Water Sector Facts and Figures, Ministry of Water and Irrigation 2019

[20] *Ibid*

[21] Joint Monitoring Program (JMP), 2021 https://washdata.org/data/household#!/table?geo0=country&geo1=JOR

[22] Breulmann M., Müller R.A., Al-Subeh A. and van Afferden M. (2021) Influx of Syrian Refugees in Jordan – Effects on the Water Sector. https://reliefweb.int/report/jordan/influx-syrian-refugees-jordan-effects-water-sector

[23] Joint Monitoring Program (JMP), 2021, https://washdata.org/data/school#!/table?geo0=country&geo1=JOR

[24] *Ibid*

[25] The Hashemite Kingdom of Jordan, The Official Site of the Jordanian Ministry of Health, accessed on 28 July 2021

[26] 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

[27] 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

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.[28]

All schools, public and private, closed in March 2020 and children had access to remote and online learning[29], and reopened in September 2021. 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, addressing these gaps have to be considered as a priority, at the educational and health levels.

3 Object of the evaluation

3.1 Overview of KOICA supported activities

The Korea International Cooperation Agency (KOICA) invested USD 4.5 million in 2017 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.[30] 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 Care Centers	● National Standards for WASH in Schools; ● Three Star Approach; ● Environment Action Clubs	● Helpline services: Counseling & 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 learning environment i.e: access to clean running water and adequate sanitation facilities. In 2018, UNICEF supported the **Three Star Approach**[31] in partnership with Jordanian local NGO called Royal Health Awareness Society (RHAS) and MoE focusing 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[32]. 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

---

[28] 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

[29] "Schools Suspended, Borders Closed, Gatherings Banned as Gov't Responds to Continued Coronavirus Spread." Jordan Times, 14 Mar. 2020.

[30] Outcome 2 of the project is not covered by this evaluation

[31] 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.

[32] The mentioned KAP survey refers to a larger exercise led by UNICEF and differs from the KAP survey conducted by RHAS in 2019

students' participation; additionally, the Environment Action Clubs were established to address the environmental gaps in schools.

In 2020, UNICEF started supporting the **helpline** created by the Jordan River Foundation (JRF) in 2007, a key intervention in regard to the consequences of the COVID-19 pandemic and the lockdown in Jordan which resulted in high domestic violence[33]. The helpline provided remote services through community based outreach 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 activity list as understood by the ET

Outcome 1 : A quality health system meets the needs of a vulnerable population, especially children

HEALTH
- ➤ **School Health Package for Students:** Integrated health education and services in schools provided
    - ○ Health Promotion (Education & Awareness)
    - ○ Prevention Services (Immunization; Medical examination; Vision, dental and nutrition checks)
    - ○ Medical & dental treatment at Health Centers
- ➤ 1 school health clinic furnished in each 20 most vulnerable schools

WASH
- ➤ Implementation of the **National Standards for Water Sanitation and Hygiene (WASH) in Schools** programme in selected schools in Jordan, in tandem with the **Three Stars Approach**
    - ○ Three Stars Approach training for schools' health focal points at the Education Directorates and the selected schools
    - ○ 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
    - ○ Schools support to address environmental hazards, operate and maintain safe and usable WASH facilities
    - ○ Orientation and mobility training for schools' janitors
    - ○ Water testing, cleaning, and disinfection of water storage tanks
    - ○ Regular (monthly) follow-up and monitoring visits
- ➤ **WASH environmental clubs** in targeted schools
    - ○ Establishment of environmental clubs in schools
    - ○ Clubs facilitators trainings on the Environmental curriculum, and activities
    - ○ Support the clubs to organise environmental initiatives at the schools

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**
    - ○ Counseling services for women and children for the following areas:
        - ■ Violence reporting and victims' psychological care
        - ■ Parenting
        - ■ Case management

---

[33] 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

4 Purpose and objectives of the evaluation

The main **purpose** of the assignment was a summative evaluation of the UNICEF Jordan KOICA supported intervention and activities focused on Health, WASH and Child Protection. More specifically, the evaluation aimed at understanding (1) how funds were managed, (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 understood that the **objectives** of the summative evaluation 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 moves into a new country programme document starting in 2023.

4.1 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 ET reconstructed theory of Change of the intervention (see above). The evaluation covered the activities implemented in primary and secondary schools as well as comprehensive health centres in the following governorates: Amman, Zarqa, Irbid, and Mafraq; in 2017, 2018, 2019 and 2020.

4.2 Stakeholders and audience of the evaluation

The key stakeholders of the evaluation were UNICEF, the Ministry of Education, the Ministry of Health, the Family Protection Department (FPD), the Jordan River Foundation (JRF), the Royal Health Awareness Society (RHAS), 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 and FPD	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

4.3 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) included UNICEF Partnership, Health, WASH, Child Protection specialists, a representative from the Ministry of Health and KOICA. PA adhered 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.

5 Framework of the Evaluation

5.1 Logic Model and Theory of Change

The main approach to the evaluation of the KOICA supported activities was 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 realization of girls and boys rights to health, protection and education in Jordan**. According to the original Problem and Solution Tree Diagram[34], the intervention sought to provide better conditions for girls and women in terms of health, WASH and protection, with a strong focus on children with disabilities[35] as well as girls and women who are at risk of violence and suffering from protection issues.

Based on the ToR 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 review 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**.

The ToC has helped the team to create assumptions and hypotheses that were verified during the evaluation process and the tool has been used to understand what the enabling factors were 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.
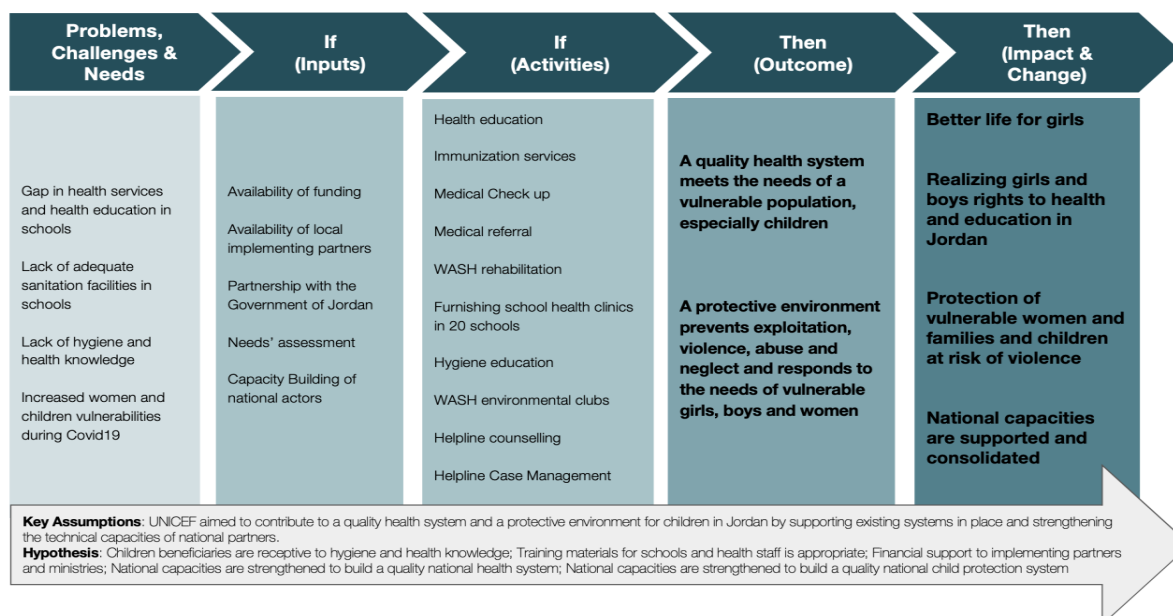
Box 4: KOICA supported activities ToC

---

[34] KOICA-UNICEF Project Document 2017 Jordan
[35] Outcome 2 of the result framework is not part of this evaluation

KOICA Supported Activities Theory of Change

Problems, Challenges & Needs	If (Inputs)	If (Activities)	Then (Outcome)	Then (Impact & Change)
Gap in health services and health education in schools Lack of adequate sanitation facilities in schools Lack of hygiene and health knowledge Increased women and children vulnerabilities during Covid19	Availability of funding Availability of local implementing partners Partnership with the Government of Jordan Needs' assessment Capacity Building of national actors	Health education Immunization services Medical Check up Medical referral WASH rehabilitation Furnishing school health clinics in 20 schools Hygiene education WASH environmental clubs Helpline counselling Helpline Case Management	A quality health system meets the needs of a vulnerable population, especially children A protective environment prevents exploitation, violence, abuse and neglect and responds to the needs of vulnerable girls, boys and women	Better life for girls Realizing girls and boys rights to health and education in Jordan Protection of vulnerable women and families and children at risk of violence National capacities are supported and consolidated

Key Assumptions: UNICEF aimed to contribute to a quality health system and a protective environment for children in Jordan by supporting existing systems in place and strengthening the technical capacities of national partners.
Hypothesis: Children beneficiaries are receptive to hygiene and health knowledge; Training materials for schools and health staff is appropriate; Financial support to implementing partners and ministries; National capacities are strengthened to build a quality national health system; National capacities are strengthened to build a quality national child protection system

5.2 Conceptual framework and approach

In order to better assess the relevance of the programme against a solid conceptual framework, in complementarity with the logic model, the team for the evaluation defined the hereunder framework conceptual framework applicable to the KOICA supported activities. Throughout the evaluation, the ET provided an assessment of the relevance of the activities against the indicators and the core principles of the framework in the graph below was applied. However, this framework does not necessarily prove useful to the assessment against the other criteria. 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.
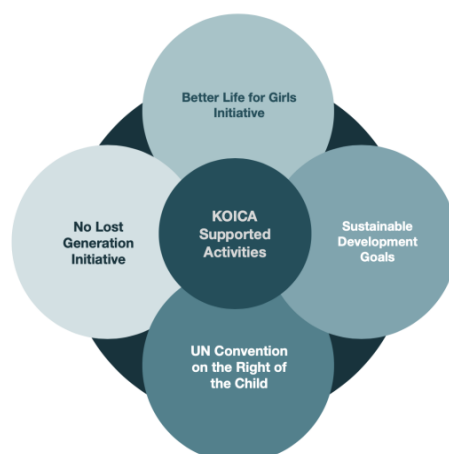
5.3 Evaluation criteria and evaluation matrix

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 analyze the KOICA supported activities using the following order of criteria:
- **Relevance** : to analyze 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 realization 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	
Relevance	1. Are the KOICA supported activities consistent with beneficiaries' needs? 2. How relevant is the intervention in regard to overall international and national priorities, policies? 3. To what extent has UNICEF been able to adapt the intervention to the evolving context?
Coverage	1. To what extent are the most vulnerable populations targeted through the intervention? 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?
Efficiency	1. Have the KOICA supported activities generated the intended outputs through the most efficient use of inputs, including financial, human resources and partnership approaches? 2. M&E: How efficient were the systems put in place to monitor progress of the KOICA supported activities?
Effectiveness	1. To what extent were the objectives of the KOICA supported project achieved or likely to be achieved, in a timely and systematic manner? 2. What were the major factors influencing the achievement or non-achievements of the objectives? 3. How effective was the coordination between UNICEF and the different stakeholders involved in the KOICA activities and beyond? 4. To what extent have the KOICA supported schools and centers improved the approach to Health & WASH better than schools not directly supported?
Sustainability	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? 2. How will relevant ministries evolve when the supported activities end, will they adopt the intervention strategy in the long term? 3. Could other stakeholders be involved in sustaining the intervention and its results? (youth, volunteers, NGOs)
Impact	1. What differences can be observed in children's behavior as a result of the intervention? 2. What change has the intervention brought into the life of beneficiaries? 3. What happened as a result of the project? (capacity, knowledge, behavior...) 4. To what extent did the intervention have an impact on girls and boys during the pandemic (in 2020)?

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.

6 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.
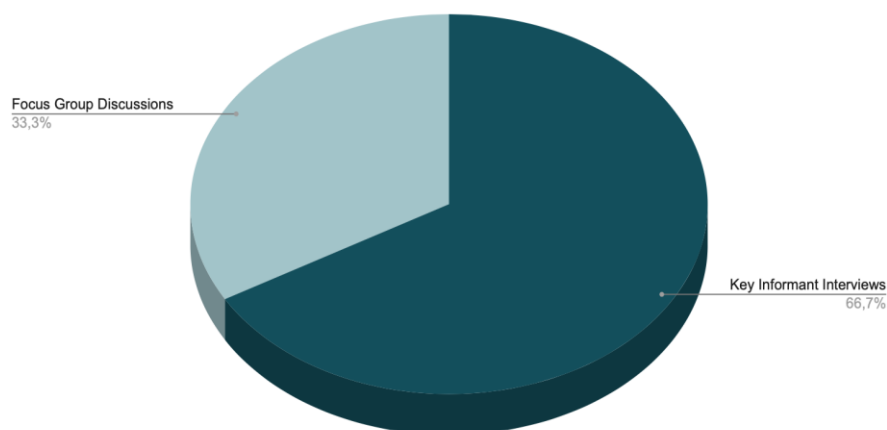
6.1 Phases of the Evaluation

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 summarized in the chart below. The list of respondents to the evaluation can be found in Annex 7 and the data collection mission agenda in Annex 6. Below is a summary of the data collected

Focus Group Discussions
33,3%

Key Informant Interviews
66,7%

- **35 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 the donor. During the inception phase, PA developed interview guides that were 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.[36]

- **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.[37]
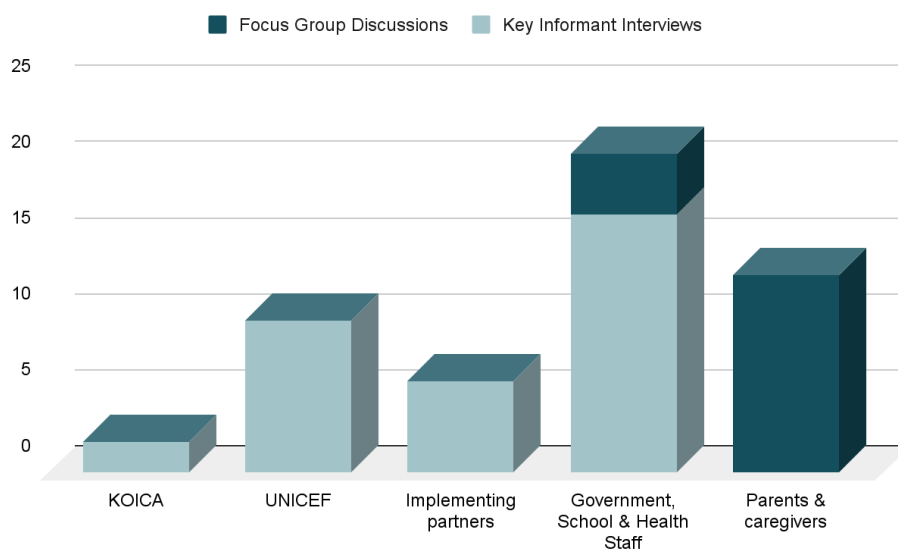

- When conducting the FGDs, PA complied with the Do No Harm principles and ethical requirements; in addition, PA was sensitive to the methodology and content used when participating in FGDs with beneficiaries (parents and caregivers) according to safeguarding

---

[36] Chatham House rule
[37] UNICEF framework for the Participation of Children

principles. Lastly, PA made sure that FGDs were conducted to encourage active and equal participation of women and men. For this, PA divided the team between two male evaluators and 2 female evaluators. The data concerning the number of respondents per gender can be found in the graph below:
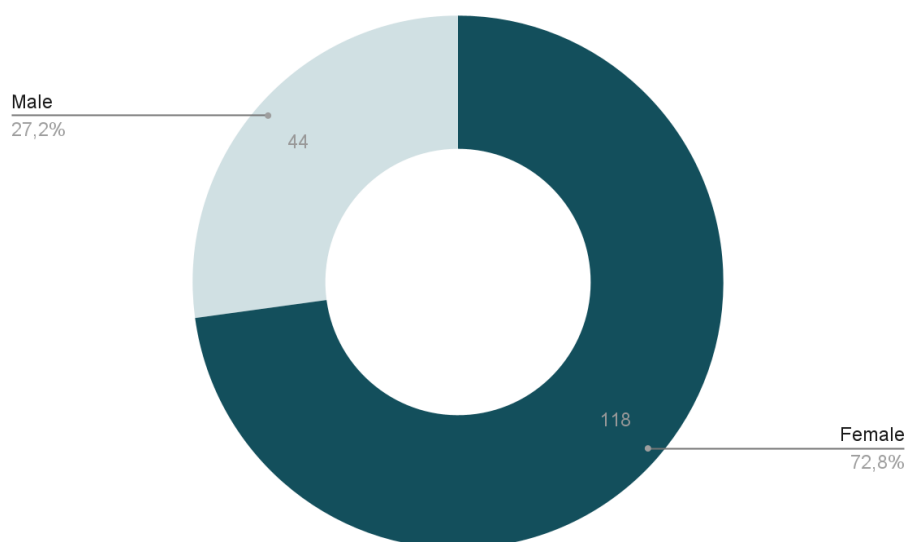
- **Specific locations for the data collection:** While the team was not able to visit all locations supported by UNICEF through the KOICA fund, the evaluators were able to reach 10 public schools and 8 health centers. Below is a map showing the locations reached for the purpose of this evaluation.
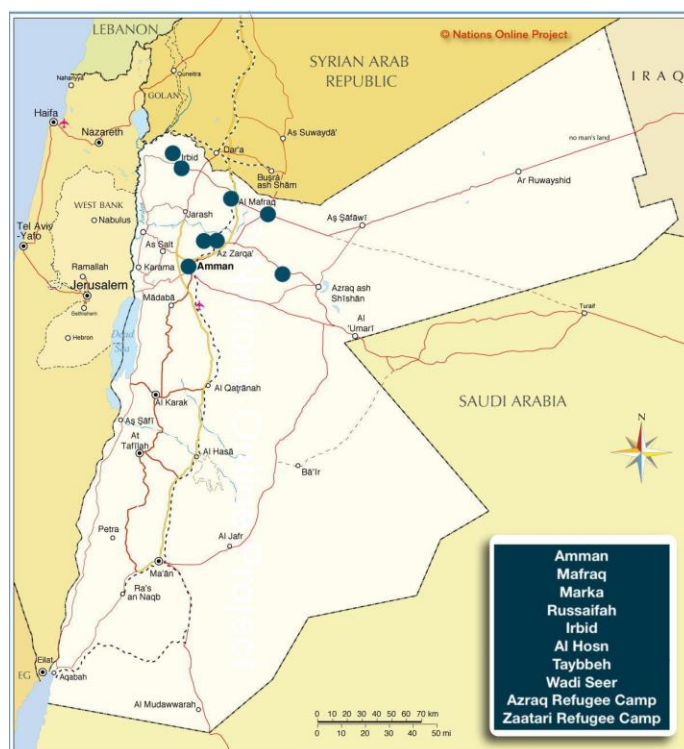
- **End of field mission workshop**: A presentation of the field mission, data collected and preliminary findings was organized online with UNICEF staff. This was an opportunity to address gaps and validate the preliminary findings to support the analysis phase. The presentation is available in Annex 7.

6.2 Analysis and 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 harmonize 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** for larger triangulation of data. The evaluation team worked together to **triangulate the data** to seek validation, accuracy and harmonize the findings and eliminate bias within the team. During this process, the team 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 UNICEF 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.
  ● 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 "-".** The rating system is a form of judgmental assessment used in qualitative evaluation and draws on expertise and experience of PA's team. It was defined as standard practice for evaluations within the company and has been used in over 80 evaluations over ten years time. The rates are attributed according to the knowledge, experience and benchmark of the evaluators on similar interventions and aims at providing an understanding of the qualitative analysis. As factors influencing the performance on different criteria are too varied and numerous to be listed exhaustively, the rating is left to the appreciation of the evaluators with a rationale explained thereafter. It is to be noted that calculation or aggregated criteria cannot be used for a qualitative understanding or rating of a programme as a single element. This could jeopardize the ability of the programme to perform on any of the criteria and thus no weighting of elements could thereof be used. This approach remains therefore a part of subjectivity from the evaluator, counterbalanced by the data and facts observed during data collection, triangulated information and voices of all stakeholders of the evaluated intervention. The professionalism, neutrality, independence, experience and ability to compare with similar programmes, situations or contexts of the evaluator is also a guarantee of a fair analysis and rating. It is worth also pointing to the fact that these ratings are established in an analysis internal workshop in which appreciations of all members of the ET, local consultants as well as internationals, are reaching consensual views on the elements.

Findings scoring legend

VERY POOR	POOR	GOOD	VERY GOOD
- -	-	+	+ +
Very poor rating applies for what is judged to be very problematic, irrespective of standards or against common best practices, creating blockages or failures to the program and thus would need immediate attention and correction.	Poor rating applies for what is judged to be below standards or common practices and thus should be amended to ameliorate the program.	Good applies for what is judged to be correctly executed, in line with standards and common practices of the sector.	Very good applies for what is judged to be best practices or areas of excellent performances that should be leveraged or replicated as adding extra value or quality to the program.

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.

6.3 Ethical Considerations

PA adhered to the norms and standards of the United Nations Evaluation Group. PA also followed the UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis.[38] 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[39] and the Independent Review Board (IRB) to protect the rights and welfare of human subjects participating in an evaluation.

PA understood that ethical considerations refer to the confidentiality of the respondents and data gathered, and this will be strictly respected. During KIIs 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;

---

[38] http://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF
[39] UNICEF, Ethical Research Involving Children: http://www.unicef-irc.org/KM/ERIC/

- 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 analyzing 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 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.

6.4 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 KII	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
COVID-19 pandemic	The data collection mission was conducted smoothly despite the health and social 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 some staff that were previously involved in the KOICA supported activities. PA used the available sources and documents to mitigate lack of access to former staff and focused on the available respondents

7 Evaluation Findings

7.1 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.

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

KEQ 1. Are the KOICA supported activities consistent with beneficiaries' needs?	
Key Findings	**Rating**
➜ The KOICA supported activities responded properly to the needs of beneficiaries	++
➜ The intervention is based on a strong situation analysis (macro level assessment; understanding the broad needs and vulnerabilities)	++
➜ Evidence of a gap in precisely assessing the needs on intervention sites (micro level assessment for the decision of which site to support)	--
➜ 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 COVID-19	++

Health

The KOICA supported activities form an integral part of the global response to the protracted humanitarian refugee 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, the Comprehensive Health Centers (CHC) 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[40] in host communities, 20 CHC 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 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 duplication of WASH and hygiene activities: hygiene education in schools had been previously provided in the targeted schools, as reported by school staff during FGD and KII.

According to the KAP survey conducted by RHAS in 2019, knowledge of participants was reported to be high in terms of hygiene behavior; 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.

---

[40] Based on the list provided by UNICEF to the evaluation team

Despite the results of the KAP survey, the data collected during the evaluation highlights the relevance of hygiene education activities conducted as school staff report a general lack of knowledge, particularly in regard 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 COVID-19 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 specialized 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 COVID-19 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 regard to the overall national priorities and 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[41] (2018-2021) and works towards promoting student's health and their 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 CP, domestic violence and GBV within families. Additionally, case management supported through the broader KOICA funding and by UNICEF are consistent with the national SOPs 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**
➔ UNICEF adapted its global approach to respond to the changing context in Jordan	++
➔ UNICEF worked towards adapting the intervention during the COVID-19 pandemic	-

UNICEF Jordan Country Office (JCO) is currently working under the Jordan Country Programme 2018-2022.[42] 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;

---

[41] MoE, MoH & UNICEF joint strategy
[42] https://www.unicef.org/jordan/media/371/file/Jordan-Reports.pdf

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 COVID-19 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 sudden COVID-19 restrictions measures have disrupted access to schools and CHC 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."*
> A school teacher, and parent

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 largely altered during the COVID-19 crisis, but however provided by other partners, the helpline came as a relevant mitigation measure to the risks and protection concerns on the rise during the lockdown. UNICEF supported JRF with hiring 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 are not comfortable to call the helpline. However, the presence and support provided to parents and caregivers have had positive effects on children themselves. The response provided at the time by UNICEF was pertinent to the rapidly and drastically changing context.

7.3 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: lack of clear identification of vulnerabilities	-
➔ 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 COVID-19 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 the medical services were covered by the KOICA fund"*
>
> A Staff at MoH

WASH

Under the WASH component, targeted 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). Previous interventions were most likely supported by other agencies and UNICEF had not been involved in the targeted schools previously, however, PA's team was not able to verify this information.

The assumption of vulnerability was 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 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
Health & WASH	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
Child Protection	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

<u>The KOICA supported activities aimed at leaving no one behind</u>
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 was 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 was accessible to beneficiaries living in host communities. In regard to WASH and health, the ET did not find evidence on 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 detailed enough information to show the achievement

against the originally stated target (80% of Syrian refugee children).[43] 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 showed that Syrians and other refugees represented only a few cases who have either called the helpline, received counseling 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 were gender sensitive with a particular focus on girls and boys' rights. Gender equality was cross-cutting throughout all originally designed activities, and it was 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; while originally integrated in the original proposal for the intervention, boys public schools were not part of the WASH activities that are the object of this evaluation although the WASH activities were implemented in mixed primary schools for boys and girls. Hygiene and healthy behavior education was only implemented in schools for girls and specific mixed primary schools, data reported by RHAS 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 were in line with gender-responsive programming standards and gender was mainstreamed throughout all components of the activities and implementation. Generally, UNICEF focuses on multiple aspects to implement gender-mainstreaming, through advocacy, supporting gender-specific programmes targeting women and girls or capacity building. The evaluation has evidenced gender-sensitiveness in all aspects of the intervention. First of all, by the core nature of the KOICA supported activities targeting girls and the realization of their rights; secondly, the team was able to verify that all data are systematically disaggregated by gender and that relevant information related to gender is captured.

Participatory Approach
The participation of involved stakeholders, notably duty bearers, was 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 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 was 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 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 high stigma and judgment in Jordan, which resulted in a large institutionalization of persons with disabilities, particularly children. It is important to note that only 3% of CwD in Jordan receive education services[44] (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 showed that 1.9%[45] of enrolled children in primary

---

[43] UNICEF-KOICA Final Report, March 2021

[44] Thompson S. 2018. *The current situation of persons with disabilities in Jordan.* K4D Helpdesk Report. Brighton, UK: Institute of Development Studies.

[45] Ministry of Education (2018). Education Strategic Plan 2018 – 2022

education are CwD, many reports evidenced the high dropout rate related to an unsuitable environment in school. In general, only a few schools are equipped to support and maintain the enrollment of CwD.

> *"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[46].

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.

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

The team for this evaluation placed efforts into analyzing the effectiveness of the KOICA supported activities by looking at the level of achievement against the planned targets. The ET also integrated the level of achievement of the activities per key areas of focus based on UNICEF strategy.[47]

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?	
Key Findings	**Rating**
➔ UNICEF effectively worked towards supporting a quality health system to meet the needs of the most vulnerable, 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 COVID-19 and activities for health & WASH implemented in schools were put on hold	-

The ET raised a real concern about discrepancies between the reported figures for Health and WASH to the donors and those reported by the implementing partners or other internal reporting. Indeed   the distribution of output over the years was stable and consistent with the targets in the reporting to the

---

[46]https://app.powerbi.com/view?r=eyJrIjoiODUwZGEyY2ItNmRkMC00NGQ2LWIyYzUtZWMwZTgzNWU0OWVjIiwidCI6ImJhYT
BlNGNkLTQ3ODEtNDc3Ny05ZWZkLTE1NzU3N2FlN2E0YiIsImMiOjl9

[47] Jordan Country Programme, 2018-2022, https://www.unicef.org/jordan/media/371/file/Jordan-Reports.pdf

donor (1/4th of the target being met every years) when the reported timeline of activity by the implementers and other internal reporting showed that activity implementation had been greatly fluctuating over the years (preparation period, slow launch of activity the initial years and COVID-19 related suspensions the last one year). This discrepancy between activity implementation and reported outputs raised concerns about the ability of the UNICEF tracking system to report on a programme built by the addition of several activities, all of them embedded in larger programmes. This undocumented gap between figures proved hard for the ET to reconcile funding and outputs and understand the attribution of the produced outputs to the given activities . In absence of further verification methods and access to data from the ministries, the ET thus analyzed effectiveness in light of these numbers for the following section, with concerns and lack of understanding over the real attribution to activity.

Health

The ET used the reports to the donor[48] 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
HEALTH **School Health Package for Students - Integrated health education and services in schools provided**: ➢ Health Promotion (Education & Awareness) ➢ Prevention Services (Immunization; Medical examination; Vision, dental and nutrition checks) ➢ Medical & dental treatment at Health Centers **1 school health clinic furnished in 20 most vulnerable schools**	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)

---

[48] Final Report to KOICA, March 2021
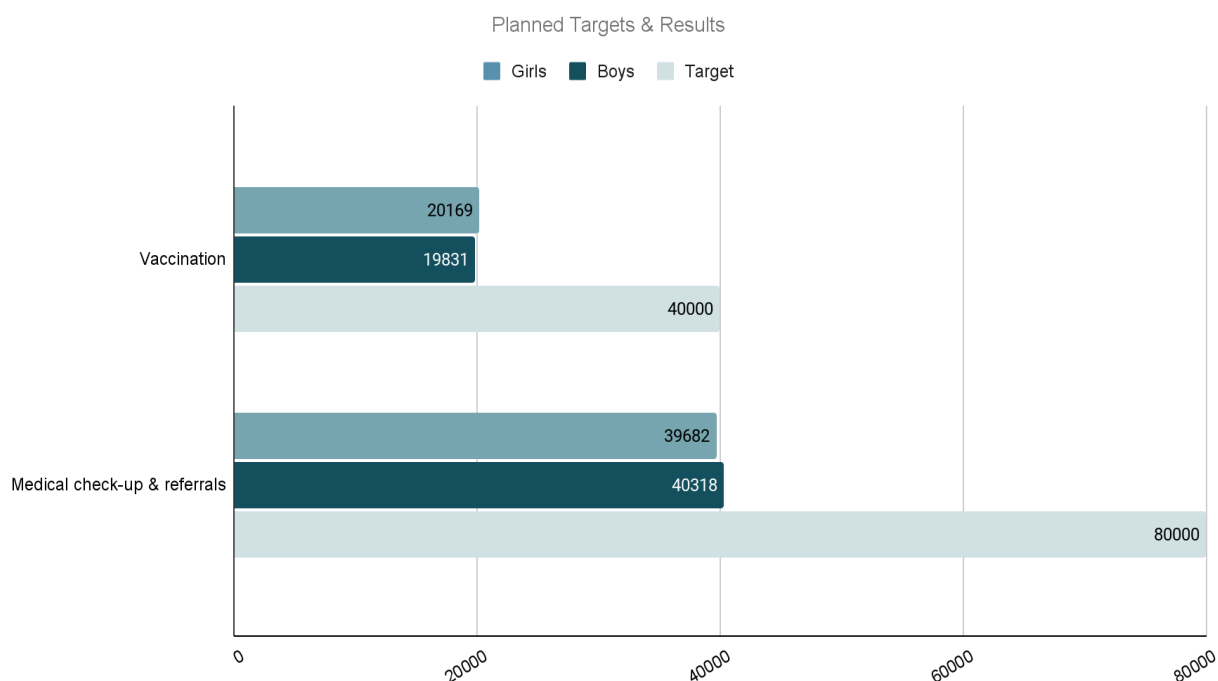
Provision of services to the most vulnerable

Based on the information available in the supported activities' reports, health activities were implemented and achieved according to the original target. However, the evaluation identified a number of 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. There are uncertainties over who conducted the trainings and when these were delivered to children.
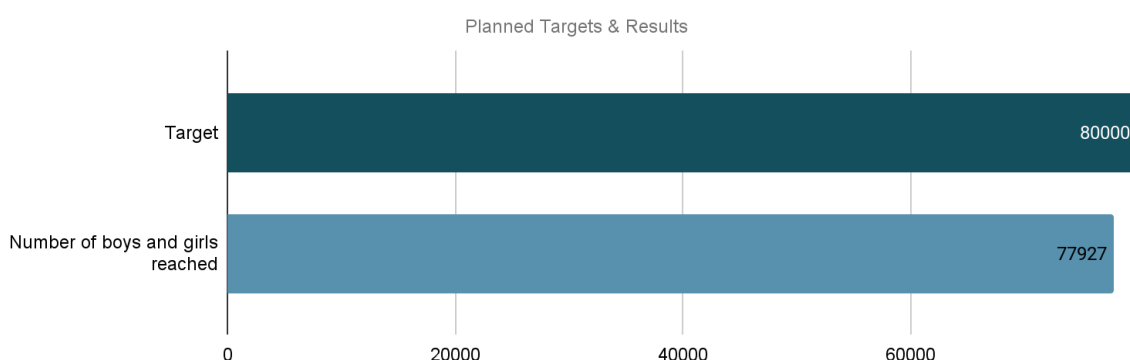
➢ **Medical examination (vision, dental and nutrition checks) in schools and health centers:** The evaluation did not evidence consistency in medical examination conducted in schools but rather in CHC where families came spontaneously after hearing of the free services within the community.
  ○ Only 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 the consequences of COVID-19 rather than being part of a national health campaign by MoH supported by UNICEF and KOICA. Respondents to the evaluation shared that enabling free access to health services came at the right time with the economic COVID-19 economic consequences; families were not able to afford basic services anymore.
- ➢ **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.

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 and implemented during the KOICA supported activities:

- ➢ 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:

Outcome 1 (HEALTH & WASH): A quality health system meets the needs of a vulnerable population, especially children	Indicator[49]	Planned Target	Level of achievement
WASH	Revised indicator by the ET[50]:		

---

[49] 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).

[50] Based on UNICEF-RHAS Programme document: WASHinSchools/JOR/PCA2019187/PD2019220/2019/RHAS/Jordan

Implementation of the **National Standards for Water Sanitation and Hygiene (WASH) in Schools** programme in Jordan, in tandem with the **Three Stars Approach** ➢ Three Stars Approach training for schools' health focal points at the directorate of educations and the selected schools ➢ 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 ➢ Schools support to address environmental hazards, operate and maintain safe and usable WASH facilities ➢ Orientation and mobility training for schools' janitors ➢ Water testing, cleaning, and disinfection of water storage tanks ➢ Regular follow-up and monitoring visits monthly	Number of boys and girls with improved access to WASH services Number of vulnerable children who demonstrate an awareness of key hygiene messages and water conservation	7200 Data not available	8263 boys and girls (over-achieved) N/A
WASH environmental clubs in targeted schools ➢ Establishment of environmental clubs in schools ➢ Clubs facilitators trainings on the Environmental curriculum, and activities ➢ Support the clubs to organize environmental initiatives at the schools	Number of clubs created 20		20

Planned targets & Results
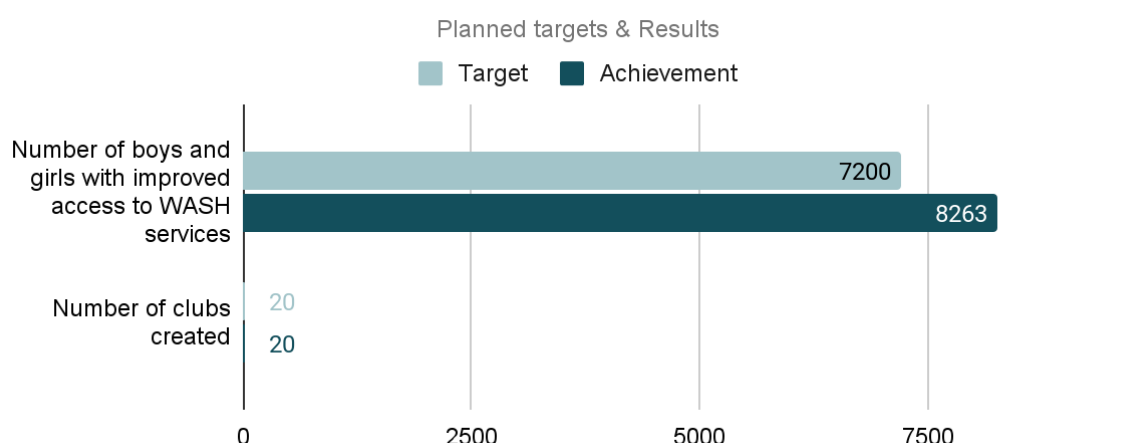
Provision of services to the most vulnerable

The evaluation highlights the difficulties to understand how the targets under the WASH component have been utilized to i measure the progress and achievements per activities. As mentioned above, the indicators and targets reflected in the reporting documents to KOICA did not reflect the activities implemented as understood by the ET and reflected in other documentation. 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 organized 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 organized training sessions. We learned a lot from the training, and we would like to have a brochure. We were then in charge of organizing 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 and 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 COVID-19 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:
- ➢ 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:

Outcome 3 (CHILD PROTECTION): A protective environment prevents exploitation, violence, abuse and neglect and responds to the needs of vulnerable girls, boys and women	Indicator[51]	Planned Target	Level of achievement [52]

Child Protection - Helpline
Helpline services provided to vulnerable children and families
➢ Counseling services for women and children for the following areas
  ● Violence reporting and victims' psychological care;
  ● Parenting;
  ● Case management.
	Number of vulnerable women and children accessing quality helpline services	1200	3284

---

[51] There is no specific indicator for the helpline in the logical framework UNICEF-KOICA. The ET is suggesting the indicator in the table.

[52] Based on JRF reporting Helpline Statistics Summary March 2020-March 2021

Planned targets & Results

■ Target   ■ Achievement

Number of vulnerable women and children accessing quality helpline services: Target 1200, Achievement 3284
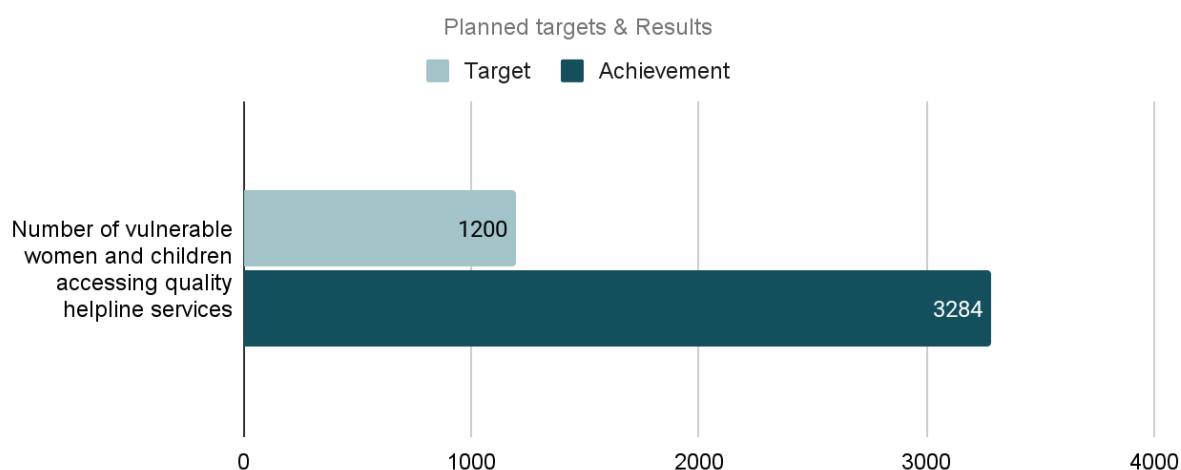
Provision of services to the most vulnerable

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 COVID-19 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.

According to the planned target available in JRF's progress report[53], 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 to JRF staff 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:

➢ Guidelines for Alternative Care Services for Children
➢ National SOPs for Gender Based Violence, domestic violence and Child Protection
➢ Family violence tracking system for the management of Family Violence Cases
➢ National 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

---

[53] Programme Progress Report FACE, JRF 2021

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

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

Box 9: Summary of Enabling and limiting factors for achieving intended results

Sector	Enabling Factors	Limiting Factors
Health	➔ National interest and ownership ➔ MoH partnership ➔ Receptive health staff at CHC and school staff	➔ COVID-19 crisis ➔ School closure ➔ Overlap Health & WASH ➔ Overload on medical staff ➔ Resource dedicated to camp intervention
WASH	➔ National interest and ownership ➔ MoE partnership ➔ RHAS partnership ➔ RHAS technical capacities ➔ Receptive school staff ➔ Interest within the community	➔ COVID-19 crisis ➔ School closure ➔ Overlap Health & WASH
Child Protection	➔ Rising needs ➔ JRF partnership ➔ JRF long existing helpline ➔ UNICEF flexibility to adapt to the context	➔ COVID-19 crisis

KEQ 3. 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[54]	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.

---

[54] The ET was not able to allocate time for this; the field mission was fully dedicated to UNICEF supported areas of intervention

7.5 Efficiency

The degree to which the KOICA supported activities realized 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 is not clear and leads to gaps in assessing the efficiency of the intervention	--
➔ The intervention is based on strong existing partnership	++
➔ No overall coordination project manager assigned to the KOICA supported activities	--
➔ From the design of the programme, Health & WASH sectors in schools have been dissociated, designed and implemented separately	-
➔ Strong leverage of internal inputs and efforts placed to invest in additional human resources where needed	++
➔ Gaps in Allocation of resources, (HR gaps) 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	1451746.55
WASH	828824.07
Child Protection (Helpline services)	1439380.68
Total	**3,719,951.03**

Funding per Sector
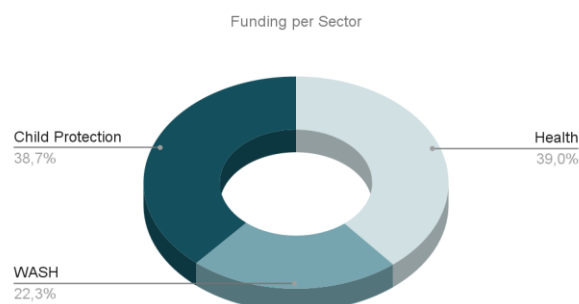
The ET had access to the expenditures reported to KOICA by UNICEF which appear to include a much larger scope of activities than the one being evaluated. The ET was not able to analyze the specific funding allocated to the activities as the available documents did not provide a breakdown per activity 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 identification of who funded what. It appears that the UNICEF financial tracking system reached its limits when reporting on a set of co-funded activities within larger programmes without a centralised, programme based, coordination tasked with financial and KPI reporting. From the ET perspective this resulted in an inability to have full and transparent access to the figures informing on the reality and reconcile spending, activities and outputs reported.

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 adequacy of the reporting system with the type of programme made of diverse, non centrally managed, activities that failed at attributing spendings to specific activity implementation. UNICEF possesses strong reporting systems but those systems do not seem to be adequate to report fully on a programme of KOICA type, spread across different sectors and embedded in other national programmes and approaches.

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 recognized 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 realized 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 have created 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 regard to vaccination, the ET also noted that in 2020, the vaccination campaign in the camps was not supported by UNICEF but rather directly implemented, led and funded by the MoH   .

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 directorates 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 specialized 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 COVID-19, 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/ time consuming. 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 and was noted as a strong added value by UNICEF's partner.

Hygiene and healthy behaviors 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 explore 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 COVID-19 crisis hit and implementing the activities, particularly under CP, became strenuous. UNICEF helped in the transition to remote work immediately when the lockdown started by supporting the provision of equipment and additional human resources working at the helpline. UNICEF efficiently mitigated some of the main COVID-19 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 COVID-19. 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**
➔ The M&E system was designed to efficiently capture progress and results of the activities implemented however UNICEF hardly captured the quality of the services provided	-

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".[55] The extent to which these monitoring visits were conducted given the conflicting timeframe of the activities implemented and the closure of schools related to COVID-19 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.

---

[55] UNICEF Final Report to KOICA, March 2021

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.

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. UNICEF is currently exploring alternative options to finalize the KAP survey.

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 COVID-19 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.

7.6 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 behavior 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 COVID-19 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 behavior and practice changes for the beneficiaries.

Moreover, the COVID-19 pandemic, and consecutive disruption of service delivery, school service and activities made it difficult for the ET to analyze 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 behavior change for the individuals.

KEQ 1. What differences can be observed in children's behavior as a result of the intervention?	
KEQ 2. What change has the intervention brought into the life of beneficiaries?	
Key Findings	**Rating**
→ **Poor quality** of qualitative indicators and monitoring features to effectively 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 regard 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 could not afford the basic health services. The services provided enhanced the health and wellbeing of children and families became 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 alongside technical support. The question remains on the sustainability of such a system and whether the UNICEF role should switch to technical support only while funding streams for implementation are redesigned especially for the programme features already embedded into national policies and priorities. However, impact can be extrapolated at national level as the system and approach adopted at national level will benefit and bring long term change in the life of children, throughout the replication and perpetuation 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 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 reported 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 perceived as sensitive.

> *"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 team collected data from parents and caregivers however   it is unclear whether the impact on their children and the change in behavior could be attributed   to the WASH activities or to the COVID-19 health measures and messaging, as both were concomitant.

Child Protection

The helpline was a remarkable response to the vulnerabilities of isolated families during COVID-19. Parents, especially mothers and children were able to have access to psychosocial support 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

7.7 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 low level of 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[56] 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).

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 remains uncertain as the evaluation team was not able to interview representatives of the ministry, however the approach seems to be 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, and can be understood as 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 and spread knowledge with future children.

---

[56] Along with the Ministry of Water and Irrigation

Child Protection

The ET did not interview representatives from NCFA , 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 COVID-19 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.

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,[57] UNICEF supported its partners in developing new approaches to continue reaching out to the most vulnerables, especially during the COVID-19 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

---

[57] Not included in the evaluation scope

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.

8 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.

8.1 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 inform on the needs
- ➔ National situation analysis that responded to the needs of the target populations

8.2 Coverage

Conclusion & Lessons Learned

The KOICA supported activities targeted vulnerable families and disadvantaged areas with a high proportion of refugee families and neglected host communities. The evaluation showed 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 gender equality, and equity in programme design

8.3 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 analyzed 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 COVID-19 crisis.

Good practices

The KOICA supported activities are effectively consistent with UNICEF JCO Country Programme's strategy which are in broad terms:
  ➔ Provision of services to the most vulnerable
  ➔ Bolstered national capacities and systems

8.4   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 regard 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 allocated to   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 overall 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

8.5   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 evidenced 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 COVID-19 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

8.6 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.

9 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	Finding Reference	Action by	Priority
Health, WASH & CP	*Strategic Recommendations*			
	➢ KOICA and UNICEF should sustain financial support to nationally owned and implemented programmes (by the GoJ through relevant Ministries) and, for sustainability purposes, all stakeholder should be involved in the identification of future long-term funding through diversifying the financing landscape including development banks, the Jordanian private sector and other philanthropic actors. ➢ UNICEF and the donor community should continue to invest in strengthening the national capacity and systems with a strong focus on the sustainability of the support provided.	Sustainability Page 49 #2 Sustainability Page 50 #1	KOICA GoJ UNICEF	*Short-term and long term*
	➢ KOICA and UNICEF should continue to technically support the GoJ in fully owning and implementing programmes that are aligned and supported by national policies for full realization of intended results.	Sustainability Page 49 #2	KOICA UNICEF GoJ	*Medium-term*
	➢ For the programmes features fully embedded into the routine activities of the MoE and MoH within schools, KOICA should consider, with careful monitoring and accountability mechanisms, transitioning the funding of operational activities to bilateral support to reinforce ownership and sustainability on national strategies.	Sustainability Page 49 #2	KOICA MoH MoE	*Medium-term*
	➢ The donor community and the implementing actors should align and enhance synergies in the Health and WASH sectors for better coherency and coverage, to avoid duplication of activities (and efforts), transparency and accountability and thus allowing for comprehensive school interventions rather than siloed sectoral interventions.	Coverage Page 30 #2 Impact Page 47 #2	Donors KOICA UNICEF IPs	*Medium-term*
	Programmatic Recommendations			
	➢ 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	Effectiveness Page 40 #1 Efficiency	UNICEF MoE MoH	*Medium-term*

		Page 52 #1		
	➢ 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)	Sustainability Page 49 #4	UNICEF NCFA	*Medium-term*
	➢ 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) ➢ 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	Efficiency Page 43 #1;#2	UNICEF	*Short-term*
	➢ When designing a programme or project, UNICEF should make sure that the logical framework specific to the intervention contain clear measurable qualitative and quantitative indicators, planned targets and baseline (SMART approach planning, implementation and reporting) ➢ Follow-up, quality & Impact: Using the suggested tools, UNICEF's sections and programmes should develop and use qualitative indicators to measure the quality and impact of the intervention, particularly when working with implementing partners and this, with a centralised mechanism (eg. the aforementioned program management unit)	Efficiency Page 45 #3	UNICEF	*Short-term*
	➢ For cross-sectorial programmes, *tracking systems and tools should ensure the possibility for reconciliation of budgets, spending, activities and outputs, even in the case of a non centralised programme to ensure easy* budget transparency for all stakeholders and thus ensure better accountability	Efficiency Page 41 #2	UNICEF	*Short-term*
	➢ 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.	Coverage Page 30 #1; #3	UNICEF MoH MoE	*Medium-term*
Operational Recommendations				
Health ➢ Strengthen system in place at CHC level in coordination with schools and MoH with health focal point from nearby CHC assigned to each school ➢ Create synergies between schools in camps and CHC in host communities ➢ 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			UNICEF MoH	*Short-term*
WASH ➢ Develop training manuals and brochures on hygiene for teachers and students ➢ Create a network of volunteer to disseminate knowledge acquired in other schools			UNICEF MoE RHAS	*Short-term*
Child Protection ➢ Raise awareness of the availability of the helpline in refugee camps ➢ Develop campaigns in schools to inform on the helpline			UNICEF JRF	*Short-term*

55

10 List of Annexes

10.1 Annex 1: Terms of References

10.2 Annex 2: Phases of the evaluation

10.3 Annex 3: Stakeholder Matrix

10.4 Annex 4: Evaluation Matrix

10.5 Annex 5: Data Collection Tools

10.6 Annex 6: Field Mission Agenda

10.7 Annex 7: Field Mission PPT presentation

10.8 Annex 8: List of respondents

10.9 Annex 9: Bibliograph

10.10 Annex 10: Evaluation Team