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This evaluation has been conducted according to ILO's evaluation policies and procedures. It has not been professionally edited, but has undergone quality control by the ILO Evaluation Office.

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1 LIST OF ACRONYMS

BW	Better Work
BWJ	Better Work Jordan
CBA	Collective Bargaining Agreement
COVID19	Coronavirus Disease Pandemic
D	Delivered
N.D.	Non Delivered
P.D.	Partially Delivered
EQ	Evaluative Question
FG	Focus Group
FTA	Free Trade Agreement
GoJ	Government of Jordan
GTU	General Trade Union of Workers in Textile, Garment, and Clothing Industries
HQ	Head Quarters
IEC	Information, Education and Communication
IFC	International Finance Corporation
ILO	International Labour Organization
IOM	International Organization for Migration
IR	Inception Report
J-GATE	Jordan Garments, Accessories & Textiles Exporter's Association
LI	Labour Inspection
LLCS	Labour Law Compliance System
LTO	Long term Outcome
M&E	Monitoring and Evaluation
MH	Mental Health
mhGAP	Mental Health Gap Action Program
MHPSS	Mental Health and Psychosocial Support Services
MoH	Ministry of Health

MoL	Ministry of Labour
MTO	Medium Term Outcome
NGO	Non-Governmental Organization
NPC	National Programme Coordinator
PFA	Psychological First Aid
PRODOC	Project Document
QIZ	Qualifying Industrial Zones
REO	Regional Evaluation Office
ROAS	Regional Office for Arab States
STO	Short Term Outcome
ToBs	Training of Beneficiaries
ToR	Terms of Reference
ToT	Training of Trainers
TPR	Technical Progress Report
US	United States
USD	United States Dollars
WEMWBS	Well-being as measured by the Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organization

2 EXECUTIVE SUMMARY

Better Work Jordan covers approximately 63.000 workers, of whom 74% are migrants from Bangladesh, Sri Lanka, India, and Nepal. Under the Jordanian legal framework and the Collective Bargaining Agreement (CBA), factories have to provide medical care to both migrant and Jordanian workers, including the provision of health care clinics on-site at factories. In recent years there have been multiple cases of suicides and attempted suicide cases. The entire sector was alarmed at this trend which raised awareness of the challenges related to mental health among migrant workers in the garment factories. According to the BWJ annual report 2022, results from the 2021 Better Work Jordan anonymous workers' survey show that 48 percent of workers have low well-being, and a further 31 percent have moderate well-being. Only 21 percent of workers had high well-being.

Consequently, stakeholders in the garment sector started to recognize the need to address the mental well-being challenges. The sector-wide CBA includes since 2019 new provisions on workers' health where employers are requested to take necessary measures to provide medical care to Jordanian and migrant workers, with more attention to the mental well-being of workers through referring them to the specialized institutions in Jordan, as well as not to dismiss any workers as a result of such referral.

In the framework of those developments, BWJ designed the project «Mental Health in the Garment Sector in Jordan,» intending to improve workers' mental well-being, especially among women and migrant workers. The project focuses on two Long Term Outcomes: LTO 1 Workers become resilient against mental health risks, including seeking psychosocial support; LTO 2. Factories and the mental health referral system reach more workers needing Mental Health and Psychosocial Support Services (MHPSS). Each of these two long-term outcomes includes two medium-term outcomes as follows: MTO 1.1 Workers report more willingness to seek psychosocial support; MTO 1.2 More workers report an acceptable level of stress; MTO 2.1 Factories take measures to detect workers at risk and provide mental health and MHPSS services; MTO 2.2 The MH referral system serves a broader range of workers, including women and migrant workers.

The project's scope includes four main axes: assessing the mental health needs of the work population, conducting awareness-raising campaigns, building the capacity of the stakeholders, and increasing workers' access to mental health and psychosocial support services. The focus is placed on the increased resilience of workers against mental health risks and the increased support from the factories and the mental health referral system. The project entails multiple interventions (including establishing mental health focal points, introducing counselors, and training programs). The project started in January 2020 with an initial duration of 24 months and has been subjected to a no-cost extension till December 2023.

The purpose of this internal Mid-term evaluation is to learn from the experiences of the project to inform ongoing and future programming in mental health. The assessment has done this by examining the project's coherence, effectiveness, efficiency, potential impact, adaptability, and sustainability. The evaluation has identified strengths and weaknesses in the project design, strategy, and implementation, lessons learned, and recommendations.

The evaluation has followed the ILO's guide for internal evaluations, utilizes the standard ILO framework, and follows the OECD-DAC criteria (except for Relevance). The suggested questions and information needs in the Terms of Reference were incorporated in an Evaluation Matrix with indicators to respond to them and the sources used for each Evaluation Question (EQ). The five EQs have served as the basis for drafting the report. The indicators have been taken from the Results Framework and suggested by the evaluator as per her analysis of project documents, background, and context.

The methodological approach for data collection has been primarily qualitative, and quantitative data has been drawn from project documents and reports and incorporated into the analysis. In particular, the evaluation has used the recent «BWJ Quantitative Impact evaluation of the project's factory-level interventions commissioned by BWJ.

The evaluation consultant conducted a one-week field mission in Jordan from 24th February until 3rd March and visited several factories (Jerash factory, Tusker Apparel, Classic Fashion, Century Miracle Jordan, and Needle Craft). Together with the participants in the Focus Groups, the evaluation involved a total of 75 people, 49 women, and 26 men.

Main Findings & Conclusions

The project's design is coherent and valid to address Mental Health (MH|) challenges in the garment sector in Jordan. It ensures a balance between the prevention and the support approach toward MH. The project's design and its result's framework include two terms (mental well-being and mental health) that have different nuances, expected to be used accordingly in the project's implementation.

The design is robust and comprehensive regarding the sector's and national stakeholders' involvement. It is also complete as it tends to place the migration component into the picture, while it could be strengthened from a gender perspective.

The project has raised awareness about mental health and contributed to an increased understanding and sensitivity toward mental health among workers, managers, and key stakeholders. The multilevel awareness-raising campaign with a unified identity proved very effective and increased workers' awareness about MH and their willingness to seek psychosocial support. The project has contributed to reducing the stigma around the MH concept by focusing on positive and preventive aspects of mental well-being.

Workers in the garment sector have increased their knowledge and skills to manage prevalent issues affecting mental well-being thanks to the training provided by the project in financial matters, sexual harassment and reproductive rights, and social media. In alliance with the buyers, the project has very successfully persuaded and convinced factories to take measures to detect workers at risk and provide MHPSS services. Four support elements stand out: the MH policy and standard procedures, the MH focal points and the counselors, the training on mhGAP for non-mental specialists, and the raised awareness among crucial sector stakeholders.

The project has advanced well in preparing, in a participatory manner, with MH focal points, the Mental Health Policy in the Workplace, and the Standard Operation Procedure for MH and Psychosocial Support in Jordanian Garment Factories. The dialogue platform among the focal points from different factories has effectively built their capacities on mental health topics and encouraged knowledge/experience exchange through regular meetings.

The project has successfully promoted the figure of a counselor inside the factories to create a healthy and productive working environment by providing support and care to employees in need. Workers and management staff very much appreciate their work, and Non-mental health specialists at the factory level have also increased their knowledge and skills to identify workers needing MHPSS.

The mental health referral system in Jordan proves to have severe limitations in covering the needs of the MH for migrants. Therefore the responsibility for migrant workers' health should be taken by the private sector employing such a workforce. The migration component of the project faced several challenges. It is essential to ensure that such part (induction training and support in the countries of origin) is considered while addressing MH issues.

The project efficiently used resources, as funds and human expertise have been strategically allocated to achieve outcomes. The project has optimized ILO internal resources by tailoring the existing education financial training to the sector's needs. It has benefited from WHO resources and leveraged the leading factories' resources. Stakeholders unanimously appreciate the quality of the products and services delivered by the project, although some stakeholders consider that the training packages in general should be shortened.

The project is well-orientated to its long-term intended impact, improving mental well-being, especially among women and migrant workers in the garment sector in Jordan, by building worker resilience against mental health risks, including through help-seeking, and enhancing access to support at the factory level and through referral to specialized organizations.

The project has had a wise strategy toward sustainability by actively involving the stakeholders at different levels. The CBA is an element that contributes to the project's sustainability, as factories are requested to implement an MH component. The project's sustainability will also depend on the stakeholders' decision to prioritize the sector's needs in the future, so it is crucial to enhance stakeholders' commitment and capability.

Recommendations

Regarding the terminology, it is advised to use «mental well-being» and «mental health» when applicable. This includes promoting positive mental states and cultivating well-being while providing resources and support for those struggling with mental health challenges. Using both terms «mental health» and «mental well-being» throughout the project can communicate a message of both prevention and support and ensure that all aspects of mental health are addressed.

In terms of activities, the evaluation recommends expanding the ToT on financial education, sexual and reproductive health, and social media, adapting its length when feasible. It also suggests continuing to provide the mhGAP to medical staff. Continue preparing leisure activities for the MH Day, wherever possible ensure the maximum participation of workers and management staff. Strengthening the dialogue platform among the MH focal points from different factories is advisable to encourage exchange and peer learning.

Regarding the MH Policy in the workplace, it is suggested to involve BWJ colleagues in its revision and development, as well as experts on grievances and working and living conditions in the factories. The ILO and the WHO Mental Health at Work policy brief should guide their joint work. In the future, this Mental Health Policy in the Workplace should be developed or complemented with a Mental Well-being Policy covering a broader range of issues related to the working and living conditions of the workforce in the garment sector.

As the project needs to reach out to more factories, it is advised to prepare a strategy to reach the small & satellite factories to expand the project's benefits when feasible using the BW service module and identify the mechanism to support small and remote factories.

The private garment sector in Jordan should take full economic responsibility for the costs related to MH disorders and treatments of the migrants working in the factories. The private sector should also invest in translating the training materials BW provided to overcome the language barriers in the project's implementation.

Hiring a migration expert could strengthen the project's migration component for the remaining period. Options should be discussed with the corresponding ILO regional office, and the expert should use the ILO Fair Recruitment Project results.

For future interventions on MH in the garment sector, the evaluation recommends having a more robust gender lens approach. Many of the challenges women face in the industry regarding MH could be improved if addressed from a gender perspective.

Lessons Learned and Emerging Good Practices

The role of buyers in pushing forward the mental health project and encouraging factories to engage with the project seems crucial. Buyers were indeed very much concerned about the suicide cases that occurred in some of the factories, encouraging BW for specific measures to face such challenges. Some buyers, who play a leading role in the current scenario of MH challenges, are very concerned about the MH risks associated with the working and living conditions of migrants in Jordan.

An emerging good practice is the designation of a counselor in the factories to improve mental well-being. A counselor's objective in the garment factory is to create a healthy and productive working environment by providing support and care to needy employees. This includes conducting periodic evaluations to assess their psychological needs, providing psychological support, including assessment, therapy, and follow-up, maintaining case records, and ensuring the confidentiality of employee information. Introducing counselors into factories leads to significant and substantively meaningful improvements in workers' self-reported job stress levels and mental well-being.

The project has implemented an MH multilevel campaign using the material in five different languages (Arabic, English, Bengali, Hindi, and Sri Lankan) that emerge as a good practice. As a result of this campaign, there are evident achievements in terms of awareness about what MH is and when and what workers, co-workers, dorm supervisors, managers, etc., can do when finding initial symptoms of an MH disorder. The information, education, and communication (IEC) materials (flyers, brochures, etc.) are very effective, and the project will continue distributing them. Videos, in particular - good communication channels for the younger generation- are very much appreciated by stakeholders interviewed.

3 BACKGROUND AND PROJECT'S DESCRIPTION

1. During the last twenty years, Jordan has established itself as a garment exporting country. The industry is one of Jordan's leading export sectors due to preferential treatment to the US Market under a Free Trade Agreement (FTA). Garment production in Jordan takes place in the so called [Qualifying Industrial Zones](#) (QIZ) which are business parks recognised as free trade zones in collaboration with Israel and the United States. Jordan is one of two countries to have this arrangement, the other being Egypt. In Jordan, the three largest QIZ are located in ad-Dulyal, Sahab and outside the country's second-largest city of Irbid.
2. In order to export under the FTA, Jordan's garment factories have to take part in Better Work Programme, a partnership between the International Labor Organization (ILO) and the International Finance Corporation (IFC). Better Work (BW) brings together stakeholders from all levels of the global garment manufacturing industry to improve working conditions, enhance respect for labor rights, and boost competitiveness. BW in Jordan (BWJ) was established in 2008 at the request of the Government of Jordan (GoJ) and the United States (US) government.
3. Since then, Better Work Jordan has been working with the national tripartite constituents to improve working conditions and promote decent work in the garment sector. Factories have made significant improvements in terms of working conditions and compliance with labour standards. The mandatory status of the programme, where garment factories exporting to the US market and their subcontractors are required to join Better Work programme, enabled the programme to access the entire garment exporting sector and to work with both workers and managers in the factories to promote decent working conditions.
4. In 2022, BWJ entered in its phase IV strategy, guided by a shared vision of a competitive Jordanian garment industry that advances national socioeconomic development, lifts people out of poverty and upholds the fundamental rights of all workers. To realise this vision, stakeholders from government, the private sector and the garment industry trade union have committed to strengthening labour market governance in the industry, to ensuring that workers' rights are upheld and protected, and to improving the industry's competitiveness and its contribution to Jordan's economy. ¹
5. According to BW 2022 Annual report, in Jordan approximately 63.000 workers are covered by the programme, of whom 74% are migrants from Bangladesh, Sri Lanka, India and Nepal. Under the Jordanian legal framework and the Collective Bargaining Agreement (CBA), factories have to provide medical care to both migrant and Jordanian workers, including the provision of health care clinics on site at factories. According to an Assessment of Health Care Services provided to workers in garment sector conducted by BWJ, compliance with international standards, the legal framework and the CBA is generally quite weak. In addition, worker's satisfaction with the services differs on a variety of levels -depending on the factory location and its management, the nationality of workers and to some extent the gender or workers. ²

¹ BWJ Newsletter, December 2021

² BWJ, Assessment of Health Care Services provided to workers in garment sector, October 2022.

6. BWJ has achieved good progress on eliminating forced labor, and improving living and working conditions for migrant workers. However, challenging circumstances and serious issues of mental health have continued to affect the migrant workers who are the backbone of the sector. In recent years there have been multiple cases of suicides and attempted suicide cases. According to the project document, Better Work Jordan was aware of 8 suicide cases and 4 attempted suicide cases among which 10 were female migrant workers, attributed to the economic uncertainty that workers face, as well as isolation from and worries about distant family's member's health and well-being. The entire sector was alarmed at this trend.³ This raised the awareness of the challenges related to mental health among migrant workers in the garment factories.
7. Mental Health is defined by the World Health Organization ([WHO](#)) as a state of well-being in which the individual realizes their own abilities, can cope with everyday stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. The mental health of a person can be impacted by several social, psychological, and biological factors at any point in time. Poor mental health is associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, physical ill-health, and human rights violations.
8. In December 2019, BWJ issued a policy brief titled 'Worker Well-being in Jordan's Garment Sector'. The report builds on previous research investigating worker well-being in the Jordanian garment industry by adding specific voices and experiences through data gathered in large-scale surveys of workers and managers over the last two years. The full policy brief can be found [here](#). The study analysis the mental health determinants in the context of labor migration, the factor contributing to mental health (MH) and well-being of migrant garment workers, and the barriers to accessing MH services for migrant garment workers.
9. According to the [BWJ annual report 2022](#), results from the 2021 Better Work Jordan anonymous workers' survey show that 48 per cent of workers have low wellbeing, and a further 31 per cent have moderate wellbeing. Only 21 per cent of workers had high well-being. Well-being is measured by a set of seven questions which are then aggregated to a validated well-being score.
10. Consequently, BWJ decided to promote specific interventions and supports to enhance mental well-being, especially among female migrant workers in the sector. More so, and with the rise of the unprecedented COVID19 health crisis, attending to mental health issues becomes even more pressing. This is partly attributed to the economic uncertainty that workers face, as well as further concerns among migrant workers on their distant family members' health and well-being.
11. In the framework of the post-pandemic, in 2022, the [ILO and the WHO](#) agreed on a global action to address mental health at work. It focuses on preventing psychosocial risks, protecting and promoting mental health, and supporting workers with mental health conditions so that they can participate and thrive in the world of work.

³ Assessment of Knowledge, perceptions, and attitudes of mental health: The garment industry in Jordan, February 2022

12. According to the MH project document, the issue of awareness of mental health and well-being, and accessibility of mental health services in Jordan's garment sector, is particularly prevailing. The sector is unique in its reliance on migrant workers, particularly females. Women make up 73 percent of the industry's workforce and are concentrated in low-paying, low-skilled occupations. Only about 39 per cent of supervisors were women according to the survey that BWJ conducted in participating factories in 2019. This translates to insufficient women's voices in factory decisions that affect workers.⁴
13. As described in the mapping study conducted by BWJ and Columbia University's School of International & Public Affairs (SIPA) in 2019,⁵ this gender breakdown is partly explained by the particular vulnerabilities that migrant female workers face during the pre-migration process, the process of relocation to another country, and the post-migration phase. During the pre-migration process, when individuals prepare for relocation, their vulnerabilities increase when migration is involuntary, for example, decided by relatives who aim to send younger family members abroad. Female workers tend to be particularly vulnerable with underlying factors driving migration, such as a difficult family situation, abusive relationships, or societal pressure that incentivizes workers to migrate. During the process of relocation, migrants, especially women, are often exposed to verbal, physical, and sexual harassment by labour recruiters who organize their travels to the destination country.
14. Beyond these immediate factors of distress, migrants go through a range of physical and psychological stressors. Leaving one's home country, in many cases for the first time, implies significant environmental changes. The mutual influence between physical health, stress and mental health are well known. While some issues are more pertinent amongst female migrant workers, issues around mental well-being in the post-migration phase affect both female and male workers alike. When adjusting to a new country, migrants face a range of mental health stressors whose impact may vary depending on individual vulnerabilities and coping strategies. Such stressors include working and living conditions in the destination country – long working hours, pressures to meet production targets, violence and harassment including verbal abuse in the workplace, limited opportunities for career advancement and poor dormitory conditions, a lack of support networks, and barriers to accessing services: including language barriers, marginalization, and discrimination in the host country.
15. In January 2023 BWJ concluded an impact evaluation of some of the MH interventions; This data was gathered through BWJ run worker surveys including surveys in 2020, 2021 and 2022, collected at the worker level from a representative sample of workers in BWJ participating factories. The authors concluded that migrant workers are particularly at risk of mental health issues, and warrant further attention in addressing the same.⁶
16. As for the discussion around the accessibility of mental well-being services in Jordan, migrant women disproportionately lack social support, given their likely marginalized role in both the home and host country social structures. The mapping study conducted by BWJ and Columbia University

4 BWJ Mental Health PRODOC

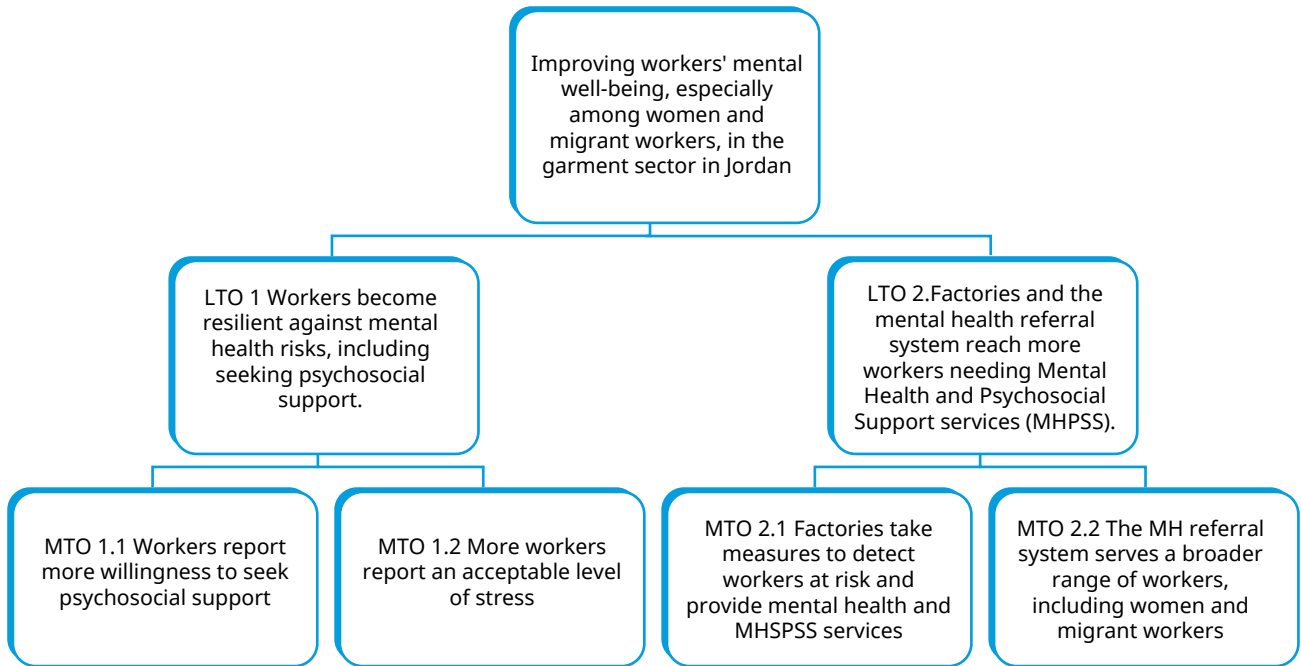
5 Supporting Mental Well-being of Migrant Garment Workers in Jordan, BWJ and Columbia University's School of International & Public Affairs (SIPA), December 11, 2019

6 Policy Brief "Supporting Mental Well-being of Migrant Garment Workers in Jordan" December, 2019

mentioned above shows that almost all psychological support interventions were targeted towards Jordanians and Syrians – who are Arabic speakers, which effectively leaves behind thousands of migrant workers in the garment sector. The understanding of stressors in the garment sector and support needs among migrant workers, including translation support, tend not to be recognized.

17. Stakeholders in the garment sector started to recognize the need to address the mental well-being challenges. The sector-wide CBA, includes since 2019 new provisions on workers' health where employers are requested to take necessary measures to provide medical care to Jordanian and migrant workers, with more attention to the mental well-being of workers through referring them to the specialized institutions in Jordan, as well as not to dismiss any workers as a result of such referral.
18. Prior to commence the current project, BWJ conducted various activities on the area of mental health and workers' well-being including mapping of relevant organizations; dissemination of ILO/LABADMIN OSH tool on prevention of stress at work to garment factories to enhance physical facilities and management systems to mitigate stress at work; and a pilot activity in collaboration with Caritas Jordan at the ILO's Worker Center in November 2018 to test the existing materials and identify the need for contextualization for migrant workers in Jordan's garment sector.
19. In addition, a mental health roundtable discussion was held in collaboration with WHO in March 2019 for 21 representatives from the garment factories and The General Trade Union of Workers in Textile, Garment, and Clothing Industries (GTU). As a next step of the roundtable, a Mental Health Gap Action Programme (mhGAP) training was delivered in April 2019 to the medical staff in exporting garment factories in Jordan to equip them with proper tools to identify, manage and follow up on workers' mental health cases.
20. In the framework of those developments, BWJ designed the project "Mental Health in the Garment Sector in Jordan" with the aim to improve workers' mental well-being, especially among women and migrant workers, as can be seen in this [link](#).
21. The projects focuses on two Long Term Outcomes as shown in the diagram below: *LTO 1 Workers become resilient against mental health risks, including seeking psychosocial support; LTO 2. Factories and the mental health referral system reach more workers needing Mental Health and Psychosocial Support services (MHPSS). Each of these two long term outcomes include two medium term outcomes as follows: MTO 1.1 Workers report more willingness to seek psychosocial support; MTO 1.2 More workers report an acceptable level of stress; MTO 2.1 Factories take measures to detect workers at risk and provide mental health and MHPSS services; MTO 2.2 The MH referral system serves a broader range of workers, including women and migrant workers.*
22. The project's scope includes four main axes: assessing the mental health needs of the work population; conducting awareness raising campaigns, building the capacity of the stakeholders, and increasing worker's access to mental health and psychosocial support services.

23. The focus is placed on the increased resilience of workers against mental health risks, and the increased support from the factories and the mental health referral system. The project entails multiple interventions (including the establishment of mental health focal points, introduction of counsellors, and training programs for workers and non-worker staff). The project started in January 2020 with an initial duration of 24 months and has been subject of a no-cost extension till December 2023.



4 PURPOSE, AND SCOPE OF THE EVALUATION

24. The purpose of this internal Mid-term evaluation is to learn from the experiences of the project to inform ongoing and future programming in the area of mental health. The evaluation has done this by examining the project's coherence and effectiveness, efficiency, potential impact, adaptability and sustainability. The evaluation has identified strengths and weaknesses in the project design, strategy, and implementation, lessons learned and recommendations.
25. The Mid-term evaluation covers project implementation across all its outcomes and outputs, from January 2020 to December 2022. The geographical focus is aligned with that of the project namely in the three industrial zones -Sahab, Dulil, and Irbid and related satellite factories.
26. The primary clients of this evaluation are BWJ, ILO constituents in Jordan, including government entities, ILO Regional Office for Arab States (ROAS), and the donor. The secondary audience includes the project stakeholders, factories, and units within the ILO that may indirectly benefit from the knowledge generated by the evaluation.

5 EVALUATION METHODOLOGY AND EVALUATION QUESTIONS

27. The evaluation follows [ILO's guide for internal evaluations](#) and utilizes the standard ILO framework and follows its major criteria. Therefore, it follows the OECD-DAC criteria although, according to the ToR, relevance is not considered necessary as it has been well established.
28. The ToR included a whole list of questions to be addressed in the evaluation. The Inception Report organized the information needs identified in the Terms of Reference and the Kick off meeting and grouped them around five evaluation criteria as follows:

EQ 1. Coherence and Validity of Design

- 1.1. To what extent is the project's theory of change and strategy appropriate in addressing mental health challenges in the garment sector in Jordan? To what extent and in what way are the project strategies and structures coherent and logical? Is there any risk that has not been identified but compromised result achievements?
- 1.2. To what extent is the project's emphasis on awareness raising an effective approach to increase workers resilience against mental health risks?
- 1.3. Did the project design adequately consider the gender dimension of the planned interventions?

EQ 2. Effectiveness

- 2.1. To what extent has the project achieved expected results in terms of outcomes and outputs? To what extent have stakeholder attitudes towards mental health and the project activities changed over the course of the intervention? Have there been any unintended positive/negative consequences of the project intervention?
- What change can be seen in end-beneficiaries? What is the most significant change from the perspective of end-beneficiaries'?
- 2.2. How did the project address issues relating gender equality and non-discrimination?

EQ 3. Efficiency

- 3.1. How have the resources been used to fulfill the project performance in an efficient manner with respect to cost, time and management of staff? Were the project activities efficient in terms of financial and human resources in relation to its outcomes and outputs?

EQ 4. Impact Orientation

- 4.1. To what extent has the project contributed to its long-term intended impact?

EQ 5. Sustainability

- 5.1. To what extent are project's outputs/outcomes sustainable (durable) and transferable to the BWJ constituents, government institutions (MoL, MoH), the private sector, and communities to support efforts to address mental health challenges in the garment sector in Jordan?

29. The suggested questions and information needs were incorporated in an Evaluation Matrix (Attached in Annex III) with indicators to respond to them together with the sources that have been used for each Evaluation Question (EQ). The five EQs have served as the basis to draft the report. The indicators have been taken from the Results Framework and suggested by the evaluator as per her analysis of project documents, background and context.
30. Following the ILO Guidance Note No. 4 on Integrating Gender Equality in Monitoring and Evaluation Projects, the evaluation takes into account the (i) involvement of both men and women in constituents'/beneficiaries' consultations and analysis; (ii) the inclusion of data disaggregated by sex and gender analysis in the background and justification sections of project documents; (iii) the formulation of gender-sensitive strategies and objectives and gender-specific indicators; and (iv) outputs and activities consistent with these. The evaluation matrix mainstreams gender throughout the evaluation questions, with its corresponding indicators, leading to a higher quality of gender analysis.

Approach

31. The methodological approach for data collection has been primarily qualitative in nature. Quantitative data has been drawn from project documents and reports, and incorporated into the analysis. In particular the evaluation has used the recent "BWJ Quantitative Impact evaluation of the project's factory-level interventions commissioned by BWJ. This ongoing impact evaluation employs a differences-in-differences research methodology to measure the quantitative impact of the project's factory-level interventions on workers': 1) self-reported levels of job stress; 2) self-reported willingness to seek support for stress or personal issues; and 3) mental wellbeing (as measured by the Warwick-Edinburgh Mental Wellbeing Scale). A master list of key evaluation questions contained within the terms of reference has been included in the Draft Evaluation Matrix, as described previously, serving as the basis for the development of the data collection tools.

32. Data Collection Methods and Analysis

The evaluation has comprised the following Data Collection Methods:

1.- Desk review:

Prior to beginning the interviews, the independent evaluator reviewed numerous project-related documents covering a wide range of project background, design and implementation issues as described in the Inception Report. During the mission to Jordan, additional supporting documents have been collected and reviewed . The list of documents consulted is included in Annex IV.

2. Semi-Structured Interviews:

The evaluator has conducted face-to-face semi-structured interviews with ILO Officials, Better Work staff, ILO constituents and other stakeholders in Jordan according to the agenda submitted in the inception report. The evaluator has used templates for the interviews, as shown in Annex VI, that have been adapted to each stakeholder. The evaluator has used Microsoft Teams platform provided by the project whenever face-to face interviews were not feasible. The list of stakeholders interviewed include

the following: BWJ staff, ILO constituents, Mental Health focal points and counselors, labour inspectors, NGOs, WHO, the buyers, Ministry of Health, management at the factories, final beneficiaries, trainers and consultants. The full list is included in Annex V. Together with the participants in the Focus Groups, the evaluation has involved a total of 75 people, 49 women and 26 men.

3. Field Mission:

The evaluation consultant has conducted a one-week field mission in Jordan from 24th February until 3rd March. She has been accompanied by a bilingual (English/Arabic) national consultant in Jordan acting as an enumerator supporting the evaluation process on the field. Translators have also been engaged in the factories to support the Focus Groups (FG) with final beneficiaries.

4. Participant Observation

During the visit to Jordan the evaluator has visited several factories (Jerash factory, Tusker Apparel, [Classic Fashion](#), [Century Miracle Jordan](#), [Needle Craft](#)).

5. Focus Groups

Five FG discussions have been organized with final beneficiaries/workers, as follows: Two FG in Jerash factory, one with 8 participants, 4 men and 4 women, from different nationalities of South East Asia; and a second FG with 8 Jordanian women holding different positions in the factory. One FG in Classic Fashion with 12 women from Bangladesh. One FG in Century Miracle Jordan with 5 participants, one man from Nepal, two men from Bangladesh, and two young women from Myanmar. Finally one FG was organized in Needle Craft Factory with the six winners of one of the Talent Shows, led by [shkt.kumarr](#)

The evaluator has used templates for the FG discussions (as shown in Annex VII) adapted to each factory and groups of beneficiaries' profile.

6. Triangulation

Data collection methods have been triangulated. Considering the variety of views and interests of stakeholders, clients and users of the evaluation, the stakeholders' perspectives have been triangulated for many of the evaluation questions in order to bolster the credibility and validity of the results.

6 KEY EVALUATION FINDINGS BY EVALUATION CRITERIA

6.1 Coherence and Validity of Design

To what extent is the project's theory of change and strategy appropriate in addressing mental health challenges in the garment sector in Jordan? To what extent and in what way are the project strategies and structures coherent and logical? Is there any risk that has not been identified but compromised result achievements? To what extent is the project's emphasis on awareness raising an effective approach to increase workers resilience against mental health risks? Did the project design adequately consider the gender dimension of the planned interventions?

33. The BWJ MH project's design responds to the need to increase awareness among the workforce and provide MH assistance to the working population in the garment sector. The project was conceived after a few cases of suicide that affected the stakeholders and the industry. It was designed following closely the recommendations of the "Supporting Mental Well-being of Migrant Garment Workers in Jordan" study, conducted between BWJ and Columbia University's School of International & Public Affairs (SIPA), in 2019. The study highlighted the main issues and provided a compelling framework for understanding the various challenges and existing gaps around mental health. The report took a participatory approach with consultations with stakeholders. Since the MH project's inception, at the pilot phase in the second half of 2019, there has been a strong interest from the main stakeholders.
34. The project fits well in the overall BWJ's strategy as its Results Framework shows that "*Ongoing BW core services to improve working and living conditions in the garment sector*" are expected to contribute to an increased number of workers reporting an acceptable level of stress (MTO1.2), to increase resilience against mental health risks, including seeking psychosocial support (LTO 1) and ultimately, to improve worker's mental wellbeing.
35. As the first intervention on MH by BW, the project was designed with limited inputs from other technical departments at the ILO. The MH project's overall goal accurately places the final beneficiaries' (workers) mental well-being improvement at the intervention's core. It also emphasizes women and migrants as the specific target group. According to its theory of change, the project tries to achieve that goal by intervening in two spheres: Increasing the worker's resilience against mental health risks, including seeking psychosocial support (LTO1), and increasing the factories and the MH referral system reach for more workers needing MHPSS services (LTO2).
36. The three elements at the end of the results chain (Project objective and LTOs) include a diversity in its terminology which is worth mentioning as it has some implications for the project. The project's ultimate goal is to improve «mental well-being,» while the two LTOs use the term «mental health.» The project's description chapter of this report already includes the definition of MH by the WHO. On the other hand, «mental well-being» is frequently used as an indicator of resilience, particularly when referring to resilience as a process of overcoming difficulties, adversity, or trauma.

37. Mental well-being, therefore, implies a positive perspective, and the WHO defines well-being as the presence of positive mental health.⁷ «[Good mental health](#) is related to mental and psychological well-being. Therefore, the project's objective focuses on the positive aspects of mental health or well-being. While on the other hand, the two LTOs use the neutral term "mental health." The results chain includes the term "mental well-being" in the three STOs under LTO 1 and in some of the outputs, consistently with the preventive approach of LTO 1. However, using the term "mental health" is more common under LTO 2, particularly under MTO 2.2, referred to the MH referral system, consistent with the project's "support" component and with the terminology used by the Jordanian Ministry of Health.
38. Stakeholders perceive the project from different perspectives, sometimes coinciding with the abovementioned two-fold terminology. For some, the guiding vision is linked to the general objective: improving mental well-being. For others, the project's vision is closer to the mental health concept mentioned in the LTOs and described above. This second vision can be summarized under the following assumption: The services provided by the project will contribute significantly to promoting workers' mental health by increasing access to MHPSS services and reducing suicidal risks. The expected causal and direct relationship between the project's implementation and the reduction in suicide cases is perceived as more robust in the second vision. The stakeholders who share that approach seem to feel more ownership and responsibility regarding suicide and attempted suicide cases.
39. Assessing the project's theory of change brings different results for the two long-term outcomes. LTO 1 addresses workers as final beneficiaries, positioning the intervention on the prevention side: «Workers are resilient against MH risks, including seeking psychosocial support.» It includes two MTOs: «Workers report more willingness to seek psychosocial support» (MTO 1) and «More workers report an acceptable level of stress» (MTO 2). The evaluation found that the project is positively taking more measures on the prevention side (linked to self-care, out-doors activities, MH international day, etc.), which are not reflected in the design.
40. LTO 2 design accurately responds to the need to ensure that, on one side, the factories and, on the other, the MH referral system in Jordan reach more workers needing MHSPP services. The Medium-Term Outcome (MTO) 2.1 is logical and comprehensive; it wants to achieve that factories take measures to detect workers at risk and provide MHPSS services through three axes: improving the factories' policies and procedures, enhancing the capacities of the non-mental health specialists at the factory level and increasing the MH awareness of key stakeholders (employers, unions, Ministries, labor inspectors' trainers, Human resources departments, etc.). The MTO 2.2 is also logical and comprehensive, as it tries to influence the MH referral system in Jordan and ensure that more workers are referred to it when needed. It also tries to increase the connection with the migrants' countries of origin through a pilot referral platform (STO 2.2.3).
41. Under LTO2, the chain of outputs, short-term outcomes (STOs), and long-term outcomes are clear and logical. On the same note, under LTO 1, the chain from outputs to STOs is clear and logical. The three STOs address key issues to increase worker's willingness to seek psychosocial support: identifying

⁷ https://www.euro.who.int/__data/assets/pdf_file/0012/100821/E92227.pdf

their needs, raising their awareness of MH and mental well-being, and increasing their knowledge and skills to manage prevalent issues affecting mental well-being (financial literacy training, sexual harassment, and reproductive rights, social media literacy training). To help beneficiaries cope with stress and adversity, it is suggested to encourage social support, foster a growth mindset, teach coping skills, promote problem-solving, provide education and information (link financial education and SRH), promote self-care, and offer supportive resources. These strategies are expected to help individuals better manage difficult situations, build resilience, and develop skills to face challenges in the future.

42. The project's design was sensitive to institutional arrangements and the different stakeholders' and beneficiaries' roles. However, the beneficiaries of the intervention seem to be limited to "the workers". The worker in definition (Jordan Labor Law) is anyone employed by the enterprise. The project, in its implementation, is not limited to the workers but also to the managerial staff, who also appreciate the awareness-raising and learning on self-care, psychological first aid, policy, and procedure to offer support within their roles to their subordinates. Besides, according to the 2022 BWJ Annual report, supervisors also report high-stress levels, with 36 percent saying they face inappropriate job stress. Therefore, the project's design seems to underestimate the managerial staff in its results framework.
43. All stakeholders interviewed show high commitment to the project. As described above under the context section, the COVID pandemic increased interest and focus on MH issues by the different stakeholders, from the government of Jordan, the buyers, the employers and unions, and the various factories visited during the evaluation mission. Indeed, with the pandemic, several institutions and organizations in Jordan created a hotline or an app or produced posters and brochures relating to COVID-19 and MH. The International Medical Corps (IMC), a relevant stakeholder in Jordan, has created an app called «Relax.» An exporting factory, which amounts to around 35% of the workforce employed in the garment sector in Jordan, has created an app called «Mood meter.» This is a good sign of interest and awareness about addressing MH challenges inside the factories. However, the extent to which such applications are effective in accurately assessing the mental health of workers remains yet unclear.
44. The situation of the MH in Jordan has logically influenced the project's strategy. Together with the challenges related to the historical stigma regarding MH, in May 2022, the Jordanian House of Representatives approved a law that criminalizes attempted suicide in public, subjecting those found guilty to prison terms of up to six months and a monetary fine of not more than 100 dinars (\$141). The House also announced that the penalty would be doubled if it was a mass suicide, in which numerous people are involved in an attempt to commit suicide simultaneously. Jordan's amendment of the penal code comes only months after protestors threatened to commit mass suicide in public over the widespread unemployment in the country, with themselves being unable to secure jobs despite being university graduates. This regressive law is out of step with global human rights and medical establishment efforts to abolish all laws criminalizing suicide.⁸ MH professionals in Jordan fear that this law will affect migrant workers, making them less comfortable disclosing their vulnerabilities and seeking MH support.

45. Assessing the gender dimension in the project's design brings unequal results. Although the project objective mentions women as the primary target (together with migrants), none of the outcomes (the long-term, medium-term, or short-term outcomes) include gender concerns. However, the project included in its strategy services and activities primarily aimed at women, like sexual harassment and reproductive rights training or financial literacy training. Performance indicators are also disaggregated by gender.

6.2 Effectiveness

To what extent has the project achieved the expected results in terms of outcomes and outputs? To what extent have stakeholder attitudes towards mental health and the project activities changed throughout the intervention? Have there been any unintended positive/negative consequences of the project intervention? What change can be seen in end-beneficiaries? What is the most significant change from the perspective of end beneficiaries? How did the project address issues relating to gender equality and non-discrimination?

46. This section will be addressed by focusing on the four Medium Outcomes (MTO 1.1, MTO 1.2, MTO 2.1, & MTO 2.2), while the two long term outcomes (LTO 1 & 2) and the project's goal will be assessed under the Impact section. As part of the analysis, the report revises the level of achievement or implementation by output, as shown in the tables. The outputs have been assessed as "Delivered" (D), "Partially delivered" (PD) and "Non-delivered" (ND).

Table 1 Level of implementation. LTO 1: Workers are resilient against MH risks, including seeking psychosocial support

MTO 1.1: Workers report more willingness to seek psychosocial support			
STO 1.1.1: Mental well-being support needs of workers and stakeholders are identified.			
	LEVEL OF IMPLEMENTATION BY OUTPUT		
	D.	P.D.	N.D.
Output 1.1.1.1 Workers interviewed to identify their challenges and needs in mental well-being taking into account workers' culture, language, level of education and gender.	X		
Output 1.1.1.2 A detailed needs assessment among factory management, the Union and the MoL to identify capacity gaps.	X		
STO 1.1.2: Awareness is raised among garment workers on mental well-being including self-care and external support			
	D.	P.D.	N.D.
Output 1.1.2.1. Information, Education and Communication (IEC) materials targeting garment workers on mental well-being issues and resources.		X on going	
Output 1.1.2.2. Awareness-raising campaigns targeting workers, union representatives, HR personnel and dorm supervisors.		X on going	
Output 1.1.2.3. Awareness raising on available psychological support systems.	X		
MTO 1.2: More workers report an acceptable level of stress			
STO 1.2.1: Workers have the knowledge and skills to manage prevalent issues affecting mental well-being			
	D.	P.D.	N.D.
Output 1.2.1.1. Financial literacy training	X		
Output 1.2.1.2. Sexual harassment and reproductive rights training	X		
Output 1.2.1.3. Social media literacy training		X	
Output 1.2.1.4. ToT on selected topics for the Union to ensure continuity of training			X

47. The project has successfully advanced in understanding the mental well-being needs of workers and stakeholders. Two studies on mental health of workers (one qualitative and one quantitative) were conducted before the project officially started. A third study was conducted once the project started on the knowledge, perceptions and attitudes towards mental health. The research found four main factors that impact the mental health of migrant garment workers: i) workplace conditions, including the physical and psychological demands of a job coupled with low decision-making power of workers regarding these conditions; ii) living conditions, including the quality of housing; iii) personal conditions, including the environmental adjustments to leaving one's country and home, language and communication barriers, culture shock, losing familiar support networks and financial barriers; and v) gender dynamics in the workplace, including the concentration of women in low-paid and low-skilled jobs as well as sexual harassment. Additionally, under output 1.1.1.1. the project assessed health care services provided to workers in the garment sector in Jordan.
48. Raising awareness about mental health has been one of the centerpieces of the BWJ MH project, which has contributed to an increased understanding and sensitivity toward mental health. Better Work Jordan launched a multilevel awareness-raising campaign with a unified identity. The campaign included internal and external awareness-raising sessions, social media and public art to increase reach, and social events to raise awareness among workers.
49. As a result of this multilevel campaign implemented using the material in five different languages (Arabic, English, Bengali, Hindi, Sri Lankan), there are evident achievements in terms of the awareness about what MH is and when and how workers, co-workers, dorm supervisors, managers, etc., can do when finding initial symptoms of an MH disorder. The information, education, and communication (IEC) materials (flyers, brochures, etc.) are very effective and the project will continue distributing them. Videos are very much appreciated by stakeholders interviewed, as they complement the leaflets, as some workers cannot read. Videos are also good communication channels for the younger generation. Factories conducted awareness sessions, and the percentage of the participants who think the sessions were helpful has reached a 95,6%, overcoming the target.⁹
50. A few examples of expressions heard during the field mission that shows the increased awareness around MH are included in the table below:

Table 2 Expressions from beneficiaries showing their increased awareness on MH

«I liked the MH project brochures and posters; they are in most places (factory, dorms, etc.), now I understand that I should not be alone in my room» (worker from Bangladesh)

«Now, when I have time, I go to the gym and sign or meet with colleagues and go to the restaurant» (worker from Nepal)

«Now when I feel sad, I share it with someone; you can not keep it inside, then it gets bigger and bigger. I would reach trusts and family members.» (worker from Bangladesh)

«I have heard that there are four psychologists in my factory, but I have not seen them» (worker from Bangladesh)

«I have met one psychologist» (a worker from Bangladesh)

«For me, MH is to be able to exist without any pressure on yourself because of internal and external factors. MH is knowing that you have an issue and that is OK, and you can get better» (worker from Sri Lanka)

«Mental health is to have a fresh mind, healthy food, helping our families back home, friends getting together, traveling, less work pressure» (worker from Sri Lanka)

«Now we understand that we don't have any disease, now we understand that MH does not equal disease. Workers now understand that these are just problems» (worker from Jordan)

«Mental health is related to good thinking, to have ideas and process data, personal life, family, clear mind» (worker from Bangladesh)

51. The campaign has also increased awareness of the cause-effect relationship between self-care and MH. The activities organized around the International Mental Health Day on the 10th of October have proved to be very effective as workers in the focus groups acknowledged a release in their tension and stress as they put into practice what they had learned in the activities (meditation, dancing, practicing sports, etc.).
52. The project has contributed to reducing the stigma around the MH concept, although it still is very prevalent. The activities organized around Mental Health Day have had a positive effect as they have focused on the positive and preventive aspects of Mental health, or mental well-being, which contributes to reducing the stigma around MH. *"The good thing to reduce the stigma is the MH day, when we do the sports, the talent competition"* (counselor).
53. The project has contributed to increasing awareness among management. Buyers have also played a critical role in encouraging factories and managers to engage with the project. All factories visited during the field mission demonstrated a clear interest and commitment toward their workforce's mental health and well-being. In one factory, there have been welfare officers since 2015 as they started to realize the need to address the challenges related to wellbeing for migrants. Those welfare officers play a bridging role between Human Resources departments and migrants. MH is perceived as a sign of productivity (reduced absence, less turnover): *"If a person is happy and with good well-being, she/he will give the best to the organization"* (manager).

54. Most of the factories visited confirmed the good influence of the COVID pandemic on MH, as a lot of focus was placed on workers' concerns and worries, and data was started to be collected on their emotional and mental well-being at that time. The significant achievement of the MH project is that now management and supervisors have better indicators to assess if the symptoms shown by the workers imply that this person needs mental health support. They now have the tools to act, are aware of what they have to do, and can act quickly and follow some protocols. They can avoid having a case become a more significant issue or reaching a point when treatment is needed. With the support of the mental health project, a factory created a staff care unit called "We care for you," which aims to enhance the workers' mental well-being.
55. The project has enhanced the stakeholders' awareness of MH and fits very well in the overall BWJ's strategy as stakeholders collectively coordinated to incorporate this element of supporting workers' mental well-being into a sector-wide Collective Bargaining Agreement (CBA).¹⁰
56. The project contributes to increasing workers' willingness to seek psychosocial support. In some cases, right after the awareness-raising sessions, workers stood up and went to talk to the counselors. Workers have raised their awareness of the importance of having people to talk to, their peers at the workplace and in the dorms, and the counselors. There is an increase in the number of people who look for psychosocial support from the counselors upon their initiative. *"When I first came here, I had to reach them individually with more counseling, but now they come to me. Now, they come more often (counselor).* Data from the BW annual survey shows a little improvement in this regard as an increase of 1% was reported in 2022 compared to 2021. Migrant men reported a slightly higher willingness to seek support than in 2021. On aggregate, migrant workers feel more comfortable seeking support than Jordanian workers. Most respondents indicated they would go to their "friends of the family" for support (63% in 2022). Very few workers indicate they would go to a social worker (3%).¹¹
57. The project has accurately focused on several topics that proved to cause mental concerns among the workforce: financial issues, sexual harassment and reproductive rights, and social media. As a consequence, workers have increased their knowledge and skills to manage prevalent issues affecting mental well-being. (STO 1.2.1).
58. Better Work Jordan has been collaborating with the ILO Global Programme on Financial Education, which addresses limited financial literacy worldwide through national policy dialogue and capacity-building activities at all levels. As a result of this collaboration, the mental health project has customized the materials (to fit both Jordanian and migrant needs), has provided trainers in the country, and has developed a training curriculum to extend financial education to Jordanian and migrant workers in Jordan. The implementation modality included the Training of Trainers (ToTs), followed by the Training of Beneficiaries (ToBs). The training seeks to strengthen workers' financial literacy to make informed financial decisions about earning, spending, budgeting, and using financial services, including loans, savings, insurance, payments, and money transfers.

¹⁰ According to the CBA 2022, employers must: a. Provide workers with mental health care by referring them to specialist centers in Jordan; b. Refer workers at their request to specialist mental health centers in Jordan (or if the mental state of workers requires specialist and advanced services unavailable at the clinics); c. Ensure that a worker may not be dismissed due to referral to mental health specialists, pursuant to provisions of this clause, unless a mental health specialist reports that this worker is incapacitated even after being given necessary treatment; d. Organise specialized training courses on mental health and health care; e. Endorse workplace mental health policy with standard procedures for ensuring factory-level mental health and psychosocial support services in alignment with the Better Work Jordan Programme.

¹¹ BWJ MH Project third progress report

59. In total, 18 ToBs training courses were held for 252 workers in the garment sector, with (47.2% percent of male/s and 52% percent of females). The participants were from Sri Lanka, Jordan, Bangladesh, Nepal, Syria, Myanmar, Malaysia, and Madagascar. 93% of the workers who participated in the training course reported the overall evaluation rated the course as excellent. During the evaluation mission, the participants in the focus groups stated that this training helped them better manage their financial situation and save money for themselves, so they feel empowered and in better conditions after the training. According to the trainers interviewed, the training is practical for all target groups, as they all need this type of financial education, but women need it more than men. One of the FG participants stated: *"They have provided us with good training; it was useful for both financial matters but also emotionally and mentally."*
60. The training of trainers' programs on sexual and reproductive health provided by the project has contributed to the release of stress under those issues. According to the pre-posttest, there has been a noticeable improvement in the knowledge gained by the trainees on all evaluation items. A percentage of 72.17 % showed that they had obtained all the information they needed from the training about issues related to sexual and reproductive health. It is also noteworthy that awareness and training in reproductive health have become part of the orientation for new workers in several participating factories. The trainees participating in the FGs confirmed their satisfaction with the training. One lady said, *"I have improved my sexual hygiene, but if I have MH issues now, I know where to go."* She also affirmed knowing how to help their friends if they face challenges with MH.
61. To increase the capacity of the mental health focal points, counselors, and medical professionals, the mental health project held a 4-day mental well-being training aiming to learn how to apply fundamental counseling techniques when working with garment workers, recognize vulnerable individuals who require psychological help, implement preventive measures for mental health issues, and learn how to manage mental health issues (panic attacks, Suicidal attempts, suicidal ideation, and unhealthy behaviors). The participants came from Jordan (65%), India (12.5%), Bangladesh (12.5%), Sri Lanka (6.25%), and Pakistan (3.125%), with a female participation rate of 40.62 and a male participation rate of 59.375. Fourteen garment factories are included in this training program, which improves their ability to identify and manage mental health cases within their factories.
62. All in all, the percentage of training participants who reported improvement in understanding the issues affecting mental well-being (financial literacy, SRH, and social media) was reported as 85% by the end of 2022, surpassing the target of 65%.

Table 3 Level of implementation STO 2.1.1 Existing factory level-policies and procedures are reviewed to include a MH component

LTO 2: Factories and the mental health referral system reach more workers needing Mental Health and Psychosocial Support (MHPSS) services			
MTO 2.1: Factories take measures to detect workers at risk and provide mental health and Mental Health and Psychosocial Support (MHPSS) services			
STO 2.1.1: Existing factory-level policies and procedures are reviewed to include a mental well-being component			
	D.	P.D.	N.D.
Output 2.1.1.1. Factories' existing HR and grievance systems, OSH, sexual harassment prevention, anti-discrimination and gender policies reviewed and revised.		X	
Output 2.1.1.2. Mental well-being policies developed and focal persons for the referral system assigned in factories.	X on going		
Output 2.1.1.3. Training on the revised/new policies for management staff and workers especially worker-management committee members.	X		
Output 2.1.1.4. Monitoring and follow-up on factories' policies and procedures through assessment and advisory visits.	X on going		
Output 2.1.1.5. Worker integration programme to facilitate workers' adaptation to the new culture and working environment in Jordan.		X	

63. The MH project is effective in persuading factories to take measures to detect workers at risk and provide MH and MHPSS services. A significant achievement in that regard is the assignment of mental health focal points inside the factories. Indeed, in creating an organizational and behavioral change, the mental health project supported the factories in selecting mental health focal points, with a specific scope of work suggested by BWJ. The selected 23 mental health focal points (data from 2021) coordinate with BWJ/mental health project to create and implement internal mental health policies and contribute to the mental health project's activities, such as training and awareness-raising for workers and management, as well as coordinating for referral when employees require external support.
64. The mental health project started to create a dialogue platform among the focal points from different factories to build their capacities on mental health topics and encourage knowledge/experience exchange through regular meetings. Interviewees during the field mission confirmed the benefits of having such a sharing platform and recommended having more discussions. The MH focal points participate in the annual planning workshop for the MH project, which increases their ownership of the project and further develops their capacities in MH topics.

65. During its implementation, the project included and promoted a new figure, the counselors inside the factories. According to the job's description, a counselor's objective is to create a healthy and productive working environment by providing support and care to employees in need. This includes conducting periodic evaluations to assess their psychological needs, providing psychological support, including assessment, therapy, and follow-up, maintaining case records, and ensuring the confidentiality of employee information. The field mission confirmed that workers and management staff very much appreciate the work of the counselors as can be seen in some of their responses provided in the interviews and focus groups shown in Table 4.

Table 4 Stakeholders views on the counselors inside the factories

- *«Through the counselor, we can proactively help them, and apply and serve them before something happens», «The project is very worthy, very important, it is the bridge between the factory and worker's problem», «The workers need someone to talk to» (manager).*
- *"Yes, I think now workers report more willingness to seek psychosocial support. As an example, one of the workers I counselled told me: Thank you, because before I felt alone here" (mental health focal point)*
- *"Workers need people to open their hearts. They need someone to talk to. Through the counselors we can proactively help them and apply and serve them before something happens" (manager)*
- *"Every factory should have this type of counselor, I can feel" (manager)*
- *MH in my factory is crucial because workers are away from their families and places of origin. For them it is important to know that they have somebody to talk to. My support has helped them a lot. We do full awareness raising and they come to us after the sessions, They do reach us. If the workers don't work the company will not sustain. The more you care about them the more willing they are to retain here (counselor)*

66. The project's design included two specific outputs addressed to the STO 2.1.1; one referred to "Factories' existing HR and grievance system, OSH, sexual harassment prevention, anti-discrimination, and gender policies reviewed and revised" (Output 2.1.1.1) and "Mental well-being policies developed and focal persons for the referral system assigned in factories" (Output 2.1.1.2). The project has mainly focused on the second one. This approach seems crucial as factories need mental well-being policies and focal persons to cope with the mental challenges and cases. However, it is worth noting that focusing on the grievance system, sexual harassment prevention, and gender policies should also be an essential aspect of the project, as many mental disorders, particularly anxiety, are related to situations connected to those elements. According to the BWJ annual report 2022, Verbal abuse, bullying, and harassment of workers is a longstanding problem in the garment industry in Jordan, as it is in many garment factories worldwide. Aspects specifically related to sexual harassment prevention were covered by the project "Enhancing awareness and access to protection on gender-based violence in Al Hassan Industrial Zone".

67. At the most extreme, verbal abuse and workplace stress can lead to physical and mental health problems. Verbal abuse and workplace stress can exacerbate mental health problems. Workers with concerns about verbal maltreatment and anxiety in the workplace have lower levels of well-being. Drivers of verbal abuse and workplace stress include high production pressure and a lack of supervisors' knowledge and skills.
68. The project has advanced well in preparing the Mental Health Policy in the Workplace and the Standard Operation Procedure for MH and Psychosocial Support in Jordanian Garment Factories (under Output 2.1.1.2), which is currently on its second version (dated July 2022). This policy aims to guide employers in garment factories on how to enhance and support the mental health/well-being (according to the Results Framework "Mental well-being") of workers in the garment sector by identifying needs, key activities, roles, and guidelines for implementing the mental health component. The policy, which encourages to appoint of at least two focal points within the factories to attend mental health-related training, and at least one counselor for every 5000 workers, has been very well appreciated by the factories visited during the evaluation mission, as it provides clear guidelines and responsibilities for the different stakeholders and the new positions created with the project's support. *"The policy is very comprehensive, the checklist and everything are comprehensive; this is a living policy, the document will help every factory that wants to do something. It is a very important blueprint"* (counselor)
69. The project successfully reaches out and ensures that factories comply with workers' mental health requirements with established systems to support worker mental health. The percentage of achievement - derived from 1-NC on the CBA question in the assessment- shows 43% of achievement by mid-2020, while the target for the beginning of that year was established a 10%. The target for the end of the project (end of 2023) is 60%, which seems feasible. Challenges remain in the satellite factories.

The final output under this STO, Output 2.1.1.5 Worker integration program to facilitate workers' adaptation to the new culture and working environment in Jordan, is on-going, as the factories are including some of the project's components under this output, mainly financial education and sexual & reproductive health. Besides, the Mental Health Policy in the workplace includes a specific point: "Give support to new workers, especially migrant workers, including orientation training, to help them adapt to the new environment and increase their understanding of the organizational culture, policies, and procedures." Most interviewees agreed that this orientation training should be given to the workers in their countries of origin before traveling to Jordan. *"The pre-departure training is crucial; we are doing this orientation process back in their countries. There was an excellent pre-departure training by BW some time ago. I really loved that project"* (manager).

Table 5 Level of implementation STO 2.1.2 and STO 2.1.3

LTO 2: Factories and the mental health referral system reach more workers needing Mental Health and Psychosocial Support (MHPSS) services			
MTO 2.1: Factories take measures to detect workers at risk and provide mental health and Mental Health and Psychosocial Support (MHPSS) services			
STO 2.1.2: Non-mental health specialists at the factory level (general medical staff, welfare and OSH committees and dormitory supervisors) have the knowledge and skills to identify workers needing mental health and psychosocial support services			
	D.	P.D.	N.D.
Output 2.1.2.1. mhGap training for doctors, nurses and counsellors in collaboration with MoH and WHO.	X		
Output 2.1.2.2. Monthly supervision visits to mhGAP trainees in collaboration with MoH and WHO	X on going		
Output 2.1.2.3. Psychological First Aid (PFA) training for welfare, OSH, and labour-management committees and dormitory supervisors.	X		
STO 2.1.3: Key stakeholders have more mental health awareness to detect and support workers in need			
	D.	P.D.	N.D.
Output 2.1.3.1. Industry learning seminars for stakeholders: Employers, Union, MoL, MoH, workers' embassies, representatives and buyers.	X on going		
Output 2.1.3.2. Workshops for recruiting agencies and for embassies of migrants' countries of origin to support their action planning, including pre-departure training.			X
Output 2.1.3.3. ToT on mental well-being for selected stakeholders (e.g. LIs, factories' trainers or HR personnel).	X		

70. A second successful action to increase factories' ability to detect workers at risk is the work conducted with non-mental health specialists at the factory level (general medical staff, counselors, welfare and OSH committees, and dormitory supervisors), which has increased their knowledge and skills to identify workers needing MHPSS (STO 2.1.2). The project has achieved this outcome by providing mhGap training for doctors, nurses, and counselors in collaboration with MoH and WHO (Output 2.1.2.1.); by conducting monthly supervision visits to mhGAP trainees with MoH and WHO (Output 2.1.2.2), and through providing Psychological First Aid (PFA) training for welfare, OSH, and labor-management committees and dormitory supervisors (Output 2.1.2.3). These activities are ongoing, as the project expects to replicate the training, as suggested and claimed by stakeholders interviewed during the field mission.

71. In collaboration with the Ministry of Health, the mental health project has strengthened the knowledge, skills, and capabilities of 53 general health professionals (20 doctors and 33 nurses in the garment factories' clinics) in identifying and managing basic mental, neurological, and substance use disorders at the primary level of care according to the WHO Mental Health Gap Action Program (mhGAP) -IG (Intervention Guide). The mhGAP training is the flagship program of WHO, and it was tailored for the garment sector, for example, by excluding dementia and mental problems in children. It is a technical package, evidenced-based, developed for low to middle-income countries targeting non-specialized workers.
72. Among the trainees, 31 were women, and 22 were men. According to the post-training survey, nearly 70% of participants gained better knowledge and skills to identify and manage basic mental health disorders, which complies with the project target for this indicator.¹² Participants confirmed that this training helped them understand the non-physical complaints of the workers and how to deal with mental distress. During the monthly follow up visits by a professional psychiatrist, the trainees were able to identify and manage cases of severe to moderate depression, psychosis, epilepsy, and other mental health cases. During the field mission conducted for this evaluation, a meeting was held with a counselor and a worker from Jordan who shared their experience working together. The counselor explained how the training helped her identify her symptoms. The lady receiving support (Jordanian) explained that she did not have any other where to go for support. Having the opportunity to talk and chat with the counselor helped her enormously.
73. In addition, 105 garment sector actors were trained in responding to people experiencing distress through one-day Psychological First Aid training. Participants included medical staff, welfare officers, occupational safety and health officers, labor-management committee members, dorm supervisors, and labor inspectors (LI) . The training has effectively increased the knowledge and skills to identify workers needing psychosocial support.
74. The project has undoubtedly contributed to reaching mental health awareness among stakeholders in the garment sector and has contributed to detecting and supporting workers in need. Another element contributing to it is Output 2.1.3.3. ToT on the mental well-being of selected stakeholders (e.g., LIs, factories' trainers, or HR personnel), implemented by the project coordinator. Some interviewees said the project "*has contributed to save lives.*" An interviewee expressed his satisfaction like this: "*The MH project has helped us a lot, and now we are prepared; when I need something, I ask Alaa; she was the one who encouraged us to go through this; I feel a big appreciation for her, without her the project would not succeed.*"

75. Better Work Jordan and stakeholders held an industrial seminar in July 2022 (Output 2.1.3.1). The project presented the second version of the "Mental Health in the Workplace" policy in collaboration with national stakeholders. First developed Standard Operating Procedures (SoPs) were also incorporated into the new policy to support and guide factories in the garment sector to improve their workers' mental health. The SoPs included the necessary forms for assessment, follow-ups, medication, and referral records. The procedures will enable factories to systematize mental health support and maintain confidential case records. According to the project records, 32 participants (59% male/ 41% female), mostly from middle management in garment factories, came together to explore the necessity of creating a mental health policy in the workplace and highlighting workers' mental health in the garment sector. 90% of the participants stated that this seminar helped improve their understanding of mental health topics.
76. However, the project shows a need for improvement regarding the connection with the migration component of the mental health phenomenon in the garment sector. Initially, in its design, the project was expected to cover some aspects with key stakeholders in the countries of origin, and it did engage with the International Organization for Migration (IOM) and with embassies based in Jordan, however with no specific results. Among the several challenges faced it is worth mentioning the limited time that workers spend on orientation before departure to Jordan, only half a day. Output 2.1.3.2: Workshops for recruiting agencies and for embassies of migrants' countries of origin to support their action planning, including pre-departure training, has not been implemented yet.

Table 6 Level of implementation MTO 2.2 The MH referral system serves a broader range of workers, including women and migrant workers

LTO 2: Factories and the mental health referral system reach more workers needing Mental Health and Psychosocial Support (MHPSS) services			
MTO 2.2: The mental health referral system serves a broader range of workers, including women and migrant workers.			
STO 2.2.1 A partnership with the existing referral system in Jordan through the MHPSS working group is established to refer workers in need			
	D.	P.D.	N.D.
Output 2.2.1.1. Needs of workers in the garment sector are communicated to the participants of MHPSS and partnerships with relevant entities are established.	X		
Output 2.2.1.2. Awareness-raising among stakeholders in the garment sector (Workers, Employers, the Union, MoL labour inspectors) about the referral process in Jordan.	X		
Output 2.2.1.3 Social worker(s) from migrants' country (ies) of origin to hired and trained to support the communication between migrant workers and the service providing institutions.			X (Removed)
STO 2.2.2 Pilot to establish a mental health care unit in the Union-led medical center in Al Dulail industrial zone			
	D.	P.D.	N.D.
Output 2.2.2.1. Mental health unit within the Union's medical center in Al-Dulail Industrial zone established.	X		
Output 2.2.2.2. Social worker(s) from migrants' country (ies) of origin hired to support the communication between migrant workers and the medical staff in the center.		X	
Output 2.2.2.3. Stakeholder consultations on the sustainability of a pilot mental health unit and potential rollout to other industrial zones.		X	
STO 2.2.3. Pilot to establish a referral platform with one of the workers' countries of origin (e.g. Bangladesh)			
	D.	P.D.	N.D.
Output 2.2.3.1. A mapping exercise identifying agencies with provide psychological support in the country of origin (tentatively Bangladesh).	X		
Output 2.2.3.2. MoU/ follow-up mechanism to refer cases that require continued treatment or support.	X		
Output 2.2.3.3 Awareness-raising among BWJ stakeholders (Workers, Union, and Employers – both at factory and industry level) about the support system in the country of origin.	X		

77. The mental health project has been actively participating in the MHPSS working group -co-chaired by MoH and the International Medical Corps (IMC)- where it presented the [mental health needs assessment](#) results. The presentation occurred during a workshop that involved around 20 MHPSS actors in Jordan and the garment stakeholders (MoH, MoL, WHO, mental health focal points, Trade Union, and JGate). This provided an opportunity to share experiences and raise awareness of the underserved target group of migrant workers.
78. It is very challenging for the project to influence the Jordanian authorities to expand the national and public MH services to the migrant population employed in the garment sector. In Jordan, mental health services are provided free to Jordanians in the ministry of health clinics (connected with the National Centre of Mental Health and accepting referrals and walk-ins); however, other nationalities must pay. The MH referral system in Jordan counts a vital participation of international NGOs who serve a vast community of refugees (Syrian, Iraqi, and others). Migrant workers, however, are not under their scope. Around 100 NGOs are working with the refugees in Jordan. One organization, International Medical Corps (IMC), has been providing MH services for refugees since they entered the country 15 years ago. IMC has twenty agreements with different governmental and non-governmental hospitals in Jordan and provides separated services for children, child labor, domestic violence, etc. IMC has developed a new initiative, an [app](#) that anyone can download, and they can speak and talk to someone. The app has been running for one year, with an average of 100 patients per month.
79. Identifying MHPSS services has let the project determine the counselor as the first personnel inside the factories to receive the mental health concern from the worker and try to manage it. Afterward, the Mental Health Policy in the Workplace establishes the procedures to follow according to the specificity of the case. Factories show advancements in hiring social workers from migrant countries of origin to support communication with migrant workers. For example, one of the exporting factories hired four psychologists (from Bangladesh and Sri Lanka) last year to develop the MH department, and they mentioned they needed a Jordanian.
80. The pilot mental health care unit in the Union-led medical center in Al Dulil industrial zone has been recently established at one of the JTGCU offices (Dulil office) in partnership with the JTGCU through the signed MoU, in November 2022, as part of the referral system for the sector to serve workers in need. The Clinic, composed of a psychiatrist and an interpreter, has attended 15 people as per March 2023 from Bangladesh, Sri Lanka, and two from Jordan.
81. The short experience of the Clinic can be briefly assessed as follows: In the first month, the Clinic only received three people, and now there is one new patient every Thursday. Although stigma is high around MH, the situation is improving. Some of the workers had mental disorders before coming, and some started once in Jordan. Some of them need psychological support and not medicines. Regarding the cost of the medication, according to the CBA, the companies don't need to pay for them. Some pharmaceutical companies are providing free samples for clients. The project has reached out to the factories to convince them to cover the medication fees successfully, although it is still actively advocating for other factories to do the same.

82. The psychiatrist's assessment of his experience in the post is very optimistic regarding the managers' cooperation. *"The awareness among managers is high. There is an interesting approach to building group relationships between workers and managers. Supervisors and workers are very cooperative and deal like families,"* he said. *"I come on Thursdays, so I can interact with the managers, as factories are open"*. Together with the ministry of health interviewee, he also thinks that more psychological is needed and that induction training is essential. *"Those psychologists should come from their countries of origin, and we need them to speak the same language."* The Clinic is located in one of the industrial zones but far from many other factories, thus limiting its effectiveness for the whole sector.
83. The pilot for a referral platform with one of the worker's countries of origin has been established (STO 2.2.3), and a consultant is working on it. The MH project manager needs help finding the appropriate type of support from Bangladesh, as she wants to ensure good quality and promote the peer-to-peer support among migrants.
84. The project has carried out interventions that considered the specific needs of women (sexual and reproductive health and financial literacy), and the percentage of women and migrants participating in the project's activities is high. Examining the distribution of MHPSS activities per gender, it was found that there is almost equal distribution, with males representing 50.25% and females with 49.75% of the serviced population. Some interviewees suggested having more women in the MH focal positions.
85. The project team has been flexible and open to reviewing and adapting the project plan, including using M&E and other sources of information. It has promoted a participatory and inclusive approach among MH experts inside and outside the sector. The project team has implemented course adjustments with an innovative approach to ensure results while creating opportunities for pause and reflection to address changes in the project environment. Just to give a few specific examples, the project tailored the content of the training based on the results of the needs assessment, changed the approach of the "awareness raising" as a result of internal reflection, and emphasized the role of counsellors once they had evidence for their effectiveness.

6.3 Efficiency

How have the resources been used to fulfill the project performance efficiently concerning cost, time, and management of staff? Were the project activities efficient in terms of financial and human resources in relation to its outcomes and outputs?

86. Project resources (funds and human expertise) have been strategically allocated to achieve outcomes.¹³ An approximate estimate of 60% of the total project's resources have been devoted to LTO 1 «Workers are resilient against mental health risks, including seeking psychosocial support,» which is coherent with the overall project's goal: «Improved worker's mental well-being .»An approximate estimate of 40% of the resources are devoted to the LTO2, «Factories and the MH referral system reach more workers needing MH and psychosocial support (MHPSS) services.»
87. A breakdown by short-term outcomes (STO) shows that STO 1.1.2, «Awareness is raised among garment workers on mental well-being including self-care and external support,» receives the highest percentage of the approximate resources, 30%, which is consistent with the project's strategy on raising awareness as a way to increase their resilience and their willingness to seek psychosocial support when needed.
88. The second STO with the highest percentage of approximate resources, 20%, is STO 1.2.1, «Workers have the knowledge and skills to manage prevalent issues affecting mental well-being,» which is consistent with the need to empower workers on their knowledge of specific topics (financial literacy, sexual harassment, and reproductive health, social media, etc.) to decrease their MH vulnerability. Besides, STO 1.2.1 contains an essential part of the training provided by the project. This training chapter shows good synergy with existing resources inside the ILO as the project adapted and customized the ILO Financial literacy training. The remaining 10% under LTO 1 goes to identifying the mental well-being needs of workers and stakeholders.
89. Under LTO 2, the most significant approximate percentage, 15%, is addressed to STO 2.2.2, «Pilot to establish a mental health care unit in the Union-led medical center in Al Dulail industrial zone. The clinic, installed in a JTGCU office, is an excellent example of leverage of funds as its renovation was not initially included in the project document or budget. Still, the project managed to get resources from different factories contributing to the purchase of the necessary equipment.
90. The second STO receiving funds under LTO2 is STO 2.1.2: Non-mental health specialists at the factory level (general medical staff, welfare and OSH committees, and dormitory supervisors) have the knowledge and skills to identify workers needing mental health and psychosocial support services, with a 10%, which is consistent with the relevance given by the project to prepare the Non-mental health specialists to deal with MH issues inside the factories.

¹³ It is essential to mention that the distribution of resources is an estimate from the project. While the activities distribution is pretty clear-cut, the project manager's time and the time of different consultants are not as precise.

91. STO 2.1.2 also shows a good level of leverage as it could benefit from the existing WHO mhGAP training tailored to the sector's needs. Another important STO related to the factory level, STO 2.1.1: Existing factory-level policies and procedures are reviewed to include a mental well-being component, which may also be relevant in economic terms, although it can not be measured as the factories staff implements it and it is therefore outside of the project's scope.
92. The budget distribution analysis shows that the three STOs receiving fewer funds (5% each) coincide with STOs where the project has faced challenges of different natures. Under STO 2.1.3, «Key stakeholders have more mental health awareness to detect and support workers in need,» Output 2.1.3.2 has not been implemented due to the challenges faced working with the embassies and the IOM. Under STO 2.2.1, output 2.2.1.3 (social workers from migrant countries hired and trained) was eliminated and substituted by the support to MH Focal points in the factories. Under STO 2.2.3. The pilot to establish a referral platform with one of the workers' countries of origin (e.g., Bangladesh) is still in progress due to the different challenges in implementing it. BWJ conducted a detailed mapping of potential partners in Bangladesh and identified a few places. However, only one met the requirements (Munir Bandu).
93. Regarding the quality and adaptation of the services and products delivered by the project, most users and beneficiaries show a high degree of satisfaction. In most cases, training participants acknowledge that those products and materials were not easily found in the market. The two only concerns commonly mentioned by beneficiaries are the need to reduce the length of the training courses, as sometimes, due to the work pressure, workers do not have time to attend; and the need to count on the materials (trainings, posters, videos, etc) and services (counselors and treatment) in all beneficiaries' languages, which obviously poses an economic challenge for the project. The FG discussions during the field visit confirmed that language barrier makes the training less feasible for all workers.

6.4 Impact Orientation

To what extent has the project contributed to its long-term intended impact?

94. The project is well-orientated to its long-term intended impact, improving mental well-being, especially among women and migrant workers in the garment sector in Jordan. The two medium outcomes are well orientated to (a) building worker resilience against mental health risks, including through help-seeking, and (b) enhancing access to support at the factory level and through referral to specialized organizations.

95. The current internal evaluation confirmed the main findings of the quantitative impact evaluation. The quantitative review assessed three project STOs (STO 1.2.1, STO 2.1.1. and STO 2.1.2), covering factory-level activities conducted by the mental health project. The factory-level interventions that were studied include (i) mental health focal points, (ii) provision of counselors, (iii) psychological first aid (PFA) training, (iv) the WHO's mental health action program (mhGAP) training, (v) financial education and (vi) sexual and reproductive health training. The authors found that (i) counselors are extremely effective in improving the WEMWBS¹⁴ and reducing job stress, (ii) trainings are effective in reducing job stress and increasing willingness to seek help, and (iii) migrant workers are particularly at risk of mental health issues and warrant further attention in addressing the same.
96. According to the last project progress report, stress levels improved after a drop in 2021. While slightly more workers are more stressed at work than during the baseline data collection in 2020, the situation has improved since 2021, when only 35% of workers reported acceptable job stress. Improvements are mostly noted for migrant workers. When looking at factory types, the composition of workers in the different factories should be taken into account – while workers seem to be less stressed in satellite factories than in other factories, this is because satellite factories are mostly made up of Jordanian workers. Jordanian workers in satellite factories are more stressed than those in exporting factories.
97. Regarding LTO 2, the project is well-orientated to impact; significant factories in the garment sector now have mental health focal points to embed mental health thinking and interventions in their factories. The focal points are supporting mental health cases and referrals. Furthermore, the project began to have an effect on internal organizational change in garment factories by producing a workplace mental health policy that instructs the companies on how to integrate the mental health of their employees into their internal systems. The project contributes highly to a shift in mentality and behavior toward workers' mental health and well-being among garment sector stakeholders.

6.5 Sustainability

To what extent are project's outputs/outcomes sustainable (durable) and transferable to the BWJ constituents, government institutions (MoL, MoH), the private sector, and communities to support efforts to address mental health challenges in the garment sector in Jordan?

98. Specific achievements can be reported at the outcome level as sustainable thanks to the project's implementation and the commitment of the national constituents. Mental health and mental well-being are already concepts widely accepted and used by the key stakeholders in the garment sector and are embedded in most of the factories in the garment sector in Jordan. Indeed, the leading factories in the sector are adapting their internal policies and procedures to ensure the sustainability of the project's achievements.

¹⁴ Well-being as measured by the Warwick-Edinburgh Mental Well-being Scale

99. The mental health focal points in the targeted factories are empowered to implement and integrate mental health activities in their factories. Having the MH integrated into the internal policy of the factories will also encourage them to build the capacity of the newly hired medical personnel on MH's well-being. The project also focused on developing the knowledge and skills of non-mental health specialists at the factory level (general medical staff, welfare, OSH committee, and dorm supervisors) to identify workers needing mental health and psychosocial support services to enhance the organizational capacity at the factory level.
100. Specific project outputs, like the training, are most sustainable and transferable to ILO constituents, the private sector, and the factories. Training of Trainers (ToTs) contributes to that sustainability, and workers' training can be sustained even in a high-turnover context. BWJ began the two ToT on financial education and sexual and reproductive health for key stakeholders such as the Trade Union, labor inspectors, mental health focal points, and other factory personnel. The trainers were chosen based on how well their duties and responsibilities are matched and the likelihood of (non-) turnover. The training is done either directly by an employee of the factory, or external trainers, which gives the management team more input into the training and increases their buy-in to the training. In addition, these factories can source the training from external resources, including trainers from the General Trade Union of Workers in Textile Garment & Clothing Industries (JTGCU) and the Trade Union and Jordan Garments, Accessories & Textiles Exporters Association (JGATE).¹⁵
101. The Al-Dulail clinic could be sustained by the national stakeholders, the TU and J-GATE. J-GATE, which board of directors involves some of the garment sector's factories, shows an increased commitment regarding the MH challenges in the sector and is trying to ensure that private insurance companies will cover the costs of workers' health, including mental health.
102. A key issue for the project's sustainability relies on all stakeholders' ownership, including the ILO national tripartite constituents and foreign investors and buyers. The project significantly emphasizes stakeholder ownership and sustainability by working closely with national stakeholders such as the Ministry of Labor, employers, and the garment trade union. Several MoUs have been signed to ensure collaboration.

7 CONCLUSIONS

EQ1	LTO 2: Factories and the mental health referral system reach more workers needing Mental Health and Psychosocial Support (MHPSS) services
C1.1	The project's design is coherent and valid to address MH challenges in the garment sector in Jordan. It ensures a balance between the prevention and the support approach towards MH, although the resilience component could be more accurately reflected under LTO 1. The project's design and its result's framework include two terms (mental well-being and mental health) that have different nuances, expected to be used accordingly in project's implementation.
C1.2	The design is robust and comprehensive regarding the involvement of the sector's and national stakeholders. It is also comprehensive as it tends to place the migration component into the picture, while it could be strengthened from a gender perspective.
EQ2	EFFECTIVENESS
C2.1	The project has successfully raised awareness about mental health and contributed to an increased understanding and sensitivity toward mental health among workers, managers, and key stakeholders. The multilevel awareness-raising campaign with a unified identity proved very effective and increased workers' awareness about MH and their willingness to seek psychosocial support. The project has contributed to reducing the stigma around the MH concept by focusing on mental well-being's positive and preventive aspects.
C2.2	Workers in the garment sector have increased their knowledge and skills to manage prevalent issues affecting mental well-being thanks to the training provided by the project on financial issues, sexual harassment and reproductive rights, and social media.
C2.3	In alliance with the buyers, the project has very successfully persuaded and convinced factories to take measures to detect workers at risk and provide MHPSS services. Four support elements stand out: the MH policy and standard procedures, the MH focal points and the counselors, the training on mhGAP for non-mental specialists, and the raised awareness among crucial sector stakeholders.
C2.4	The project has advanced well in preparing, in a participatory manner, with MH focal points, the <i>Mental Health Policy in the Workplace</i> , and the <i>Standard Operation Procedure for MH and Psychosocial Support in Jordanian Garment Factories</i> . The dialogue platform among the focal points from different factories has proved effective in building their capacities on mental health topics and encouraging knowledge/experience exchange through regular meetings.
C2.5	The project has successfully promoted the figure of a counselor inside the factories to create a healthy and productive working environment by providing support and care to employees in need. Workers and management staff very much appreciate their work.

C2.6	Non-mental health specialists at the factory level have increased their knowledge and skills to identify workers needing MHPSS
C2.7	The mental health referral system in Jordan proves to have severe limitations in covering the needs of the MH for migrants. Therefore the responsibility for migrant workers' health should be taken by the private sector employing such a workforce.
C2.8	The migration component of the project faced several challenges. It is important to ensure that such part (induction training and support in the countries of origin) is considered while addressing MH issues.
EQ3	EFFICIENCY
C3.1	The Project efficiently used resources, as funds and human expertise have been strategically allocated to achieve outcomes.
C3.2	The project has been able to optimize ILO internal resources by tailoring the existing education financial training to the sector's needs. It has benefited from WHO resources and has been able to leverage resources from the leading factories.
C3.3	Stakeholders unanimously appreciate the quality of the products and services delivered by the project, although some stakeholders consider that the training packages in general should be shortened.
EQ4	IMPACT
C4.1	The project is well-orientated to its long-term intended impact, improving mental well-being, especially among women and migrant workers in the garment sector in Jordan by building worker resilience against mental health risks, including through help-seeking, and enhancing access to support at the factory level and through referral to specialized organizations.
EQ5	SUSTAINABILITY
C5.1	The projects has had a wise strategy towards sustainability by actively involving the stakeholders at different levels. The CBA is an element that contributes to the project's sustainability, as factories are requested to implement a MH component. The project's sustainability will also depend on the stakeholders' decision to prioritize the sector needs in the future, so it is crucial to enhance stakeholders' commitment and capability.

8 RECOMMENDATIONS

N°	Recommendation	Addressee	Timing	Related conclusion & Cost
R1	Considering that the project's Results framework includes the two terms "mental well-being" and "mental health", it is advised to use one and the other when applicable. This includes promoting positive mental states and cultivating well-being, while also providing resources and support for those who are struggling with mental health challenges. By using both the terms «mental health» and «mental well-being» throughout the project, it can communicate a message of both prevention and support and ensure that all aspects of mental health are addressed.	Project staff	Immediately-applicable	C1.1 C2.1 C4.1 C5.1 No cost
R2	The design of a MH project in the garment sector should have a stronger gender lens approach, as many of the challenges faced by the women employed in the sector in terms of MH should be addressed with a gender perspective.	The donor, ILO, BW	Long-term	C1.2 C4.1 No cost
R3	Continue expanding the ToT on financial issues, sexual and reproductive health, and social media, adapting its length when feasible	Project staff, factories, MH focal points	Short-term	C2.2 C4.1 According to the budget
R4	Continue providing the mhGAP to Non-mental health specialists at the factory level and to medical staff	Project staff, factories, MH focal points	Short-term	C2.6 C4.1 According to the budget
R5	Involve BWJ colleagues in the revision and development of the MH Policy in the workplace, as well as experts on grievances and working and living conditions in the factories. Their joint work should be guided by the ILO and the WHO Mental Health at work policy brief	Project staff, ILO, BWJ Team leader,	Medium Term	C1.1 C2.1 C2.4 C4.1 Medium cost

N°	Recommendation	Addressee	Timing	Related conclusion & Cost
R6	The <i>Mental Health Policy in the Workplace</i> should be developed or complemented in the future with a <i>Mental Well-being Policy</i> covering a broader range of issues related to working and living conditions of the workforce in the garment sector.	Project staff, ILO, BW	Long-term	C1.1 C2.1 C2.4 C4.1 Medium cost
R7	Strengthen the dialogue platform among the MH focal points from different factories	Project staff and MH Focal Points	Immediately-applicable	C2.3 C2.4 C4.1 Low cost
R8	Continue preparing interactive activities for the MH Day, wherever possible ensure the maximum participation of workers and management staff	Project staff and MH Focal Points	Short Term	C2.1 C2.2 C4.1 Medium cost
R9	Prepare a strategy to reach the small & satellite factories as to expand the benefits of the project when feasible. MH project staff should get familiarized with BW service module and identify the mechanism to support the small and remote factories.	Project staff	Immediately-applicable (for the remaining part of the current phase)	C2.3 C4.1 C5.1 Low cost
R10	The private sector should invest in translating the training materials provided by BW as a way to overcome the language barriers in the project's implementation	J-GATE Factories Management	Medium Term	C2.1 C2.2 C2.3 C2.6 C3.3 C4.1 C5.1 High cost
R11	The private garment sector in Jordan should take full economic responsibility for the costs related to MH disorders and treatments including medications of the migrants working in the factories	J-GATE Factories Management	Short Term	C2.7, C4.1 C5.1 Cost to be determined by the insurance companies
R12	Hire a migration expert to prepare a paper on how the MH project can strengthen its migration component for the remaining period. Discuss options with the corresponding ILO regional office. The expert should use the results of the ILO Fair Recruitment Project	Project staff BW Programme Manager	Immediately-applicable (for the remaining part of the current phase)	C2.8 C4.1 Medium cost

9 LESSONS LEARNED AND EMERGING GOOD PRACTICES

The evaluation has identified a clear lesson learned regarding the role of buyers, and two emerging good practices, one on the awareness campaign around MH and another on the role of counselors.

103. The role of buyers in pushing forward the mental health project and encouraging factories to engage with the project seems crucial. Buyers were indeed very much concerned about the suicide cases that occurred in some of the factories, encouraging BW for specific measures to face such challenges. Some buyers, who play a leading role in the current scenario of MH challenges, are very much concerned about the MH risks associated with the working and living conditions of migrants in Jordan. They want factories to be conscious of the advantages and disadvantages of recruiting migrants instead of local workers. Buyers want factories to be accountable and responsible for the circumstances and consequences of hiring migrant population regarding health, including mental health. As explained by one of the buyers: *"A factory should know that bringing migrant workers comes with its own responsibilities and they have to be ready for that."*
104. On another note it should be mentioned that the factories in Jordan have a long history of engaging with BWJ. This context is very important for contextualizing the project for other settings – the MH project was able to build on trust and goodwill from stakeholders to achieve results. Similar interventions that do not have this history of collaboration might face more difficulty / resistance.
105. The project has promoted the designation of a counselor in each factory to improve mental well-being. A counselor's objective in the garment factory is to create a healthy and productive working environment by providing support and care to employees in need. This includes conducting periodic evaluations to assess their psychological needs, providing psychological support, including assessment, therapy, and follow-up, maintaining case records, and ensuring the confidentiality of employee information. Preliminary results from the impact evaluation suggest that the introduction of counsellors into factories leads to statistically significant and substantively meaningful improvements in workers' self-reported levels of job stress and their mental wellbeing. The field mission confirmed that workers and management staff very much appreciate the work of the counselors as can be seen in some of their responses provided in the interviews and focus groups shown above in Table 4.
106. The project has implemented a MH multilevel campaign using the material in five different languages (Arabic, English, Bengali, Indie, Sri Lankan), that emerges as a good practice. There are evident achievements in terms of the awareness about what MH is and when and how workers, co-workers, dorms supervisors, managers, etc., can do when finding initial symptoms of an MH disorder. The information, education, and communication (IEC) materials (flyers, brochures, etc.) are very effective and the project will continue distributing them. Videos are very much appreciated by stakeholders interviewed, as they complement the leaflets, as some workers can not read. Videos are also good communication channels for the younger generation.



BETTER JORDAN MENTAL HEALTH PROJECT

Project DC/SYMBOL: JOR/20/50/USA (107901)

Name of Evaluator: ANA MARIA GARCÍA FEMENÍA

Date: 09 June 2023

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LESSON LEARNED ELEMENT	The role of the buyers was crucial in raising awareness
Brief description of lessons learned (link to specific action or task)	The role of the buyers was crucial in raising awareness on the need to address mental well-being in the garment sector in Jordan. Buyers see factories accountable for workers, as they are 24/7 under factories' responsibility.
Context and any related preconditions	The programme manager and the buyer focal person support to inform internal brands to urge their suppliers to join MH project, for the services BW can provide. BW advocates MH policy, referral responsibility, and training into sector-wide CBA, which is how to request factories abide by.
Targeted users / Beneficiaries	Stakeholders interested in increasing mental well-being in the garment sector in Jordan
Challenges /negative lessons - Causal factors	The garment sector has been recently challenged by a few suicide cases
Success / Positive Issues - Causal factors	The project proves to be effective in increasing Mental wellbeing among workers
ILO Administrative Issues (staff, resources, design, implementation)	This lesson learned could be useful for other BW countries dealing with MH issues in their sectors. Although there may be also limitations as other countries may not have the same commitment historically shown by the factories to engage with BWJ.



<Project title>

Project DC/SYMBOL: JOR/20/50/USA (107901)

Name of Evaluator: ANA MARIA GARCIA FEMENIA

Date: 09 June 2023

The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.

GOOD PRACTICE ELEMENT	COUNSELORS IN FACTORIES CONTRIBUTE TO IMPROVE MENTAL WELL-BEING
<p>Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)</p>	<p>The project has promoted the designation of a counselor in each factory to improve mental well-being. A counselor's objective in the garment factory is to create a healthy and productive working environment by providing support and care to employees in need. This includes conducting periodic evaluations to assess their psychological needs, providing psychological support, including assessment, therapy, and follow-up, maintaining case records, and ensuring the confidentiality of employee information. He/She is also responsible for creating a supportive work environment, promoting positive coping models and strategies, and providing regular communication with employees. By addressing internal and external factors that may impact employees' emotional, cognitive, spiritual, and physical health, the counselor aims to promote employee comfort and well-being, ultimately contributing to a positive workplace culture and improved work outcomes.</p>
<p>Relevant conditions and Context: limitations or advice in terms of applicability and replicability</p>	<p>Good awareness regarding MH at the factory level. Good relationship with BW, which encourages factories to engage with the project and follow its suggestions.</p>
<p>Establish a clear cause- effect relationship</p>	<p>Promoting MH and mental well-being in the factories.</p>
<p>Indicate measurable impact and targeted beneficiaries</p>	<p>Workers in factories</p>
<p>Potential for replication and by whom</p>	<p>Other BW programs with high commitment from factories to engage with the programme</p>
<p>Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)</p>	<p>Country Programme goals to increase mental wellbeing <i>Others by the ILO?</i></p>
<p>Other documents or relevant comments</p>	<p>Counselor's Job Description</p>



<Project title>

Project DC/SYMBOL: JOR/20/50/USA (107901)

Name of Evaluator: ANA MARIA GARCIA FEMENIA

Date: 09 June 2023

The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.

GOOD PRACTICE ELEMENT	THE MULTILEVEL AWARENESS RAISING CAMPAIGN ON MENTAL WELLBEING AND MENTAL HEALTH IS EFFECTIVE
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The multilevel awareness-raising campaign with a unified identity proved very effective and increased workers' awareness about MH and their willingness to seek psychosocial support. The project has contributed to reducing the stigma around the MH concept by focusing on mental well-being's positive and preventive aspects.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	Good awareness regarding MH at the factory level
Establish a clear cause- effect relationship	Promoting MH in the factories
Indicate measurable impact and targeted beneficiaries	Workers and managerial staff in factories
Potential for replication and by whom	Other BW programs
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	Country Programme goals to increase mental wellbeing <i>Others by the ILO?</i>
Other documents or relevant comments	Project's campaign materials

3 ANNEX III DRAFT EVALUATION MATRIX

Evaluative questions and criteria	Indicators	Data sources and Data collection methods
EQ 1 COHERENCE AND VALIDITY OF DESIGN		
<p>1.1. To what extent is the project's theory of change and strategy appropriate in addressing mental health challenges in the garment sector in Jordan? To what extent and in what way are the project strategies and structures coherent and logical? Is there any risk that has not been identified but compromised result achievements?</p>	<p>1.1.1. The theory of change is based on a sound problem analysis</p> <p>1.1.2. The Projects' results framework is solid: chain from inputs, activities, outputs, medium and long term outcomes are clear and logical and the time frames are realistic</p> <p>1.1.3. The project's design was sensitive to institutional arrangements and roles of the different stakeholders and beneficiaries involved</p> <p>1.1.4. The project fits well in the broader BWJ intervention and synergies exist between MH project & BWJ</p> <p>1.1.5. The project's strategy sufficiently takes into account the challenges of migrant workers in all phases of migration</p> <p>1.1.6. The project's strategies are sufficiently culturally responsive regarding religious and spiritual approaches towards MH</p> <p>1.1.7. The project's design addresses MH contributing factors' challenges (working conditions, living conditions, personal factors, and gender dynamics at the work place)</p>	<p>Results Framework Project Documents Quantitative Impact Evaluation Report</p> <p>Interviews with ILO staff, BWJ and constituents on the field</p> <p>Interviews with unions, employers, government</p> <p>Focus Groups with final Mental Focal Points</p> <p>Focus Groups with final beneficiaries (workers)</p> <p>Observation on the field</p>

Evaluative questions and criteria	Indicators	Data sources and Data collection methods
	1.1.8. The project's design sufficiently takes into account the stressful and anxious conditions workers may suffer at the workplace	
	1.1.9 The government and stakeholders prioritize mental well-being issues; therefore, financial and human resources are adequately assigned for addressing issues around mental well-being for migrant workers at the factory and the industry level	
	1.1.10. The project was capable to adapt to changes during project's implementation	
	1.1.11. The assumptions are realistic.	
1.2. To what extent is the project's emphasis on awareness raising an effective approach to increase workers' resilience against mental health risks?	1.2.1. Awareness raising was identified as a key strategy to increase workers resilience against mental health risks before starting the project.	Project Documents Interviews with ILO staff, BWJ and constituents on the field Focus Groups with final beneficiaries (workers) Observation on the field
	1.2.2. Stakeholders in Jordan are committed to increase their awareness in order to address mental health challenges	Results Framework Project Documents
	1.2.3. Awareness raising activities promoted by the project were positively accepted by all stakeholders in Jordan	
	1.2.4. Workers beneficiaries feel comfortable with the awareness raising activities developed by the project.	
1.3. Did the project design adequately consider the gender dimension of the planned interventions?	1.3.1. The project objectives and outcomes adequately include gender concerns	
	1.3.2. The output and outcome project indicators are gender sensitive	
	1.3.3. The project included in its strategy products/services/activities primarily aimed at women	

Evaluative questions and criteria	Indicators	Data sources and Data collection methods
EQ 2 EFFECTIVENESS		
<p>2.1. To what extent has the project achieved expected results in terms of outcomes and outputs?</p> <p>To what extent have stakeholder attitudes towards mental health and the project activities changed over the course of the intervention? Have there been any unintended positive/negative consequences of the project intervention?</p> <p>What change can be seen in end-beneficiaries? What is the most significant change from the perspective of end-beneficiaries?</p>	<p>2.1.1. Workers report more willingness to seek psychosocial support</p> <p>2.1.2. Mental well-being support needs of workers and stakeholders have been identified.</p> <p>2.1.3. Awareness is raised among garment workers on mental well-being including self-care and external support</p> <p>2.1.4. More workers report an acceptable level of stress</p> <p>2.1.5. Workers have increased the knowledge and skills to manage prevalent issues affecting mental well-being.</p> <p>2.1.6. Factories take measures to detect workers at risk and provide mental health and MHPSS services</p> <p>2.1.7. Factory level policies and procedures have been reviewed to include mental well-being component</p> <p>2.1.8. Non-mental health specialists at the factory level (general medical staff, welfare and OSH committees and dormitory supervisors) have increased their knowledge and skills to identify workers needing MHPSS</p> <p>2.1.9. The MH referral system serves a broader range of workers, including women and migrant workers</p> <p>2.1.10. A partnership with the existing referral system in Jordan through the MHPSS working group has been established to refer workers in need.</p>	<p>Progress Reports M&E Documents</p> <p>Interviews with ILO staff, BWJ and constituents on the field</p> <p>Interviews with unions, employers, government Focus Groups with final Mental Focal Points</p> <p>Focus Groups with final beneficiaries (workers)</p> <p>Observation on the field</p>

Evaluative questions and criteria	Indicators	Data sources and Data collection methods
	2.1.11 A pilot mental health care unit in the Union-led medical center in Al Dulil industrial zone has been established and is effective.	
	2.1.12. A pilot for a referral platform with one of the worker's countries of origin has been established	
2.2. How did the project address issues relating gender equality and non-discrimination?	2.2.1. The project was able to incorporate gender and ethnic and-racial considerations, provide specific services, and carry out interventions that took into account specific needs of women and other vulnerable groups.	<p>Progress Reports M&E Documents</p> <p>Interviews with ILO staff, BWJ and constituents on the field Focus Groups with final Mental Focal Points</p> <p>Focus Groups with final beneficiaries (workers)</p>
	2.2.2. Gender departments from constituents and participating organizations, if existent, have been involved in the programme	
	2.2.3. Percentage of women and migrants participating in project's activities	
2.3. How effective was the project team in learning from and adapting the project as it evolved?	2.3.1. The project team was flexible and opened to review and adapt the project plan, including through the use of M&E and other sources of information	<p>Progress Reports M&E Documents</p> <p>Interviews with ILO staff, BWJ and constituents on the field</p>
	2.3.2. The project team implemented course adjustments to ensure results while also creating opportunities for pause and reflection to address changes in the project environment.	

Evaluative questions and criteria	Indicators	Data sources and Data collection methods
3. EFFICIENCY OF RESOURCE USE		
<p>3.1. How have the resources been used to fulfill the project performance in an efficient manner with respect to cost, time and management of staff?</p> <p>Were the project activities efficient in terms of financial and human resources in relation to its outcomes and outputs?</p>	<p>3.1.1. Resources (funds, human, time, expertise) have been strategically allocated to achieve outcomes.</p> <p>3.1.2. Activities and resources needed to be reviewed during the project lifetime in order to achieve the objectives.</p> <p>3.1.3. Synergies have been created with non-BWJ ILO projects and resources have been leveraged</p> <p>3.1.4. Project has taken into account products, evaluations and lessons learnt from previous BW projects and ILO and USDOL initiatives</p>	<p>Project Documents Progress Reports Self Evaluation Report Interviews with BWJ, ILO, and stakeholders Interviews with unions, employers, government and other organizations Project Budget Work Plans</p>
4. IMPACT ORIENTATION		
<p>4.1. To what extent has the project contributed to its long-term intended impact?</p>	<p>4.1.1. Worker's Mental wellbeing in the garment sector in Jordan has improved, especially among women and migrant workers.</p> <p>4.1.2. Workers are more resilient against mental health risks, including seeking psychosocial support.</p> <p>4.1.3. Factories and the mental health referral system serves a broader range of workers, including women and migrant workers.</p> <p>4.1.4. Findings from the Quantitative Impact evaluation are corroborated with qualitative evidence</p>	<p>M&E Documents Project Documents Progress Reports Interviews with BWJ and ILO Quantitative Impact Evaluation Report</p> <p>Interviews with unions, employers, government and other organizations</p>

Evaluative questions and criteria	Indicators	Data sources and Data collection methods
5. SUSTAINABILITY		
5.1. To what extent are project's outputs/ outcomes sustainable (durable) and transferable to the BWJ constituents, government institutions (MoL, MoH), the private sector, and communities to support efforts to address mental health challenges in the garment sector in Jordan?	5.1.1. Specific achievements can be reported at the outcome level that are sustainable due to the commitment of the national constituents	Progress Reports Interviews with BWJ and ILO Quantitative Impact Evaluation Report Interviews with unions, employers, government and other organizations
	5.1.2. Changes introduced in law, policy or practice ensure the sustainability for the projects' achievements	
	5.1.3. Specific project's outputs are most sustainable and transferable to ILO constituents, the private sector, organizations and communities	
	5.1.4. GTU has the capacity and financial means to take over the mental health care unit and employers are willing to contribute financially	
	5.1.5. Workers training is sustained in a high-turnover context	
	5.1.6. The factory focal-points in the targeted factories are empowered to implement and integrate mental health activities in their factories.	
	5.1.7. National institutions can assure programme's achievements sustainability as foreseen in project's Theory of Change	

4 ANNEX IV LIST OF DOCUMENTS CONSULTED

Project Documents	
1	Project Document and its annexes
2	Policy Brief "Supporting Mental Well-being of Migrant Garment Workers in Jordan" December, 2019
3	Policy Brief 'Worker Well-being in Jordan's Garment Sector', November 2020
4	Assessment of Knowledge, perceptions, and attitudes of mental health: The garment industry in Jordan, February 2022
5	Assessment of Health Care Services Provided to Workers in the Garment Sector in Jordan, October 2022
6	Three Technical Progress Reports
7	BWJ Quantitative Impact evaluation of MH project conducted by BWJ in Jordanian Garment factories, January 22, 2023.
8	Results framework
9	Work plans and list of activities
10	Budget
11	Self assessment by programme manager
12	Preparing and Conducting Sexual and Reproductive Health (SRH) Training of Trainers in the Garment Sector/ Better Work Jordan December 31, 2022
13	BETTER WORK, FINANCIAL EDUCATION FOR JORDANIAN AND MIGRANT WORKERS REPORT TRAINING OF TRAINERS AMMAN, JORDAN 14th TO 18TH NOVEMBER 2021
14	BWJ, Training Report Advanced Training on Providing Psychosocial Support and Self-care strategies for Garment workers to mental health focal points in Jordanian garment factories
15	PFA Training Report, 2021
16	Material conditions & psychological well-being of Bangladeshi women garment workers in Jordan, Feminist Participatory Action Research
17	Psychological Climate for Caring and Work Outcomes: A Virtuous Cycle, INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH
18	MENTAL HEALTH AT WORK POLICY BRIEF, ILO-WHO

19	Stigma of Mental Illness in Jordan, April 2020
20	Training Report, Advanced Training on Providing Psychosocial Support and Self-care strategies for Garment workers to mental health focal points in Jordanian garment factories, 2022
21	Preparing and Conducting Sexual and Reproductive Health (SRH) Training of Trainers in the Garment Sector/ Better Work Jordan December 31, 2022 Training Report
22	Mental Health Focal Point Terms of Reference
23	Staff Counselor Job Description
24	PPT Project's presentation by Alaa Alnasser
25	MoU with Trade Union
26	MoU MHPSS agreement between J-GATE, Jordanian Trade Union & Monur Bondhu Limited from Bangladesh
27	Jordan Garment Sector, Collective Bargaining Agreement
28	BWJ, A brief study on Social Media and Cyberbullying Among Workers in the garment sector in Jordan.
29	BWJ, Project Advisory Committee Minutes
30	WHO, World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
31	WHO IS DOING WHAT, WHERE AND WHEN (4WS) IN MENTAL HEALTH & PSYCHOSOCIAL SUPPORT IN JORDAN, International Medical Corps, October 2021
32	Mood Meter App, Classic Fashion Power point presentation
33	Psychological Health (Mental Health) Policy by Tusker Apparel Ltd-
34	Needle Craft PPT presentations and MH Training
35	Jordan Compliance Assessment Tool (CAT) 2022

5 ANNEX V LIST OF STAKEHOLDERS INTERVIEWED

ORGANIZATION	POSITION
BWJ	Programme Manager
BWJ	National Project Coordinator on MH
BWJ	Monitoring and Data Analytics Officer
BWJ	Operations Team Leader
BWJ	Enterprise Advisor
BWJ	Enterprise Advisor
Ministry of Health	Mental Health Directorate
Ministry of Labour	Better Work Jordan Unit
Ministry of Labour	OSH Directore
IMC	Country Director
The General Trade Union	President
J-GATE	CEO
Jerash Factory	HR
Jerash Factory	Compliance Department and Education Trainer
Jerash Factory	Financial Education Trainer
Jerash Factory	Financial Education Trainer
Jerash Factory	Mental Health Focal Point
Classic Fashion	Compliance
Classic Fashion	Group Head of compliance and sustainability

Classic Fashion	Compliance
Classic Fashion	Psychologist/Councillor
Classic Fashion	Psychologist/Councillor
Classic Fashion	Psychologist/Councillor
Classic Fashion	Psychologist/Councillor
Century Miracle Jordan (CMJ)	Administrative Manager
Century Miracle Jordan (CMJ)	Councillor, Psychologist
Century Miracle Jordan (CMJ)	Doctor
Century Miracle Jordan (CMJ)	Nurse
Tuskar Apparel Ltd.CO	Manager
BWJ Ad-Dulayl Clinic	Social worker in the mental health clinic (ILO consultant)
Ad-Dulayl Clinic	Psychiatrist at the Clinic
Fine Apparel	Mental Focal Point
Needle Craft	Mental Focal Point
New Balance	BW Counterpart
Lifung	BW Counterpart
WHO	Focal Point for MH

6 ANNEX VI INTERVIEW GUIDES

CONFIDENTIAL –MENTAL HEALTH BWJ + Internal Mid Term Evaluation – Interview Guide for Trainers

Date, Interviewee, and position

GENERAL		
Date:	Location of Interview:	Evaluation Team Members Present:
INTERVIEWEE(S)		
Name:	Designation:	Contact:
NOTE-TAKING		

General Interview's Introduction:

Hello, and thank you for agreeing to speak with us. We are ANA GARCÍA FEMENÍA and ZEIN RIFAI and we have been hired by BWJ to conduct this Internal midterm evaluation. The Mental Health Project by BWJ started in January 2020, with the aim to Improving workers' mental well-being, especially among women and migrant workers, in the garment sector in Jordan.

In the context of this evaluation, that covers the period January 2020 till December 2022 we would like to ask you some questions related to your involvement in the project. The interview will last approximately an hour. Your participation is entirely voluntary, and you can choose not to answer a question without providing a reason. All information that we will discuss here will be confidential. This means that your name or private information will not be mentioned anywhere. The information that we discuss together will be written out as general findings in the final report. The report will provide recommendations on how to effectively support workers in terms of mental health services. Your perspective is critical to help us understand the underpinnings and implementation of the Mental Health project.

Background/links to MH BWJ

Interviewee's general background; Nature and dates of interviewee's involvement with MH BWJ

Here we will include the specific questions for each interviewee.

INTRODUCTION:

1. Could you please introduce yourself and tell us what has been your participation in the project? What training/s have you provided?

EQ 1 Coherence and Validity of Design

2. To what extent do you think the target population needs this training?
3. Do you see differences from the Jordanian and the migrant workers in terms of knowledge needs?
4. If yes, how did you address those differences?

EQ2 Effectiveness

5. How do you think this knowledge will help the training beneficiaries to increase their mental well-being?
6. How were participants selected for the training program? Were they representative of the overall workforce? Did you take into account gender issues in the training? How?
7. Were there any disparities in the effectiveness of the training program across different demographic groups?
8. How does the effectiveness of the training program compare to other similar programs in the industry?

EQ3 Efficiency

9. How have you benefitted from the Financial Education programme by the ILO?
10. What would you recommend to improve the training and make it more efficient and effective?

Thanks, we covered all the questions for this interview.

- Is there anything else we should have talked about but didn't touch on?
- Do you have any questions for us?

Many thanks for taking the time to talk to us

CONFIDENTIAL –MENTAL HEALTH BWJ + Internal Mid Term Evaluation – Interview Guide for Trainers

Date, Interviewee, and position

GENERAL		
Date:	Location of Interview:	Evaluation Team Members Present:
INTERVIEWEE(S)		
Name:	Designation:	Contact:
NOTE-TAKING		

General Interview's Introduction:

Hello, and thank you for agreeing to speak with us. We are ANA GARCÍA FEMENÍA and ZEIN RIFAI and we have been hired by BWJ to conduct this Internal midterm evaluation. The Mental Health Project by BWJ started in January 2020, with the aim to Improving workers' mental well-being, especially among women and migrant workers, in the garment sector in Jordan.

In the context of this evaluation, that covers the period January 2020 till December 2022 we would like to ask you some questions related to your involvement in the project. The interview will last approximately an hour. Your participation is entirely voluntary, and you can choose not to answer a question without providing a reason. All information that we will discuss here will be confidential. This means that your name or private information will not be mentioned anywhere. The information that we discuss together will be written out as general findings in the final report. The report will provide recommendations on how to effectively support workers in terms of mental health services. Your perspective is critical to help us understand the underpinnings and implementation of the Mental Health project.

Background/links to MH BWJ

Interviewee's general background; Nature and dates of interviewee's involvement with MH BWJ

Here we will include the specific questions for each interviewee.

EQ 1 Coherence and Validity of Design

1. How would you define "mental health" or "mental wellbeing»?
2. To what extent do you think this issue is important in your factory?
3. What is your opinion about the different project activities? Please explain?
4. Did you take part in the Mental Health project's Annual planning?
5. How do you think the awareness raising activities will increase workers' mental well-being?
6. Do you think the awareness raising activities could be improved? How?
7. Do you think the project sufficiently considers gender specificities regarding mental health issues?
8. Do you think that the needs of the Jordanian workers versus the Migrant workers regarding mental health are the same?

EQ2 Effectiveness

9. Do you think the mental health support needs of workers and stakeholders have been well identified in the framework of the project?
10. Do you think workers show now more willingness to seek psychosocial support?
11. To what extent does your factory take measures to detect workers at risk and provide MHPSS services?
12. Has your factory taken measures to produce policies and procedures to include a mental well-being component?
13. What do you think are the major challenges to increase mental wellbeing in the garment sector?
14. What would you recommend the Mental Health Project to improve for the next phases?

Thanks, we covered all the questions for this interview.

- Is there anything else we should have talked about but didn't touch on?
- Do you have any questions for us?

Many thanks for taking the time to talk to us

6 ANNEX VI INTERVIEW GUIDES

Guide for two Focus Group to be held with Migrant Workers from Bangladesh and from India separately.

Introduction: Presentation of Team Leader evaluator, national consultant and interpreter

The Mental Health Project by BWJ started in January 2020, with the aim to Improving workers' mental well-being, especially among women and migrant workers, in the garment sector in Jordan.

In the context of this evaluation, that covers the period January 2020 till December 2022 we would like to ask you some questions related to your involvement in the project and to enhance a discussion among yourselves. The FG will last approximately xxx. There are no right or wrong answers, you are free to discuss anything that comes to your mind. Your participation is entirely voluntary, and you can choose not to answer a question without providing a reason. All information that we will discuss here will be confidential. This means that your name or private information will not be mentioned anywhere. The information that we discuss together will be written out as general findings in the final report. The report will provide recommendations on how to effectively support workers in terms of mental health services.

Let's start by introducing ourselves and sharing the place where we were born, the place where we work now (factory), the position, and how long have we been here.

1. Please tell me what comes to your mind when you hear the term "Mental Health"? What do you understand by "Mental Health" or "Mental Wellbeing"?
2. How comfortable are you talking with your factory colleagues and supervisors about the topic of Mental Health or Mental Wellbeing?
3. Could you please tell us about your experience participating in the Mental Health project activities?
4. After participating in the project's activities, have you changed your perception and your concept of MH? How?
5. What do you think are the activities promoted by the project that have most contributed to increasing your Mental and emotional well-being?
6. Do you think that the project's activities have contributed to increasing your own self-care? How?

7. What do you think about the MH awareness raising campaign? (The posters in the dorms, etc.) Did you feel comfortable with them? Did you feel that it challenged your religious or spiritual beliefs at all?

8. We are going to show you several factors that can affect your mental and emotional wellbeing, could you please take a few minutes to reflect on the ones that have more affected your wellbeing in the last two years? (or since you started working at the factory?)

COVID19, gender dynamics at the work place, living conditions in Jordan, financial challenges, management of social networks, relationships (including language and communication barriers), pre-departure factors (from your country), working conditions at the factory

9. Do you think the Non-mental health specialists at the factory level (general medical staff, welfare and OSH committees and dormitory supervisors, mental health focal points and counselors) have increased their knowledge and skills to identify workers needing Mental Health and Psychosocial Support Services (MHPSS)? How?

10. To what extent you think that your Factory take measures to detect workers at risk and provide mental health and psychosocial support services?

11. To what extent do you think the project has contributed to improve your mental well-being?

12. Do you have suggestions for improvement regarding the MH project? What else could the project do to increase your well-being?

Guide for Focus Group to be held with Workers from Jordan.

Introduction: Presentation of Team Leader evaluator, national consultant and interpreter

The Mental Health Project by BWJ started in January 2020, with the aim to Improving workers' mental well-being, especially among women and migrant workers, in the garment sector in Jordan.

In the context of this evaluation, that covers the period January 2020 till December 2022 we would like to ask you some questions related to your involvement in the project and to enhance a discussion among yourselves. The FG will last approximately xxx. There are no right or wrong answers, you are free to discuss anything that comes to your mind. Your participation is entirely voluntary, and you can choose not to answer a question without providing a reason. All information that we will discuss here will be confidential. This means that your name or private information will not be mentioned anywhere. The information that we discuss together will be written out as general findings in the final report. The report will provide recommendations on how to effectively support workers in terms of mental health services.

Let's start by introducing ourselves and sharing the place where we were born, the place where we work now (factory), the position, and how long have we been here.

1. Please tell me what comes to your mind when you hear the term "Mental Health"? What do you understand by "Mental Health" or "Mental Wellbeing"?
2. How comfortable are you talking with your factory colleagues and supervisors about the topic of Mental Health or Mental Wellbeing?
3. Could you please tell us about your experience participating in the Mental Health project activities?
4. After participating in the project's activities, have you changed your perception and you're your concept of MH? How?
5. What do you think are the project activities that have most contributed to increase your Mental and emotional wellbeing?
6. Do you think that the project's activities have contributed to increase your own self-care? How?

7. What do you think about the MH awareness raising campaign? (The posters in the dorms, etc.) Did you feel comfortable with them? Did you feel that it challenged your religious or spiritual beliefs at all?

8. We are going to show you several factors that can affect your mental and emotional wellbeing, could you please take a few minutes to reflect on which are more important for you, meaning the ones that have more affected your wellbeing in the last two years? (or since you started working at the factory?)

COVID19, gender dynamics at the workplace, financial challenges, living conditions, management of social networks, personal factors, working conditions at the factory

9. Do you think the non-mental health specialists at the factory level (general medical staff, welfare and OSH committees and dormitory supervisors) have increased their knowledge and skills to identify workers needing MHPSS? How?

10. To what extent you think that your Factory take measures to detect workers at risk and provide mental health and MHPSS services?

11. To what extent do you think the project` activities have contributed to improve your mental well-being?

12. Do you have suggestions for improvement regarding the MH project? What else could the project do to increase your well-being?