EVALUATION REPORT

INTERNATIONAL FEDERATION

Community-Based Health & First Aid (CBHFA) Project in Jordan

Lina Harbieh - PMER (*Movement Wide Reporting Officer*)
Maki Igarashi - Health & Care (*Emergency Health Coordinator*)

IFRC MENA REGION

SUPPORTED BY:

THE ICELANDIC RED CROSS

AND

THE ICELANDIC MINISTRY FOR FOREIGN AFFAIRS

IMPLEMENTED BY:

THE JORDAN NATIONAL RED CRESCENT SOCIETY

Disclaimer: The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the authors' organizations.

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The evaluation team consisted of Lina Harbieh as the team leader with overall responsibility for developing the guiding questions, conducting the FGDs and reporting, and Mss Maki Igarashi as an Emergency Health expert contributing to all phases of the evaluation, including the qualitative analysis of the portfolio and conducting the KIIs.

LIST OF ACRONYMS

CBHFA	Community-Based Health and First Aid
CHVs	Community Health Volunteers
DR	Desk Review
FA	First Aid
FGD	Focus Group Discussion
IFRC	International Federation of Red Cross and Red Crescent Societies
JRCS	Jordan National Red Crescent Society
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MFA	Ministry for Foreign Affairs
MNCH	Maternal Newborn and Child Health
NCDs	Noncommunicable Diseases
ToR	Terms of Reference
VP	Violence Prevention

1. EXECUTIVE SUMMARY

This executive summary provides an outline of the Evaluation purpose and scope, the methodology used and a brief overview of the major findings and recommendations.

A. Evaluation Purpose and Scope

This report presents findings of the final evaluation, that has been guided by the Terms of Reference (ToR) attached as Annex I.

The purpose of this evaluation is to assess the outcomes of the CBHFA intervention and to analyze efficiency and effectiveness of Icelandic Ministry for Foreign Affairs and Icelandic Red Cross Society's support to Jordan National Red Crescent Society in implementing the CBHFA project. JRCS has been implementing the CBHFA project over five years with support from multiple partners including IFRC, the Japanese Red Cross and EU MADAD. **Thus, this evaluation is to specifically look at the Icelandic Red Cross contribution in two governorates in Jordan, namely Irbid and Karak from April 2018 till June 2019.**

Audience: Icelandic Red Cross, JRCS and IFRC.

The results of the evaluation could be used to report back to the Icelandic Ministry for Foreign Affairs on the achievements of the project.

B. Methodology

This evaluation endeavours to determine program relevance, effectiveness, efficiency, and impact, as well as sustainability. The evaluation team applied a multi-dimensional approach to gather and analyze qualitative and quantitative data. Data was gathered from a desk review (DR) of project documents, focus group discussions (FGD) as well as key informant interviews (KII).

C. Evaluation Limitation

The first set of limitations are mainly related to time and resources constraints:

1- The timeframe of the evaluation did not permit an in-depth review of the impact of the activities. Conducting the evaluation in a short time, limited the ability to capture all relevant information, despite attempts to access the most meaningful information to provide a fair assessment of all the beneficiaries.
2- Resource constraints are mainly related to access to information, e.g. the final report was not shared with the evaluator. Also, the available CBHFA narratives do not include needs assessment, surveys or endline report that made the Relevance/ appropriateness, and Effectiveness analysis of some components difficult.

Outcomes and impacts are assessed to the extent possible, as it is not feasible to measure the behavioural change view the short duration of the project. At this point in the project, the sustainability of this one year project can not be captured although this project, as a continuity of the previous phases, could indicate the status of the activities to be evaluated after the evaluation.

The identified limitations have reinforced the importance of counting on information collected during interviews with key stakeholders, and have been partially alleviated by the qualitative analysis and observations made during the field.

D. Conclusions & Recommendations

The project evaluation demonstrated the relevance of the activities to the target population and concluded that households developed knowledge, awareness and practical skills to have ability to prevent from possible diseases or injuries and to provide first aid to others until having appropriate medical care.
This was reflected in the positive responses in the interviews and focus group discussions as well and the requests for a continuation of the project, for a longer period of time.

Although the project time frame was too short to see a clear impact on behaviour change, it was very encouraging to observe some impact in a positive behaviour change from the results of this evaluation.

The CBHFA approach has been positively implemented in the most vulnerable governorates, and it is recommended to be extended to other similar areas. It is vital to undertake and provide needs assessment report, project implementation progress report and final reports, as well as other related materials and information that can lead to doing evaluation tangibly. Also, it is recommended to allocate larger budget to allow quantitative data collection.

Feasibility cross-check needs to be carried out by the IFRC, related to the capacity and willingness of JRCS to commit to the needed institutional changes, such as introducing new modules.

2. EVALUATION PURPOSE & EVALUATION QUESTIONS

A. Purpose and Scope

While the evaluation assessed progress against the objectives, it focused on certain aspects of the response in more depth.

The specific objectives of the evaluation are as follows:

- Review the relevance, effectiveness, efficiency, impact, and sustainability of the project;
- Analysis of strengths and challenges of the project;
- Documentation of lessons learnt and provide recommendation for further improvement of projects.

Additionally, the overall objective of this evaluation is to utilize the proper methodology to ensure specific conclusions and lessons learned are identified as well as a variety of concrete and practical recommendations are put forward to tackle the challenges and maximize the potential benefits amongst all stakeholders.

B. Questions

These are the questions that Evaluation responded to – grouped by Criteria:

Relevance/ Appropriateness

1) To what extent do you think that the project's rationale and objectives are relevant to the CBHFA context in Jordan?
2) What is the added value of Icelandic RC contribution/ support to the project?
3) Was the approach adopted by the project flexible to adapt to changes in the context? Can you describe any changes in planned actions as a result of changes in the Jordan context with regards to CBHFA?
4) What can you say about the target group addressed by the project? Where they relevant to the scope and purpose of the project?
5) To what extent did the different implemented activities complement each other?
6) To what extent was the project successful in addressing gaps that in your own point of view existed in the issue of health promotion in Jordan?
7) Did the project adapt to the specific health-related and protection gaps at each governorate?
8) What were the objectives of the project? And is it important to you?

Effectiveness

1) In your understanding, what were the objectives of the project?
2) To what extent was the project successful in reaching those objectives? What were the factors that contributed to the success of the project? What were the factors that hindered the project's achievement of its objectives?
3) Was the capacity of JRCS strengthened and its ability to reach out to the most vulnerable groups within the refugees and host communities enhanced? How did you know this?
4) How does JRCS intervene as community health agents?
5) Can you think of any unintended successes (unplanned) as a result of the project?
6) To what extent did you find the home visits by the JRCS volunteer's useful regarding specific diseases and health matters?
7) What do you do differently now that you have attended the health sessions?
8) Do you feel that the project made you more aware of health-related issues? How? Why?

Efficiency

1) Were all activities completed within the budget and on time?
2) Did the project set an M&E system?
3) What was your role in the management of this project?
4) If you look back at the management of the project and how it was executed, is there anything you would change in the approach to make it more efficient? What would it be?
5) To what extent are you satisfied with the volunteers' performance in terms of their knowledge, enthusiasm towards their work and of their respect of others?
6) Do you receive similar support from other organisations? How is JRCS's support different?

Impact

List 4-5 changes (positive or negative) since the project started

Sustainability

1) What do you want to see from the project in the future?
2) What is the planned exit strategy and way forward JNRCS vision on CBHFA?
3) How do you see the coordination between different stakeholders involved in this project carry forward now that the project has ended?
4) How are you planning to use the knowledge and skills learned as a result of your participation in this project?

Accountability

1) How do the beneficiaries describe the project's objectives?
2) To what extent community members, CHVs and beneficiaries are involved in the project (decision making, design, planning and implementation, and monitoring)? And how? (describe the mechanism).
3) What complains and feedback mechanisms were put in place?
4) What were the common community's complains addressed during the project period?

5) Where do you document feedbacks from the communities?
6) In case you are not satisfied with the services provided by the NS, what can you do?

3. BACKGROUND

A. Context

The Syrian crisis has created the worst humanitarian crisis of our time, with over 5.3 million registered refugees in the Middle East and North Africa region alone[1]. Conflict-affected people from Syria fled to Jordan, which currently hosts 664,330 [2]registered Syrian refugees from which 79% live in urban areas with host communities.

In response, Jordan National Red Crescent Society (JRCS) has been implementing the Community Based Health and First Aid (CBHFA) program since 2014 with support from the International Federation of Red Cross and Red Crescent Societies (IFRC) Country Office in Jordan in order to improve basic health and hygiene conditions and strengthen the resilience of the most vulnerable refugees and host communities, particularly by promoting the use of community-based approaches that support communities in developing or reinforcing e.g. group coping mechanisms, offer options for mitigating harmful coping strategies, raise awareness, and provide assistance that could reduce people´s exposure to risks. Over 200,000 people have been reached in the last 5 years with health awareness information through a variety of approaches; e.g. community campaigns, school visits, community meetings, group discussions, and home visits. Through JRCS's long-standing relationships with communities, community leaders and local authorities, there is a high level of recognition and support of both the current and proposed future interventions by JRCS.

The vast majority of beneficiaries do not have access to necessary health facilities and medical care, despite being aware of serious health problems, due to various reasons such as significant financial, social and cultural barriers. Lack of awareness of the necessity for victims to receive treatment in a timely manner and insufficient support mechanisms also contribute to this problem.

This emphasizes the importance of delivering community-based health activities to Syrian refugees in Jordan, which can contribute significantly to their well-being physically and mentally.

[1] UNHCR: https://data2.unhcr.org/en/situations/syria, June 2019

[2] UNHCR: https://data2.unhcr.org/en/situations/syria, June 2019

B. Intervention's Rationale

The CBHFA project's outcome is inspired by the International Federation of Red Cross and Red Crescent Societies Strategy 2020 with the following aims:

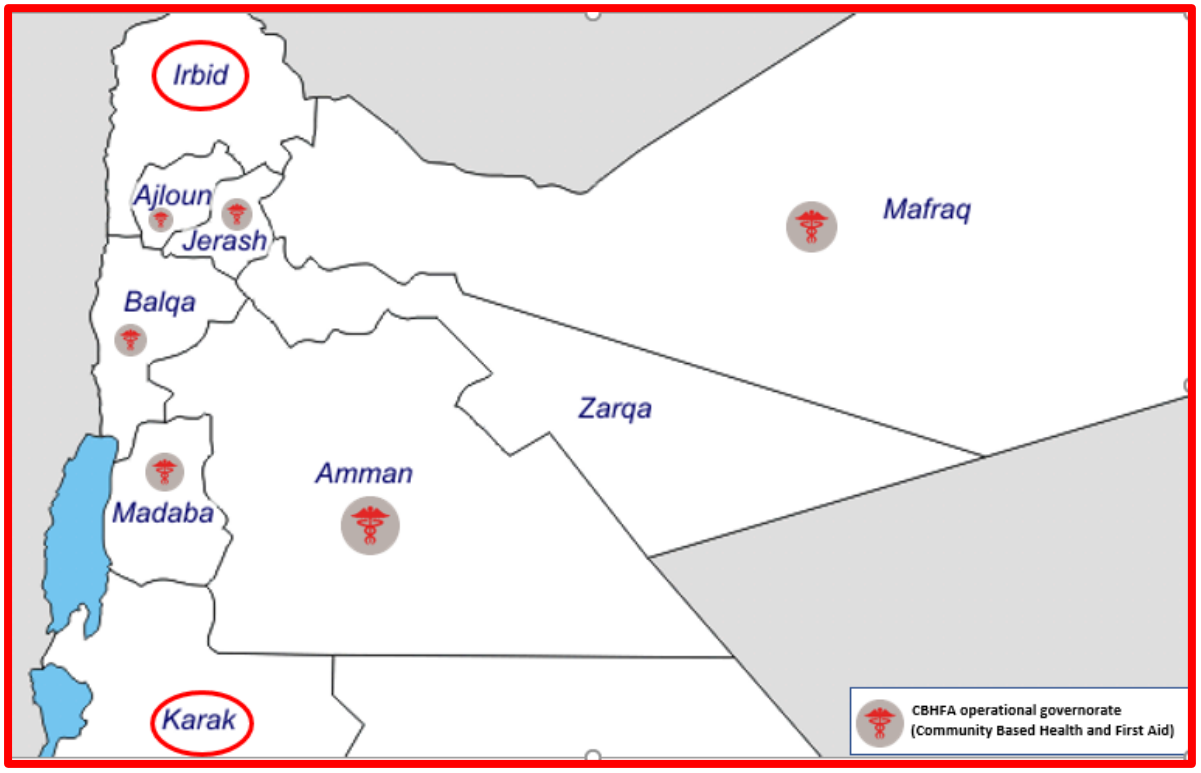
1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises;
2. Enable healthy and safe living;
3. Promote social inclusion and a culture of non-violence and peace.

The project 'Delivering life-saving health care for vulnerable Syrian refugees and host communities in Jordan was developed and implemented by JRCS, in order to increase recovery from the Syrian crises for refugees and the Jordanian host communities.

This project aimed to build community resilience among the Syrian refugees and Jordanian host communities that promoted social inclusion and a culture of non-violence and peace, through education on the topics of hygiene promotion, non-communicable diseases (NCDs), Violence Prevention (VP), First Aid (FA), small health topics, drug abuse and road safety.

'Road Safety' and 'Drug Abuse' are the new topics in this project in addition to the CBHFA core modules. JRCS identified the needs of communities and, with the support of IFRC, JRCS developed the materials and tools and conducted the training for Community Health Volunteers (CHVs). The project's objective aims to improve community health practices for the long-term.

The JRCS with support from the IFRC Country Office Jordan has been implementing a health programme by a holistic community-based approach to meet the needs of Syrian refugees and host communities in 6 governates since 2017, Amman, Ajloun, Mafraq, Madaba, Jerash, Balqa (see below map).



The project was expanded to cover **Irbid** and **Karak** due to significant project needs in these governorates. Irbid is the second biggest governorate in Jordan and located near the border of Syria, 135,329 people[3] (20.6**%** of total) registered as Syrian refugees, according to UNHCR report. In Karak, the number of Syrian refugees is 8,515 people (1.3% of total), but the number of NGOs is not so many, in particular providing community health in there. As such, there are considerable humanitarian needs for CBHFA among Syrian refugees and host communities in both governorates.

The below table shows the distribution of UNHCR registered Syrian population in Jordan by governorate.

Governorate	Percent %	Population
Amman	29.6%	197,084
Mafraq	24.2%	164.021
Irbid	20.9%	140,639
Zarqa	14.4%	96,951
Balqa	2.9%	19,492
Madaba	2%	13,371
Jerash	1.5%	9,896
Karak	1.4%	8,934
Ajloun	1.0%	7,056

The CBHFA approach aims to empower Syrian refugees and host communities as well as community health volunteers (CHVs) to take charge of their own health. By using simple tools, adapted to the respective local context, communities are mobilized to address and prioritize their health needs. The CBHFA approach seeks to create healthy and resilient communities worldwide. As such, it plays a vital role not only in achieving the IFRC's Strategy 2020 but also in contributing towards the achievement of the Sustainable Development Goals (SDGs)[4] specially to Goals 3 (Good health and well- being) and 6 (Water and Sanitation) as well as indirectly to Goals 1 (No poverty), 11 (Sustainable cities and communities) and 17 (Partnerships for goals). Lastly, the IFRC's CBHFA approach and community-based health programming to fill a vital gap on the WHO initiated Universal Health Coverage (UHC, SDG 3.8) to reach out the last mile and most vulnerable community to access to quality essential and affordable health-care services.

The table below indicates the main objective of the intervention and reflects the planned activities (outputs).

[3] http://www.jordantimes.com/news/local/syrian-refugee-population-increases-slightly-last-year
[4] https://sustainabledevelopment.un.org/

CBHFA Project Objective:	Outcome1
Improved resilience, health, and violence prevention for the Syrian refugee and host communities in Jordan.	**Syrian refugees and host communities are aware of their health-related issues and rights**
	Output 1.1 CHVs and FPs are trained in terms of the CBHFA approach. **Output 1.2** Community health volunteers raise awareness by spreading health information to refugees and host communities. **Output 1.3** The Jordan Red Crescent Society is supported to act as community health agents.

C. Main activities implemented within the project

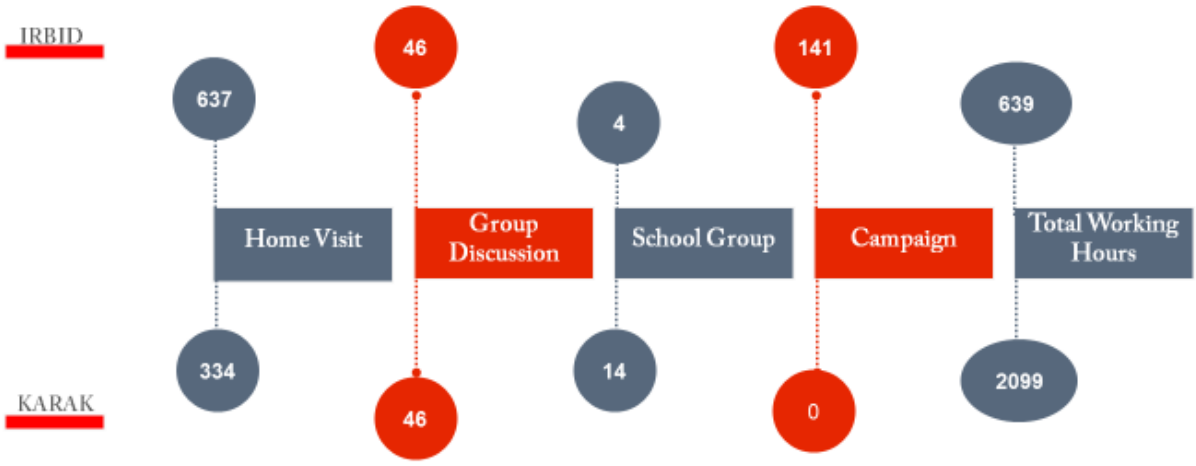
Twenty-eight community health volunteers (CHVs) from Irbid and Karak were trained in the main health issues and immunizations and provided with information about the Red Cross Red Crescent (RCRC) Movement, how to assess their communities and community mobilisation.

The table below shows the total number of trained CHVs by subject and governorate.

Training	Irbid	Karak	Female	Male	Total
CBHFA 123	22	15	23	14	37
Non-Communicable Diseases	22	8	19	11	30
Small Health Topics	14	7	13	9	21
First Aid	19	9	17	11	28
Violence Prevention	18	7	16	9	25
Road Safety	12	7	11	8	19
Road Safety TOT	3	0	1	2	3
Drug Abuse	13	6	12	17	19

The activities were carried out on time by the CHVs and reached 11,146 people through CBHFA project, exceeding the planned target 8,250 men, women and children. A total of 1,222 activities have been conducted including home visits, school campaigns, and focus group discussions which have disseminated health related information to both vulnerable host communities and Syrian refugee families.

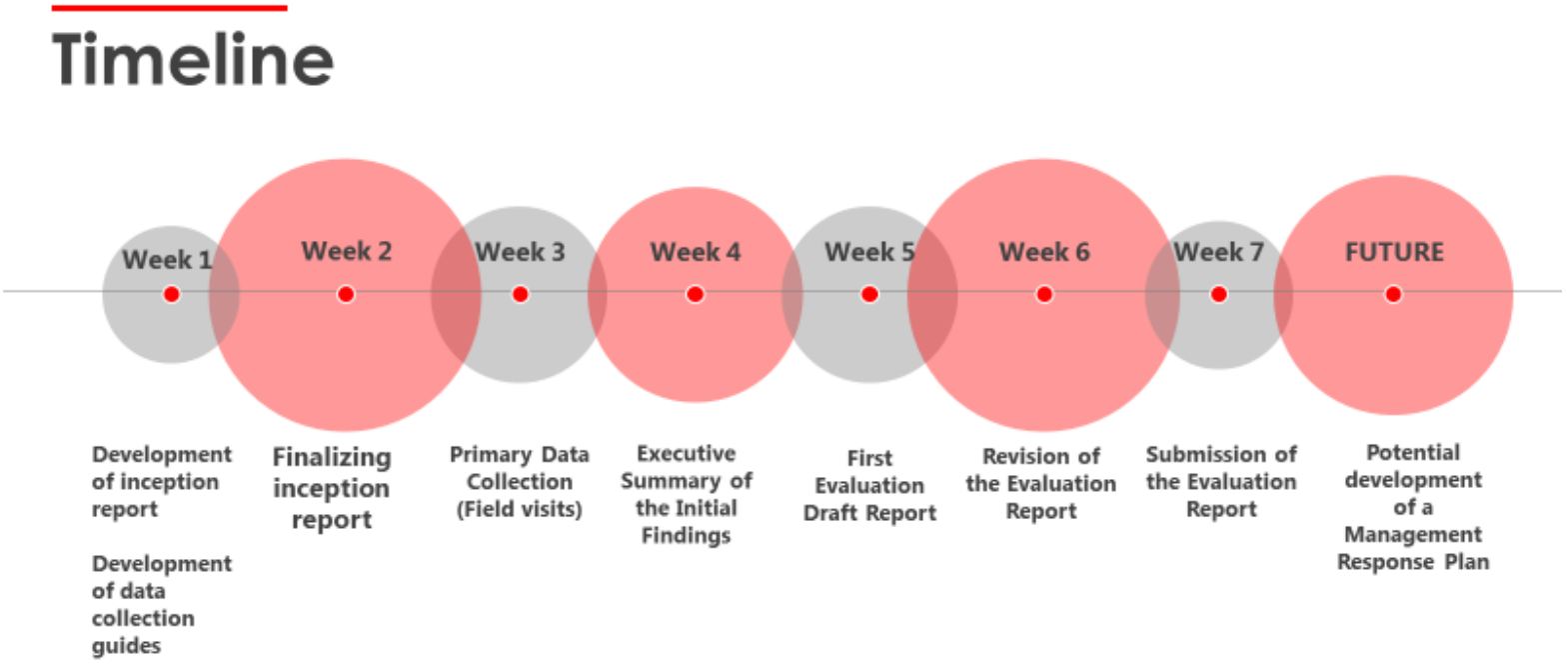
The main types of activities and their total numbers carried out by the CHVs are outlined in the below graph.



4. EVALUATION METHODOLOGY

A. Timeline – Phases and Deliverables of the Evaluation

The below table shows the evaluation timeline and deliverables:



B. Methodology

The evaluation process was based on a mixed-methods approach, combining qualitative and quantitative methodologies through desk review, focus group discussions as well as key informant interviews, and by:

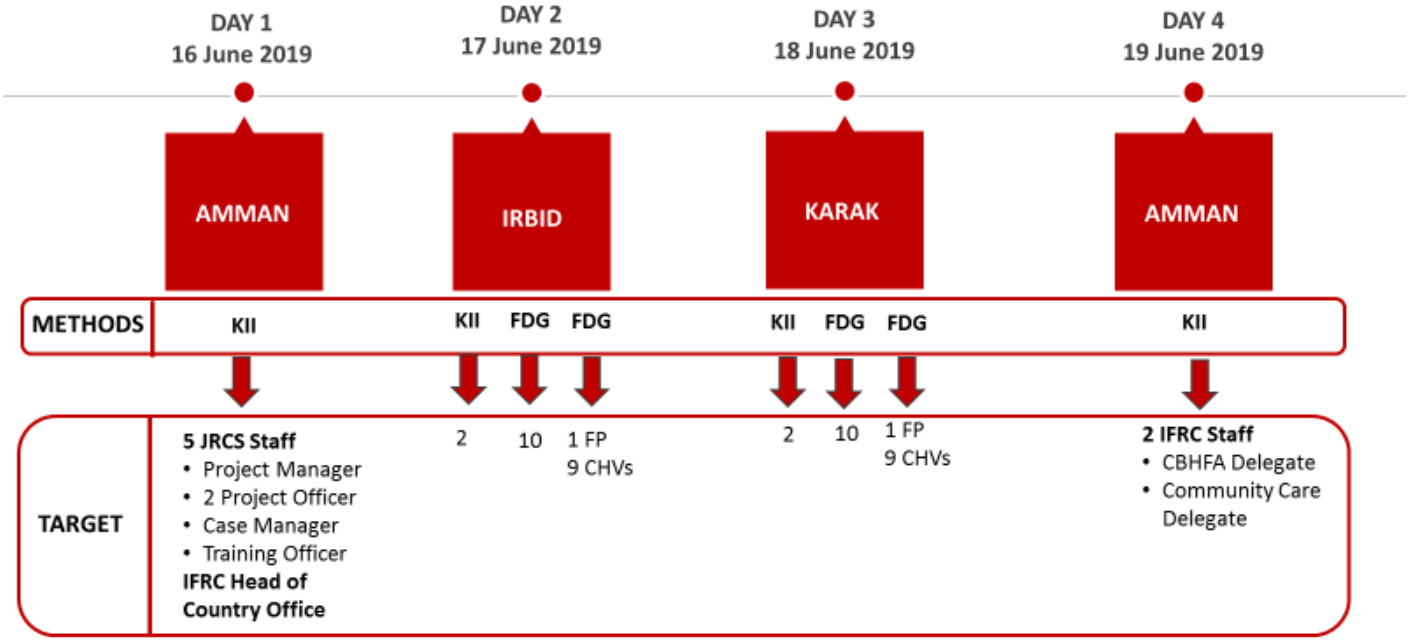
1- Involving key stakeholders from the beneficiaries and CHVs in Karak and Irbid, representatives from JRCS and representatives from IFRC Jordan involved in the response.

2- Triangulating the data with secondary data sources such as government statistics, quantitative information collected previously as well as existing project documentation with reflections on how the findings relate to the secondary documentation.

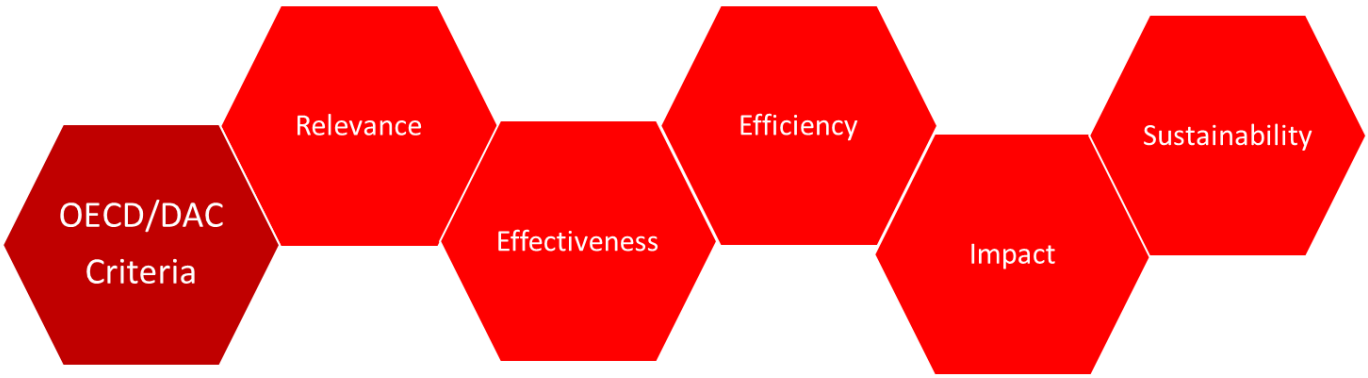
The document analysis and review included:

- All project-related documentation such as the project proposal/plans, budgets, CHVs' data, reports, IEC materials, photography etc.;
- CBHFA modules and materials developed and used;
- Data and results of baseline survey.

The community evaluation of JRCS & IFRC staff, CHVs and beneficiaries was done through key informant interviews and focus group discussion as per the below timeline.



With the use of the OECD-DAC criteria of relevance, effectiveness, efficiency, impact, and sustainability, this evaluation aims at providing credible and useful information which will contribute to improving the planning and decision-making process as well as enhancing the capacity of the entities involved in the project.



5. FINDINGS & RECOMMENDATIONS

In this section, the evaluation criteria are analysed in depth in response to different Questions, according to the Indicators, Sources, and Methods outlined in the Methodology section.

A. Relevance

Given the health risks (e.g. NCDs, Road Accidents) in the region are high, the current refugees context in Jordan, and that no other organisation is delivering similar services, the well-established IFRC CBHFA programme and its awareness approach was found relevant to the needs of the targeted communities hosting a high percentage of Syrian refugees, with little to no access to health care.

The CBHFA initiative implemented by JRCS was accepted and appreciated among all beneficiaries and CHVs and harmonized among all partners (e.g. Icelandic Red Cross, Japanese Red Cross, EU MADAD), and this approach is fully aligned with, on one hand the JRCS strategy and to IFRC Strategy 2020 on the other hand.

Recommendation 1 In spite of its high relevance, the intervention did not sufficiently consider equity amongst different vulnerabilities within the targeted communities. It is vital to deliver specific support to those identified as most vulnerable, a principle that is well-aligned with the "Impartiality".

B. Effectiveness

The objectives of the CBHFA, as a programmatic approach with standard materials and tools, were met by raising the awareness of men, women, boys, girls and disabled population within the Syrian refugees and host communities about non-communicable diseases, hygiene sanitation and other health topics and how to prevent them, the importance of regular health checks through the efficient home visits, awareness sessions and campaigns. While they have appreciated the CHVs knowledge and skills, the respondents reported that the programme also taught them how to deal with injuries and basic first aid steps for burns.

It was clear that the CBHFA approach represented an opportunity in shifting from a reactive to a preventive care model. At the housewives' level, they have changed from being passive receivers to active agents within their families and communities.

The targeted communities including Syrian and Jordanian CHVs themselves have changed their unhealthy old habits to new and healthier ones (e.g. eat more fruits, quit smoking, more exercise)

The intervention has successfully targeted all categories at the community level, reducing the gender gap and reaching out to all age groups. The decision made to have both Jordanian and Syrian nationals within the CHVs, selected through an effective process which affected positively the volunteers turnover, and while being unique for the project, showed a positive working model of coexistence.

Recommendation 2 Social media remains one of the best ways to amplify the visibility of your achievements when it comes to implementing a programmatic approach. It is seen as vital to maximising the reach out of the CBHFA to others including current stakeholders and the public in general. It is an area to be further explored and improved to maximising its usage.

A. Efficiency

The selected CHVs from the community, succeeded in timely conveying the health-related messages through their professionalism, communication skills, and respectful attitudes during the home visits and the awareness sessions to their communities. Many cases were referred to help to ensure the target population receives the best possible and most convenient health care when identified.

While home visits may be looked at as a resource-consuming approach, it is undoubtfully crucial for reaching the objective of the CBHFA, considered as a systematic approach, by meeting its main goal

in identifying the most efficient means to generate consistent and optimum results in behavioural changes.

Overall, this localised approach was found efficient; on one hand, the used materials were developed and used globally and delivered in low cost- or cost-free venues; on the other hand, the volunteers were selected from the targeted communities, with low to no cost associated to the headcount, ensuring that no further cost will incur e.g. salary, transportation allowance.

However, the new modules of "Road Safety" and "Drug Abuse" were not delivered efficiently despites of high demands due to the following reasons:

- Lack of planning in delivering new topics and developing new materials and tools;
- Underestimation of current resources and time for newly developed and tailored made modules;
- Introducing a sensitive new topic to the context of Jordan "Drug Abuse";

Recommendation 3 The efficiency of the project would have been further maximised if a risk assessment was included in order to identify and analyse any potential (future) events that may negatively impact the implementation of the programme, such as mitigating the dependence on the external technical support (road safety and drug abuse modules' material development);

Recommendation 4 Social media is one of the most cost-effective ways to reach mass amounts of the audience, seeing that it is free of charge. To increase the exposure of the CBHFA programme, it is recommended to maximise the use of existing social media platforms.

B. Impact

Although the project time frame was too short to see a clear impact on behavioural change, it was encouraging to observe some positive impact among the affected communities as well as the CHVs according to the initial findings of the evaluation.

It was reassuring to see that the volunteers believed in the project in the first place and started implementing the learning on themselves. They showed outstanding commitment to reach out to the most vulnerable, people whom they know from their community.

Recommendation 5 The present evaluation could not measure the actual impact of this project's intervention as it was only carried out over a period of 15 months and hence, this is rather a short period for change in behaviour at the community level as it takes several years of programme implementation before behaviour changes occur to the extent that they can be observed.

However, at the attitude level, the analysis based on the qualitative data collection occurred during this evaluation exercise showed significantly positive attitude among the affected communities as well as the CHVs. It would have been better if it was complemented by KAP survey, essentially to allow access to quantitative and qualitative information, as it would have revealed misconceptions or misunderstandings that may represent obstacles to the activities to implement and potential barriers to behaviour change. Essentially, and if complemented with KAP, based on the "declarative" (i.e., statements), the evaluation exercise would have better recorded the overall "opinion".

C. Sustainability

The project was initially designed to be implemented over a period of 12 months and was later extended to 15 months in agreement with the Icelandic RC.

The Capacity of the JRCS, the nature of this approach and its continuity highly depend on further funding. However, the CBHFA project greatly contributed to the capacity building of JRC staff on one hand, and the CHVs through a set of CBHFA training, awareness sessions, and campaigns on the other hand.

Documentation of the field visits demonstrated the engagement and understanding of the staff and CHVs in the project implementation and their commitment to its continuation and improvement in the future.

The increase in knowledge was noticeable and admitted by all stakeholders. That will lead eventually to building community resilience. The information that the beneficiaries and CHVs have gained as a result of their participation in this project, made them more aware of how to deal with their own medical condition. The targeted beneficiaries feel more confident in passing over the message to their family and friends currently within their communities and in the future, within their homeland upon their return.

Recommendation 6 View the existing partnerships, it is recommended to maximise the advocacy role of the JRCS, in order to set up an integrated health approach linking the communities with primary and secondary health care, as well as Ministry of Health and other related public authorities in order to be recognized and part of National health care system. Particularly the 2 new topics on Road Safety and Drug Abuse will be vital to fill a gap and reduce unvoiced health risks in Jordan.

D. Accountability to the communities

The "Fraud and Corruption Prevention and Control Policy" is enforced by the IFRC, ensuring commitment to high ethical standards, transparency, and accountability to all internal and external stakeholders including the targeted communities.

IFRC has conducted this training course to the JRCS staff members for the first time in MENA Region. Furthermore, JRCS leadership decided that the online training on "Fraud and Corruption" is compulsory to all staff to familiarize them with the contents of the Anti-Fraud and Anti-Corruption Policy and to comply with the established guidance and principles.

On the other hand, a feedback mechanism has been set to document all of the observations, recommendations, and complaints. Not only the CHVs but the beneficiaries are aware of all possible ways to explore in case of any kind of feedback.

6. CONCLUDING REMARKS

Overall, the project evaluation demonstrated the relevance of the activities to the target population. This was reflected in the positive responses from the interviews and focus group discussions.

The rationale of this intervention to respond to the community health and information needs of the Syrian refugees as well as of the host communities, from a needs-based perspective, is highly relevant, fully justified and significantly needed to continue.

In order to maximize the learning from this evaluation exercise, the evaluation team recommends:

- Translating this document to Arabic; at least the findings and recommendations section;
- Sharing the translated version with partners and other relevant stakeholders;
- Providing partners and stakeholders with space to react to the evaluation findings;
- Building a management response based on evaluation findings and feedback obtained from associates and stakeholders;
- Performing needs assessment to new and existing partners in order to identify capacity building needs;
- Setting up an exit strategy for further accountability and easier adaptation to any change in the CBHFA approach or local strategy;
- To set-up outreach referral teams for identification of the most vulnerable refugees. The priority of the home visits will ensure short-term acute needs of refugees are met: equitable access, uptake, and quality comprehensive health care;
- Conducting an impact evaluation on the CBHFA programme in Jordan in the near future;
- The continuation of this programme with most of the current partners.

Annexes to the Final Evaluation of the Community-Based Health & First Aid (CBHFA) in Jordan

7. ANNEXES

Annex I: Terms of Reference (ToR)

Terms of Reference

Final Evaluation for CBHFA project in Jordan funded by MFA and Icelandic Red Cross

June 2019, Amman Jordan

1. Purpose

The purpose of this evaluation is to evaluate the efficiency and effectiveness, relevance, and sustainability of the CBHFA project in Jordan, and to identify key lessons and recommendations to inform future projects. Jordan Red Crescent Society (hereinafter "JRCS") has been implementing the Community-Based Health and First Aid (hereinafter "CBHFA") project over 5 years with a support from multiple partners including International Red Cross and Red Crescent Societies (hereinafter " IFRC") and EU MADAD. This evaluation is to specifically evaluate the CBHFA project in Irbid and Karak, which was supported by the Icelandic Red Cross and the Ministry for Foreign Affairs of Iceland.

2. Objectives

This evaluation is to measure the relevance, effectiveness, efficiency, impact and sustainability of the JRCS supported CBHFA project (hereinafter "the project") in 2 governorates in Jordan from April 2018 till June 2019 with a total budget of 297,806 CHF. Furthermore, the evaluation is also expected to evaluate key lessons and recommendations for future projects in Jordan.

Specific objectives

- Review the relevance, effectiveness, efficacy, impact and sustainability of the project.
- Analysis of strengths and challenges of the project.
- Documentation of lessons learnt and provide recommendation for further improvement of projects.

3. Geographic location

Irbid and Karak governorates, Jordan.

4. Duration

30 days (including preparation, field visit, reporting)

5. Methodology

5.1 Document analysis / review

- All project related documentation such as the project proposal / plans, budgets, Community Health Volunteers (CHV)' data, reports, IEC materials, photography etc.
- CBHFA modules and materials developed and used
- Data and results of baseline survey

5.2 Community evaluation

- Key informant interviews (hereinafter "KII") and focus group discussion (hereinafter "FGD")
  a) Target population: JRCS and IFRC staff, CHVs and beneficiaries
  b) Conducted by IFRC MENA PMER and Health & Care teams
  c) Date: 16th- 19th June 2019

	Place	Methods	Target	Interviewer, Facilitator/Note
1st day (16th June)	JRCS FA centre	Interview	5 JRCS Staff -Project Responsibility -2 Project Officer -Case Manager -Training Officer -HoC	Lina, Maki
2nd day (17th June)	Irbid	FGD	8-10 Beneficiaries	Lina, Maki / JRCS
		Interview	2 Beneficiaries	Lina, Maki / JRCS
		FGD	2 FP& 8 CHVs	Lina, Maki / JRCS
3rd day (18th June)	Karak	FGD	8-10 Beneficiaries	Lina, Maki / JRCS
		Interview	2 Beneficiaries	Lina, Maki / JRCS
		FGD	1 FP&8 CHVs	Lina, Maki / JRCS
4th day (19th June)	IFRC meeting room	Interview	3 IFRC Staff -CBHFA delegate -Community care delegate	Lina, Maki

6. Evaluation criteria and key questions

6.1. *Relevance / Appropriateness*

The extent to which the project has been suited to the target communities.

- How relevant was the project regarding the beneficiaries' needs, local context and needs?
- Was the project aligned to the Jordan country health strategy and/or plan?
- Was the project aligned to the IFRC strategy 2020?
- How did the project select the target (based on the UNHCR populations of concerns or utilizing other criteria, please describe)?
- Was the project "vulnerability sensitive" (gender balanced and working with people living with disabilities)?
- Did the project adapt to the specific health related and protection gaps at each governorate?

6.2. *Effectiveness*

- To what extent have the objectives been achieved? The evaluator(s) shall refer to the log frame.
- What were the major internal and external factors influencing the achievement or non-achievement of the objectives?
- Were any unexpected results achieved?
- Was the relevant methodology used in implementing the project? How did different groups in the targeted communities perceive the different methods? What method was preferred by each group? Was any method specifically effective in communicating certain types of information?
- Was the selection of volunteers appropriate, taking into consideration gender and diversity aspects, previous experience?

✓ Did target communities increase knowledge and attitude changes related the project activities? (Outcome 1)

a) Healthy lifestyles and nutrition (NCDs)
b) Routine immunization and personal Hygiene (Small Health Topics)
c) Non-violence and peace (Violence prevention)
d) First aid
e) Road safety
f) Drug abuse

✓ Did JRCS empower CHVs to reach out to the most vulnerable groups within the refugees and host community? (Output1.1)

a) CHVs recruited – how many (segregated by gender, nationality)
b) CHVs trained on CBHFA introduction course and relevant health topics – how many (active & no active volunteers)

- ✓ Did CHVs deliver health education to raise awareness of refugees and host communities? (Output 1.2)
  a) Health sessions carried out – how many times, what kinds, topics, the number of beneficiaries (gender, nationality)
  b) Campaigns carried out – how many times, topic, the number of beneficiaries (gender, nationality)
- ✓ How did JRCS support CHVs' ability and collaborate with partners as a community health agent? (Output1.3)
  a) CHVs and FPs attended at monthly meeting – how often, how many
  b) Monitoring and evaluation system developed – how often CHVs' activities monitored, how many focal persons evaluated
  c) Staff trained on the subject of CBHFA and health related training (Road safety and drug abuse)
  d) Staff attended sector/sub-sector/task force meetings – how often and what
  e) Branch managers and stake holders involved – how many, how collaborate
  f) effective referral system set up – either complementary or outside the initially available free of charge public health system?

6.3. *Efficiency*

The efficient use to time and resources:

- Were all activities completed within the budget?
- Were all resources, e.g. trained CHVs, materials, and HR, utilized to achieve the outputs?
- Was the project carried out forward as planed?
- Was the project implemented in the most efficient way compared to alternatives?

6.4. *Impact*

These are positive and negative changes produced by the intervention, directly or indirectly, intended or unintended.

- To what extend the project achieved its intended impact?
- Has there been any unintended or indirect positive or negative impact to the communities, CHVs, NS?

6.5. *Sustainability*

The benefits to the communities are sustained after the project.

- Are CHVs and the communities connected to support structure of JRCS, the government and local authorities and what extent?
- What is the planned exit strategy and way forward/ JRCS vision on CBHFA?
- What are the main factors, either positively or negatively affecting the sustainability of the project?
- What measures have been taken to ensure that the volunteers remain active, including implementing CBHFA activities, after IceRC support has ceased?
- What are the major factors which could influence the achievement or non-achievement of sustainability of the project?

6.6. *Accountability to the communities*

- To what extent community members, CHVs and beneficiaries are involved in the project (decision making, design, planning and implementation and monitoring)?

6.7. *Organizational learning*

- What were the lessons learnt and best practices?

7. Evaluation Methodology

The methodology will be further detailed with the assistance of the evaluator(s), by an inception report. The final inception report will provide a clear understanding and realistic plan of work for the evaluation. The inception report interprets the key questions and explains how the data collected will be used and also suggests what other methodologies and data collection will be used to answer all the questions. It also elaborates a reporting plan with identified deliverables, draft data collection tools if needed, travel and logistical arrangements for the evaluation.

The data collected within the frame of this evaluation will be qualitative in nature and triangulated with secondary data sources such as government statistics, quantitative information collected previously as well as existing project documentation with reflections on how the findings relate to the secondary documentation. All data, collected through the evaluation must be disaggregated by age, sex and disabilities; that is, separately for men, women, boys and girls and persons with disabilities. Conclusions and recommendations should reflect any significant gender differences found in the data.

The evaluation will result in a written report in English, describing the methods and limitations, findings, conclusions, lessons learned, and reasonable number of recommendations. In order to be able to implement the recommendations, they should be elaborated rather than simply indicating areas that should be improved. They should be directed to the JRCS, the IFRC, and the IceRC. The length of the report should not be more than 15 pages excluding annexes.

8. Evaluation Quality and Ethical Standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable process outlined in the IFRC Framework for Evaluation.

It is also expected that the evaluation will respect the seven **Fundamental Principles of the Red Cross and Red Crescent**: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at: www.ifrc.org/what/values/principles/index.asp

9. Evaluation management team

9.1. Facilitators:

Two persons from MENA

9.2. Technical advisors:

Health & Care and PMER in MENA

10. Confidentiality

All collected data and information related to this evaluation will be strictly confidential. No names of respondents can be mentioned in the evaluation report.

11. Schedule of the evaluators

	Tasks	Time line	Remarks
1	Preparation of evaluation: desk study collecting and reading of main documents		
2	Mission to Jordan: Prepare and conduct interview/ discussions with JRCS, IFRC-Jordan, volunteers	June 16-19 (4days)	Refer to interview schedule (5.2)
3	Review draft narrative reports Writing on report	June 23-27	JRCS will submit draft one to the evaluator by the end of June
4	Compilation of interim report to be shared with all partners	By July 5	
5	Comments from consortium partners and management responses	By July 9	
6	Revision of draft report and upon need follow-up interviews with key staff De-briefing / presentation to consortium partners (skype)	July 9-14	
7	Submit the evaluation report	July 14	To IRC (After that IRC need to translate to submit MFA)

Annex II: Evaluation Schedule

	Place	Methods	Target
DAY-1 **16 June 2019**	Amman	KII	**5 JRCS Staff** -Project Manager -2 Project Officer -Case Manager -Training Officer **IFRC Head of Country Office**
DAY-2 **17 June 2019**	Irbid	FGD	10 Beneficiaries
		KII	2 Beneficiaries
		FGD	1 FP & 9 CHVs
DAY-3 **18 June 2019**	Karak	FGD	10 Beneficiaries
		KII	2 Beneficiaries
		FGD	1 FP & 7CHVs
DAY-4 **19 June 2019**	Amman	KII	**2 IFRC Staff** -CBHFA Delegate -Community Care Delegate

Annex III: List of Contacted Key Informants

In Irbid:

Beneficiaries Focus Group Discussion				
	Age	Gender	Nationality	Category
1	36	Female	Jordanian	Household
2	27	Female	Jordanian	Household
3	53	Female	Jordanian	Household
4	37	Female	Syrian	Household
5	33	Female	Jordanian	Household
6	38	Female	Syrian	Household
7	48	Male	Syrian	Household
8	23	Female	Syrian	Household
9	39	Female	Syrian	Household
10	38	Female	Syrian	Household

Beneficiaries Key Informant Interview				
	Age	Gender	Nationality	Category
1	45	Female	Syrian	Household
2	32	Male	Syrian	Household

CVHs Focus Group Discussion				
	Age	Gender	Nationality	Status (CHV or FP)
1	28	Male	Jordanian	CHV
2	27	Female	Jordanian	CHV
3	34	Female	Syrian	CHV
4	34	Female	Jordanian	CHV
5	41	Male	Syrian	CHV
6	26	Male	Syrian	FP
7	35	Female	Jordanian	CHV
8	35	Female	Syrian	CHV
9	41	Female	Syrian	CHV
10	25	Female	Jordanian	CHV

In Karak:

Beneficiaries Focus Group Discussion				
	Age	Gender	Nationality	Category
1	47	Female	Jordanian	Housewife
2	31	Male	Jordanian	School teacher
3	22	Female	Jordanian	University student
4	37	Female	Jordanian	Trainer and supervisor

5	40	Male	Syrian	Worker
6	45	Female	Syrian	Housewife
7	23	Male	Syrian	Worker
8	46	Female	Syrian	Housewife
9	25	Female	Syrian	Unemployed
10	25	Male	Jordanian	Unemployed

Beneficiaries Key Informant Interview				
	Age	**Gender**	**Nationality**	**Status**
1	45	Male	Jordanian	Health Worker, one of the community leaders
2	45	Female	Syrian	Facilitator of the Orphan Centre

CVHs Focus Group Discussion				
	Age	**Gender**	**Nationality**	**Status (CHV or FP)**
1	33	Female	Jordanian	CHV
2	24	Male	Syrian	CHV
3	32	Female	Jordanian	CHV
4	25	Female	Syrian	CHV
5	23	Male	Jordanian	CHV
6	22	Male	Jordanian	CHV

7	31	Female	Jordanian	CHV
8	34	Male	Jordanian	FP