



**End-line Review for HBCC (Hygiene and Behavior Change Coalition) Project: Inclusive Communities - Changing behaviors to respond to COVID-19**

**August 2021, Jordan**



## 1. Exclusive Summary

The “Promoting safer hygiene practices for women and girls to remain safe and live better lives project has been implemented between the 23rd of July 2020 and the 31st of August 2021 through CARE International in Jordan and funded by Unilever-UKAID HBCC (Hygiene Behaviour Change Coalition). The project’s overall objective was to support the most vulnerable women and girls in conflict communities, refugee, asylum and host populations within the Syrian crisis region to improve their key hygiene behaviours and be better equipped to protect themselves from COVID-19 transmission through mass awareness, interpersonal communication and digital media communication.

CARE Jordan implemented a package of multiple interventions which includes mass media, digital communication, and in some cases targeted face-to-face interactions complemented by the provision of hygiene and dignity kits to promote key hygiene behaviours of the targeted beneficiaries. The mass media and digital campaign, which targeted community members who live in Amman, Zarqa/Azraq town, Irbid, Mafraq, and Azraq Refugee Camp, but also reached beyond these areas in particular with the mass media intervention; focused on a variety of messages in line with the national/local Health Service approved guidelines as well as some of the Unilever Global assets like the PASSWORD Campaigns, Snake and Ladder game, and Mobile Doctorni. Messages covered issues of prevention, protection, safety, security and where to seek early support when showing signs and symptoms of COVID-19.

At the close of the project implementation period, CARE Jordan commissioned MMIS Management Consultants to conduct an external qualitative and quantitative endline assessment. The methodology included desk review, key informant interviews, and survey and focus group discussions with beneficiaries. This assessment was conducted in a participatory manner and fully considered gender and other categories of marginalization in the design of the evaluation tools, data collection, and final analysis of the results. The purpose of this evaluation was to assess the performance of the project under all the objectives according to their relevance, effectiveness, efficiency, and impact. Additionally, attention was given to identifying unintended consequences of the project, both positive and negative, as well as provide evidence-based recommendations for all stakeholders for the future programming in light with the evaluation findings.

The assessment shows that the distribution of hygiene kits to low-income households has successfully increased their ability to practice personal protective health behavior and measure, with 95.5% of respondents, which in turn may reduce COVID-19 transmission. Also, it was indicated that the availability of CARE's hygiene items increased the commitment of 98% of respondents to COVID-19 preventative measures, including wearing a mask (91.7%), sterilizing hands (83.8%), handwashing with soap (69.6%), wearing gloves (67.6%), and home sterilization (58.3%).

Additionally, the respondents highlighted that the assistance reduced their financial burden, with 23% significantly, 16.7% moderately, and 60% slightly. However, many also felt that they should be provided with enough materials to maintain use for a longer period.

Overall, the majority of those surveyed (97.6%) are satisfied with the distribution process, out of which 21.6% completely satisfied and 76% somehow satisfied. With regards to the content of the hygiene kit, most of those surveyed (76.5%) indicated that all the items are relevant to their needs. On the other hand, 23% of respondents think that the kit should include additional items such as disinfectant detergents, shampoo, and toothbrushes, and 0.5% considered gloves as irrelevant items. FGDs' participants in Azraq camp highlighted that they need detergents and insecticides, particularly because that they live in a desert area.

Regards the preferred modality, the vast majority of respondents prefer receiving humanitarian aid for hygiene in a form of cash (78.9%) or vouchers for hygiene items (17.6%); as it provides them with greater choice and flexibility to meet their families' hygiene needs. In addition to this, few respondents (0.5%) stated e-money as their preferred modality, especially during the COVID-19 pandemic. Conversely, only 2.9% of those surveyed think that in-kind assistance is the most appropriate modality for them.

In terms of sufficiency of the items provided, 57.8% of surveyed HHs are satisfied with the quantity of hygiene kit's content, while 42.2% think that it is insufficient compared to their consumption rate and family size. Around (60%) of the respondents said that the hygiene kit lasted for a month or less, with four weeks being the most common time among a third of all respondents.

As a result of CARE's mass communication campaign, the respondents indicated adapting hand hygiene practices into their daily routine, including washing their hands properly (97.4%), more frequent with soap (96.4%), and long enough (90.2%). Furthermore, they become more committed to follow COVID-19 protective measures, including but not limited to wearing a mask correctly (94.8%), physical distancing (94.3%), and cleaning surfaces (87.6%). Also, the analysis of the FGDs shows that the campaign changed perspectives on the severity and seriousness of coronavirus; some beneficiaries believed that the virus is not real, and denied its severity as it is not worse than the flu. However, they changed their perceptions after receiving CARE's awareness materials, that covered facts and simple scientific explanations.

Over half of the respondents (66.5%) registered to get coronavirus vaccine as a result of the received information from CARE about COVID-19 vaccine's role in reducing their risk of infection and protecting them against severe illness, in addition to information about the registration process.

The campaign has motivated the targeted communities to adopt self-care activities (32%) in their daily routine (such as playing sport) and practice stress management techniques (0.5%) such as breathing exercises, which would improve their emotional wellbeing. Also, some beneficiaries applied new coping mechanisms to deal with the stress associated with COVID-19, such as gardening and drawing.

This report begins with an outline of the assessment objectives, focus, approach, and methodology. The report continues with key findings, which are divided into four parts for each of the project's interventions: relevancy, effectiveness, efficiency, and impact. This section of the report also includes findings and some discussions related to coherence. The report concludes with a set of recommendations for future potential collaboration between CARE and Unilever/ UKAID.

## 2. End-line Assessment Objectives

CARE international in Jordan commissioned an external end-line evaluation for the project to supply credible and reliable findings for evidence-based decision-making and give account of corresponding results achieved to Unilever and UKAID. This final evaluation is inclusive and participatory in nature, gives full consideration to gender and other categories of marginalization at all stages of the process, be cognizant of ethical research principles.

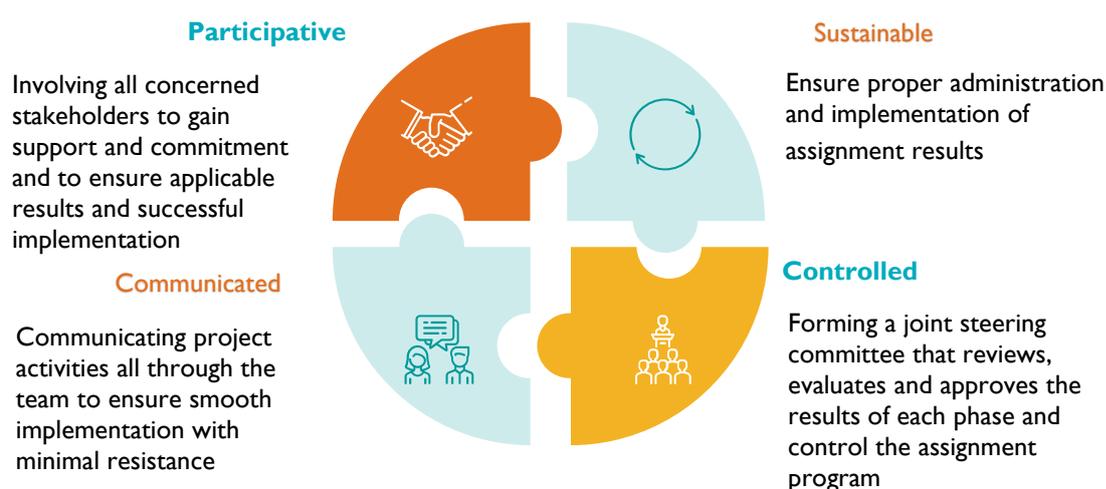
This end-line evaluation is based on five specific evaluation criteria: relevance, coherence, effectiveness, efficiency, and impact. The criteria, as they relate to achieving the outcomes and goal of the project, serve as the main framework for presenting the evaluation findings.

The key objectives of the evaluation are the following:

- Measure the behavioral outcomes and determine how the project has contributed to the changes; with a special focus on how the project has generated positive changes in the lives of targeted women, girls, boys, and men; including vulnerable groups such as those living in remote locations as well as the elderly and people with disabilities.
- Identify unintended consequences of the project, both positive and negative; for target groups and others impacted.
- Document the enabling factors and challenges or barriers that influenced project implementation.
- Provide evidence-based recommendations for all stakeholders for future programming in light of the review findings, including specific recommendations in relation to gender equality/women's empowerment issues.

## 3. Methodology and Approach

MMIS approach to conduct the project was participative, sustainable, communicated, and controlled:



The methodology included qualitative and quantitative methods to allow for sufficient triangulation and robust

findings. These included desk review, survey of beneficiaries (with a representative sample size), key informant interviews, focus group discussions with beneficiaries. Particular emphasis was placed on the full integration of gender and ethical research considerations in the selected data collection and evaluation tools and methods. The key tools that were used for the evaluation:

- Desk review: The consultant team conducted desk review of the project documents, baseline report, progress reports, and other relevant documents.
- Survey: CARE's PQ team conducted phone-based survey with 201 respondents for the media and digital campaign and 204 respondents for hygiene kits to assess changes on key outcome indicators and prospects on impact. In addition to assessing the effectiveness, relevancy, and efficiency of the project.

For a sizable population (those beyond 20,000 members) and a sample with a 95% confidence level and a 5% margin of error, sampling theory states that a sample of around 400 members offers a statistical representation of the population.

Media Campaign				Hygiene Kits			
Urban	Jordanian	Male	15	Urban	Jordanian	Male	25
		Female	14			Female	25
	Refugees	Male	37		Refugees	Male	24
		Female	40			Female	26
Camp	Refugees	Male	46	Camp	Refugees	Male	49
		Female	49			Female	55
<b>Total Sample for Media Campaign</b>			<b>201</b>	<b>Total Sample for Hygiene Kits</b>			<b>204</b>

MMIS Senior Research Consultants conducted two virtual formal training sessions for 3 project enumerators (CARE Jordan's volunteers), one on the 29<sup>th</sup> of July and one on the 1<sup>st</sup> of August 2021. The training familiarized the enumerators with the project background as to help them develop a clear understanding of the project requirements and context. Furthermore, the training covered the developed data collection tools questions in details, explaining the specific required information in each question. Finally, the enumerators were trained on the quantitative and qualitative data collection techniques that were needed for implementing the survey to ensure consistency and adherence to the quality measures set during the data collection process.

- Focus Group Discussions (FGD): MMIS conducted 8 FGDs (5 virtual FGDs via the Zoom application in urban areas and 3 in-person FGDs in Azraq camp) with 48 beneficiaries to obtain valuable qualitative data that reflects the change in behaviour following the project's intervention, and to better inform the survey tool. Also, the FGDs aimed to assess implementation experiences and effectiveness, document successes, challenges and lessons learned, and develop recommendations for improvement.

The split of the FGDs across our targeted sub-groups was according to the following table:

Geographic Area	Sub-Groups of Interest	# of FGDs	Gender Distribution	Type	# of Participants
Urban	Deaf	1	Mixed	Mass and digital	6

				communication,	
	Other Urban	2	I FGD with men I FGD with women	Mass and digital communication	4 5
		2	I FGD with men I FGD with women	Hygiene kits	5 6
Camp	Closed Village (5)	1	Men	Mass & digital Communication	5
	Other Villages (2,3,6)	2	Women	Mass and digital communication, internet bundles provision, and Mobile Doctorni	6
			Men	Hygiene Kits	11

For each FGD, a team of two members were utilized, consisting of a moderator and an assistant moderator (females where appropriate, e.g., when having a focus group with females only). This helped in assuring better and effective participation of all female respondents.

The moderator was responsible for leading the participants through the discussion in an open and spontaneous format. The moderator's primary responsibility was to generate a maximum number of different ideas and opinions from the participants regarding the areas of concern (domains), while making sure that the discussion remains on track and relevant. On the other hand, the assistant moderators were responsible for managing all the logistical issues pertaining to the FGD and taking notes. All moderators were provided with face masks and instructed to follow strict social distancing guidelines.

- Key Informant Interviews (KIIs): MMIS undertook eight key informant interviews to document lessons learned and best practices.

List of the KIIs			
#	Name	Organization	Title
1	Tasneem Ayeshe	CARE Jordan	Unilever's Project Manager
2	Jennifer Haddad	FOCUS Marketing and Advertising	Managing Director
3	Emad Qaraleh	Nashama FM	Radio Presenter
4	Ala'a AlDahmas	CARE Jordan	Volunteer
5	Justin Dell	CARE UK	Partnership Manager, Private Sector Engagement
6	Hiba Sarhan	CARE Jordan	Quality and Accountability Coordinator
7	Ahmad Jarrar	Roya'a TV	Head of Sales
8	Malek Abdeen	CARE Jordan	Azraq Camp Team Leader

## Data Analysis and Reporting

- 1) Data analysis: A thorough analysis of the gathered data and information was conducted to arrive at findings and conclusions that answered all guiding research questions and issues determined in the study objectives and scope.

- Quantitative data was analyzed using SPSS Software. The findings, conclusions, and recommendations were prepared and submitted for review and discussion with CARE International. Any revisions, modifications, additions required were conducted and incorporated in the final report. The analysis included:
  - Descriptive analysis: provided totals and percentages by various categories such as gender, age groups, education ... etc.
  - Comparative analysis: comparisons and discussions were developed with respect to different aspects including the baseline survey results.
- For the qualitative data analysis, MMIS followed the following 4-step approach in analyzing qualitative data collected:
  1. Transcribing: All recordings were transcribed and combined with the notes taken by the enumerators where appropriate.
  2. Cleaning and labeling: In this stage all transcripts were cleaned up by removing nonessential words and phrases, in addition to removing unrelated issues. Each statement was labeled with the participant number and focus group/KII number.
  3. Compiling: After cleaning and labeling, a database was created using Microsoft Excel. The database compiled all the responses for each question asked during each of the FGDs/ KIIs and sessions. All responses were coded and labeled.
  4. Content analysis: Using the database created, all collected qualitative data were disaggregated according to vulnerability disaggregation –by age group, gender, nationality, disability and whether they are camp or non-camp-based refugees (all disaggregated data can be found in Annex II). The analysis under covered the underlying patterns/themes and provide solid basis for developing conclusions.

## 4. Limitations

The key limitations of this baseline assessment are summarized in the bullet points below:

- The COVID-19 pandemic situation in Jordan hindered the ability for in-person KIIs and FGDs in urban areas. Therefore, MMIS utilized video or phone calls to replace face-to-face KIIs and FGDs.
- Due to the weak internet connection in Azraq camp, MMIS team had to conduct 3 face-to-face FGDs there. During the first session conducted in village number 5, the electricity went out and the weather was very hot. This uncomfortable environment impacted the interaction of the participants during the session.
- There was an absence of a comparable quantitative baseline as the baseline assessment of this project is qualitative. However, the methodology used has attempted to mitigate the effects of this through asking the respondents questions that compare between the situation before and after the project. Nonetheless, such questions cannot fully address the inherent bias in the collected data.



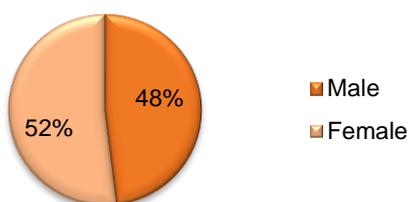
# FINDINGS

## Hygiene kits

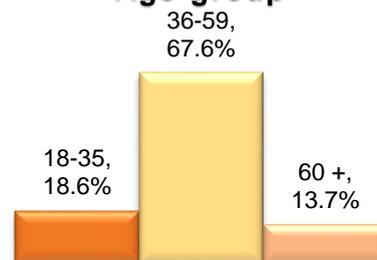
### Demographic profile of respondents

The surveyed respondents who received hygiene kits are 52% FHHs and 48% MHHs. The majority (67.6%) are aged (36-59), while (18.6%) are (18-35) and (13.7%) are elderly. 75.5% of respondents are Syrians and around one quarter of them Jordanian. Over half of the respondents (51%) live in a camp setting, while (41.2%) live in an urban area.

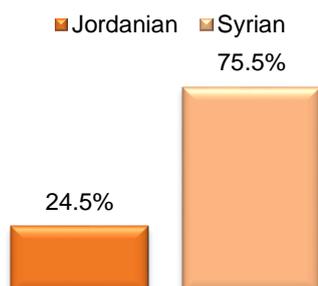
**Gender**



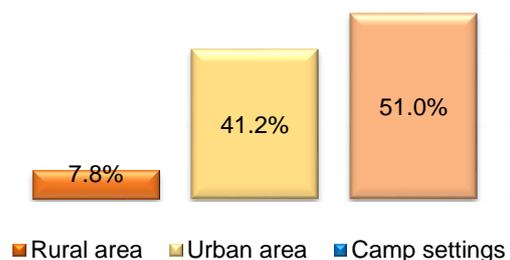
**Age group**



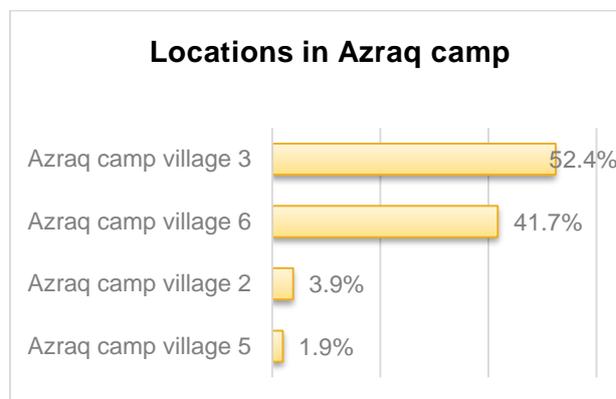
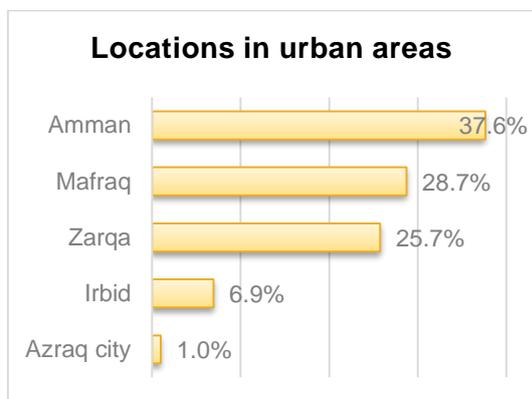
**Nationality**



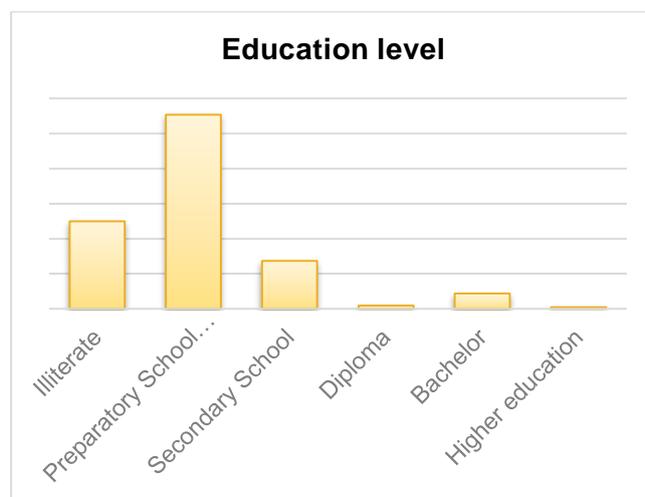
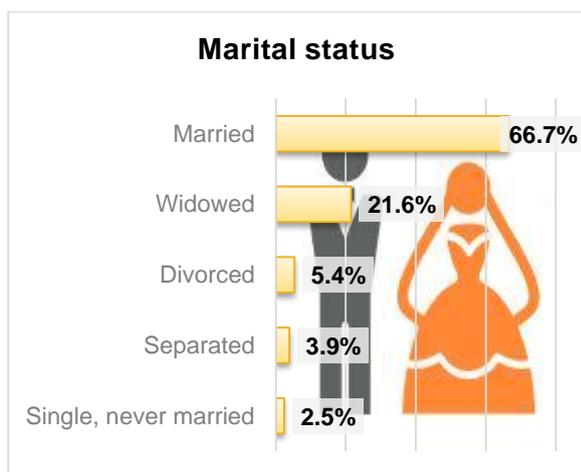
**Areas**



Regarding their locations, respondents who live in urban areas mostly concentrated in Amman (37.6%), Mafraq (28.7%) and Zarqa (25.7%). As for residents of Azraq Camp, they mostly resided in either village 3 (52.4%) or village 6 (41.7%), as shown in the figure below.

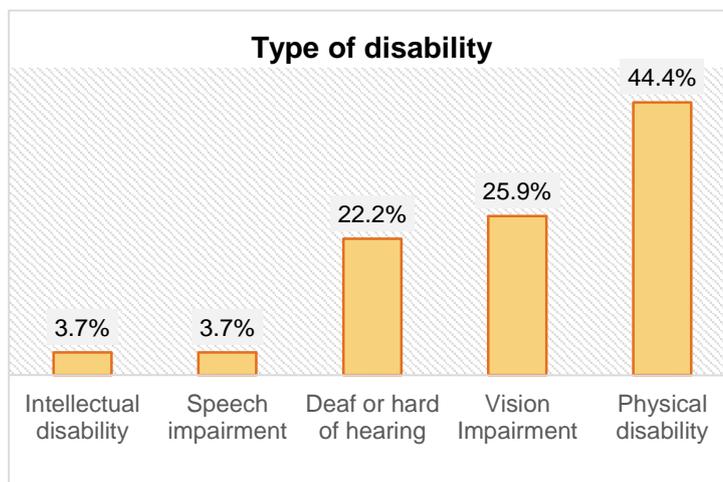


With respect to their marital status, the majority (66.7%) of respondents are married, while (21.6%) were widowed. Over half (55.4%) of respondents had completed preparatory school. Interestingly, a quarter were illiterate, and only (4.4%) had bachelor degrees.



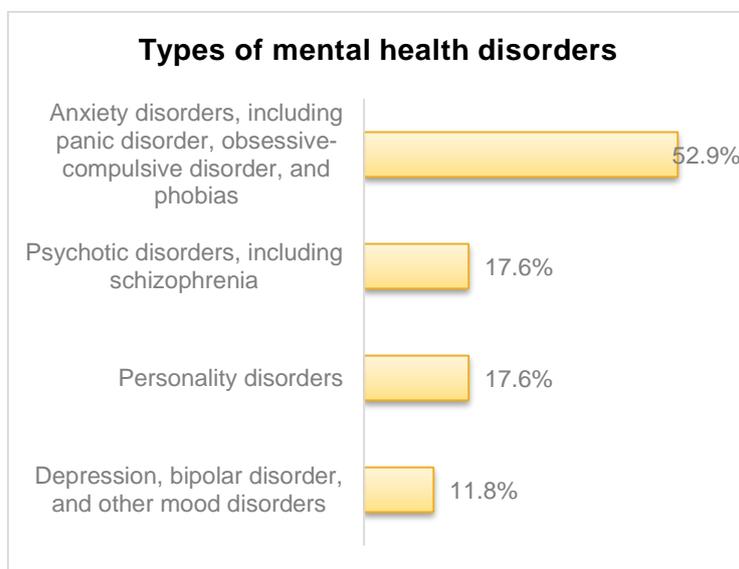
Around (13%) of respondents reported suffering from a disability, with the most common being physical disability (44.4%). Other mentioned disabilities were vision impairment (25.9%) and deafness (22.2%).

Regarding disabilities in the family, (25%) said that a person in their family had a disability, with the most common being intellectual disability (35.3%), vision impairment (29.4%) and physical disability (23.5%).



According to the Jordanian Department of Statistics (DOS) latest statistics, the percentage of Jordanians who have a disability is 11.1% of the population (aged 5 and above). The survey results are aligned with the DOS data; according to the DOS, the most common disability in Jordan is vision impairment (6%), followed by physical disability (4.8%) and deafness (3.1%).

Few respondents (8.3%) reported suffering from mental health disorders including anxiety disorders (52.9%), psychotic disorders (17.6%), personality disorders (17.6%), and mood disorders (11.8%).

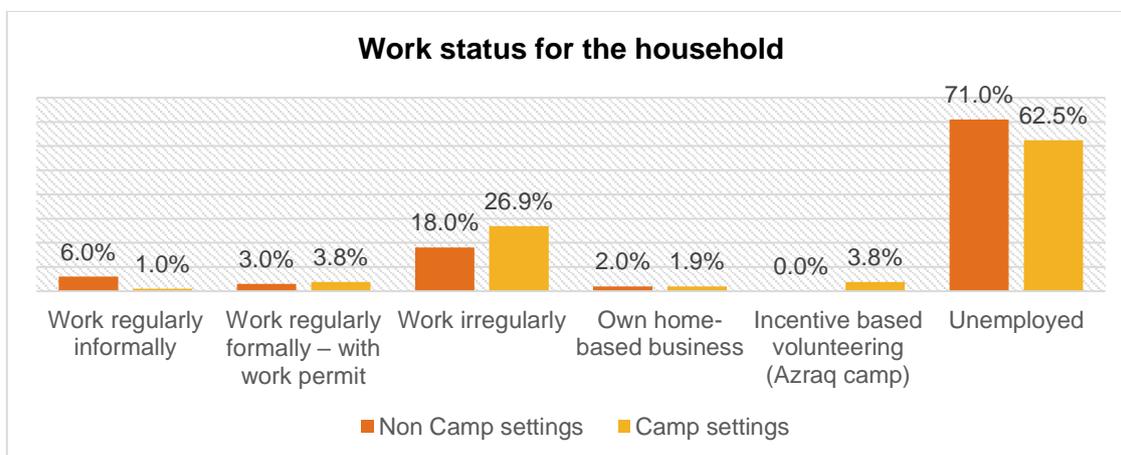


## Relevancy

The findings show that the project is relevant to the needs of the targeted low-income households by reducing families’ financial burden. As indicated in the baseline assessment, the COVID-19 pandemic negatively impacted families’ income stability while their expenses increased. One of the mothers in urban areas stated: *“There are families that could not buy tissues or other basic needs at the beginning of the pandemic due to harsh economic conditions... the assistance has saved us [laughing], we were able to cover our hygiene needs in a large scale”*.

It is worth mentioning that the GoJ, which is coordinating COVID-19 support measures in Jordan, has only committed to supporting Jordanians, but not Syrians or other refugees, leaving refugee support to non-profit organizations. The FGDs’ participants in urban areas indicated that they had not received hygiene kits before CARE’s assistance.

The endline assessment indicates that 62.5% of camp respondents and 71% of urban respondents are not engaged in income-generating opportunities. Also, 62.5% of the camp’s respondents and 7% of urban areas do not have income, and they rely on humanitarian assistance and borrowing.



Despite the positive effects of hygiene kits in enabling families to meet their basic needs for hygiene items during the pandemic, beneficiaries reported having other pressing needs that are still not afforded. Therefore, 9% of surveyed HHs sold some items (6%) or the whole kit (3%) due to financial hardship and items' irrelevance.

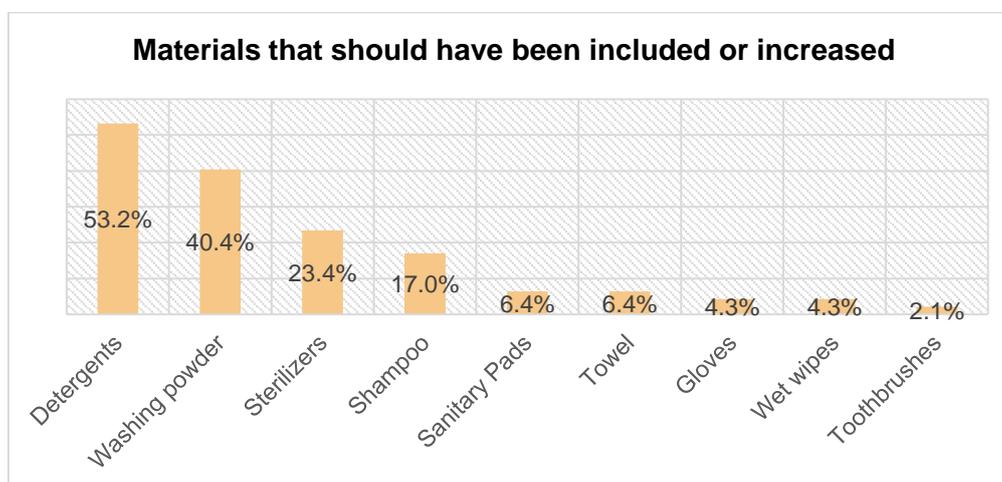
CARE Jordan considered the received feedback from beneficiaries through the post-distribution monitoring to develop a second model for hygiene kits, which included more relevant items to their needs by replacing gloves with disinfectants and increase the number of soap bars and sanitary napkin packets.

Quantity	First package
2	Hand soap bars - minimum 120 gm
1	Hand sanitizer - gel 100ml
1	Disposable women sanitary pads 10 pads per box.
1	Disposable face masks - 50 per box
1	Disposable hand sanitizer napkins - 72 per box
1	Latex gloves - 50 per box

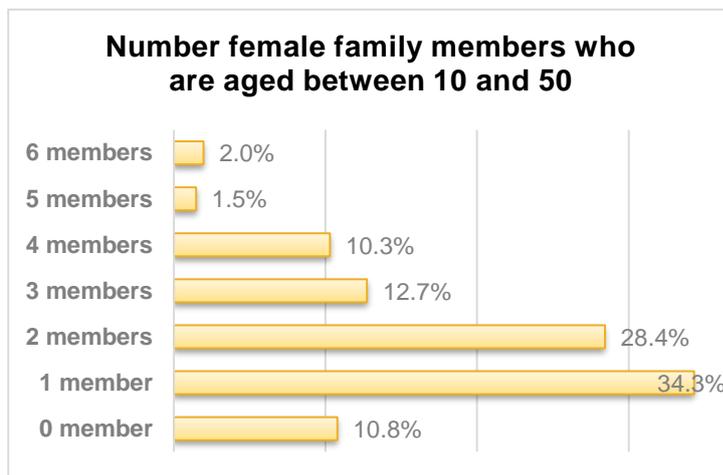


Second package	Quantity
Hand soap bars - minimum 120 gm	4
Hand Sanitizer - gel 1000 ml	1
Disposable Women sanitary pads - 10 pads per box. One large, and one XL	2
Disposable face masks - 50 per box	1
Disposable hand sanitizer napkins - 72 per box	1
Liquid disinfectant - 500 ML	2

With regards to the content of the hygiene kit, most of those surveyed (76.5%) indicated that all the items are relevant to their needs. On the other hand, 23% of respondents think that the kit should include additional items such as disinfectant detergents, shampoo, and toothbrushes, and 0,5% considered gloves as irrelevant items. FGDs' participants in Azraq camp highlighted that they need detergents and insecticides, particularly because that they live in a desert area.



Gender has been shown to play an important factor in the relevance of the packages' content to households' needs. According to the quantitative data, 10.8% of surveyed HHs do not have female members who aged within the menstruation age group. On the other hand, 26.5% of HHs have more than two females aged 10-50 years old. Therefore, there is a need to develop different standard hygiene packages that meet the needs of the targeted households, considering gender, age group, and family size.



Moreover, the findings show that the project has contributed to the national efforts dedicated to preventing the spread of COVID-19 in the Jordanian communities. The availability of the hygiene kit has motivated targeted HHs to practice healthier behaviors that would prevent the spread of COVID-19, especially sanitizing. One of the FGDs' participants stated: *"I put the sanitizer near the main door of my apartment so my children could sanitize every time they left or entered the house."*

To strengthen the relevancy of similar projects, CARE's staff recommended in the KIIs to design these projects based on social theories of behavior change, problem trees, and result-based management framework, which would ensure offering holistic interventions.

## Effectiveness

The respondents in urban areas received the hygiene kits at CARE's community centers (79%) and CBOs (12%), and the Ministry of Social Development (MoSD) office (9%), while 81% of Azraq camp respondents received it at NRC's distribution centers, 18% at CARE's community centers, and 1% received it via door-to-door modality.

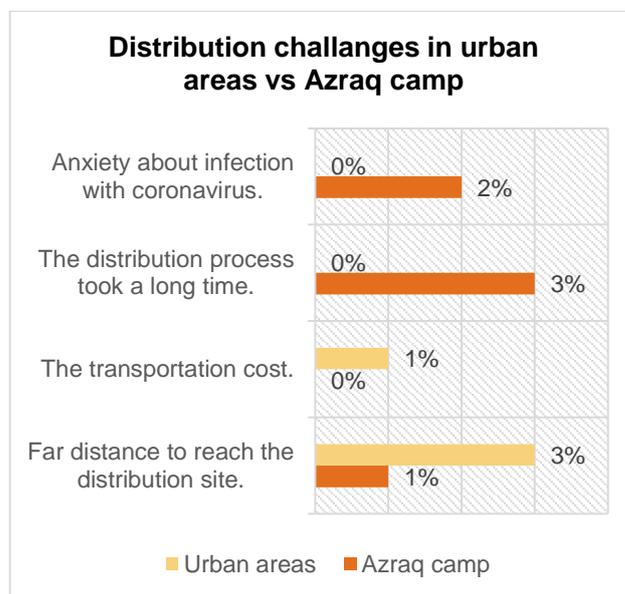
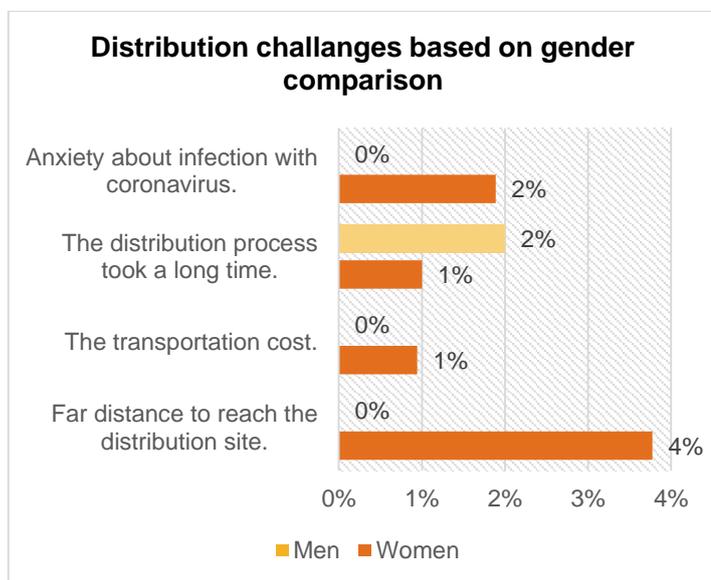
Overall, the majority of those surveyed (97.6% - 96% of female respondents and 99% of male respondents) are satisfied with the distribution process, out of which 21.6% completely satisfied and 76% somehow satisfied. They think it upholds their dignity, as the distribution process was organized and CARE's staff treated them with respect. One of the female FGDs' participants stated: *"The treatment of the distribution team was amazing... they also told us awareness information about handwashing the proper way to wear the mask."*

Over half of hygiene kit respondents (78.8%) reported that CARE informed them before coming to receive the package about the nature of the assistance and the contents of the package. In addition to this, CARE's midterm milestone report indicates that CARE Jordan had distributed hygiene kits for this project in parallel with another project at CARE's community centers. Because of this, some of the targeted households were dissatisfied due to the differences in the size of the distributed hygiene kits, without considering the family size. This finding shows the importance of having a standardized hygiene package for CARE Jordan that considers the family size, gender, and age groups.



The respondents were asked about any challenges they encountered while receiving the hygiene kits; only 4.4% of respondents, out of which 78% are women and 22% men (3% of urban respondents and 5.8% of Azraq camp respondents), reported facing challenges during the distribution.

Three percentage of urban respondents think that the distribution modality is not efficient for small kits due to the transportation cost burdens (1%) and the long-distance to reach the distribution site (3%), which were cited as the main barriers. These findings mirror some observations from the monitoring field visits; few of the targeted households refused to receive the kit, considering the kits' size and the transportation cost. That indicates the importance of covering transportation allowance for similar kind of distributions.



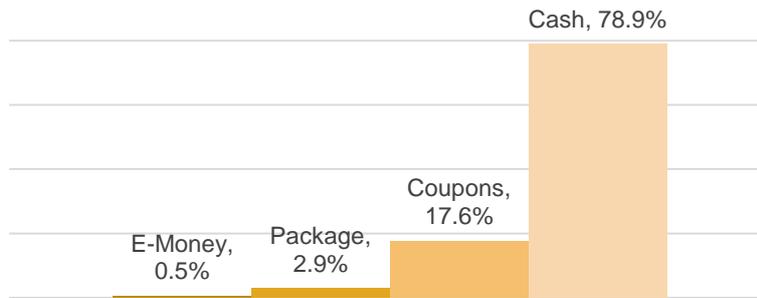
Furthermore, 2% of Azraq camp respondents had concerns related to getting an infection with coronavirus during the distribution and 3% think that the distribution process took a long time in Azraq camp comparing to their expectations. Noting that CARE's monitoring findings through exit interviews indicated that almost half of the respondents waited for less than half an hour, while others waited between 30 and 60 minutes.

Although elderly persons and PwDs were prioritized during distributions, the FGDs' participants in Azraq camp pointed out that receiving the kit at the distribution site by foot was challenging for senior community members and PwDs. It is worth mentioning that UNHCR applies the Alternative Collector scheme in Azraq camp, which allows community members to identify a member from their family or community to receive in-kind and food assistance.

In respect to the quality of distributed items, the vast majority of those surveyed (94.6%) are satisfied with the quality of the distributed items. On the other hand, 5.4% of respondents are dissatisfied that the quality of the gloves and masks.

Another important finding was that the vast majority of respondents prefer receiving humanitarian aid for hygiene in a form of cash (78.9%) or vouchers for hygiene items (17.6%); as it provides them with greater choice and flexibility to meet their families' hygiene needs. In addition to this, few respondents (0.5%) stated e-money as their preferred modality, especially during the COVID-19 pandemic. Conversely, only 2.9% of those surveyed think that in-kind assistance is the most appropriate modality for them. One of the female participants in the FGDs stated: "Some shop owners have exploited people's needs to affordable hygiene items, so they started to either increase prices or offering copycat products. Therefore, I think that hygiene package is an appropriate modality."

### Preferred modalities



27.5% of surveyed HHs (57% in urban areas and 43% in Azraq camp) received a Snakes and Ladders game that includes relevant hygiene information, including the importance of handwashing, wearing a mask, and social distancing, as part of the hygiene kit. The FGDs’ participants indicated that the game has increased children’s understanding of the importance of hygiene and COVID-19 prevention measures in an attractive and interactive manner.

Moreover, FGDs’ participants mentioned that their family members within different age groups play with the Snakes and Ladders game, not only kids, one of the participants stated:” My children love the game, they usually get into an argument on who should play next...it is so fun, I play the game with my husband once a week.”

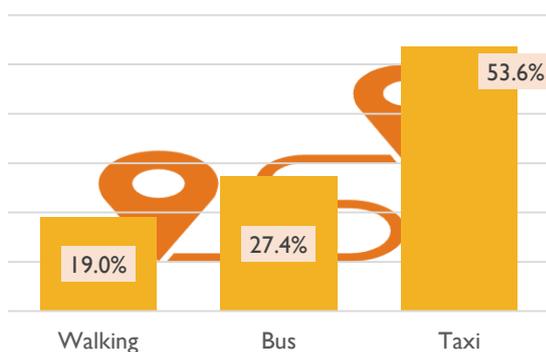


### Efficiency

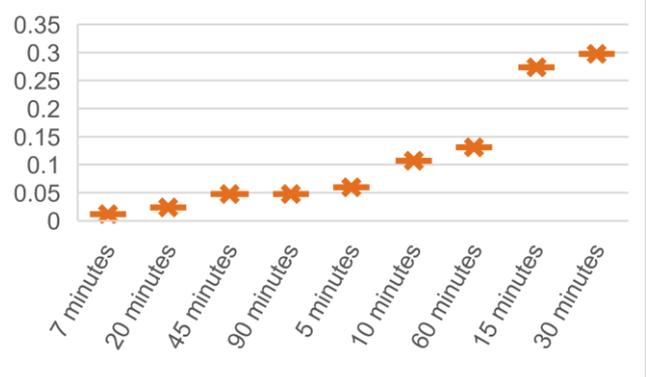
As for the transportation method used to reach the distribution center, over half (53%) of respondents in urban areas took a taxi, while (28%) rode a bus, and (17%) walked to the center. The vast majority of Azraq camp respondents (99%) walked to reach the distribution site, while one respondent in Azraq camp stated that they rode a bus.

Respondents from urban areas were asked how long it took them to reach the distribution center, with the most common answers being 30 minutes (29.8%) and 15 minutes (27.4%). However, the distribution site was extremely far for some HHs, as the duration to reach the center took one hour for 13% of respondents and 90 minutes for 4.8%.

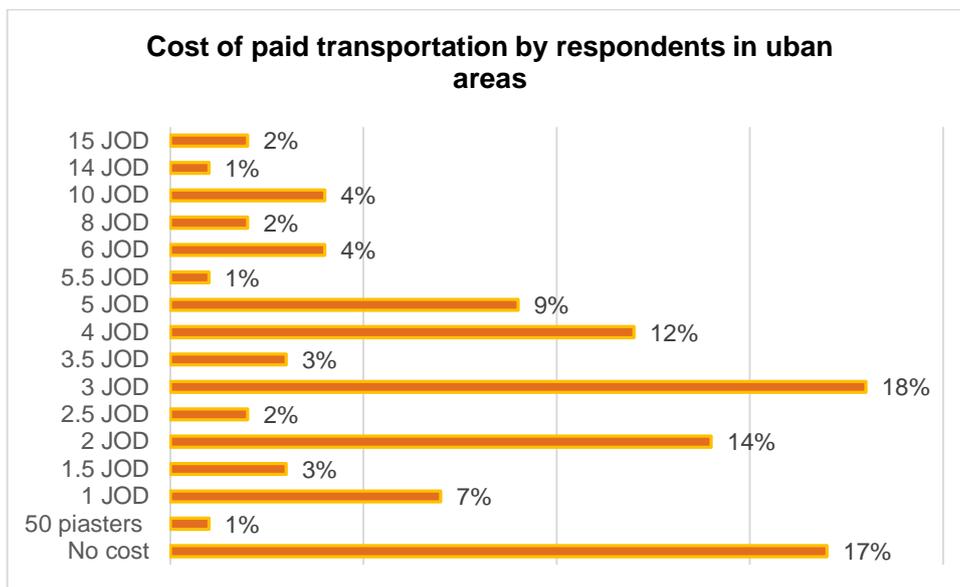
### The used transportation channel



### How long did it take them to reach the distribution center?



What s'more, 83% of urban respondents reported paying between 50 piasters and 15 JOD to collect and transport their hygiene kits from distribution points to their houses. Only one female respondent in Azraq camp stated paying 50 piasters to reach the distribution site and return to her shelter.

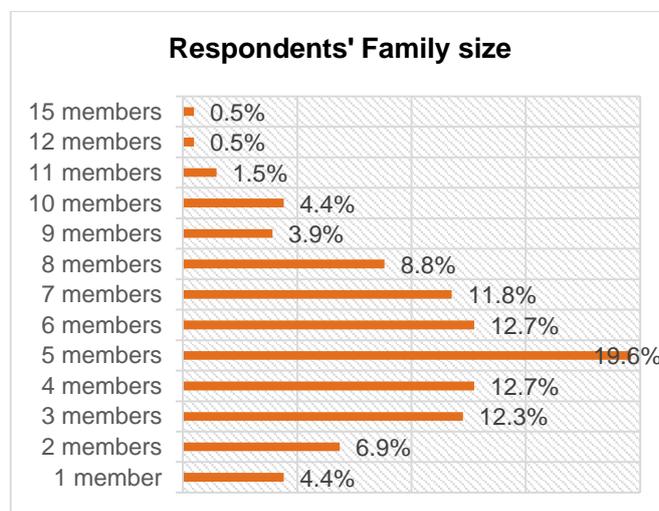
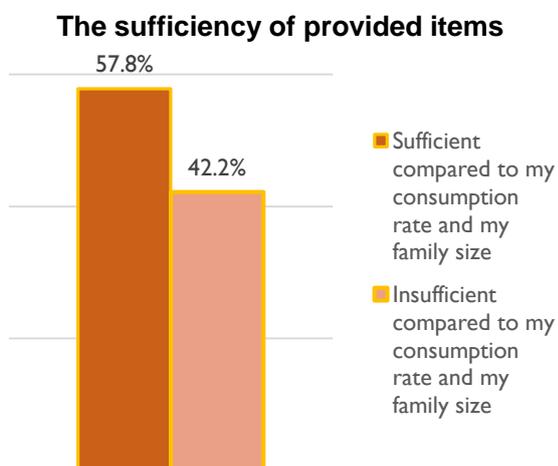


In addition to this, the fact that the cost of CARE’s hygiene package was around 13- 15 JOD indicates that the intervention is inefficient for urban beneficiaries who live far away from the distribution sites.

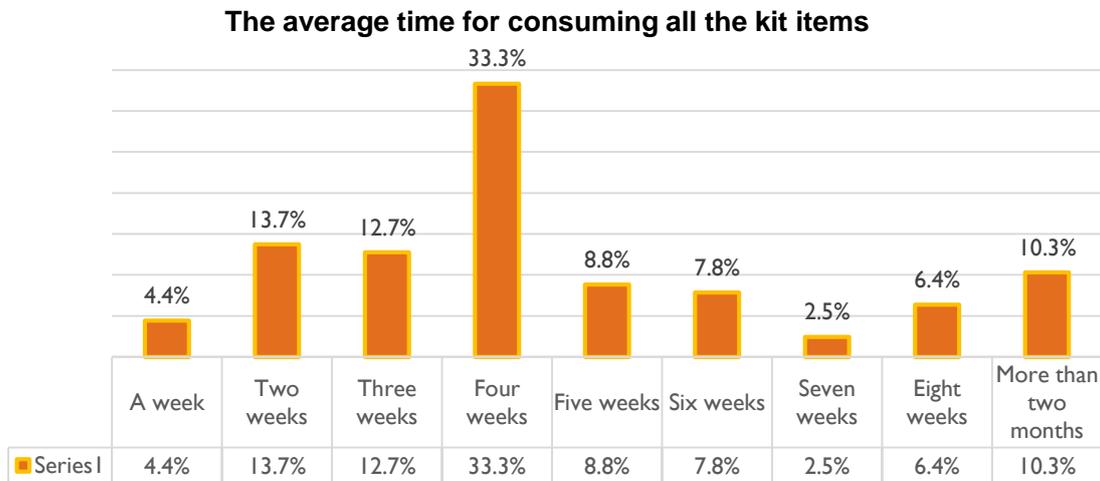
In terms of sufficiency of the items provided, 57.8% of surveyed HHs are satisfied with the quantity of hygiene kit's content, while 42.2% think that it is insufficient compared to their consumption rate and family size. One of the FGDs’ participants stated: “My family size is 8...we need a larger quantity than families of smaller size.”

An inadequate quantity of hand sterilizer gel and napkins and sanitary napkins were the most cited barrier to using the hygiene kit, particularly among larger families, as all households received the same quantity of items irrespective of household size.

It is worth mentioning that the majority of respondents had families that ranged from 3 to 7 members, with 5 members being the most common size (19.6%). Another FGDs’ participant in urban areas stated: “The kit is definability small ...my family size is 12 [laughing], so you can't compare the consumption of my family to a family of 2 persons.”

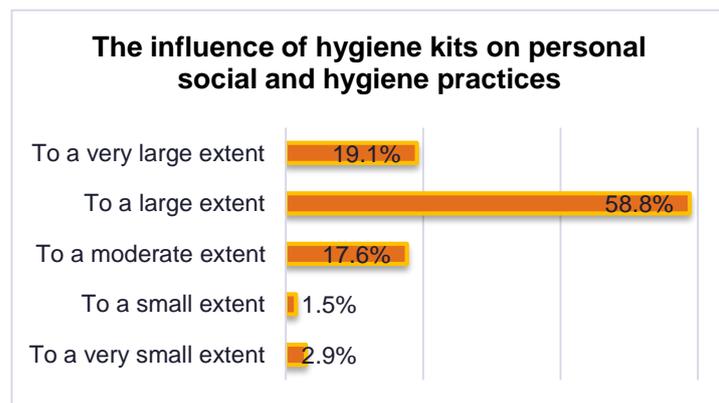


Around (60%) of the respondents said that the hygiene kit lasted for a month or less, with four weeks being the most common time among a third of all respondents.



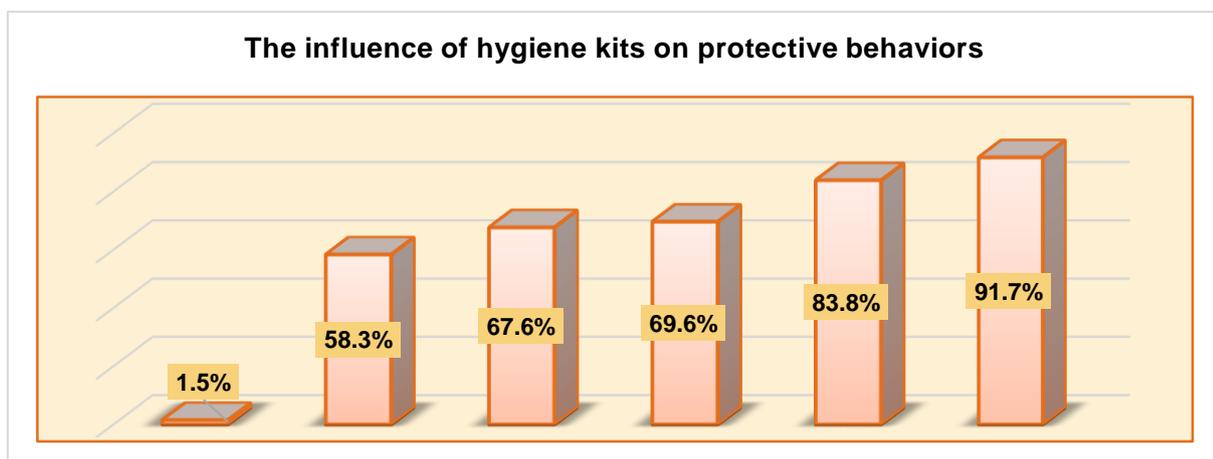
### Impact

The findings show that distributing hygiene kits to low-income households has promoted hygiene practices and encouraged targeted HHs to adopt protective behavior. The vast majority of respondents (95.6%) reported that receiving a hygiene kit has positively influenced their personal social and hygiene practices that would prevent COVID-19 transmission, 58.8% to a large extent (58.8), 19.1% to a very large extent, and 17.6% to a moderate extent.



They indicated that the availability of CARE’s hygiene items increased the commitment of 98% of respondents to COVID-19 preventative measures, including wearing a mask (91.7%), sterilizing hands (83.8%), handwashing with soap (69.6%), wearing gloves (67.6%), and home sterilization (58.3%). One of the FGDs’ participants stated: “I used to wear the same mask repeatedly but now I switch regularly.”

However, some FGDs’ participants in Azraq Camp mentioned that the kit did not impact their hygiene behaviors, due to the camp’s desert environment and poor-quality water facilities.



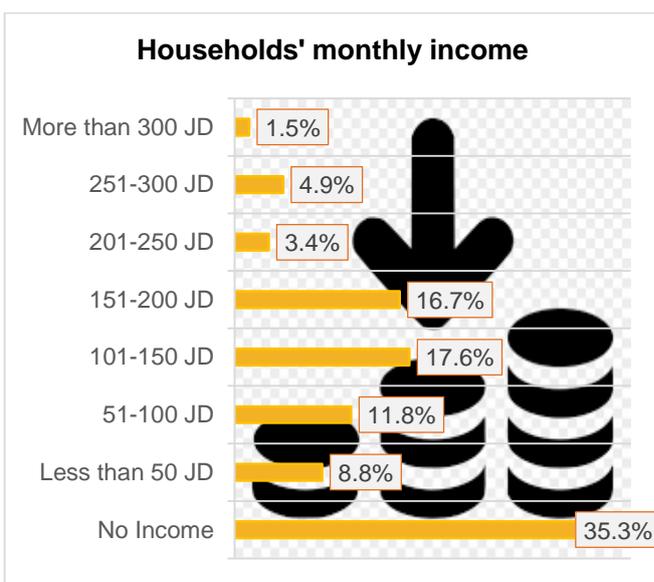
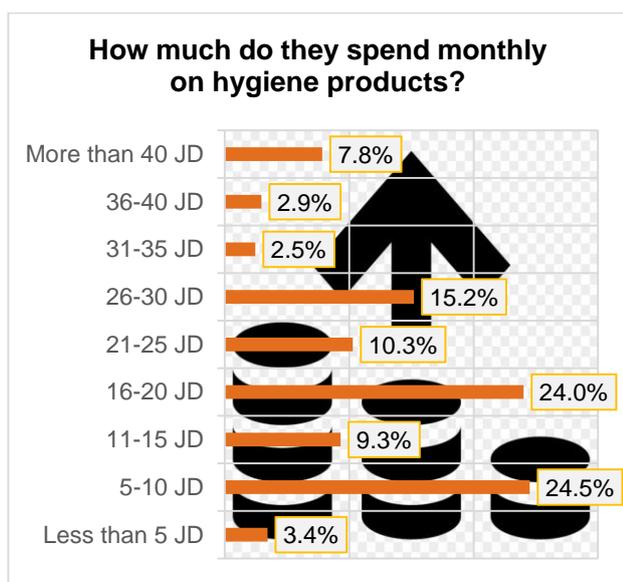
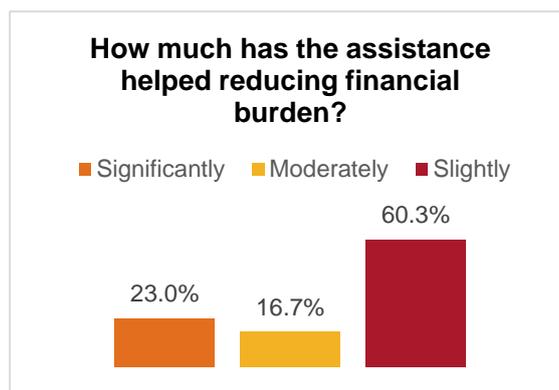


Respondents reported that the assistance has motivated them and increased their ability to practice personal protective health behavior and measure, which in turn may reduce COVID-19 transmission. However, many also felt that they should be provided with enough materials to maintain use for a longer period.

Often, the targeted vulnerable households were unable to afford these hygiene items, especially with increasing their prices at the beginning of the pandemic. The respondents highlighted the impact of the assistance in reducing their financial burden, with 23% significantly, 16.7% moderately, and 60% slightly.

As shown in the charts below, 57.8% of respondents spend 5-20 JOD monthly on hygiene items. On the other hand, 52.9% of respondents' monthly income is 50-100 JOD. 58.3% of respondents do not have income within the national minimum wage (260 JOD as of January 2021), while 35.3% do not have any income.

The findings indicate the importance of this intervention in supporting low-income households in urban areas, including those who live under the poverty line<sup>1</sup>, to cover their basic hygiene needs and reduce their financial burden.



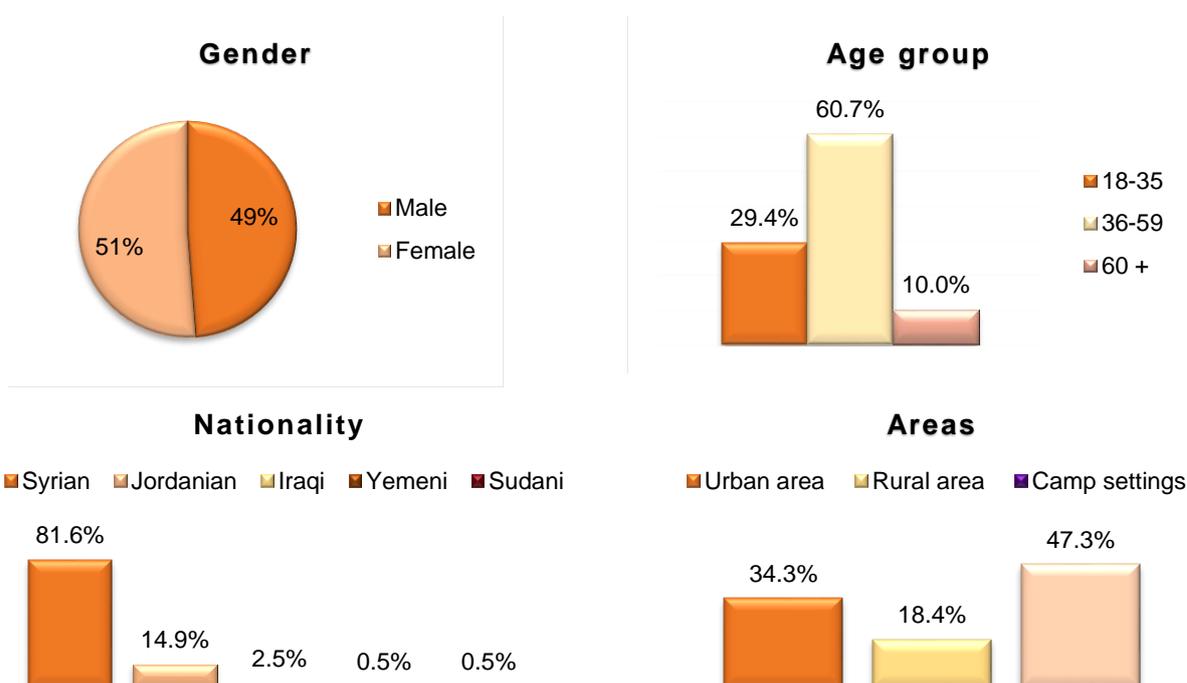
<sup>1</sup> Stood in 2008 at 323 JD/month for an average sized family of 5.7 members

## Mass and Digital Communication

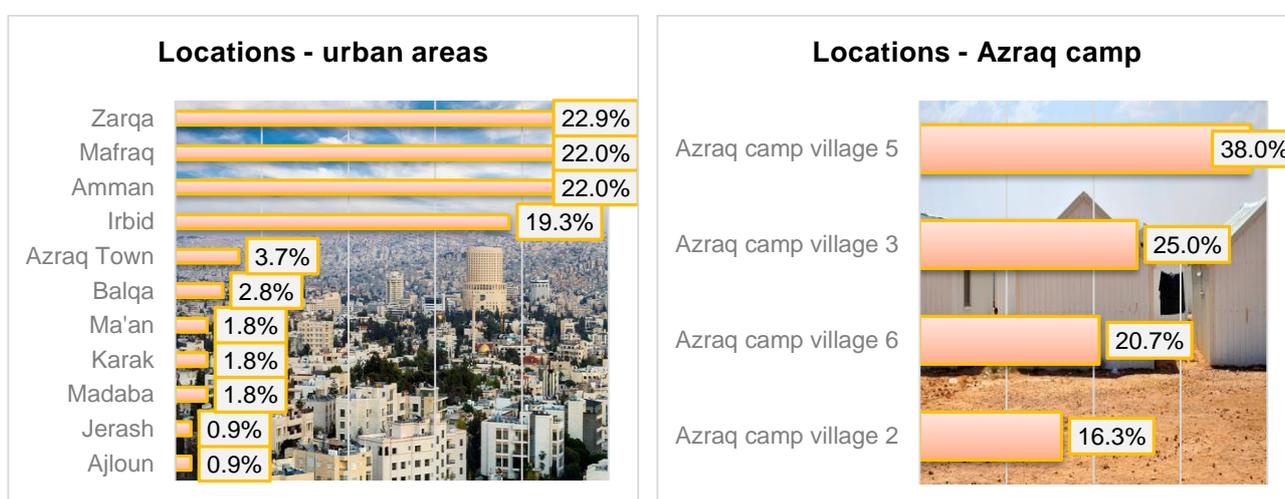
### Demographic profile of respondents

The surveyed respondents who received awareness information from CARE about hygiene promotion, COVID-19 prevention measures, and mental health are 51.2% women and 48.8% men. The majority of respondents (60.7%) are aged (36-59), while (29.4%) are (18-35) and (10%) are elderly.

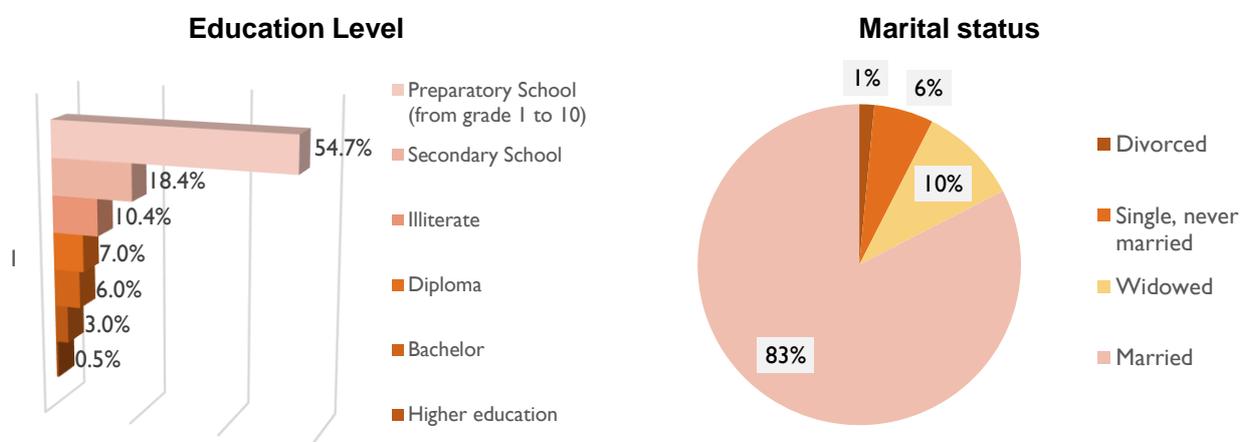
The majority of respondents are Syrians (81.6%) followed by Jordanians (14.9%), Iraqis (2.5%), Yemeni (0.5%), and Sudanese (0.5%). Almost half of respondents (47.3%) resided in a camp setting, while (34.3%) lived in urban areas. Rural areas were the least common at (18.4%).



The respondents were quite dispersed in terms of their locations, as shown in the left chart below. For residents out of camp, the majority resided in Zarqa (22.9%), Mafraq (22%), Amman (22%) or Irbid (19.3%). As for Azraq camp residents, the most common village was village 5 (38%), with (25%) of respondents residing in village 3, (20.7%) in village 6, and (16.3%) in village 2.

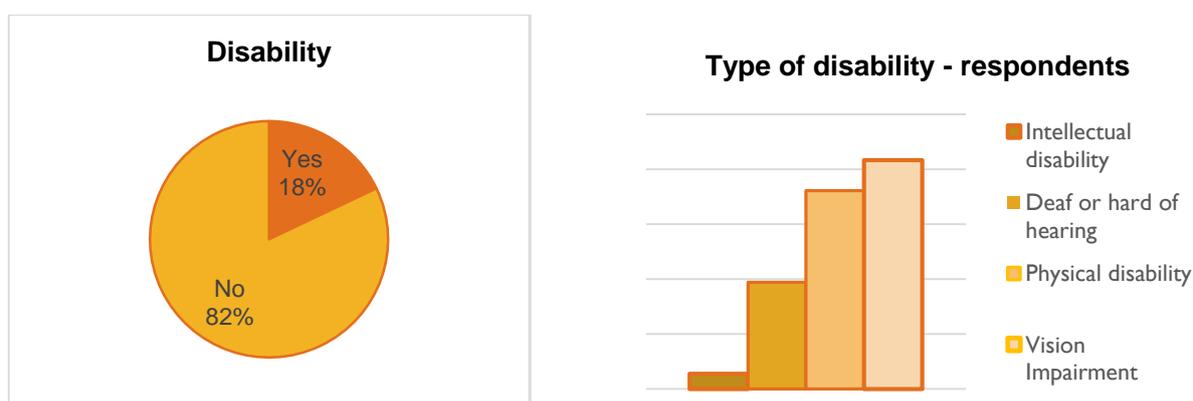


Moving on to social characteristics, more than half of the respondents (54.7%) completed preparatory school, and (18.4%) secondary school. A very low (3%) received higher education, while the lowest percentage (0.5%) went to vocational education. Regarding their marital status, the great majority (82.6%) were married.



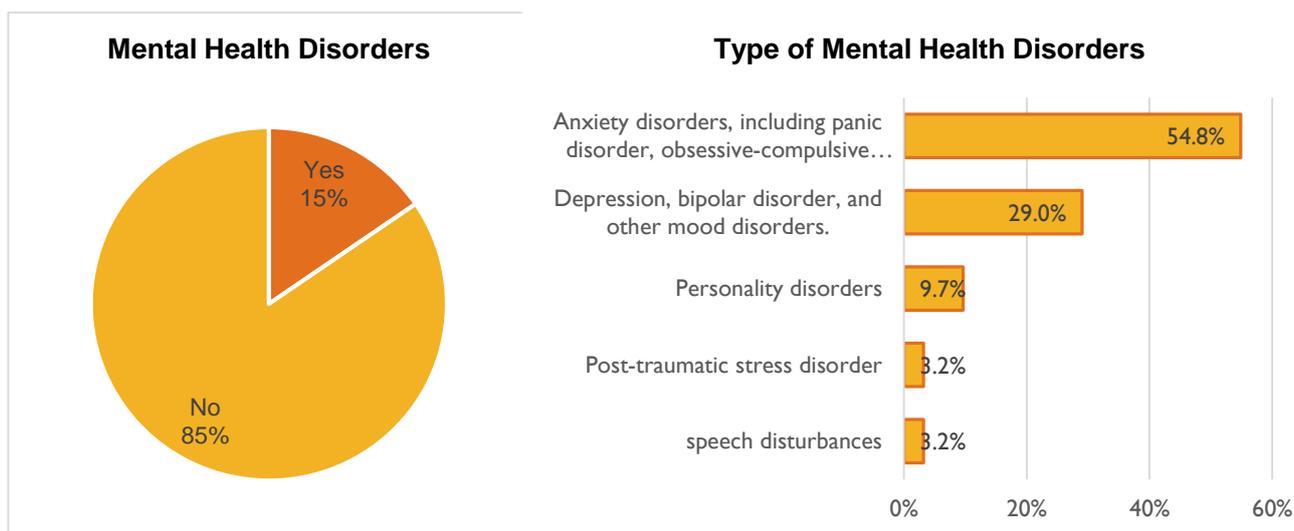
With regards to disability, around (18%) of respondents reported having a disability, with the most common being vision impairment (41.7%), physical disability (36.1%) and deafness (19.4%). According to the Jordanian Department of Statistics (DOS) latest statistics, the percentage of Jordanians who have a disability is 11.1% of the population (aged 5 and above). The survey results are aligned with the DOS data; according to the DOS, the most common disability in Jordan is vision impairment (6%), followed by physical disability (4.8%) and deafness (3.1%).

As for their families, (28.4%) of respondents said that a family member has a disability. The top disability was physical with (43.9%) responses, followed by vision impairment (26.3%) and intellectual disability (12.3%).



With respect to mental health, around (15%) of respondents reported having a mental health disorder. According to the latest statistics, 20% of the Jordanian population suffer from mental disorders<sup>2</sup>. The figure below shows the mental health disorders respondents suffer from, with around half of respondents (54.8%) suffering from anxiety disorders, and less than a third (29%) suffering from mood disorders including depression and bipolar disorder.

<sup>2</sup> <http://rmsjournal.org/Articles/637272936889767110.pdf>



## Relevancy

According to the baseline assessment, the barriers that have affected efforts for effective prevention and containment of Covid-19 pandemic in Jordan, especially at the beginning, are inadequate knowledge at individual and community levels, individual and community perceptions, negative attitudes, rumors and misinformation affecting adherence to correct prevention practices. One of FGDs' participants in the assessment stated: "At the beginning of the pandemic, I listened to many rumors, and I believed that COVID-19 does not exist as people in power want just to make us feel afraid...the received information has changed my perception and increased my knowledge about the disease and how to protect my family"

Additionally, some respondents reported that they had fear and panic at the beginning of the pandemic as result of the lack of knowledge and misinformation. One beneficiary shared in the FGDs that they had been afraid to receive the vaccine, and another mentioned that they were afraid that there was no medication or cure for COVID-19, all of which was clarified by CARE's campaign.

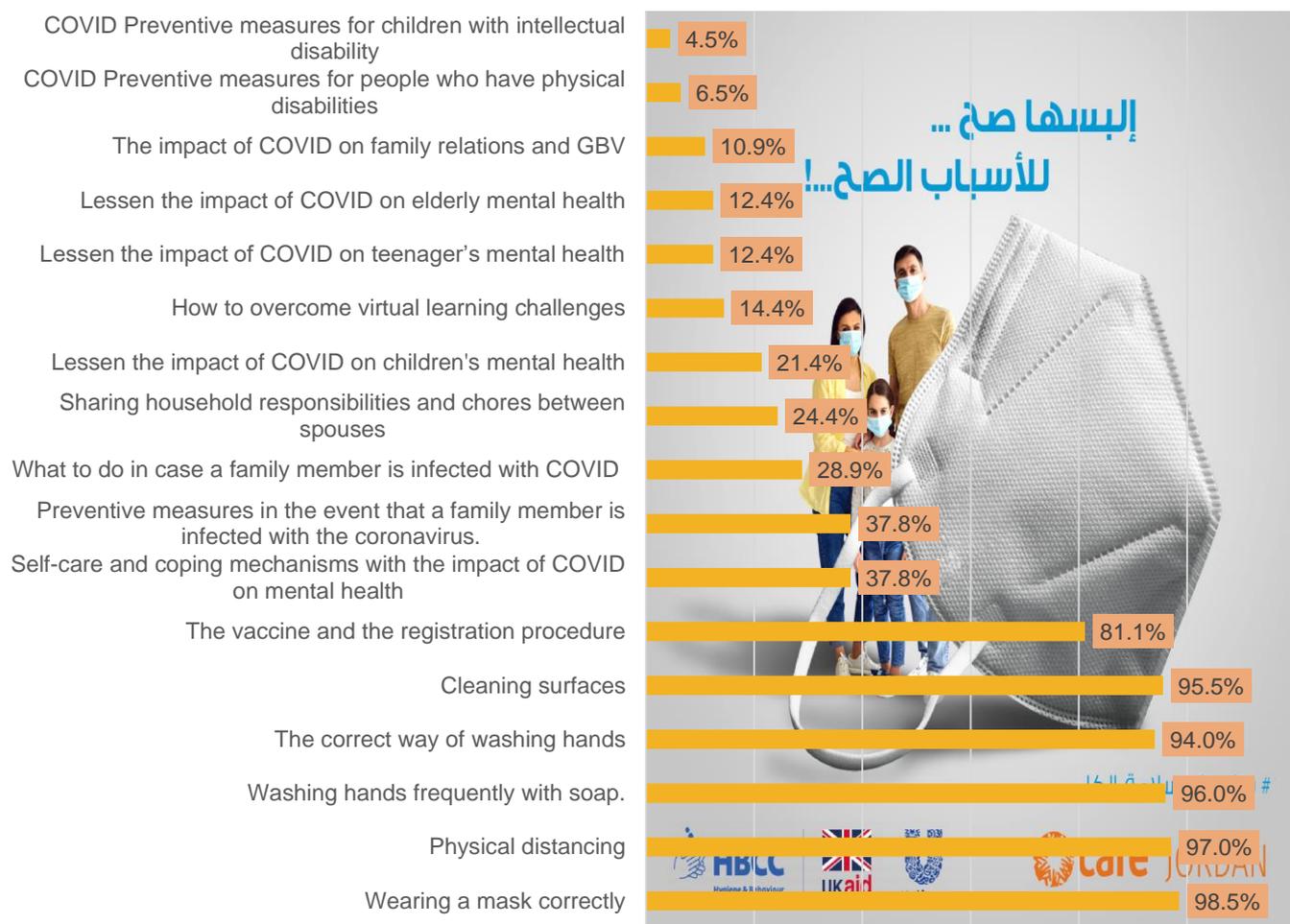
One the other hand, some FGDs' participants agreed that they actually did not have any fears at the beginning of the pandemic, with some in disbelief of the virus's existence, and that the campaign helped them to realize reality of the virus and raised awareness on how to prevent contracting it. This is in line with the baseline study results, where the importance of increasing the community's knowledge about COVID-19 and perceiving it as a serious disease was mentioned.

One of the FGDs' participants stated: "We certainly did not have enough information about the pandemic and ways to prevent getting the virus, and these announcements and messages that we received increased our awareness. After these instructions, I started wearing masks and maintained physical distancing, in addition to reducing my visits, because I want to protect my health and the health of my family."

CARE Jordan, therefore, implemented mass media and digital communication campaigns to enhance positive preventive behaviors among Jordan's population, increase their positive coping mechanism with stressors, and overcome gender inequality and reduce the burden on women that has resulted from the increase of household chores during the COVID-19.

Respondents had received messaging from CARE on different preventive measures, including wearing a mask correctly (98.5%), physical distancing (97%), washing hands frequently with soap (96%), cleaning surfaces (95.5%), the correct way of washing hands (94%), and COVID-19 vaccines and the registration procedure (81.1%).

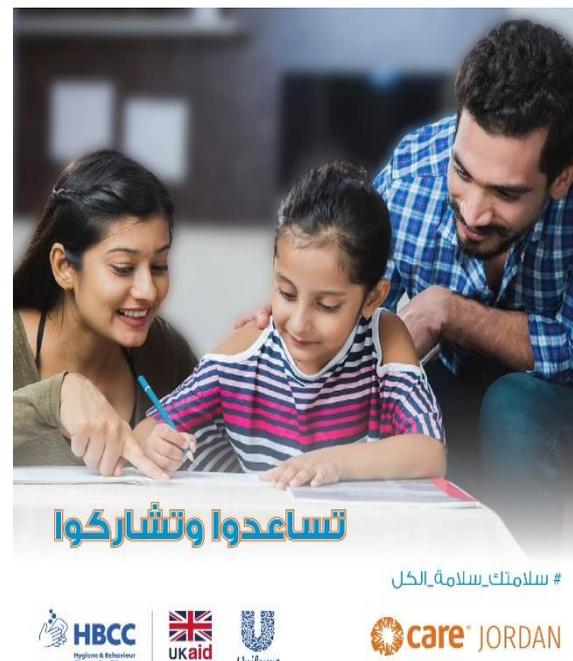
### The topics of the received awareness messages



The baseline assessment suggested designing mass media materials for PWDs because no disability-sensitive materials covering different types of disability, not only considering the appropriateness and accessibility of the channels but more importantly, the relevancy of the information to their needs during the pandemic. Therefore, CARE developed two videos about COVID-19 preventive measures for people with mobile (reached 6.5% of our surveyed sample – out of which 29% PWDs) or intellectual disabilities (reached 4.5% of respondents) and published ten awareness videos with sign language interpretation. It is worth mentioning that CARE published the radio broadcasts online as videos with sign language interpretation.

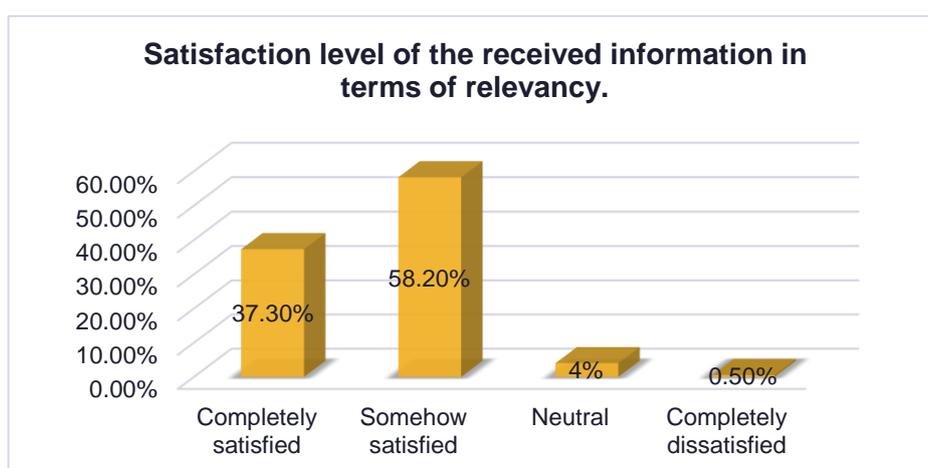
Also, it was found in the baseline assessment that the pandemic has negatively impacted the mental health wellbeing of the targeted communities, particularly those who suffer from mental health disorders such as obsessive-compulsive disorder and generalized anxiety disorder. Therefore, CARE conducted twelve broadcast interviews at Nashama FM and six TV interviews on Royaa TV (in cooperation with the Ministry of Health and the Ministry of Education) about the importance of adapting positive coping mechanisms with stressors and practicing self-care activities, in addition to stress management techniques, specifically for elderly, teenagers, children, working mothers, and people suffer from obsessive-compulsive and anxiety disorders. In addition to this, CARE published six videos (3 with sign language interpretation) and three static posters and three GIF posts on its social media platforms related to mental health wellbeing.

It is worth mentioning that Royaa TV’s representative indicated in the KII that bringing up the topic of mental health during the pandemic was very innovative, and has not been tackled before through any awareness campaign.



This project tried to challenge traditional gender norms by disseminating one video and a picture within “Help each other” and “Your hands with her hands” slogans about the benefits of sharing household chores equally between spouses to reduce the burden on women that has resulted from the increase of household chores during the COVID-19. In addition to covering topics related family relations and working mothers through two broadcast radio interviews.

In order to measure the relevance of the campaign, survey respondents were asked to rate their satisfaction on a number of topics around the information provided by CARE. As can be seen in the below figure, the responses were overall positive, with around (95.5%) of respondents somewhat or completely satisfied with the relevance of received information to their interest and properties. On the other hand, few respondents (0,5%) were “completely dissatisfied” because the information provided was duplicated in other sources, stating that they had been aware of the information before receiving it from CARE.



Only 4.5% of respondents think that there are important topics to them but did not receive enough information about, including vaccine’s pros and cons, the proper usage of latrines in Azraq camp, COVID-19 protective measures for blind people, distance learning, and mental health wellbeing of elderly people and PWDs.

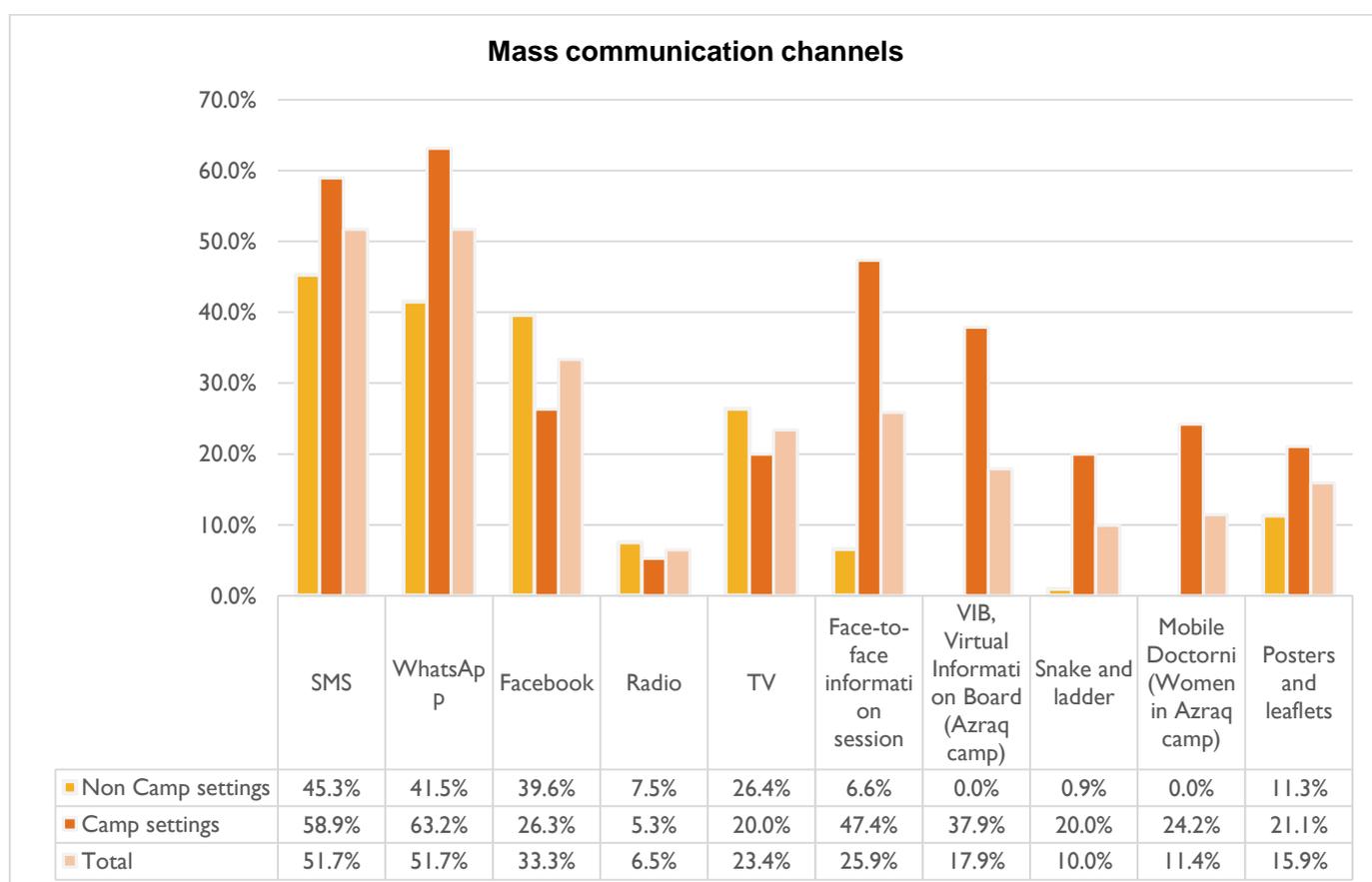
It is worth mentioning that one interviewed staff member indicated in the KII that the campaign focused on improving hand washing practices. However, taking into consideration the Jordanian context, this focus was not much needed. This might have been applicable to the other countries but not to Jordan, as hand washing is something familiar in Jordan even before the pandemic.

On the project’s ability to adapt and respond to the changing pandemic context in Jordan, the majority of CARE staff members agreed that the project was flexible to changes and was able to adapt to them. From a design perspective, one staff member indicated that after the baseline assessment’s results showed that there were levels of stress and mental health issues resulting from the pandemic in Jordan, especially among women, CARE’s response was to ensure that this element was captured in the messaging of the campaign. Another staff member cited the addition of vaccination messaging to the campaign, which was not present at the beginning as they had not been developed / distributed at that point.

## Effectiveness

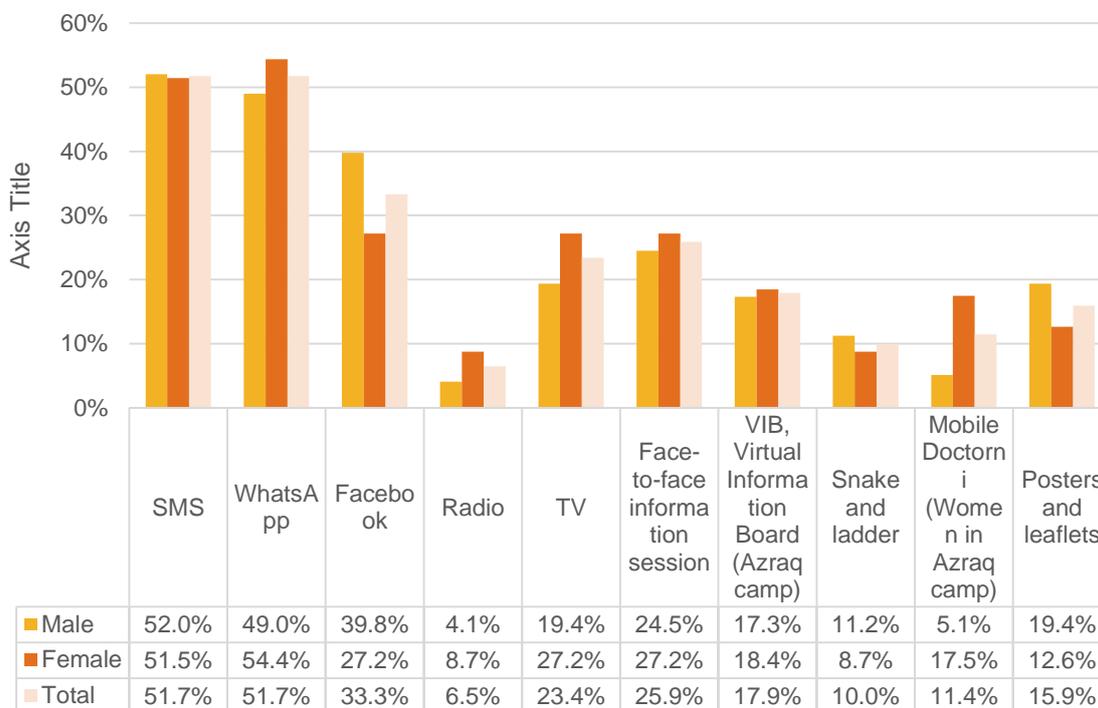
On the channels through which respondents received information and awareness messages related to COVID-19 from CARE, the top answers with (51.7%) each were WhatsApp and SMS. The least mentioned communication methods were snake and ladder game (10%) and radio (6.5%). Of the respondents who had received information and messaging through radio, (69.2%) did through Hala FM Radio, while (30.8%) through Nashama FM radio.

As shown in the chart below, the channels “face-to-face information session”, “Snake and ladder game” and “posters and leaflets” were received by camp residents at much higher rates than those residing outside of it. Also, Mobile Doctorni and VIB were only received by camp residents, as they were specified to the camp setting. The only channels received by non-camp residents at a higher rate were Facebook, radio and TV.



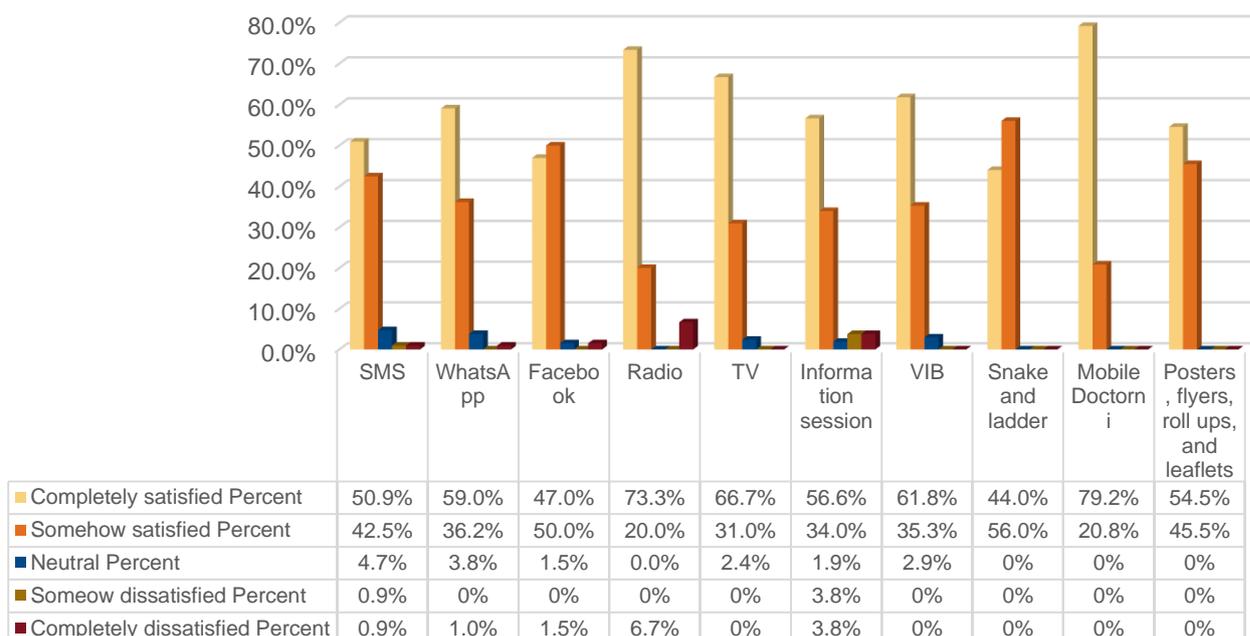
As for disaggregation by gender, male and female respondents received information relatively similarly, although some differences can be noted in channels such as TV, where women (27.2%) were exposed at a greater degree than men (19.4%).

**Channels of received information - Gender-disaggregated data**



When survey respondents were asked about their satisfaction level on each of the various communication methods used by CARE in the campaign, the methods with high satisfaction levels were Mobile Doctor i, Leaflets and posters, and the Snake and Ladder game.

**Satisfaction with communication channels.**



Additionally, 93.3% of respondents are satisfied with the radio broadcasts, with 73.3% completely satisfied and 20% somehow satisfied. CARE Jordan disseminated the “Password campaign” spots through Hala FM and CARE Jordan's customized spots through Nashama FM. In addition to broadcasting 12 interviews for 30 minutes each about mental health issues associated with COVID-19 aired on Nashama FM, with sign language interpretation.

Generally, the radio program included interviews with different stakeholders, ranging from mothers, teachers, and youth, to specialists who work in significant fields such as the Ministry of Health to raise awareness on adapting to and living with COVID-19. This indicates that this project considered the active participation of governmental institutions and civic society in the campaign.

Nashama FM's broadcaster indicated in the KII that broadcasting the same radio program both on the live streaming and Nashama and CARE Facebook pages is an innovative approach, as it allowed those who could not listen to the program on the radio to catch up on Facebook.



It is worth mentioning that Nashama and CARE promoted for episodes three days in advance as a means of marketing as well as promoting interviews with various professionals to discuss challenges and concerns of people. Also, listeners had the opportunity to ask questions in advance on Facebook to consider addressing it by the experts in the program. The radio programs included dialogues which used simple language and understandable scientific terms in a very attractive way.

Based on Nashama FM staff observation, the media campaign content presented on their radio channel was understood by all people in a surprising way. They were able to measure this through the reaction of people and their responses during radio programs, and through the high participation rate of people with the questions asked.

Also, Nashama FM's broadcaster claimed that CARE could multiply its impact in implementing similar media campaigns in the future through sharing stories of people who suffered from similar issues through radio programs. One of the main lessons learned from this project is that hosting people with success stories who overcame obstacles they faced due to COVID-19 with the help and support of CARE has improved the impact of the media campaign.

Regards the satisfaction with TV, 97.6% reported that they are satisfied, with 66.7% completely satisfied and 31% somehow satisfied. In partnership with Royaa TV, two interviews were arranged by CARE to be conducted with guests on the “Dunya Ya Dunya” show. The guests were: The Director of the Vaccination Department in the Ministry of Health, who spoke about the vaccines in Jordan, their side effects, and the categories of people who could take them. The second specialist guest was a Director in the Ministry of education, who spoke about distanced learning, its effect on the mental health of parents, teachers, and students, and how to adapt to online school. Additionally, four interviews were conducted with experts from CARE, who raised awareness about the organization's services and objectives, including a psychologist who spoke about adapting to the pandemic and post-pandemic life changes.

Royaa's TV representative mentioned in the KII that all CARE's TV advertisements were evaluated to ensure that they were suitable to be broadcasted on TV and that the content is within societal standards. Royaa's TV staff member stated: “TV viewers' interaction was very high with the guests during the time of the interviews; we believe that everyone has benefited from CARE's campaign and certainly a behavior change happened.”

According to the interviewed Roya'a T.V staff members, the content presented on their T.V channel was understandable to the targeted audience. It was emphasized that the content of the password campaign advertisements addressed all groups of society in a simple language, where accurate scientific information was simplified to target all kinds of people throughout the different Jordanian governorates. He also stated: *"The actors in the advertisement looked like typical Jordan people; this made advertisement reach all Jordanian communities. In addition, the message inside the advertisement was repeated four times during 30 seconds; this made sure that the message and the purpose of the advertisement was met."*



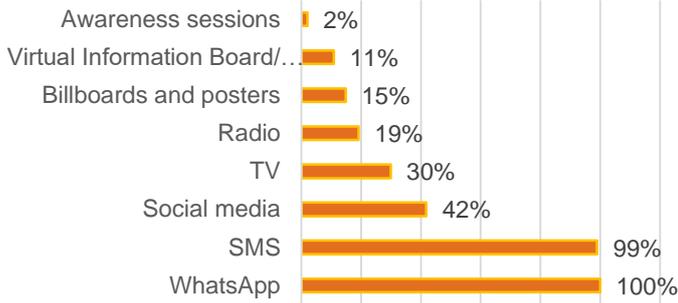
Moreover, Royaa's TV representative elaborated that the techniques used in the campaign were sufficient; pre-prepared password campaign advertisements made sure that actors and actresses were dressed up and looked like all segments of the Jordanian society, from farmers, employees or teenagers. In addition to making sure that the messages were delivered in a simplified language with accurate scientific information. The staff also said: *"CARE's advertisements were attractive, distinctive, with simple presentation with the main objective of reaching all categories of people in the society."*

According to Royaa, estimates from Ipsos showed that 10% of Jordanians interacted with the project's interviews on Roya'a TV, which is considered a high number. It is worth pointing out that interactions during interviews are measured by questions from viewers, whether on the message bar, views of YouTube episodes, or views at the time of the episode's broadcast.

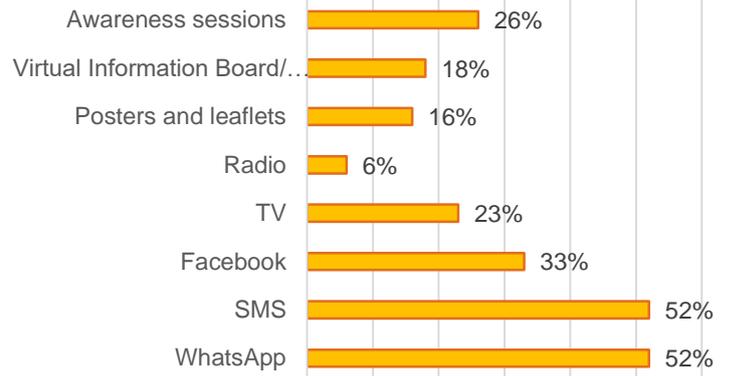
In the baseline study, adult participants reported that they usually reach awareness information through TV channels and electronic news websites. However, they reported that they prefer receiving information from CARE about COVID-19 pandemic via targeted WhatsApp, Facebook, and Instagram.

The majority of endline assessment's respondents (89.1%) preferred receiving messages through different awareness-raising channels. WhatsApp was preferred by 100% of those who did not receive information via that channel, SMS by 99%, social media by 42%, TV by 30%, radio by 19%, billboards and posters by 15%, a website or virtual information board by 11%, and awareness sessions by 2%.

**Percentage of who preferred receiving information via specific channels**  
(Out of who didn't receive information via these channels)



**Channels of received information**

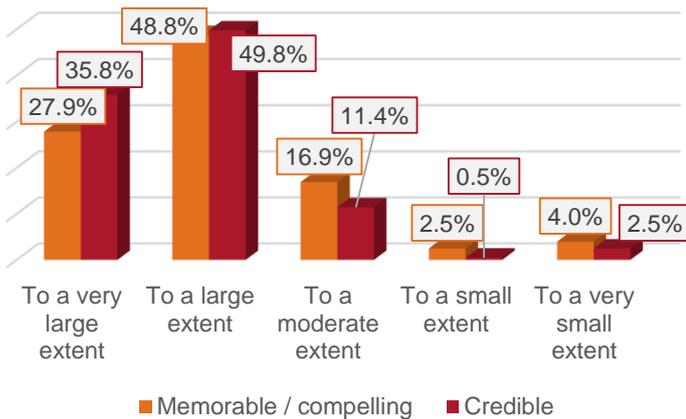


Regards the satisfaction of respondents with the design of media messages (including colors, font size, and font type), to which responses were greatly positive with (59%) stating they were “completely satisfied”, and (36%) “somehow satisfied”. It is worth noting that there were no negative ratings, with the remaining responses were “neutral” (5%).

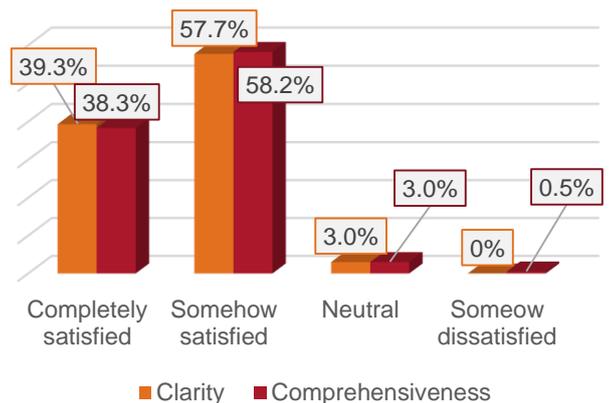
On the other hand, the Media Company (FOCUS) staff member expressed in the KIs that the project was implemented in the most efficient way possible, however, it would have been better if the campaign included real pictures instead of drawings as the lack of budget allocated to photo shooting forced them to use infographics or drawings. FOCUS’s staff member stated: “Drawing pictures for seven months is more difficult than using pictures, and the audience will get bored of them.”

Additionally, the vast majority of respondents think that the awareness materials were memorable (93.5%), credible (97%. Most respondents are satisfied with the clarity of the received information with 97% and its comprehensiveness with 96.5%.

**Feedback on credibility and memorable**

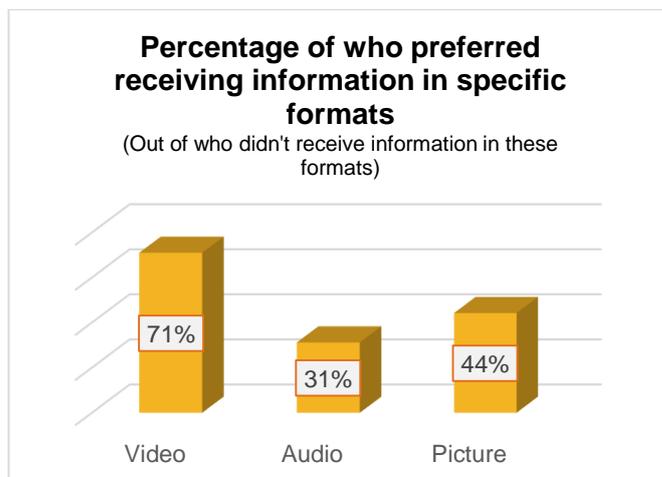
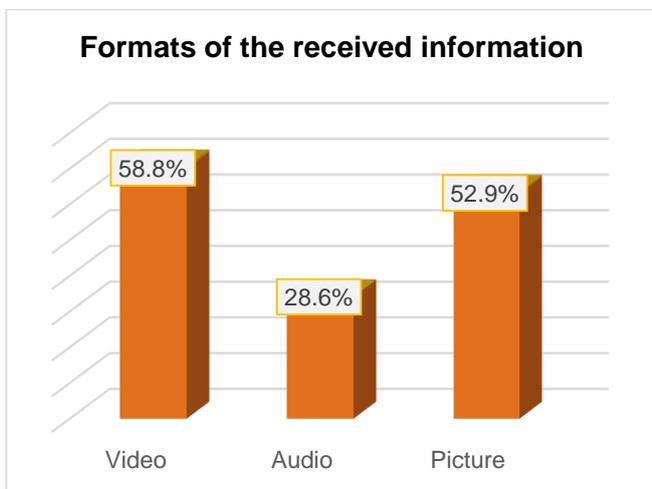


**Feedback on clarity and comprehensiveness**



The respondents reported receiving the awareness materials via various formats, including video (58.8%), audio (28.6%), and pictures (58.9%). Videos were preferred by 71% of those who did not receive information in that format, pictures by 44%, and audio by 31%. Also, 37% of all respondents prefer reading the awareness materials as text.

As for age groups, no major differences can be seen, as the preferred format channel for all age groups was video, although those aged (60+) also preferred text equally. Deaf participants in the FGD indicated that they do not prefer text as many of them have difficulty reading. On the other hand, respondents recommended developing awareness messages' materials for blind people, such as voice messages and podcasts



Some parents in the FGDs indicated sesame videos were very useful for the children, as kids like to apply things they see on video. A father in Azraq camp stated: “My oldest daughter is constantly washing her hands and wearing the facemask after watching sesame videos.”

Regarding the innovation in this project, one of CARE’s staff members mentioned in the KIs that CARE used the creative assets of the Password Campaign “Hands–Face–Space–Surface”, which Unilever led its creation and translated into more than 30 languages.

That campaign has urged the public to continue to wash their hands, cover their face, and make space to reduce the risk of infection. CARE Jordan ran the “Hands. Face. Space” campaign across Royaa’s TV, Hala FM radio, and Facebook. As part of this campaign, CARE produced and released a video to show exactly how coronavirus spreads indoors.

Another creative idea provided by the donor was the snake and ladder game. The original game had a lot of key information about breastfeeding and vaccination, so CARE took the design and changed it to fit the campaign messages.

On another topic, the vast majority of respondents (98%) indicated no negative effects of their enrollment in the campaigns. However, two respondents highlighted that media coverage of COVID-19 protective measures during lockdowns, extended quarantines, and financial and social hardships induced fear and caused psychological stress. Other beneficiaries cited internet balance withdrawal and lack of interaction as negative consequences.

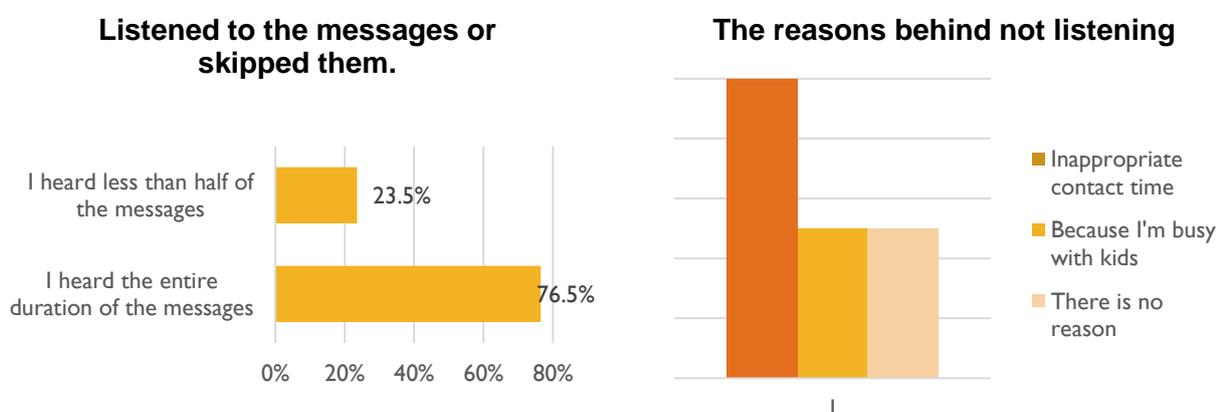


## **Mobile Doctorni (Women in Azraq camp)**

Female residents of Azraq Camp were surveyed on hearing/receiving COVID-19 safety practices/ awareness messages via Mobile Doctorni audio messages, with results showing that only (37%) did. When asked how many Mobile Doctorni audio messages they had received, (23.5%) said more than 10 times, and (23.5%) more than once. Around (6%) said more than 50 times.

All respondents who recalled receiving the audio messages said that they were satisfied with the Mobile Doctorni audio messages, due to them being helpful, informative and work to raise awareness, as well as them being appropriate for illiterates.

On listening to the messages, the majority of beneficiaries who had received messages through Mobile Doctorni heard the entire duration of the message (76.5%). Those who did not said that it was due to inappropriate contact time (50%), or because they were busy with their children (25%). A quarter of those who did not hear the messages did not have a reason.



In the FGD, Syrian women indicated that through the use of voice messages, awareness about COVID-19 was communicated in a way that was understandable to everyone, as some camp residents are unable to read, as the overall literacy rate in the camp is around 80%.<sup>3</sup>

## **Efficiency**

CARE reached around 1,126,000 individuals in its campaign via various mass media channels including radio (147,157 individuals), TV (1,234,000 individuals), Mobile Doctorni (2,000 women in Azraq camp), and Snake and Ladder board game (4,500 individuals). In addition to this, the campaign included digital media channels including SMS (17285 individuals), WhatsApp (17,000 individuals), Facebook (101,035 individuals), and VIB (5,770 individuals in Azraq camp).

The efficiency of this campaign lies in its ability to disseminate well-defined behaviorally focused messages to large audiences repeatedly, over time, in an incidental manner, and at a low cost (Considering the overall number of reached people). Also, it is expected that the campaign had reached hidden groups in the general project's targeted population because the campaign covered various media and digital communication channels and formats.

It was indicated in the KIIs that the same developed awareness materials can be re-used by CARE and external partners when addressing the ongoing COVID-19 situation.

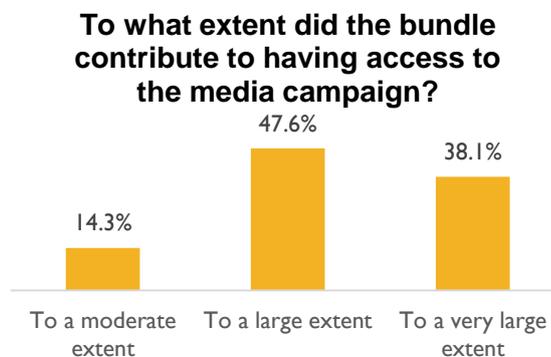
On the subject of: if the project was implemented in the most efficient way possible, the majority of CARE

<sup>3</sup> UNHCR, 2015

staff members said that as per the capabilities, small size of work team, and short duration, the project was implemented in the most effective way and was flexible, in addition, there was full commitment to work from all project stakeholders.

According to the KIIs, it was stated that the budget has been set in line with the campaign needs in terms of advertising and channels. Other staff members noted that the budget was limited, not enough for the advertising campaign.

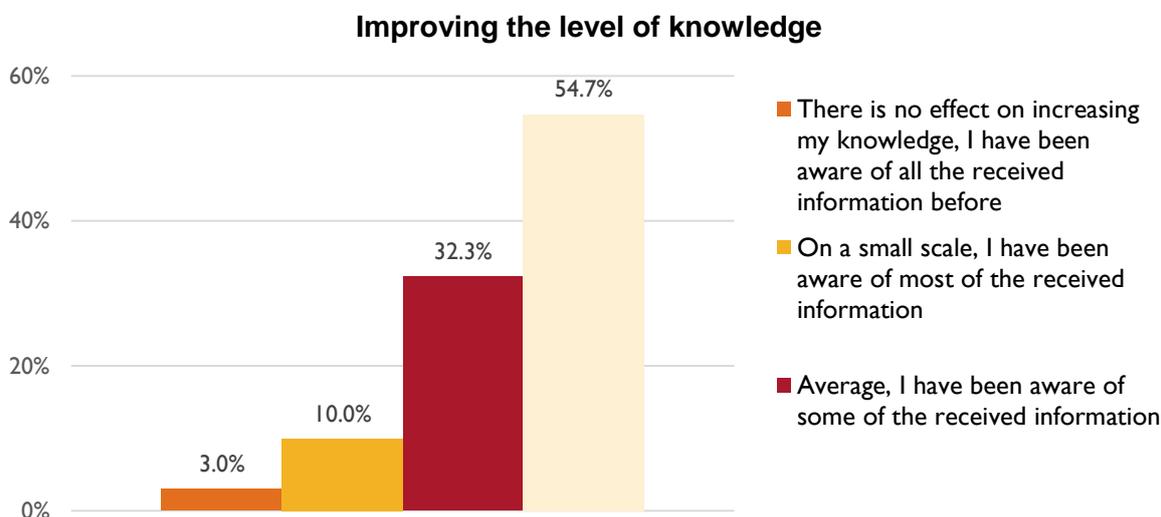
With respect to internet bundles, all respondents said that it contributed to them having access to the media campaign, with (38.1%) saying it helped to a very large extent, (47.6%) to a large extent and (14.3%) to a moderate extent. When asked what was useful about the bundle, respondents reported that it helped them participate in distance learning (42.9%), communicate with relatives and friends (19%), share awareness messages about COVID-19 on social media platforms (14.3%), and receive awareness information from others (9.5%).



It is worth mentioning that FGDs' participants who did not receive internet bundle support indicated that watching the campaign videos withdraw their internet bundle faster, which was considered a challenge, especially with distance learning and the harsh financial situation.

## Impact

According to the quantitative survey, the project has increased the knowledge of 97% of respondents significantly (54.7%, moderately (32.3%), and slightly (10%). Only (3%) of respondents said that there was no effect, as they had been aware of the received information before the campaign reached them.



## إلبسها صح ... للأسباب الصح...!

وانت بتقدر تلبسها صح

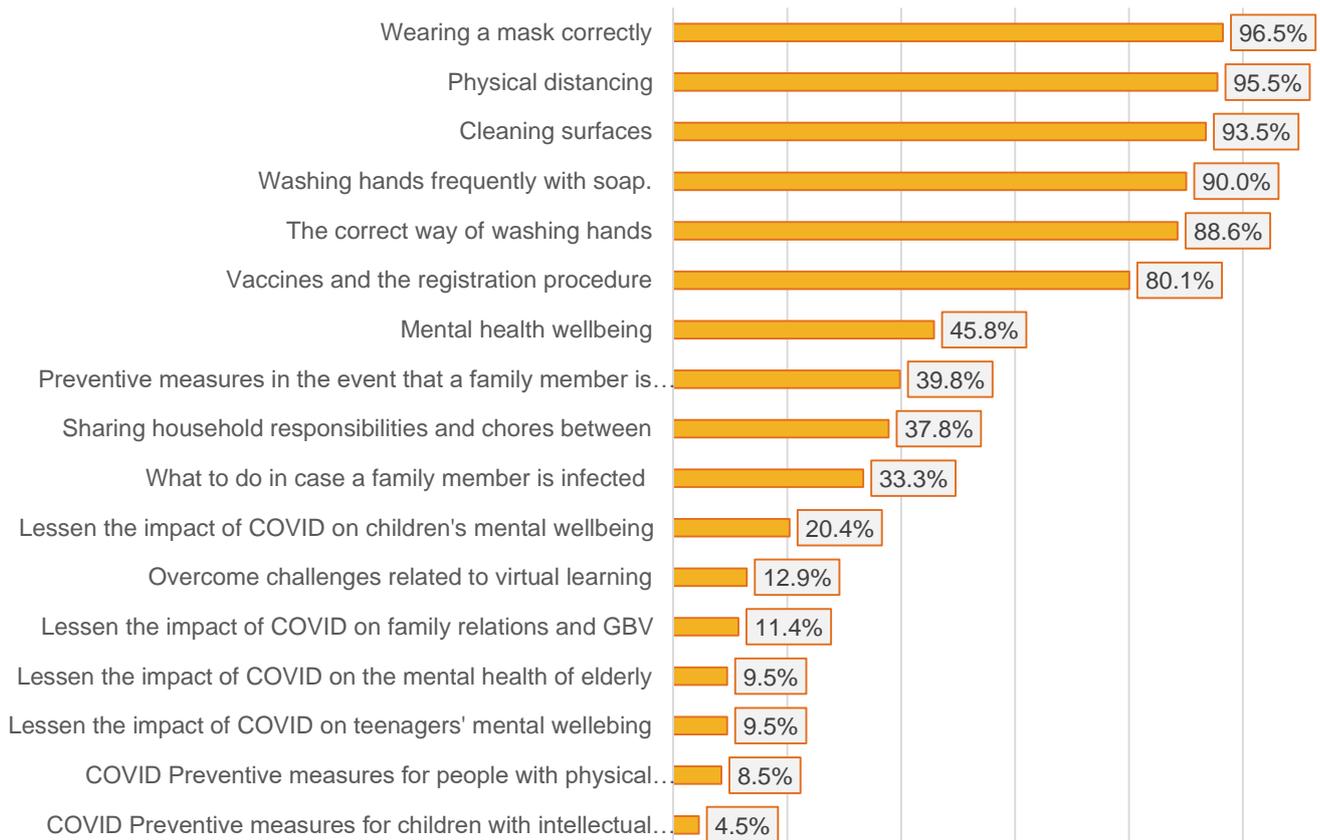
ليش تلبسها غلط



As a result of CARE's mass communication campaign, the survey respondents reported increasing their knowledge on hand hygiene, namely, the importance of washing hands frequently with soap (90%) and the correct way of washing hands (88.6%). In addition to this, their knowledge has been increased on other COVID-19 protective measures, including wearing a mask correctly (96.5%), physical distancing (96.5%), and cleaning surfaces (93.5%). Also, they become aware of what should be done to look after a family member with COVID-19 at home while keeping the rest of the family safe (39.8%).

Moreover, the respondents increased their knowledge on how to continue looking after their physical and mental health during the pandemic, covering various aspects such as physical activities, relaxation techniques, nutritious diet, and other self-care activities for children (20.4%), teenagers (9.5%), and elderly people (9.5%).

### What is the information that has been increased?



It is worth pointing out that 59.2% of respondents had shared the received awareness materials from CARE with their relatives, friends, and neighbors to raise their awareness.

The findings of this assessment show that the positive impact of the mass communication campaign in promoting hygiene practices, therefore, contributes to reducing the risk of COVID-19 viral transmission. As a result of CARE's mass communication campaign, the respondents indicated adapting hand hygiene practices into their daily routine, including washing their hands properly (97.4%), more frequent with soap (96.4%), and long enough (90.2%).

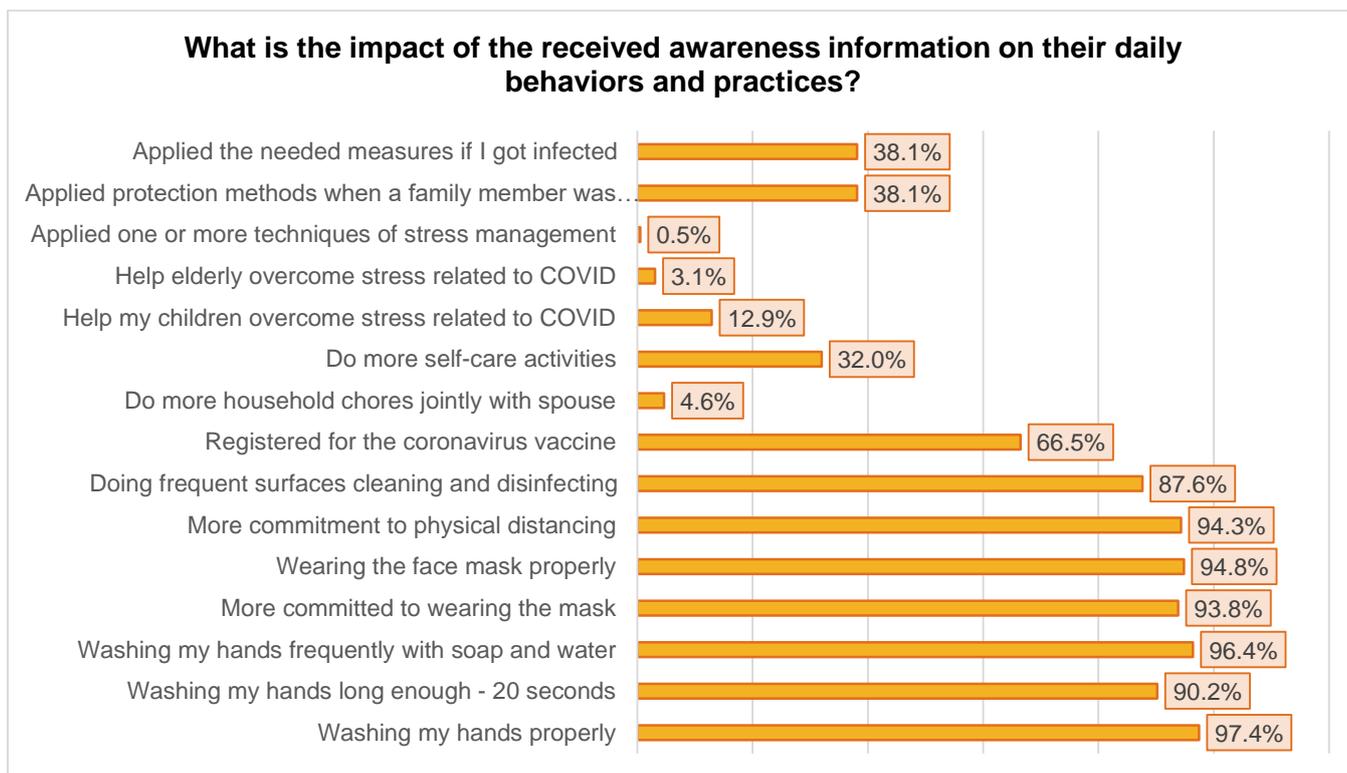
Furthermore, respondents reported that they become more committed to follow COVID-19 protective measures in public places and when interacting with people in closed areas, including wearing a mask correctly (94.8%), physical distancing (94.3%), and cleaning surfaces (87.6%). One of the FGDs' participants stated: "As for the facemask, it became like a mobile phone to us; you always need to have it with you." In addition to this, 38.1% of them applied protection methods when a family member was infected with COVID-19 to prevent the transmission of the virus to other family members.

The analysis of the FGDs shows that the campaign changed perspectives on the severity and seriousness of coronavirus; some beneficiaries believed that the virus is not real, and denied its severity as it is not worse than the flu. However, they changed their perceptions after receiving CARE's awareness materials, that covered facts and simple scientific explanations. One of the male FGDs' participants stated: "I did not get COVID-19 seriously, I thought that the COVID-19 crisis is a hoax... but I changed my opinion when I increased my knowledge about the virus through the daily messages on WhatsApp."

It is worth mentioning that other external factors may also have contributed to changing their attitudes, not related to awareness-raising, such as the death of a relative from COVID.

Over half of the respondents (66.5%) registered to get coronavirus vaccine as a result of the received information from CARE about COVID-19 vaccine's role in reducing their risk of infection and protecting them against severe illness, in addition to information about the registration process.

Many FGDs' participants indicated that being prompted to register for the vaccine due to the acquired awareness. However, some beneficiaries got the vaccine for other reasons, such as seeing other family members take it and doctors raising awareness.



The campaign has motivated the targeted communities to adopt self-care activities (32%) in their daily routine (such as playing sport) and practice stress management techniques (0,5%) such as breathing exercises, which would improve their emotional wellbeing. Also, some beneficiaries applied new coping mechanisms to deal with the stress associated with COVID-19, such as gardening and drawing. As a result of the interviews of mental health awareness on radio and TV, few respondents indicated that they helped a child or an elderly person overcome stress related to COVID.

Some of FGDs' participants mentioned that the campaign did relieve some of the mental pressures brought on by the pandemic, as one beneficiary who had been exposed to these messages saying it helped them strike a balance between their duties and self-care. One of the participants stated: *"The campaign helped us a lot and showed us how to deal with the impact of covid on children mental health, on elderly, on teenagers, and with the effects of virtual learning. It also helped in balancing between duties and self-care."*

It is worth mentioning that the baseline assessment found that mothers are having a harder time dealing with COVID-19 because they are taking on a lot more responsibility for household chores and care of children and family during the pandemic. In addition to being worried and stressed about the risk of coronavirus transmission to their children and other family members so they avoid taking their children out for entertainment.

Additionally, 4.6% of respondents (8% men of all male respondents) started doing more household chores jointly with their spouses. Only a small group of FGDs' participants recalled seeing messages on sharing household responsibilities and chores during COVID-19. Multiple participants in urban area said in the FGDs that there was a sharing of households' responsibilities and chores before receiving the campaign's messages, although most said it was due to boredom and to fill the time during lockdowns. On the other hand, all female FGDs' participants in Azraq camp indicated that their spouses did not help with household responsibilities and chores.

## Coherence

According to the interviewed staff, CARE made sure that messaging under the project was well-aligned and complementary to major COVID-19 communications in Jordan especially the ones published by the MOH and the WHO. CARE collaborated with main stakeholders such as the Ministry of Planning and International Cooperation (MoPIC), WHO, UNICEF and UNHCR in order to integrate the awareness dissemination programs at a national level.

All the information shared and distributed by CARE among refugees in camps was first approved by the Ministry of Health and UNHCR health technical workers and commissioners. After obtaining the required approvals, CARE started distributing all the information related to its campaign inside the camp. *One of CARE staff stated: "All the messages were designed in line with the regulations of the Ministry of Health and the World Health Organization as they were always our primary reference."*

The majority of interviewed CARE-Jordan staff members did not know if synergy was achieved between the intervention conducted in Jordan and the four similar interventions conducted in the other countries by CARE.

As for the interviewed CARE-UK staff member, he elaborated that there was a certain connectivity across all of the interventions, especially among the campaign tools and assets from Unilever. They made sure that they were all kind of focused and tailored to local or country level languages. CARE also tried to bring in a kind of review process of how people were dealing with certain assets or tools and issues and challenges so there was a kind of a cross learning and understanding more about the other countries.

CARE interviewed staff elaborated that the project intervention was able to meet the required quality in compliance with international technical standards and norms. Field visits were performed to observe the hygiene kits distribution process, hygiene kits were placed in sterilized stores before each refugee receives his/her kit, all measures that ensure social distancing during the kits' distribution were taking into

consideration. Feedback was obtained from the project beneficiaries through phone-based survey and virtual FGDs asking them what can be improved. Moreover, all governmental decisions and regulations were taken into account when working inside the refugees' camp. When the camp was closed, CARE adapted and organized their project work by reducing the number of employees and limiting working hours.

## 5. Recommendations

- Designing similar projects based on detailed needs assessment and scientific behavior change.
- Designing a theory of change that includes a problem tree, result-based management framework, assumptions, and risks.
- Providing quarterly hygiene kits for one year to low-income and vulnerable households, to ensure the sustainability of our impact on behaviors.
- Develop 2-3 standard models for CARE's hygiene kits, considering family size, age groups, disability, and gender.
- Covering the transportation cost for beneficiaries when using the package modality.
- Conduct mapping for available media campaigns and identify their target groups and messages to ensure that campaigns of future projects cover the gaps.
- Building the capacity of refugees and host community members on various skills related to designing and implementing media campaigns about hygiene promotion, such as radio presenting and graphic design.
- Including the psychological impact and stress element in any similar future programming, due to its high relevance.
- Targeting blind people in media campaigns using attractive voice materials, such as podcasts.
- Creating mass communication material for children, such as short animation movie and a song.
- Using the storytelling approach in the media campaigns.
- Using the motivation theory which focus on emotions. For instance, let people think about their beloved grandfathers/mothers.
- Using an interactive and engaging approach by asking people to post photos and videos for themselves, or share their opinions and experiences to start digital discussions at the community level.
- It is recommended that any future use of Mobile Doctorni approach ensures appropriate scheduling of the pushed messages to better fit the beneficiaries' daily schedules.