

Evaluation of COVID-19 Risk Communication and Community Engagement in Jordan Country Office

EVALUATION REPORT

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Disclaimer

The information presented in this report are based on data collected by the evaluation team, and do not necessarily reflect the views of UNICEF and/or MMIS Management Consultants.

Table of Contents

I. Introduction	1
1.1 Jordanian Context	1
1.2 Evaluation Background.....	5
1.3 COVID-19 Global RCCE Strategy.....	7
2. COVID-19 RCCE Evaluation	9
2.1 Purpose, Objectives and Scope of the Evaluation	9
2.2 Evaluation Duration and Team	10
2.3 Evaluation Questions	11
2.4 Methodology, Limitations and Ethical Considerations.....	12
3. Evaluation Findings	15
3.1 Relevance.....	15
3.2 Coherence.....	28
3.3 Efficiency	35
3.4 Effectiveness	42
3.5 Sustainability	68
4. Lessons Learned	73
5. Overall Conclusions.....	74
6. Recommendations	76
Annex (1): Terms of Reference (TOR)	
Annex (2): RCCE Roadmap	
Annex (3): National Action Plan	
Annex (4): ToC / Results Framework	
Annex (5): Timeline	
Annex (6): Detailed Evaluation Methodology	
Annex (7): The Evaluation Matrix	
Annex (8): Data Collection Tools	
Annex (9): Disaggregated Data	
Annex (10): Distribution of Population by: Category, Sex, Nationality, Age Groups, Urban Rural and Governorate	
Annex (11): List of People Interviewed in KIIs	
Annex (12): Bibliography	

Abbreviations and Acronyms

COVID-19	Coronavirus Disease
DCT	Direct Cash Transfer
EQ	Evaluation Question
FGD	Focus Group Discussion
HACT	Harmonized Approach to Cash Transfers (HACT)
HCAD	Health Communication and Awareness Directorate
HCAC	Health Care Accreditation Council
IFH	Institute of Family Health
IFRC	International Federation of Red Cross and Red Crescent
IMC	International Medical Corps
ITS	Informal Tented Settlements
JCDC	Jordan Center for Disease Control
KAP	Knowledge Attitudes and Practices
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MMIS	MMIS Management Consultants
MOC	Ministry of Culture
MOE	Ministry of Education
MOIA	Ministry of Islamic Affairs
MOSD	Ministry of Social Development
MOH	Ministry of Health
MOY	Ministry of Youth
NCFA	National Council for Family Affairs
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
PD	Programme Document
PO	Purchase Order
Q&A	Questions and Answers
RCCE	Risk Communication and Community Engagement
RHAS	Royal Health Awareness Society
TOC	Theory of Change
TOR	Terms of Reference
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

UNRWA The United Nations Relief and Works Agency for Palestine Refugees in the Near East
USAID United States Agency for International Development
WHO World Health Organization

Executive Summary

1) Introduction

- a. The COVID-19 pandemic has resulted in an unprecedented demand for clear, accurate, and timely communication. In response, the Jordanian government, in partnership with UNICEF, has implemented a Risk Communication and Community Engagement (RCCE) program to disseminate information and increase awareness about COVID-19.
- b. In June 2022, UNICEF-Jordan contracted MMIS Management Consultants to conduct an independent evaluation of UNICEF's RCCE program.

2) Jordanian Context

- c. Jordan is a Middle Eastern country with a population of over 10 million people.¹ The population is predominantly urban, with approximately 80% of the population residing in urban areas. The country is a diverse and multicultural society comprising various ethnic and religious groups. Jordan has made significant progress in providing its citizens with access to education and healthcare, with a literacy rate of 97.9% and a life expectancy of 74 years.²
- d. The country's strategic location, stable economy, and commitment to diplomacy and peace-making make it a valuable in promoting the rights and well-being of children and young people in the region and beyond. In recent years, Jordan has made significant progress in promoting gender equality and protecting women's rights, implementing several laws and policies aimed at achieving these goals.³
- e. Despite, since 2019, the COVID-19 pandemic has had a significant impact on many aspects of the Jordanian community including those beyond health. Access to food, water, sanitation, and hygiene has been affected by the pandemic, with many households experiencing increased food insecurity and difficulties accessing safe water and adequate sanitation facilities.⁴ Livelihoods have been disrupted, with many businesses closing and people losing their jobs or experiencing reduced income. The pandemic has also impacted security, with a rise in domestic violence and child abuse reported during lockdowns.⁵
- f. Alongside the Ministry of Health, UNICEF has been actively involved in supporting vulnerable communities in Jordan during the COVID-19 pandemic. The organization has focused on providing emergency support, ensuring continued access to education, protecting children's rights, and promoting child health and wellbeing.

3) Background

- g. Since the first confirmed case of COVID-19 on March 2nd, 2020, UNICEF Jordan, in partnership with the Jordanian government, civil society partners and other UN agencies,

¹ Central Intelligence Agency. (2022). The World Factbook: Jordan

² Central Intelligence Agency. (2022). The World Factbook: Jordan

³ United Nations. (2020a). Jordan: Gender Snapshot

⁴ World Health Organization. (2020). COVID-19 impact on food security and nutrition in Jordan

⁵ United Nations Development Programme. (2021). Jordan COVID-19 socio-economic impact assessment

ensured that the vulnerable population continued to have access to basic social services during these unprecedented health and economic challenges. In particular, UNICEF in partnership with the World Health Organization (WHO), Ministry of Health (MoH), Royal Health Awareness Society (RHAS) and National Council for Family Affairs (NCFA) led the Risk Communication and Community Engagement (RCCE) activities by raising public awareness on COVID-19 through the communication of key messages on multiple social media platforms.

4) Purpose, Objectives and Scope of the Evaluation

- h. **Purpose:** Considering the technical inputs provided by UNICEF to support the RCCE platform in Jordan, there was a need to evaluate if the RCCE strategy reached its expected results.
- i. **Objectives:** The objectives of this evaluation were to identify the main enablers, drivers and bottlenecks for behavior and attitudinal changes at household and community levels, verify the effective use of RCCE strategies, identify if the vulnerable, marginalized and excluded populations were targeted and reached by means of RCCE's activities and strategies, and understand if the evidence created throughout the implementation of RCCE in Jordan has informed the response in real time.
- j. The intended key users of this evaluation report are the government stakeholders of the Hashemite Kingdom of Jordan, including the Ministry of Health, and UNICEF Jordan as well as other key national and regional partners and stakeholders.
- k. **Scope:** The evaluation findings were structured to examine the areas of RCCE intervention based on the UNICEF COVID-19 RCCE roadmap (Annex 2). The evaluation covered the period from March 2020 to December 2021 at national and subnational levels of Jordan.

5) Methodology

- l. A mixed method approach, using both qualitative and quantitative data collection methods was applied. The data was collected in this evaluation through desk review, phone survey with 1178 respondents, 14 focus group discussions (FGDs), and 11 key informant interviews (KIIs) ensuring the triangulation of information. UNEG and UNICEF ethical norms and standards were followed.
- m. The evaluation team faced several limitations during the data collection phase, including accessing documents and key informants. Mitigation measures were implemented, such as modifying the sample size and the targeted key informants.

6) Findings

- n. The following summarizes the main findings answering 15 strategic evaluation questions formulated according to five OECD-DAC evaluation criteria.

a. Relevance

- o. The design of the RCCE strategy enabled UNICEF and its partners to collect feedback from the target population and deliver information in a way that is sensitive to the needs of people in acute crises.
- p. The activities and expected results of the RCCE strategy were highly consistent with the overall purpose and the attainment of its objectives.

b. Coherence

- q. Developing the RCCE Strategy preparedness, readiness and response to the COVID-19 enabled the country to integrate and harmonize the public health, humanitarian and development responses to COVID-19.
- r. RCCE actions were delivered through multisectoral coordination at the national level.
- s. The coordination between different counterparts and implementing partners was effective and was mainly the responsibility of MoH.

c. Efficiency

- t. UNICEF's efficient monitoring of funds disbursement and activities in addition to following the HACT framework helped in increasing efficient operations of RCCE.
- u. RCCE faced a major challenge related to the high volume of work compared to the human resources allocated for RCCE.
- v. Several best practices were established during the implementation of RCCE, such as: the interagency coordination and the coordination of all stakeholders.

d. Effectiveness

- w. The response was able to create one reliable channel/platform to disseminate information (the national campaign) and provide timely communication on COVID-19 prevention and precaution.
- x. Evidence proofed that RCCE interventions were able to increase knowledge and positively change attitudes and practices of the community on COVID-19 preventions and vaccine acceptance.

e. Sustainability

- y. Capacity building received during the implementation of RCCE have an impact on the sustainability of RCCE results.
- z. Partners are reluctant to take the first step into initiating partnerships despite their willingness to cooperate with each other.
- aa. There are several ways to improve the sustainability of such programs, such as introducing new technical capacity building programs that target national partners.

7) Lessons Learned

a. Relevance

- bb. Although RCCE response prioritized reaching and protecting vulnerable and marginalized community members, it must ensure that the intervention will be adapted to the need of the targeted populations, a system thinking approach alongside a localized analysis of social, economic, cultural, and gender dynamics seem to be essential to have.
- cc. Community engagement is vital in addressing COVID-19. It involves prioritizing community needs, following global and local guidelines, and using effective communication with communities.

b. Coherence

- dd. It is of paramount importance to have a strong national/local partner such as the MoH to lead all coordination efforts between the different counterparts and implementing partners.

c. Efficiency

- ee. Country-level capacity building of key national stakeholders should always be prioritized, with the focus on building their competencies in implementing best-practice behavior change communication approaches and tools in emergency contexts.

d. Effectiveness

- ff. Creating one reliable channel/platform to disseminate information (the national campaign) and providing timely communication on COVID-19 prevention and precaution seem to be critical in building trust in RCCE's messages and raising peoples' awareness.
- gg. Having strong partner with expertise in community engagement and raising awareness appear to be an added value to ensure sound program implementation.

e. Sustainability

- hh. Ensuring that capacity building efforts are provided to the main partners occurs to be an essential aspect to build their competency and ensure sustainability in the long term.

8) Overall Conclusions

- ii. After analyzing the different evaluation criteria, we arrived to the overall conclusion that in terms of relevance, RCCE strategy's design effectively addressed the evolving requirements and priorities of the intended audience, despite the obstacles presented by the pandemic. In terms of coherence, the strategies concerning partnerships, coordination, and the collaboration between the program implementation team and major stakeholders proved highly successful, primarily due to the driving force of UNICEF. The coordination among different counterparts and implementing partners was largely effective, with the Ministry of Health taking the lead in coordinating efforts among the various entities.
- jj. As for effectiveness, the main partners and stakeholders, including MoH, RHAS, and WHO, demonstrated a high level of understanding of the RCCE concept, which greatly

facilitated the development of a successful national campaign that effectively disseminated timely and relevant information.

- kk. Finally, during the implementation of RCCE, various activities were undertaken to ensure the sustainability of its outcomes, despite it being primarily an emergency response, to create a lasting impact and ensure the continued effectiveness of the RCCE efforts.

9) Recommendations

- ii. The recommendations were developed by the evaluation team based on the data collected throughout the course of the evaluation, and then discussed and validated by the relevant stakeholders during the “RCCE Evaluation Validation Workshop” facilitated by UNICEF.

a. Relevance

- 1) Enhance access to real time and reliable information to improve relevance.
- 2) Ensure rigorous gender analysis, data collection and reporting, as well as evidence-based solutions that hold UNICEF accountable to the children and women it serves.

b. Coherence

- 3) Establish and institutionalize multi-sectoral national and local level RCCE coordination mechanisms: Prioritize multi-sectoral coordination at the national level.

c. Efficiency

- 4) Develop operational preparedness and contingency plans factoring the required increase of human and financial resources, clear division of labour, and scale up of activities during health emergencies to avoid potential overlap of activities among the involved partner agencies.

d. Effectiveness

- 5) Ensure that any similar future intervention aiming to address a health crisis include a theory of change, results framework, assumptions and indicators.
- 6) Establish an impact/reach dashboard to enable all partners to have the same level of visibility of results.

e. Sustainability

- 7) Adopt a more engaging approach for partnership initiation and coordination. It's understandable that under emergency situations that might not be possible in early stages.
- 8) Plan regular capacity strengthening for the priority stakeholders at the individual and organizational level to promote sustainable and inclusive RCCE approach and ensure effective responses to any future health emergency.

I. Introduction

- 1 In June 2022, UNICEF-Jordan contracted MMIS Management Consultants to conduct an independent formative evaluation of UNICEF's COVID-19 Risk Communication and Community Engagement (RCCE) component. This report presents the findings of the evaluation and is divided into four sections. Section One gives an overview of the Jordanian context, background and COVID-19 Global RCCE Strategy. Section Two presents the objectives and scope of RCCE evaluation, the evaluation duration and team, the evaluation questions and the evaluation methodology and limitations. Section Three covers the findings of the evaluation, and are presented in line with the DAC criteria for evaluation, which is based on the conception that an evaluation is an assessment “to determine the relevance and fulfilment of objectives, developmental efficiency, effectiveness, coherence and sustainability”. Finally, the recommendations are presented in Section Four.

I.1 Jordanian Context

- 2 Jordan is a Middle Eastern country with a population of over 10 million people.⁶ The population is predominantly urban, with approximately 80% of the population residing in urban areas. The country is a diverse and multicultural society comprising various ethnic and religious groups, including Jordanians of Arab and Bedouin descent, Palestinians, Iraqis, Syrians, and Circassians. Jordan has made significant progress in providing its citizens with access to education and healthcare, with a literacy rate of 97.9% and a life expectancy of 74 years.⁷
- 3 The country has a young population, with more than half of its citizens under the age of 25, and has made progress in addressing the needs of its young people, with policies and programs focused on education, health, and youth empowerment. However, challenges remain in terms of ensuring access to quality education, creating opportunities for employment and entrepreneurship, and addressing social and cultural barriers that prevent young people, especially girls, from reaching their full potential.⁸
- 4 Despite these challenges, Jordan remains a key player in the region and an important partner for UNICEF. The country's strategic location, stable economy, and commitment to diplomacy and peace-making make it a valuable in promoting the rights and well-being of children and young people in the region and beyond. UNICEF continues to work with the government, civil society, and other partners to support programs and policies that advance the rights of children and young people in Jordan, particularly those who are most marginalized and vulnerable.
- 5 In recent years, Jordan has made significant progress in promoting gender equality and protecting women's rights, implementing several laws and policies aimed at achieving these goals. For instance, in 2019, the country amended its labor law to prohibit gender-based

⁶ Central Intelligence Agency. (2022). The World Factbook: Jordan

⁷ Central Intelligence Agency. (2022). The World Factbook: Jordan

⁸ UNICEF. (2021). Jordan

discrimination in the workplace and guarantee equal pay for equal work.⁹ Jordan has also established various entities promoting women's empowerment, including the Jordanian National Commission for Women, which is a semi-governmental organization which advocates and promotes women's diverse issues.¹⁰

- 6 Despite these efforts, women in Jordan still face significant challenges, as reported by the United Nations in 2020. The report revealed high levels of gender-based violence, including domestic violence and sexual harassment, and the underrepresentation of women in political and economic decision-making processes.¹¹ To address these challenges, the government of Jordan has implemented several initiatives aimed at promoting gender equality and women's empowerment, such as the 2017 National Strategy for Women in Jordan, which targets various sectors, including education, health, and political participation.¹²
- 7 Civil society organizations also play a crucial role in promoting gender equality and women's rights, including the non-governmental organization Sisterhood Is Global Institute - Jordan (SIGI-J), which provides legal assistance, vocational training, and counseling to women.¹³
- 8 Since 2019, the COVID-19 pandemic has had a significant impact on many aspects of the Jordanian community including those beyond health. As of March 19, 2023, there have been 846,534 confirmed cases and 9,836 deaths in Jordan.¹⁴ Access to food, water, sanitation, and hygiene has been affected by the pandemic, with many households experiencing increased food insecurity and difficulties accessing safe water and adequate sanitation facilities.¹⁵ Livelihoods have been disrupted, with many businesses closing and people losing their jobs or experiencing reduced income. The pandemic has also impacted security, with a rise in domestic violence and child abuse reported during lockdowns.¹⁶
- 9 The pandemic has also had a significant impact on education in Jordan. Schools and universities were closed for several months, disrupting learning and leading to concerns about increased drop-out rates and reduced educational attainment.¹⁷ The impact of the pandemic has been particularly severe for women, girls, and people with disabilities, who have experienced increased barriers to accessing education and healthcare, as well as increased risk of gender-based violence and discrimination. Women and girls have also been disproportionately affected by the economic impact of the pandemic, with many losing their jobs or experiencing reduced income.¹⁸
- 10 The COVID-19 pandemic has also had a significant impact on refugees living in camps in Jordan. As of March 2023, there are over 700,000 refugees registered with the United

⁹ United Nations. (2020a). Jordan: Gender Snapshot

¹⁰ United Nations. (2020a). Jordan: Gender Snapshot

¹¹ United Nations. (2020a). Jordan: Gender Snapshot

¹² United Nations. (2020a). Jordan: Gender Snapshot

¹³ US Department of State. (2021). Jordan

¹⁴ World Health Organization. (2023). Jordan COVID-19 dashboard

¹⁵ World Health Organization. (2020). COVID-19 impact on food security and nutrition in Jordan

¹⁶ United Nations Development Programme. (2021). Jordan COVID-19 socio-economic impact assessment

¹⁷ United Nations Children's Fund. (2020). COVID-19 and children in Jordan

¹⁸ United Nations Development Programme. (2021). Jordan COVID-19 socio-economic impact assessment

Nations High Commissioner for Refugees (UNHCR) in Jordan, and 2 million registered Palestine refugees live in Jordan¹⁹ with the majority living in camps.²⁰ The overcrowded living conditions in the camps make it difficult to practice social distancing and access to healthcare and basic hygiene facilities is often limited.²¹ This has led to concerns about the potential for the rapid spread of the virus within the camps.

- 11 In addition, the economic impact of the pandemic has affected refugees living outside the camps, many of whom work in the informal sector and have lost their livelihoods due to the pandemic.²² This has led to increased poverty and food insecurity among refugees in Jordan.
- 12 The COVID-19 pandemic has highlighted pre-existing vulnerabilities faced by girls, women, and children in refugee camps and host communities. Where the impact of the pandemic on girls, women, and children in Jordan's refugee camps and host communities has been particularly significant. Girls and women are often responsible for household chores and caring for family members, which has increased during the pandemic with schools and many services closed.²³ This has led to a disproportionate impact on their education, mental health, and overall well-being. Furthermore, reports have shown an increase in gender-based violence during the pandemic, particularly among refugee populations.²⁴ Girls and women in camps and host communities are also at an increased risk of early marriage due to economic and social pressures caused by the pandemic.²⁵
- 13 Children in these communities have also been impacted, with schools closed for extended periods and a shift to remote learning, which has limited their access to education and socialization opportunities.²⁶ The lack of access to digital resources, particularly in refugee camps, has further exacerbated the issue.
- 14 The impact of the pandemic on refugees highlighted the importance of ensuring that vulnerable populations are included in the COVID-19 response efforts. It is crucial to provide refugees with access to healthcare, hygiene facilities, and information about the virus to mitigate the spread of the virus and address the immediate and long-term impacts of the pandemic on this population.
- 15 Since its emergence, the COVID-19 pandemic has posed a significant challenge to the Jordanian government and its healthcare system. However, the Ministry of Health (MoH) has implemented various measures to manage the situation effectively. The Ministry of Health has been providing daily updates on the number of confirmed cases, recoveries, and deaths through press conferences and its website, allowing for transparent communication with the public.²⁷

¹⁹ <https://www.unrwa.org/where-we-work/jordan>

²⁰ United Nations High Commissioner for Refugees. (2023). UNHCR Jordan: Operational Portal

²¹ United Nations High Commissioner for Refugees. (2020). COVID-19 emergency response - Jordan

²² United Nations High Commissioner for Refugees. (2021). Jordan - Emergency COVID-19 Cash Assistance for Refugees

²³ UN Women. (2020). Impact of COVID-19 on Women and Girls in Jordan

²⁴ UN Women. (2021). COVID-19 and gender-based violence: Jordan country brief

²⁵ UNFPA. (2020). COVID-19 and Gender Equality in Jordan: Risks and Opportunities

²⁶ UNICEF. (2020). COVID-19 Response in Jordan

²⁷ Ministry of Health, Jordan. (2021). National COVID-19 Vaccination Campaign

- 16 The government has taken measures to control the spread of the virus, such as imposing a national lockdown, closing borders, and implementing curfews. The Ministry of Health has also worked on increasing its testing capacity and contact tracing efforts, which have contributed to the detection and isolation of COVID-19 cases.²⁸
- 17 Additionally, the government has allocated resources to ensure that the healthcare system is adequately equipped to manage the pandemic. The Ministry of Health has expanded its hospital capacity, including the establishment of field hospitals and quarantine centers.²⁹ The government has also implemented telemedicine services to allow for remote medical consultations and reduce the risk of transmission.
- 18 The Ministry of Health furthermore prioritized vaccination efforts, with a national vaccination campaign launched in January 2021.³⁰ The government has provided vaccines free of charge to citizens and residents, with priority given to high-risk groups such as healthcare workers, the elderly, and people with chronic conditions. The Ministry of Health's response to the COVID-19 pandemic has been commendable, and the measures implemented have helped manage the situation effectively. However, the pandemic's impact on the economy and vulnerable populations continues to be a challenge that requires ongoing attention and support.
- 19 Alongside the Ministry of Health, UNICEF has been actively involved in supporting vulnerable communities in Jordan during the COVID-19 pandemic. The organization has focused on providing emergency support, ensuring continued access to education, protecting children's rights, and promoting child health and wellbeing. In collaboration with the Jordanian government and local partners, UNICEF has distributed personal protective equipment (PPE), hygiene kits, and disinfection materials to healthcare facilities and schools, while also supporting distance learning initiatives for children who are unable to attend school due to the pandemic.³¹
- 20 Furthermore, UNICEF has been working to protect children's rights by providing psychosocial support for children and their families and advocating for the prevention of violence and abuse, including child marriage and child labor. The organization has also been promoting child health and well-being by ensuring access to essential health services and encouraging good hygiene practices to prevent the spread of COVID-19.³²
- 21 UNICEF's work in Jordan during the COVID-19 pandemic has been essential in supporting vulnerable communities and protecting children's rights. The organization's various initiatives and partnerships have enabled it to provide much-needed emergency support, ensure access to education, protect children from violence and abuse, and promote child health and wellbeing.
- 22 The COVID-19 pandemic has resulted in an unprecedented demand for clear, accurate, and timely communication. In response, the Jordanian government, in partnership with

²⁸ Ministry of Health, Jordan. (2020). COVID-19 Situation Report

²⁹ Ministry of Health, Jordan. (2020). COVID-19 Situation Report

³⁰ Ministry of Health, Jordan. (2021). National COVID-19 Vaccination Campaign

³¹ UNICEF. (2021a). Jordan - COVID-19 response

³² UNICEF. (2021b). Protecting children's rights during COVID-19

UNICEF, has implemented a Risk Communication and Community Engagement (RCCE) program to disseminate information and increase awareness about COVID-19. The program aimed to reach all Jordanians, including refugees and vulnerable populations, with a specific focus on women and children.

- 23 The intended rights holders (beneficiaries) of the program were all people living in Jordan, including vulnerable populations. The program aimed to reach approximately 5.7 million people, with a focus on women and children. The duty bearers (state and non-state actors with responsibilities regarding the intervention) included the Jordanian government, UNICEF, and other partner organizations. RCCE was implemented nationwide, including in rural and urban areas, with a particular focus on refugee camps and other vulnerable communities.³³
- 24 Throughout implementing RCCE, Jordan prioritized multi-sectoral coordination at the national level to respond to COVID-19. The government established a National Taskforce, composed of various ministries and stakeholders, to coordinate the response efforts. The Taskforce facilitated the development of national plans and policies, including the RCCE initiative, and ensured their effective implementation.³⁴

1.2 Evaluation Background

- 25 On 30th January 2020, the World Health Organization declared the coronavirus epidemic (COVID-19) a public health emergency of international interest, and on 11th March, COVID-19 was announced as a pandemic. Jordan confirmed its first case of COVID-19 on 2nd March. The confirmed cumulative cases as of 7th February 2022 are 1,330,107 (Ministry of Health (MOH)). The Government of Jordan, supported by development partners, put in place stringent measures to curtail the infection rate amongst its population.
- 26 The directives and guidelines from the Office of the Prime Minister on containment of COVID-19 included the development of a National Action Plan for Communication on Risk and Community Participation to prevent COVID-19 (Annex 3). The main aim of the action plan was to ensure, alongside all the containment measures, that all stakeholders in the COVID-19 response be supported and to implement an approach based on community engagement and bilateral communication. The plan also aimed to stimulate community-led initiatives on a large scale while focusing on developing actions targeting change-makers (such as youth, health sector workers and media/influencers) and support them to develop awareness dialogue programs with the community as a focal point.
- 27 Since the first confirmed case of COVID-19 on March 2nd, 2020, UNICEF Jordan, in partnership with the Jordanian government, civil society partners and other UN agencies, ensured that the vulnerable population continue to have access to basic social services during these unprecedented health and economic challenges. In particular, UNICEF in partnership with the World Health Organization (WHO), Ministry of Health (MoH), Royal Health Awareness Society (RHAS) and National Council for Family Affairs (NCFA) led the

³³ UNICEF. (2021). Jordan: COVID-19 response

³⁴ UNICEF. (2021). Jordan: COVID-19 response

Risk Communication and Community Engagement (RCCE) activities by raising public awareness on COVID-19 through the communication of key messages on multiple social media platforms (e.g., Twitter, Facebook, Instagram). These key messages included preventive recommendations on how to stop the spread of the COVID-19 pandemic.

- 28 The communication program focused on eligible groups for the first batch of vaccination. The promotional campaign for the COVID-19 vaccine was guided by a set of ethical principles:
- Maximize benefits and minimize harm.
 - Respect and care for human beings by using the best available data to promote public health and reduce deaths and severe diseases.
 - Ensure that everyone has the opportunity to be as healthy as possible.
 - Promoting justice in dealing with society and equitable access to all individuals at all social and economic levels.
 - Enhancing transparency in following all procedures related to providing vaccines to the target communication channels.
- 29 Listing to social medial channels was as follows:
- Government website for vaccination registration <https://vaccine.jo>
 - Government website <https://corona.moh.gov.jo/ar> for updates on COVID-19
 - Prime Ministry Facebook <https://web.facebook.com/PMOJO/>
 - Ministry of Health Facebook page: <https://www.facebook.com/mohgovjordan/>
 - Ministry of Health Twitter: <https://twitter.com/mohgovjo>
 - Ministry of Health daily media summary
<https://www.facebook.com/261384844225735/posts/1063827763981435/?d=n>
 - WHO Country Office Jordan Facebook:
<https://www.facebook.com/WHOJordan/>
 - WHO Country Office Jordan Twitter: <https://twitter.com/WHOJordan>
- 30 In December 2020, the National Deployment and Vaccination Guide for COVID-19 vaccines (NDVP) was launched, it was developed based on existing international guidelines, particularly the Interim Guidance on Developing a NDVP published by WHO and UNICEF. The NDVP is the key planning document for vaccine deployment and covers all aspects of planning, including regulatory preparedness; coordination; resourcing and funding; target populations and vaccination strategies; human resources and training; and communication and vaccine acceptance and uptake.
- 31 Furthermore, the COVID-19 Vaccine National Committee for Media and Communication was a committee established in December 2020 to coordinate all communication efforts related to COVID-19 vaccines and to support MOH implementation of the communication activities under the NDVP. It is composed of the following entities: MoH (Health Communication and Awareness Directorate and Communication and Public Relations Directorate), Prime Ministry (PM), WHO, UNICEF, Royal Health Awareness Society (RHAS), EMPHNET, and USAID. The MoH, in cooperation with the National

Center for Security and Crisis Management (NCSCM) developed and launched the new vaccination registration platform for registration for the COVID-19 vaccination program: www.vaccine.jo.

1.3 COVID-19 Global RCCE Strategy

- 32 The first COVID-19 global risk communication and community engagement (RCCE) strategy was published in March 2020. Since then, the knowledge about the disease has greatly increased, as has the understanding of how people are affected by and are responding to it. A new RCCE strategy was published reflecting the changes in context and knowledge. The strategy reflected the experiences and views of a range of partners working on RCCE, it builds on but replaces the first RCCE global strategy and was supported by existing RCCE guidance materials.³⁵
- 33 RCCE new strategy focused on the global strategic direction for RCCE, as well as the relationship between global, regional and national RCCE coordination mechanisms. Furthermore, the strategy was aimed at global, regional and national level audiences such as: governments (including ministries of health, local governments, disaster management authorities and others); the United Nations; local, regional and international health and humanitarian NGOs; National Red Cross and Red Crescent Societies; civil society; and academia.³⁶
- 34 RCCE strategy worked towards an overarching goal: That people-centered and community-led approaches are championed widely – resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19. To achieve this goal, governments and partners involved in the public health, humanitarian and development responses to the COVID-19 pandemic need more consistent, systematic and predictable RCCE support. The below four strategic objectives helped to implement the overarching goal:³⁷
- **Objective 1: Be Community Led.** Facilitate community-led responses through the improvement of the quality and consistency of RCCE approaches.
 - **Objective 2: Be Data-Driven.** Generate, analyze and use evidence about community's context, capacities, perceptions, and behaviors.
 - **Objective 3: Reinforce Capacity and Local Solutions.** Reinforce capacity and local solutions to control the pandemic and mitigate its impacts through mentoring, technical support and resource sharing with local actors (including media and communication sectors) and national or subnational government, working in the public health, humanitarian and development responses.
 - **Objective 4: Be Collaborative.** Strengthen coordination at global, regional, and subnational and national levels, to increase quality, harmonization, optimization and

³⁵ COVID-19 Global Risk Communication and Community Engagement Strategy, December 2020 – May 2021

³⁶ COVID-19 Global Risk Communication and Community Engagement Strategy, December 2020 – May 2021

³⁷ COVID-19 Global Risk Communication and Community Engagement Strategy, December 2020 – May 2021

integration of RCCE across the different technical areas of the public health, humanitarian and development responses to COVID-19.

- 35 Countries around the world have rapidly developed and implemented their own RCCE plans as part of their response efforts. There have been large-scale communication and engagement campaigns to raise awareness of the virus and the preventive measures needed to help control it. As of 1 October 2020, 90% of countries around the world reported having a national RCCE plan,³⁸ with Jordan being one of those countries, assisted by UNICEF.
- 36 Furthermore, it was expressed during the KIIIs with UNICEF staff that as part of RCCE, UNICEF has also supported institutional capacity building on Infection Prevention Control (IPC) beyond health. For example, UNICEF provided Ministry of Education with tailored IPC training of trainers, which significantly facilitated national efforts for schools' safe reopening. The communication strategy for key hygiene behaviors (in particular handwashing) was also strengthened not only as a COVID-prevention key behavior but also as one of the main behaviors for protecting public health. Communication materials were mainly targeting children through the E-learning platforms.

³⁸ COVID-19 Global Risk Communication and Community Engagement Strategy, December 2020 – May 2021

2. COVID-19 RCCE Evaluation

2.1 Purpose, Objectives and Scope of the Evaluation

Purpose:

- 37 Considering the strong efforts and technical inputs by UNICEF to support the RCCE platform in Jordan, there was a need to evaluate if the RCCE strategy reached its expected results or not. The evaluation considered the overall RCCE response in an effort to improve knowledge, attitudes and practices and to shed light on lessons learned for further interventions derived from a shock such as the pandemic
- 38 Therefore, UNICEF contracted MMIS Management Consultants to conduct an independent evaluation of UNICEF's Risk Communication and Community Engagement (RCCE) component to analyze and assess the overall RCCE strategy focusing on reducing the spread of the COVID-19 virus including the COVID-Vaccine Response.

Objectives:

- 39 The evaluation gathered and analyzed information from different sources to be able to assess the effectiveness of UNICEF Jordan's overall response to RCCE- COVID-19 related to influencing key behaviors and practices. The evaluation utilized indicators and experience from the global level on a COVID-19 risk perceptions and behavioral framework and analysis. The evaluation assessed the relevance, coherence, effectiveness, efficiency and sustainability of RCCE actions implemented by UNICEF Jordan.
- 40 More specifically, the objectives of this evaluation were to:
- Identify what were the main enablers and drivers as well as bottlenecks and barriers for behavior and attitudinal changes at household and community levels that were identified in order to mitigate the spread of the COVID-19 virus.
 - Verify whether the RCCE's components were successful in mitigating the COVID-19 spread in selected areas based on UNICEF Jordan's geographical intervention in terms of effective use of RCCE strategies.
 - Identify if the vulnerable, marginalized and excluded populations were targeted and reached by means of RCCE's activities and strategies, and what mechanisms were used to reach them.
 - Understand if the evidence created throughout the implementation of RCCE in Jordan has informed the response in real time, and if this led to best practices that can be replicated.
 - Provide concrete recommendations that will be considered for future COVID-19 UNICEF interventions and its implementing partners.

- 41 The evaluation intended to provide accountability to UNICEF, donors, Governments, communities and rights- holders with respect to whether UNICEF, through the implementation of RCCE, is fit for purpose and strategically well positioned to contribute to the COVID-19 response – especially at a crucial time when the RCCE effort remain high on preventive measures and also focus more and more on vaccine acceptance.
- 42 The intended key users of this evaluation report are the government stakeholders of the Hashemite Kingdom of Jordan, including the Ministry of Health, and UNICEF Jordan as well as other key national and regional partners and stakeholders.

Scope:

- 43 The evaluation findings were structured to examine the areas of RCCE intervention based on the UNICEF COVID-19 RCCE roadmap (Annex 2). The evaluation covered the period from March 2020 to December 2021. The geographical area covered national and subnational levels of Jordan including the following:
 - Certified vaccination centers
 - Hospitals and institutions that provide health and protection services
 - Selected national radio and tv programs
 - Social media platforms
 - Government staff from Ministry of Health
 - Selected communities and populations in governorates
- 44 There is a baseline of beneficiaries of the RCCE strategy which was used as an input to collect data and assess the intervention. The evaluation only covered the UNICEF and main implementing partners' RCCE components detailed in the roadmap and it is not intended to analyze other topics on which UNICEF works (e.g. education, social protection, WASH, etc.) nor the National Action Plan led by the Ministry of Health. The evaluation also used the data and evidence compiled from surveys, trainings, community engagement, risk communication, materials and contents to raise awareness, social and media platforms, and reports and monitoring mechanisms.

2.2 Evaluation Duration and Team

- 45 The evaluation was conducted between the 12th of June 2022 and the 15th of March 2023.
- 46 The evaluation was led by **Ms. Maysa Abboushi**, a senior management consultant and evaluation expert with strong data analysis and strategic communication skills acquired through 16 years of in-depth experience in leading development projects and research management. Her experience covers delivering over 30 M&E related assignments to a wide variety of national and international clients.
- 47 Moreover, the Research Manager was **Mr. Ehab Abdul Rahman** who has more than ten years of experience in research management. His experience covers projects with both qualitative and quantitative methodologies of data and information collection. He was responsible for the management and the implementation of evaluation survey, auditing results, and arranging for coding and data entry and sampling.

2.3 Evaluation Questions

48 According to the evaluation Terms of Reference (TOR) (Annex 1), the evaluation was formulated according to five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency, and sustainability. Twenty-three key assessment questions were mentioned in the project TOR, the questions were streamlined to focus the scope of the evaluation; this has resulted in a reduction of the total questions down to fifteen from twenty-three. The full evaluation matrix can be found in Annex (7).

Evaluation Criteria	Evaluation Questions
Relevance	EQ1: How appropriate was the implementation framework / design of the RCCE strategy to address the needs and priorities of the targeted population?
	EQ2: How the RCCE response was aligned to the situation/ epidemiological data?
	EQ3: To what extent were the activities and expected results of the RCCE strategy consistent with the overall purpose and the attainment of its objectives?
Coherence	EQ4 How efficient were the strategies related to partnerships, coordination, associations between programme implementation team and major stakeholders including possible funds leveraged?
	EQ5: To what extent was the programme coherent with other sections interventions to have an integrated RCCE intervention?
	EQ6: To what extent did the different stakeholders contribute to the overall functioning of the strategy and its results?
	EQ7: How effective was the coordination between different counterparts and implementing partners?
Efficiency	EQ8: Were the available resources (funds, expertise, time) used in an economical manner to achieve the objectives of the RCCE strategy?
	EQ9: Were the resources allocated to the programme implementation team and implementing partners appropriate to implement the activities of the strategy and were the best practices established?
Effectiveness	EQ10: To what extent were the objectives of RCCE response achieved?

	EQ11: What were the major factors that contributed to achieve the RCCE objectives?
	EQ12: How effective the COVID-19 RCCE interventions were in increasing knowledge and positively change attitudes and practices of the community on COVID preventions and Vaccine acceptance?
Sustainability	EQ13: How the RCCE strategy was developed to ensure the sustainability of the RCCE activities and interventions?
	EQ14: How partners capacity building, partnership and coordination mechanisms played a role to sustain the RCCE response regardless the fund availability?
	EQ15: What are the main bottlenecks and barriers that can be addressed to future planning in terms of sustainability?

2.4 Methodology, Limitations and Ethical Considerations

2.4.1 Evaluation Methodology

- 49 Given the comprehensive nature of the evaluation and the wide scope of its objectives, MMIS utilized a mixed method approach, using both qualitative and quantitative data collection methods. MMIS ensured the coverage of the objectives, overcame any gaps in each method, and produced a comprehensive analysis of COVID-19 RCCE. Although the evaluation followed OECD/DAC evaluation criteria and approach, certain elements relating to the projects theoretical framework were reviewed to inform the analysis (e.g., ToC, Results Pathway...etc.). MMIS ensured the coverage of the objectives, overcame any gaps in each method, and produced a comprehensive analysis of COVID-19 RCCE. Although the evaluation followed OECD/DAC evaluation criteria and approach, certain elements relating to the projects theoretical framework were reviewed to inform the analysis (e.g., ToC, Results Pathway...etc.).
- 50 The data was collected in this evaluation through: a comprehensive desk review, phone survey, focus group discussions (FGDs), and key informant interviews (KIIs). This enabled the evaluation team to triangulate the data from different sources and create a more in-depth picture of the evaluation.
- 51 A total of eight FGDs were conducted with population from selected communities and six FGDs with frontline workers. Moreover, eleven KIIs were conducted with the project stakeholders. As for the survey, a total of 1,178 respondents were surveyed. The survey targeted people above the age of 18 with access to internet/ social media, and was randomly selected and disaggregated on:
- Age groups (18-22, 21-30, 31-40, 41-50, 51-60, 61 and above)
 - Gender (50% male, and 50% female)
 - Nationality (Jordanians, non-Jordanians)

52 The detailed methodology can be found in Annex (6).

2.4.2 Ethical Considerations

53 Through all parts of the research cycle, MMIS has been committed to ethical considerations maximizing the respondent's safety, privacy and confidentiality. MMIS filled in and committed to a "Research Ethics Review Document" that was approved by UNICEF.

54 MMIS follows a strict code for ethical and professional standards, upholding: the [International Chamber of Commerce ICC/ESOMAR International Code on Market and Social Research](#) as part of our research projects, and the Institute of Management Consultants and Trainers (IMC) Code in all our engagements with clients.

55 Furthermore, MMIS followed and adhered to [UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis](#) in addition to [UNEG Ethical Guidelines for Evaluation](#).

56 All data collection activities were compliant with the Jordanian Government's COVID-19 safety guidelines and laws. The survey was conducted by phone, and the KIIs were conducted online. The FGDs were conducted in person in the community centers. The moderators were fully vaccinated and practiced social distancing during the FGDs.

57 An informed consent was collected from all participants. As for the KIIs and the survey, they were given verbally, while the participants of the FGDs gave a written consent by signing the document. The informed consent included information on the purpose of the evaluation and use of data, the procedure (including the anticipated length), emphasized voluntary participation informing that the participant can withdraw at any moment and can choose not to answer questions, benefits and risks, and confidentiality ensuring anonymity (no names will be mentioned in the report, and it will not be disclosed who have participated in the study).

2.4.3 Challenges and Limitations

58 MMIS team faced a number of challenges throughout the evaluation process:

- There were limitations in the number and type of respondents that were available for the KIIs; a large number of the interviewees left their jobs and were not available for interview. One key RCCE staff member left her job at UNICEF before conducting the evaluation. MMIS was informed that she was the one who mainly managed RCCE from UNICEF side. MMIS team was only able to conduct 11 KIIs out of the planned 30 KIIs.
- The RCCE M&E framework was not available for review for this evaluation.
- In order to conduct FGDs, MMIS had to obtain an official letter from the Minister of Health clearly stating that MMIS is conducting the evaluation. Obtaining the letter took longer than expected due to the change of MoH staff at the time of the evaluation. Hence, delays occurred compared to the initial timeline of the evaluation.

- The evaluation team was unable to conduct a detailed gender analysis as part of this evaluation due to the fact gender was not a specific focus in RCCE, as can be seen from the ToC. However, all results were disaggregated by gender throughout the analysis, where applicable.

3. Evaluation Findings

59 This section includes the findings of the fifteen evaluation questions mentioned in subsection 1.3. The findings are presented based on the following five OECD DAC evaluation criteria – relevance, coherence, efficiency, effectiveness, and sustainability.

3.1 Relevance

60 The relevance criterion explores to which extent the RCCEs’ objectives and design responded to the targeted populations’ needs and priorities, how the RCCE response was aligned with the situation/ epidemiological data, and to what extent were the activities and expected results of the RCCE strategy consistent with the overall purpose and the attainment of its objectives. It consists of three main evaluation questions as shown below.

Relevance Key Findings/Results:

- The design of the RCCE strategy enabled UNICEF and its partners to collect the required feedback from the target population and deliver information in a way that is sensitive to the needs of people in acute crises.
- The planning continued during the implementation of RCCE to make sure that the activities were responsive to the changing situation/epidemiological landscape.
- The activities and expected results of the RCCE strategy were highly consistent with the overall purpose and the attainment of its objectives.

3.1.1 EQ1: How appropriate was the implementation framework / design of the RCCE strategy to address the needs and priorities of the targeted population?

The analysis found that in general, RCCE was able to respond to the changing needs and priorities of the target population despite the challenges associated with the pandemic. The vast majority of the survey respondents were satisfied with the relevance of the information they received during the campaign, finding it related to their interests and responding to their changing needs.

The RCCE response prioritized reaching and protecting vulnerable, marginalized and at-risk community members. In addition, the response succeeded in monitoring rumors and responding to them through utilizing social listening tool “talkwalker” and the volunteers.

EQ 1.1 To what extent did the design of the RCCE strategy address the needs and priorities of the target population?

61 The strategic approach to RCCE and its objectives were informed by core guiding principles that underpin all effective RCCE, regardless of the context. These principles were applied to the COVID-19 context and were drawn from learning from past public

health responses, what was known from responding to COVID-19 to date, and minimum quality standards for community engagement. One important guiding principle that enabled the RCCE strategy to address the needs and priorities of the target population was being Community-Centered: **“Effective RCCE starts with understanding the knowledge, capacities, concerns, structures and vulnerabilities of different groups in communities – enabling adaptation of approaches, improving outcomes and impact. It is necessary to take a holistic, humanitarian approach that addresses the risk of COVID-19, but also includes other community needs, including protection, water and sanitation, economic stability, mental health and psychosocial support and broader development issues”**³⁹.

- 62 In addition, RCCE efforts prioritized to reach those who are most vulnerable and make sure their needs are met. Two broad types of vulnerability were considered:
- Medical: those who are at a higher risk to develop severe COVID-19
 - Socio-economic: those who are more likely to be exposed, be unable to receive or follow recommended advice, or be unable to access services due to their physical, social or economic situation.
- 63 On a national level, at the beginning of the pandemic in Jordan, UNICEF, in collaboration with the MoH, established the RCCE Roadmap. The roadmap identified priority risk communication and community engagement (RCCE) actions for the MoH to be implemented with the technical assistance of UNICEF and WHO. The priority RCCE actions were aligned to the five components of the WHO's Integrated Model for Emergency Risk Communication:
- 1) Dynamic listening and rumor management.
 - 2) Risk communication systems.
 - 3) Internal and partner communication and coordination.
 - 4) Public communication.
 - 5) Communication engagement with affected communities⁴⁰.
- 64 Furthermore, throughout the implementation period of RCCE, KAP surveys were conducted by UNICEF and WHO that aimed mainly at informing and refining RCCE in relation to vaccine uptake and public health and social measures (PHSM) in addition to identifying factors that hinder or facilitate adoption of protective behaviors. UNICEF contracted several private sector research companies to undertake research on several topics related to COVID-19 such as: “Jordanians Attitudes on COVID-19 Vaccine” and “Vaccine Messaging Strategy Recommendations: Using a Behavioral Science Approach”, in addition to publishing case studies. These studies enabled UNICEF to identify:
- The most hesitant groups of people (hesitant to get vaccinated)
 - The reasons behind the fear of taking the vaccine
 - The acceptance of COVID-19 vaccination among Jordan’s population

³⁹ COVID-19 Global Risk Communication and Community Engagement Strategy, December 2020 – May 2021

⁴⁰ RoadMap – UNICEF Jordan COVID-19 RCCE Actions

- The most vulnerable groups of people
- Why some people do not consider COVID-19 as a threat to their health
- What is the level of adherence to health precaution measures

EQ 1.2 People’s satisfaction level on the information provided by UNICEF in terms of its relevance to their interests and needs?

65 The RCCE included the distribution of information, education, and communication materials, such as flyers and posters, through various channels, including social media, radio, and television. In addition, it involved the deployment of community mobilizers to provide awareness sessions in schools, health clinics, and community centers.

66 The vast majority of the survey respondents (43% and 46.6%) were either completely satisfied or somehow satisfied with the relevance of the information they received during the campaign, finding it relevant to their interests and needs. Among the 2% who were dissatisfied, the main reason behind their dissatisfaction was the lack of credibility and unclear messages as shown in the graphs below. When disaggregating data according to gender, age, and area; no mentionable variations were observed.

Figure (1): Satisfaction level of the relevance for interest and needs

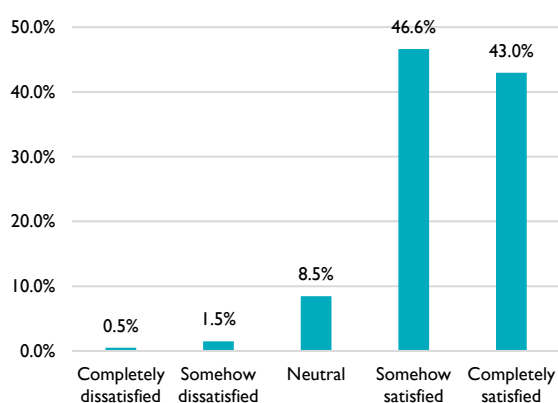
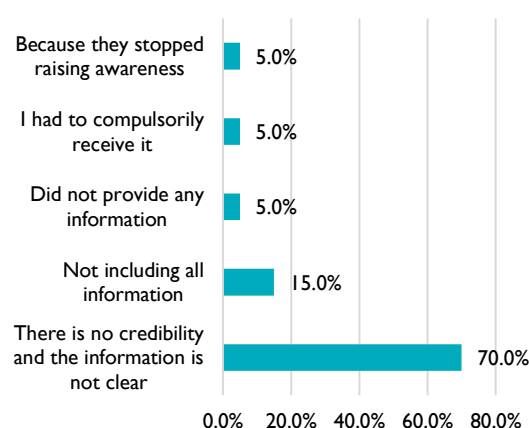


Figure (2): Reasons for dissatisfaction



67 Also, all FGD participants concluded that the awareness campaign was successful in spreading the right information that satisfied their needs and raised their awareness. When asking the participants what can be done to improve the relevance of messaging in the future, most of them said that the campaign was very good and the messages met their needs, and that there is no need to improve the relevance of the messaging. They added that the most preferred channels to receive such messages were text messages (SMS), followed by official TV channels and social media platforms (especially Facebook), and the most trusted source of information was the Ministry of Health.

68 Finally, during the FGDs with the MoH staff and volunteers, it was mentioned that some people did not find the information related to the different types of COVID-19 vaccines sufficient. They believed that the campaign did not provide enough messaging about the various types of COVID-19 vaccines and the difference between those vaccines, in

addition to information about the side effects of the vaccines, and the impact of the vaccines on children. However, based on the KIs with the RCCE partners, the promotion of certain vaccines and the information regarding the difference between them was not provided to people due to:

- Lack of international medical information
- RCCE partners did not want to promote certain types of vaccines over others

- 69 On another note, UNICEF collaborated with the MoH and the Royal Health Awareness Society (RHAS) to conduct online dialogues with medical professionals and community members (including women and youth) to capture and improve their perceptions of the COVID-19 vaccine and their willingness to take the vaccine or to encourage the people to take it.⁴¹
- 70 According to recent data from the Ministry of Health, the COVID-19 vaccination rate in Jordan has been steadily increasing since the country began its vaccination campaign. As of March 2023, around 82% of the population has received at least one dose of the vaccine, while approximately 72% have completed their vaccination schedule. This represents a significant improvement compared to previous months.⁴²
- 71 When examining vaccination rates by gender, the data shows that both males and females have similar vaccination rates, with around 82% of both genders receiving at least one dose of the vaccine. However, there is a slightly higher percentage of females who have completed their vaccination schedule compared to males. This could be attributed to the fact that women in Jordan have better access to healthcare services than men, as they are more likely to visit healthcare facilities for pregnancy and childbirth.⁴³
- 72 Age-wise, vaccination rates in Jordan are highest for the elderly population. Approximately 95% of people aged 60 and above have received at least one dose of the vaccine, while younger age groups have lower vaccination rates. This could be attributed to the fact that the elderly population is at a higher risk of severe illness or death from COVID-19, making them a priority group for vaccination.⁴⁴
- 73 Geographically, the vaccination rate is generally higher in urban areas compared to rural areas. However, the difference in vaccination rates is not as significant as it was in the earlier stages of the vaccination campaign. This could be attributed to the government's efforts to increase access to vaccines in rural areas, such as through mobile vaccination clinics and outreach programs.⁴⁵
- 74 Overall, these findings suggest that Jordan has made significant progress in its COVID-19 vaccination campaign because of RCCE. However, there is still work to be done in terms of increasing vaccination rates, particularly among younger age groups and in rural areas.

⁴¹ Jordan's COVID-19 RCCE Response Case Study 2020

⁴² Ministry of Health. (n.d.). COVID-19 Dashboard

⁴³ UNFPA. (2021). Women's Health in Jordan

⁴⁴ WHO. (2021). WHO Director-General's opening remarks at the media briefing on COVID-19 - 5 March 2021

⁴⁵ Ministry of Health. (n.d.). COVID-19 Dashboard

The government of Jordan has launched several initiatives to address this issue, including mobile vaccination clinics and public awareness campaigns.

EQ 1.3 Has the RCCE strategy/approaches reached all intended groups and right age targeting vulnerable and excluded populations?

- 75 The RCCE response prioritized reaching and protecting vulnerable, marginalized and at-risk community members. The below two types were a high priority for the response:
- 1) Persons especially vulnerable to the severity of COVID-19 infection, such as older persons, persons with underlying conditions, and frontline health workers.
 - 2) Persons especially vulnerable to the impact of the lockdown in Jordan, such as: Children who experienced loss of learning and women who faced domestic violence and women who faced domestic violence during restrictions.⁴⁶
- 76 Using online and offline advertising tools enabled RCCE to reach all intended groups. The campaign utilized different social media platforms, websites, programs on TV channels and radio stations. In addition, using different methods such as videos, brochures, live talks, animated videos, SMS, enabled the campaign to reach as many people as possible. Even when the lockdown was lifted and the campaign came back to the hybrid modality in the different community centers, messages were delivered directly through facilitators; any interaction happening would include providing people with messages. However, the exact quantitative data was not made available to the evaluation team.
- 77 Another important tool that was utilized were the community health committees; MoH has around 115 committees distributed around the kingdom's governorates; they were distributing awareness messages to the different segments of the community. Some committee members were trained to pass along these messages, they would hold sessions, send WhatsApp messages, post messages on their Facebook pages or other social media platforms, hold lectures and community engagement activities.
- 78 Furthermore, around 500 youths (Shabab elak w feed) were trained on answering main questions related to COVID-19 and its vaccine. They conducted discussion sessions with the community or on the streets to help people with the vaccination procedure. For example, UNICEF provided training sessions for Mateen staff, a Jordanian-based non-profit organization, working in informal tented settlements (ITS) in May 2021. Mateen recruited volunteers with a medical background to support Makani volunteers⁴⁷ and field coordinators during the awareness and Q&A sessions. Awareness sessions were also carried out periodically to the Dom vulnerable communities. Volunteers of eleven Makani centers targeting Dom communities conducted awareness sessions on COVID-19 vaccines.⁴⁸

⁴⁶ Jordan's COVID-19 RCCE Response Case Study 2020

⁴⁷ Makani ('My Space' in Arabic) centers provide children and young people access to learning opportunities, child protection and other critical services.

⁴⁸ RCCE COVID-19 Vaccinations and Interventions, V4

79 Finally, throughout the implementation period of RCCE, a constant assessment of the different platforms was undertaken, in addition to monitoring how people were responding. All of these activities were very beneficial in developing the messages that target all groups.

EQ 1.4 RCCE's success/failure in facing occurring rumors through produced materials during the implementation period

80 According to the interviewed stakeholders and the FGDs with the frontline workers, rumors related to COVID-19 was an issue facing people in Jordan, as there was a lot of misinformation and rumors spreading during the different phases of the pandemic; examples of such rumors include:

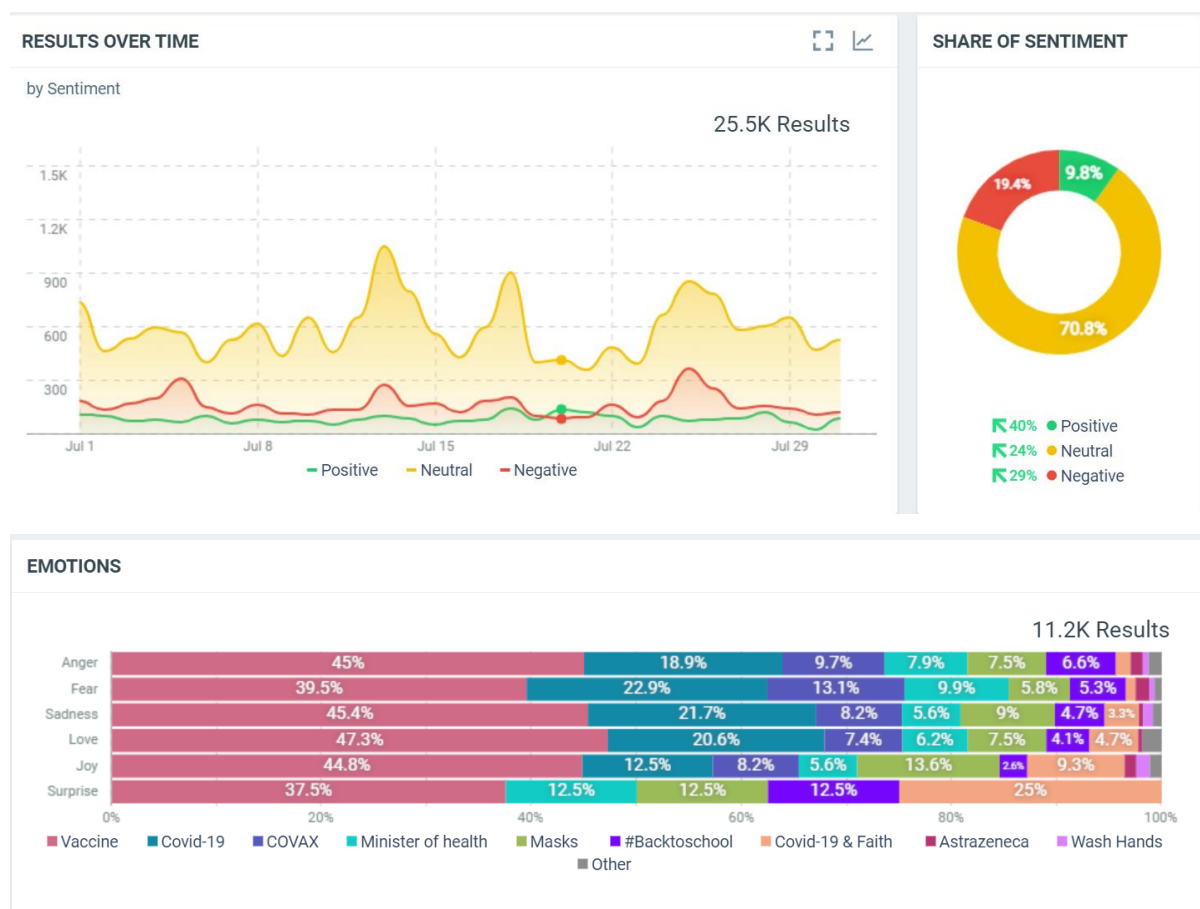
- The vaccine causes genetic radical changes;
- The vaccine causes infertility and other side effects;
- Some vaccine brands are ineffective in protecting from the virus;
- The virus itself is not real, it is man-made;
- The virus is a biological weapon, some parties created it to kill the elderly;

81 RCCE succeeded in facing such rumors as it utilized a social listening tool, which was an online and offline tool to track rumors and misconceptions. This monitoring tool was called “talkwalker” and was used to monitor rumors, emotions and feelings of the population on certain topics posted on social media platforms. In addition, social media moderation was implemented to track such rumors and provide up-to-date feedback.

82 On a weekly basis, as the campaign evolved, the information captured by “talkwalker” was fed into the communication material which covered the regular social media posts as well as other communication material. UNICEF and its partners made sure to tackle the rumors through a questions and answers (Q&A) line of messaging that responded to people’s fears, questions, and misinformation and provided people with accurate information that addressed their questions and could be easily understood by an average citizen. Furthermore, the tool allowed UNICEF and its partners to identify early any information gaps and provide the necessary information before the spread of rumors and misinformation.

83 Below is an example of the sentiments and emotions captured by “Talkwalker” in June 2021. The doughnut and area charts show that the majority (71%) of the sentiments and emotions captured by “Talkwalker” in June 2021 were neutral, while the bar chart shows that the emotions captured were mainly related to the vaccine.

Figure (3): Sentiments and emotions captured by “Talkwalker” in June 2021



84 Moreover, in July 2021, more than **212,562** reached through eight Q&A posts and **19,741** engaged.

85 Also, as part of the community engagement efforts to raise awareness and knowledge, there were volunteers involved in tracking rumors and misconceptions, and providing accurate information to people which was done through social listening.

EQ 1.5 What could be improved in the RCCE strategy to ensure its relevance to the needs of the targeted population?

86 The interviewed RCCE staff and stakeholders mentioned several ways to improve the RCCE strategy to ensure its relevance to the needs of the targeted population:

- The importance of the continuous monitoring of people’s feedback shown in the comments section under each social media post, as a tool to ensure the content’s relevance to the needs of the targeted population.
- The content should post real stories and experiences of people and allow them to share their stories; this could increase people’s trust in the content.
- Utilizing tailored approaches for different groups of the population though providing face-to-face counseling, or counseling inside primer health care centers.

3.1.2 EQ2: How was the RCCE response aligned to the situation/epidemiological data?

The continues planning undertaken by the partners during the implementation ensured that RCCE was responsive to the changing epidemiological landscape. The plan was revised almost every three months, and the priorities and communication techniques were revised in parallel to the implementation because the needs of certain groups of the population continued to change. Furthermore, “Haytna Aham” campaign was introduced in December 2020; at that time the vaccination process was about to start.

EQ 2.1 RCCE response alignment with the COVID-19 situation in Jordan

87 The data collected during this evaluation revealed that RCCE started in March 2020 when the pandemic was announced in Jordan. At the beginning, the main concern of the RCCE team was to get the information spread amongst as many people as possible during that critical time. The planning took place through multiple meetings between the MoH, UNICEF and WHO to try and set initial priorities in terms of communication and initial strategies and techniques to achieve those initial priorities and achieve RCCE objectives. As seen in the ToC (shown in Annex (4)), RCCE followed a multi-pronged approach through addressing Covid-19 at three main levels; Individual/household, community and national levels. Furthermore, it aimed at addressing key priority issues across these three levels, including areas such as transmission, and uptake of health and social services (check Results Pathway shown in Annex 4).

88 Below are the RCCE response objectives in Jordan as cited by the Ministry of Health and mentioned in the roadmap:⁴⁹

- Create one reliable channel or platform to disseminate information (the national campaign);
- Provide timely communication on COVID-19 prevention and precaution measures and updates to all sectors in Jordan (children, parents, families, elderly and educators);
- Engage with the community influencers, networks, and stakeholders to work together in disseminating key messages and information throughout the Kingdom;
- Ensure that affected populations have access to platforms/spaces to voice their concerns, needs and also receive psychosocial support to deal with this situation;
- Effectively track and address rumors, myths and misconceptions; and
- Create coordination networks and bring various stakeholders together to strengthen capacities of partners to effectively communicate with the population (vulnerable as well).

89 The partners continued with the planning during the implementation phase to make sure that they were responsive to the changing landscape. The plan was officially revised almost every three months, and the priorities and communication techniques were revised in

⁴⁹ Ministry of Health (2020) COVID-19 National C4D Campaign: Progress report: 10 March – 10 April 2020, p.5

parallel to the implementation because the needs of certain groups of the population continued to change.

- 90 Furthermore, under RCCE, the Ministry of Culture started “Haytna Aham” campaign in December 2020; at that time the vaccination process was about to start, and there was a need to raise people’s awareness as the number of COVID-19 cases was increasing, and preventive measures were still not generally applied by the population. Therefore, there was a need to adopt an additional approach which was “Haytna Aham” campaign.
- 91 “Haytna Aham” campaign reached more than 9 million through MoC and partners’ social media platforms and engaged more than 200,000, through a series of creative videos, sketches, posts and media segments by 80 artists and actors, using various mediums to raise awareness about COVID-19 prevention practices, precautionary habits and debunking myths amongst children and adults.⁵⁰

EQ 2.2 How did the RCCE adapt and respond to changing needs of beneficiaries during the project implementation period?

- 92 At the beginning, RCCE strategy messages took the form of directives and one-way-communication. A revised strategy was published and covered six months from December 2020 to May 2021. The shift presented in the revised strategy was to move from the directive, one-way communication, which characterized the early stages of the COVID-19 response, towards the community engagement and participatory approaches that have been proven to help control and eliminate outbreaks in the past.⁵¹
- 93 In Jordan, initial RCCE priorities in response to COVID-19 focused on raising knowledge and awareness about COVID-19, and the preventive measures to reduce infection and transmission.⁵² At that time, there was no access to any technology (vaccines) at that time, hence, RCCE could only support the prevention efforts like focusing on hand washing, wearing masks and social distancing).
- 94 The interviewed stakeholders expressed the existence of a very high level of coordination especially with the main partners to respond to the changing needs of beneficiaries during the project implementation period. A lot of discussions and meetings were undertaken and messages were delivered quickly. A WhatsApp group for all partners was created to discuss all changes immediately. In addition, the information started to become clearer and the partners were able to predict how people might react to certain news ahead of time, so they were able to get themselves prepared to face such situations.
- 95 According to MoH, one of the main points of strengths that facilitated responding to the changing needs of beneficiaries during the project implementation period was overcoming the bureaucracy needed for obtaining approvals from both MoH and UNICEF; hence, the campaign was distinguished with its fast responsiveness.

⁵⁰ Jordan’s COVID-19 RCCE Response Case Study 2020

⁵¹ COVID-19 Global Risk Communication and Community Engagement Strategy

⁵² COVID-19 Global Risk Communication and Community Engagement Strategy

96 As the information related to the availability of life-saving vaccines came out, the population started having questions about the vaccine. Hence, RCCE started to share information among the beneficiaries on the vaccine and when it will be available. The priorities of RCCE shifted towards promoting the vaccine and providing people with information on how to access the vaccine, encouraging people to get vaccinated, and fighting the rumors related to it.

“When the vaccines came out, and MoH had enough stocks of the vaccines, the campaign adapted by promoting the vaccines among the targeted groups. We shifted most of the interventions towards vaccine uptake, and not only health preventive measures.” – RCCE staff member

97 The interviewed stakeholders expressed that due to the continuous monitoring efforts conducted by the main players (UNICEF, MoH, RHAS), they recognized geographical disparity between certain populations mainly related to the different levels of awareness on the vaccines. This required an extra focus on community engagement and communication efforts to reach those populations to make sure that the information related to raising the levels of awareness on the vaccines has reached those who lack it.

“For some communities, we asked the social protection units to mobilize their staff to reach other community members. We also worked in camps through our community health volunteers, and our implementing partner” – RCCE staff member

98 A key focus of engagement with communities was entertainment-education, which saw information on COVID-19 provided seamlessly in entertainment contexts. The comic series Zaal wa Khadra raised awareness among Jordanians countrywide on the threat and severity of COVID-19, and on ways to stay safe by promoting effective preventative as well as health-seeking behaviors. The series had around 248,000 followers on Facebook and a daily reach of 1.1 million on TV.⁵³

“For example, we utilized “Za’al wa Khadra” TV program. I never thought that UNICEF would use that show, but it was one of the most successful campaigns that we implemented, and had the highest reach.” - Interviewed stakeholder

99 UNICEF has also used entertainment-education to engage marginalized communities by developing Bedouin poetry to engage Bedouin communities with culturally-appelling content that features lifesaving information on COVID-19. Bedouin groups in Jordan have a different dialect than the one used by most of the Jordanian population. Hence, Bedouin poetry was being shared directly with Bedouin communities, and was published on social media to reach 2.3 million people on Facebook and 5,000 people on WhatsApp.⁵⁴

100 Other electronic communication outlets of other institutions were also activated such as: Facebook pages of the concerned agencies, their WhatsApp groups, electronic platforms (E-learning platform for universities), SMS, unifying the Friday prayer’s speech, etc. It is estimated that the awareness-raising and information dissemination activities under the

⁵³ Jordan’s COVID-19 RCCE Response Case Study 2020

⁵⁴ Jordan’s COVID-19 RCCE Response Case Study 2020

RCCE reached 5-7 million people reached / monthly (70% of the population) and 300,000 – 3 million people monthly.

EQ3: To what extent were the activities and expected results of the RCCE strategy consistent with the overall purpose and the attainment of its objectives?

The activities and expected results of the RCCE strategy were consistent to a large extent with the overall purpose and the attainment of its objectives.

I01 The first COVID-19 RCCE strategy was published in March 2020 with an overarching goal: “That people-centered and community-led approaches are championed widely – resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.” To achieve this there were four priority areas of work, outlined in the objectives below:

- **OBJECTIVE (1) Be community-led:** Facilitate community-led responses through the improvement of the quality and consistency of RCCE approaches
- **OBJECTIVE (2) Be data-driven:** Generate, analyze and use evidence about community’s context, capacities, perceptions, and behaviors
- **OBJECTIVE (3) Reinforce capacity and local solutions:** Reinforce capacity and local solutions to control the pandemic and mitigate its impacts
- **OBJECTIVE (4) Be collaborative:** Strengthen coordination of RCCE to increase quality, harmonization, optimization and integration

I02 The analysis showed that the activities undertaken were consistent with the above objectives to a large extent. Community members such as youth, health sector workers and media/influencers played a vital role in RCCE, where they were trained to take part in raising awareness, collecting feedback and providing health services. Furthermore, KAP studies, social listening tools and monitoring activities were continuously undertaken throughout the lifetime of RCCE to collect as much data as possible. Also, a platform has been established for advocacy, campaigns, social mobilization and community engagement. In addition, two main campaigns were conducted (Elak w Feed and Hayatna Aham) in collaboration with different governmental and non-governmental stakeholders.

I03 On another note, in Jordan, at the beginning of the pandemic, in March 2020, RCCE activities were almost exclusively focused on the campaign and raising awareness about the pandemic. After easing of the lockdown, in June 2020, RCCE work covered the broader spectrum of objectives as it became clear that COVID-19 would persist over a longer period of time than originally predicted, the priority shifted towards targeting social norms (second phase of RCCE). Recognizing the negative social impact of a long-

running pandemic, a cross-cutting concern of phase-two was social inclusion. The second-phase activities actively ensured gender, age and disability inclusion.⁵⁵

RELEVANCE CONCLUSIONS:

EQ1: How appropriate was the implementation framework / design of the RCCE strategy to address the needs and priorities of the targeted population?

I04 In general, RCCE was able to respond to the changing needs and priorities of the target population despite the challenges associated with the pandemic. The community engagement and social listening activities enabled UNICEF and its partners to collect the required feedback from the target population to address their needs. This was evident from the high satisfaction level of the vast majority of the survey respondents who were satisfied with the information they received during the campaign, finding it relevant to their interests and needs. The only element that some people were not fully satisfied with was the information related to the different types of COVID-19 vaccines; it was expressed that the campaign did not provide enough messaging about the various types of COVID-19 vaccines and the difference between those vaccines, in addition to information about the side effects of the vaccines, and the impact of the vaccines on children.

I05 Regarding monitoring and responding to rumors, the two methods adopted by RCCE (talkwalker tool and volunteers) enabled the campaign to successfully capture rumors and feed it into the communication material which covered social media posts as well as other communication material.

EQ2: How was the RCCE response aligned to the situation/epidemiological data?

I06 The analysis revealed that throughout the campaign, the RCCE efforts within “Elak w feed” evolved, and the partners continued with the planning during the implementation phase to make sure that they were responsive to the changing epidemiological situation. Furthermore, revising the plan every three months, and revising the priorities and communication techniques in parallel to the implementation enabled the response to adapt and respond to changing needs of beneficiaries during the project implementation period.

EQ3: To what extent were the activities and expected results of the RCCE strategy consistent with the overall purpose and the attainment of its objectives?

I07 During the first half of the RCCE, the activities were almost exclusively focused on the campaign and raising awareness about the pandemic. Nonetheless, the RCCE work covered the broader spectrum of objectives towards its second phase of

⁵⁵ Jordan's COVID-19 RCCE Response Case Study 2020

RCCE - after easing of the lockdown, and community engagement and participatory approaches were undertaken; this helped in achieving the RCCE objectives.

3.2 Coherence

108 The coherence section investigates four main issues: (1) The efficiency of the strategies related to partnerships, coordination, associations between programme implementation teams and major stakeholders, (2) the extent to which the programme was coherent with other sections interventions to have an integrated RCCE intervention, (3) the extent to which the different stakeholders contribute to the overall functioning of the strategy and its results, and (4) the effectiveness of the coordination between different counterparts and implementing partners.

Coherence Key Findings/Results:

- Developing the RCCE Strategy preparedness, readiness and response to the COVID-19 enabled the country to integrate and harmonize the public health, humanitarian and development responses to COVID-19.
- RCCE actions were delivered through multisectoral coordination at the national level. This was made possible through the establishment of task forces featuring key government and non-government stakeholders and institutions.
- The coordination between different counterparts and implementing partners was effective and was mainly the responsibility of MoH.

3.2.1 EQ4: How efficient were the strategies related to partnerships, coordination, associations between programme implementation team and major stakeholders including possible funds leveraged?

The action plan developed by the MoH and UNICEF was aligned with the vision of the MoH that aimed to reduce the spread of COVID-19 and return to normal life. The RCCE response emphasized strong cooperation with partners and stakeholders to increase the effectiveness of its interventions; this strong cooperation has led to a RCCE response that is integrated, coordinated, and nationally-led.

EQ 4.1 The level of coherence between the programme and work done by partners and major stakeholders

109 Jordan was able to integrate and harmonize the public health, humanitarian and development responses to COVID-19 by developing the Ministry of Health's RCCE Strategy preparedness, readiness and response to the COVID-19. The country was able to strategically steer all aspects of the response by mainstreaming RCCE into their health as well as non-health programs.⁵⁶

110 The evaluation found that RCCE was coherent with the work done by national partners to respond to COVID-19. MoH along with UNICEF has developed an action plan to communicate on risks and community engagement 2021, simultaneously with the vision

⁵⁶ Ministry of Health (2020) COVID-19 National C4D Campaign: Progress report: 10 March – 10 April 2020

of the Ministry of Health and their main aim to reduce the spread of COVID-19 and return to normal life ⁵⁷.

I11 Furthermore, certain activities could not have been conducted without the pooling of resources and collaboration. For example, WHO and UNICEF conducted a joint ToT of Community Health Workers pooling staff from both country offices to conduct the training.

EQ 4.2 The quality of cooperation between UNICEF and its partners throughout the project's implementation

I12 With the lead from MoH and UNICEF, a coordination mechanism was set in place to nationally broadcast reliable messages from one source, countering misinformation and rumors. A national committee was created to support the national campaign through their platforms and a RCCE taskforce, including communication and technical focal points at MoH, NCFA, WHO, RHAS and UNICEF, was established to coordinate and manage the RCCE strategy and action plan⁵⁸.

I13 Some RCCE staff expressed that communication was a bit difficult at the beginning of the pandemic, but later on the ambiguity was no longer there and the level of coordination improved. A WhatsApp group was created for partners to share posts before publishing them, coordinate the approvals' processes and discuss issues related to RCCE.

“The quality of cooperation was very good! The fact that they (UNICEF) reached out to us to offer assistance was a good example of such cooperation, they were proactive.” – Interviewed stakeholder

I14 The key success factors behind the successful cooperation were attributed to:

- The high technical competences that UNICEF staff possessed.
- Effective communication with UNICEF, including swift responses to partner inquiries and in providing feedback.
- UNICEF being collaborative in sponsoring any intervention or activity under RCCE.
- UNICEF'S strong network.
- Clear split of responsibilities between the partners.

“Honestly, a staff member from UNICEF was so professional and creative, and extremely patient with all partners. She always provided us with fast responses which eased the process. She used to update us and follow up with us on a regular basis, and took actions related to any small or big arising issue. She made sure that there is continuous improvement in the campaign, and was persistent in ensuring that the campaign was effective.” – Interviewed stakeholder

I15 Nevertheless, there were some challenges related to the internal communications at some of the partner organizations. Sometimes, there was a lack of communication between the focal points of some organizations and their management. However, it did not have a major impact on RCCE overall implementation.

⁵⁷Action Plan for Communication on Risk and Community Participation to Prevent COVID-19, 2021

⁵⁸ Ministry of Health (2020) COVID-19 National C4D Campaign: Progress report: 10 March – 10 April 2020

116 Moreover, some RCCE staff explained that the sense of ownership was missing among some other staff members; those members felt that they were just performing additional work to help others.

“They were always complaining about the revisions they have to perform. And even if they did it happily, they felt that they were just providing support. They were part of RCCE and should’ve been involved in its activities. Until this moment, I don’t think that we use RCCE language in our discussions, as if it’s something additional that hampers us from performing our original work.” – RCCE staff

117 The RCCE response emphasized strong cooperation with partners and stakeholders to increase the effectiveness of its interventions. This strong cooperation has led to a RCCE response that is integrated, coordinated, and nationally-led.⁵⁹

“Everyone would rate this campaign as very good to excellent, our messages literally reached everyone. We were able to unite all people living in Jordan; sitting at a certain time waiting for the daily press release, or following the partners pages on different social media platforms... That itself is a proof of the positive effects of partner cooperation on the project effectiveness.” – Interviewed stakeholder

3.2.2 EQ5: To what extent was the programme coherent with other sections interventions to have an integrated RCCE intervention?

The evaluation showed that RCCE was coherent with other sections interventions to have an integrated RCCE intervention to a large extent.

118 Jordan recognized that COVID-19 impacts many aspects of the community beyond health. It also affected access to food; water, sanitation and hygiene; livelihoods; security; and education. Therefore, multi-sectoral coordination was prioritized, and RCCE actions were delivered through multisectoral coordination at the national level. This was made possible through the establishment of task forces featuring key government and non-government stakeholders and institutions. The task forces included:

- National Multi-sectoral RCCE committee, RCCE
- Covid-19 response Task Force, Covid-19 Vaccination
- Task Force, UNICEF Community Committee
- National Social Norms Behavioral Change Committee

119 One example is Jordan’s National RCCE Taskforce that enabled Jordan to nationally broadcast accurate information from a single reliable source. By locating itself as a unifying and expert institution of authority, the taskforce helped create trust between the COVID-19 RCCE response and the Jordanian public. This taskforce also helped build partnerships among its members as well as with the community, in order to establish effective coordination during both preemptive and reactive modes of any RCCE response on behalf of Jordan.

⁵⁹ Jordan’s COVID-19 RCCE Response Case Study 2020

- 120 Also, localizing global guidance on RCCE was a cross-cutting approach that has enabled an effective delivery of the RCCE response. With technical support provided by UNICEF Jordan, it used its data driven approach to identify RCCE capacity and solutions locally available in the country, and analyze these using best-practice behavioral models, including: UNICEF's Behavioral Drivers Model (BDM), which offers a comprehensive conceptual framework at all socio-ecological levels (individual, community, social and structural); and the Extended Parallel Process Model, an effective behavioral tool for threat management that crucially takes into account both perceived threat and self-efficacy of people in a health emergency.
- 121 RCCE interventions were designed on the basis of this local evidence and analysis, guided at all times by WHO's 'Risk Communication and Community Engagement (RCCE) Action Plan Guidance: COVID-19 Preparedness and Response' and 'COVID-19 Global Response Risk Communication and Community Engagement (RCCE) Strategy'. This approach became increasingly important when the RCCE response shifted from mass and social media to localized approaches to community engagement when the first-wave lockdown was lifted.⁶⁰

3.2.3 EQ6: To what extent did the different stakeholders contribute to the overall functioning of the strategy and its results?

The data collected revealed that the key stakeholders were able to sufficiently participate in the activities undertaken during RCCE. Furthermore, the M&E activities were undertaken jointly between UNICEF and its partners; surveys and FGDs were conducted by RCCE partners during the implementation period.

EQ 6.1 The sufficient participation of key stakeholders in the planning and M&E activities of the program

- 122 At the beginning, the planning took place between MoH and the National Center for Security and Crisis Management and a couple of agencies among WHO.
- 123 As for the M&E activities, they were undertaken jointly between UNICEF and its partners. The activities were monitored by RCCE field workers and the implementing partners who had their own M&E staff. MoH played a big role in the M&E activities, it reviewed the tools and added/removed what it deemed necessary and used different platforms, and UNICEF team conducted the data analysis. Furthermore, over the period of 2020-2021, MoH conducted seven to understand social and cultural norms impacting behaviors and health outcomes.
- 124 A total number of 5 focus groups discussions were facilitated by RHAS during Feb 2021 to support the national Elak w feed campaign⁶¹. The main goal was to map the Jordanian's acceptance to COVID-19 Vaccine. The results of the FGDs were used to develop the

⁶⁰ Jordan's COVID-19 RCCE Response Case Study 2020

⁶¹ COVID-19 National Campaign was called: Elak w Feed ('For you and your benefit')

awareness activities of the campaign, to emphasize the importance of vaccines and encourage registration or inform people about the process of registration.

125 Another example is an online survey conducted by the Ministry of Culture in Feb. 2021 under Hayatna Aham campaign. The survey aimed to study the opinions and perceptions of Jordanians about the coronavirus from a cultural and societal perspective. The total number of 1942 responses were surveyed (66.9% females and 33.1 % males) overing the 12 Jordanian governorates.⁶²

126 Moreover, community listening weekly reports were developed by UNICEF community engagement team which consisted of 4 volunteers from 4 governorates (Amman, Karak, Irbid and Mafrq). The team performed community listening through social media monitoring of several platforms such as, MOH, MOC, The National Centre for Security and Crisis Management, AlMamlaka TV, Roya TV and others active Facebook, twitter accounts in addition to field observations. The reports highlighted the main trends, rumors, misinformation, misconceptions, concerns, and inquiries.

EQ 6.2 The sufficient participation of key stakeholders in the overall functioning of the strategy and its results

127 RCCE was led mainly by MoH in collaboration with all its partners, and the task force as well. The Health Communication and Awareness Directorate (HCAD) at the MoH, along with local and international partners developed the action plan with the objective of supporting and implementing an approach based on community engagement and bilateral communication. The action plan outlined the activities that should have been undertaken by each partner, the tools used and the indicator of each activity.

128 The data collected in the weekly and monthly reports revealed that the key stakeholders were able to sufficiently participate in the activities undertaken during RCCE, they played a vital role in promoting prevention by developing and spreading awareness messages on social media platforms about precautionary measures, distributing posters, leaflets and advertising material about preventive measures and the COVID vaccine, training and engaging "Elak w feed volunteers" to provide support and facilitate the registration process on the vaccination platform.

3.2.4 EQ7: How effective was the coordination between different counterparts and implementing partners?

The evaluation showed that the coordination between the different counterparts and implementing partners was in general good because it was mainly under MoH. Nevertheless, having five different partners working on the campaign posed a heavy load on RCCE staff in terms of coordination efforts.

129 In general, the coordination between different counterparts and implementing partners was good according to the interviewed stakeholders; it was under the MoH as they were

⁶² Report on the vaccine uptake in Jordan, 2021

responsible for the coordination between the different entities. Almost all of the interviewed stakeholders expressed that the coordination went well, which reflected positively on everyone; there were no wasted resources, no unnecessary work, and no duplication of work. Monthly reports were sent by UNICEF to all stakeholders, where they shared their inputs and the findings of surveys and the different studies conducted.

- 130 Nevertheless, having five different partners working on the campaign required consultations with a large number of people and organizations; according to RCCE staff, this posed a heavy load on them. Sometimes, inputs from one organization would conflict with inputs from another organization. All of this needed intense efforts in terms of coordination and communication. However, as the campaign progressed, the coordination became easier and more effective.

COHERENCE CONCLUSIONS:

EQ4: How efficient were the strategies related to partnerships, coordination, associations between programme implementation team and major stakeholders including possible funds leveraged?

- 131 Evidence shows that the strategies related to partnerships, coordination, associations between programme implementation team and major stakeholders were highly successful, mainly because they were driven by UNICEF and expanded in different ways across the response.

EQ5: To what extent was the programme coherent with other sections interventions to have an integrated RCCE intervention?

- 132 Prioritizing multi-sectoral coordination at the national level and delivering RCCE actions through this multisectoral coordination enabled the partners to come up with an integrated RCCE intervention. The establishment of task forces featuring key government and non-government stakeholders and institutions made this possible.

EQ6: To what extent did the different stakeholders contribute to the overall functioning of the strategy and its results?

- 133 The evaluation found that the various stakeholders did in fact have high levels of contribution towards the overall functioning of the strategy and its results. For example, the M&E activities of RCCE were undertaken jointly between UNICEF and its partners. The activities were monitored by RCCE field workers and the implementing partners through their own M&E staff.

- 134 RCCE was led mainly by MoH in collaboration with all its partners, and the task force as well. Monthly reports were sent by UNICEF to all stakeholders. This provided all stakeholders with the opportunity to share their inputs and the findings of surveys and the different studies conducted.

EQ7: How effective was the coordination between different counterparts and implementing partners?

135 The coordination between different counterparts and implementing partners was largely effective due to MoH being primarily responsible for the coordination efforts between the different entities. However, having five different partners working on the campaign required consultations with a large number of people and organizations, posing a heavy load on the staff. This required extensive coordination and communication efforts. Nonetheless, as the campaign progressed, the coordination became easier and more streamlined.

3.3 Efficiency

136 This section explores two main elements: if the available resources were used in an economical manner to achieve the objectives of the RCCE strategy, and if the resources allocated to the program implementation team and implementing partners were appropriate to implement the activities of the strategy and were the best practices established.

Efficiency Key Findings/Results:

- RCCE faced a major challenge related to the high volume of work compared to the human resources allocated for RCCE. The ToRs at the beginning of the pandemic did not match the level of work in the latter phases of RCCE, this led to the team becoming overwhelmed with work at the peak of the pandemic.
- The Head of Communication and Awareness Directorate at MoH had the power to take any action regarding the campaign which facilitated the timely implementation of RCCE.
- Several best practices were established during the implementation of RCCE, such as: the interagency coordination and the coordination of all stakeholders, the campaign being community-centered, participatory, and inclusive, and the power of having a strong regional partner like UNICEF.

3.3.1 EQ8: Were the available resources (funds, expertise, time) used in an economical manner to achieve the objectives of the RCCE strategy?

UNICEF's efficient monitoring of funds disbursement and activities in addition to following the HACT framework helped in increasing efficient operations of RCCE.

EQ 8.1 Was RCCE implemented in the most cost-effective way possible?

137 The financial planning of RCCE was comprehensive in nature, where multiple tools and frameworks were adopted to ensure the successful implementation of the intervention.

138 First and foremost, the implementation of the RCCE activities followed the Harmonized Approach to Cash Transfers (HACT) framework⁶³, as every partnership involving cash transfers was subject to adherence to the HACT framework. The HACT is a framework that sets out shared principles and procedures for the management of cash transfers, and it comprises four essential components:

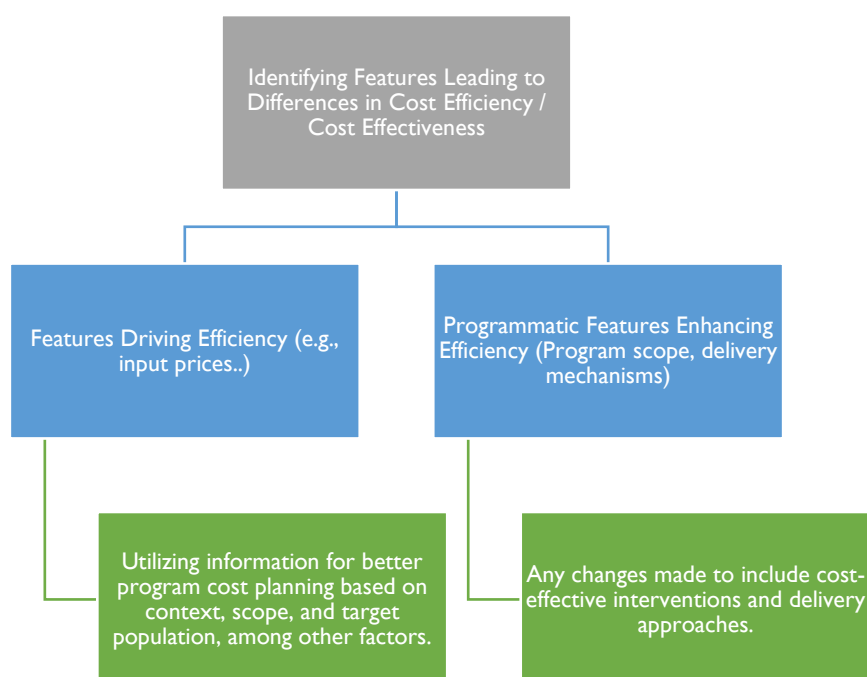
1. Capacity Assessments,
2. Cash Disbursement and Reporting through a standardized form Funding Authorization and Certification of Expenditure (FACE),
3. Assurance Activities, and
4. Capacity Development.

⁶³ <https://www.unicef.org/eswatini/media/556/file/HACT-Guidance-Document-report-2018.pdf>

139 UNICEF Jordan country office continued to adopt HACT assurance measures that further ensures sound financial planning and management:

- Implementing partners were registered in UNICEF's systems SAP (VISION) and eTools with a unique reference number and risk rating;
- Micro assessments were undertaken for implementing partners that are receiving US\$100,000 or more in a calendar year from UNICEF;
- Cash transfer modalities were determined by programme intervention with due consideration to the specific programming context.
- FACE forms were used by all implementing partners to request cash transfers and to certify and report expenditures.

140 MMIS team conducted a thorough analysis of RCCE financial documents and data, following a unified approach contextualized for humanitarian programs. Below are the procedures followed in conducting the analysis:



141 The analysis showed that the total amount of funding received by the program was **904,855 Jordanian dinars (JOD), equivalent to 1,278,043 (USD)**. These funds were contributed by various donors for the program that spanned from May 2019 to December 2022.

142 The funds were subdivided into multiple components, including expenses and activities essential for achieving the program's objectives. These components encompassed a total of 10 distinct activities/ cost items, and were executed in collaboration with the partners. RCCE fully utilized the available funds received (100% disbursement of all available funds) with no/minimal variation from planned amounts, demonstrating the strong financial planning and management of COVID-19 RCCE.

- I43 To examine the cost-efficiency of the use of these funds, the analysis encompassed an examination of various documents, including those validating disbursement details, agreements executed with partners for project implementation, quality assurance reports, including programmatic visits, purchase orders, agreements with service providers, and a comparison of these documents with the expense items to assess their influence on the overall expenditure.
- I44 Based on the information, documents, data, records, financial reports, administrative reports, account statements, quality reports, audit reports, providing risk analysis, matching received grant amounts with project expenditure⁶⁴, we believe that relying on the aforementioned analysis and study and the best practices applied in this field, risk reporting and community engagement have been executed in the most cost-effective manner.
- I45 Several factors played a role in contributing in the increased efficiency of RCCE as expressed by the key informants:
- 1) Embedding RCCE interventions within existing UNICEF PDs increased its financial efficiency.
 - 2) Providing UNICEF implementing partners with several training sessions and continuous follow-ups on the HACT system and its requirements throughout the implementation of RCCE interventions.
 - 3) UNICEF's HACT framework that includes all implementing partners submit the required fund requests (DCTs) and subsequent liquidation reports. Every three months a detailed report had to be submitted by each implementing partner to UNICEF to ensure financial expenditures as per agreement (PD). Moreover, UNICEF provided coaching and capacity building whenever needed to the implementing partners to ensure proper DCT and liquidation processing.
 - 4) The overall national drive and will, especially from MoH, to undertake RCCE interventions contributed to enhance efficiency.
 - 5) Furthermore, it was mentioned by MoH that UNICEF was in charge of the management of RCCE finances and was very fast in transferring the money needed for this emergency response. This had a very positive impact on the success of the RCCE interventions.

“There were a lot of changes happening very fast during the pandemic, and the interventions were costly, so we needed to move fast. UNICEF’s fast response helped a lot in the success of RCCE and making sure the messages we post really cover what the people need.” - Interviewed stakeholder

⁶⁴ Excluding the reservations regarding the verification of grant values.

EQ 8.2 Was the available expertise used in an economical manner to achieve the objectives of the RCCE strategy?

146 During the collaboration between UNICEF and its various implementing partners and vendors, UNICEF utilized various methods in carrying out program implementation to make sure the available expertise was used in an economical manner:

- 1) **Government Collaboration:** Program implementation occurred through collaboration with government ministries/agencies. A jointly developed workplan was established by both the government and UNICEF, and this workplan outlined government activities as well as the financial and technical contributions from UNICEF. The aim was to collectively achieve predefined objectives.
- 2) **Direct Implementation:** UNICEF either utilized existing staff members, or contracted external consultants to execute RCCE interventions.
- 3) **Civil Society Organization (CSO) Partnerships:** Program implementation was entrusted to national CSOs through existing and new partnerships, and the collaboration was geared toward achieving mutually agreed-upon RCCE goals and outcomes.
- 4) **Procurement of Goods and Services:** UNICEF acquired and supplied goods and resources to support program implementation by various entities, including CSOs, government bodies, private sectors, and others. The procurement was guided by UNICEF's defined scope of work and desired results.

147 Furthermore, programme monitoring and assurance activities were regularly undertaken to ensure that UNICEF resources were properly utilized for the intended purpose, as described in the work plan and programme document, and were transferred effectively to implementing partners.

148 On another note, despite the fact that RCCE faced a major challenge related to the high volume of work compared to the human resources allocated for RCCE, this provides an additional finding of the high level of the use of available expertise in an economical manner. The volume of work, especially during the different phases of the pandemic had changed, the TORs of the staff at the beginning of the pandemic did not match the level of work in the latter phases of RCCE and this led the team to become overwhelmed with work at the peak of the pandemic. The interviewed RCCE staff expressed that there was lots of office and field work that had to be done, in addition to coordinating between the different partners and submitting daily, weekly, monthly reports as well as donor reports.

“The tasks in the TORs were not articulated well. The pandemic passed through several phases, so the tasks planned to be implemented in the first year are different from the tasks that were implemented in the second year and so on... This should've been taken into consideration.” – RCCE staff member

149 Given the above, and in light of all the analyzed and reviewed information, documents, data, records, financial reports, administrative reports, quality reports, audit reports, it can be concluded that RCCE was highly successful in utilizing the available expertise in an economical manner to achieve the objectives of the RCCE strategy.

EQ 8.3 Was RCCE implemented in a timely manner? If there were delays, what were the causes, and how were they handled?

- 150 The campaign started in less than a week after the pandemic was announced in Jordan in March 2020. MoH made sure to skip all bureaucratic procedures due to the emergency of the situation. In addition, the Head of Communication and Awareness Directorate at MoH had the power to take any action regarding the campaign which facilitated the timely implementation of RCCE. Furthermore, handling all the RCCE financial matters by UNICEF accelerated and facilitated the implementation process to a large extent.
- 151 Some delays took place because of the bureaucracy of the procedures of some organizations (other than MoH). Some organizations follow certain systems and policies when it comes to contracting partners, providing funding. In addition, the scattered vision and different directions of the different UNICEF units created a gap in the interventions of the RCCE and led to some delays.
- 152 Every two months some experts were contracted by UNICEF to support RCCE staff with their work, this (changing the lead) posed a challenge on RCCE staff. This results in making things unclear for other sections and complicates measuring the results. It was mentioned that at some point every member of staff had their own vision and direction, which impacted the direction of the partnership and the implementation vision.

“It would have been better if they recruited someone from the beginning to work only on the RCCE coordination. I had to do his work while not being a senior person, in addition to managing budgets which was beyond my TORs; and this was another challenge I faced.” – RCCE staff member

3.3.2 EQ9: Were the resources allocated to the programme implementing team and partners appropriate to implement the activities of the strategy? Were the best practices established?

The human resources allocated to the RCCE implementing team and partners were overwhelmed with the amount of work at the peak of the pandemic. However, the flexibility and support provided by UNICEF facilitated the human resources to overcome these challenges.

Several best practices were established during the implementation of RCCE such as the system put in place to capture the public opinion, the rumors and the campaign being community-centered, participatory, and inclusive.

EQ 9.1 The appropriateness of the resources allocated to the programme implementing team and partners to implement the activities of the strategy

153 The interviewed stakeholders expressed that the lockdown that imposed at the beginning of the implementation of RCCE increased the stress level among RCCE staff, as they had to figure out how to do things remotely. However, after the lockdown was lifted and the staff went back to their offices, they were extremely overwhelmed with the amount of work they had. Even the partners knew that something had to be done but didn't know how to start. Nevertheless, the flexibility and support provided by UNICEF enabled that to overcome some of these obstacles.

EQ 9.2 Best practices established during the implementation of RCCE activities

154 According to the interviewed stakeholders, the best practices established during the implementation of RCCE activities are as follow:

- The interagency coordination and the coordination of all stakeholders; the large number of organizations working together for a long period of time was great.
- “Elak w feed” material was spread in private institutes, private labs, and even pharmaceutical companies. The material of the national campaign was all over the country and some private companies were holding campaigns based on this material. It was recommended to build on the public private partnership established to extend this work into other fields.
- The campaign was community-centered, participatory, and inclusive: it engaged with different groups in communities, gave them opportunities to lead action, and prioritized the most vulnerable, marginalized and at-risk groups.
- The power of having a strong regional partner like UNICEF. It was emphasized that the strong network of UNICEF is something that the partners would strive to be part of in terms of knowledge chain. UNICEF had regional and international meetings where they would share best practices in terms of the implementation of RCCE, and gave their partners access to that information and to the guidelines and tools as well.
- The system RCCE had put in place to capture the public opinion, the rumors, the insights and how it was challenged into online, offline methods and tackled.

- The management of RCCE expenses was done by UNICEF and not MoH, as it would've needed a lot of approvals if it was done by MoH.
- The use of entertainment-education material, such as the comic series "Zaal wa Khadra" which raised awareness among Jordanians countrywide on the threat and severity of COVID-19, and on ways to stay safe by promoting effective preventative as well as health-seeking behaviors.
- Other best practices mentioned include the quick surveys done by UNICEF and the WHO to measure the influence of the campaign, MoH giving authority to the Head of Awareness, MoH being able to access the ToRs of the committees and partners, the continuous update of the messages and using community listening tools.

EFFICIENCY CONCLUSIONS:

EQ8: Were the available resources (funds, expertise, time) used in an economical manner to achieve the objectives of the RCCE strategy?

155 UNICEF's efficient monitoring of funds disbursement and activities in addition to following the HACT framework helped in increasing efficient operations of RCCE.

156 The above findings show that RCCE was implemented in a timely manner, and the main reasons behind some delays were the bureaucracy of the procedures of some organizations (other than MoH). Some organizations follow certain systems and policies when it comes to contracting partners and providing funding. Furthermore, the limited number of RCCE staff especially during the peak of the pandemic, in addition to the misaligned visions between staff and experts, led in some instances to spending more time on planning.

EQ9: Were the resources allocated to the programme implementing team and partners appropriate to implement the activities of the strategy? Were the best practices established?

157 There was a shortage of RCCE staff during the peak of the pandemic; the staff were extremely overwhelmed with the amount of work, and the partners didn't know how to start. Nonetheless, the set effective coordination mechanisms, as well as the flexibility of UNICEF and its partners, enabled the team to overcome these obstacles.

3.4 Effectiveness

This section examines to which extent the program achieved its objectives and results.

Effectiveness Key Findings/Results:

- The response was able to create one reliable channel/platform to disseminate information (the national campaign) and provide timely communication on COVID-19 prevention and precaution.
- Several factors contributed to achieving the RCCE objectives, such as the RCCE activities itself which included people-centered and community-led approaches, in addition to UNICEF's exceptional expertise in community engagement and raising awareness.
- It was evident that RCCE interventions were able to increase knowledge and positively change attitudes and practices of the community on COVID-19 preventions and vaccine acceptance.

3.4.1 EQ10: To what extent were the objectives of RCCE response achieved?

The RCCE M&E framework was not available for review for this evaluation, hence this question was not answered based on quantitative data. Nonetheless, the interviewed stakeholders expressed that the RCCE objectives were highly achieved.

158 The evaluation team was not able to add any quantitative information under this question as the RCCE M&E framework was not available for review for this evaluation. However, one reliable channel/platform was created to disseminate information (the national campaign) and timely communication on COVID-19 prevention and precaution measures and updates were provided to all sectors in Jordan (children, parents, families, elderly and educators). Furthermore, RCCE engaged with the community influencers, networks, and stakeholders to work together in disseminating key messages and information throughout the Kingdom, and rumors, myths and misconceptions were effectively tracked and addressed.

159 For example, the total social media reach of the MoC 3 platforms and partners platforms from the beginning of the campaign 12/12/2020 till the end of March was: 9,117,351.

160 Some stakeholders expressed that the objectives of RCCE were achieved as a result of a lot of inputs, including the response itself as well as the governmental defense orders and laws and other smaller interventions.

“I mean it was not only “Elak w feed” that helped during the pandemic; Elak w feed had a big impact but there were also the defense orders and the other interventions conducted by different partners. “Elak w feed” lasted for 2 years while other interventions were very short, maybe lasting for one month only. Therefore, Elak w feed and the defense orders had the biggest impact.” - Interviewed stakeholder

3.4.2 EQ 11: What were the major factors that contributed to achieving the RCCE objectives?

Several factors contributed to achieving the RCCE objectives, such as the RCCE activities itself which included people-centered and community-led approaches. In addition to UNICEF's exceptional expertise in community engagement and raising awareness, the excellent coordination between the different partners and the availability of influential partners.

EQ 11.1 The external/internal factors that contributed to assisting project's successful implementation and achieving RCCE objectives

161 According to the interviewed stakeholders, several factors contributed to assisting the project's successful implementation and achieving RCCE objectives as shown below:

External factors:

- The political will to move quickly to end the pandemic.

Internal factors:

• **RCCE activities:**

- The great communication channels that were established as part of the response, whether it was on the TV, radio or social media platforms.
- Training youth from different communities to distribute the messages among their own communities helped in increasing the people's trust in the campaign.
- The religious narrative. With the help of UNICEF, the Friday prayer speech was conducted to raise awareness of COVID-19 preventive measures in addition to other speeches conducted at Churches.

• **Good coordination:**

- The excellent coordination between UNICEF and the MoH.
- Effective coordination and partnership between the different organizations.

- **UNICEF's expertise:** The expertise that UNICEF had was a key factor for success, especially in getting the right and correct information and spreading it out. UNICEF has good expertise with media campaigns; it has done lots of work on community engagement and raising awareness.

• **Availability of influential partners:**

- The number of influential partners like the Ministry of Health, WHO, UNICEF, who were very committed to the success of the campaign and community engagement and its efforts.
- The fact that there were entities who have experience in the health domain on one side - MoH and WHO, and on the other side an entity who has experience in media campaigns - UNICEF.

- The access to information and the strong network of WHO and UNICEF along with the Ministry of Health helped the partners in getting insights and evidence-based information.
- The high commitment of partners towards working on RCCE, taking into consideration that many of them had not worked on this scope before.
- Partners having an agile and flexible environment that allowed them to adapt with the campaign and RCCE efforts.
- Expanding the campaign to include other ministries such as MoC, MoE, MoY and MoIA, all under the umbrella of the MoH. This helped in reaching RCCE's objectives.
- Media relations in the partners media landscape. Some partners were able to get the correct information in a timely manner.

EQ 11.2 The external/internal factors which contributed to hindering project's implementation

162 According to the interviewed stakeholders, the below factors hindered the project's implementation:

External factors:

- **The virus itself;** being something new that people knew nothing about.
- **Contradicting data** and published studies all over the world regarding COVID-19 related matters. For example, one study would discourage people from wearing masks due to its negative impact on the respiratory system contradicting MoH recommendations to wear them.
- **Logistical challenges** related to working remotely and not from original workplaces. The staff members had to adapt to this change while working on such an important crisis.

Internal factors:

- **The campaign messages:**
 - The campaign didn't fully inform the people about the difference between the types of vaccines available in the country.
 - Towards the end of the campaign people suffered from message/ communication fatigue. A lot of people felt bored and tired of prolonged exposure to COVID-19 related messages.
- **Expertise and staff:**
 - Some partners expressed that they did not have significant experience in terms of risk communication and community engagement interventions, and did not have the amount of experience needed in terms of digital communication. They had to build their capacity in those three major areas in order to successfully implement the intervention.

- RCCE staff expressed suffering from the lack of senior management guidance, lack of expertise in social and behavior change and the weak internal coordination between the different units and departments.
- The high staff turnover. There was a lot of change of focal points; this created a disruption in implementation, because the change of people also means the change in priorities, even on a lower scale, the change in techniques and the way each person believes things should be done.
- Some interviewees expressed that the partner organizations' representatives should've had more expertise in their fields to be able to provide valuable input and have the authority required to take actions related to RCCE.
- **Communication:**
 - At the beginning of RCCE, there was a challenge in communication, some partners did not know who was in charge or to whom the posts/messages should be sent to, this caused delay in distributing them. Later, this was cleared up, and they started to receive the posts directly and share them at the same time.
 - The exact responsibilities per partner should've been clearer in the terms of reference. Some partners expressed their discontent from the fact that other partners conducted some activities that were not originally theirs.
- **Tracking shared posts:** Some partners expressed that they did not have a way to track how the post was shared, who shared it, who viewed it, and what were the insights for it.
- **The monitoring and evaluation system (M&E):** RCCE staff explained that the M&E was based mainly on the region's engagement numbers, which, in their opinion, was not very effective in reporting and measuring the impact of the intervention and the outcome. They were reporting on the output level or the activity level but not on the result level. The lack of a clear definition of the indicators was a major challenge faced by the staff.
- **Dependency on UNICEF:** Some partners expressed that there was a kind of dependency on UNICEF among other partners, "UNICEF will do it, they will provide answers... etc." As long as someone else would do the task they will not do it.
- **Allowance for volunteers:** The campaign's volunteers did not receive transportation, internet or meals allowance; this added extra burden on them while performing their duties during the campaign.

3.4.3 EQ12: How effective the COVID-19 RCCE interventions were in increasing knowledge and positively changing attitudes and practices of the community on COVID preventions and Vaccine acceptance?

The analysis revealed that the majority of the people expressed that the messaging helped them in practicing COVID-19 preventive measures, helped them in registering to take the vaccine, and helped them in understanding what to do in situations where they or family members were infected with COVID-19. The majority also stated that their perception of the seriousness of COVID-19 changed after receiving the messaging.

EQ 12.1 Evaluation of the messages delivered during the distribution (content, clarity, and communication method)

163 There was a consensus among the interviewed stakeholders that the messages delivered during the distribution were very good in terms of content, clarity and communication method. This was mainly a result of UNICEF playing the key role in acquiring the correct and right information related to COVID-19. All messages were delivered in a simple language, there was no jargon, different dialects were used in the audio and video communications to reach all target groups. Also, both online and offline advertising was utilized to maximize the reach of the campaign.

164 Having access to people's feedback through simple surveys enabled the partners to gain good insights about people's opinions on the messages delivered. Some partners also held training sessions for front line workers who were in direct contact with the communities and were able to receive direct feedback from people on the messages delivered.

165 According to the interviewed stakeholders, an important issue that contributed to the high-quality of messaging was the long and comprehensive review process of the messages; more than one person/committee would review the messages and provide feedback on the clarity, simplicity and accuracy of the content.

“We would look at the message linguistically and artistically, so, by the time it got released, it would be very clear. I felt that the messages were quite adequate. And sometimes when we would talk to children, we would split them into age groups and not talk to all of them as one group.” – Interviewed stakeholder

166 As for how to improve such messages in any future intervention, some of the interviewed stakeholders suggested adding pictures of real people in the communications from the target communities instead of drawings. Visits could be made to vaccination centers to capture real stories of people and post such stories. Another suggestion was to focus more on including two-way communication methods instead of one-way, such as live streams and discussion panels where people can participate, ask questions and share their stories.

EQ 12.2 Was the content presented on the media channels understandable to the targeted audience?

Channels of information:

167 60% of the survey respondents reported receiving information and awareness messaging through the TV. Around half of them received the messaging through Facebook, followed by SMS (19%), WhatsApp (8.5%) and in-person information (8.5%). As shown in the chart below, there was overall a high satisfaction with these channels.

168 Importantly, 14% of the survey respondents stated that they did not receive any information or awareness messaging on COVID-19. Data was then disaggregated according to gender, age, and living area (urban/rural) but no mentionable differences were found.

169 As shown in figure (13), the vast majority of the survey respondents were satisfied with the channels they received the information and awareness messaging.

Figure (4): Channels received information and awareness messages

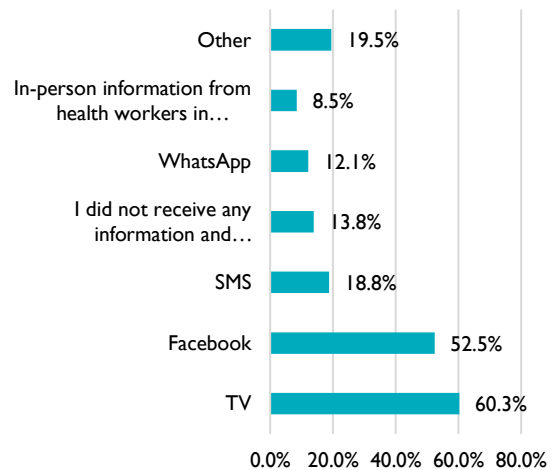
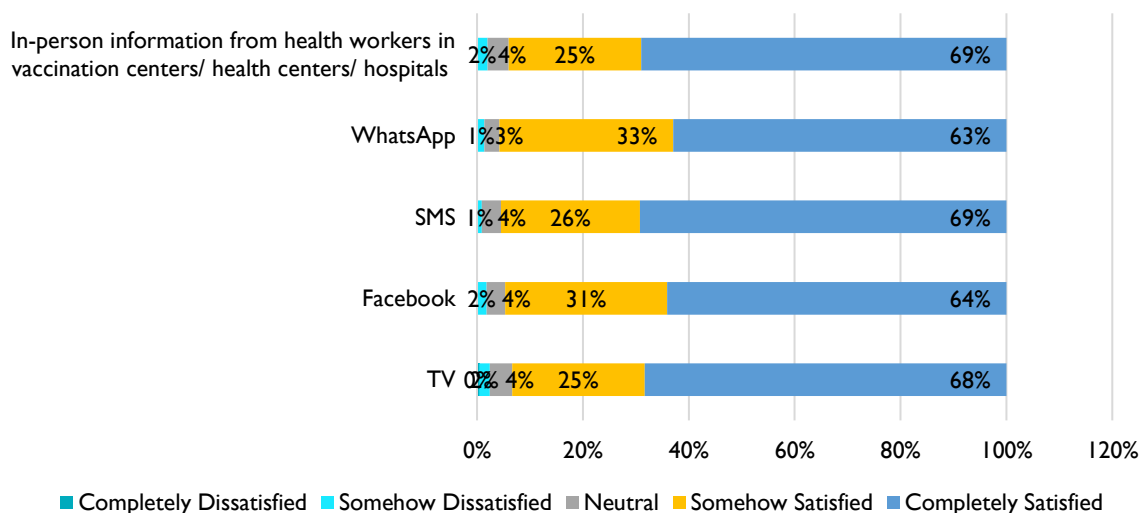


Figure (5): Satisfaction level of the channels



170 Only 4% wanted to receive the messaging through other channels; more than one-fourth of them preferred receiving the messaging in-person through workshops and seminars, while one-fifth of them preferred receiving SMS as shown in figures (14) and (15) below.

Figure (6): Do you prefer receiving messages through different awareness-raising channels

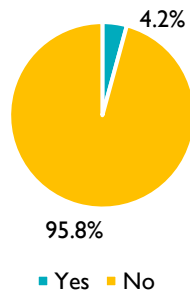
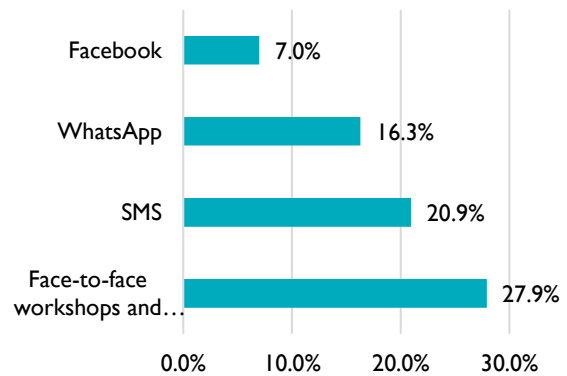


Figure (7): Preferred channels



171 The data above was disaggregated according to gender, age and living area (urban/rural), but no significant variations in data were observed.

Source of information

172 Moving on to the source(s) of the COVID-19 related information/ awareness messages, figure (16) shows that the vast majority of the survey respondents (81.2%) reported having received the information from the Ministry of Health (MoH). Around one-fifth reported having received the information through the World Health Organization (WHO). Those two entities were also the most trusted sources of information according to the survey respondents. However, around 6% of the survey respondents stated that they do not trust any source of information on COVID-19 related messaging.

Figure (8): Source(s) of the COVID-19 related messages

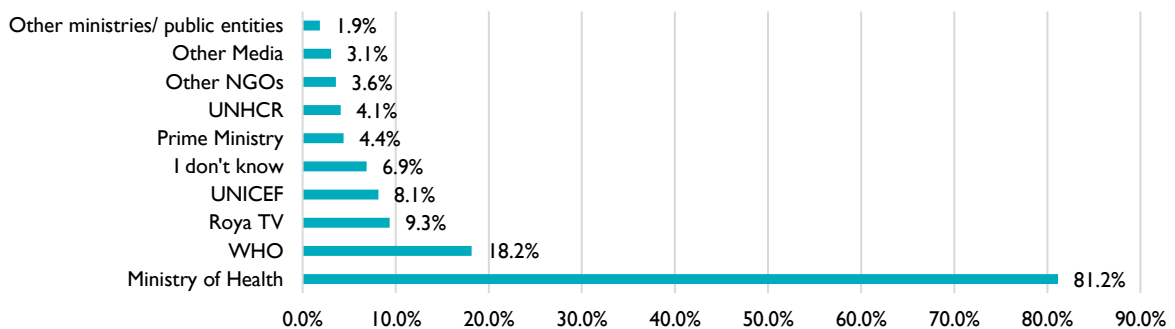
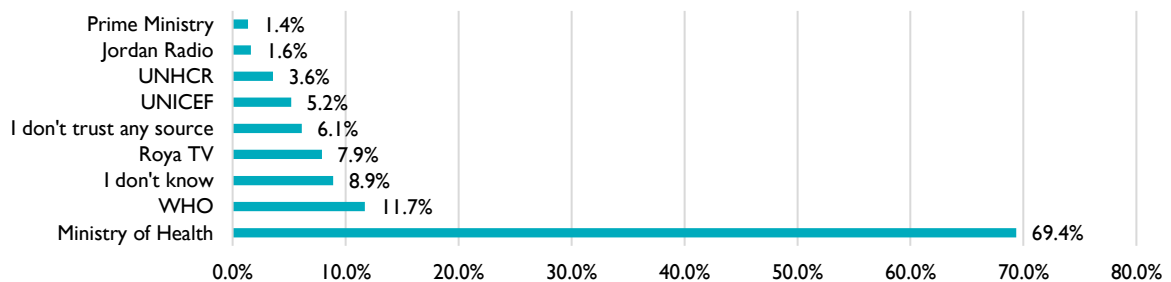


Figure (9): Most trusted source(s) of the COVID-19 related messages



173 During the FGDs, the majority of the participants provided positive feedback on those messages, and identified them as messages sent by the Ministry of Health. It was noticed that non-Jordanian participants mentioned messages sent by UNICEF and the UNHCR. They also named different sources of messages such as: social media platforms (with Facebook being the prime example mentioned), TV channels such as Roya TV and Jordan TV, and text messages.

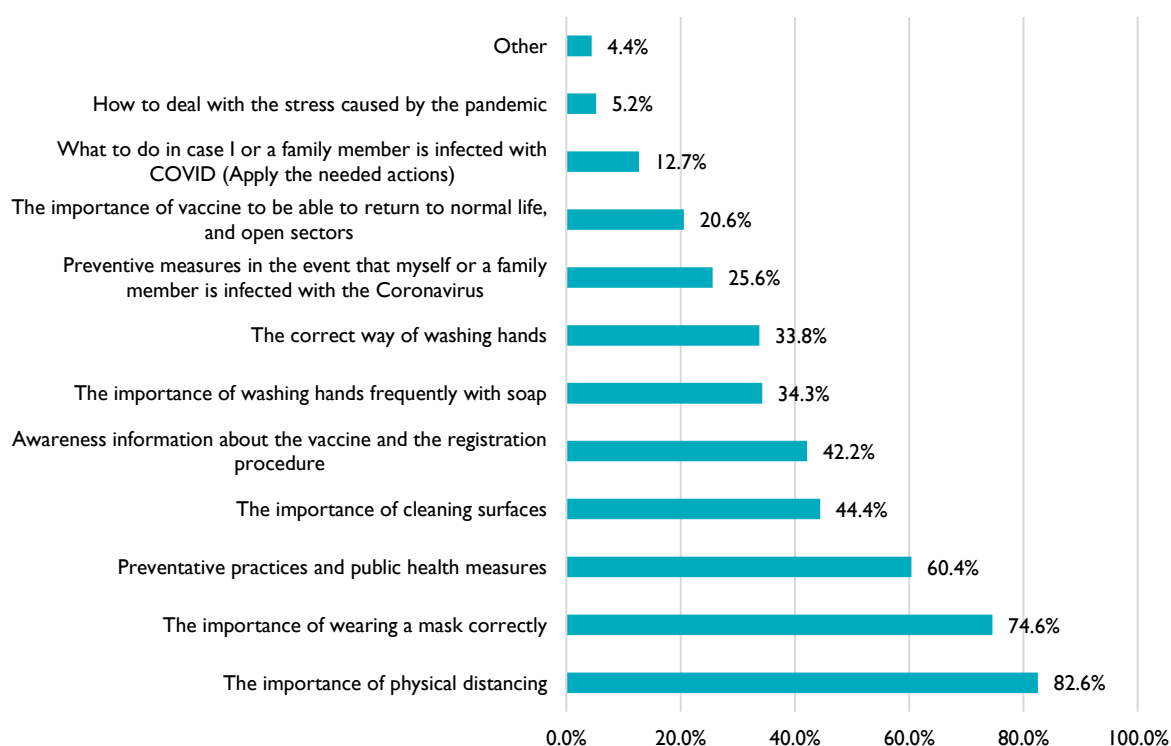
Content of messaging:

174 The messaging most recalled by the survey respondents were related to COVID-19 preventive measures, such as the importance of:

- physical distancing (82.6%)
- wearing a mask correctly (74.6%)
- the importance of cleaning surfaces (44.4%)
- handwash (34.3%)

175 Moreover, around two out of five of the survey respondents recalled messages on the vaccine and vaccine registration procedures. Similarly, during the FGDs, participants of both genders mentioned recalling messages on COVID-19 preventive measures, mainly related to wearing masks and gloves, and social distancing. This data was then disaggregated according to gender, age, and the area in which participants live in (urban/rural), however no mentionable differences were found.

Figure (10): Content of the messaging



176 The FGD participants were also asked if they recall any messages on vaccine registration and the vaccination process, all participants expressed recalling such messages, and agreed

on its positive impact in convincing people about taking the vaccine and getting them to register. The participants said they received those messages through the Ministry of Health, with non-Jordanians also adding the UNHCR and UNICEF.

177 The FGD participants expressed that the messaging on registration and vaccination taught them the following:

- The benefits of the vaccine;
- The necessity of taking the vaccine;
- It decreased their fear of taking the vaccine and hence, convinced them to get vaccinated;
- The messages informed them that they won't be able to enter a lot of locations without being vaccinated;
- Taking the vaccine is vital for the health and safety of other people and not just themselves, especially the elderly;

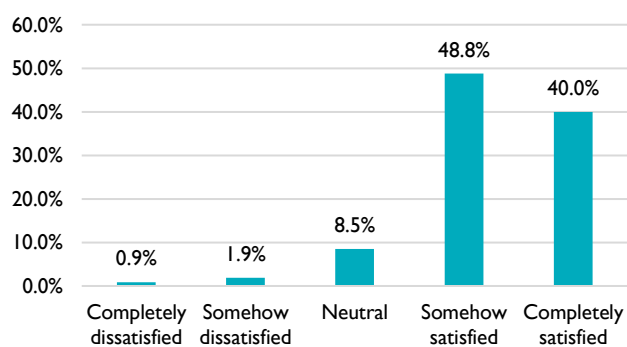
178 When asked if they recall receiving a message on how to deal with a family member who got COVID-19, almost all FGD participants expressed recalling that they received messages regarding what to do in the case a family member got infected. They mentioned different channels for receiving such messages: TV channels, social media platforms, and text messages (SMS). Some FGD participants said that the Ministry of Health either called them to check up on them or gave them the number of a doctor to call when they got COVID-19; an act they highly appreciated.

Satisfaction level with the clarity of the messages

179 Moving to the satisfaction with the clarity of the messages, there was an overall satisfaction (89%) among the survey respondents with the clarity of the messaging.

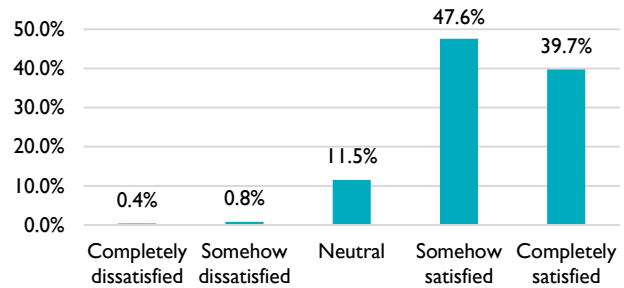
180 As for those 3% that were dissatisfied, referred to inaccurate and contradictory information based on different opinions and different decisions.

Figure (11): Satisfaction level with the clarity of the messages



181 Furthermore, the vast majority (87.3%) of the survey respondents were satisfied with the comprehensiveness of the COVID-19 messaging.

Figure (12): Satisfaction level with the comprehensiveness of the messages



182 Among the 1.2% who were dissatisfied, the reasons behind their dissatisfaction were:

- MoH did not have enough information about the disease (41.7%)
- No information on the side-effects of the vaccine (25%)
- Fake and inaccurate information (16.7%)
- Contradictory information (16.7%)

183 The data for satisfaction levels related to both clarity and comprehensiveness was further disaggregated according to gender, age, and the area in which participants live in (urban/rural), however, no mentionable differences were observed.

184 As shown in figures (21) and (22) below, the majority (71.5%) of the survey respondents found the messages memorable/ compelling to a large extent. More than half believed that the RCCE messaging was clearer compared to other materials on COVID-19, while many (38.2%) thought that it is the same level of clarity. Only around 2% thought it was less clear because the information was inaccurate, incomplete, ambiguous, or contradictory. When disaggregating the data according to gender, age, and whether the participants lived in an urban or rural area, no mentionable differences were found.

Figure (13): To what extent were the communication methods you were exposed to memorable / compelling?

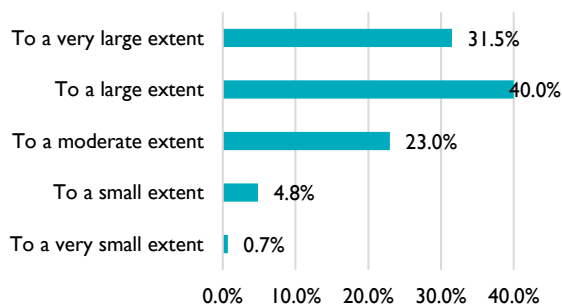


Figure (14): How would the messages received through this project compare to other materials on COVID-19 that you were exposed to?

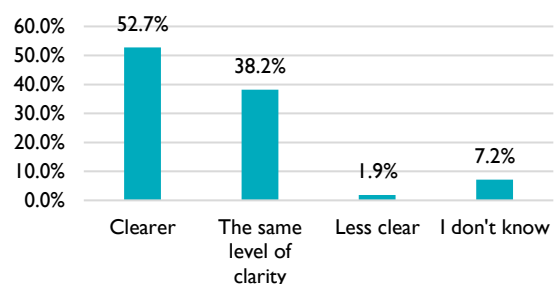
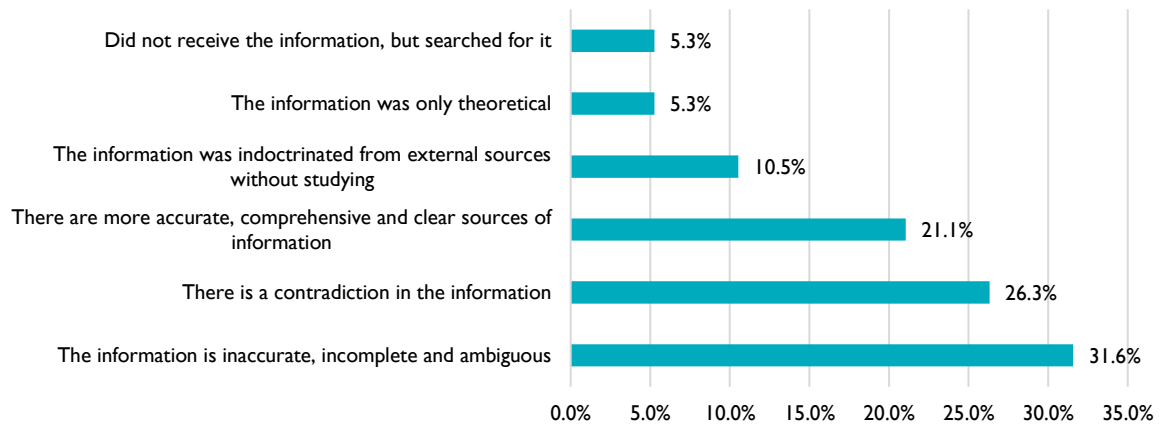
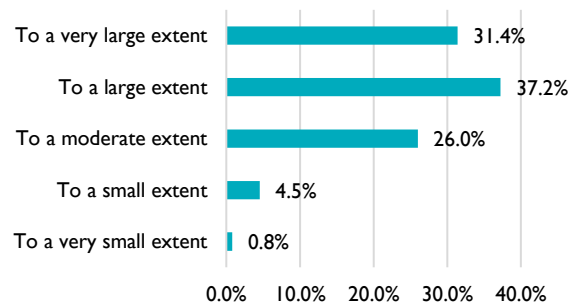


Figure (15): How it was less clear



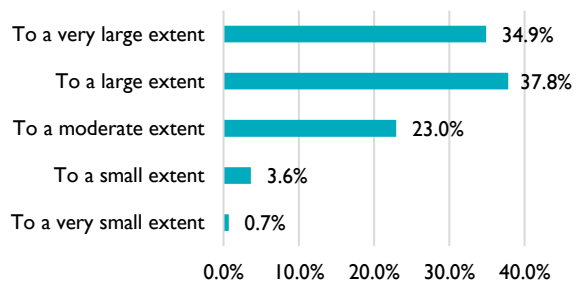
185 The vast majority of the survey respondents trusted the messages on COVID-19 as credible information, and only around 5% did not trust that the information was credible.

Figure (16): To what extent did you trust the received messages in providing credible information?



186 The majority (72.7%) did also find the messages important in mitigating the COVID-19 risks to a large extent.

Figure (17): To what extent do you consider the behaviors in the communications materials important in mitigating COVID -19 risks?



187 Furthermore, most interviewed stakeholders expressed that RCCE was able to deliver messages that were diverse enough to be understandable by the different segments of the targeted audience.

“We were trying to reach all segments of the national population including the Bedouins, refugees and people who live in remote areas and have a conservative way of thinking especially when it comes to COVID-19 vaccines. We tried to tailor the messages to make sure they were clear and effective and able to change people’s behavior.” – Interviewed stakeholder

188 This was also emphasized during the FGDs with the MoH staff and volunteers, who expressed that the content presented on the media channels was understandable to most of the target audience.

*“People implemented social distancing, because they were actually scared! Even if it was my sister, I would be afraid of being close to her. People used to implement social distancing, not because they wanted to abide by the law, but because they were worried about themselves.”
– FGD participant, MoH staff/volunteer*

189 MoH staff and volunteers added that they attended lectures held by UNICEF to familiarize them with their roles in awareness raising, to understand the content of the messaging, to be able to respond to rumors, and to make sure people understand the messages being conveyed. However, a few volunteers said that the information provided to them was not sufficient, it was more of instructions “do this, don’t do that”, and not enough information.

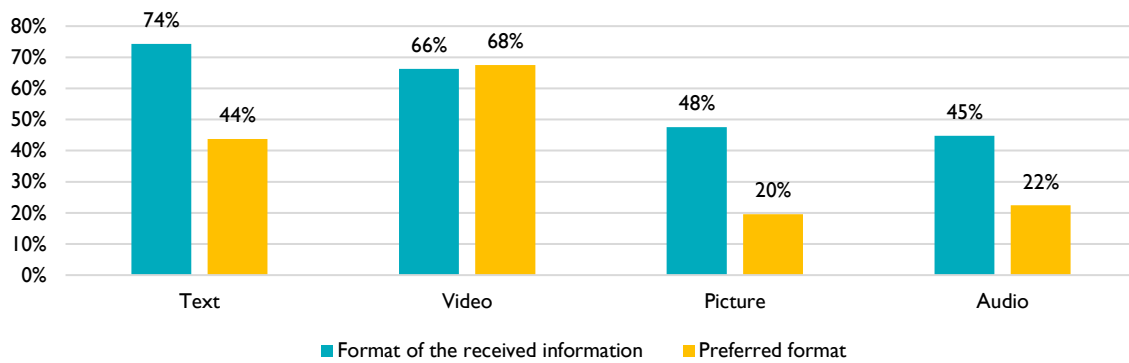
“I registered as a volunteer using a link, and got accepted. I was then directed to a group, where we were approximately 120 volunteers. We attended a lecture via Zoom supported by UNICEF, it included explanations about COVID-19 and about our roles and was very well organized.” – FGD participant, MoH staff/volunteer

190 On another note, the MoH staff and volunteers added that the inconsistency of some of the messages caused some confusion and misunderstanding among people, especially information related to vaccination. For example, at first, pregnant women were instructed not to get vaccinated. Then, the instructions changed to allowing pregnant and breastfeeding women to get vaccinated. These conflicting instructions caused misunderstanding among those women who used to come to the MoH staff and tell them that they are worried about their babies, they wanted solid proof that the babies will not be harmed if the mothers got vaccinated. Another example was the third dosage of the vaccine, they believed that the information provided to people was not sufficient, especially when it comes to allowing people to take a third dose of a vaccine from a different type/brand which is not similar to the brand of the first two doses taken.

Format of messaging:

191 The majority of the survey respondents reported receiving messaging in text format (74%) and video format (66%). The preferred format among the majority of the survey respondents was videos.

Figure (18): Comparison of format and preferred format



192 The data for the preferred channels of communication was disaggregated according to gender, age and nationality. However, there were no significant differences found. Only some differences were identified:

- a. Text was preferred to a higher extent among males compared to females. Around half of the men (48.3%) of the males reported preferring text, while 39.4% of the females preferred the text format.
- b. There was a correlation between age and the preference of audio as a format for messaging. Audio was preferred to a higher extent among people above the age of 60 (32.7%) compared to the younger generations (17.4% among the 18 to 35-year-old, and 21.9% among people aged 36-59). Furthermore, Syrians (29.8%) preferred audio to a higher extent than the Jordanians (19.7%)
- c. Picture was preferred to a higher extent among Syrians (33.2%) compared to Jordanians (15.4%).

193 Moving on to the design of the messages, the vast majority (89.1%) were satisfied with the colors, font size, type etc. Only 0.5% were dissatisfied, and they explained that the font was too small, and that it was not clear to illiterate people.

Figure (19): Satisfaction level with the design of media messages (including colors, font size, font type, ...)

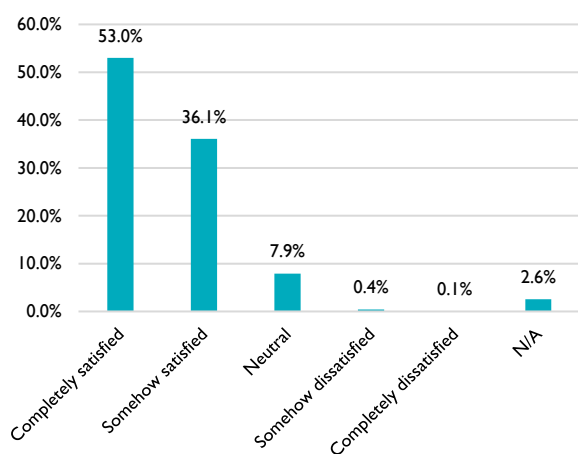
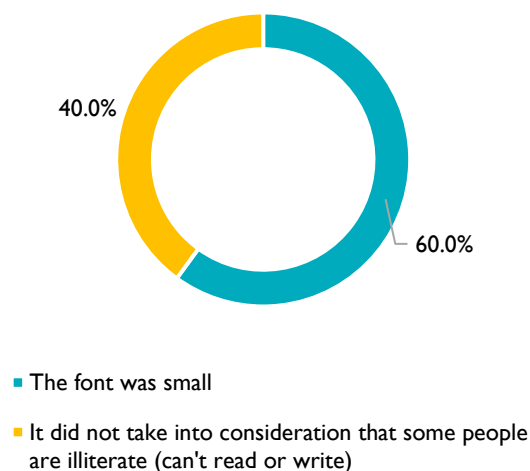


Figure (20): Reasons for the dissatisfaction



EQ 12.3 The effectiveness of the feedback mechanisms developed by UNICEF: KAP studies, social listening tools (Did they help UNICEF in tracking and understanding behavioral changes related to COVID-19?)

194 In general, there was an agreement among the interviewed stakeholders that the feedback mechanisms should be strengthened in any future intervention as it did not provide sufficient information to understand behavioral changes related to COVID-19. For any upcoming intervention, community feedback mechanisms should be integrated from the beginning, and their roles should be strengthened in shaping and designing the activities.

“We used social listing as one of those tools, and used it to track rumors, but I think they were not enough.” – RCCE staff

“In my opinion, the developed feedback mechanisms were not that valuable, the whole purpose of collecting information is useless unless you act upon it... They were good, but at a certain time they should have been stopped or changed.” – Interviewed stakeholder

EQ 12.4 The satisfaction/dissatisfaction of the beneficiaries with the COVID-19 services (feedback observed in the field or heard from the beneficiaries)

195 During the FGDs with the MoH staff and volunteers, the participants were asked about the feedback they observed in the field or heard from the people in terms of their satisfaction levels with the COVID-19 related services (e.g., treatment testing and vaccination services).

196 When it comes to treatment of COVID-19, the MoH staff and volunteers said that at the beginning of the pandemic, the available hospital rooms were not enough to accommodate the high number of COVID-19 patients, hence, field hospitals were constructed. The treatment provided for all patients was very good, and based on the international protocol for COVID-19 treatment. They added that most people were satisfied with the treatment provided.

197 People’s satisfaction level with the COVID-19 testing was good in general, but a bit lower than COVID-19 treatment satisfaction level.

“At the beginning of the pandemic, people didn’t like to take COVID-19 tests. But when the virus spread, people started coming to us voluntarily to get tested. Sometimes we used to take 1000 or 2000 tests per day.” – FGD participant, MoH staff/volunteer

198 MoH staff and volunteers expressed that several challenges faced the COVID-19 testing process; such challenges include:

- Low numbers of laboratories especially in areas with high populations, where such centers were always crowded.
- Long period for providing people with their tests’ results.
- Some MoH staff and nurses faced some difficulties in using COVID-19 testing equipment; entering the nasal swab and keeping it for some time then pulling it out of the nose was a little hard for some staff; they needed extra training.
- Contradicting test results between public and private laboratories.
- Sometimes the test results were not very accurate.

199 Finally, when it comes to people’s satisfaction with the vaccination services, MoH staff and volunteers explained that there were a lot of challenges at the beginning of the pandemic. Such challenges include:

- People’s lack of commitment for attending their appointments.
- Rescheduled vaccination appointments take a very long time.
- The large numbers of people waiting for their turns at the vaccination centers.
- The huge workload on the vaccination staff which led to their fatigue, and resulting in asking support from university students to assist in performing the vaccination.
- Some people prefer one vaccine over the other.

200 MoH staff and volunteers expressed that the people used to say that once they entered the vaccination room, things moved very fast and the process itself was painless.

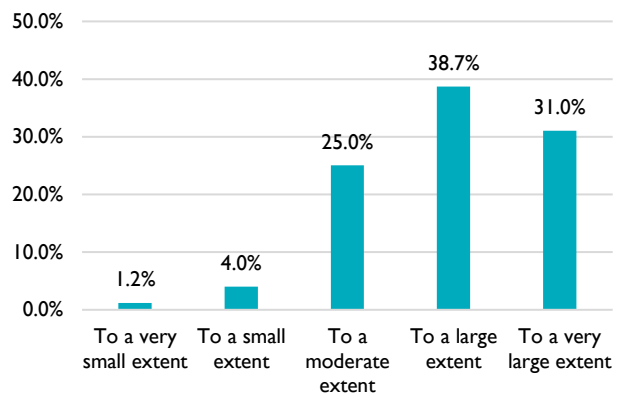
EQ 12.5 The extent the key messages received helped people: Practice COVID-19 preventive measures, register to take the vaccine and deal with a family member who got COVID-19.

Messages influence on implementing practices related to COVID-19 preventive measures:

201 The messaging on COVID-19 aimed to increase practicing preventive measures, risk reduction and informing on the availability of services. Figure (29) below shows that the information provided through RCCE has helped the survey respondents in this manner.

202 The majority of the survey respondents stated that the messaging helped them practice COVID-19 preventive measures. The data was further disaggregated according to gender, age, and the area in which participants live in (urban/rural), however no mentionable differences were observed.

Figure (21): To what extent has the key messages received helped you practice COVID-19 preventive measures?



203 Similarly, during the FGDs, the participants mentioned that after being exposed to the messages, they learned about the different preventive measures they need to adopt; they expressed that they did not know about such measures before the pandemic. Other issues include:

- A lot of the old habits they used to do and used to think were normal to do are actually dangerous and can spread the virus.
- Learning about the importance of getting vaccinated.
- The role that sanitization and cleanliness plays in combating viruses.
- The importance of keeping children safe as they are primary carriers of the virus due to the large number of children they interact with.

“We learned the right preventative measures for COVID-19 virus. Whoever catches the virus knows if he needs to go to a medical center. If my son got COVID-19, we would have him tested, and if the test turned out to be positive, we would isolate him for 14 days; either at the hospital or at home. These messages have really helped us to understand things more!” – FGD participant, female

204 As for the FGD participants change in the COVID-19 preventive practices, the participants expressed that prior to the pandemic and the awareness campaign that followed, people did not abide a lot by rules regarding contact with sick people, as they used to shake the hands of everyone and would even visit others when they knew of their sickness.

205 When the pandemic started, and the awareness campaign was launched, the FGD participants expressed that people started to realize the importance of wearing gloves, masks, using sanitizers, and isolation. They did whatever was possible to prevent getting infected by the virus. Furthermore, at the beginning, people used to attend large gatherings and were not very convinced with the importance of social distancing.

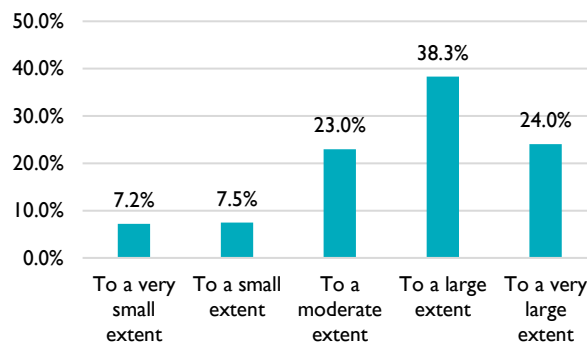
206 The FGD participants emphasized that the campaign increased their level of awareness regarding all of the above-mentioned aspects. It even extended and prevailed after the pandemic was over with people still following some of these preventive measures.

“We used to live in a random way and did not really care about such measures. However, since receiving these messages we started to take more care of ourselves in terms of cleanliness and sanitizing. I used to handshake a thousand people per day; but now, I do not do that at all. I just greet them from afar for everyone’s sake.” – FGD participant, male

“At first, I did not believe in COVID-19. But after receiving these messages, I started becoming cautious in terms of wearing the face mask and social distancing, especially after my mother and father got infected.” – FGD participant, female

207 As for registering to take the vaccine, a lot of the survey respondents reported that the messaging helped in registering to take the vaccine. On the other hand, around 15%, said that the messaging only helped them to a small extent. No mentionable differences were found when disaggregating the data into gender, age or rural/urban living areas.

Figure (22): To what extent has the key messages received helped you register to take the vaccine?



208 The FGD participants were also asked to what extent did the information play in making them register (or not) to take the vaccine. Their answers varied:

- The majority of 18-24 years old respondents said that the messages did not affect their decision to take the vaccine, as they felt pressured to get vaccinated in order to be able to enter different places such as the university campus. This was especially evident within female participants, where they said that they were convinced of taking the vaccine at first but changed their minds after hearing all the rumors related to it.
- Most participants aged 25 years and above expressed that the campaign and its messages played a huge part in getting them to take the vaccine. The messages raised their awareness and taught them that the vaccine is a good step towards protecting themselves and others around them from getting COVID-19.
- There were no mentionable differences when disaggregating the data according to gender, age, or living area (urban/rural).

During the FGDs, the vast majority of the participants expressed that they did register and got vaccinated, either for the two or three doses. The only cases where respondents did not take the vaccine was among some females, who confessed they were afraid to take it due to all the rumors they have heard. However, these women said that they regret their decision now and want to take the vaccine after seeing its benefits.

209 The FGD participants expressed that they took the vaccine for several reasons:

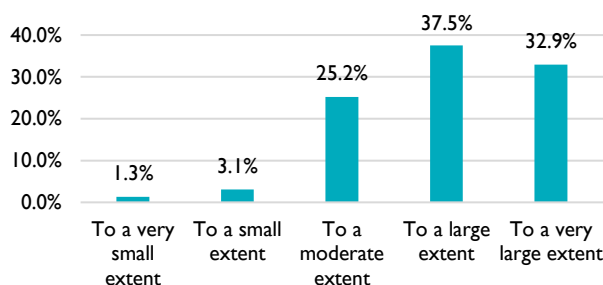
- To be able to move freely and enter different places such as governmental buildings and their workplace.
- Out of personal conviction.

210 Nevertheless, those who were not convinced of taking the vaccine and took it anyway only for movement purposes were all convinced of its benefits after experiencing its results.

“I took the vaccine because I am diabetic, and my immunity is low (between medium a bit less). So, I took it to improve my immunity, so if I got the COVID-19 virus I would be immune. Also, because I am a mother and want to protect myself to raise my children.” – FGD participant, female

211 96% of the survey respondents stated that the messages helped them understand what to do in situations where they or family members were infected with COVID-19. Data was then disaggregated according to gender, age, and urban/rural living areas; however, no mentionable differences were found.

Figure (23): To what extent has the key messages received helped you how to deal in case you or a family member got COVID-19



212 This was also expressed during the FGDs. The participants explained how misconceptions about the virus were apparent in people’s minds before the awareness campaign. They did not recognize the seriousness of the illness, and in some cases thought it was just a joke; they used to shake hands with other people, touch surfaces, not wear masks, and did not isolate the infected people. After the campaign people started to abide by the preventive measures and apply them on infected family members through isolation and treatment.

213 The participants said that messages helped them understand what to do in situations where they or family members were infected with COVID-19, it taught them the following:

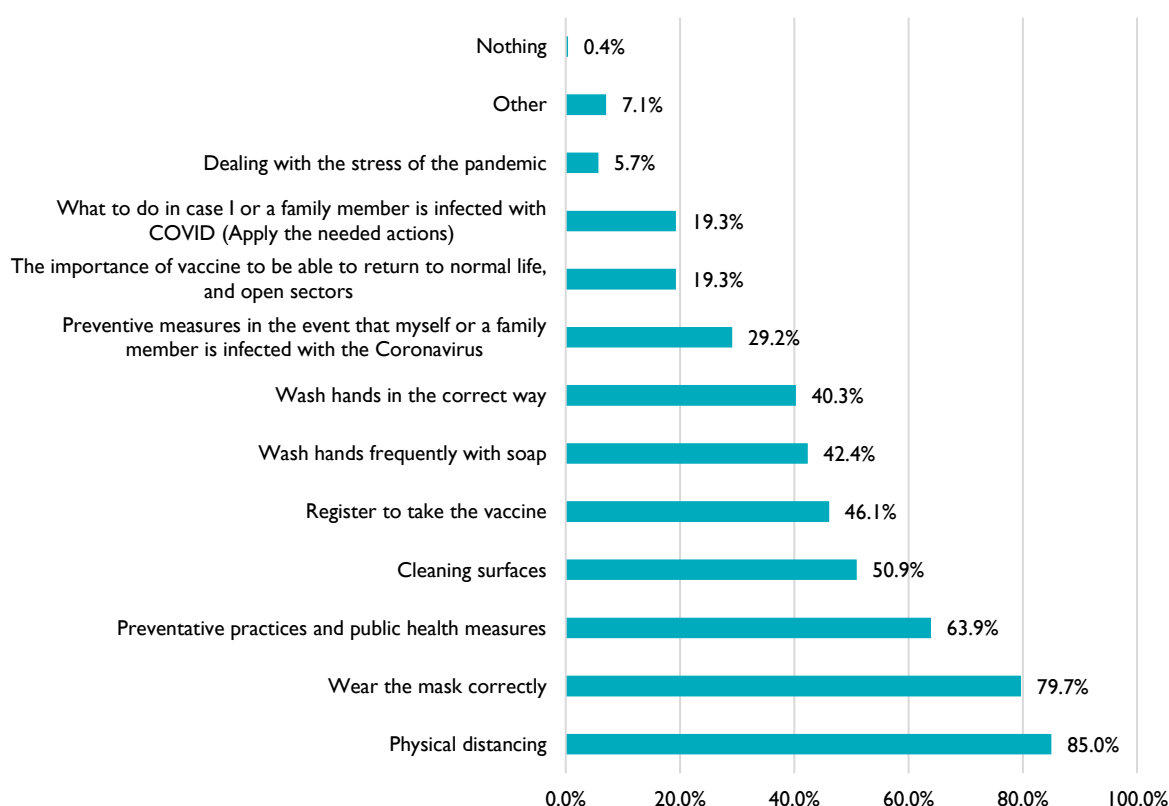
- How to properly quarantine the infected.
- Isolation is done either at home or the hospital depending on the case.
- How to separate the infected items and food from others.
- The importance of PCR tests.

“The first thing we will do if a family member got COVID-19 is to isolate him/her physically and not socially. Also, he/she should use their own personal things such as towels, soaps, eating utensils...etc. There should be extra cleanliness.”, FGD participant, male

214 As shown in figure (32) below, the majority reported having implemented preventive practices such as physical distancing (85%), wearing the mask correctly (80%), and cleaning

surfaces (51%). Many did also register to take the vaccine after having received the messaging.

Figure (24): Practices implemented



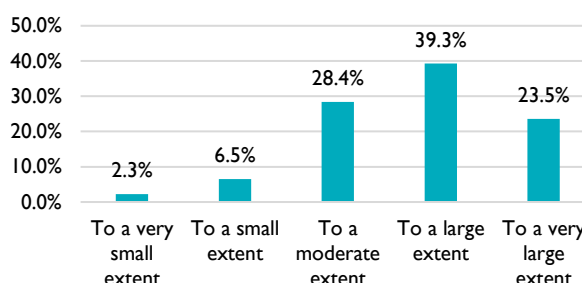
215 The survey analysis did not show significant differences between males and females in the practices implemented. Some differences between the age groups were discovered on whether or not the messaging helped in registering to take the vaccine. More people among the elder generations stated that the messaging helped them in this manner compared to the younger generation. Around half of the people above 36 years of age (47% among 36 to 59-year-old, and 54% among people above 60) and 41% among those between 18 and 35 years of age stated that the messaging helped them to register to take the vaccine.

216 Similarly, during the FGDs, the participants were asked what the COVID-19 preventive measures they are aware of. The participants mentioned social distancing, and the importance of wearing masks and gloves. Women participants mentioned the importance of taking extra care of children, and house and products sanitization. Women over 60+ years mentioned the importance of doing PCR tests and taking both doses of the vaccine. Men on the other hand were more aware of staying away from gatherings and not shaking hands or sharing cigarettes or shisha.

EQ 12.6 To what extent has people’s perception about the risk and seriousness of COVID -19 changed?

217 Around 90% of the survey respondents said that their perception of the seriousness of COVID-19 changed after receiving the messaging; around 24% to a very large extent, 39% to a large extent and 28% to a moderate extent.

Figure (25): To what extent has your perception about the risk and seriousness of COVID -19 changed



218 The data was further disaggregated according to gender, age, and the area in which participants live in (urban/rural), however no mentionable differences were observed.

219 Similarly, the majority of the FGD participants expressed that their perception of the risk of COVID-19 did change overtime.

220 Some people said at first, they did not take the virus seriously, and thought it was just like any other flu. But with time they realized the seriousness of the illness. This change was a result of the awareness campaign in addition to the personal experiences of the participants.

221 Other participants reported that they were extremely scared at the beginning of the pandemic, but were reassured after they knew what to do in order to protect themselves. Apparently, after people learned how to protect themselves and how to deal with the infected people things became much easier and the level of fear declined. Some said that they came to know the seriousness of the virus, and with that came fear as they knew nothing about how to deal with it. But, after the awareness campaign and getting vaccinated the fear declined drastically; people knew how to protect themselves, care for the infected, and prevent the spread of the virus.

“At the beginning, the virus was frightening to everyone; we were under lockdown, and did not know anything about COVID-19. After the awareness campaign, we bought all kinds of sanitizing materials, we wore masks and gloves, and knew how to deal with people who got infected”. – FGD participant, female

“Of course, I was scared! We did not know anything about the virus and how to protect ourselves from it. We learned about it from our societies, from the Ministry of Health, and from text messages we received from UNHCR.” – FGD participant, male

222 As for how they currently perceive the risk of COVID-19, the FGD participants were aware that the virus still exists and that it still infects people. However, they said that the

virus is no longer an imminent threat as it used to be, they think that they should still be careful and take some measures. Apparently, the fear of the pandemic has declined drastically.

“COVID-19!! People think that it is gone. No, it is still there, but because we got vaccinated, we will not get infected. Those who were not vaccinated will for sure get infected. The virus is still there, it did not disappear, and it is still considered a threat.” – FGD participant, female

Knowledge, Attitudes and Practices (KAP)

223 Evaluation question number twelve (EQ12) investigates how effective were the COVID-19 RCCE interventions in increasing knowledge and positively changing attitudes and practices of the community on COVID preventions and vaccine acceptance. This section explores the knowledge, attitudes and practices of the survey respondents. Where relevant and comparable, the findings are compared with the baseline conducted in January 2021.

Knowledge:

224 In 2021, there was a trend that males were slightly more aware how COVID-19 spread, while in 2022, the survey results showed this has flipped; the females are slightly more aware how COVID-19 spread. In 2022, less people were aware that touching surfaces contaminated with the virus and touching their face spread COVID-19 compared to 2021. While more people believed that COVID-19 is airborne in 2022 compared to 2021.

Figure (26): How is COVID-19 spread. Gender disaggregation 2021

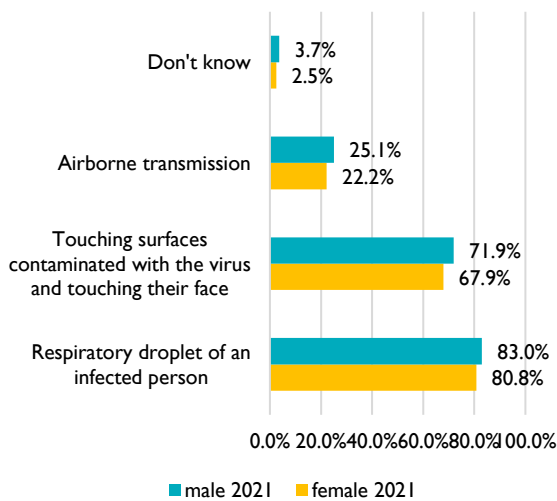
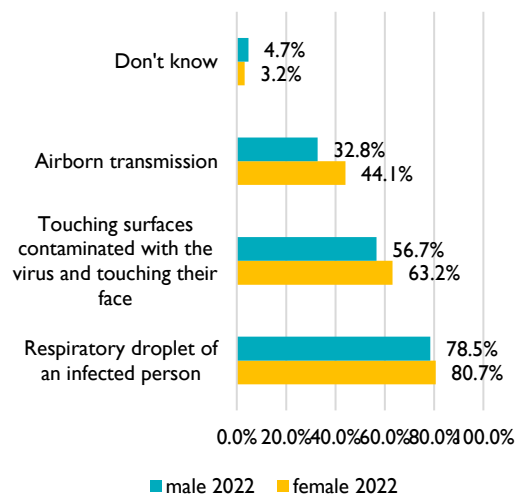


Figure (27): How is COVID-19 spread. Gender disaggregation 2022.



225 Only around one-fifth of the survey respondents were aware of any platform available to direct questions or inquiries on COVID-19. Among these, the channels mentioned were the ministry of health website and Google as main sources to direct questions/inquiries. Hence, the vast majority (82%) were not aware of such platforms to ask questions about COVID-19 as shown in the figures (36) and (37) below.

Figure (28): If you had a question or inquiry related to COVID-19, was there any tool/ platform that you could get feedback?

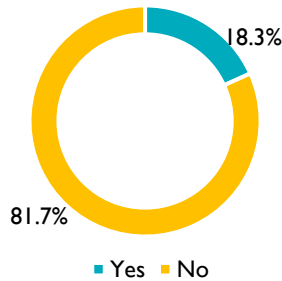
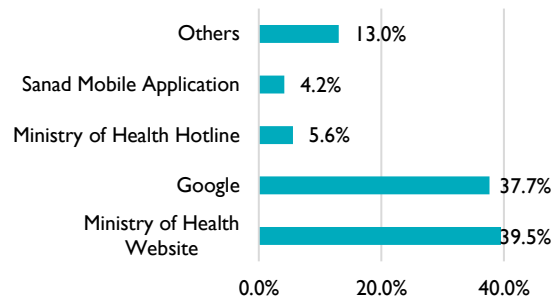
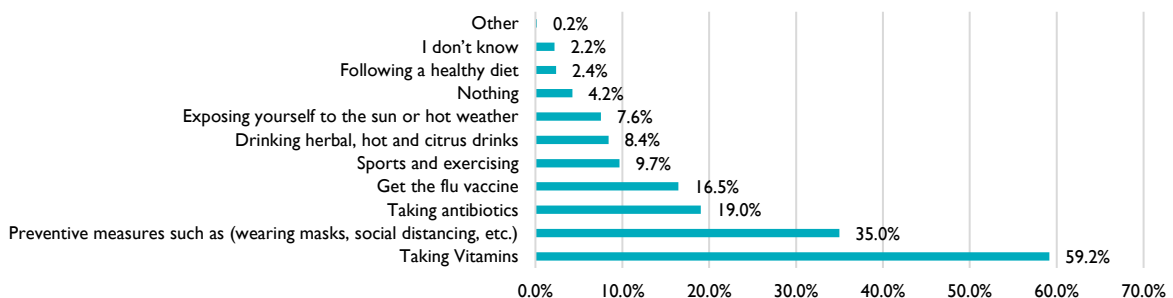


Figure (29): Tools/ platforms used for questions or inquiries related to COVID-19



226 As for preventive measures to boost the immunity, the survey respondents were aware of taking vitamins (60%), preventive measures such as wearing masks, social distancing (35%), and taking antibiotics (19%). When disaggregating the data according to gender, age, and the area in which participants live in (urban/rural), however no mentionable differences were observed.

Figure (30): What are the ways to boost immunity to prevent seasonal flu in general? Preventive measures such as (wearing masks, social distancing, etc.)



Attitudes:

227 There are significantly more people in 2022 that did not see COVID-19 as a threat to their safety compared to January 2021. Almost one third of the men, and almost one-fifth of the women did not see that COVID-19 was a threat to their safety in 2022. This is a significant increase from 2021 where only around 6% did not see COVID-19 as a threat to their safety. Females (38%) saw COVID-19 as a higher threat compared to males (29.5%) in 2022 as shown in the graphs below.

Figure (31): How serious is the threat that COVID-19 poses to your safety? Gender disaggregation 2021

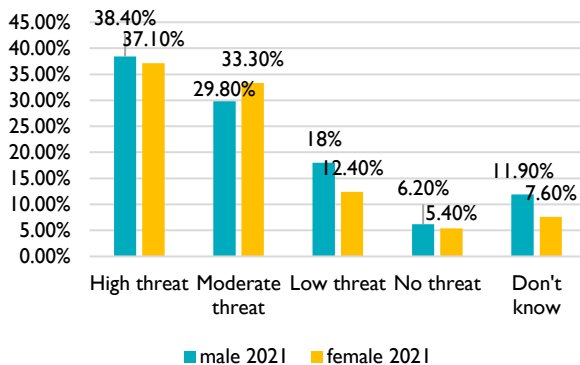
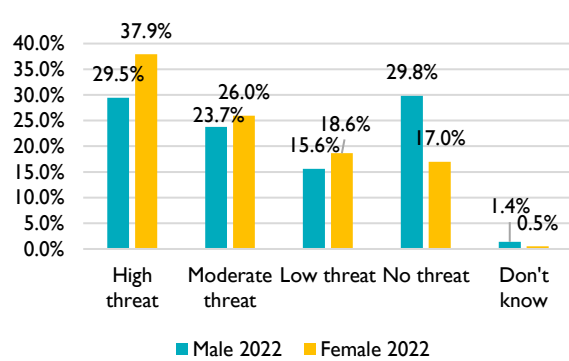


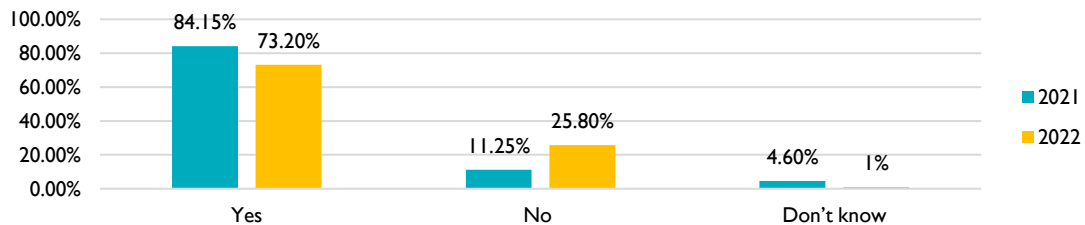
Figure (32): How serious is the threat that COVID-19 poses to your safety? Gender disaggregation 2022



Practices:

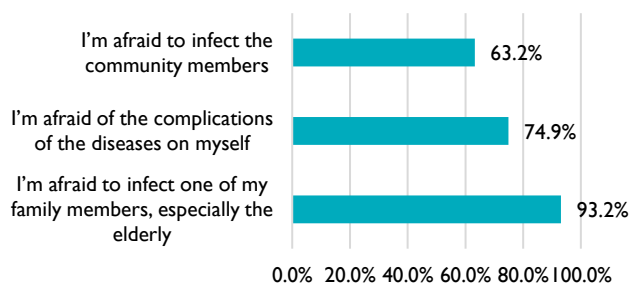
228 In terms of practicing COVID-19 related measures, around 73% of the survey respondents would seek a test if showing COVID-19 symptoms. There were no significant differences between the genders. More than 25% would not seek a COVID-19 test in 2022. This is a significant increase from 2021 where around 11% said they would not take the test as shown in the below figure.

Figure (33): Comparison 2021 and 2022- Would you seek a test if you are feeling unwell/ showing COVID-19 symptoms?



229 The main reason for testing is the fear of infecting a family member (93% of survey respondents), followed by fear of the diseases' complication and to infect the community members. These findings correlate well with the data from 2021. The data was then disaggregated according to gender, age, and the area in which participants live in (urban/rural), however no mentionable differences were observed.

Figure (34): Reasons that increase the likelihood of doing the test if having symptoms



230 This evaluation found that the vast majority of the survey respondents reported home isolation after testing (in 2021 and 2022) as shown in figures (43) and (44). Home isolation without testing has increased significantly since 2021; around 10% practiced this behavior in 2021 and around 40% practiced this behavior in 2022. Moreover, in 2022, fewer people reported going to the public and private health care system compared to 2021.

Figure (35): If you want to do a COVID-19 test, where would you go? Disaggregation by gender 2021

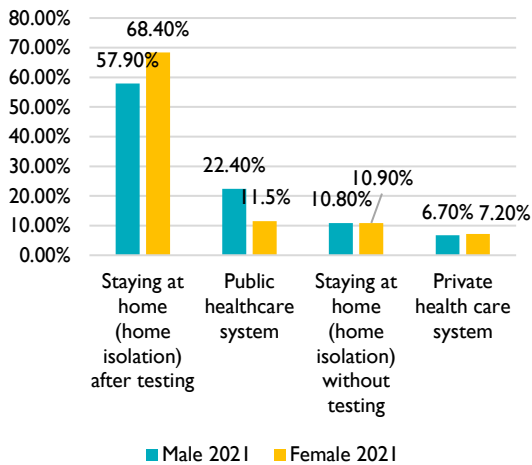
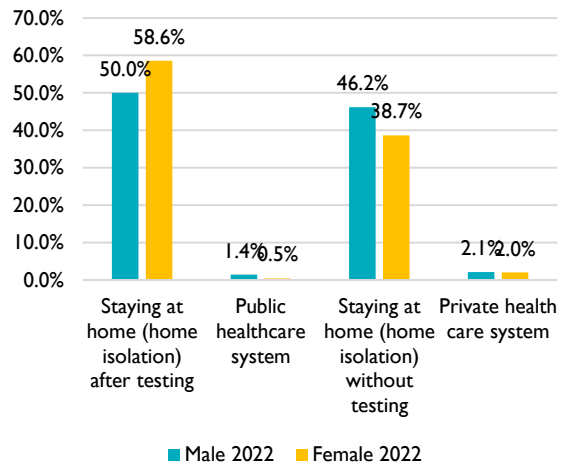
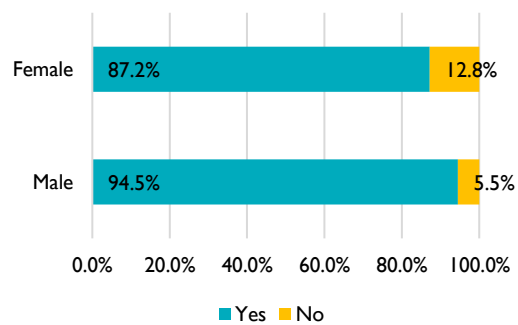


Figure (36): If you want to do a COVID-19 test, where would you go? Disaggregation by gender 2022



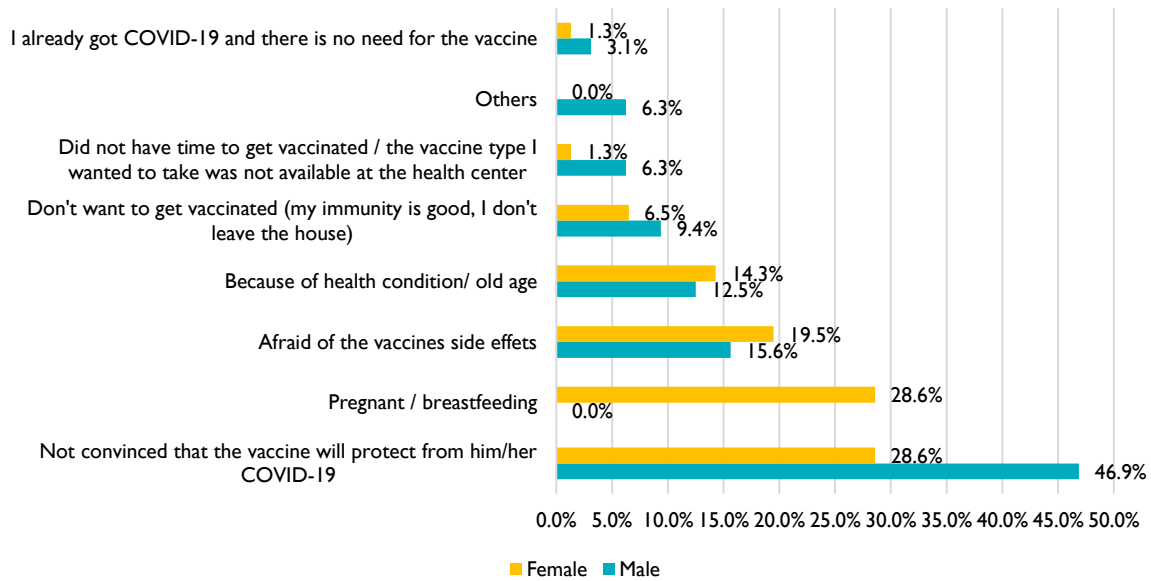
231 Moving on to the COVID-19 vaccine, the vast majority took the vaccine. More males than females took the vaccine. We did not find any differences regarding nationality, and there was only a small difference between the different age groups. Those above 36 years of age took the vaccine to a greater extent (94% for those 36-59, 91% for those above 60) compared to the younger generation 18 to 35 (87%).

Figure (37): Took the COVID-19 vaccine. Disaggregated by gender



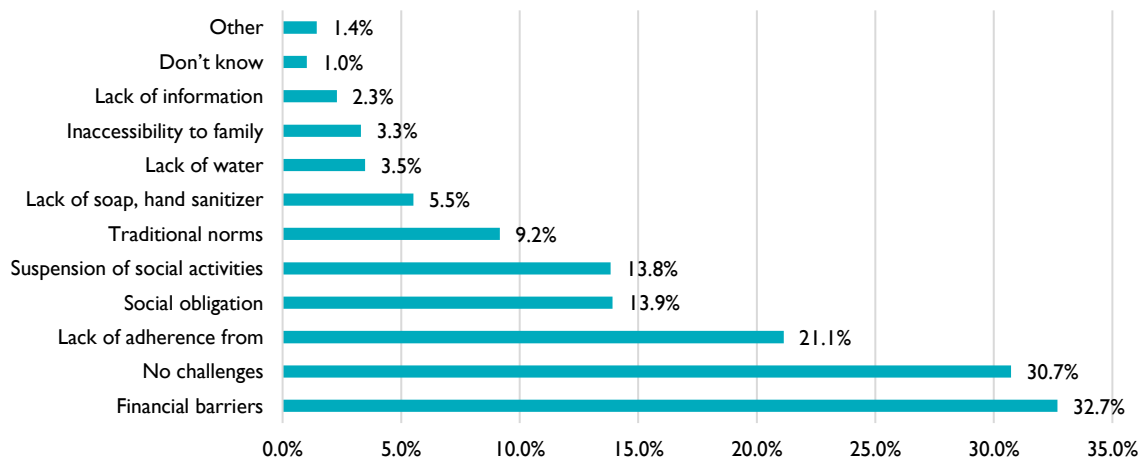
232 Among those not taking the vaccine, figure (46) shows that around one-third of the females did not take it because they were pregnant/breastfeeding. Almost half of the males and around one-third of the females were not convinced that the vaccine would protect them from COVID-19. Around one-fifth of the females did also fear the side effects.

Figure (38): Reasons for taking the COVID-19 vaccine. Disaggregated by gender



233 About one-third stated that there were no challenges associated with protection from COVID-19. While around one third stated that there are financial barriers of protection. One-fifth said that a lack of adherence from people, institutions and the public were the main challenges in this regard as shown in figure (47). No mentionable observations were found when disaggregating data according to gender, age, and rural/urban living areas.

Figure (39): Challenges encountered protecting the individual and their family from COVID-19



EFFECTIVENESS CONCLUSIONS:

EQ10: To what extent were the objectives of RCCE response achieved?

234 The concept of RCCE was understood to a high extent by the main partners (MoH, RHAS and WHO) and the stakeholders. This facilitated creating a successful national campaign that disseminated highly relevant information in a timely manner.

EQ11: What were the major factors that contributed to achieving the RCCE objectives?

235 The factors that contributed to assisting the project's successful implementation and achieving RCCE objectives were mainly internal factors, related to the activities itself, the high number of influential partners who were very committed to the success of the campaign and community engagement and its efforts and UNICEF's unique technical expertise. All of this played a vital role in maximizing RCCE.

EQ12: How effective the COVID-19 RCCE interventions were in increasing knowledge and positively changing attitudes and practices of the community on COVID preventions and Vaccine acceptance?

236 Overall, the messages delivered during the campaign were very good in terms of content, clarity and communication method. All messages were delivered in a simple language, there was no jargon, different dialects were used in the audio and video communications to reach all target groups. Also, both online and offline advertising were utilized to maximize the reach of the campaign. This was mainly a result of UNICEF playing the key role in acquiring the correct and right information related to COVID-19.

237 The analysis showed that the vast majority of people were satisfied with the channels they received the information and awareness messaging, and provided positive feedback on those messages, and identified the Ministry of Health as the main source of information. The messaging on COVID-19 helped immensely to change practicing preventive measures, change people's perception of the seriousness of COVID-19, risk reduction and informing on the availability of services. As for registering to take the vaccine, the messaging helped in registering to take the vaccine, it also played a major role to help people understand what to do in situations where they or family members were infected with COVID-19.

3.5 Sustainability

238 This section investigates the way RCCE strategy was developed to ensure the sustainability of RCCE activities and interventions, how partners capacity building, partnership and coordination mechanisms played a role to sustain the RCCE response regardless the fund availability, and what were the main bottlenecks and barriers to be addressed to future planning in terms of sustainability.

Sustainability Key Findings/Results:

- The HCAD's ability of developing their own strategies and plans has been enhanced as a result of the capacity building received during the implementation of RCCE. This investment in the available resources would have an impact on the sustainability of RCCE results.
- Partners are reluctant to take the first step into initiating partnerships by themselves in spite of their willingness to cooperate with each other. This is one of the main challenges facing future planning.
- There are several ways to improve the sustainability of such programs, such as introducing new technical capacity building programs that target national partners. This will enable them to become the duty bearers in terms of the implementation of RCCE to support the MoH and other international and regional organizations.

3.5.1 EQ13: How was the RCCE strategy developed to ensure the sustainability of the RCCE activities and interventions?

RCCE was an emergency response, hence, there were no serious internal discussions on sustainability, no clear exit strategy or clear interventions related to sustainability. Nonetheless, the training provided to MoH, RHAS and the youth were activities performed to ensure sustainability of RCCE results.

239 Some of the interviewed RCCE staff members and partners expressed that RCCE was purely an emergency response; hence, there were no serious internal discussions on sustainability. There was no clear exit strategy or clear interventions related to sustainability included in the work agenda.

240 On the other hand, other RCCE staff members believed that there were some activities performed to ensure sustainability of RCCE results, such as investing in training the youth, who were active members of the platform called "Nahno" with the collaboration of the Ministry of Youth. Another important activity performed to ensure sustainability was enhancing the capacities of MoH staff and the development of the community health committees.

241 UNICEF also provided great support to the Health Communication and Awareness Directorate (HCAD) at MoH during RCCE, in terms of the staff capacity building and emphasizing the importance of such a directorate. According to the interviewed RCCE

staff, HCAD became even more capable of developing their own strategies and plans internally, as they have been involved in all RCCE program cycles from design to evidence generation, until monitoring, evaluation and feedback. This investment in the available resources would have an impact on the sustainability of RCCE results.

“There is no such thing as ensuring RCCE sustainability; but there is gaining experience and building capacity. The pandemic is over, but we gained the knowledge and experiences required to face any other similar situation, this is what we call sustainability. Nowadays, at the MoH, there are lots of issues that require RCCE, such as Monkeypox and Cholera... Hence, we are utilizing what we learned during COVID-19.” – Interviewed stakeholder

242 According to an interviewed partner, the issue of providing the field staff and volunteers with small equipment and specialized short training courses would've helped in ensuring sustainability. For example, some MoH staff and volunteers could not upload pictures and videos on their mobile phones' due to the small memory of their phones. RCCE could've helped in providing those officers and volunteers with inexpensive mobile phones, to be used only for work purposes. It would've also been beneficial for the campaign to provide such staff with training courses on how to shoot professional videos and how to manage Facebook pages.

243 Furthermore, according to MoH, the implementation of the RCCE plan was supported by Community Health Committees (CHC) distributed around the Kingdom. There are currently around 105 active CHCs operating under the umbrella of the MoH. These Committees are created and formed based on the health and housing needs of its community and normally have 20-25 members, but their composition could vary from one Committee to another. However, these members could include representatives from the education sector, community active member or influencer, security representative, Awqaf, local CBOs representatives, etc. There are specific Terms of Reference (ToR) for the selection of these members and they are recruited on voluntary basis.

244 All the activities that were conducted by these Committees prior to COVID-19 were face-to-face but already had Facebook pages and WhatsApp groups. These committees have wide outreach to a significant percentage of the population through different communication and information dissemination channels (most importantly social media platforms). With the launch of the (“Elak w Feed” campaign) their social media platforms were activated and used to push messages on the national campaign and specific MoH messages which reached around 1.5 million people in the country.

3.5.2 EQ14: How partners capacity building, partnership and coordination mechanisms played a role to sustain the RCCE response regardless of fund availability?

MoH and RHAS have been provided with extensive technical capacity building efforts throughout the RCCE implementation period. Now, their staff have become more capable of drafting RCCE messages, managing social media platforms, responding to rumors and performing some of the community outreach activities.

Partners are reluctant to take the first step into initiating partnerships by themselves despite knowing their roles and their willingness to cooperate with each other.

EQ 14.1 The partners technical capacity to maintain the benefits of the RCCE response beyond the life of the project (regardless of availability of funding)

245 The main RCCE partners, such as MoH and RHAS, expressed being provided with extensive technical capacity building efforts throughout the RCCE implementation period. For example, UNICEF worked closely with the HCAD at the MoH, where the staff were empowered to draft RCCE messages, manage social media platforms, respond to rumors and to perform some of the community outreach activities.

“UNICEF”s efforts were reflected in MoH reports; it even attracted other partners to work with MoH. MoH didn’t only work with us, they worked with other partners, and they are the ones who design their own activities and agendas.” – RCCE staff

246 Other partners became more capable of posting awareness messages or conducting small-scale campaigns but not conducting real RCCE interventions; they still need technical support when it comes to designing messages, developing media plans, networking, fundraising and coordination.

“Before COVID-19, MoH did not have an RCCE strategy to face pandemics. Now, on the national level and on MoH level, we have gained this expertise from the inputs and knowledge we have received from the various international organizations we have worked with including UNICEF.” – Interviewed stakeholder

247 However, some inhibitors still face maintaining the benefits of the RCCE response beyond the life of the project. Such inhibitors include: bureaucracy and long time for obtaining approvals, change of management, lack of internal coordination between different departments, lack of a clear direction/vision, in addition to lack of funding.

EQ 14.2 The developed partnerships and coordination mechanisms between partners playing a role to sustain the RCCE response regardless of availability of funding

248 Some of the interviewed stakeholders expressed that the partnerships and coordination mechanisms between partners is still something that needs to be enhanced. Most partners know their roles and are willing to cooperate with each other, yet, they are reluctant to take the first step into initiating such partnerships by themselves.

“To be honest, in most of the programs that I’ve worked in, there is always a UN agency saying “let’s work together”. I don’t see enough national efforts where two national organizations would initiate working together and creating a task force to solve a certain problem. Yet, when they work together, they collaborate really well!” – RCCE staff

3.5.3 EQ15: What are the main bottlenecks and barriers that can be addressed to future planning in terms of sustainability?

Lack of financing is one of the biggest challenges that face future planning in addition to the reluctance of national organizations to take the first step into initiating partnerships and

cooperations with other national organizations. There are several ways to improve the sustainability of such programs such as introducing new technical capacity building programs that target national partners to become the duty bearers in terms of the implementation of RCCE to support the MoH and other international and regional organizations.

EQ 15.1 The main bottlenecks and barriers that can be addressed to future planning in terms of sustainability

249 According to the interviewed stakeholders, the two main bottlenecks and barriers that can be addressed to future planning in terms of sustainability are:

- 1) The reluctance of national organizations to take the first step into initiating partnerships and cooperations with other national organizations.
- 2) Lack of financing; which is one of the biggest challenges that face future planning.

EQ 15.2 Ways to improve the sustainability of such programs

250 One way to improve sustainability of such programs is the design of technical capacity building programs that target national partners, as recommended by the interviewed stakeholders. Such partners could become the duty bearers in terms of the implementation of RCCE to support the MoH and other international and regional organizations. Those capacity building programs should include organizational support and technical capacity building in digital communication as well as social behavioral change and communication.

251 Other recommendations were mentioned by the interviewed stakeholders such as diversifying the donor base and developing long term partnerships with donors, in addition to exploring new opportunities. Finally, assigning a sector lead/umbrella responsible for creating partnerships between the different national organizations.

SUSTAINABILITY CONCLUSIONS:

EQ13: How was the RCCE strategy developed to ensure the sustainability of the RCCE activities and interventions?

252 Although RCCE was purely an emergency response, several activities were performed during the implementation to ensure sustainability of its results, such as investing in training youth/volunteers, enhancing the capacities of MoH staff (specifically the Health Communication and Awareness Directorate staff) and the development of the community health committees.

EQ14: How partners capacity building, partnership and coordination mechanisms played a role to sustain the RCCE response regardless of fund availability?

253 The main RCCE partners, such as MoH and RHAS, were provided with extensive technical capacity building efforts throughout the RCCE implementation period.

Their staff were empowered to draft RCCE messages, manage social media platforms, respond to rumors and to perform some of the community outreach activities. Other partners became more capable of posting awareness messages or conducting small-scale campaigns but not conducting full RCCE interventions; they still need technical support when it comes to designing messages, developing media plans, networking, fundraising and coordination.

EQ15: What are the main bottlenecks and barriers that can be addressed to future planning in terms of sustainability?

254 The analysis revealed that besides the lack of financing, the reluctance of national organizations to take the first step into initiating partnerships and cooperations with other national organizations is a major bottleneck facing future planning in terms of sustainability. As seen throughout the course of the evaluation, the RCCE depended on UNICEF as a key player when it came to initiating and leading such partnerships. Most partners know their roles and are willing to cooperate with each other, yet, they are reluctant to take the first step into initiating such partnerships by themselves.

4. Lessons Learned

255 This section presents the lessons learned that were synthesized by the evaluation team based on the data collected throughout the course of the evaluation.

Relevance:

- Although RCCE response prioritized reaching and protecting vulnerable and marginalized community members, it must ensure that the intervention will be adapted to the need of the targeted populations, a system thinking approach alongside a localized analysis of social, economic, cultural, and gender dynamics seem to be essential to have. This should be considered across different programs implementation, not only in a complex national health response but also in how other UNICEF services are delivered.
- Community engagement is vital in addressing COVID-19. It involves prioritizing community needs, following global and local guidelines, and using effective communication with communities. This approach allows health workers and enablers to interact with communities, reducing the risks of COVID-19 for everyone involved.

Coherence:

- It is of paramount importance to have a strong national/local partner such as the MoH to lead all coordination efforts between the different counterparts and implementing partners.

Efficiency:

- Country-level capacity building of key national stakeholders should always be prioritized, with the focus on building their competencies in implementing best-practice behavior change communication approaches and tools in emergency contexts. In addition to improving capacity levels, it is crucial to expand the pool of RCCE practitioners, both within and outside of government institutions.

Effectiveness:

- Creating one reliable channel/platform to disseminate information (the national campaign) and providing timely communication on COVID-19 prevention and precaution seem to be critical in building trust in RCCE's messages and raising peoples' awareness.
- Having strong partner with expertise in community engagement and raising awareness appear to be an added value to ensure sound program implementation.

Sustainability:

- Ensuring that capacity building efforts are provided to the main partners occurs to be an essential aspect to build their competency and ensure sustainability in the long term.


5. Overall Conclusions


- 256 This section presents the overall conclusions that were developed by the evaluation team based on the specific conclusions mentioned above.
- 257 After analyzing the different evaluation criteria, we arrived to the overall conclusion that in terms of **relevance**, RCCE strategy's design effectively addressed the evolving requirements and priorities of the intended audience, despite the obstacles presented by the pandemic. The implementation of two approaches, namely the utilization of the talkwalker tool and the involvement of volunteers, played a crucial role in monitoring and countering rumors, enabling the campaign to adeptly capture and incorporate them into the communication materials.
- 258 In terms of **coherence**, the strategies concerning partnerships, coordination, and the collaboration between the program implementation team and major stakeholders proved highly successful, primarily due to the driving force of UNICEF. Furthermore, by emphasizing multi-sectoral coordination at the national level and implementing RCCE actions through this collaborative approach, the partners were able to develop an integrated RCCE intervention. The coordination among different counterparts and implementing partners was largely effective, with the Ministry of Health taking the lead in coordinating efforts among the various entities.
- 259 Moving to **efficiency**, the findings revealed that UNICEF's efficient monitoring of funds disbursement and activities helped in increasing efficient operations of RCCE. In addition, the findings indicated that RCCE was implemented in a timely manner. Delays were primarily attributed to bureaucratic procedures within certain organizations, which have specific systems and policies for partnering and funding. Moreover, during the peak of the pandemic, there was a shortage of RCCE staff, causing them to be overwhelmed with their workload. However, effective coordination mechanisms and the flexibility demonstrated by UNICEF and its partners allowed the team to successfully overcome these challenges.
- 260 As for **effectiveness**, the main partners and stakeholders, including MoH, RHAS, and WHO, demonstrated a high level of understanding of the RCCE concept, which greatly facilitated the development of a successful national campaign that effectively disseminated timely and relevant information. On another note, the campaign messages were highly effective in terms of content, clarity, and communication methods. The analysis also revealed that the majority of people were satisfied with the channels through which they received information and awareness messages. The COVID-19 messaging played a significant role in encouraging preventive measures, changing people's perception of the seriousness of the virus, reducing risks, informing about available services, and facilitated the registration process for taking the vaccine and helped individuals understand what to do in case they or their family members contracted COVID-19.
- 261 And finally, during the implementation of RCCE, various activities were undertaken to ensure the **sustainability** of its outcomes, despite it being primarily an emergency



response. These activities included investing in the training of youth and volunteers, improving the capacities of Ministry of Health (MoH) staff, particularly those working in the Health Communication and Awareness Directorate, and establishing community health committees. These measures aimed to create a lasting impact and ensure the continued effectiveness of the RCCE efforts.


6. Recommendations

262 This section presents the recommendations that were developed by the evaluation team based on the data collected throughout the course of the evaluation, and then discussed and validated by the relevant stakeholders during the “RCCE Evaluation Validation Workshop” facilitated by UNICEF. For each recommendation, the responsibility/owner and contributing entities are specified, and the level of priority is presented as low, medium or high. Moreover, the timeframe per each recommendation is specified under one of the following durations: short term (0-3 months), medium term (3-12 months), or long term (>1 year).

Recommendations	Responsibility / Owner	Contributing entities	Level of priority	Timeframe
 RELEVANCE				
I) Enhance access to real time and reliable information to improve relevance:				
I.1 Consider the application of social listening and community engagement tools to other similar health interventions with wide scale social and behavior change components.	UNICEF	Relevant key intervention stakeholders (including governmental and non-governmental actors) – Based on intervention sector/domain	Low	Long term (>1 year)
I.2 Ensure to proactively address key-public concerns (e.g., impact on children, potential side effects...etc.) regarding newly released or prospect vaccines through disseminating the relevant up-to-date facts to ensure maximizing adoption rates.	UNICEF/ MoH/ JCDC	Relevant key intervention implementing partners (e.g. RHAS,WHO)	High	Short term (0-3 months)
I.3 Integrate an infodemic management information system for rapid infodemic insights generation and to ensure it is clearly linked to and aligned with risk	UNICEF/ MoH	WHO/ JCDC	Medium	Long term (>1 year)

communication and community engagement efforts.				
2) Ensure rigorous gender analysis, data collection and reporting , as well as evidence-based solutions that hold UNICEF accountable to the children and women it serves.	UNICEF	Relevant key intervention stakeholders (including governmental and non-governmental actors) – Based on intervention sector/domain	Medium	Short term (0-3 months)
 COHERENCE				
3) Establish and institutionalize multi-sectoral national and local level RCCE coordination mechanisms: Prioritize multi-sectoral coordination at the national level through the establishment of task forces featuring key government and non-government stakeholders and institutions, with MoH playing a leading role. Such an approach proved to be invaluable for the coherence of efforts made by the different relevant stakeholders. Although the exact number of task forces and specific stakeholders would depend on the nature of the crisis, it is recommended to utilize the lowest number of task forces that can sufficiently	UNICEF/ MoH/ JCDC/WHO	Relevant key intervention stakeholders (including governmental and non-governmental actors) – Based on intervention sector/domain	High	Short term (0-3 months)

cover all the key sectors and stakeholders.				
 EFFICIENCY				
<p>4) Develop operational preparedness and contingency plans factoring the required increase of human and financial resources, clear division of labour, and scale up of activities during health emergencies to avoid potential overlap of activities among the involved partner agencies. This should include adopting a more comprehensive framework for segregation of duties with clear articulation of roles and accountabilities among the different partners to minimize overlap and confusion, and maximize efficiency.</p>	UNICEF/ MoH/ JCDC	Relevant key intervention stakeholders (including governmental and non-governmental actors) – Based on intervention sector/domain	Medium	Long term (>1 year)
 EFFECTIVENESS				
<p>5) Ensure that any similar future intervention aiming to address a health crisis include a theory of change, results framework, assumptions and indicators, based on past experiences and lessons learned, with specific gender consideration mainstreamed across the</p>	UNICEF/ MoH/ JCDC	Relevant key intervention stakeholders (including governmental and non-governmental actors) – Based on intervention sector/domain	High	Medium term (3-12 months)

life course of the intervention.				
6) Integrate an impact/reach dashboard into the national response dashboard to enable all partners to have the same level of visibility of results and implement activities for similar interventions with a wide variety of different partners. This should also entail providing the necessary capacity building support needed to operate/maintain such dashboard	UNICEF	Relevant key intervention stakeholders (including governmental and non-governmental actors) – Based on intervention sector/domain	Low	Long term (>1 year)
 SUSTAINABILITY				
7) Adopt a more engaging approach for partnership initiation and coordination. It's understandable that under emergency situations that might not be possible in early stages. However, such responsibilities can be transitioned and handed over to other local partners after building their capabilities to be able to initiate partnerships by themselves.	UNICEF/ JCDC	Relevant key intervention stakeholders (including governmental and non-governmental actors) – Based on intervention sector/domain	Low	Long term (>1 year)
8) Plan regular capacity strengthening for the priority stakeholders at the individual and organizational level to promote sustainable and	UNICEF	Relevant key intervention stakeholders (including governmental and non-governmental	Medium	Medium term (3-12 months)

<p>inclusive RCCE approach and ensure effective responses to any future health emergency. Consider providing further training and capacity building on RCCE/emergency response to local partners, even beyond the lifetime of the intervention. Such additional efforts would ensure that they are capable of taking the initiative and responding efficiently in case of similar future emergencies. Furthermore, providing TOT training to the national partners would enable them to transfer the knowledge to other relevant local partners and entities.</p>		<p>actors) – Based on intervention sector/domain</p>		
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ANNEXES



Annex (1): Terms of Reference (TOR)

Annex (2): RCCE Roadmap

Annex (3): National Action Plan

Annex (4): ToC / Results Framework

Annex (5): Timeline

Annex (6): Detailed Evaluation Methodology

Annex (7): The Evaluation Matrix

Annex (8): Data Collection Tools

Annex (9): Disaggregated Data

Annex (10): Distribution of Population by: Category, Sex, Nationality, Age Groups, Urban Rural and Governorate

Annex (11): List of People Interviewed in KIIs

Annex (12): Bibliography



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