

International
Medical Corps

FINAL EVALUATION

Specialized Protection Intervention for Vulnerable Refugees and Host Communities in Jordan (FCDO Project, 2018 - 2021)

September 2021

Final Evaluation – “Specialized Protection Intervention for Vulnerable Refugees and Host Communities in Jordan Project” (FCDO Project, 2018 - 2021)

Picture above: Picture captured at the MMU (December 2019).

© International Medical Corp (IMC), September 2021

By: Qasem Alnewashi, Consultant, Sustainable Research and Development Center, Amman – Jordan, www.srd.edu.jo

TABLE OF CONTENTS

Table of Contents 3

1. Executive Summary 5

2. Background and Context 10

International Medical Corps (IMC) in Jordan 11

Jordanian Hashemite Fund for Human Development (JOHUD) 11

FCDO Project in Jordan 12

3. Evaluation Purpose and Objectives 12

4. Evaluation Criteria and Questions 13

5. Methodology 14

Sample Size 15

Data Collection Tools 15

Limitations 16

6. Findings 16

Background Information 17

Efficiency 24

Effectiveness 35

Impact 45

Sustainability 54

7. Lessons Learned 60

8. Conclusion 62

9. Recommendations 64

Acronyms

BIA	Best Interest Assessment
CBOs	Community Based Organizations
CfP	Cash for Protection
CM	Case Management
CP	Child Protection
FCDO	UK's Foreign, Commonwealth & Development Office
FGD	Focus Group Discussions
FPD	Family Protection Department
GBV	Gender Based Violence
GoJ	Government of Jordan
HR	Human Resources
IMC	International Medical Corps
INGO	International Non-Governmental Organization
IPT	Interpersonal Psychotherapy
JOHUD	Jordanian Hashemite Fund for Human Development
KIIs	Key Informant Interviews
MH	Mental Health
mhGAP	Mental Health Gap Action Programme
MHPSS	Mental Health and Psychosocial Support
MMU	Mobile Medical Unit/Multidisciplinary Mobile Unit
MoH	Ministry of Health
MoSD	Ministry of Social Development
NCDs	Non-communicable Diseases
OECD-DAC	Organization for Economic Co-operation and Development's Development Assistance Committee
PFA	Psychological First Aid
PHC	Primary Health Care
PLWs	Pregnant and Lactating Women
PM+	Problem Management Plus
PMTs	Project Management Tools
PSS	Psychosocial Support
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
YEP	Youth Empowerment Program

1. EXECUTIVE SUMMARY

Within the framework of increasing access to quality and equitable health care and protection services for vulnerable Syrian refugees and host communities in Jordan, the UK's Foreign, Commonwealth & Development Office (FCDO) funded a three-year project implemented by International Medical Corps (IMC) in partnership with Jordanian Hashemite Fund for Human Development (JOHUD). The multi-sectoral project 'Specialized Protection Intervention for Vulnerable Refugees and Host Communities in Jordan' was implemented between 2018 and2021 in six districts in Jordan: Mafraq, Irbid, Balqa, Ma'an, Jerash, and the Jordan Valley, in close collaboration with the Ministry of Health (MoH) and other governmental departments. The project aimed to improve access to quality services through the provision of mental health and psychosocial support (MHPSS), child protection (CP) and primary health care (PHC) with complementary services (nutrition and vaccination) for Syrian refugees and host communities.

This report presents the findings from an independent performance evaluation conducted between June and September 2021 by an external consultant. The evaluation aimed to analyse 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 both primary and secondary data sources. The evaluation criteria used are based on the updated OECD-DAC standards, covering effectiveness, efficiency, impact, and sustainability[1]. Additionally, specific humanitarian response standards, gender equality, and evaluation criteria which address coverage, coordination, quality and protection have also been used. The evaluation process included a desk review of project-related documents, a beneficiary-based survey, in-depth interviews and focus-group discussions with beneficiaries, and key informant interviews. Primary data collection was conducted in the six target locations where the project activities were implemented.

Quantitative data was captured during surveys with 1,026 beneficiaries of the project, while qualitative data was captured through individual interviews with 12 Key Informant Interviews (KIIs) and 8 focus group discussions (FGDs). Key informants (KIs) consisted of IMC project staff, JOHUD's management team, and officials from the Mo H. The sample included 327 MHPSS beneficiaries, 424 CP beneficiaries, and 275 PHC – (JOHUD beneficiaries).

A ***desk review*** of project related reports revealed that project targets were significantly exceeded for the health, MHPSS and protection components, showing an increase in the beneficiaries' knowledge and skills related to protection and health concerns and issues, as well as an increase in the knowledge and skills of IMC staff and its partner and stakeholders, such as JOHUD and MoH. The project target indicators were assessed through the review of the project management tools (PMTs) and Log frame; the assessment showed that all the targets were achieved. Specifically, the project exceeded all targets for results in improved wellbeing, reduced protection needs, and strengthened the resilience of the most vulnerable refugees and host communities residing in Mafraq, Irbid, Balqa, Ma'an Jerash, Jordan Valley through child protection, health, and MHPSS interventions.

The ***key findings*** of the evaluation can be summarized as follows:

- The FCDO project met and exceeded the targets initially set in the logical framework.
- IMC Jordan's holistic model of project design, management, and implementation created a strong network of specialized staff to work within the project. This contributed to the overall efficiency. There is evidence of quality activities being delivered on time, with efficient resource

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

(information, human resources, financial, time) management that enabled achievement of planned outcomes.

- IMC, jointly with JOHUD, efficiently covered the hard-to-reach areas and delivered MHPSS, CP and PHC interventions and filled the most pronounced services accessibility gap for target population living in those areas.
- The project played a key role in linking the policy with the population needs and addressed the capacity gaps at the national level by training key health workforce cadre at MoH. IMC also successfully improved the capacities of the project staff as well as enhanced the program delivery and management capacities of its local partner JOHUD.
- These capacity building component of the project proved to be significantly contributing towards sustainable impact of the project but at the same time evaluation finds the continuous efforts are required to both reflect GoJ's health policy as well as capacity to ensure integration of mental health at the PHC centres.
- Despite significant progress in increasing the capacity of local stakeholders, knowledge and funding gaps persist that might undermine the progress made in improving health, MHPSS and protection services for vulnerable communities. For example, the cessation of Mobile Medical Units (MMUs) in hard-to-reach areas targeted under this project will result in coverage gaps if no other partner or the MoH is able to sustain operations due to operational and budgetary constraints.
- IMC developed and implemented a capacity building plan for JOHUD as a local partner to ensure they are well trained on mental health (MH) and CP case management systems, minimum standards and protocols. IMC has also supported JOHUD in developing policies, Human Resources (HR), Best Interest Assessment (BIA), and built the capacity of the technical staff in CP, MHPSS and Health topics.

Mental Health and Psychosocial Support (MHPSS)

- Project efficiently responded to the needs of MHPSS services across the locations. The MH consultations covered psychiatric consultations, case management sessions, psychotherapy and psychoeducation sessions and home visits. More than half (52.6%) of the beneficiaries interviewed received MH consultations; while more than a quarter (27.5%) reported having received both MH and PSS, 17.1% received PSS only, and 2.8% reported other services.
- The project was effective in ensuring that MHPSS services are equally available across the locations both for men and women. In this regard, around 57% of the beneficiaries were women. these services were received by people of all ages. Around one-third of project beneficiaries (34.4%) receiving MHPSS services were below the age of 18 years, more than a quarter (27.8%) were between the ages of 19-35 years, 21.4% were between the ages of 36-49 years, and 16.5% were above 50 years of age.
- The project was successful in addressing the stigma related to accessing the MHPSS services (as reported by FGDs participants) – partly working closely with the communities, ensuring a high level of privacy, and integrating MH services with PHC centres of MoH. Most of the MHPSS beneficiaries continued to receive services until their care plan was achieved.
- Within the satisfaction survey carried out under the evaluation, 75.1% (74.8% males and 75.5% females) of respondents reported receiving effective MHPSS services.
- Internal and external referrals were an integral part of IMC's services provided under the FCDO project. The survey respondents rated the effectiveness of the internal referrals for psychoeducation, diagnosis/prescription of psychotropic medications by a psychiatrist, and psychotherapy by psychologist as 82.6%, 76.1%, and 71.3%, respectively. However, the effectiveness of the referrals made to other agencies was reported as less effective, where 60%

of the survey respondents reported satisfaction. These responses show the level of satisfaction of services received by beneficiaries from other agencies. Participants in the FGDs also indicated that referral pathways established by IMC were highly effective in terms of their connectivity and responsiveness (both internal and external referrals).

- The project was very effective in adapting and addressing the cultural requirements of the beneficiaries (agreed by 91.7%), staff management and availability also contributed towards effectiveness (agreed by 87.4%), the impact of the case management services proved to be effective (agreed by 82.3%). On average, around 83% of beneficiaries agree that the MHPSS services and activities have been managed and implemented effectively.
- The project was found to be highly effective in addressing complex mental health needs or combination of mental health conditions including the cases who experienced sexual violence, anxiety, depression, and obsessive-compulsive disorder.
- The project helped MHPSS beneficiaries through resolving their mental health concern (52%), enabling them to understand their mental health conditions and psychological wellbeing, and 71.3% motivated to engage normally with family.
- The project has left a lasting impact by training MoH staff in terms of improving attitudes towards the importance of MHPSS and how to deal with the cases and concerns, raising awareness and identification MH signs/symptoms and now they could identify and refer people requiring MHPSS interventions.

Child Protection

- The majority of CP respondents (81.8%) were parents/caregivers who participated in the survey on behalf of the child; 12.5% were children aged 12 and above and 5.7% consisted of responses from both the parent and child. The majority, 86% of the CP beneficiaries reported CP CM as efficient enough to help them identify protection concerns and receive related services. Among all CP beneficiaries interviewed more than half (56%) of them reported services to be satisfactory – the results found desirability bias amongst CP beneficiaries who received cash assistance versus those who did not.
- More than half of CP beneficiaries (57.8%) reported that the case management care plan was efficient in ensuring the full participation of children in CP services, and in providing recommendations and communication with parents/caregivers.
- The cash assistance program was rated as the most efficient method in resolving child protection concerns, specifically for those engaged in child labour and exposed to multiple concerns, giving vulnerable families autonomy over how to meet their own needs.
- Parents and caregivers in the survey sample reported that children with challenges and specific concerns received effective referral services to child protection and more specialized services, when required.
- More than half (57%) of the beneficiaries reported the CP services as effective as they helped the children to improve their situation in terms of increased participation in community activities, as well as higher enrolment in school, which reduced child labour cases as well.
- CP services were found to be inclusive and accessible for children regardless of age, sex, and nationality.
- Participants reported considerable levels of positive effects because of the participatory processes and practices used by caseworkers who supported children's participation in decisions concerning their protection concerns and personal wellbeing.

- The CP services provided the communities, parents/caregivers, and children, with more knowledge, awareness, and understanding of the psychological health of children.

Primary Healthcare (PHC) – Delivered by JOHUD

- The project intervention model was innovative and targeted the most vulnerable and excluded communities living in hard-to-reach areas – the project effectively identified and addressed vulnerabilities through the engagement of the local partner, JOHUD.
- Outreach with PHC services was confirmed by around two-thirds of the beneficiaries. Around two-thirds (61.5%) confirmed that JOHUD's different services under PHC helped them in meeting their health needs.
- The quality of the services by JOHUD was reported by around 71% of beneficiaries as good or very good. Among those who accessed different services by JOHUD, 69% reported the services as efficient to address their health concerns.
- Around two-third, 64.7%, of the sample reported that the MMU was effective or very effective for the provision of complimentary primary health and allied services.
- As we see the coverage was around70% which appeared to be a challenge due to the roving nature of only one MMU that was covering a widespread population.
- PLWs and children were covered for nutritional screening as well as follow-ups for immunization that helped the GoJ to ensure children in hard-to-reach areas are effectively managed to receive essential immunization.
- The MMU modality proved to be highly effective in reaching out to populations living in remote and distant areas where small population groups were covered through roving dates.
- Around 74% of the PHC beneficiaries reported having received services that helped them to resolve their health concerns and the same percentage of beneficiaries reported that they are now more aware of health care issues related to mothers and children.
- JOHUD specifically highlighted that their collaboration with IMC helped them to develop capacities, as a local organization, to get prepared and respond to different vulnerable population needs.

Given the three components of the FCDO project (MHPSS, CP (including CA) and Health) as key interventions of IMC, the evaluation identified key ***lessons learned*** from findings. The following are the key lessons learned.

Mental Health and Psychosocial Support (MHPSS)

- The project was highly successful in extending and making available the MHPSS to a majority, (83.5%) of beneficiaries who have not faced any limitations or challenges in participating in MHPSS services and activities.
- The key lesson learned was related to the cost of transportation and the interruption of availability of medication, as highlighted by some beneficiaries.
- Mental health beneficiaries who reported to cover non-communicable diseases along with the MHPSS interventions to enable them to manage their mental conditions more effectively. Project many consider, as a lesson learned, to cover NCDs consultations for those MHPSS beneficiaries who are also suffering from NCDs.

- Due to project activities, MHPSS beneficiaries are reporting to overcome the social stigma associated with the receipt of specialist mental services, but at the same time, some beneficiaries are reporting social stigma while approaching the mental health clinics at PHC when other people from their communities are also visiting the PHCs. The project may consider it as a lesson learned to devise social advocacy component to work at the community level to change the attitudes and behaviour of community towards mental health and its access.

Child Protection

- CP beneficiaries recommend the increase in the number of child friendly spaces so they could be easily reachable to most people.
- Knowledge centres are needed to enable vulnerable children to access the internet and technology because online learning is important but their parents in many cases are unable to provide their children with access to the internet and iPads or smartphones. (Feedback from parents/caregivers of CP beneficiaries).
- A key informant from the project team indicated that domestic violence, weak economic situation and lack of recreation opportunities are the main challenges that expose children in target areas to risks.
- Cash assistance has achieved a short-term goal for most of the beneficiaries. However, there should be a system to monitor the long-term impact in terms of how cash assistance was used and whether it fulfilled the planned objectives of mitigating the risks that the child was exposed to While, usually other referrals are done along with the social protection package for the long term solutions as livelihood, longer term cash assistance, vocational training sessions etc.
- The vulnerability criteria and the procedures used for cash assistance were set up building upon the in-depth technical assessment which takes place for each individual after assessing the child elements and provide the necessary services, covering level of child protection risks, case complexity and severity as well as the longer and/or short-term impacts on the beneficiaries safety and well-being. In this process, the case managers refer the most vulnerable Syrian families to a committee who would determine the eligibility of the case and select those most vulnerable and are entitled for the cash assistance. It is recommended to organize, at the beginning of the project, a focus group discussion or community awareness session in each geographical area about the vulnerability assessment criteria and procedures.

Primary Healthcare (PHC) – Delivered by JOHUD

- MMU was an innovative idea to reach vulnerable communities living in hard-to-reach areas, and it effectively provided access to primary health care and allied services but at the same time, evaluation learned that MMU, due to its being roving and only source, was having limitations to cover widespread population. The project may consider for future to increase the availability of MMU by increasing the frequency of visits and number of working MMUs in hard-to-reach areas.
- Evaluation learned that working with JOHUD contributed to the capacity building in terms of managing and operating MMU for hard to reach areas as JOUD specified that they plan to use the FCDO project design as a model in their future interventions.

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

1. Raise awareness about the community-based feedback and response mechanism for better sharing information with beneficiaries and to raise their awareness about it. Even though the project design included functional feedback and complaints system, the evaluation found few beneficiaries were aware of it.
2. Establish knowledge centres in the target locations to allow children access to learning services in addition to all available child protection activities, such as community centres.
3. Target a greater number of persons with disabilities in future interventions through the inclusion of children with disability to access and participate in the project activities, namely child protection activities, need to be deliberate.
4. Raise awareness about Vulnerability Assessment Criteria and procedures through organizing focus group discussions or community awareness sessions in each geographical area.
5. Encouraging MoH and local authorities to prioritize mental health services. There should be a component of advocacy in similar future projects.
6. Maintaining the project's services and activities is significant to sustain the benefits to the target populations. It is recommended to continue to provide the same services in terms of MHPSS, CP, and primary healthcare to the target population in order to fulfil the needs of the beneficiaries due to the lack of alternative similar services in these areas.
7. Restructuring and re-activation of the role of the advisory committees representing the community, including beneficiaries, civil society organizations, and governmental institutions to advise the project management regarding health and protection services, activities, and policies.

Below are some ***recommendations for donors*** summarized as follows:

1. Sustaining the efforts towards capacity building of MoH for self-reliance in provision and integration of MHPSS services at PHC level that is in line with the National Mental Health Policy and Action Plan, along with the Substance Use plan.
2. Building the capacities of the Community Based Organizations (CBOs) to provide awareness sessions, identify MH concerns, provide psychosocial support and safe referrals.
3. Integrating mental health and Non-Communicable Diseases (NCDs) in future interventions since the evaluation found that there is high demand for NCDs with some linkages between mental health and NCDs among Syrian refugee population, which poses a unique challenge to health system in Jordan for provision and continuity of care and access to services.
4. Giving more priority on funding the health care interventions that take into consideration the approaches aimed to helping the local authorities to develop capacities that enabling them to fulfil the health care needs of refugees and vulnerable communities in Jordan.
5. Ensuring easy access to services through mobile units or by covering the transportation costs. This feedback has been received from CP and MHPSS, and health beneficiaries who were living far from the service points.

2. BACKGROUND AND CONTEXT

Since the onset of the Syria crisis in 2011, more than 1.3 million Syrians have settled in Jordan (14% of Jordan's population) and among them more than 670,000 registered refugees (UNHCR, 2021). Most refugees live in urban areas (81%) (Ibid), while the remaining live in three refugee camps across the

country. Lack of aid, limited access to health services, livelihood, and educational opportunities increases daily risks which are pushing refugee families into an irreversible spiral of vulnerability.

Since 2012 IMC has been responding to the influx of Syrian refugees in Jordan. IMC's services and programs address the complex needs of refugees both in urban and camp settings, as well as vulnerable host populations. The main objective of FCDO funded interventions is strengthening the resilience of vulnerable refugees and host communities in Jordan. This was set to achieve through proposed integrated program interventions covering protection, mental health, psychosocial support, and health services provided through mobile and static service points within urban areas and Informal Tented Settlements (ITSs) locations – areas covering ITSs which were covered by JOHUD as a sub-grantee of IMC. In general, IMC strives to ensure the promotion of quality and relevant interventions, in accordance with the relevant global standards.

International Medical Corps (IMC) in Jordan

International Medical Corps is a global humanitarian organization dedicated to saving lives and relieving suffering. IMC is committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on their life through health interventions and related activities that strengthen vulnerable and people at risk communities.

IMC has been operating in Jordan since 2007, with programs focused on critical health and social services for both Jordanian and refugee populations in close collaboration with the Government of Jordan. It has also engaged in advocacy on mental health issues through FCDO project, and capacity building of MoH staff.

With funding from UNHCR, UNICEF, FCDO, and ECHO, IMC provides medical services in most governorates and refugee camps in Jordan. Moreover, IMC has been advocating for the integration of mental health care into the primary healthcare system of the MoH with the stated aims to 1) ensure that MH receives the same attention in public policy as other NCDs; 2) alleviate pressure on the minimal resources available at secondary and tertiary levels of care; and 3) reduce stigma in seeking these kinds of services at the population level. IMC has trained staff who have the ability to screen for adjustment problems or cognitive deficits of children experiencing psychological difficulties, cognitive impairments or protection issues.

IMC, as a first responder, played a role at the onset of the Syrian refugees crisis and continues to provide comprehensive services to refugees in residing in camps and urban areas. In 2011, IMC facilitated the reception process for new refugees at Azraq camp and shelter allocation for female-headed households, to reduce their risk of encountering violence by taking into account their special needs and vulnerabilities. IMC case managers provided psychological first aid for arrivals, along with dignity kits, and link female refugees with health services in the camp. IMC also has been running a safe space for women and girls—known as the Women's Haven—where women are hosted in place to help prevent GBV and provide healthcare and mental health care. Currently, IMC is the only healthcare provider in Azraq running a hospital, and COVID-19 centre, providing vaccination services to refugees under MoH. At Zaatari camp, IMC is running an ER unit and primary healthcare centre, have established COVID-19 care centre and supporting MoH with vaccination.

Jordanian Hashemite Fund for Human Development (JOHUD)

The Jordanian Hashemite Fund for Human Development (JOHUD) has been operating since 1977 as a non-profit, non-governmental organization, dedicated to promoting rights-based, and sustainable human development in Jordan. Its strength consists of a network of 50 local community centres spread around the country. JOHUD implements projects aimed at enabling members of local community to improve their living conditions. JOHUD adopts a comprehensive methodology in terms of targeting refugees and

vulnerable Jordanian host communities with an inclusive approach through its programmes and services aimed for refugees of all nationalities since 2007. JOHUD have provided psychological counselling and social services to 14,000 Syrian refugees since 2011. It worked with UNICEF to create safe and child friendly spaces. Within the framework of the FCDO Project, IMC through partnership with JOHUD reached individuals and families in hard-to-reach areas to provide access to protection, primary healthcare and mental health services expanded through JOHUD's MMU, where 12,369 primary health consultations were provided, and 657 individuals received case management services at the supported mobile medical unit (MMU).

FCDO Project in Jordan

With the framework of the project 'Specialized Protection Intervention for Vulnerable Refugees and Host Communities in Jordan' which started in April 2018 and ended in March 2021, IMC had proposed to extend the provision of primary health care services, mental health and child protection case management services for children and vulnerable individuals in urban areas. The project was implemented in the districts of Mafraq, Irbid, Balqa, Ma'an, Jerash, and the Jordan Valley.

Under the child protection component of the project, IMC provided vulnerable families with a social protection package, represented in cash amounts that aims at providing families with the means to ensure that their child's identified protection concerns are adequately addressed, while in parallel, child protection case managers worked with the child and their family to link them with other services for more sustainable outcomes.

During the first year of the project, IMC delivered training for staff from NGOs, CBOs, Governmental organizations and community members to contribute to the identification and referral of people with potential MHPSS needs. The mental health services directly targeted vulnerable groups such as refugees from different nationalities (mainly Syrians) and individuals from the host communities in the selected areas in Jordan. During the project implementation period, IMC provided (in FCDO funded locations) PSS activities to all ages and genders (women, men, boys, and girls) with people of all levels of ability encouraged to participate. The PSS activities include structured activities such as Youth Empowerment Program (YEP), semi-structured such as the Parenting skills and non-structured, cultural and learning activities such as drawing, handcrafts, music, Lego, free-play, computer, storytelling, and puppet theatres.

As part of the monitoring and evaluation plan of the project, this final performance evaluation has been conducted as per the objectives specified below. IMC has commissioned an independent external consultant to carry out the evaluation in the project's targeted governorates.

3. EVALUATION PURPOSE AND OBJECTIVES

The main goal of this final evaluation was to assess the results of the programme in relation to its intended outcomes, effectiveness, efficiency, sustainability, and impact. It also assessed the extent to which the action demonstrates good value for money (FCDO value for money approach), document the lessons learned, and inform FCDO representatives, IMC, beneficiaries, and any other relevant stakeholders about the results and findings. The specific evaluation objectives are indicated below:

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 cash assistance on child protection outcomes; and
d. To assess how IMC has been accountable to stakeholders with a focus on accountability to the affected population (beneficiaries).

** Please see annex 2: Final Evaluation Terms of Reference*

4. 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.

Table 1: Evaluation questions and tools

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness: what has been accomplished in relation to expected outcomes and results set in the log frame, broken down geographically, specifying major contributing factors.	1. To what extent has this project generated changes in the lives of targeted (and untargeted) beneficiaries in relation to addressing protection concerns and mental health psychosocial issues? 2. What interventions were most effective in achieving positive outcomes? 3. What internal and external factors contributed to the achievement and/or failure of the intended project impact, outcomes, and outputs? How?
Efficiency: how inputs (human, financial, material resources) have been translated into results; if results have been achieved at an acceptable cost; strengths, challenges, weaknesses of approaches adopted, and activities implemented; the impact of IMC's work and quality of management.	4. How efficiently and timely has this project been implemented and managed in accordance with the Project Proposal and log frame? 5. How did M&E systems contribute to programme management and decision making?
Impact: Identify and analyse the significant changes that the intervention has brought in beneficiaries' lives in each geographical area, taking into consideration other projects in the same areas.	6. How has the project contributed to its wider impact-level goal? 7. If the project failed to achieve the expected impact, what are the recommendations to make its interventions more impactful?
Accountability: how successfully IMC has established the community feedback and response mechanism and how it is	8. To what extent has IMC provided access to Community Based Feedback and Response Mechanism (CBFRM) channels to the community?

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

communicating on it with donors and other stakeholders.	9. What is the level of awareness of CBFMR among beneficiaries, the use patterns, and type of preferences if different than what IMC is currently providing? 10. How did IMC demonstrate responsiveness to feedback and complaints? Did IMC change practices as a result of feedback?
Sustainability: to what extent the program will produce long-term benefits to the communities and the mental health system in areas of intervention; documenting involvement, understanding, and ownership of MoH, local authorities, and communities. To what extent the net benefits of all the interventions will continue or likely to continue	11. Determine if the project is sustainable in terms of linkages between IMC, JOHUD and MoH and services provided to the target population?
Knowledge Generation: to identify lessons learned on the success and failure cases, innovation approaches, and potential for replication and major challenges that can advise IMC in the development of projects in the future.	12. What are the key lessons learned that can be shared with others on child protection, primary health care and MMHPSS?

5. METHODOLOGY

The evaluation was conducted using a mixed-methods approach comprised of quantitative and qualitative data collected through surveys (each for MHPSS, CP and Health), focus-group discussions with beneficiaries, and key informant interviews with project teams, including JOHUD, and GoJ representatives. Primary data was combined with a desk review of relevant project documents. It was conducted in the six target locations where the project activities were implemented.

Desk Review. Documents, such as IMC reports, Project Management Tools (PMTs), previous relevant assessments, and reports from JOHUD as a sub-grantee and partner were the initial reading.

Key Informant Interviews (KIIs). The consultant conducted Individual interviews with 12 KIIs with stakeholders (FCDO Project Team, MoH, and IFH staff) using a semi-structured interview approach to gather information to address the evaluation questions. The consultant worked closely with the IMC team to develop KII participant lists, questionnaires, and interview protocols, ensuring their feedback is incorporated. The consultant identified individuals and contacted everyone to schedule the interview date and time.

Structured beneficiary Surveys. The consultant with support of six enumerators collected data through quantitative surveys from beneficiaries of MHPSS, Health, and CP services.

Focus Group Discussions. Eight FGDs were conducted with men and women beneficiaries, with two FGDs per location. FGDs with JOHUD beneficiaries were possible. Most of participants in CP FGD were accompanied bytheir children. An interview guide was developed with several questions and additional probing questions to ensure all matters of interest to this evaluation have been covered. All FGDs were conducted in IMC clinics, to make sure participants could gather at one location and that COVID19 relation

protocols could be followed. Each FGD lasted for approximately one hour and a half. All participants were mobilized by IMC.
Informed consent was taken from beneficiaries participating in the surveys and FGD activities. As for children who have been interviewed, their assent and the permission of their parents was obtained. Each participant given an opportunity to decide if (s)he wanted to take part or to withdraw were they not interested.

Sample Size

In the context of this project evaluation, the sample size was calculated based on the size of the target beneficiaries. The sample size has been calculated using a sample size calculator[3] based on a specified level of precision. The minimum sample size based on a 5% margin of error and 95% confidence level are listed in the following table, as well as the actual sample size that the evaluation team was able to cover.

Ultimately the targeted sample size could not be reached due to several reasons. Some cases were not included in the analysis if respondents did not fully participate because they were unable to remember details of services they received. Some of the selected respondents were unreachable due to changes in their phone numbers.

The selected sample included 1,026 beneficiaries (327 MHPSS, 424 CP, and 275 PHC - JOHUD) out of 8,904 which represents 11.5% of the total beneficiaries of the project.

Table 2: Evaluation Sample Size

Project Component	Unit	Planned Sample	Actual Sample	Completion Percent
MHPSS	Individual (30% children and 70% adults)	380	327	86%
Child Protection (including IMC and JOHUD beneficiaries)	Child/parents/caregivers	509	424	83%
PHC (JOHUD Intervention)	Primary Health Care and complementary services	373	275	74%

Data Collection Tools

Data collection tools, and the analysis process prepared for this evaluation revolves around the evaluation questions. Annex 2 includes the data collection tools used in this evaluation. The quantitative surveys were structured to collect data from the project beneficiaries to reflect and collect data on all of the evaluation questions. The quantitative surveys provided primary data directly from project beneficiaries with the objective to quantify how project was successful in terms of DAC evaluation criteria and to insights from the level of beneficiary's knowledge and benefits they received while accessing the services provided.

[3] https://surveysystem.com/sscalc.htm

KIIs, as qualitative data collection tool was designed to provide insights from the level of the implementing organization, IMC, on different managerial, technical, and operational levels as well, and to collect data from key informants from MoH and JOHUD staff about outcomes attributable to the project and the extent of its impact on knowledge and skills as well as on the beneficiaries' lives. FGDs were aimed to capture the underlying reasons of how the different aspects of the project were successful, efficient and effective.

The tools were translated into Arabic and administered by data collection team who explained the questions to the responders and then recorded their answers. The survey conducted using Kobo Collect platform. However, individual interviews with key informants conducted through semi-structured open-ended questionnaires using papers.

Limitations

The evaluation faced limitations in terms of the geographical set up, as well as contextual challenges including but not limited to:

1. The duration of each individual survey was more than expected due to the amount of information requested. In fact, it is not uncommon for beneficiaries participating in humanitarian studies to respond to such excessively long surveys but asking too many questions to the beneficiaries sometimes results in loss of interest.
2. A significant number of respondents could not be reached due to a change in phone number, while he/she didn't update his/her information with IMC or JOHUD.
3. Since the evaluation was carried out following the complete closure of the project it was difficult to organize FGDs whereby many respondents were not at their same area/homes to be reached.
4. There was no baseline data to serve as a comparison on questions related to unintended outcomes; and some beneficiaries may not have accurately remembered their past perceptions, services, activities, or may have responded in a manner they believed to be socially acceptable. To minimize this limitation, the consultant in coordination with IMC staff used a sizeable survey population, in which beneficiaries were randomly selected and triangulated survey results with qualitative data.
5. Due to COVID-19 pandemic, the evaluation team was required to follow procedures issued by GoJ and IMC, which included that data collection from beneficiaries using surveys was carried out using phone calls, not face-to-face interviews. This exacerbated the challenges of reaching the sample size of beneficiaries, as many could not be reached by phone.

6. FINDINGS

This section presents the main findings of the evaluation. The demographic characteristics of survey respondents are presented first which includes the geographical location, gender, and age. This is followed by finding on each of the project outcome areas: MHPSS, Child Protection, and Primary Health Care.

The results are organized by main evaluation criteria 'efficiency', 'effectiveness', 'impact', and 'sustainability'. Most data sought from beneficiaries was quantitative in nature, however, qualitative data was used to help explain components of quantitative data that required additional explanatory information to further explain the beneficiaries' responses in more detail.

Background Information

DEMOGRAPHIC CHARACTERISTICS

This section explains the different demographic details including location, gender, and age of respondents. Children's demographics by age and gender are presented separately as they are a specific group of beneficiaries of the project.

This information is based on sampled beneficiaries from all outcome areas of the project. MHPSS, CP and PHC beneficiary surveys were conducted using structured questionnaires.

RESPONDENTS LOCATIONS

Overall, 1,026 beneficiaries participated in the survey. For MHPSS, the majority of the respondents come from Mafraq (57%) and Irbid (20%). For Child Protection (CP) beneficiaries, the majority is from Irbid (29.6%) and Jerash (23.0%) and the remaining are from Mafraq (20.0%) and Balqa (13.0%), and other areas account for 15.0%. CP sample also includes beneficiaries served by JOHUD as sub-grantee who were provided with psychosocial support (PSS) and were referred by JOHUD to IMC for case management services for cases requiring CPCM. The primary health care (PHC) beneficiaries were served by JOHUD and the majority of them come from Mafraq (43.0%) and Irbid (21.0%). More information is available in Table 3.

Table 3: Number of sampled beneficiaries under each outcome areas of the project by location

Residency Area	MHPSS		CP		PHC (JOHUD)		Total	
	N	Percent	N	Percent	N	Percent	N	Percent
Mafraq	186	56.9	85	20.1	117	42.6	388	37.8
Irbid	66	20.2	121	29.0	57	20.7	244	23.8
Balqa	40	12.2	57	13.5	14	5.1	111	10.8
Jerash	30	9.2	96	22.7	0	0.0	126	12.3
Other	5	1.5	65	15.3	87	31.6	157	15.3
Total	327	100.0	424	100.0	275	100.0	1026	100.0

RESPONDENTS RESIDENCY AND GENDER

Table 4 provides the distribution of MHPSS, CP, and Health beneficiaries, reached during the data collection phase, by sex for each location of the project. The distribution of beneficiaries in the sample are as follows: 56.9% from Mafraq, 20.2% from Irbid, 12.2% from Balqa, and 9.2% from Jerash. From Mafraq, more female beneficiaries participated than males, from Irbid, there was almost the same ratio of respondents by sex. From Balqa, more males than females participated, and from 'Other' locations, more females than males did participate.

Table 4: Percentage distribution of respondents by location and gender

Residency Area	MHPSS	CP	PHC (JOHUD)	Total

	Female, %	Male, %	Female, %	Male, %	Female, %	Male, %	Female, %	Male, %
Mafraq	57.5	56.4	24.1	17.4	42.5	-	41.1	33.5
Irbid	19.2	21.0	31.9	26.4	20.7	-	23.5	24.1
Balqa	10.3	13.8	13.3	13.6	5.1	-	8.7	13.7
Jerash	11.6	7.2	15.7	27.1	0.0	-	7.3	18.9
Other	1.4	1.7	15.1	15.5	31.6	-	19.4	9.8
Total	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0
N	146	181	166	258	275	-	587	439

The gender-wise distribution of the evaluation respondents was 587 (57.2%) males and 439 (42.8%) females as presented and summarized in Figure 1. For health beneficiaries (under JOHUD PHC), all survey participants were female as JOHUD's services focused on women of hard-to-reach areas with sexual and reproductive health services.

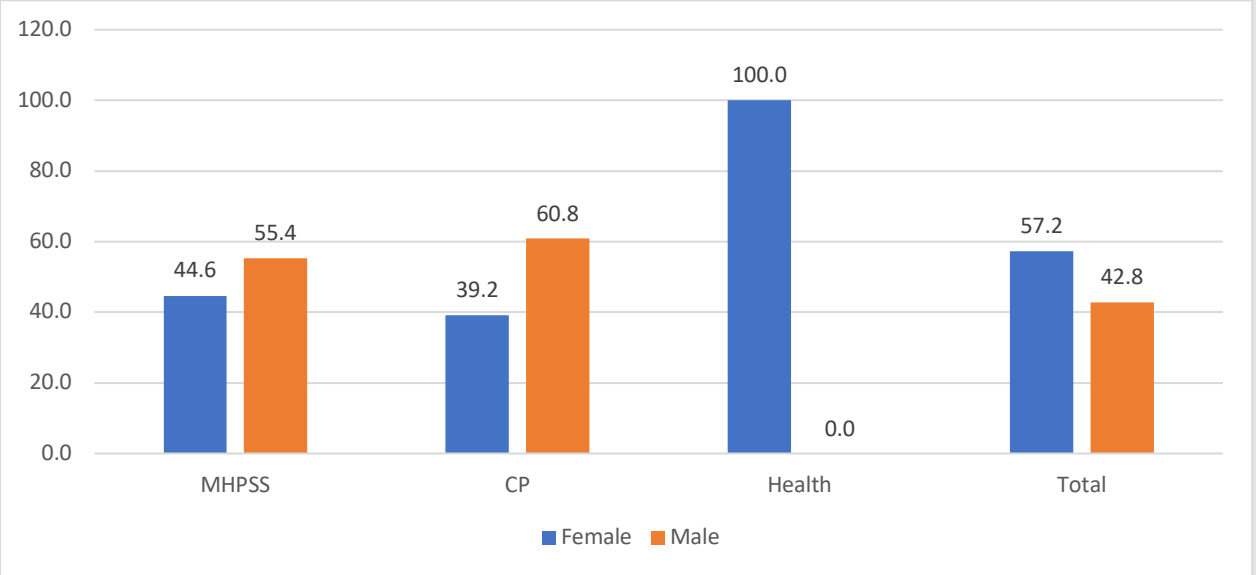


Figure 1: Percentage distribution of evaluation sample by type of service and gender

Figure 1 confirms that more men (boys), compared to women (girls), were sampled for MHPSS and CP. The actual beneficiaries' data show the same trends, for example, under CP, the project reached almost 60% boys and 40% girls. The overall ratio of male/female, as in Figure 1 shows more females but that is influenced by all females for the health sector.

RESPONDENTS' AGE AND GENDER

In this section, age-wise information is provided for MHPSS, CP and Health beneficiaries. For MHPSS among the total number (327) of the sample, 112 (34.3%) were children between 3 to 18 years old, 91 (27.8%) were youth between 19 to 35 years old, and 124 (37.9%) were adults over 35 years.

Table 3: Number of MHPSS respondents disaggregated by age and sex

Age	Female		Male		Total	
	Number	Percent	Number	Percent	Number	Percent
<18 years	49	43.8	63	56.3	112	34.3
19 -35 years	33	36.3	58	63.7	91	27.8
36 -49 years	37	52.9	33	47.1	70	21.4
> 50 years	27	50.0	27	50.0	54	16.5
Grand Total	**146**	**44.6**	**181**	**55.4**	**327**	**100.0**

Table 4 shows the distribution of MHPSS sampled project beneficiaries by sex. Percentage of male respondents below the age of 35 are more than female, while this trend inverted for adults over 35 years old. It is worth mentioned that research points that more women than men between the ages of 16-64 have symptoms of common mental disorder, mainly anxiety, depression, and self-harm[4]. Since the surveys have been administered using phone calls, so it was not easy to involve both the caregiver and the child in the phone call.

PHC BENEFICIARIES - JOHUD

The sampled beneficiaries of primary healthcare services provided by the sub-grantee (JOHUD) are all female and mostly from the difficult to reach areas in Jordan and JOHUD covered these areas using its mobile medical units (MMUs). The total number of respondents to the survey was 275 distributed over five main areas: Mafraq 117 (42.5%); Ma'an 59 (21.5%); Irbid 57 (20.7%); and 42 (15.3%) from other areas such as Balqa, Amman, Jordan valley, and Zarqa. The husband was the head of the household for 61.1% of respondents in the survey, while 19.3% of respondents were the female heads of households, 8.7% were the fathers, and 7.3% were the mothers. Even JOHUD has covered all its outreach activities by the case managers before the operation of the MMU in the target areas, the majority of respondents (68.1%) learnt about JOHUD MMUs services through their friends, family, and relatives, while only 4.7% of respondents learnt from other NGOs and 3.6% from social media and websites.

During the beneficiary visits (or a follow-up) to the MMU, 45% of respondents reported that they received general check-up related to, for example, NCDs, URTI, and ILI, etc., 28% medication refilling, and 79 (21%) of respondents had visited for ANC. 23% out of the ANC cases received a check on their blood pressure,

[4] British Medical Association, 2018. Addressing unmet needs in women's mental health, BMA House, Tavistock Square, London WC1H 9JP bma.org.uk

20% have been asked about their medical history, 20% have listened to the baby's heartbeat, and 19% received an abdominal examination.

Key informants reported that due to the COVID-19, home visits were postponed for a period which has a negative impact instead of doing face to face assessment, the alternative solution was conducting the assessment over phone calls, and they found it was less efficient.

CHILD PROTECTION SPECIFIC DETAILS

In total, 424 respondents participated in the child protection survey of four project locations, consisting of 166 (39.2%) females and 258 (60.8%) males. Among them, 35% children were between 3 to 12 years, 38.2% were between 12 and 15 years, and 26.4% were between 16 and 18 years.

Overall, the distribution of the child protection beneficiaries reached were as follow: Irbid 121 (28.5%) and Jerash 96 (22.6%) than Mafraq 85 (20.0%) and Balqa 57 (13.4%). The remaining number of respondents 65 (15.34%) are mostly in Amman, Ma'an, and Ramtha.

Table 4: Distribution of sample by gender of the beneficiaries

Geographical Area		Female	Male	Total
Irbid	N	53	68	121
	%	31.9%	26.4%	28.5%
Balqa	N	22	35	57
	%	13.3%	13.6%	13.4%
Mafraq	N	40	45	85
	%	24.1%	17.4%	20.0%
Jerash	N	26	70	96
	%	15.7%	27.1%	22.6%
Other	N	25	40	65
	%	15.1%	15.5%	15.3%
Total	N	166	258	424
	%	100.0%	100.0%	100.0%

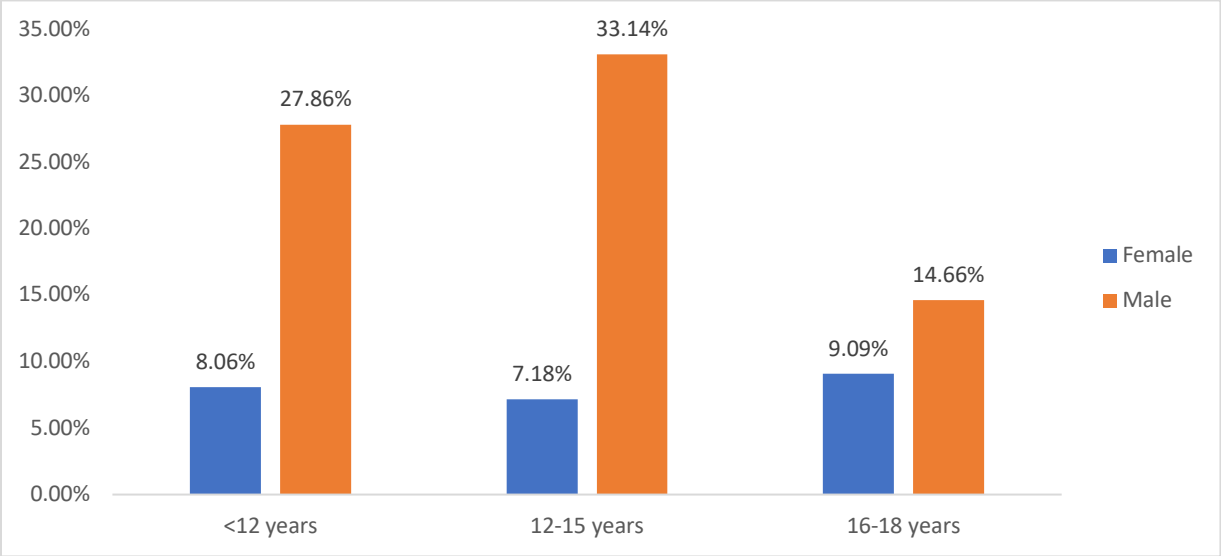


Figure 2: Child age by sex

The majority of respondents (81.8%) were parents/caregivers who participated in the survey on behalf of the child, 12.5% were children who were aged 12 and above and 5.7% of the cases, the response was provided by both a parent and a child, when child responding in the presence of a parent/caregiver or vice versa. In cases where the beneficiary was a child under 12 years old and the respondents were parents/caregivers (Table 8), among them, 55.4% were the mothers, 34.9% were fathers, while for 9.5% of cases, they were other caregivers, among them 27.3% were grandparents, 33.3% were brothers/sisters, 18.2% were aunties/uncles, 21.2% were other relatives. It is worth mentioning here that the instructions of conducting interviews with child beneficiaries in this evaluation included that child of age 12 and above can be interviewed directly without their caregivers, while children less than 12 years have to be accompanied by their caregivers.

Table 5: Type of respondents for Child Protection sample

Respondent Type	Child Gender				Total	
	Female		Male			
	N	%	N	%	N	%
Parent/Caregiver	130	78.3%	217	84.1%	347	81.8%
Child (aged 12+ years)	21	12.7%	32	12.4%	53	12.5%
Child and the parent	15	9.0%	9	3.5%	24	5.7%
Grand Total	**166**	**100.0%**	**258**	**100.0%**	**424**	**100.0%**

For children aged 12+ years, respondents were asked to indicate the reason the child was not able to participate in the interview him/herself and rather had a caregiver respond. Of the total, 195 (46%) respondents mentioned that the child is not available for the interview, while 23 (5.4%) reported that the child is not interested to participate in the interview.

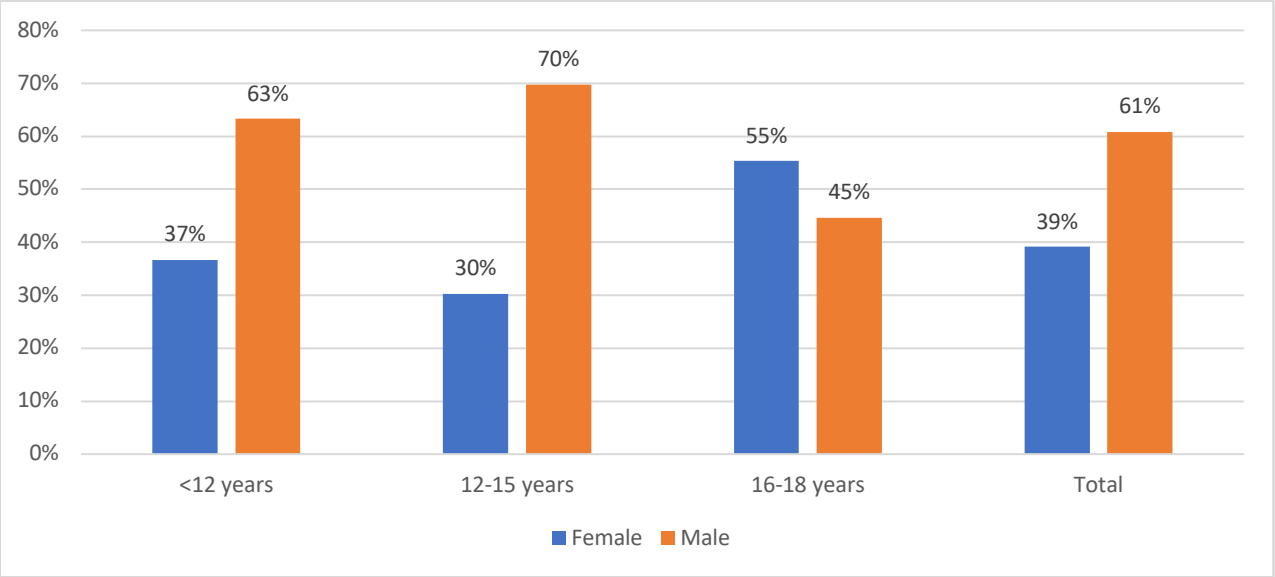


Figure 3: Child's sex by age

Table 6: The Relation between the Respondent and the child

Relation with the child	N	%
Father	121	34.9%
Mother	193	55.6%
Other	33	9.5%
Total	347	100.0%

There were around 89% of respondents who reported none of their family members having any disability. When asked about the number of persons with disabilities in the household, 10.9% mentioned that they have at least one person with a disability.

Table 7: Number of persons with disabilities in household

Number of persons with disabilities in household		Female	Male	Total
0	N	144	234	378
	%	86.7	90.7	89.2
1	N	18	20	38
	%	10.8	7.8	9.0
2	N	4	3	7
	%	2.4%	1.2%	1.7%
3	N	0	1	1
	%	0.0%	0.4%	0.2%
Total	N	166	258	424
	%	100.0%	100.0%	100.0%

Despite that referral to PSS is considered one of the essential referrals are done between CP and MHPSS, on inquiring if they also receive other than CP IMC services, 74% of the children who were covered by the FCDO project were not beneficiaries of IMC's other services and projects.

LEARNING ABOUT THE PROJECT

As the project reached all targeted communities in the urban and hard to reach areas under this project, respondents were asked how they learned about different services in order to see what communication and information sharing mechanism worked better than others.

Almost half of the total sampled beneficiaries learned about the project services through 'friends, family, or relatives. This rate is found to be highest (68.0%) for JOHUD's PHC beneficiaries and is around one-third (34.4%) for IMC's MHPSS services beneficiaries and around 43% for CP beneficiaries.

Around 32% of the total sampled beneficiaries mentioned the source of learning about services as 'direct contact with the IMC/JOHUD. This source is found to be highest for CP beneficiaries and around one-third (33.7%) for IMC's MHPSS services. For JOHUD, this rate is at a minimum covering just 1% of its beneficiaries. Moreover, around 18% of sample beneficiaries reported that they learned about services from other sources: For JOHUD, the other category included people who reported getting to know about the services from other organizations like government development organizations and most respondents mentioned that they don't remember how they learned JOHUD's services. For CP cases, the 'other' response covers respondents who mentioned that they were looking for a specialized agency in this regard and they found IMC, which is somewhat a form of self-referral. For MHPSS, almost all the respondents reported their inability to remember the source of information about IMC. However, a small proportion of respondents (2.4%) reported that they learnt about IMC MHPSS services through referrals made by other NGOs.

Table 8: Percentage distribution of respondents on how they learnt about IMC services by method

	MHPSS IMC	CP	PHC (JOHUD)	Total
Direct contact with IMC or JOHUD	33.7	44.8	1.1	28.8%
Friends, family, or relatives	34.4	42.9	68.0	46.9%
NGOs	2.5	5.2	4.7	4.2%
Other sources	29.4	6.6	22.9	18.2%
Social Media and websites	0.0	0.5	3.6	1.2%
Total N	**327**	**424**	**275**	**1026**

When child protection beneficiaries were asked how they have learnt about IMC services, 44.8% reported they had learnt from direct contact with IMC or JOHUD and 42.9% from friends, family, and relatives. While 5.2% heard about the service from other NGOs. This result agrees with the MHPSS survey where a very slight percentage of respondents reported that they learnt from other NGOs about IMC MHPSS services.

Few respondents reported that they learnt about IMC services from public health centres and social media (mostly WhatsApp groups). It is worth noting that all of them are over 19 years old, none of them is a child.

EFFICIENCY

This section highlights the evaluation findings under 'efficiency'. Efficiency findings are presented against each of the project outcome areas, that is, MHPSS, CP, and Health.

IMC Jordan's holistic model to project design, management, and implementation created a strong network of well-trained staff to work in the project. The project design included all areas of services vulnerable communities require that include access to MH and PSS, CP complemented with Cash Assistance, and health for people in hard-to-reach areas and the project management included efficacy in services delivery in all locations through well-trained staff. This contributed to the overall efficiency of the project' implementation approach as evaluation findings clearly showed the evidence of quality activities being delivered on time, in terms of efficient resource usage (information, financial, human resources, physical, time), which has resulted in the achievement of planned outcomes.

A. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

This section discusses the findings of the evaluation under the 'efficiency' component for MHPSS beneficiaries. The section is organised as follows: findings from the beneficiary survey; findings from KIIs; and findings from FGDs. The findings are triangulated wherever possible.

Beneficiary Survey

INFORMATION RECEIVED

Interaction and communication with the beneficiaries play a vital role in efficient achievements that translate into efficient management of the MHPSS cases. MHPSS beneficiaries felt that the project team was efficient in providing needed information to them on a regular basis. Table 10 shows that around 62% (females 62%, males 61%) were explained with the purpose and benefit of MHPSS services, 70.9% (females 69%, males 72%) of the respondents reported that they have received the case management plan, 61.5% received the explanation of the purpose and benefits of the service, and 42.2% (44% females, 41% males) received explanations about the confidentiality of records. Table 10 illustrates the percentages of each type of information received by the respondents.

Table 9: Information received by respondents by sex of the respondent*

Type of Information		Female	Male	Total
An explanation of the purpose/benefits of the service/activity	N	91	110	201
	%	62.3%	60.8%	61.5%
Case management plan	N	101	131	232
	%	69.2%	72.4%	70.9%

A description of the procedures to be followed	N	32	36	68
	%	21.9%	19.9%	20.8%
The extent to which confidentiality of records will be maintained	N	64	74	138
	%	43.8%	40.9%	42.2%
A description of any foreseeable risks or discomforts and explanation of the remedies and medical treatments available if needed	N	16	17	33
	%	11.0%	9.4%	10.1%
The expected duration of participation	N	38	50	88
	%	26.0%	27.6%	26.9%
Explanation of whom to contact for answers to questions about the services	N	22	30	52
	%	15.1%	16.6%	15.9%

** Multiple response were allowed*

Regarding some additional elements of communication like 'describing the procedures to be followed', 'description regarding any side effects and how to manage them', 'expected duration', and 'information on whom to contact' was observed by a low number of beneficiaries (there is no notable difference between male and female beneficiaries). As these elements are not mostly reminded by the staff at every visit or during the follow-up communication, I has been observied during the FGDs that beneficaires have a recall bias emerging from beneficiaries that have influenced these rates.

Table 10: Information received by respondents per location

Type of Information		Irbid	Balqa	Mafraq	Jerash	Other	Total
An explanation of the purpose/benefits of the service/activity	N	43	26	121	11	0	201
	%	65.2%	65.0%	65.1%	36.7%	0.0%	61.5%
Case management plan	N	43	31	126	27	5	232
	%	65.2	77.5%	67.7%	90.0%	100.0%	70.9%
A description of the procedures to be followed	N	16	8	43	1	0	68
	%	24.2%	20	23.1%	3.3%	0.0%	20.8%
The extent to which confidentiality of records will be maintained	N	25	13	79	16	5	138
	%	37.9%	32.5.%	42.5%	53.3%	100.0	42.2%
A description of any foreseeable risks or discomforts and explanation of the remedies and medical treatments available if needed	N	5	4	24	0	0	33
	%	7.6%	10.0%	12.9%	0.0%	0.0%	10.1%

The expected duration of participation	N	14	10	45	16	3	88
	%	21.2%	25.0%	24.2%	53.3%	60.0%	26.9%
Explanation of whom to contact for answers to questions about the services	N	6	5	40	1	0	52
	%	9.1%	12.5%	21.5%	3.3%	0.0%	15.9%

Table 11 shows the results of interaction and communication elements by project locations. Regarding explaining the purpose and benefits of services, there is a consistency between locations when around two-third of the beneficiaries reported receiving this information except in Jerash where this is just reported by more than one-third of the beneficiaries.

Figures in Tables 10 and 11 showed that the case management staff need to keep the beneficiaries well informed about different aspects of the case management processes when providing descriptions to beneficiaries about any foreseeable risks or discomforts and explanation of the remedies and medical treatments available if needed; description of the procedures that will be followed; and explanation of whom to contact for answers to questions about the services. Therefore, this finding simply explains to what extent case management and information provision activities were extremely efficient in terms of helping MHPSS beneficiaries to identify their needs, provide them with relevant information and refer them to external and internal services.

SERVICES RECEIVED

The findings showed that among the sample beneficiaries, just above half of them were receiving MH consultations that cover psychiatric consultations, case management sessions, psychotherapy sessions, psychoeducation sessions, and home visits, while PSS that cover psychosocial activities that carried out over the project. During the period beneficiaries were receiving MH case management, almost all the respondents (96.6%) reported that case managers met them to conduct the first interview and identify and assess their needs.

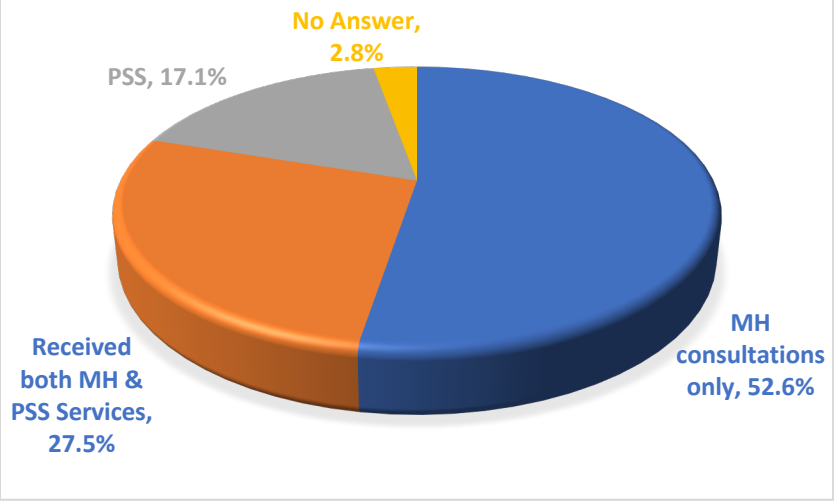


Figure 4: Percentage distribution of MHPSS services received by respondents

Figure 4 provides the percentage distribution of beneficiaries by the type of service they received under MHPSS. There were around 52.6% (females 48.6%, males 55.8%) who received MH consultations, Table 12 provides gender-wise breakdowns, while 27.5% (females 30.8%, males 24.9%) respondents received both MH & PSS Services, and 17.21% (females 17.8%, 16.6% males) received Psychosocial Services (PSS).

Table 11: Services received by sex of the respondent

Service	Female		Male		Total	
	N	%	N	%	N	%
MH consultations only	71	48.6%	101	55.8%	172	52.6%
Received both MH & PSS Services	45	30.8%	45	24.9%	90	27.5%
PSS	26	17.8%	30	16.6%	56	17.1%
No Answer	4	2.7%	5	2.8%	9	2.8%
Total	**146**	**100.0%**	**181**	**100.0%**	**327**	**100.0%**

Table 12 provides details about the type of services received by MHPSS beneficiaries by project locations. Around half of the beneficiaries both in Irbid and Mafraq and all of them in Balqa did receive the services under the check-up/follow-ups and receive the medications (including refilling). Another point to note is that in Balqa, the majority of the cases are falling under the 'Admin' category and these cases are mostly requiring follow-ups and refilling of the medicines. For both MH and PSS services, it was reported by 18.2% in Irbid, by 27.4% in Mafaraq, by 76.7% in Jerash, and by 80% coming from other locations but there are only 4 cases falling in another category (Table 13). There were around 20% each in Mafraq, Jerash and in other areas and 12% in Irbid who reported to have received the PSS.

Table 12: Type of MHPSS services received by respondents by location

Services Received		Geographical Area					Total
		Irbid	Balqa	Mafraq	Jerash	Other	
Follow ups/check-ups and medication (including refilling)	N	32	40	92	0	0	164
	%	48.5%	100.0%	49.5%	0.0%	0.0%	50.2%
Received both MH and PSS services	N	12	0	51	23	4	90
	%	18.2%	0.0%	27.4%	76.7%	80.0%	27.5%
MH consultations only	N	5	0	2	1	0	8
	%	7.6%	0.0%	1.1%	3.3%	0.0%	2.4%
PSS	N	8	0	41	6	1	56
	%	12.1%	0.0%	22.0%	20.0%	20.0%	17.1%
No Answer	N	9	0	0	0	0	9
	%	13.7%	0.0%	0.0%	0.0%	0.0%	2.7%
Total	N	66	40	186	30	5	327
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

When it was inquired on how closely the MH case management staff closely worked with the beneficiaries, out of total MHPSS beneficiaries who respond to this survey, 84.4% (females 86.3%, 82.9% males)

reported that IMC case management staff was closely working with them as per the care management plan. Under the project, referrals to more specialized services were an important part of the services, that was extended to beneficiaries who needed that. Among beneficiaries who got a proper diagnosis, services, 26% (females 30.8%, males 22.1%) of respondents indicated that they have been referred to other specialized services, such as physiotherapy with 96.5% (females 100.0%, males 92.5%) success rate in receiving the required services for which they were referred to. This finding indicated that the referral system was one of the most improved and efficient services under this project.

Participants in 4 FGDs with MHPSS beneficiaries mentioned that they received a comprehensive package of different services under MHPSS, mainly mental health case management, medications (including refilling), and participated in psychosocial support activities. Some participants indicated that they have been referred to specialised child protection case management services and received social assistance protection package.

As per the findings from FGD, it was normal that many beneficiaries needed more than one service and because not all services are available at IMC clinics, so the best fit practice based on the case management tool is the referral model, where cases referred to other service providers which mean having more services and covering more needs and at the end have a stable situation of the beneficiary.

DURATION OF THE SERVICES

More than half (51.1%: Females 48.6% and Males 53.0%)) of the respondents indicated that they received MHPSS services under the FCDO project since the start of the project, that is almost by 3 years, and around a quarter (25.7%: females 30.1% and males 22.1%) of respondents are beneficiaries since two years. Around 20% (females 20.5%, males 21.5%) of respondents mentioned that they are receiving MHPSS services for a year or less. In total, almost 76.8% are long-term beneficiaries who were receiving IMC MHPSS services under the FCDO project.

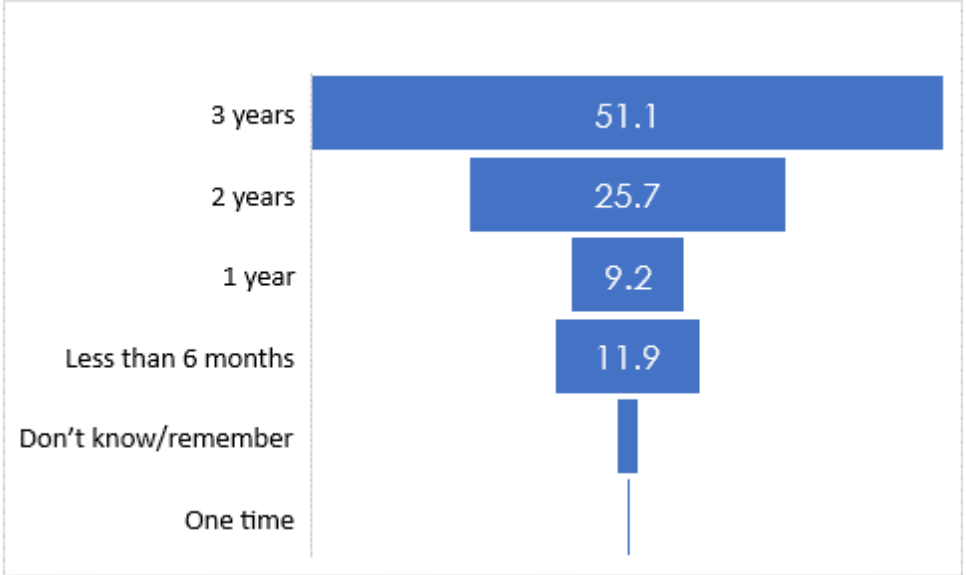


Figure 4: Duration of the MHPSS services by sex of beneficiaries

The evaluation also found that MHPSS beneficiaries were also accessing other services provided by IMC. Around 59% (females 64%, males 56%) of all MHPSS beneficiaries were also getting the other services offered by IMC. Figure 6 provides the percentage of MHPSS beneficiaries who also reported accessing other IMC services and it is found that they mostly are accessing other IMC services for a long-term basis, as around 54% of them reported getting other services for 3 years, around a quarter reported getting other services for 2 years, around 8% getting for 1 year and 12% for less than 6 months.

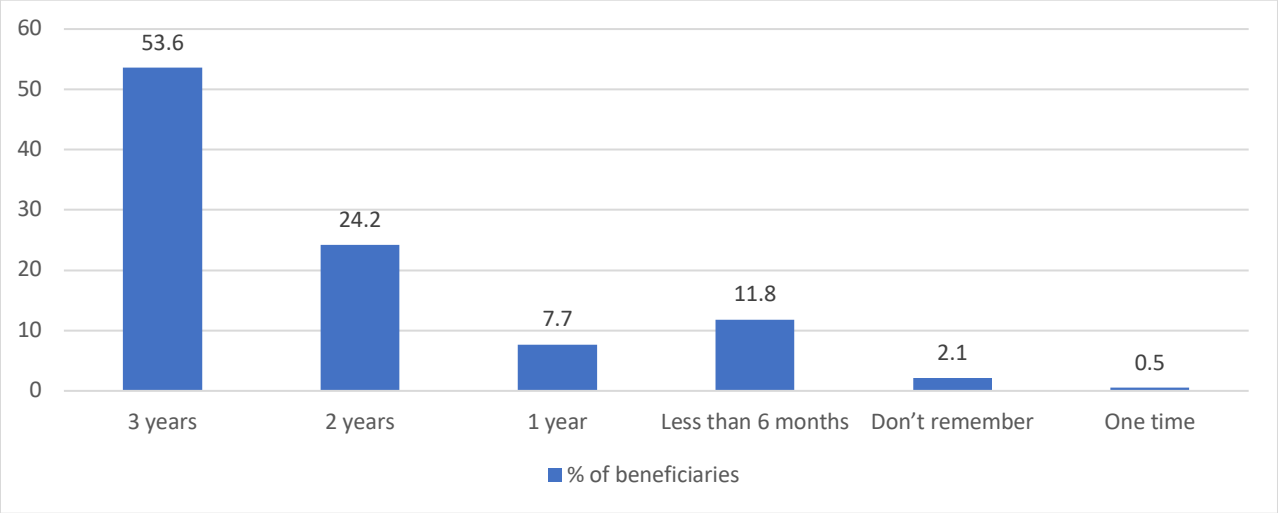


Figure 6: Percentage of beneficiaries who received other IMC services during the implementation of FCDO Project

Considering the project timeline and long duration of receiving services as reported by respondents, this finding illustrates that IMC's utilization of available resources was efficient enough to serve beneficiaries for a longer period of time, also it reflects a good reputation and trust of the community that helped in achieving this result. This result supported by some clarifications received from respondents implies that they didn't encounter harmful delays for receiving services or harm from those who provide services.

The reflection of the participants in the FGDs on the MHPSS services they have received under the FCDO project regarding the efficiency of the content and facilitators indicated it was efficient enough to meet their needs and improve their lives through specialized MHPSS interventions. For example, one of the FGDs participants at Irbid, mentions...

"Despite the fact that the project has ended, and I was not paid for the transportation, but the tips and medications I received were very good and *the services were very important."*

Participant in FGD in Irbid

"I was depressed with shortness of breath and unable to communicate with others, but psychosocial support and treatments that I received from IMC took me back to normal life without fatigue."

Participant in FGD at Balqa

"My daughter was very aggressive, and she was refusing medicines, this was harmed to me, but after support we received, her condition stabilized. As well as my son was depressed, and his academic achievement declined. But after the psychological support, he improved and now he has an art hobby."

Participant in FGD at Jerash

Key Informant Interviews (KIIs)

Based on the interviews with 12 key informants (9 FCDO, 1 JOHUD, 2 Govt.), the findings indicated that the project has been consistent with, and supportive of the need for social protection and an expansion of MHPSS services through having efficient tools that the case managers used in carrying out their case management activities. On the other hand, IMC is a member of the Jordan National Mental Health Committee, therefore, it is supposed that the project contributed to raising the efficiency of the government staff who are dealing with and managing mental health cases.

One main component of the FCDO funded project was to closely work with MoH to identify trainees under mhGAP training aimed at increasing the capacity of the MoH staff towards the provision of MH services. Two representatives of MoH, as Key Informants, were asked questions encompassing different dimensions of the relationship between MoH and IMC, as it was specifically related to IMC's approach to increasing the capacities of MOH and its different directorates to be able to respond to an increased burden of MH conditions both among Syrian refugee population as well as host population.

The MoH representatives mostly responded to questions that were related to different aspects of mhGAP training. Regarding their feedback about the efficiency of the mhGAP on-the-job- training. They emphasised that mhGAP training by MoH staff working at PHCs helped to engage the PHC clinics with steps towards the integration of MH services into the mainstream PHC services.

They illustrated that the training was efficient enough in strengthening the capacity of key government employees and as more staff was prepared by such training, it helped to shift to remove the burden on specialized psychiatric services that were due to the availability of limited specialised staff. It was noted that Government participants acknowledged that training sessions helped the MoH staff to fill the MHPSS knowledge gap to a large extend.

KIIs from IMC staff indicated that before the project, there were no organizations providing Psychosocial Services (PSS) in hard to reach project areas (covered by JOHUD under FCDO) and there were no awareness activities in local communities in relation to the value of mental health and knowledge about the existence of service providers because MH services are usually expensive, only available at a few specific service points run by the Government that means that access was limited to many.

Given the current capacity of the Ministry of Health (MoH) in Jordan which has been improved due to the project services and training workshops, the MoH staff are able to continue providing services after the project life span, but they are unable to make the medicines available, so still, very few cases turn to MoH services. It is clear that IMC invested well in building the capacities of its employees to be able to deal efficiently with the beneficiaries in a professional and ethical manner. Beneficiaries are also followed up and reached on a periodic basis to ensure that they receive the service and use proper tools.

B. CHILD PROTECTION

This section presents the findings under the 'efficiency' part of the evaluation covering CP beneficiaries who were provided with case management services under the project. CP interventions under FCDO were

designed for children from Syrian refugee and host communities who were facing different child protection concerns which range from early marriage, child labour and violence. Another important component under CP was the provision of a social protection package that covered the most vulnerable CP cases facing multiple challenges.

Beneficiary Survey

IMC IDENTIFICATION OF CHILD PROTECTION CONCERNS

The majority of respondents, that is 86% (84.9% girls, 87.2% boys) didn't face any difficulty while getting services and in terms of the procedure while identifying the child's protection concerns with the help of IMC. Out of all respondents, 240, that is 56% (56.6% girls, 55.4% boys) reported that they are satisfied with the child protection services they received from IMC. Among the 184 (43.4%: 41.6% girls, 44.6% boys) unsatisfied respondents with the IMC child protection services, there are 73% who refused to declare the reason why they are unsatisfied, and 15% reported that IMC staff had collected their information and didn't come back again, possibly because the initial assessment indicated that the child did not need further attention by the case manager. The evaluation team observed during the FGDs some disputes between participants who received and those who didn't receive cash assistance, which can indicate that tensions might have arisen due to the fact that not all beneficiaries received cash-based assistance.

Participants in FGDs in most areas reported that child protection services contributed efficiently helping their children to tackle their CP concerns. From the point of view of participants, home visits by the project team during which they engaged with children for few hours was key in improving the child's wellbeing. Equally, follow up activities via phone calls with children contributed to improve their mood.

TIMELINESS OF CHILD PROTECTION SERVICE DELIVERY

More than half, 54.2% (53.6% girls, 54.7% boys), respondents indicated that the delivery of child protection services was done in a timely manner. This illustrates to what extent the project outputs and objectives related to child protection have been achieved on time.

FEEDBACK AND REPORTING MECHANISMS

Respondents who do not see that the delivery of services was done in a timely manner when asked if they had submitted any feedback to IMC about CP, only 3.8% (4.2% girls, 3.5% boys) of them provided feedback through the complaint reporting system. This should raise a question they didn't report the delay: was that related to lack of awareness about the feedback/complaint reporting system or the complaint itself was not significant. However, among those who reported, 66.6% (66.7% girls, 66.6% boys) reported that they were satisfied with the response they received from IMC on their submitted feedback/complaint.

Almost half of CP beneficiaries (50.0% girls, 49.2% boys) respondents reported that IMC case managers had made sure that the child fully participated in child protection services and care planning, as well as they provided caregivers/parents with recommendations on how to keep the child's situation improved.

The results of CP FGDs indicated that psychosocial services that were extended to children were efficient in supporting resilience and encourage positive socialization among children and their peers. and provided

culturally appropriate and age-specific supported services for children. In general, these findings reflect the good quality of the activities carried out by case managers and the CP counsellors.

“Child protection activities and cash assistance I received enabled us to get out our child from child labour. My child told IMC staff about the fears and concerns he had but he didn’t tell me those. They helped relieve depression from my child and return him to school. Thanks to the continuous sessions with my son”.

FGD in Balqa ,Female participant

"The situation was different, the boy developed interests and communicated, and his psychosocial situation improved, his sadness and depression eased, and he returned back to school."

Female participant, FGD in Mafraq

Key Informant Interviews (KIIs)

From the KIIs with the IMC team, it emerged that through IMC’s M&E system, CBFRM, and IMC Child Protection satisfaction and improvement surveys, there was a continuous process to identify gaps and challenges during the project’s implementation and to suggest any improvement required to improve the efficiency of the project. The outcomes are shared with the management and the field staff to discuss modifications to improve the project or address any identified challenges.

COVID-19 conditions were one of the main challenges during the project implementation period. IMC developed a plan that was ready to meet the new challenges through switching services from face-to-face to online service modality to ensure that project remains efficient in-service delivery during the COVID19 lockdowns. In this regard, a support line for communication with beneficiaries was established, online consultation sessions were organized, videos and WhatsApp groups for local communities were established, while medicines were distributed within the health components of the project.

According to the KIIs, the needs of the beneficiaries were addressed based on the nature of the needs themselves, every need was satisfied based on the plan within a timeframe. For example, in some cases, IMC transferred the family of the case to live in another area to solve child protection concerns and provided PSS sessions.

In Irbid city, IMC succeeded in implementing a confidential plan to move a family to a different area to protect their female child from kidnapping and raping. IMC staff was aware of what to do before that happened, as they were unable to request the Family Protection Department (FPD) to be engaged in the case directly as a that would have exposed the girl to a higher risk. IMC staff in the field rented an apartment and the family, including the child, moved to the new household. It was clear that the effective coordination and sharing of information and guidance to staff in the field was critical to safeguard and promote the welfare of the child.

IMC staff in Irbid clinic

C. Primary Healthcare (PHC) Services – Delivered by JOHUD

Beneficiaries Survey

Under this FCDO grant, JOHUD, as a sub-grantee of IMC, implemented MMUs in hard to reach areas providing primary health care services including sexual reproductive health, malnutrition screening, vaccination follow-ups, PSS for children and referrals for advanced care. JOHUD used a rotation schedule to cover more sites in distant locations.

About two-third of all JOHUD beneficiaries reported that their location was visited by JOHUD: Around one-third (31%) reported that JOHUD staff visited their locations 'often', while 16.7% reported the visit as 'sometimes', around the same percentage reported the visits as 'rarely' made. The remaining 18% were unable to remember and another group (16.7%) has not been visited. However, JOHUD used to conduct two visits to the ITS unless the ITS location changed or the population themselves moved to another location. It seems that due to the long period of time between receiving the service and being contacted for the interview, beneficiaries were unable to remember how they received the services.

Table 13: Distribution of JOHUD beneficiaries with the frequency of visits by JOHUD by location

	Mafraq		Ma'an		Irbid		Balqa		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Cannot remember	23	19.7%	13	22.0%	2	3.5%	4	28.6%	8	28.5%	50	18.2%
Never	24	20.5%	9	15.3%	4	7.0%	2	14.3%	7	23.7%	46	16.8%
Often	40	34.2%	18	30.5%	13	22.8%	7	50.0%	7	56.1%	85	31.0%
Rarely	11	9.4%	11	18.6%	22	38.6%	0	0.0%	3	46.9%	47	17.2%
Sometimes	19	16.2%	8	13.6%	16	28.1%	1	7.1%	2	44.7%	46	16.8%
Total	**117**	**100.0%**	**59**	**100.0%**	**57**	**100.0%**	**14**	**100.0%**	**12**	**100.0%**	**274**	**100.0%**

All beneficiaries of the primary health care services rated the nutrition component as follows: one-third (33.1%) of respondents indicated that JOHUD MMU nutritional component was successful in helping them (or their children) in identifying the nutritional issues, while another 28.4% reported that JOHUD MMU nutritional component helped them (or their children) in addressing the nutritional issues, remaining 38.5% mentioned other reasons such as it helped them understand the value of and benefits of the nutrition services, especially for pregnant and lactating women and children (<5 years of age), as well as they got information regarding whom to contact for answers to questions about the services and what are the referral pathways available. It is worth mentioning that under JOHUD intervention beneficiaries from ITCs have received an additional service in terms of general hygiene kits. Almost 93% of those who received general hygiene kits indicated that it helped them and their children's general hygiene.

With regards to the quality of services provided by JOHUD MMUs, out of 275 an average of 70.8% of sample beneficiaries gave a good or very good rating for the services. For example, 68.6% gave a good or very good rating about the efficiency of the services in making beneficiaries think that all of their health concerns were discussed and covered. Among them, 58.5% of respondents gave the highest rating (very good) for the services. Respondents were most comfortable with the data confidentiality since 76% of them indicated that keeping their records and data confidential were at a high or very high level of quality.

In terms of timely delivery of services such as medications or referral system services, around 67% of respondents reported that there was adequate and timely medical support and JOUHD have provided them with quick services for urgent problems. When JOHUD PHC beneficiaries were asked to rate the

services they received, the almost same percentage of (67.4%) of respondents reported that JOHUD services helped them in dealing with emotional problems related to their symptoms.

When asked about how helpful was JOHUD health staff, they reported that JOHUD staff was 'very helpful' as reported by 74.2% of respondents whose medical concerns and questions were addressed successfully.

Key Informant Interviews

The key informant interviews with representatives of MoH indicated that JOHUD's work in remote areas covering population which was otherwise not equally reached for PHC due to their remoteness, JOHUD played an important and vital role to extend basic health services, as well as help in addressing the knowledge gaps. On the other hand, to facilitate rapid responses to changes on the ground due to COVID-19 restrictions and related challenges, Key Informants from JOHUD illustrated that project management developed a contingency plan to ensure that no interruption occurs where some services converted to virtual modality to reach the beneficiaries for follow up and providing consultations, as well as all project team granted movement permits to ensure timely medication delivery to beneficiaries in all target areas.

Some cases with special needs have been identified, such as disabilities, they were referred to other JOHUD projects, which indicates that JOHUD has been delivering an integrative medical service. Some beneficiaries have been referred to a JOHUD project for supporting persons with disabilities, funded by UNHCR, to enable beneficiaries to receive appropriate medical devices. However, it was challenging in locations to apply COVID-19 guidance and to implement the same services, therefore, some activities have been modified slightly to be aligned with the return to the field and these changes has been reflected in the financial and implementation plans. JOHUD was also working very closely with IMC and other partners to establish a referral mechanism to ensure people with different needs are able to receive the services they required. One example is the referral of beneficiaries receiving PSS to IMC for case management services when required.

EFFECTIVENESS

This section examines to what extent were the project activities were able in bringing changes to the lives of the people it served. According to OECD (2021), effectiveness looks at the extent to which interventions achieved, or is expected to achieve, its objectives and results. The evaluation found that the FCDO project met and exceeded the targets initially set, for all its indicators, of the project through IMC four static centres, MH clinics in urban locations (those were established within MoH PHCs) and JOHUD Multi-Sectorial Mobile Unit (MMU) – sometimes also referred as a mobile medical unit – in terms of beneficiaries who accessed individual and group mental health, and psychosocial and protection services, including individuals and families in hard to reach areas and expanding service provision and quality of MHPSS through strengthening the capacities of IMC and MoH staff working in various sectors related to health.

A. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Beneficiary Survey

EFFECTIVENESS OF MHPSS SERVICES

The interviews with selected beneficiaries who received MHPSS services provided evidence that the FCDO project has made positive progress against each of the project's outcome areas. On average, a total of 75.1% (74.8% males and 75.5% females) of respondents reported received effective MHPSS services. More than half, i.e. 53% (57% males and 43% females) of respondents indicated that the project was 'very effective' in delivering its different services' components under MPHSS. Table 15 illustrates that *dispensing prescribed psychotropics with instructions and* education *by the pharmacist* was the most effective MHPSS service the respondents received, while the next two MHPSS services were *psycho-education (by MH nurse/staff)* and *diagnosis and/or prescribed psychotropic by the psychiatrist.* As per key informants from the project team, the respondents who indicated that the *diagnosis and/or prescribed psychotropic by a psychiatrist* was not effective is due to they have gone through side effects of the medication prior to reaching the peak effectiveness, while those who see the *psycho-therapy (by Psychologist)* was not effective maybe because it takes time as they were expecting faster process.

Table 14: Effectiveness of MHPSS services received from respondents perspective (multiple response questions)

MHPSS services	Very effective		Effective		Somewhat effective		Not at all effective	
	#	%	#	%	#	%	#	%
Dispensing and psychoeducation by the pharmacist	257	78.6	22	6.7	20	6.1	28	8.6
Psycho-education by MH nurse/staff	175	53.5	86	26.3	21	6.4	45	13.8
Diagnosis and/or prescribed psychotropic by psychiatrist	175	53.5	74	22.6	20	6.1	58	17.7
Psychotherapy (by Psychologist)	152	46.5	81	24.8	17	5.2	77	23.5

Referrals made to other agencies	115	35.2	5	1.5	8	2.4	199	60.9
Average		**53.0**		**16.4**		**5.3**		**24.9**

EFFECTIVE IMPLEMENTATION OF MHPSS SERVICES

The project effectiveness in terms of the quality of implementation of MHPSS (including managerial and operational procedures) in meeting and covering specific needs of MHPSS beneficiaries is shown in Table 16. An average of 82.6% (males 81.5%, females 83.9%) of respondents agree that the MHPSS services and activities have been delivered and implemented effectively. Almost 92% (males 90%, females 94%) of respondents reported that MHPSS interventions were meeting their cultural requirements and/or appropriate in settings where they were living. Also, 87.2% (males 85.6%, females 89.0%) indicated that IMC staff always show up to provide MHPSS service.

Table 15: Effectiveness of the Implementation of MHPSS Services

Statement	Agree		Disagree	
	#	%	#	%
MHPSS intervention was meeting my cultural requirements/was appropriate in settings where I am currently living.	300	91.7	27	8.3
I never missed any MHPSS appointment due to IMC staff unavailability.	285	87.4	41	12.6
In case IMC **MPHSS** case management plan was not available, I/my family member would not be able to get the same level of services.	270	82.6	57	17.4
MHPSS case management services proved to be effective in bringing positive change in my case.	269	82.3	58	17.7
The MHPSS case management plan helped me/my family member to improve daily functioning.	255	78.0	72	22.0
I, or my family member, had fully relied on MHPSS case management plan until our case was closed (discharged).	253	77.4	74	22.6
I see my/my family member case management plan included were effectively focused/applied.	258	78.9	69	21.1
Average	**82.6%**		**17.4%**	

Focus Group Discussions (FGDs)

In general, participants of FGDs reported that MHPSS services were effective for them and their family members. They highlight the importance of the services they received such as the referral to a psychiatrist who addressed and helped them to improve their psychological situations and changed their relations with others, as well as the prescription and access to medication that improved the quality of their lives.

Meanwhile, key informants from IMC illustrated that case management was an essential service and the linkage with a Psychiatrist which was based on the in-depth assessment figures and recommendations from Mental Health Case Managers (MHCM) or a Psychologist. In complementary, the psychotropics were prescribed by the Psychiatrist to complete the therapy plan, alongside the CM sessions and Psychological sessions.

Overall, according to the observation of the evaluation team, the beneficiaries of MHPSS services who participated in the FGDs expressed positive changes in their psychological wellbeing.

- "My daughter was refusing treatment and turned our lives into a nightmare, but after psychological support, she positively responded to treatment and medication. Also, I get psychotropic medication that I cannot live without. I advise every person in need not to hesitate to benefit from the IMC MHPSS services, it mostly will solve problems and change lives."

Mother, 41 years, a participant in FGD in Balqa

- "I learned to deal with my sons, which ends my usual tension and instability in my life."

Mother, 47 years, a participant in FGD in Mafraq

- "I learned to deal with my autistic son. I learned to deal with my daughter, get rid of my problems with my family, and come back as a father who is capable of performing his duties."

Father, 58 years, a participant in FGD in Jerash

Some feedback from FGDs confirms that despite the support offered by the project in relation to MHPSS services, NCDs are remaining the main concern of beneficiaries within the target areas, and they regard NCDs as a priority along with the MHPSS services.

Another important finding from the MHPSS FGDs beneficiaries was related to the integration of MH and NCDs services. They asserted that unless NCDs medication is added, the effectiveness of the MH medication will not be as expected.

Key Informant Interviews (KIIs)

AVAILABILITY AND ACCESSIBILITY

IMC project team reported that IMC medical centres provide specialized services with a professional staff to provide beneficiaries with medical care, as well it gives the beneficiaries an opportunity to request or be referred to receive specialized services. In consultation with MoH, IMC has identified the locations for its medical centres with a key criterion to select places where are there is a concentration of refugees. It has been indicated by the IMC project team that the presence of MH clinics within comprehensive primary health centres of MoH, which are usually located at the centre of each governorate makes it visible and easy to access from most target groups. Through the provision of mental health services in public health centres distributed effectively over the target areas.

IMC provided awareness sessions to community members on the importance of psychological support and psychotherapy. Through group awareness sessions, community leaders have been involved, such as the local health manager, activists, and heads of tribes.

EFFECTIVE OF MHPSS CASE MANAGEMENT SERVICES

KIIs explained that the holistic approach of the project enabled to cover different and special needs of beneficiaries, and this helped IMC to better understand and address the actual common needs of the beneficiaries and contributed towards the effective implementation of case management plans. Key informants were able to recall many cases that have been improved after suffering from mental concerns and difficulties and after they received IMC's MH services. Many cases were identified as severely depressed and reserved/withdrawn, after medical check-ups, and provision of proper medications and follow-ups, they improved. MHPSS turned them to be more capable to communicate and engage in the community activities.

"A Syrian lady was raped by a Jordanian guy. She was at severe risk and under a threat of burning her house if she didn't drop the complaint in court. IMC helped her within the framework of the FCDO project services by transferring the whole family to a safer area."

Key Informants from the project team, Amman

EFFECTIVENESS OF REFERRAL PATHWAYS

According to the KIIs, there was effective cooperation between the three IMC key sectors, MH, PSS, and CP, in terms of referral pathways between different IMC's internal services. IMC staff was able to understand and document the beneficiaries' family concerns and reduce challenges and problems faced by family members using the different tools made available by the FCDO project, such as referrals to external service providers, in order to reach a stable situation for all members of the family.

Also, it has been emphasized that referrals were effective in terms of the duration of response, reaching out to beneficiaries on time, and providing services and feedback to referrals as needed. IMC has participated in monthly meetings that were held in partnership with UNHCR and partners who have operations in the target areas. These meetings enabled IMC to review, follow up on the referral process, for the number of services provided as part of the case management services in each area. However, information on each case has been shared and usually followed up through IMC's referral management system, which includes several procedures and considerations to ensure the effective involvement of concerned parties and confidentiality.

EFFECTIVENESS OF ADOPTED STRATEGIES TO INCLUDE VULNERABLE GROUPS

Key informants from IMC have been asked how IMC adopt strategies to include vulnerable groups, such as refugee women, men, girls, and boys) in MHPSS services. Answers revolving around raising awareness about MHPSSin the community through increasing the frequency of awareness sessions, which included

distributing the brochure, as well as through investing in local community committees and leaders who have been trained by specialized IMC staff.

IMC has enhanced the integration between multiple services it provides and designed new specialized services and activities that target these groups, and IMC MH clinics were easily accessible to most of the marginalized groups. For example, specialized psychosocial support services have been developed and adopted for children with mild disabilities who suffer from certain mental retardation, emotional and behavioural disorders, and those with learning disabilities. At the same time, IMC ensured that these services are implemented while considering privacy, gender sensitivity, and taking care of the general context and cultural norms.

"Through the implementation of the project activities, we have been able to reach the most marginalized women. We found that some women were subject to domestic or sexual violence. We carried out a deep analysis to ensure safe referral procedures because we must help them without exposing them to new risks and threats. This requires complete confidentiality, especially if the referral will be to the Family Protection Department, because usually in this case the husband's reaction is unpredictable, and it must be anticipated and controlled before the start of providing the service, so we must make sure that our provision of service does not lead to more problems and new risks."

Key informant from the project team, Amman

TRAINING RECEIVED

In order to refresh knowledge and learn new skills/techniques, IMC staff attended different trainings and workshops. Topics revolved around Psychological First Aid, Safeguarding, Stress Management, Caring for Child Survivors of Sexual Abuse, Mental Health Gap Action Programme (mhGAP) training, Case Management, Prevention of Sexual Exploitation and Abuse (PSEA), and integrated model of supervision. Most of the KIIs received case management training with a special focus on how to manage MHPSS cases. These specialized training sessions and services provided enabled IMC staff in the field to address the needs and overcome the challenges and concerns faced by the targeted beneficiaries.

The project team received refresher training sessions and follow-up activities on the WHO mhGAP and on-the-job training and continued mentoring to ensure adherence to the mhGAP protocol and procedures and that that the impact of the training has successfully transferred to everyday services and activities. All KIIs consider these training sessions were important and effective in terms of learning new skills and the enhancement of the integration between mental health services and primary health care. The training programs were effective in enabling IMC staff to transfer the impact of the training to their field of profession, especially the skills related to the identification of cases with mental health concerns and referral pathways.

With regards to JOHUD intervention, IMC delivered several capacities building activities, including the Advanced Health training that IMC provided to JOHUD medical staff through the Institute of Family Health (IFH), and other additional training, such as, but not limited to:

- National child protection SOPs
- Early Childhood Development
- Basic Psychosocial Support for Youth
- Adapted Youth Empowerment Program (YEP)
- Reproductive Health Protocol
- Infection Prevention and Control
- Family Planning Method Counselling
- Clinical Management of Rape
- Internal Family Systems
- Understanding the Alternative Care Arrangement concept.

B. CHILD PROTECTION

Beneficiary Survey

Parents and caregivers in the survey sample reported that children with challenges and specific concerns were referred to child protection and more specialized services when required. The respondents, based on the child protection case identified have been involved in child protection activities, or full protection package including cash assistance after their vulnerability was assessed. This allowed for a more holistic response. While the evaluation outlined that awareness activities have led to increased reports of child protection concerns in the community and schools. For example, it has been reported that the project helped 28% of children who suffered from emotional distress, 20% involved in or at risk of child labour, 8% suffered from neglect, and 7% suffered from physical violence.

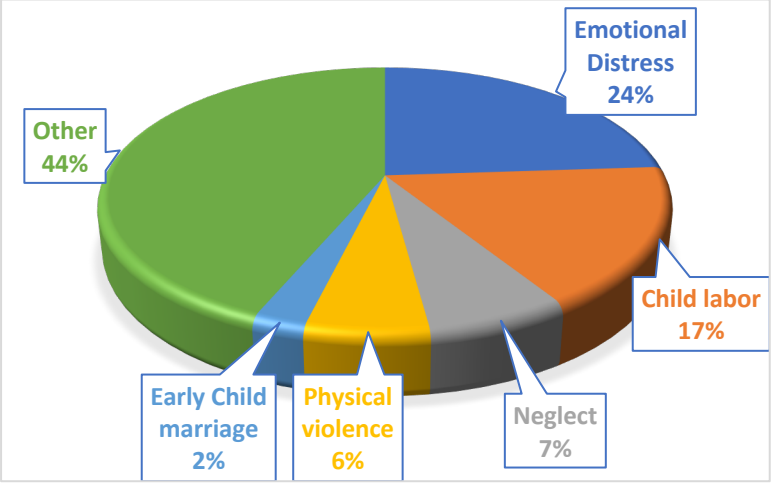


Figure 7: Percentage of Child Protection Concerns addressed by the project

Respondents who declared that the project addressed other concern, were facing individualized concerns. While most beneficiaries in this group didn't mention what were the other concerns, those who provided their feedback, as well as the participants in CP FGDs, reported concerns that are associated with child abuse and lack of safe and stable environments that support their wellbeing for highly vulnerable and at-risk children, such as unaccompanied and separated children s, children at risk of harm or abuse, children with disability who also face stigmatized language and bullying, and substance abuse (drugs).

More than half (57.8%) of the sampled CP beneficiaries indicated that the CP services were effective at improving the child's situation in terms of increased participation of children in community activities and at increasing= enrolment in school, which, in turn also contributed to reduce/resolve cases of child labour. Those who rated child protection services as ineffective, provided the feedback that revolves around the facts that some were unable to reach IMC facilities due to transportation costs; some changed their locations; in some cases, the child was not ready to attend; a few cases reported that child's situation had not improved. In few cases, the family refused the service due to special circumstances, e.g., the child refused to continue receiving the services because she got married.

How successful were child protection services?

Two out of five, 40%, of respondents reported that child protection services have been successful in their opinion. Dissatisfaction was observed primarily from those who were not eligible for cash assistance. This was heavily apparent in Balqa, where participants in one FGD were arguing among themselves, one group saying to the others *"you praise the child protection services because you got cash assistance."* In the survey, when respondents had been asked to explain why they considered that the child protection

services were unsuccessful, 80.9% of them gave 'no answer'. From this finding we can deduce that the respondents were comparing between themselves and others who had received cash assistance and felt that the program had failed to support them financially while they feel they are also struggling with vulnerability and poverty- thus from their perspective the protection services are to be considered unsuccessful. These circumstances and context could somewhat lead to such expected behaviour which is highly biased due to cash-assistance provided to some CP cases.

When respondents were asked to explain how IMC CP services helped them to resolve the protection concerns and to reduce the risks associated with that concern, the results showed that the services helped the beneficiaries in many different ways, for example about 39% of respondents confirmed that the child protection services resolved the child concerns, 29% reported that they have a better understanding of the child concerns due to the services the child received, and 26.4% got a better understanding of the capabilities related to the concerns of the child. Fewer percentages of respondents reported that the child protection services helped them gain better skills to overcome the concerns of the child and how to refer to other relevant service providers.

Participants from the FGDs highlighted that if children could get access to knowledge centres as it is needed to enable vulnerable children to access the internet and technology and online learning, this would help them to remain engaged in productive activities. This has been specified as important because parents in many cases are unable to provide their children with access to the internet and learning devices. (Feedback from parents/caregivers of CP beneficiaries).

Focus Group Discussions (FGDs)

Participants in the FGDs reported that they received CP services based on many procedures to assess the case and identification of the child concerns regardless the nationality, gender, or age. This has been reported as an effective way of ensuring an inclusive approach towards CP. Some participants mentioned some stories about relatives who did not receive the CP CM services from IMC after the eligibility assessment, even though the participants in the FGD did not provide reasons why their relatives were unsatisfied, but this reaction is related to their being ineligible to benefit from the services.

Participants demonstrated considerable levels of positive results due to the participatory processes and practices used by caseworkers in which they supported children's participation in decisions concerning their protection concerns and personal welfare.

"The CP services were exceptional, when the CP counsellors provided the needed intervention and support, it was obvious that the child had emotional distress and the CP counsellor intervened. After receiving the services, my son felt interested and communicated well when the project staff sat with him, he became more self-confident, his psychological situation improved, his sadness and depression eased, and he returned to school. And I am now proud of his learning achievements."

FGD in Jerash ,49 years ,Female participant

Key Informant Interviews (KIIs)

A key informant from the project team reported that IMC has made CP services accessible for children at-risk regardless of age, sex, and nationality, and the services have been available in different forms: within the CP centre (safe spaces) or through home visits, irrespective of where they lived in the selected cities in urban Jordan. Several mechanisms have been adopted by IMC for reaching as much as possible children at risk and providing services to them to ensure that the risk is reduced, and they were placed in a safe environment, such as:

- Establishing child protection centres in target governorates and inside camps.
- Networking with local and international NGOs and ensuring proper referral mechanism is working for children who required additional or other than IMC provided services.
- Community awareness sessions delivered by child protection program teams about the risks that children may be exposed to in general and the symptoms that may indicate child protection risks, including abuse of various forms.

KIIs from the project team indicated that caseworkers have applied intensive monitoring activities, in-person and via phone. It was a regular monitoring procedure with direct supervision from the project management, through phone calls with beneficiaries, to follow up on the effectiveness of home visits made by caseworkers. Generally, the priority was to ensure the safety and security of the child, his/her best interests and wellbeing, as well as the child attending school, whether attending online learning sessions or attending school physically. Psychosocial support services which took place after the child come back from school helped the child and their families to find a flexible way of handling and monitoring the child progress.

C. PRIMARY HEALTHCARE (PHC) – DELIVERED BY JOHUD

Beneficiary Survey

Around two-third, 64.7%, of the sample reported that the MMU for the provision of the primary health care including ANC/PNC and nutrition was effective or very effective in making sure that people could have reached to get important healthcare services while remaining in their own communities. 66% of the sample confirmed that JOHUD's MMU was the only modality providing a cost-effective way of accessing primary healthcare because it does not incur any cost to beneficiaries on, for instance, transportation costs, and 27% of the sample knows about the availability of primary health care service points for ITS residents in their areas other than JOHUD MMU.

Around one-third, 32%, children from the sample have been supported by JOHUD through referring them to MoH's public health centres to receive vaccination, and 28% of the respondents had a nutritional issue identified and addressed due to JOHUD MMU nutritional services and follow-ups.

JOHUD attempted raising the community awareness regarding the availability of primary health care services, thus 31% of respondents indicated that in the absence of JOHUD's MMU, they would be requiring to go access MoH's PHCs which would be hard due to the distance and unavailability of transportation.

Key Informant Interviews (KIIs)

JOHUD key informants explained that the FCDO project was not only to provide primary health services but also to deliver mental health case management service which was a new model of service for JOHUD. It is the first time that JOHUD staff look at beyond the general medical service provision. JOHUD staff adopted the new approach of case management which included the assessment of current needs and leads to different paths including the referral system. To understand the needs better, JOHUD staff included male and female case managers which encouraged the case to provide the staff with information that he/she often do not share with family members.

IMPACT

The key goal of the FCDO project was to enhance access to quality health and mental health, and psychosocial and protection services in target areas. This section identifies the significant changes that the project has brought in beneficiaries' lives in each geographical area. Findings indicate that the changes observed due to the implementation of FCDO funded project activities led to clear and better health outcomes and resulted in well-being, as well as better public health performance due to professional development received by the MoH staff.

A. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Beneficiary Survey

The evaluation looked at the direct and indirect, intended and unintended, and the positive and negative change brought in the lives of the beneficiaries and community at large in relation to MHPSS concerns and services. In general, the findings showed that the FCDO project has made a difference to MHPSS services and beneficiaries' lives in comparison with the situation before your project.

SPECIFIC IMPACT EXAMPLES

The respondents have been asked to give specific examples of how the MHPSS services and activities benefited them. The most frequent example of the benefits was the project resolved the concerns/the problems/challenges/difficulties of the adult or the child who received the service or participated in project related activities, as reported by 52% of respondents. While almost 35% of respondents indicated that the services helped them to assess their mental health conditions and seek advice when required (this rate is higher for women (41.8%) than men (28.7%)) and 34% helped them to develop the capacity to understand the challenges they faced (Table 16).

Table 16: Impact of MHPSS services received from respondents' perspective

Item	Number	Percent		
		Male	Female	Total
Resolved the concerns/the problems/challenges/difficulties (of the subject: beneficiary).	170	52.5	51.4	52.0
It helped me to assess my mental health conditions and seek advice when required	113	28.7	41.8	34.6
It helped me to develop the capacity to understand the challenges faced	111	35.4	32.2	33.9
It helped me to improve my mental health conditions	110	35.4	31.5	33.6

Item	Number	Percent		
		Male	Female	Total
It helped me to understand what is mental health and psychological wellbeing	69	22.1	19.9	21.1
Gained better skills to overcome the problems/challenges/ difficulties.	28	11.6	4.8	8.6
Total responses	601			

MOTIVATED TO ENGAGE NORMALLY IN DAILY LIFE

Parents and family members have an intimate knowledge of the impact of mental disorders on the functioning of the child or adult and on the family. The project impact was associated with the motivation of the beneficiary to communicate better and face the difficulties of daily life. 71.3% of respondents reported that they have been motivated to engage normally with family and about 36% of respondents were motivated to improve themselves and to develop better relations with children, family, and the community.

Table 17: Percentage of respondents motivated to engage normally in daily life

Item	Number	Male, %	Female, %	Total, %
Motivated to engage normally with family	233	68.0	75.3	71.3
Motivated to improve myself/my family member.	122	33.7	41.8	37.3
Benefited to develop better relations with my children/family.	117	36.5	34.9	35.8
Motivated to participate in social activities in the community.	116	34.8	36.3	35.5
Motivated me to better understand the needs	49	14.9	15.1	14.7
Total responses	634			

Although the program faced challenges due to the fact that the FCDO project ran through the time of the pandemic also pushed the project team to improve and expand their ability to connect with beneficiaries virtually, which was successful in shifting the face-to-face approach to a virtual connection established through helplines and more continuous teleworking adaptations. Around one-third (61.5%) of respondents indicated that IMC services were transformative – that is, these services changed their situation by improving their MHPSS conditions. Respondents explained that their participation in the project activities affected them personally and some of them expressed this change in their lives in these words, *"I became a normal person", "I became calmer", "I sleep well", "Suffering less than before"*. These

expressions illustrate the transformative impact of the project which led to a social change in the individual lives and empowered the beneficiaries.

Despite the general agreement with transformative effects of the FCDO project among respondents, there were concerns raised about the lack of an adequate referral system, some medications have side effects, as well as an inadequate amount of time provided for follow-up. Again, it is likely that the pandemic restrictions contributed to these problems.

Focus Group Discussions (FGDs)

Participants in FGDs reported that the project services and activities changed their lives in general in terms of the improved personality, knowledge, attitudes towards themselves, their children, and others. Simply, they indicated that they became normal people, living their normal lives after they were living a broken and hopeless life. This finding is expressed clearly in the following selected quotations.

"I've been a lost person. Through my participation in the project activities, I improved socially, reconnected with others, and became able to perform my daily duties."

FGD in Balqa ,49 years ,Female participant

"After I was thinking about suicide and getting rid of my children, by support from the project I came back to hold my kids and spend time with them."

FGD in Jerash ,46 years ,Male participant

"I was annoyed of anyone and afraid. Today I am with you in this discussion session. Before I started psychotherapy within this project it was almost impossible. It was too hard to me even to sit with my neighbour."

FGD in Irbid ,39 years ,Female participants

Key Informant Interviews (KIIs)

Reshaping the attitudes of general physicians and beneficiaries was one of the most important impacts of the FCDO project. KIIs from the project team indicated that they observed, on a daily basis, the changes in practices and performance of the general physicians at public health centres in terms of dealing with patients who have MHPSS concerns. These changes occurred due to the capacity building program on mhGAP targeting general physicians and family physicians. The following statements illustrate some of the gains the project has made in reshaping attitudes and building a new culture that recognizes the importance of MHPSS concerns and how to deal with them.

"Changing attitudes, raising awareness, and identifying MHPSS signs among not only beneficiaries but also the physicians at public health centres. Physicians now have a new lens, attitudes, and are convinced that MH clients have the opportunity to heal and can be cured. Now, they can interpret the physical symptoms that previously they were unable to explain anatomically because they caused by psychological disorders."

Key Informant from the Project Team, Amman

"Before the FCDO project commenced, general physicians in public health centres usually do not pay attention to the patients' mental health and psychosocial concerns. The project raises their awareness about the importance of the identification of the patients' MHPSS concerns. They learnt new tools and approaches on how to efficiently deal with MHPSS cases, and now they adopt the referral system to turn patients with MHPSS concerns to more specialized care."

Key Informant from -Project Team, Irbid

"One of the most important impacts of the project is noting the change in the pattern and societal thinking towards psychological treatment and psychological support, as it has become a norm for members of the community to visit psychiatrists, like visiting any other physician who specializes in other diseases, as well as spreading community awareness about the importance of psychological treatment."

Key Informant from Project Team - Mafraq

KIIs from the project team see that the project served as an entry point for the identification of the MH and PSS cases, as well as it supported the resilience of beneficiaries and encouraged adults, children, and their peers to be positively integrated into the community. However, there is still a gap in MH services in terms of the challenges related to the number of trained psychiatrists, therapist, and psychotropic dispensing as they are a few in comparison to the number of beneficiaries who visits the MHPSS units, they are increasing due to raising the awareness about the need for MH services after the implementation of the project.

A key informant from JOHUD indicated that the key impact of MHPSS services on the beneficiaries was the provision of specialized mental health services tailored to the needs of children (boys and girls) with mild and moderate developmental disorders, as well as serving as a referral point of MH cases that required further mental health support. Overall, the project enabled JOHUD to establish a system for the target communities living in hard-to-reach areas (JOHUD intervention areas) to have access to MH and PSS and referral pathways.

Key informants from MoH reported that the project activities served as an entry point for the identification of the current level of functioning and personalized goals of MH cases, as well as it served as a referral point for MH cases requiring further mental health support. On the other hand, the project provided culturally appropriate and age-specific mental health services for adults and children. While the

key informants from MoH see that the key impact of the project was in building the capacities among MoH staff in target areas in terms of MHPSS techniques.

The key informants from the project team indicated that one of the most important intended results was the changes noted in the pattern and societal thinking towards the importance of psychological treatment and psychological support, as it has become a norm for members of the target populations, as many people get used to visiting psychiatrists like visiting a doctor who specializes in other non-communicable diseases (NCDs).

B. CHILD PROTECTION

Beneficiary Survey

The evaluation found evidence and case stories of how the project has positively changed the life of children in the target areas. Around one-third (34%) of the parents and caregivers in the sample reported that the project improved their psychological health, 26% increased their awareness about CP issues, 24% improved their ability for decision making in issues related to their children, 23% indicated improvement in the quality of their lives. However, 46% of respondents indicated that the CP services produced other changes in their family lives, such as the positive impact on child's attitudes towards education, improved family relationships, and hygiene and preparedness measures, while contributed in reducing domestic violence against children and child marriage,.

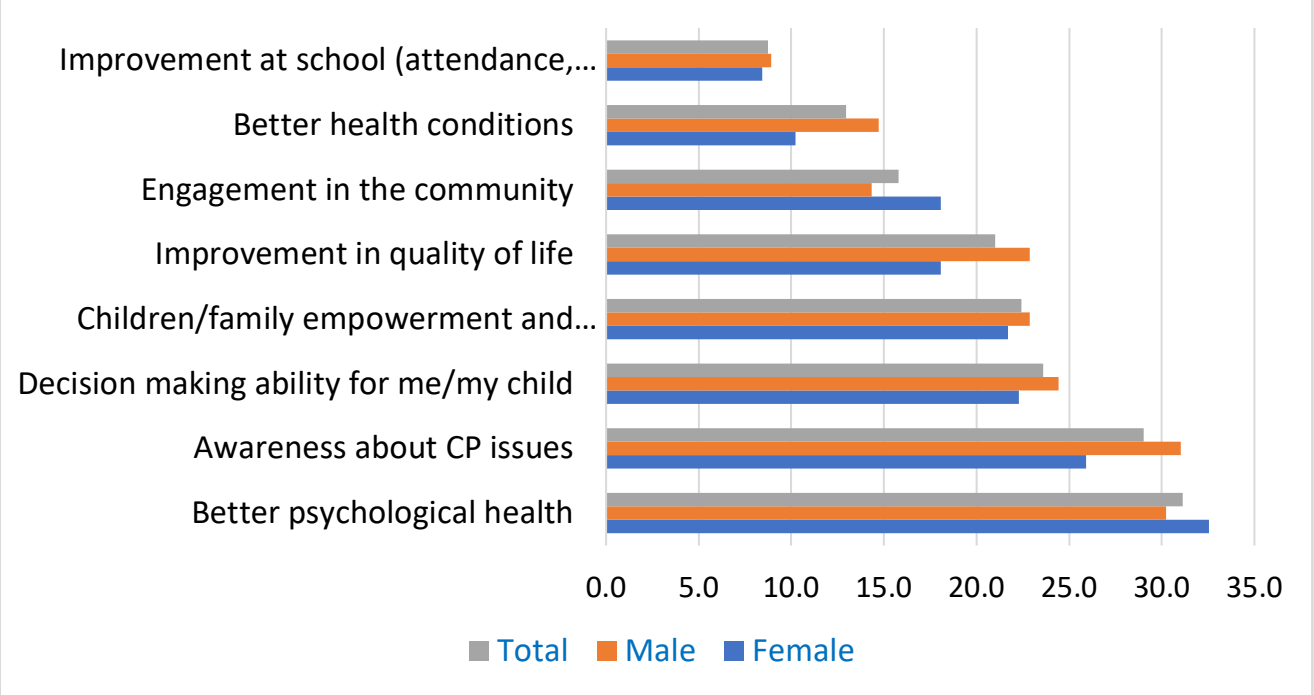


Figure 8: Percentage of changes reported in family life due to CP services (multiple responses)

According to child's safety and wellbeing assessment, the child protection services have had a moderate impact on the child's safety and wellbeing, since 25% of respondents reported that CP interventions

improved child's safety and wellbeing to a noticeable extent, while 45% indicated that the project has had no effect on child's safety and wellbeing, but they did not highlight any reasons for their responses.

The role of CP services in supporting children's psychosocial well-being has been recognized by the respondents. Around every three mong eight sample beneficiaries (38%) reported that CP helped them to better understand the child's needs and 30% noticed the notable changes in the child's wellbeing. CP services including the PSS approach contributed to restoring and strengthening the collective structures and systems essential to the daily life and well-being of children, since 27% of the sample indicated that the project motivated the child to participate in recreational activities and 23% improved their relations among family and friends.

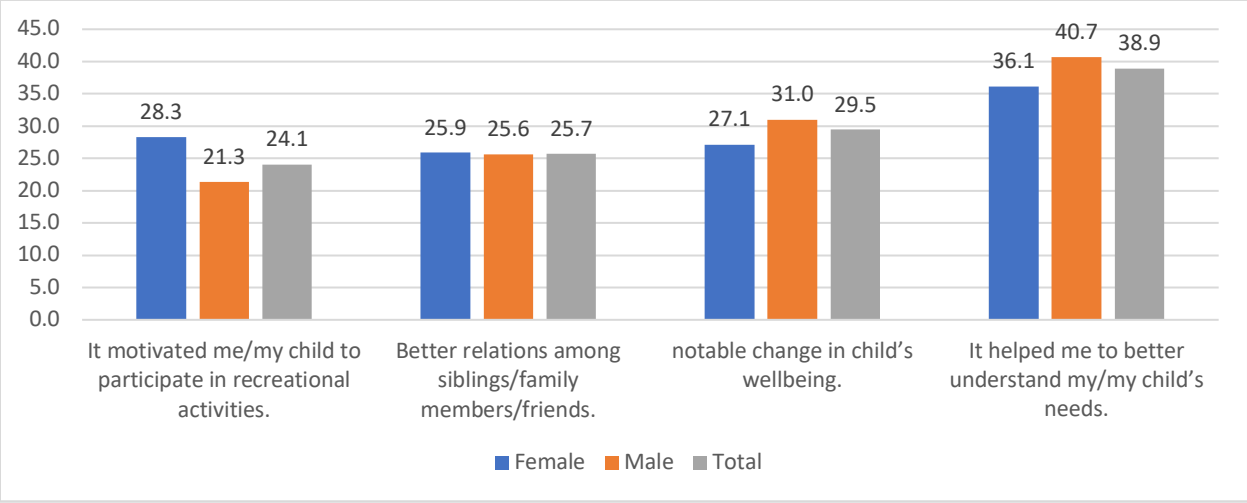


Figure 9: The impact of CP services on child future (multiple responses)

One out of every six beneficiaries (17%) of the respondents highlighted the significant outcomes of the CP services that the child received, such as:

- *The child was able to stop working as a child labour case*
- *Parent/caregiver mentioned that he/she realized the risks associated with child labour*
- *As an impact of the project, I was able to get knowledge on when and how to access the best medical services and visit a paediatrician*
- *As a result of the project, a significant change in the personality of the child is reported*
- *The project helped me to understand how to deal with my children when they face any CP concern*
- *The child now is more accepting himself and more involved in the community*
- *The child knows his duties and rights*

More than two-thirds, 67%, sampled beneficiaries confirmed that they recommend, or already recommended, the project services to others. The rest of the sample reported they are not going to recommend the CP services to others due to different reasons, such as:

- *Their child concerns did not improve*
- *Because the child didn't receive CP services even after IMC staff has interviewed the child.*
- *The parents refused the service because they think that the child does not need it.*
- *The girl got married and she is no more interested in CP services*

- *Because IMC staff contacted us only one time*

Focus Group Discussions (FGDs)

The findings from FGDs suggest that case management activities and awareness raising activities conducted had a positive impact on people's awareness of child's rights and services available to them in the local area, as well as people's perceptions around child protection concerns and abuses of rights. The role of case managers in improving the living situation of children and their families has been highlighted, in terms of addressing cases' needs through direct service provision and referring them to available specialized services, supporting beneficiaries to better cope with the situation that they face, and supporting children and families in reducing risky behaviour, often resulting in protection concerns.

"I gained several new skills and now I know myself; I know how to deal with my family and children. Imagine! I don't remember when the last time was, I carried and held my kid, or I kissed him... but now, you see I am holding my kid all the time during this interview."

Father, 58 years, FGD at Al Balqa, 2021

"I would not have been aware of my daughter's problem, and that the problem was such a severe one. From IMC support I learnt how to increase my children's self-confidence, and this reflected on their school learning. I have never expected that CP services would have a positive result."

Mother, 54 years, FGD at Jerash

"I became more confident in my child and his future. My fears about his future were reduced. The caseworker taught me that when I have an exaggerated fear about my son, this will reflect negatively on him, I learnt that my fears should be reasonable. I followed these instructions and found it works well."

Mother, 50 years, FGD at Mafraq

Key Informant Interviews (KIIs)

Key informants from the project team reported that CP services served as an entry point for the identification of child protection concerns. Nevertheless, the project would be more impactful if it introduced community projects, events, celebrations for children and their families, in order to decrease the psychosocial challenges of children and adults. On the other hand, the project would contribute to decreasing child labour and improving the livelihood of target beneficiaries through building the capacities of local communities to manage and restore their ecosystems and improve their marketing activities. As the psychosocial and socioeconomic domains are interrelated, it has been suggested that this objective could be achieved through a weekly or bimonthly Bazar to enable Syrian women to sell their homemade products. While key informants from JOHUD indicated that the project enabled JOHUD to establish a

system (through community linkages and by assigning a community leader in specific ITSs) for the target communities living in hard-to-reach areas to have access to CP services (CPCM, child-friendly spaces, etc.).

With regard to unintended results of the project, it has been highlighted by key informants from IMC that some beneficiaries in order to take extra advantage of cash assistance service, they tried to show that their economic situation is worse than what it actually was. The project team developed intelligent techniques, like IMC check their eligibility before submitting to the technical committee and also verify through UNHCR RAIS system.

As part of the community engagement goal of the project, the IMC team, under FCDO funding, contributed to make it possible for some government entities to be more effective and respond to the communities based on the need, such as the municipalities became more concerned and followed up on public parks as they were neglected and children were not being attracted to them and as a result of IMC's advocacy about use of parks for children's recreational activities, the authorities responded to make parks accessible, friendly and clean, as they realized the importance of public parks in meeting the psychological needs of the community.

How has cash assistance impacted the child's life?

Among the 424 selected sample of children, 96 (22.6%) received cash assistance under the child protection service package. When the children or their caregivers were asked about changes the life of their children and family due to CA, all responded positively.

Row Labels	N	%
Received cash assistance	96	22.6%
Not received cash assistance	328	77.4%
Total	424	100.0%

They have explained that most changes happened in their life in terms of providing them and their families with daily needs (54.2%) and help achieved better life for the child (34.4%). While the remaining children indicated that the child labour stopped, the child went back to school, improved family life, or better child's communication skills with the family.

Changed happened	N	%
Provided me with family daily needs	52	54.2%
Better life for my child	33	34.4%
No child labour	3	3.1%
Nothing new	3	3.1%
Back to school	2	2.1%
Improved my family life	2	2.1%

Communicate well with the family	1	1.0%
Total	96	100.0%

C. PRIMARY HEALTHCARE (PHC) – DELIVERED BY JOHUD

Beneficiary Survey

FCDO project has generated a positive impact among almost 68% of the sample in terms of enabling them to deal with problems related to their symptoms and to understand and all of their health concerns. Moreover, 73.8% of the sample has gotten solutions or advice to all their medical questions and concerns. 74% of respondents reported that PHC was transformative in terms of awareness and access to nutrition for the mother and the child.

Key Informant Interviews (KIIs)

IMC in collaboration with JOHUD ensured the unique needs and experiences are addressed in all project activities, IMC project team reported that IMC has trained JOHUD staff on how to deal with vulnerable groups, and when they identify a new case with special concerns they consult with IMC or refer the case to IMC specialized services. The short-term result of the collaboration between the two parties was focused on solving urgent problems that need a quick response, such as helping beneficiaries overcome the problems they face in terms of access to primary health care, MHPSS and CP services. While the long-term result of the collaboration focused on the importance of mental health as an essential part of human health and getting rid of the stereotype of mental health concerns and raising awareness among JOHUD staff as well as among the community on how to efficiently deal with mental health cases and to guide the community on how and where to access specialized services while overcoming all obstacles that most of the time are linked with stereotyping and then unavailability of the specialized services.

Key informants from JOHUD reported that primary health consultations have been provided as needed to the most vulnerable people. Pregnant women have been supported through antenatal and post-natal consultations which included self-care, pregnancy spacing, the importance of periodical visits to the clinic, and providing the children with vaccinations. Also, it has been mentioned that the design of the service model was very clear in terms of identification of the case concerns, and then which cases should be treated internally, and which cases have to be referred to specialized services. The key challenge faced by the beneficiaries who visited the MMUs was conducting the normal medical tests including the pregnancy-related tests, blood glucose tests, and urinalysis.

SUSTAINABILITY

The evaluation looked at the sustainability of the project in terms of the following questions: To what extent have the FCDO project activities been implemented in a way to promote and ensure long term sustainability and the continuation of services beyond the project lifetime? Which components were more sustainable? The evaluation focused on how the impact of the technical training provided to MoH and other stakeholders was sustainable and where do the other service provision activities stand in term of sustainable access to the communities.

Despite that FCDO project services provided much-needed access to quality health care services to Syrian refugees and host communities, one of the key sustainable aspects were the training of MoH staff as the knowledge and skills will remain usable within long after project closure, especially the on-job-training in which the MoH staff practised the new skill they learnt such as identification, refer cases who required MHPSS services, and follow up with them. As such, the FCDO project contributed to strengthening the MoH through integrating these new services into the primary health care services. The project also trained and developed the capacity of the local partner JOHUD.

Despite significant progress on increasing capacities of stakeholders, findings indicate that the communities would not be able to continue receiving the same level of services that they received under FCDO grant to IMC. This is mostly because MoH still lacks the capacity to integrate MHPSS at the PHC level without support from a technically specialized agency like IMC and more efforts are required to continue working and developing MoH's health policy and capacity towards that end.

While MMU is with JOHUD, but its functionality depends on financial capacity of the organization and it is uncertain at this level if people living in hard-to-reach areas, those who were covered by FCDO grant, could continue receiving the important health, MH, CP and PSS services because no one is providing CM service for NCD, PHC, and nutrition.

However, the linkage with MoH Directorates has been established for the children who missed their vaccination and referrals-out were made for non-specialized service continuation and care plan completion such as CP and MH case management to ensure that children at-risk are still able to access the required services beyond the project lifetime, but the evaluation could not confirm the extent they will be able to receive the services, they were referred for. Its worthy to mention that JOHUD and IMC were the only service providers who reached the remote areas.

A. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

Beneficiary Survey

Almost 68% of the sample expected that the availability of the MHPSS services will continue beyond this project as they indicated that through their participation in the project, they gained new knowledge and skills that will help them and their children to maintain mental and psychosocial health, for example, they learnt the importance of psychosocial health and how to be self-reliance. Besides that, the positive impact from the participation in the project activities on beneficiaries' personal and family life, 38% of the sample

think it will last beyond the project, as well as same percentage believes that the project improved their awareness about MH and Psychosocial needs and the importance of getting treatment.

Research has proven that lifelong learning, whether acquiring new knowledge or skill, can greatly improve your mental health as it adds meaning to life[5]. FCDO activities fuel self-confidence through participation in MHPSS consultations and awareness sessions. Respondents (42%) learnt how to communicate better with family and how to deal with the abnormal reaction of their at-risk children. In total, respondents think that there is a positive impact from their participation in FCDO activities that will last beyond the project duration on their personal life (81.5%) and on their family life (80.1%).

Even two-third of the sample believes that the same MHPSS services will continue being available, they are uncertain on how the community will continue benefiting from the services that were provided by the project while medical examinations and radiography were out of the IMC service scope during the implementation of the project, as well as some specific brand names medications were not available at Jordan market all the time so prescribed alternative medicines that have the same effectiveness, also 30% indicated that they have been provided by alternative medication instead of the original one. A few respondents (less than 1%) reported that services continuation would be difficult for them due to concerns about privacy (3 cases out of 327). This confirms that the evaluation was able to highlight even minor issues faced by beneficiaries. These findings are reported to the appropriate department responsible to compile, confirm and address such feedback.

A majority, 85.1%, of respondents has reported improvement in their awareness about the importance of MHPSS in their lives due to the project awareness/consultation sessions, as well as the importance of getting treatment. Therefore, the project has created a positive image of MHPSS services among 5 out of 6 beneficiaries based on the perceptions of respondents who have been direct beneficiaries of the project. However, it is clear that one of the most critical areas the project focused on was community awareness on the negative impact of MHPSS, particularly, targeting community elders, and parents who uphold these practices. The soft component to raising awareness about the importance of MHPSS as an integral part of public health, along with the hard component of providing medicine and consultation sessions will benefit the target population of the project long after the end of the project.

Encouraging others to utilize project services

Almost 92% of respondents extended the benefits of the project to others, to their relatives, neighbours, and friends through encouraging them to utilize the project services. Therefore, the knowledge, skills, and awareness will be replicated in the community contributing to increase MHPSS seekers, where people in target areas will tend to find appropriate remedies in case, they have mental health problems.

Respondents who encourage others to utilize the project services have reported that this behaviour is due to good services I have received (73.3%); very supportive staff (13.7%); they serve everyone without

[5] The mental health benefits of learning a new skill, Alison Rodericks, 2020; Supporting adults with mental health problems through further education, Health Education Journal, Volume: 79, Issue: 8, page(s): 863-874, Issue published: December 1, 2020.

discrimination (10.6%), and free services (2.4%). On the contrary, the 8% of respondents who do not encourage others to utilize the project services have reported that this behaviour is due to reasons, such as, no payment for transportation, they do not receive requested medicine in brand names, not covering the cost of medical examinations which are out of IMC services scope, or they have not been treated professionally (less than 1%).

Respondents highlighted a list of recommendations that could help the community continue benefiting from services that were being provided by the project, but most of these recommendations go beyond the scope of the project, such as covering the cost of transportation from and to the clinic, providing speech therapy, and special education centres for children.

Focus Group Discussions (FGDs)

In the FGDs some participants explained that consultation sessions will help after the end of the project, but they expressed their fears in case the medications will cut off, they are afraid of health relapsing especially they are suffering from chronic mental disorders that require lifelong medications.

"I learned a lot from IMC team, and I enjoyed hearing their calls and advises, but I am afraid of the interruption of medications, and I will lose the place that embraced me, and shelter in to relieve my pains."

Female, 39 years, FGD in Irbid

Most of the participants in the FGDs agreed that similar future interventions need to include the following aspects:

- The location of the medical centre should be close to the majority of vulnerable families.
- Covering the cost of transportation.
- Cash assistance is to be distributed with an equal amount to all beneficiaries who have child protection concerns.
- Besides providing in relation to MH and PSS, there is a need also to provide services to cover NCDs, especially, diabetes, heart attacks, dialysis, cancers, and chronic respiratory, because they see that MHPSS will not have a positive impact if these diseases have not been treated.

Key Informant Interviews (KIIs)

In order to make MHPSS services more sustainable and accessible to beneficiaries, key informants from the project team suggested that MHPSS services and capacity building activities should be made available in all public health centres, not only in the out-patient clients and private specialized hospitals. KIIs from the project team believed that the key aspect of the project's components, which proved to be transformative is the mental health services which can be sustained because MoH was involved well in this component and it contributed to building MoH capacities, both individual and institutional capacities in terms of MHPSS services provision utilizing MHCM approach and integration into PHC centres to reduce stigma and improve access and utilization among the beneficiaries. These concepts were not common among MoH workers in primary health care. Even though the project was able to achieve significant improvement in this regard, it is found that lack of public health policies addressing these challenges and limited national financial allocations in relation to MH and PSS among other challenges might limit the sustainability of the MH services.

"In fact, I found that staff of MoH and Family Protection Department (FPD) were more active than expected, while none of these institutions has a permanent position for psychiatrist or psychologist, even the presence of a psychiatrist is important because most cases have psychological concerns which can be treated at the level of the psychiatrist."

Key Informant from the project team, Amman

"The system of MoH public centres in need for Comprehensive Case Management approach to who usually entitles of supporting the beneficiaries in other needs that they are looking for and follow up with them regularly.

Psychiatrist, Key Informant from the Project Team, Amman

B. CHILD PROTECTION

Almost half of the sample indicated that the child and their caregivers will be able to continue to address any protection concern they faced without project services. The common explanation for that is that the parents consider child protection services led to psychological stabilization of their children, which was their main motivation to participate in the project activities.

- I understand now well my daughter's needs for sustaining protection and development due to the consultation and awareness sessions.

- My child became more friendly in communication with others and spend most of his time on useful tasks.

- My child listened well to the doctor instructions and now he is in good health.

- My daughter was an introverted person and very depressed, now she acts like any other normal child.

FGD Participants

The other half did not believe they would be able to continue to address protection concerns that they face without project services. When they have been asked why they don't think so, 58% of them do not have a clear answer or simple justification for their perspective. Only a few numbers of respondents (or single responses) justified why the child will not be able to continue to address protection concerns without project services.

- My daughter's behaviour changed negatively after the project ended.

- My child is back to work in a coffee shop due to the hard livelihood situation of the family.

- Because my daughter was telling her concerns to IMC staff and not telling me.

FGD Participants

From the qualitative data, most of the FGD's participants at each location does think that the impact of child protection services will remain for a longer period of time. After the children and their parents have been involved in the IMC's child protection services participants reported that the child's concerns ended, and the child became self-confident and more independent.

Most of the participants in do think that the impact of child protection services will remain for a longer period of time. After the children and their parents have been involved in the IMC's child protection services participants reported that the child's concerns ended, and the child became self-confident and more independent.

- The impact of the project will remain for the whole life of my child, my child learned how to be confident and how to face challenges.

- We hope that the IMC team will keep in touch with our children because our children do not tell us about their concerns and problems that they used to tell IMC staff.

FGD Participants

Key Informant Interviews (KIIs)

Through community awareness sessions the project team reported that they were able to emphasise child rights, combat different forms of child protection concern such as child labour, as well as focus on eliminating certain common practices such as beating children. Even though the collaboration with partners such as JOHUD and MoH was efficient and successful, as declared by the KIIs from the project team, there is no agreement between them whether the project provided durable solutions or only delivered relevant health and protection services for people in need. Some claim that MoH is capable to convert the services into durable solutions while JOHUD is technically more capable but financial capacity is less.

Through different project components and activities, the project team reported that they had successfully strengthened an enabling environment through advocating new policies and shaping new attitudes toward certain related aspects such as foster care and child protection, development, and care, with MoH and Ministry of Social Development (MoSD).

C. PRIMARY HEALTHCARE (PHC) – DELIVERED BY JOHUD

Beneficiary Survey

ITS respondents served by JOHUD expect that the permanent public health centres within their communities could fulfil the gap to serve the community in long run after project closure. The MMU provided much-needed access to quality health care services needed by Syrian refugees and host communities. On another hand, one of the sustainable aspects of the primary health care component was the training of workers at public health centres and health professionals on how to interact with MH and PSS cases.

Key Informant Interviews (KIIs)

The IMC centres in the four governorates will not continue to serve the community long after the project closure, as well as JOHUD MMU which was more of 'an emergency' intervention, rather than a durable solution. KIIs from JOHUD indicated that JOHUD will not be able to continue delivering the same services on daily basis after the project closure. Because the cost of project services is above JOHUD financial capacity due to the fact that the services need for full-time specialized team, general practitioner, and the cost of the vehicle. While JOHUD staff who trained and gained experience in case management will continue working in different locations.

"The project has complemented well between the needs of local governmental obligations and international humanitarian targets. The linkages between JOHUD, IMC and MoH contributed to providing services to target populations where there are inadequate or no health services. This linkage was based on mutual agreements between these parties in order to provide services that reduce the burden on the MoH."

Key Informants from JOHUD, Amman

7. LESSONS LEARNED

Given three components of the FCDO project (MHPSS, CP (including CA) and Health) as key interventions, under FCDO, of IMC, the evaluation identified the following lessons based on the findings of the evaluation which are derived from the detailed analysis of the results of the evaluation encompassing surveys, KIIs, and FGDs. These lessons are relevant to building community protection mechanisms covering health, mental health, and child protection. These lessons for future interventions have been summarized in the following sections based on the feedback received from the sample across all outcome areas.

A. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- Thecost of transportation and the interruption of medication need to be addressed carefully in future interventions as they related directly to accessibility and quality of services. Medicines were available, but some beneficiaries requested specific brand names while both brands were alternatives made of the same active ingredients. While for MH medication re-filling took place even during the COVID-19 restriction movement period, also JOHUD continued in delivering NCDs and essential medication re-filling on a monthly basis.
  The The cost of medical examinations and radiography images (MRI and X-Rays) is one of the key limitations faced the project beneficiaries. The lessons that could be learnt that cal examinations and radiography images
    - The closure of the beneficiary file due to relocation.
    - Receiving alternative medicine which causes the negative effect.
- CP and MH services need financial support to keep them running.
- Build the capacity of MH units to enable them to modify their programs to introduce primary health, PSS and CP.
- The key informants from JOHUD highlighted that during the project implementation, there was a need to invest more in Human Resources both at IMC and JOHUD in order to manage the high caseload that resulted from increased awareness among the population in the target populations (KIIs from JOHUD).
- More developed and user-friendly automation system is needed – the system by which beneficiaries' locations and contact details could automatically be updated. This is related to the issue that when beneficiaries relocate, the program staff remain unaware of their new details, and this leads to obstacles in reaching out and following the case management process..
- Some services were not adequately responding to the needs, such as more PSS activities could be designed and implemented, customized group sessions, entertainment activities, and education remedial courses could be considered.
- Some follow-ups in childcare/juvenile centres were difficult due to legal restrictions and bureaucratic procedures that made it in some cases impossible to visit children in care centres. More cooperation is needed with the Ministry of Social Development to overcome this challenge and simplify the procedures. The best solution is to include MoSD as a partner in future interventions (IMC KIIs).
- More attention should be taken when selecting the clinic location which should be closer to the largest number of beneficiaries, so it is available to everyone as possible.
- There is a need to cover the transportation allowance and cash support for beneficiaries and community groups who participated in activities such as outreach, raising awareness sessions, assessment activities, and evaluation.
- Securing medications for NCDs because psychological treatment cannot be effective enough without the treatment of NCDs.

- The MH clinic in Balqa governorate in Salt city is far away from many beneficiaries who live in Ain Al-Basha and the Baqa'a camp.

B. CHILD PROTECTION

- CP beneficiaries recommended the increase in the number of child friendly spaces so they could be easily reachable to most people.
- Based on feedback from the CP beneficiaries, it is noted that there is a need to develop and provide access to knowledge centres where children could get access to the internet and use that for the learning purposes. The lesson to learn is that the CP activities could explore the opportunities to integrate knowledge centres for children who are living in areas where such services are not available to them at home or at schools.
- Cash assistance has achieved a short-term goal for most of the beneficiaries as recipients were able to keep their children out of work and providing them the opportunity to go to school but due to discontinuation of social protection package, they face the challenge to keep their children out of work. However, there should be a system to monitor the long-term impact in terms of how cash assistance was used and whether it fulfilled the planned objectives and the risks that the child had been exposed to was removed or not. While usually other referrals are done for beneficiaries who received the social protection package for the long-term solutions including for livelihood, cash assistance provided by other agencies, and for vocational training sessions etc.
- As the CP cash and non-cash service recipients are from the same locations and communities, it is found that cash assistance to some have created a discontent among those who were not cash recipients. This might be linked with the lack of information sharing among the beneficiaries and/or lack of well-established eligibility criteria.
- During FGDs participants provided the following feedback to improve or to extend the child protection services that IMC was providing under the FCDO project:
  - IMC need to establish a new health centre in Ain Al-Basha and Baqa'a camp because Salt health centre is far from these areas for about 16 kilometres.
  - Supporting the establishment or rehabilitation of existing public parks or recreational clubs in target areas will contribute well to achieving the goals of child protection, as well as providing free access to the Internet for children's distance learning and entertainment.
  - Participants in FGDs indicated that most of the costs associated with the participation of children in the CP services are related to the transportation from and to the CP centres.

C. PRIMARY HEALTHCARE (PHC) – DELIVERED BY JOHUD

- Primary healthcare services provided to people from hard-to-reach areas could further explore the opportunities to include wider access to nutrition services as well as coverage of the medical tests like MRI and X-rays through referrals as this was not under the scope of MMU) for which beneficiaries have to travel to main cities to do which incur costs associated with travel and tests.
- Through working with the local partner, project learnt that IMC was able to influence and train JOHUD as a local partner and that's a step towards creating more capable local partners that could contribute through similar services for the local communities.
- Gaps remain in the national policy and practices in terms of MHPSS that require a continuous approach to work with MoH and GoJ ensuring public health system can integrate mental health services at the PHC level.

8. CONCLUSION

The overall project approach, based on the theory of change, has overall improved access to quality health, mental health, and protection services. The evaluation found that the FCDO project met and exceeded the targets initially set in the indicators of the project through IMC four static centres, mental health clinics in urban areas, and JOHUD Multi-Sectorial Mobile Unit (MMU) in terms of beneficiaries who accessed individual mental health and participated in the awareness group sessions, and psychosocial and protection services, including individuals and families in hard to reach areas and expanding service provision and quality of MHPSS through strengthening the capacities of IMC and MoH staff working in various sectors related to health.

The use of outreach strategies was a significant part of the project achievements as it successfully covered project beneficiaries from across the urban locations that include hard to reach communities that otherwise have no access to the services. The close collaborative work with stakeholders successfully contributed towards a more sustainable impact on the ground – it also addressed important policy challenges by providing access to quality capacity building initiatives for MoH that further improved the understanding of an integrated approach towards mental health as part of the primary health care system in the country.

IMC was successfully able to manage the project activities during the COVID-19 pandemic by adapting to remote project delivery modalities. And this helped to mitigate the negative impacts of the pandemic that otherwise were certain on project milestone achievements.

The success of any project is determined by the efficiency, effectiveness, sustainability, and impact of its interventions. The FCDO project implemented by IMC has been found successful in achieving its objectives. The main success factors are listed below:

- Within the framework of IMC's theory of change which is based on a blend of protection, mental health case management services and activities, complemented by psychosocial support, cash assistance, primary health care consultations, and referrals targeting beneficiaries from refugees and host communities. This package of services and activities formed a holistic model of protection and health that would simultaneously contribute to better decisions making capabilities for refugee households as well as the strengthening of resilience mechanisms. To this end, the evaluation findings demonstrated that IMC has been ensuring the fulfilment of the project requirements through implementing the cross-cutting principles of strengthening resilience and response to the Syrian crisis in Jordan through improving the access and the quality of delivery of health, mental health and child protection services to refugees, host communities, persons in hard-to-reach areas.
- IMC Jordan's holistic model to project design, management, and implementation created a strong network of specialized staff to work within the project. This contributed to the overall efficiency of the evaluation findings showed that there is evidence of quality activities being delivered on time, with efficient utilization of resources (information, human resources, financial, physical, time), and effective utilization of these resourcing has enabled achievement of planned outcomes.
- This project was effective in the sense that it achieved and exceeded the desired targets and was efficient in that the available project resources resulted in reaching more beneficiaries than planned and more capacity training was conducted than what was initially designed at the beginning of the project. Therefore, health and protection services and capacity building for JOHUD and MoH staff demonstrated value for money as evidenced by the findings of this study.
- IMC, jointly with JOHUD. planned and delivered customized MHPSS and child protection interventions impacting the most vulnerable people through addressing the lack of quality mental

health, and psychosocial and protection services in the project locations including hard-to-reach areas. Findings indicate that the changes made due to the FCDO activities led to clear and better health outcomes and well-being, as well as better public health performance due to professional development received by the MoH staff.

- FCDO project provided much-needed access to quality health care services to Syrian refugees and host communities, one of the key sustainable aspects were the training of public health centres' staff as the knowledge and skills will remain usable long after project closure occasionally, e.g., during the frequent opened health days.
- After the project closed, it will be challenging for IMC to continue operating same level of services provided under the FCDO project due to the lack of financial support required for these services, as well as the JOHUD MMU. As such, there is a high likelihood that the access to quality health care and child protection services gained under the project might need to be stopped.
- The project was highly successful in increased awareness about MHPSS, CP and Health, its access and benefits. For example, the project worked with pregnant women, to increase their skills and understanding regarding the importance of antenatal care required, what are key danger signs during the pregnancy, and childcare best practices, to ensure a high level of hygiene. This knowledge can be replicated and transferred to the next generation.
- Through the continuous engagement of project staff with communities, trust has been gained, (in many instances during the data collection for example), staff's efficiency, good behaviour and good reputation were praised by the beneficiaries, most public servants, and community members.
- Regarding value for money, the project evaluation confirms that the project remained highly efficient, effective in terms of its goals and objectives. In terms of the 'economy' component of the value of money, the project's interventions were most cost-effective while at the same time the services were provided within the vicinities of the vulnerable communities across the urban location of Jordan where most of the vulnerable segments of both Syrian and host communities live. For 'equity', the project evaluation also noted that all services were equitable available in terms of location, access, and gender, etc.

9. RECOMMENDATIONS

Informed by the evaluation findings, the evaluator makes the following Based on the evaluation findings and lessons learned, the evaluation team provided some recommendations summarized as follows:

A. Recommendations for IMC

1. ***Raise awareness about the feedback mechanism***

Since the evaluation findings showed that a very small number of beneficiaries use the community-based feedback and response mechanism. The utilization of feedback and response mechanism was found to be very low but around 67% of those who submitted feedback was satisfied with IMCs response. It is recommended to further improve the awareness about this mechanism with beneficiaries. Even though the project design included a functional feedback and complaints system, evaluation found that awareness of CBFRM is low for CP (also confirmed for CP beneficiaries from the project's secondary sources), It is also recommended for IMC that during the project outreach activities beneficiaries are well informed about the availability of existing of feedback mechanism channels and how to use them.

2. ***Establish knowledge centres for child wellbeing***

In addition to the child protection services and activities delivered through the FCDO project, the evaluation found that some beneficiaries prefer to have learning centres for their children. Such services could be delivered through establishing knowledge centres in the target locations under child protection services. Moreover, the recommended knowledge centres are important especially during the widespread of online learning due to the COVID-19 crisis. These centres should enable children at-risk to access internet and technology since their parents in most locations are unable to provide the access. Also, knowledge centres could be attached to JOHUD 50 Community Development Centres spread around Jordan. As such, the centres should resolve the challenge related to transportation through providing free transportation of groups of children from hard-to-reach areas in order to increase accessibility.

3. ***Develop a proactive strategy to reach children with disabilities***

Even though mental health concerns could be a type of disability when it disrupts performance and negatively influences a person's functioning and activities[6], the project reports indicated less than 1% of persons with physical disabilities among the total number of the project's beneficiaries. The inclusivity of children with disability to access and participate in the project activities, namely child protection activities, must be deliberate. The facilities did not equip through the FCDO project for the physically disabled, especially designed desks, braille learning tools, assistive devises, and technology, nor hearing aid assistance devices. It is recommended to plan for targeting a certain number of persons with disabilities in future interventions, for example not less than 15% of the project target. The World Health Organization (WHO, 2011)

[6] *Is Mental Illness a Disability?*, Recovery Village, Renee Deveney, 2019.

estimates the incidence of disability within any population is 15%7 and normally it will be higher in a humanitarian setting, such as Jordan.

4. ***Coordination with other non-CP Cash assistance service providers.***

   Close Coordination with the Cash assistance service providers to ensure CP cases which are not eligible by IMC social protection package and though still in need for Cash assistance for livelihood, health or basic needs are supported by other referrals to these cash assistance services that they eligible for.

5. ***Re-enforce advocacy with the Jordanian government on access to MH services***

   To ensure the sustainability of benefits, advocacy is significant to encourage MoH and local authorities to prioritize mental health services. There should be a component of advocacy in similar future projects. In addition, including advocacy components to new projects as a holistic approach to promote the rights of crisis-affected populations would benefit. In such component there might be advocacy to reduce the cost of MH care services which is often high and paying for MH services is a struggle for both refugees and individuals from host communities in Jordan, as well as increase the number of awareness event would benefit the mental health movement and reduce the use of stigmatizing language.

6. ***Sustain the current integrated health, mental health, and protection services model***

   The continuity of the project is significant to sustain the benefits to the target populations. IMC needs to continue to provide the same service model in terms of MHPSS, CP (CM, PSS, and CfP), and primary healthcare to the target population in order to fulfil the needs of the beneficiaries due to the lack of alternative similar services in target areas. GoJ and other stakeholders.

7. ***Re-activate advisory groups in each target area***

   Community engagement was in place in each of the FCDO locations before the start of the COVID19 pandemic and it had been one of the activities contributing towards long-term impact and transformed into a model of an integrated approach at the community level. Therefore, it is recommended to sustain, re-activate, and integrate community-based committees that play a vital role towards awareness, knowledge, and lead to a more inclusive access to the services. For FCDO project, this played an efficient community engagement role, which was highly relevant to guide the project implementation activities including, for example, from the initial stage of identification of cases, initial community visits to joint planning and implementation.

   The re-activation of the role of the advisory committees, represented by the community including beneficiaries, civil society organizations, and government institutions, would help the project management in identifying best community participatory approaches required to achieve the project objectives more efficiently.

[7] World Report on Disability, WHO, 2011.

B. Recommendations for Donors

1. ***Continuation of development limited capacity of MoH for the delivery of MHPSS interventions***

   The evaluation findings showed that the insufficient capacity of MoH in Jordan limits the delivery of MHPSS services. Therefore, it is recommended that international donors need to continue the efforts of past years towards capacity building of MoH for self-reliance that was in line with the National Mental Health Policy and Action Plan, including Substance Use plan.

2. ***Build the capacities of CBOs to provide awareness sessions and identify MH concerns.***

   It is recommended to build the capacities of the Community Based Organizations (CBOs) to provide awareness sessions, identify MH concerns, provide psychosocial support and safe referrals, as well as pay more efforts to increase parents' knowledge and skills to deal with children with developmental disorders and disabilities through Caregivers Training Skills programs.

3. ***Support integrating programming that includes a package of child protection, mental health, and Non-Communicable Diseases (NCDs).***

   While the project was aimed at implementing child protection, mental health, and health interventions in hard-to-reach areas in order to improve wellbeing, reduce protection risks, and strengthen the resilience of vulnerable refugees and host communities, it has been found that there is high demand on NCDs in Syrian refugee populations which presents unique challenges to health system in Jordan in providing appropriate continuity of care and access to medications. Syrian refugees have been able to access free or low cost NCD care at facilities funded by international donors, but others must seek care in the private sector, thus, there is a constant need to fund NCDs care services. An integrated approach is recommended to address other health related concerns and needs, such as non-communicable diseases, medical lab tests, and radiology.

4. ***Sustain healthcare funding***

   It is recommended that the design of health care interventions should take into consideration how to hand over these services to the local authorities. This could be achieved by responding through long term commitment, identification of stakeholders' capacities at national and local level, and devising plan of sharing responsibilities of handling the crisis.

5. ***Continuation of social protection package***

   The social protection package blended in the CP CM activities respond to many immediate needs relevant to CP concerns such as child labour. The continuation of this will be a great value to address the needs to those requiring cash for protection intervention. Moreover, the recommended knowledge centres worth consideration from donor's funding perspectives.

6. ***Sustain funding for CP Case Management and child friendly spaces***

   The continuation of the CP CM/PSS spaces and activities are found important components of child protection intervention and require continuous support from donors. These activities support

resilience and encourage positive engagement among children and their peers that enable an environment of support for children with emotional, cognitive, and social development challenges. This is also important for identification and referral of CP cases at community level.

7. ***Reaching out to community members to facilitate their access to the needed CP, MHPSS and health services.***

   Due to the need of reaching hard to reach and remote areas, IMC recommend that people will be supported by MMU including the CP, MH and health services and as well enhancing partnership with local community-based organization to facilitate their access to these services