Inclusive Relief and Empowerment for Syrian Refugees with Impairments and Disabilities in Jordan

(PRM Funded Project)

FINAL EVALUATION

October 2021

IOCC
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES
Helping others help themselves

Final Evaluation – "Inclusive Relief and Empowerment for Syrian Refugees with Impairments and Disabilities in Jordan" (PRM Funded Project)

Picture above: Picture captured at Sweileh IFH Center (September 2021). Consent form was signed by the child's father to use it in the study report.

SUSTAINABLE RESEARCH & DEVELOPMENT
Amman, Jordan

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Acronyms

CBR	Community Based Rehabilitation
CBOs	Community Based Organizations
CP	Child Protection
FGD	Focus Group Discussions
GBV	Gender Based Violence
GoJ	Government of Jordan
HCD	Higher Council for the Rights of Persons with Disabilities
IFH	Institute for Family Health
INGO	International Non-Governmental Organization
IOCC	International Orthodox Christian Charities
KIIs	Key Informant Interviews
MHPSS	Mental Health and Psychosocial Support
MoE	Ministry of Education
MoH	Ministry of Health
NCDs	Non-communicable Diseases
NHF	Noor Al Hussein Foundation
PRM	The United States Department's Bureau of Population, Refugees and Migration
PSS	Psychosocial Support
PT	Physical Therapy
SRD	Sustainable Research and Development Center
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees

EXECUTIVE SUMMARY

Within the framework of "Inclusive Relief and Empowerment for Syrian Refugees with Impairments and Disabilities Project" in Jordan, the United *States Department's Bureau of Population, Refugees and Migration (PRM)* funded a two-year project implemented by *International Orthodox Christian Charities (IOCC)* in partnership with Noor Hussein Foundation Institute for Family Health – IFH). The project was implemented between 2019 and 2021 in four locations in Jordan: Sweileh, Russeifa, Zarqa, and Irbid, aimed to improve the quality of life of refugees and vulnerable Jordanians with impairments/disabilities and their families. IOCC contracted with *Sustainable Research and Development Center (SRD)* to conduct this final evaluation. This report presents the findings from an independent evaluation conducted between September and October 2021. The evaluation aimed to analyze the final results of the project in the targeted areas, as well as to assess the efficiency, effectiveness, impact, and sustainability of the project after the implementation through the usage of quantitative and qualitative data.

The evaluation ***methodology*** included qualitative-quantitative data collection activities including desk review of project related documents, in-depth interviews and focus-group discussions with beneficiaries, and key informant interviews. Data were collected by the evaluation team and a team of enumerators who used tablets and Kobo Toolbox for data entry, and analysis. The procedures that were used included A desk study, individual interviews, focus group discussions (FGDs), key informant interviews (KIIs). The evaluation team conducted a comprehensive desk research to highlight main project milestones and achievements, covering whole life of the project, while primary data collected through the 78 individual interviews and 8 FGDs conducted for men and women beneficiaries. An interview guide developed with several questions and additional probing questions to ensure all matters of interest to this study were covered. All qualitative feedback summarized thematically. All sessions conducted in IFH centers, lasting for approximately one hour and half. All participants mobilized by IFH staff and provided with a schedule and participant characteristics for each of the FGD. The characteristics of the participants have been disaggregated according to nationality, disability, gender and services received. The evaluation team conducted 17 KIIs with stakeholders, including PRM Project Team of IOCC, IFH team, and Representatives from MoH and MoE using a semi-structured interview approach to gather information to address the research questions, as well as to inform on current and future trends and development schemes.

The evaluation ***findings*** showed that the PRM project met and exceeded the targets initially set, for all its indicators, of the project through IOCC/IFH four centers. Across the four geographical areas, Irbid, Russeifa, Sweileh and Zarqa, the key findings of the evaluation can be summarized as follows:

- 71.6% of the respondents stated that the project services were very relevant or relevant to their needs, concerns and priorities.
- 51.7% of the respondents stated that they were beneficiaries of IFH's other services and project in addition to this actual project.
- 28.7% of the respondents stated that they had received services from 6 months to 1 year in length
- 75.5% of the respondents stated that the rehabilitation services were very effective or efficient
- 87.4% of the respondents stated that the project helped them to engage more and develop better relations with their families.

Based upon the findings from the key informant interviews, focus group discussions and desk review, the following ***conclusions*** have been identified:

1. More than 50% of the participants found that the service provided by the IOCC project were very relevant. There was a consensus from all the participants that they need these sessions, but they can't pay at private clinics, and they found that this project offers more than one service they need for free, and the most important they assured about the high skills of the specialists who gave the sessions.
2. The PSS sessions and the rehabilitation sessions received a very high endorsement from those who received such services.
3. The services provided were very appropriate and beneficial in terms of accurate diagnosis and evaluation, and they suited the needs of the beneficiaries, also the aids suited the beneficiaries and there is complete satisfaction with them. Most of the attendees were very satisfied regarding the information provided during the service period especially the home-based exercises information.
4. Educating parents on the optimal and correct use of aids and how to install them, and guiding parents on how to conduct home activities that help beneficiaries.
5. The majority of respondents stated that they feel as if they are better able to interact with family and friends as a result of the project.
6. The project provided services in a humane manner, although the services were free, but this did not affect the quality of services, even if there were some observations, but in general the project was of great benefit, and everyone wanted to continue receiving services from the project
7. Families have learned more about the role that they can play in support of their children with disabilities in order to help them develop in such a way that they will be able to integrate themselves into mainstream society.

Based on the evaluation findings and lessons learned, the evaluation team provided some ***recommendations*** summarized as follows:

1. Encourage government participation so that in the future the government can assume a larger role in the delivery of similar services to families of children with disabilities.

2. Continue to support families so that they develop the capacity to support their children with disabilities so that they can eventually integrate themselves into mainstream society. This includes providing structured support for caregivers with knowledge of parenting skills to equip them to better understand and deal with CwD and certain stressors in their life. Customized training sessions or consultations is recommended such as on getting children engaged and keeping children engaged; helping children share engagement in play and home routines; promoting communication; preventing challenging behaviors; teaching alternative to challenging behaviors; problem solving; and self-care. Caregivers or family members with a disability would be provided with a protection package that include cash assistance taken into account in assessing their level of vulnerability.

3. Consider expanding the length of the services that were provided to families and persons with disabilities so that the families can improve their capacity and persons with disabilities can benefit from such services. Increase the length of services that are provided to families and persons with disabilities in order to improve their capacity and improve their ability to support the person with disabilities.

4. Ensure that the most PwD among vulnerable Syrian refugees and Jordanians in the target areas are included in programming. IOCC and its local partners need to review and update the procedures of how they identify and provide services to the most vulnerable refugees, including

those residing in rural and remote urban areas in Jordan. IOCC needs to consider vulnerability in targeting criteria and track both targeting and service provision to these groups through devising or refining outreach strategies outlining how the most vulnerable refugees will be identified, targeted, and engaged. This may include increasing the provision of transportation so that the most vulnerable PwD may access and use services, possibly through mobile outreach teams. Other possible activities include using social media and local committees (refugees and host community members) to raise awareness and disseminate information about available services and possible referrals.

5. Increase the length of time of the different training sessions as well as the number of training sessions that are offered so that a larger number of families and persons with disabilities can benefit.

6. Design and implement activities in coordination with local and national authorities, as well as local Community Based Organizations (CBOs). Increase opportunities for improved communication and facilitation between line ministries and local CBOs to strengthen collaboration on programs and look for integration possibilities and inclusive education with existing structures. Therefore, more efforts need to be made to engage in partnerships with national authorities and local CBOs, for example, capacity building, involvement in data collection, and joint activities, service provision to PwD from refugees and host communities, as well as consider consulting with local authorities and CBOs can provide information on the experience of the host population and identify similarities and differences between host community and refugee needs and preferences.

7. The training should focus more on the application of the knowledge and skills that staff are introduced to.

8. IFH and other implementers need to focus on making the services accessible to all people who live the within the four selected communities.

9. There is a need to continue to offer similar services to families and persons with disabilities in the same and other communities so that families learn how to engage more effectively with their family members with disabilities.

10. Implement the activities that the respondents have recommended such as increasing inclusive education, awareness raising, etc.

11. Implementation of diagnostics, assessments and interventions accordingly will continue to help with the eye, hearing and physical improvement of all participants.

BACKGROUND AND CONTEXT

UNHCR reports that 83% of Syrian refugees reside in Jordan and 78% are considered highly or severely vulnerable – living below Jordan's poverty line. In April 2020, the number of actively registered refugees in Jordan was 746,723 of which 656,418 were of Syrian descent. Given the situation in Jordan it is particularly difficult for refugees with disabilities who are more vulnerable and are likely to experience poverty. Persons with disabilities are less likely to access basic services and engage with their communities. Inaccessibility, stigma, lack of transport, medical costs and other challenges contribute to their marginalization. According to the World Health Organization (WHO) estimates on the incidence of disability within any population is 15%, whereas in a humanitarian or crisis situation such as Jordan the incidence increases to 20%. In 2015 a census in Jordan found that of every nine people aged 5 years and over in Jordan, there is an individual with a disability (difficulty) at a percentage of 11.1%[1]. 21% of Syrian refugees have at least one disability and 45% of Syrian refugee households include at least one person with disability according to the 2019 Vulnerability Assessment Framework (VAF) Population study. Within the Jordanian context Syrian refugees report a higher number of functional difficulties than the host population.

International Orthodox Christian Charities (IOCC) in Jordan

In Jordan, the International Orthodox Christian Charities (IOCC) has operated since 2005 working with poor women, men, boys, girls, communities, and institutions contributing to a significant impact on their lives through humanitarian aid and development assistance for refugees and Jordanians. International Orthodox Christian Charities (IOCC) is a global humanitarian organization dedicated to saving lives and relieving suffering. After the initiation of the Syrian crisis in 2011, IOCC has scaled up its activities in both refugee camps and urban centers. IOCC's activities in Jordan prioritize serving and creating opportunities for persons with disabilities such as ensuring shelter and addressing basic needs, establishing sustainable livelihood opportunities, and supporting long-term food security and agriculture.

Within the Jordanian context. IOCC has provided devices such as hearing aids, glasses, low-vision devices; raised community awareness about disabilities and promoted inclusion; formed support groups for caregivers of children with disabilities; helped children with disabilities access formal schooling; and connected adults with disabilities to livelihood opportunities. At the same time, IOCC in Jordan has offered diagnostic, rehabilitation and education services for persons with visual, hearing, and physical disabilities in both refugee camps and urban areas. IOCC has organized vocational and employability skills training for adults with disabilities in such areas as electrical wiring, e-marketing, auto mechanics and cooking. IOCC has provided support to for people in need in Jordan in which they helped them repair their homes; provided grants so that they can start their own businesses; invited them to job fairs so that they care connected to employers; and offered job coaching through IOCC´s Livelihood Resource Center so that they are matched with potential employment opportunities.

[1] The Reality of Disability in Jordan, 2015.

Lastly, IOCC in Jordan assist refugees and Jordanians through innovative cash programming. IOCC's cash-assistance program helps ensure that families have access to essentials such as distributing pre-paid cards to help individuals pay for season expenses or cover their rent so that they can stay in their homes.

Noor al Hussein Foundation Institute for Family Health (IFH/NHF)

The Noor al Hussein Foundation Institute for Family Health (IFH/NHF) started to provide services for family health-related concerns in 2007. As part of its focus, it expanded services in sexual violence, child abuse and violence against women. The Institute for Family Heath in Sweileh offers a wide range of services that target women. These services include health care and prevention, ante and post-natal care, family planning, psychological, social, and legal counseling services as well as health education activities for various target groups in a community. The IFH provides comprehensive medical-psychological-social and legal services which targeted the whole family in a holistic and integrated approach through its Women Health Counseling Center. IFH also addresses the needs of women and children's victims of violence through medical, social, psychological, and legal individual counseling and regular long-term support for victims. Lastly, the IFH organizes workshops on GBV in private houses and public places and conducts home visits to GBV victims.

PRM Project in Jordan

The high number of refugees in Jordan has impacted social services and infrastructure, particularly health care and education which has further exacerbated the needs of persons with disabilities. Overburdened clinics and unable to provide specialized services at the frequency needed. Persons with disabilities face challenges receiving treatment; hospitals are not adapted; and centers lack comprehensive services. While the Government of Jordan promotes education for all, lack of assistive devices, limited teacher training, inaccessibility and stigma prevent full participation of children with disabilities. Persons with disabilities require sustainable and specialized services. Through disability programs for 26,635 persons in Jordan, IOCC has identified persistent gaps in local health and education capacities, the provision of assistive devices, and rehabilitation and psychosocial support (PSS) services for persons with disabilities and caregivers. Of the 11,749 persons screed through IOCC's disability programming (2015-2020), 66% required assistive devices. While 17 organizations are active in providing services for persons with disabilities in Jordan (UNHCR-led Disability and Age Task Force) only three (excluding IOCC and its local partner, the Noor Hussein Foundation Institute for Family Health – IFH) report providing assistive devices.

By responding to the needs and gaps in services to persons with disabilities, this two-year project funded by the United States Department's Bureau of Population, Refugees and Migration (PRM) has aimed to improve the quality of life of refugees and vulnerable Jordanians with impairments/disabilities and their families in Amman (Sweileh), Zarqa (Russeifa and Zarqa) and Irbid (Irbid) through the following objectives:

Objective 1: Improve identification of impairments and disabilities and increase access to medical diagnosis and treatment for 1,840 refugees and 1,102 vulnerable Jordanians with impairments and disabilities

This objective comprised the improved identification and referral of PWDs through training of IFH staff and the updating of IFH's organization-wide home visit questionnaire to better identify disabilities; the recruitment, training, and deployment of community-based rehabilitation workers (CBRWs) who perform outreach and act as a link between the project and communities; and the assessment, diagnosis, and treatment of hearing and visual impairments, including the fitting for and provision of assistive devices (glasses, hearing aids, and low vision devices) and, as necessary, referrals to other health specialists, such as an ear, nose and throat (ENT) doctor or an ophthalmologist.

Objective 2: Enhance inclusion of PWDs through equipping 27 local health and education institutions to offer inclusive services and increase knowledge and awareness of disabilities among 2,574 refugees and 2,194 Jordanians

To achieve this objective, IOCC conducted several activities, such as the provision of three visual and three hearing clinics, one of each, in Sweileh, Russeifa, and Irbid; the development of a workshop manual with the Ministry of Education (MoE) on disability rights and the school inclusion of children with disabilities and the delivery of a two-day workshop to 240 school staff members at 12 schools in communities surrounding each of the three clinics; the facilitation of community-based rehabilitation training to Ministry of Health (MoH) staff members; and community awareness-raising events on disabilities.

***Objective 3: Empower PWDs through provision of rehabilitation services, support for parents, and PSS services for PWDs and caregivers, reaching 1,646 refugees and 984 vulnerable Jordanians*.**

The activities implemented under this objective comprised the rehabilitations sessions for 700 PWDs and/or their caregivers in speech therapy, occupational therapy (OT), and special education; workshops for 360 caregivers and the creation of home-based care plans; and PSS sessions for 300 caregivers and/or PWDs.

The key services provided by IOCC were as follows:

- IOCC supported IFH in updating its organization-wide home visit questionnaire to better identify disabilities. Identified cases are referred to the project, as needed, via IFH, other actors, and outreach by CBRWs.
- IOCC delivered a comprehensive training in coordination with local disability experts on CBID/CBR, child protection, home visit protocols, code of conduct and safety and security, referral pathways, and specific disabilities for new CBRWs. Participants included staff members from IFH, MoH, and MoSD staff.
- IOCC has equiped one additional visual clinic and one hearing clinic in Irbid with a visual and hearing clinic.
- IOCC developed a workshop manual with MoE to support schools in ensuring CWDs are properly included.
- IOCC facilitated CBR training for MoH staff in project governorates, prioritizing capacity building of MoH human resources and promoting inclusive provision of services. IOCC organized sessions led by MoH trainers, in conjunction with IOCC disability experts and in coordination with Jordan's Higher Council of Persons with Disabilities (HCD).
- IOCC conducted community campaigns online through webinars, targeting community-based organizations (CBOs) in project areas.
- IOCC organized webinars for non-governmental organization (NGO) staff to promote increased inclusion of PWDs in programming and familiarize staff with CBID/CBR, reaching 100 people.

Whereas the key services provided by IFH were as follows:

- IFH provided devices including hearing aids, glasses, and persons with low vision devices.
- In cases medical surgeries are needed, IFH utilized local hospitals and cover the cost. Surgeries include myringotomy (suction of fluid from middle ear), repair ear drum perforation, osteosclerosis related to calcification of ear bones, plastic surgeries to repair shape of the ear, canaloplasty cataracts, squint, glaucoma, eyelid, or detached retina.
- IFH organized two-day workshops for 240 school staff at 12 schools on disabilities and inclusion of CWDs. Schools will receive "inclusion kits" for education tools.
- IFH organized in-person awareness sessions aimed to educate community members on disabilities, dispel misconceptions, and increase knowledge of referral pathways for disability-specific and complementary services.
- IFH organized a community campaign at each location to bring attention to the needs of PWDs, raise awareness, and promote inclusion.
- IFH provided rehabilitation sessions in speech therapy, occupational therapy, and special education.

EVALUATION PURPOSE AND OBJECTIVES

With the framework of the project "Inclusive Relief and Empowerment for Syrian Refugees with Impairments and Disabilities in Jordan", two-year (2019 – 2021) project funded by United States State Department's Bureau of Population, Refugees, and Migration (PRM), IOCC proposed to extend the provision of services to improve the quality of life of refugees and vulnerable Jordanians with impairments/disabilities and their families in Amman (Sweileh), Zarqa (Russeifa and Zarqa), and Irbid (Irbid). IOCC contracted with *Sustainable Research and Development Center (SRD)* to conduct this final evaluation.

Evaluation Purpose

The purpose of this final evaluation was to assess the results of the project in relation to its intended outcomes and its contribution to the overall impact in relation to addressing health and protection concerns and persons with disabilities issues. It also assessed the extent to which the action demonstrates good value for money, document the lessons learned, and inform IOCC and any other relevant stakeholders about the results and findings.

Specific evaluation objectives are:

a) To assess the results of the project at the outcome and project goals/impact level.
b) To generate key lessons and identify promising practices for learning.
c) To evaluate and gather evidence on the impact of activities on the project outcomes.
d) To assess how IOCC has been accountable to stakeholders with a focus on accountability to the affected population (beneficiaries).

Evaluation Criteria and Questions

The evaluation criteria used are based on the updated OECD-DAC standards, covering effectiveness, efficiency, impact, and sustainability[2]. The following table describes how for each key evaluation questions the data were collected. The criteria consider evaluation as an evaluation of the relevance and fulfilment of the objectives, efficiency, effectiveness, impact, accountability, knowledge generation, value of money, and sustainability, as shown in Table 1.

Table 1: Evaluation Criteria and Questions

Criteria	Key Questions
Relevance	• To what extent were the project objectives consistent with beneficiaries' needs? • Are there realistic opportunities to add other valuable services, such as gender-based violence (GBV) support? • To what extent did the intervention flexibly respond to changing circumstances (such as the COVID-19 pandemic)?
Effectiveness	• To what extent were the project objectives achieved? • To what extent were the project's beneficiaries' lives impacted as a result of the services they received? • To what extent were the activities successful when adapted to their new modalities according to COVID-19 protocols?
Efficiency	• To what extent were financial and human resources (inputs) converted into results?
Impact and Coverage	• To what extent did the project ensure that it served those populations who most needed the services? • Were services delivered in a gender equitable way?
Sustainability	• To what extent are the benefits likely to continue after the funding ends? • To what extent did the respective workshops strengthen the capacity of the staff of MoE schools and MoH clinics to better address the needs of PWDs and CWDs? • To what extent was IOCC's local implementing partner's, IFH, capacity strengthened and developed as a result of its partnership with IOCC in the project?
Learning	• What were the major lessons learned from the project? • What recommendations can IOCC and IFH include in future program design, implementation, and monitoring?

METHODOLOGY

This study included qualitative-quantitative data collection activities including desk review of project related documents, in-depth interviews and focus-group discussions with beneficiaries, and key informant interviews. Data were collected by the evaluation team and a team of enumerators who used tablets and Kobo Toolbox for data entry, and analysis. The methods can be grouped into the following categories:

[2] https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

Desk Study: The evaluation team conducted a comprehensive desk research to highlight main project milestones and achievements, covering whole life of the project. IOCC team shared the project documents[3].

Key Informant Interviews (KIIs): The evaluation team conducted 17 KIIs with stakeholders, including PRM Project Team of IOCC, IFH team, and Representatives from MoH and MoE using a semi-structured interview approach to gather information to address the research questions, as well as to inform on current and future trends and development schemes. The evaluation team worked closely with IOCC team to develop KII participant lists, questionnaires, and interview protocols, ensuring their feedback is incorporated. The evaluation team identified individuals and contact everyone to schedule for the interview date and time.

Individual Interviews and Focus Group Discussions (FGDs): The evaluation team collected data through 87 individual interviews and 8 FGDs from beneficiaries of the project services. Separate FGDs were conducted for men and women beneficiaries. An interview guide developed with several questions and additional probing questions to ensure all matters of interest to this study were covered. All qualitative feedback summarized thematically. All sessions conducted in IFH centers, lasting for approximately one hour and half. All participants mobilized by IFH staff and provided with a schedule and participant characteristics for each of the FGD.

Enumerators' Training workshop

In cooperation with IOCC, SRD trained enumerators prior to deployment on disability issues, rights, and language to use when talking to or about persons with disabilities. The training workshop organized on 15 September 2021 targeting 6 participants (enumerators) for a brief orientation about the scope of the assignment. The key items to be discussed:

- briefing about the evaluation and IOCC PRM project.
- disability issues, rights, and language to use
- review data collection tools and testing
- introductory protocol and informed consent
- demonstration interviews and FGD
- review the schedule of data collection
- logistic arrangements
- COVID-19 instructions
- Risks and limitations

Sample Size

A probability sample was drawn from the beneficiaries' database and beneficiaries selected by the evaluation team through single-stage random selection method. As IOCC has a complete database of all beneficiaries from different rehabilitation services, such as OT, speech, and special education, , sampling has been done for each group of beneficiaries under each service. In the context of this project evaluation, and due to the limitations to reach all the beneficiaries due to their conditions (impairments/disabilities) and due to the procedures related to COVID-19 restrictions, it has been agreed to select the following sample size:

[3] *Please find desk review results in Annex 1.*

Table 2: Sample Size

Method	Unit	Total Planned Sample Size	Total Actual Sample Size
Individual Interviews	Individual (60% Syrians and 40% Jordanians), 20 individuals per location	80	87
FGDs	FGD (two FGDs per location; one for females and one for males; 6 to 10 participants in each FGD), 8 FGDs (Average 8 participants per FGD)	64	65
KIIs	Key Informant(KIIs from IOCC; IFH; MoH; and MoE)	19	17
Total		163	169

Data Collection Tools

The study included the following list of data collection tools:

Data Collection Tool # 1: Key Informant Interviews (KIIs) with Project Team
Data Collection Tool # 2: KIIs with IFH staff
Data Collection Tool # 3: KIIs with MoE/MoH
Data Collection Tool # 4: Beneficiaries Survey (Caregivers/parents/PwDs)
Data Collection Tool # 5: Focus Group Discussions (FGDs) with Beneficiaries (Caregivers/parents/PwDs).[4]

[4] *Please see annex 2: Data Collection Tools.*

FINDINGS

Background Information

DEMOGRAPHIC CHARACTERISTICS

Profile of Participants in the Individual Surveys

Overall, 87 beneficiaries participated in the survey. The gender of the beneficiaries was 62.1% female and 37.9% male. The beneficiaries have been distributed almost equally among the four target locations (Irbid 23.0%; Russeifa 26.4; Sweileh 24.1%; and Zarqa 26.4%), as shown in Figure 1.

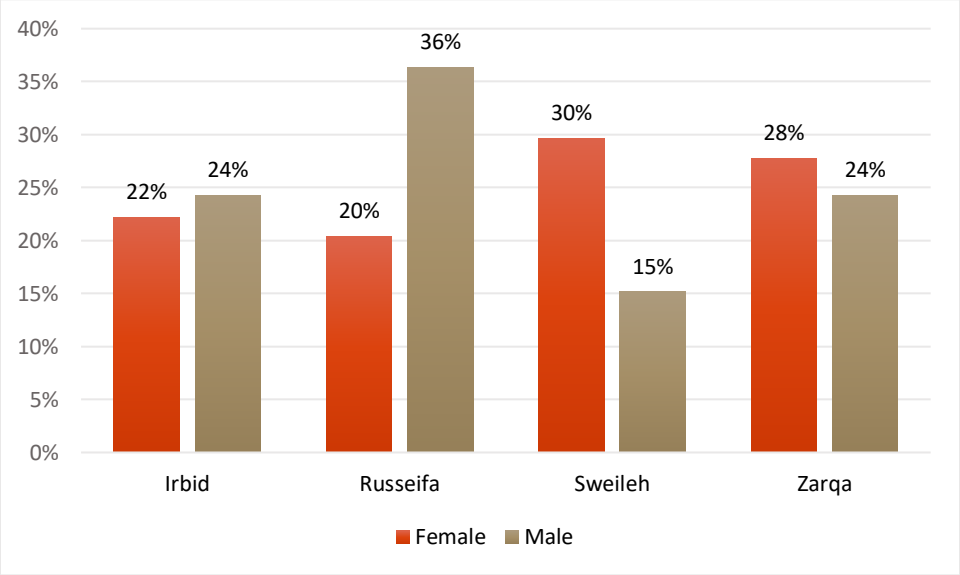

Figure 1: Distribution of Respondents per Location

Among the total beneficiaries of the individual survey, 73.6% children were under 12 years, 19.5% were between 12 and 18 years, and 6.9% were over 18 years. In cases where the beneficiary was a child under 12 years old and the respondents were parents/caregivers, among them, 82.8% were the mothers, 8% were fathers, while for 9.2% of cases, they were other caregivers (see Table 3). The greatest way to hear about the project was through friends, family, and relatives as expressed by 51.7% of the respondents. This was true for both the female and male respondents.

Table 3: Relation between the respondent and the beneficiary

Caregiver		Gender of Child (in case under 12 years)		Total
		Female	Male	

Mother	N	45	27	72
	%	83.3%	81.8%	82.8%
Father	N	2	5	7
	%	3.7%	15.2%	8.0%
Other	N	7	1	8
	%	13.0%	3.0%	9.2%
Total	N	54	33	87
	%	100.0%	100.0%	100.0%

Learning about the Project

According to Table 4, in Sweileh (71.4%), Irbid (55.0%), and Zarqa (43.5%) of the respondents stated that they heard about the services through friends, family or relatives, while 52.2% of the respondents from Russeifa heard about the services from contact with IOCC-or IFH through visits. The least frequent source of information about the services/activities of the project came through social media or other sources. Friend, family, or relatives and contact with IOCC-IFH were the two largest sources of information about the services/activities provided by the project.

Table 4: Learning about the Project per Location as per the Individual Surveys with

Method of Learning about the Project		**Location**				**Total**
		Irbid	**Russeifa**	**Sweileh**	**Zarqa**	
Friends, family, or relatives	N	11	9	15	10	45
	%	55.0%	39.1%	71.4%	43.5%	51.7%
Contact with IOCC or IFH	N	1	12	5	6	24
	%	5.0%	52.2%	23.8%	26.1%	27.6%
NGOs	N	5	1	0	2	8
	%	25.0%	4.3%	0.0%	8.7%	9.2%
Social Media	N	2	0	0	1	3
	%	10.0%	0.0%	0.0%	4.3%	3.4%
Other	N	1	1	1	4	7
	%	5.0%	4.3%	4.8%	17.4%	8.0%
Total	N	20	23	21	23	87
	%	100.0%	100.0%	100.0%	100.0%	100.0%

Similar to the different geographical areas, both for males and females the most frequent source of information about the services/activities of the project came from friends, family or relatives or contact with IOCC-IFH. The least frequent source of information about the services/activities of the project came from social media for both the male as well as female respondents.

Table 5: Learning about the Project per Gender

Method of Learning about the Project		Gender		Total
		Female	Male	
Friends, family, or relatives	N	3	0	3
	%	5.6%	0.0%	3.4%
Contact with IOCC or IFH	N	6	2	8
	%	11.1%	6.1%	9.2%
NGOs	N	29	16	45
	%	53.7%	48.5%	51.7%
Social Media	N	12	12	24
	%	22.2%	36.4%	27.6%
Other	N	4	3	7
	%	7.4%	9.1%	8.0%
Total	N	54	33	87
	%	100.0%	100.0%	100.0%

Meeting with the Project Team

Across the four geographical areas, Irbid, Russeifa, Sweileh and Zarqa, 82.8% of the respondents stated that they had had an interview with IFH staff in order for them to obtain a better understanding of their needs (Table 6). Only 17.8% of the respondents from these four geographical areas stated that they had not had an interview with IFH staff to obtain a better understanding of their needs.

Table 6: Respondents interviewed by IFH

	Location				Total
	Irbid	Russeifa	Sweileh	Zarqa	
N	18	21	14	19	72
%	90.0%	91.3%	66.7%	82.6%	82.8%

Benefiting from other IOCC/IFH services

Across the four geographical areas, Irbid, Russeifa, Sweileh and Zarqa, 51.7% of the respondents stated that they were beneficiaries of IFH's other services and project in addition to this actual project. Whereas 48.3% of the respondents across the four areas stated that they were not beneficiaries of IOCC's other services and projects aside from the current project. Similar to the responses from the four geographical areas, 48.3% of the male and female respondents stated that they were not beneficiaries of IOCC's other services and projects.

Timeliness of service delivery

Respondents have been asked for how long they have been or received services under the project. In general, 49.4% had received services from the project from 1 year to less than 2 years. From Irbid, 55.0% of the respondents stated that they had received the services of the project for a period of 6 months to 1 years (See Table 766.7% of the respondents from Sweileh and 52.2% from Russeifa and same from Zarqa stated that they had received services from the project from 1 year to less than 2 years, . Across all four geographical areas, 21.8% of the respondents stated that they had received services for less than 6 months in length.

Table 7: Timeline of receiving services under the PRM project

Timeline	Irbid		Russaifa		Sweileh		Zarqa		Total	
	N	%	N	%	N	%	N	%	N	%
Less than 6 months	4	20.0%	8	34.8%	2	9.5%	5	21.7%	19	21.8%
6 months to 1 year	11	55.0%	3	13.0%	5	23.8%	6	26.1%	25	28.7%
Between 1 year to Less than 2 years	5	25.0%	12	52.2%	14	66.7%	12	52.2%	43	49.4%
Total	**20**	**100.0 %**	**23**	**100.0 %**	**21**	**100.0 %**	**23**	**100.0 %**	**87**	**100.0 %**

In Table 7, 32.2% of both males and females stated that they had received services from the project from 1 to 2 years. Whereas 28.7% of the males and females stated that they had received services from the project from 6 months to 1 year in length. While only 1.1% of the male and female respondents stated that they had received services for less than 1 month.

Profile of Participants in FGDs

Across all four of the regions, there were 9 females in each focus group discussion, while the number of male participants in each focus group ranged from 5 to 9. Table 8 has the number of participants in each focus group according to the region.

Table 8: Participants in Focus Group Discussions

Location	Gender		# of Participants
	Female	Male	
Irbid	9		9
		8	8
Russeifa	9		9
		9	9
Zarqa	9		9
		7	7
Sweileh	9		9
		5	5
Total	36	29	65

Key informant interviews

Key informant interviews were collected from the project staff and stakeholders, which included the total number of 17 (13 staff from IOCC/IFH and 4 from MoH/MoE). All of the respondents had different roles within the project and 45.5% of the respondents have been working for IFH for2 to 4 years and all of the respondents had different roles within the project.

Key Informant interviews with education staff – These staff stated that the training on inclusive education was very effective in helping them apply the skills acquired.

Key Informant interviews with health staff – These staff stated that the training was somewhat effective in providing participants with key skills to achieve training objectives. Also, the training was effective in allowing them to learn and acquire knowledge and new skills as well as helping them apply the knowledge and integrate the project services to other services. The second person interviewed received training in community rehabilitation. It was somewhat effective in providing new knowledge and skills. And it was effective in allowing the person to learn and acquire knowledge and new skills as well as apply the knowledge in the professional.

RELEVANCE

Relevance refers to whether the intervention of the project is doing the right thing. The extent to which the intervention's objectives and design respond to beneficiaries needs, policies and priorities, and continue to do so if circumstances change. Relevance assessments involve looking at differences and trade-offs between different priorities or needs.

Since relevance refers to whether the intervention of the project is doing the right thing, we can see that the projects interventions were relevant according to the feedback received from the majority of the respondents who believe that the project's interventions were relevant to the needs of the population, as well as the feedback received from participants in the focus group discussions and key informant interviews.

Relevant Services

The majority of the participants found that the service provided by the IOCC project was very relevant. Across the four geographical areas of Irbid, Russeifa, Sweileh and Zarqa, 71.6% of the respondents stated that the project services were very relevant or relevant to their needs, concerns, and priorities. Only 1.1% of the respondents from these group geographical areas stated that the project services were not relevant to their needs, concerns, and priorities (See Table 9).

Table 9: Relevance of Project Services

			Location				Total
			Irbid	Russeifa	Sweileh	Zarqa	
How relevant were the project services to your needs, concerns, and priorities?	**Very Relevant**	N	11	13	9	12	45
		%	55.0%	56.5%	42.9%	52.2%	51.7%
	Relevant	N	4	8	6	8	26
		%	20.0%	34.8%	28.6%	34.8%	29.9%
		N	5	2	5	3	15

	Somewhat relevant	%	25.0%	8.7%	23.8%	13.0%	17.2%
	Not Relevant	N	0	0	1	0	1
		%	0.0%	0.0%	4.8%	0.0%	1.1%
Total		N	20	23	21	23	87
		%	100.0%	100.0%	100.0%	100.0%	100.0%

Likewise, across gender 71.6% of the males and females stated that the project services were relevant to their needs, concerns, and priorities. 83.4% of the females and 78.8 of the males stated that the project services were relevant to their needs, concerns and priorities. At the same time, only 1.1% of the male and females' respondents stated that the project services were not relevant to their needs, concerns, and priorities. Across the four geographical areas 81.6% of the respondents stated that the services provided by the project were very relevant or relevant to their needs and priorities (See Table 10).

Table 10: how relevant were the project services to the needs, concerns, and priorities

			Gender		Total
			Female	Male	
How relevant were the project services to your needs, concerns, and priorities?	**Very Relevant**	N	28	17	45
		%	51.9%	51.5%	51.7%
	Relevant	N	17	9	26
		%	31.5%	27.3%	29.9%
	Somewhat relevant	N	8	7	15
		%	14.8%	21.2%	17.2%
	Not Relevant	N	1	0	1
		%	1.9%	0.0%	1.1%
Total		N	54	33	87
		%	100.0%	100.0%	100.0%

In the same direction, the majority of participants in ***FGDs*** found that the services provided were very relevant. While ***key informants*** indicated that they have seen significant improvement in the lives of the beneficiaries and their family members. The services are available and free compared to the high costs in private centers, so we meet the needs of large numbers of citizens, and this is the main goal.

Why Services were Very Relevant

The reasons why the services were very relevant is because the children participants benefitted very much from the services provided by the project in the areas of eye improvement, hearing improvement, physical improvement, and the like. The reasons why these individuals participated in the project was because to get support for their children, the services were free, so that their children could receive speech therapy, special education, and PSS services. Those who stated that the community-awareness events related to the project were either very relevant or relevant were 54%. While those who stated that the rehabilitation sessions such as speech therapy, occupational therapy and special education were very relevant and

relevant to the needs of their children was 77% of the respondents. The respondents who stated that the workshops on home-based care were very relevant or relevant to the needs of their family members was 70.1%. While those respondents who stated that the PSS sessions were very relevant and relevant was 67.8%. Lastly, those who stated that the project was very successfully in adapting itself so that the services provided would achieve their goals during the period of the COVID-19 pandemic was 42.5%.

Moreover, ***FGDs*** showed that one of the key benefits of the services provided is that they were free and that individuals did not have to pay for the services provided. Also, it is worth mentioning here that ***key informants*** from IFH reported that they have received training from HCD to concepts of disability, the Law on the Rights of Persons with Disabilities No. 20 for the Year 2017[5], accessibility for persons with disabilities, and effective communication with persons with disabilities, which in general contributed to professional implementation and delivering more relevant services to the target beneficiaries. Jordan national strategy for PwD is developed and implemented by Higher Council for PwD (HCD), the IFH is partner with HCD, so, through this project - IFH ensured that the project services and activities respond and are in line with key objectives and plans of the national strategy.

With respect to training received by the IFH staff, ***Key informants*** have suggested to make the training more relevant to their own field/profession. At the beginning of the project, a comprehensive training package was delivered but the trainings must be continuous. So, it is believed that a need assessment for trainings must be cleared and done.

Services during the COVID-19 Lockdown

Most of the caregivers didn't face any difficulties during the pandemic but some cases continued receiving services during the lockdown online or over the phone (messenger groups, WhatsApp chatting) especially speech sessions. There was a consensus from all the participants that they need these sessions but they can't pay at private clinics, and they found that this project offer more than one service they need for free, and the most important they assured about the high skills of the specialists who gave the sessions, some of them said that the location was easy accessible, and the mutual reason was the financial status, and one of them said that she doesn't know another place to receive such services like the one which offered in the project.

From the four geographical areas, 42.5% of the respondents stated that the provision of the project services was flexible enough that they responded to the changing circumstances such as COVID 19. While 17.2% of the respondents from the four geographical areas stated that the flexibility of the project services was not appropriate in order to respond to the changing circumstances such as COVID 19 (See Table 11).

[5] Law on the Rights of Persons with Disabilities No. 20 for the Year 2017.

Table 11: Flexibility of Project Services

Flexibility of Project Services			Location				Total
			Irbid	Russeifa	Sweileh	Zarqa	
To what extent did the provision of project services flexibly respond to changing circumstances (such as the COVID-19 pandemic)?	Very appropriate	N	8	13	5	11	37
		%	40.0%	56.5%	23.8%	47.8%	42.5%
	appropriate	N	5	0	6	5	16
		%	25.0%	0.0%	28.6%	21.7%	18.4%
	Somewhat appropriate	N	1	8	3	7	19
		%	5.0%	34.8%	14.3%	30.4%	21.8%
	Not appropriate	N	6	2	7	0	15
		%	30.0%	8.7%	33.3%	0.0%	17.2%
Total		N	20	23	21	23	87
		%	100.0%	100.0%	100.0%	100.0%	100.0%

Participants in the FGDs showed that despite the conditions of the coronavirus, the services that were provided were good and adapted to the existing conditions. In addition, FGDs indicated that during the pandemic services were adapted and provided on-line to the participants, therefore the services were not discontinued. However, there were those who stated that the on-line services were not as effective as those there were provided face-to-face. ***Key informants*** from IFH reported that their work is licensed by the Ministry of Health, and we always work within one protocol 100% all the MoH regulations were applied especially during the COVID-19 time and the procedures of safety and security. With respect to adding additional services it was suggested to include physiotherapy, wheelchairs, their availability is very important because the demand for them is frequent by citizens. The presence of a general practitioner who checks on patients periodically, and support in nutritional supplements and iron is also needed.

EFFECTIVENES

To determine the effectiveness of a project's interventions, one must determine whether the intervention is achieving its objectives. The extent to which the intervention is achieved, or is expected to be achieved, its objectives and its results, including any differential results across groups. Analysis of effectiveness involves taking account of the relative importance of the objectives or results. The term effectiveness is also used as an aggregate measure of the extent to which an intervention is achieved or is expected to achieve relative and sustainable impacts, efficiently and coherently.

Why Services were Effective

With respect to PSS, all mothers without exception agreed about the effect of these sessions on their life,. The PSS helped their home become quieter. It help the children and family to accept the trauma of having disabilities at home and deal with it positively. Across the four regions, 39.1% of the respondents stated that the community awareness-raising events were not applicable. While across the four regions, 75.5% of the respondents stated that the rehabilitation services were very efficient or efficient. Across the four regions, 71.3% of the respondents stated that the workshops on the creation of home-based care were

very efficient or efficient. Lastly, across the four regions 66.6% of the respondents stated that the PSS sessions were very efficient or efficient.

The rehabilitation sessions on speech therapy, occupational therapy and special education were very efficient in improving their lives according to 75.9% of the respondents. Whereas 71.3% of the respondents, both male and female, stated that the workshop on creation of home-based care were also very efficient in helping them improve their lives. Likewise, the community awareness raising events and the PSS sessions were also considered very efficient in improving their lives by more than 50.0%.

Table 12: Effectiveness of participation in the project activities in improving beneficiaries' lives

		Female	Male	Total
Community awareness-raising events	N	33	13	46
	%	61.1%	39.4%	52.9%
Rehabilitation sessions (i.e., speech therapy, occupational therapy (OT), and special education)	N	40	26	66
	%	74.1%	78.8%	75.9%
Workshops on creation of home-based care	N	37	25	62
	%	68.5%	75.8%	71.3%
PSS sessions	N	38	20	58
	%	70.4%	60.6%	66.7%

Many of the Focus Group Discussions stated that the services that were provided were good and that future services need to be provided so that the participants can continue to benefit. 30% of the participants stated that all the services that were provided were good and that their children had benefitted from such services. There was one suggestion that the services related to diagnosis were too short and there is a need to lengthen the diagnosis process so that the challenges of the participants are better understood.

According to the Key Informant Interviews, IFH has made the services accessible to all by making door-to-door visits using primary identification tool with continuous coordination with different NGOs, in addition to the regular coordination meetings with the local community to reach all the beneficiaries. The project raised the capacity of local partners by conducting workshops with MoE: about disability to raise the awareness; with MoH: about disability to raise the awareness; and with CBOs: about disability to raise the awareness. The percentage who received training within the PRM project as 81.8% of the respondents. The training also included CBR services and the important of providing inclusive services to persons with disabilities. All the respondents stated that the training that they received was effective. If the training was very effective or effective 81.9% of the respondents stated that it was.

Given the fact that the respondents to the project's interventions were very positive one can say that the interventions were very successful in achieving the objectives of the projects. Since effectiveness is used as an aggregate measure of the extent to which an intervention has achieved its objectives, one is able to conclude that the interventions implemented by the project were successful.

EFFICIENCY

Why the Services were Efficient.

The services provided were very appropriate and beneficial in terms of accurate diagnosis and evaluation, and they suited the needs of the beneficiaries, also the aids suited the beneficiaries and there is complete satisfaction with them, but some cases are still without audio or visual aids, or they are on the waiting list. Also, some of the beneficiaries needed pronunciation sessions and this was not responded to, and some objected to the duration of the sessions and the lack of time equivalence (session duration is 10 minutes). Most of the attendees were very satisfied regarding the information provided during the service period especially the home-based exercises information.

Across the four regions, 64.3% of the respondents stated that the assessment, diagnosis, and treatment were very efficient or efficient. While, across the four regions 60.9% of the respondents stated that the referral services to other professions was not applicable. At the same time, across the four regions 74.7% of the respondents stated that the rehabilitation sessions were very efficient or efficient. Across the four regions, 71.2% of the respondents stated that workshops for creation of home-based care were very efficient or efficient. Across the four regions, 82.8% of the respondents stated that an explanation about the purpose of the services was very important.

From a male and female perspective, 74.7% of the males and females stated that the rehabilitation sessions in speech therapy, occupation therapy and special education were very useful (See Table 13). Likewise for the workshops that focused on the creation of home-based care plans where 71.3% of the male and female respondents stated that they were very useful. The two activities that were not viewed positively by the males and females were the referral services to other specialist such as ear, nose and through doctors or an ophthalmologist where only 34.5% of the respondents stated that the services were useful or 31.0% stated that the received assistive devices were useful.

Table 13: Efficiency of project services

Efficiency of project services		Gender		Total
		Female	Male	
Rehabilitation's sessions in speech therapy, occupational therapy (OT), and special education.	N	40	25	65
	%	74.1%	75.8%	74.7%
Workshops for creation of home-based care plans.	N	37	25	62
	%	68.5%	75.8%	71.3%
PSS sessions	N	38	21	59
	%	70.4%	63.6%	67.8%
Assessment, diagnosis, and treatment of hearing and/or visual impairments	N	41	15	56
	%	75.9%	45.5%	64.4%
Referrals to other health specialists, such as an ear, nose and throat (ENT) doctor or an ophthalmologist.	N	26	4	30
	%	48.1%	12.1%	34.5%

Received assistive devices (glasses, hearing aids, and low vision devices)	N	23	4	27
	%	42.6%	12.1%	31.0%

According to the male and female respondents, 86.2% of the male and female respondents stated that they were satisfied with the description of the procedures that would be followed by the project and 82.8% stated that they were satisfied with the extent to which confidentiality of records would be maintained. Whereas only 39.1% of the male and female respondents stated that they were satisfied with the description of any foreseeable risks or discomforts and explanation of the remedies and medical treatments available.

Table 14: Information Received by the beneficiaries

Type of Information		Gender		Total
		Female	Male	
A description of the procedures to be followed	N	51	24	75
	%	94.4%	72.7%	86.2%
The extent to which confidentiality of records will be maintained	N	46	26	72
	%	85.2%	78.8%	82.8%
An explanation of the purpose/benefits of the service/activity	N	44	28	72
	%	81.5%	84.8%	82.8%
The expected duration of participation	N	44	27	71
	%	81.5%	81.8%	81.6%
Description of the care plan	N	49	22	71
	%	90.7%	66.7%	81.6%
Explanation of whom to contact for answers to questions about the services	N	36	23	59
	%	66.7%	69.7%	67.8%
Explanation of how to provide feedback or register a complaint about the services	N	31	18	49
	%	57.4%	54.5%	56.3%
A description of any foreseeable risks or discomforts and explanation of the remedies and medical treatments available if needed	N	26	8	34
	%	48.1%	24.2%	39.1%

According to the participants in the Focus Group Discussions, the quality of the services which were offered were very positively evaluated. There were several individuals who proposed some suggested improvements so that the participants can improve their condition. There were recommendations that the services should be considered for a longer period so that the participants can improve more. Speech therapy was very positively evaluated with other services following behind it. Most of the attendees were very satisfied regarding the information provided during the service period especially the home-based exercises information. Some mothers denied receiving information about the parties to contact in the event of any complaints or inquiries, all agreed that they need more awareness about hyperactivity and how to deal with it at home.

The Key Informants stated that engaging IFH and their interventions was a cost-effective approach provided to the beneficiaries who lived in the target areas. Regarding the training provided, 72.8% of the respondents stated that the training provided to IFH staff was efficient in improving the capacity of the staff. While 54.6% of the respondents stated that engaging public health care clinics was a good way to provide inclusive services to persons with disabilities and 83.9% of the respondents stated that they addressed the knowledge gaps within primary care clinics.

IMPACT

Impact assesses what difference does the intervention of the project make? The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects. Impact addresses the ultimate significance and potentially transformative effects of the intervention. It seeks to identify the social, environmental, and economic effects of the intervention that are longer term or broader in scope than those already captured under the effectiveness criterion. Beyond the immediate results, this criterion seeks to capture the indirect, secondary, and potential consequences of the intervention. It does so by examining the holistic and enduring changes in systems or norms, and potential effects on people's wellbeing, human rights, gender equality and the environment.

What was the impact of the Services Provided?

The importance of early detection and how to pay attention to things that may seem normal and the importance of this in responding to treatment. Educating parents on the optimal and correct use of aids and how to install them, and guiding parents on how to conduct home activities that help beneficiaries. Also, an example of this is the effect of the beneficiary on the personal side by how to take care of oneself.

Across the four regions, 87.4% of the respondents stated that the project helped them to engage more and develop better relations with their families. Across the four regions, 92% of the respondents stated that the project motivated them to become engaged with community activities. At the same time, across the four regions, 88.5% of the respondents stated that the project motivated them to establish their independence. With respect to the needs of persons with disabilities, 90.8% of the respondents stated that the project helped them better understand the needs of persons with disabilities. Across the four regions, 88.5% of the respondents stated the project helped them understand their abilities and challenges. Across the four regions, 87.4% of the respondents stated that it helped to receive comprehensive services in one location. 87.4% of the respondents stated that they developed better communication skills as a result of their interactions with clinical staff.

With respect to understanding the needs of persons with disabilities, 90.8% of the male and female respondents stated that the project motived them to better understand the needs of persons with disabilities. 92.0% of the male and female respondents stated that the project motived them to participate in social activities in the community. While 88.5% of the male and female respondents stated that the project motivated them to strengthen their independence.

Table 15: Impact of project services on the beneficiary's daily life

Impact Type		Gender		Total
		Female	Male	
Motivated me to engage more and develop better relations with family	N	47	29	76
	%	87.0%	87.9%	87.4%
Motivated me to participate in social activities in the community	N	50	30	80
	%	92.6%	90.9%	92.0%
Motivated me to strengthen my independence (or my family member)	N	48	29	77
	%	88.9%	87.9%	88.5%
Motivated me to better understand the PwDs needs	N	50	29	79
	%	92.6%	87.9%	90.8%

With respect to better understanding one's abilities and challenges, 88.5% of the male and female respondents stated that the project helped them face challenges receiving treatment and better understand their abilities and challenges. With respect to accessing comprehensive services and better communication skills, 87.4% of the male and female respondents stated that the project helped them receive comprehensive services in one place (clinic) and gain better communication skills as a result of their interaction with the clinic staff (See Table 15).

Table 16: Examples of how the services/activities impacting the beneficiaries

Examples		Gender		Total
		Female	Male	
Addressed challenges I face in my life/work	N	45	28	73
	%	83.3%	84.8%	83.9%
It helped to understand my abilities and challenges	N	48	29	77
	%	88.9%	87.9%	88.5%
It helped me to face challenges receiving treatment	N	49	28	77
	%	90.7%	84.8%	88.5%
It helped to receive comprehensive services in one place (the clinic)	N	45	31	76
	%	83.3%	93.9%	87.4%
Gained better communication skills because of interaction with the clinic staff	N	48	28	76
	%	88.9%	84.8%	87.4%
It helped to receive services in an accessible clinic	N	40	12	52
	%	74.1%	36.4%	59.8%

The participants of the Focus Group Discussions stated that they have touched a change on themselves and their children, where the project has reflected on their communication skills. Another added that his

son became more organized, his pen grip improved, he began to express himself by drawing, and his stuttering problem completely disappeared with the sessions. - Educating parents on the optimal and correct use of aids and how to install them, and guiding parents on how to conduct home activities that help beneficiaries. Also, an example of this is the effect of the beneficiary on the personal side by how to take care of oneself. One of the respondents said that his son became more orderly and more responsive to orders when he was forbidden (such as games applications on the phone), and that the improvement of the health status of the beneficiary was reflected in the improvement of the psychological status of family members as a result of their observation.

Increasing the number of sessions, the duration of each session, reduce the distancing between the sessions were important recommendations. The transportation allowance is not sufficient for the people who lived in countryside, others suggested to provide home services. One mother said that her son can't take a public transportation and she doesn't have the ability to pay for a taxi ride so she preferred to have either more transportation allowance or a specialist can come to their home. Another suggestion was to provide the beneficiaries with movement support equipment like wheelchairs, crutches. expand the rooms, integration with MoE to push schools to accept autism children and offer physiotherapy.

Recommendations - 1. Accept ages younger (i.e., 3 years old). 2. The number of sessions not to be determined but instead to be dependent on the case. 3. Follow up with the child until finished. 4. The cut between the projects very long, which might lead to retraction in the health status of the beneficiary. 5. Increase the session time. 6. To have the availability of the ophthalmologist. 7. To shorten the duration of the waiting list to enter the service. 8. Make entertainment workshops for the mothers. 9. Workshops for the mothers to deal with their children.

The majority of the Key Informant Interviews stated that the project was successful in reducing the impact of the crisis on Jordanian communities because the services were free and accessible. Due to COVID 19, all the in-persons and direct activities and sessions were stopped with the beneficiaries suffered from COVID-19 and instead used the remotely online technology. after the finish of the lockdown, some workshops got back with limited number of participants. IOCC and IFH ensured that the needs of the local populations were met by providing individual sessions (PSS, Speech, Special education, and occupational therapy, hearing and visual, assistive devices, and self-help group) for the most vulnerable males and female in addition to engage them in the awareness sessions. The project could have offered the following in order to have a greater impact through specialized diagnosis, assistive technology, wheelchairs and other devices for physically disabled people. All of the respondents (100%) stated that the project engaged families and caregivers; 81.8% of the respondents stated that the project helped them develop home-based care plans; 90.9% of the respondents stated that the project helps them provide PSS services to families with children with disabilities; and 81.8% of the respondents stated that they gained better knowledge and skills to overcome PSS problems.

With respect to the impact that the project has had it is obvious that the project has had a very significant impact on those individuals who have worked with the beneficiaries of the project. The impact has been very positive on the individual’s perspective towards persons with disabilities as well as on the individual’s capacity to contribute to the status of the persons with disabilities. The project developed positively those family members who became positive motivated to contribute to the develop of their children with disabilities.

SUSTAINABILITY

Will the benefits of the project last? The extent to which the net benefits of the intervention continue or are likely to continue. Includes an examination of the financial, economic, social, environmental, and institutional capacities of the systems needed to sustain net benefits over time. Involves analyses of resilience, risks, and potential trade-offs. Depending on the time of the evaluation, this many involve analyzing flow of net benefits or estimating the likelihood of net benefits continuing over the medium and long term.

How Sustainable is the Approach?

Across the four regions, 64.4% of the respondents stated that they had never attempted to receive similar services prior to accessing the project. The majority of the respondents from the four regions stated that there is a need to access such services in their community in the future. They hope that such services will become available. Also, most respondents stated that they hoped that the project will continue to offer similar services in the future even after the project is supposed to end. The majority of respondents stated that they feel as if they are better able to interact with family and friends as a result of the project. Also, most respondents stated that this project made them more aware of the services that area available and needed by persons with disabilities.

According to the Focus Group Discsussion participants, there is, but in the private sector, and it is very expensive, and the treatment is not good, compared to effective communication with the teachers here (specialists). The majority said no. but some said they have tried to in different places, but it was costly. Yes, from other organizations, sometimes we benefited and sometimes not, here at IFH we benefited more.

There is a big need for these services and most people don't have the ability to pay at private clinics, so establishing clinics permanently is a need and will help a lot of families in need. Establishing a medical center or a clinic providing like these services is a must because there a are so many poor people who need support to overcome their challenges. It is expected not to be available.

Some have learned the sounds of the letters, while others have learned speech training. In addition, some have learned how to deal with their teenage daughters. Moreover, tips and hints regarding the occupational therapy and mitigate the dispersion, attention, and the correction of wrong communication skills. In addition to the life skills activity and the activity to write down every single detail in the life to make stress release. They all believe that they have learned skills that can be used to benefit their children in the home environment through the use of appropriate food use, etc.

The Key Informants stated that beyond the lifespan of the project, the majority of the respondents stated that the relationship between IOCC and the Ministry of Heath has been developed to continue with the implementation of positive activities. With respect to the creation of an inclusive environment, the project has been successful in raising awareness, and the position of persons with disabilities is more of an important issue. It has helped change the aspects of the teachers and parents after the inclusive education workshops in addition to the success stories about the inclusion.

The project has been successful in changing the aspects of the teachers and parents after the inclusive education workshops. It has also been stated that beyond the lifespan of the project, most of the

respondents stated that the relationship between IOCC and the Ministry of Health has been developed to continue with the implementation of positive activities. Therefore, the foundation for a sustainable future has been developed and how those who will be responsible for continuing with the implementation of a positive future it will be up to them.

LEARNING

Learning – How well does the intervention fit? The compatibility of the intervention and other interventions in a country, sector, or institution. The extent to which the other interventions (particularly policies) support or undermine the intervention and vice versa. This includes internal coherence and external coherence. Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government, as well as the consistency of the intervention with the relevant international norms and standards to which the institution/government adheres. External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonization and coordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

What has been learned thus far?

All of them recommended IOCC/IFH services. The project provided services in a humane manner, although the services were free, but this did not affect the quality of services, even if there were some observations, but in general the project was of great benefit, and everyone wanted to continue receiving services from the project. Many of the respondents stated that some of the limitations of the project were due to transportation, COVID19 restrictions and the impact that this has had on access to services. 100% of the respondents stated that they believe that such services should be offered to others. These respondents make this suggestion because of the positive impact that such services have had on those who benefitted from the project.

According to the Focus Group Discussions, a large percentage of the attendees who live in remote areas, particularly villages, were facing difficulties in coming, especially as there are cases that cannot ride transportation and at the same time there is no ability to take a taxi at each session (weak financial ability). Another was suffering from coordinating the time of the sessions with the circumstances of her home. The Corona pandemic has worsened the situation of children due to the use of mobile phones. Transportation barriers and the location of the centers. The majority of the participants stated that there was good treatment, breaking barriers between the beneficiary and the service provider and that the staff are distinguished, and the positive health results are noticeable, the equipment was excellent, the services were humane and free. The expertise is highly efficient, the diagnosis is accurate, and more than one specialty and service are available. It was also stated that the services were good and that they were free.

All of them recommended IOCC/IFH services, The project provided services in a humane manner, although the services were free, but this did not affect the quality of services, even if there were some observations. In general, the project was of great benefit, and everyone wanted to continue receiving services from the project. Also, it was stated that the staff were excellent to everyone. Another individual stated that s/he will recommend neighbors to communicate with the center and benefit. Since I benefited, I would like for

others to benefit. Follow-up by the staff encourages the continuation. We will look for other services provided by the center. Lastly, it was stated that this project is amazing with its staff, skills, attitude the humanity and they have services are free.

The Key Informants stated that the project has also contributed to the identification of gaps in local health and education facilities. The staff know more about where the deficit is and what are the gaps in the Ministry of Health in terms of tools and support devices in terms of quality and quantity. Schools and children are also marginalized, but coordination and cooperation with teachers and parents in distributing hearing aids. With respect to the limitation and challenges that were faced by participants, transportation was a big challenge. With respect to recommendations, the respondents stated the need to cover new geographical areas, increasing inclusive education and the need for awareness raising activities in educational facilities so that inclusive education is more accepted. The majority of the participants stated that there was good treatment, breaking barriers between the beneficiary and the service provider and that the staff are distinguished, and the positive health results are noticeable, the equipment was excellent, the services were humane and free.

The extent to which the other interventions (particularly policies) support or undermine the intervention and vice versa. This includes internal coherence and external coherence. Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government, as well as the consistency of the intervention with the relevant international norms and standards to which the institution/government adheres. External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonization and coordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort.

One of the most important lessons learned from the evaluation is that all of them recommended IOCC/IFH services. The project provided services in a humane manner, although the services were free, but this did not affect the quality of services, even if there were some observations, but in general the project was of great benefit, and everyone wanted to continue receiving services from the project. The majority of the participants stated that there was good treatment, breaking barriers between the beneficiary and the service provider and that the staff are distinguished, and the positive health results are noticeable, the equipment was excellent, the services were humane and free.

CONCLUSION

Based upon the findings from the key informant interviews, focus group discussions and desk review, the following conclusions have been identified:

Beneficiary Survey

1. The majority of the participants found that the service provided by the IOCC project were very relevant. There was a consensus from all the participants that they need these sessions, but they can't pay at private clinics, and they found that this project offers more than one service they need for free, and the most important they assured about the high skills of the specialists who gave the sessions.

2. The PSS sessions and the rehabilitation sessions received a very high endorsement from those who received such services.

3. The services provided were very appropriate and beneficial in terms of accurate diagnosis and evaluation, and they suited the needs of the beneficiaries, also the aids suited the beneficiaries and there is complete satisfaction with them. Most of the attendees were very satisfied regarding the information provided during the service period especially the home-based exercises information.

4. Educating parents on the optimal and correct use of aids and how to install them, and guiding parents on how to conduct home activities that help beneficiaries.

5. The majority of respondents stated that they feel as if they are better able to interact with family and friends as a result of the project.

6. The project provided services in a humane manner, although the services were free, but this did not affect the quality of services, even if there were some observations, but in general the project was of great benefit, and everyone wanted to continue receiving services from the project

7. Families have learned more about the role that they can play in support of their children with disabilities in order to help them develop in such a way that they will be able to integrate themselves into mainstream society.

Focus Group Discussions

According to the findings from the focus group discussions the following conclusions can be made with the respect to the IOCC project.

1. The majority of the participants found that the services which were provided by the project to the families and persons with disabilities were extremely relevant and positively impacted on the lives of the family members as well as the persons with disabilities.

2. One of the most important aspects of the project is that the services which were provided to the families and persons with disabilities were free. The participants did not have to pay for the services that were provided to them.

3. The positively delivered services to the families and the persons with disabilities should be offered for a longer period of time so that the families and the persons with disabilities can continue to benefit from them.

4. There were numerous suggestions on how to improve the services that were provided to the families and the persons with disabilities. First, a major suggestion was to ensure that families had access to sufficient funding so that they would be able to access transportation and access the services. Second, it was recommended that the length of a training session be increased as well as the number of sessions increased so that the capacity of the participants could be enhanced.

5. The majority of the participants stated that they have learned skills that can be used for the benefit of their children in the home environment.

6. The capacity of the staff of the project were very well accepted by the families and the participants. It was stated that the project was amazing with its staff, skills, attitude toward humanity, and free services.

Key Informant Interviews (KIIs)

1. The training on inclusive education was not very effective in helping the trainees apply the skills acquired. And it did not help with the application of the knowledge and skills obtained in the project to other activities.
2. There has been significant improvement in the lives of the beneficiaries and their family members. The services are available and free compared to the high costs in private centers, so they have been able to meet the needs of large numbers of citizens.
3. IFH has made the services accessible to all by making door-to-door visits using primary identification tool with continuous coordination with different NGOs, in addition to the regular coordination meetings with the local community to reach all the beneficiaries.
4. All the respondents stated that engaging IFH and their interventions was a cost-effective approach provided to the beneficiaries who lived in the target areas.
5. IOCC and IFH ensured that the needs of the local populations were met by providing individual sessions (PSS, Speech, Special Education and Occupational Therapy, Hearing and Visual, Assistive Devices, and Self-Help Group) for the most vulnerable males and female in addition to engage them in the awareness sessions.
6. Beyond the lifespan of the project, the majority of the respondents stated that the relationship between IOCC and the Ministry of Heath has been developed to continue with the implementation of positive activities.
7. The respondents stated the need to cover new geographical areas, increasing inclusive education and the need for awareness raising activities in educational facilities so that inclusive education is more accepted.

RECOMMENDATIONS

Based upon the findings and conclusions from the information gathered from the focus group discussions, the following recommendations should be considered for the future.

A. Recommendations

1. Encourage government participation so that in the future the government can assume a larger role in the delivery of similar services to families of children with disabilities.
2. Continue to support families so that they develop the capacity to support their children with disabilities so that they can eventually integrate themselves into mainstream society. This includes providing structured support for caregivers with knowledge of parenting skills to equip

them to better understand and deal with CwD and certain stressors in their life. Customized training sessions or consultations is recommended such as on getting children engaged and keeping children engaged; helping children share engagement in play and home routines; promoting communication; preventing challenging behaviors; teaching alternative to challenging behaviors; problem solving; and self-care. Caregivers or family members with a disability would be provided with a protection package that include cash assistance taken into account in assessing their level of vulnerability.

3. Consider expanding the length of the services that were provided to families and persons with disabilities so that the families can improve their capacity and persons with disabilities can benefit from such services. Increase the length of services that are provided to families and persons with disabilities in order to improve their capacity and improve their ability to support the person with disabilities.

4. Ensure that the most PwD among vulnerable Syrian refugees and Jordanians in the target areas are included in programming. IOCC and its local partners need to review and update the procedures of how they identify and provide services to the most vulnerable refugees, including those residing in rural and remote urban areas in Jordan. IOCC needs to consider vulnerability in targeting criteria and track both targeting and service provision to these groups through devising or refining outreach strategies outlining how the most vulnerable refugees will be identified, targeted, and engaged. This may include increasing the provision of transportation so that the most vulnerable PwD may access and use services, possibly through mobile outreach teams. Other possible activities include using social media and local committees (refugees and host community members) to raise awareness and disseminate information about available services and possible referrals.

5. Increase the length of time of the different training sessions as well as the number of training sessions that are offered so that a larger number of families and persons with disabilities can benefit.

6. Design and implement activities in coordination with local and national authorities, as well as local Community Based Organizations (CBOs). Increase opportunities for improved communication and facilitation between line ministries and local CBOs to strengthen collaboration on programs and look for integration possibilities and inclusive education with existing structures. Therefore, more efforts need to be made to engage in partnerships with national authorities and local CBOs, for example, capacity building, involvement in data collection, and joint activities, service provision to PwD from refugees and host communities, as well as consider consulting with local authorities and CBOs can provide information on the experience of the host population and identify similarities and differences between host community and refugee needs and preferences.

7. The training should focus more on the application of the knowledge and skills that staff are introduced to.

8. IFH and other implementers need to focus on making the services accessible to all people who live the within the four selected communities. .

9. There is a need to continue to offer similar services to families and persons with disabilities in the same and other communities so that families learn how to engage more effectively with their family members with disabilities.
10. Implement the activities that the respondents have recommended such as increasing inclusive education, awareness raising, etc.
11. Implementation of diagnostics, assessments and interventions accordingly will continue to help with the eye, hearing and physical improvement of all participants.