jordan field office

evaluation of unrwa child and family protection services

through a consolidated case management approach and multidisciplinary teams

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About UNRWA

UNRWA is a United Nations Agency established by the General Assembly in 1949 and mandated to provide assistance and protection to some 5.4 million registered Palestine refugees. Its mission is to help Palestine refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip achieve their full human development potential, pending a just and lasting solution to their plight. UNRWA services encompass protection, education, health care, relief and social services, camp infrastructure and improvement, and microfinance.

Cover Photo: Social Safety Net in Baqa’a Camp, Jordan. © 2017 UNRWA photo by Hisham Shahroury.
unrwa jordan field office

evaluation of unrwa child and family protection services through a consolidated case management approach and multidisciplinary teams
executive summary

i. Based on positive results of the pilot project ‘Child and Family Protection through Case Management’ at Marka Camp (2012-2014), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and United Nations Fund for Children (UNICEF) implemented a 24-month follow-on project starting in June 2015. The project aimed to strengthen and expand child and family protection interventions.

ii. UNRWA and UNICEF signed an agreement on 9 June 2015, to expand the pilot project to an additional four camps in the areas of North Amman, South Amman, Zarqa, and Irbid. This follow-on project, entitled: The Child and Family Protection Project through a Consolidated Case Management Approach and Multidisciplinary Team (PQ15E76), was to focus on service delivery in five official Palestine Refugee Camps (Marka, Jerash, Baqa’a, South Amman and Husn).

iii. In May 2017, the project’s scope was further expanded to cover refugees living in 10 official camps and the areas surrounding the camps, as well as three unofficial camps in the areas of North Amman and South Amman, Zarqa and Irbid. In addition to establishing the case management approach and referral pathway system, the project included a cash assistance component to support the most vulnerable refugees in the Social Safety Net (SSN) programme in meeting expenses concerning their agreed care plan.

iv. The project’s implementation was framed under the UNRWA Relief and Social Services Programme (RSSP), and during the project’s life cycle, RSSP management established ad-hoc work mechanisms to liaise with the Jordan Field Office Neutrality and Protection Unit, non-governmental organizations (NGOs), and community based organizations (CBOs) within the referral pathway directory to address implementation issues (i.e. attendance at trainings, information sharing, etc.).

v. The project aimed to produce the following six outputs:
   - Trained and professional case management teams in place in camps across all four areas.
   - The referral pathways system is maintained and expanded.
   - Comprehensive information and case management systems are operational and in use.
   - The case management team identifies and efficiently manages 2,250 Palestine refugees’ cases.
   - Psychosocial support is provided to the most vulnerable women, children, and persons with disability on a quarterly basis.
   - Planning, implementing, monitoring, and reporting mechanisms are effectively functioning, progress reports submitted, and final evaluation conducted.

vi. The objectives of this evaluation were to carry out an independent assessment of the project and to draw lessons for future design and implementation of child and family protection interventions by the Jordan Field Office. The evaluation assessed whether the project achieved its stated objectives, outputs and outcomes within the project timeframe, and identified lessons learned by applying the OECD DAC evaluation criteria of relevance, efficiency, effectiveness, impact, sustainability and cross-cutting themes of gender, protection and disability.

vii. The evaluation was summative and relied on a qualitative methodology to answer the research questions outlined in the annexed Evaluation Matrix.

viii. The evaluation began on 22 April 2018 with a kick-off meeting based on the approved Terms of Reference (ToR), included in Annex 2. The process involved the participation of 92 persons from different stakeholder groups including UNRWA programme management, RSSP staff at the Jordan Field Office and Area Offices, beneficiaries, CBOs, NGOs, and the donor. The engagement of key stakeholders took place at the inception stage and during the field assignment stage. Women represented 74 per cent of those providing feedback, and men 26 per cent.
evaluation findings and recommendations

Key Finding 1  
ix. The project was designed and implemented according to the needs of beneficiaries and UNRWA strategic planning priorities. Nevertheless, there were gaps and weaknesses in the use of methodologies such as the Logical Framework Approach (LFA) to identify, design and plan the intervention.

Recommendation 1  
x. The Jordan Field Office (JFO) should strengthen project results-frameworks by systematically, applying a programme and project planning, monitoring and evaluation approach, such as the Logical Framework Approach (LFA), to identify, design, and plan projects, ensuring active participation of key stakeholders (i.e. beneficiaries, social work and protection specialists, project management, etc.) in project planning.

Key Finding 2  
xi. The project was implemented efficiently, although there were issues connected to delays in the financial transfer and execution of funds, the timely recruitment of skilled staff, the re-allocation of funds to unplanned outputs, and increases in social worker (SW) caseload resulting from changes in roles and responsibilities of staff.

Recommendation 2  
xii. Prepare a detailed implementation plan immediately upon signing project agreements, with a detailed budget, ToR of the key project/programme staff; an updated log frame to ensure that the outputs and indicators are clear and relevant; as well as a prepared monitoring and evaluation plan.

Recommendation 3  
xiii. Alleviate the case-load of social workers and reinforce technical supervision as part of the peer-to-peer group mechanisms.

Key Finding 3  
xiv. The project was largely effective in the achievement of the specified outputs although some disparities were observed. Firstly, trained and professional case management teams are now in place in all the camps; and despite changes and turnover of the project’s experienced staff, the output was achieved. However, further training is needed on advanced child protection and protection from gender-based violence, protection of persons with severe disabilities, and staff safety and self-care during home visits. Secondly, the referral pathway directory was maintained and 18 new partners were added to the existing 39 external partners. The list is comprised of external national and international institutions, organisations and charities, in addition to the grassroots organisations of the network of Community Based Rehabilitation Centre (CBRC), Women’s Programme Centre (WPC) and Social Support Centres. Thirdly, a Case Management Information System (CMIS) database is in place, which is updated on a regular basis and informed by the social workers (SW) from different areas. Fourthly, 75 per cent of the targeted cases were identified and managed. However, there were issues with the external referral process, the role of technical supervisors, the peer-to-peer mechanisms, and social worker caseloads. Fifthly, psycho-social support services were provided to the most vulnerable women, children and persons with disability (PwD) as part of 194 cases managed through the project. Lastly, there were mechanisms in place for project planning, implementation, monitoring and reporting, although there were certain gaps in how the project was initially conceived, implemented, monitored, and the reports produced and delivered.

Recommendation 4  
xv. To continue strengthening the referral system, more regular institutionalised mechanisms with CBOs and NGOs should be established. When signing of a Memorandum of Understanding (MoU) to formalise a partnership is not feasible, the organisation of regular meetings, exchange of information, training and capacity building opportunities for partners should be used to strengthen the partnership.
Recommendation 5

xvi. Reinforce the regular coordination and cooperation with the Family Protection Department through the establishment of regular spaces for dialogue with focal points from different programmes.

Recommendation 6

xvii. Advance towards the practical use of the Case Management Information System (CMIS) with the existing information systems (Refugee Registration Information System and Social Safety Net) to take advantage of its potentialities and facilitate the analysis of trends on protection case management, mapping exercises, and social protection services.

Recommendation 7

xviii. Deliver further training on gender-based violence, child protection, staff safety, and psychosocial approaches to dealing with trauma, targeting a group of social workers.

Key Finding 4

xix. The project positively influenced the social workers’ approach to their work and provided children, women and persons with disabilities with broadened access to protection sensitive social services.

Recommendation 8

xx. Reinforce the cross-programmatic mechanisms and initiatives to avoid possible overlaps in case management and referral within the existing protection and Gender-Based Violence (GBV) network mechanisms.

Recommendation 9

xxi. Improve the toolbox as well as the supervision of case referrals, the means of communication used by staff (provision of mobile equipment and avoiding use of personal numbers), and the establishment of a hotline.

Key Finding 5

xxii. While a number of interventions have been institutionalised and integrated into the Relief and Social Services Programme, including changes in the SWs’ role, the sustainability of the project’s approach to case management to meet the protection needs of refugees is limited. In this regard, a multi-year programme level intervention is highly desirable.

Recommendation 10

xxiii. In view of UNRWA’s current difficult financial situation, the possibility of soliciting financial and technical support from strategic donors for a multi-year programme aligned with the RSSP reform should be a priority. Such support should include capacity building for results-based planning, implementation of a protection sensitive programme delivery including support for beneficiary care plans, and training to meet the skills gap identified by this evaluation.

Key Finding 6

xxiv. The integration of gender, protection and disability issues was focused on the project’s beneficiaries and the integration of adapted actions for them. The protection strategy was centred on case management and a family protection approach for women, children and persons with disabilities.

Recommendation 11

xxv. Apply the UNRWA disability inclusion guidelines while adopting a comprehensive approach to working with persons with disabilities. This should include not only direct assistance such as the delivery of prostheses and tailored health services to gain autonomy and quality of life; but also the removal of physical and social barriers and stereotypes that are obstacles to the fulfilment of their rights. The training of staff to further develop their skills to manage cases of persons with severe disabilities should also be an area for improvement in focus.
Recommendation 12

xxvi. RSSP should incorporate mixed protection strategies – case management and community-based strategies – to strengthen its response to emerging protection issues in line with the Minimum Standards of Child Protection in Humanitarian Action, with greater focus on prevention, in collaboration with other programmes, CBOs and the community at large.

lessons learned

xxvii. The use of participatory programme and project planning approaches and methodologies are important, especially at the design stage, to foster social impacts that can transform the lives and ensure the protection of Palestine refugees.

xxviii. The professionalisation of social work allows for a more comprehensive and systematic approach, that places the family at the core of the intervention thus ensuring protection of children, persons with disabilities and women.

xxix. The most vulnerable families, children and women beneficiaries of the Social Safety Net (SSN) face protection risks associated with the deterioration of their socio-economic conditions, and so the use of cash transfer – either through the SSN or through the support of the care plans – remains an important entry point to address protection issues. Protection risks cited included different forms of violence against children, such as physical and humiliating punishment at home and/or school, violence associated with the use of technology and social networks; addiction to substances such as alcohol; and school dropout. Unemployment among adult men and its effect on their psycho-social wellbeing was also identified as an issue.
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list of acronyms

ARSSO  Area Relief and Social Services Officer
CBO    Community Based Organisation
CBRC   Community Based Rehabilitation Centre
CDSW   Community Development Social Worker
CP     Child Protection
CM     Case Manager
CMIS   Case Management Information System
CMTS   Case Management Team Supervisor
FGD    Focus Group Discussions
FIP    Field Implementation Plan
FRSO   Field Relief Social Officer
GBV    Gender Based Violence
GIZ    Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HQ     Headquarters
JFO    UNRWA Jordan Field Office
KII    Key Informant Interviews
LFA    Logical Framework Approach
MDT    Multidisciplinary Team
MoU    Memorandum of Understanding
NGO    Non-Governmental Organisation
NPU    Neutrality and Protection Unit
PRS    Palestine Refugees of Syria
PwD    Persons with Disabilities
RRIS   Refugee Registration Information System
RSSD/HQ Relief and Social Services Department/Headquarters
RSSP   Relief and Social Services Programme
SSN    Social Safety Net
SW     Social Worker
UNEG   United Nations Evaluation Group
UNICEF United Nations Fund for Children
UNRWA  United Nations Relief and Works Agency for Palestine Refugees in the Near East
WPC    Women’s Programme Centre
background of the intervention

1. UNRWA was established by the United Nations General Assembly in 1949, as the United Nations Agency mandated to deliver assistance and protection of Palestine refugees in Jordan, Lebanon, Syria, the West Bank and the Gaza Strip, so that they may achieve their full potential in human development pending a just solution to the conflict. UNRWA services comprise education, health, relief and social services, camp infrastructure improvement, microfinance, and emergency assistance to Palestine refugees from Syria.

2. There are 13 Palestine refugee camps in Jordan, 10 official and 3 unofficial. Inside the camps 97.5 per cent of all households are Palestine refugee households and outside the camps about one-half of all households in the governorates of Irbid, Zarqa and Amman are Palestine refugee households.

3. According to the UNRWA Refugee Registration Information System there are 2,242,579 refugees registered in Jordan. Most Palestine refugees have a Jordan ID number and are entitled to receive services and hold the right to work in Jordan.

4. Refugee households are generally comprised of more male than female members in the younger age groups, yet fewer males than females in the older age groups. Women marry earlier than men (16-17 years) and a higher proportion of women than men never marry. In Jordan, the minimum age of marriage is 18, with some exceptions for children from age 15.

5. The UNRWA Relief and Social Services programme (RSSP) provides a range of direct and indirect social protection services to support the Agency’s mission of helping Palestine refugees achieve their full human development potential and a decent standard of living. The programme has three main goals:
   - To provide social safety net assistance, on a quarterly basis, to the most impoverished Palestine refugees;
   - To maintain, update and preserve Palestine refugees’ records; and
   - To empower the Palestine refugees served by the Agency through partnerships with community-based organisations.

6. The Agency’s protection work in Jordan Field Office is coordinated and implemented by the Neutrality and Protection Unit. It implements across a diverse set of protection activities including child protection, gender, and GBV, and disability. The protection responses are being mainstreamed across all of UNRWA’s programmes.

7. Mental Health and Psycho Social Support Services are implemented across multiple Agency programmes.

8. Based on positive experiences of a pilot Child and Family Protection through Case Management Project at Marka Camp (2012-2014), UNRWA and UNICEF signed an agreement on 9 June 2015 to expand the pilot project to an additional four camps in North and South Amman, Zarqa, and Irbid areas. The project focused on service delivery in five official Palestine refugee camps (Marka, Jerash, Baqa’a, South Amman and Husn) and the protection needs of the most vulnerable. The project’s scope was expanded to cover refugees from all other camps in the above areas, to ensure that all refugees receive protection services and to meet the direct and indirect beneficiary targets. The project targeted Social Safety Net (SSN) beneficiary refugees as they were assessed as the most vulnerable. The underlying assumption was that the selection of the target group among the SSN beneficiaries would allow the project to reach those vulnerable families whose needs have already been assessed and

1 UNRWA Registration Statistical Bulletin, Quarter 4, 2018.
2 CRC/C/JOR/4-5. Consideration of reports submitted by States parties under article 44 of the Convention, 1 March 2013, page 6. In the combined fourth and fifth periodic reports submitted by the Kingdom of Jordan, to the Committee on the Rights of the Child, the Committee expressed concern about the fact that girls as young as 14 and 15 may be married with the consent of a guardian and a judge.
protection issues identified by UNRWA through regular SSNP mechanisms. However, this left open the possibility that protection cases not necessarily associated with social and economic vulnerability may have gone unidentified.

9. The project was designed and implemented in the context of a field office level reform commenced by UNRWA Jordan Field Office (JFO) in 2010, focusing on two key aims: a) to establish a case management approach adopted by social workers and b) to establish a multi-disciplinary team (MDT) which brought together UNRWA staff from across programmes – Education, Health and Relief and Social Services – to address complex social problems experienced by the families. This endeavour was to be accomplished through an integrated response by UNRWA’s three programmes (Education, Health and Relief and Social Services) as well as by external partners who are specialising in these areas.

10. RSSP implemented the project by establishing ad-hoc liaison mechanisms with the Neutrality and Protection Unit, and external service providers, especially through the referral pathway system.

11. The project’s logical framework was conceived essentially as a scale-up of the Marka Project, aimed at contributing to the fulfilment of the protection needs of Palestine refugees through the strengthening and expansion of family and child protection interventions. For this, the log frame envisaged six outputs:

- Output 1: Trained and professional case management teams in place in all five camps.
- Output 2: The referral pathways system is maintained and expanded based on the identified services required by beneficiaries in the five camps – 10 new referral pathways are established, the Referral Pathways Directory is updated, and all 39 existing partnerships are maintained.
- Output 3: Comprehensive information and case management systems are operational and in use, including the Case Management Guidelines in five camps.
- Output 4: The case management team identifies and efficiently manages 2,250 Palestine refugees’ cases.
- Output 5: Psychosocial support is provided to the most vulnerable women, children, and persons with disability on a quarterly basis.
- Output 6: Planning, implementing, monitoring, and reporting mechanisms are effectively functioning – progress reports submitted, and a final evaluation conducted.

12. The direct beneficiaries of the project were estimated at 2,250 refugees (450 cases)\(^3\), while indirect beneficiaries were estimated at 279,938 refugees\(^4\) residing in five camps within the project area. Ten RSSP staff in JFO, 53 social workers and four Area Relief and Social Service Officers (ARSSO) in the field, 24 CBOs, and 8-10 RSSP management members were involved in the project service delivery.

13. The initial project budget was US$250,000. During implementation, additional contributions totalling US$125,000 were obtained to extend the project duration. The project was initially extended up to December 2017 and subsequently to March 2018. These extensions allowed time to expand the case management approach in the Irbid Area camps, and to enhance the working environment of social workers. UNRWA’s contribution amounted to USD 99,100 and was committed in-kind.

\(^3\) Based on an estimated five persons per family.

\(^4\) Indirect beneficiaries (279,938 persons) have been defined by the project proposal as those registered refugees from camp areas with access to case management system and referral procedures throughout the project’s life cycle. As of June 2018, the number of indirect beneficiaries according to that definition was 407,983 registered persons inside the camps (38% from North Amman, 17% South Amman, 26% from Irbid, and 19% from Zarqa).
evaluation purpose, objectives and scope

14. The purpose of the evaluation was two-fold: accountability and learning. The objective of the evaluation was to determine, as systematically and objectively as possible, the relevance, effectiveness, efficiency, impact and sustainability of the project, as well as assess cross-cutting issues of gender, protection and disability, in accordance with the OECD-DAC evaluation criteria.

15. The evaluation was guided by a set of key questions, for each of the above criteria, as stated in the Terms of Reference (ToR) which is provided as Annex 2. Modifications on the evaluation criteria and questions\(^5\) included the establishment of effectiveness as a specific criterion, and the inclusion of evaluation questions to assess i) coordination with community-based organisations (CBOs) and referral partners, ii) community participation, iii) the strengthening of the gender approach, and iv) the use of cash support to implement Palestine refugee care plan assistance mechanisms in the project and in wider programming.

16. The evaluation aimed to document the changes and learnings, focusing on UNRWA and UNICEF and key users. The evaluative process was conducted in accordance with the United Nations Evaluation Group (UNEG) ‘Ethical Guidelines and Evaluation and Ethical Code of Conduct for Evaluation in the UN System’. The evaluation followed the norms and standards of credibility, utility, independence, impartiality, ethics, transparency, human rights and gender equality.

17. The evaluation’s scope covered the project’s planning, implementation, monitoring, reporting and management arrangements from June 2015 to 31 March 2018, as well as the interaction and cooperation with external referral directory partners. The geographic coverage of the evaluation included the four areas of UNRWA operations in Jordan: North Amman, South Amman, Irbid and Zarqa.

evaluation methodology and limitations

18. The evaluation was summative and relied on a qualitative methodology to answer the research questions outlined in the annexed Evaluation Matrix.

19. The evaluation began on 22 April 2018 with an initial kick-off meeting led by an Evaluation Committee, which included the external evaluation consultant, a JFO evaluation manager, and Chief Evaluation Officer from UNRWA Headquarters. The evaluation involved the participation of 92 persons from different stakeholder groups including UNRWA programme management, UNRWA RSSP staff at the Jordan Field Office and Area Offices, beneficiaries, CBOs and NGOs, and the donor. These stakeholders were actively engaged with the evaluation process either at the inception or during the field assignment stage. Women represent 74 per cent of the participants, and men 26 per cent.

20. At a high-level, the survey participants\(^6\) breakdown per age group shows that the 18-60 age range represented 82.5 per cent (66) of total participants engaged with the process; children and adolescents below 18 years of age accounted for 12.5 per cent (10); and the elderly comprised only 5 per cent (4) of the total. The engagement of children (mainly pre-adolescents and adolescent girls and boys) was of utmost importance to get their views and opinions as key beneficiaries of the project and to uphold their right to participate in decisions and issues that affect their lives.

21. The data collection methods included a structured document review and content

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\(^5\) Efficiency and effectiveness criteria were inadvertently merged into Efficiency due to an editorial problem. This was addressed in the Evaluation Matrix and the ToR were edited accordingly.

\(^6\) Annex 8 includes a list of stakeholders who participated in the exercise during the field assignment stage. It is important to note that during the Inception Phase, 12 additional interviews were conducted, including 8 adult women and 4 men.
analysis of key documents, analysis of secondary data, semi-structured interviews with key informants (KII), focus group discussions (FGD), and a review of a sample of randomly selected case files. The information collected was triangulated to ensure soundness of analysis and was managed in accordance with confidentiality principles. Key activities involved:

- **Desk review.** This stage was focused on the review and analysis of UNRWA strategic planning and project documents, as well as the sources of verification produced during project implementation. The list of documents reviewed is attached in Annex 4.

- **Elaboration and validation of the Inception Report, Evaluation Matrix and the Work Plan.** This process took place between 22 April and 5 May 2018 and allowed for adjustments in the scope of the evaluation, to identify and agree on the key informants to be interviewed, and to refine and adjust the key evaluation questions, sub-questions and indicators included in the Evaluation Matrix. The geographic areas proposed by the consultant, as well as the preliminary list of proposed beneficiaries, social workers, and community-based organisations to be invited to attend the FGDs, and the key informants to be interviewed were planned bearing in mind certain criteria: sex, age, geographic area, camp/town areas, type of social services provided, inclusion of persons with disabilities, and the status of the case-file (open, closed, waiting list, non-accepted). The Inception Report is attached in Annex 5, and the Evaluation Matrix in Annex 6.

- **Field assignment.** The field assignment took place from 5 -15 May in Baqa’a, Irbid, Amman New Camp (also known as Wehdat), and Zarqa camps. FGDs were organised with social workers and beneficiaries, women and men respectively. The organisation and compliance with the agenda considered the distribution of gender roles in the family, in order not to adversely affect the daily routines of participants. The organisation of the FGDs ensured representation based on gender (male, female), age groups (children, adults and elderly), vulnerability (ex-Gazans and PwD) and geographic location of interventions in camps and urban settings. Three to four beneficiaries were actively engaged in each FGD – the list of FGDs can be found at Annex 7. Twelve FGDs were organised with beneficiaries from Baqa’a, Zarqa, Irbid and Amman New camps, and one FGD was organized with community-based and non-governmental organisations from the referral directory. The latter FGD involved the participation of one representative per CBO and NGO of the served areas. Selection of participants for the FGD considered representation in the areas of education, vocational training, income generation, employment, legal aid, health services and special services for persons with disabilities. Each FGD lasted from 35 minutes to one hour, depending on the composition of the group. The session followed the same standardised structure, which started with a brief introduction to the project, the evaluation’s objectives and the introduction of each participant. Parental consent was obtained for the pre-adolescent and adolescent child participants. Children were accompanied by their parents to their focus group discussions, and they received an explanation of the objective and purpose of the FGD and the evaluation. Finally, several home visits (Annex 8) were conducted in the towns of Irbid, Baqa’a, Zarqa and South Amman. The home visits were made to families with persons with disabilities, aimed at facilitating their participation and ensuring their wellbeing. Due to time limitations, it was decided to replace a planned beneficiary survey with a review of a random sample of case files and the management information system.

- **Systematisation of data collected and elaboration of the Final Report.** The elaboration of the final report began on 12 May based on the systematisation of the data collected, additional comments on the preliminary findings, and supplementary information related to administration and finance, to reinforce the section of key findings, particularly the efficiency chapter. The systematisation and data analysis began during the fieldwork stage and continued during elaboration of the final report and to draw the final conclusions and recommendations.
evaluation findings and recommendations

22. The main evaluation findings, conclusions and recommendations are organised as per the evaluation criteria.

relevance

Strategic Plan 2016-2021 and UNRWA Mid-Term Strategy 2016-2021

23. Even though UNRWA’s new strategic and operational planning process was completed in 2016, at the end of the pilot project in Marka and the beginning of this project, the project’s logical framework is coherent with UNRWA’s strategic and operational key planning documents, and the established goals, outputs and outcomes are aligned with the Agency’s strategic, operational and thematic priorities and rationale.

24. The project intervention logic is in line with the previous UNRWA strategic and operational planning cycle key documents (UNRWA Field Implementation Plan (FIP) 2014-2015, Outcome 12): UNRWA Field Office Implementation Plan 2014-15 Outcome 12.1: Protection needs are integrated through all aspects of programming and delivery of services. This is most evident in the definition of target beneficiaries and how the “vulnerability quota” criteria have been taken into consideration in targeting the project’s beneficiaries, among the most vulnerable in abject poverty.

25. The project intervention logic is also aligned with the UNRWA Medium Term Strategy 2016-2021, especially to Outcomes 1 “Protection” and 5 “Basic Needs”.

28. Although the project did not carry out a specific needs assessment or a situation analysis at the identification or design stages, the identification and targeting of beneficiaries followed the Agency’s approach of targeting relief assistance to the most vulnerable refugees, i.e. those in the Social Safety Net programme. The delivery of cash grants for the care plans were a basis for the building of mutual trust with beneficiaries to address other protection issues. The underlying assumption was that the selected target group among the SSNP beneficiaries would allow the project to reach those vulnerable families, whose needs have already been assessed and protection issues identified by UNRWA through regular SSNP mechanisms.

Coherence of activities and outputs with the intended outcomes and effects

29. There were, however, several gaps between the Agency, programme and project levels at the planning and implementation stages. These gaps occurred as a result of limited engagement and participation of key stakeholders during the project’s planning, and weaknesses in the coherence of the logical framework. The activities and outputs of the project were consistent to some extent with the intended results, although they were not expressed using a sound results-based approach, with concrete outcome indicators and targets. In some parts of the log frame and the project proposal, “cases” and “beneficiaries” were used as synonyms. The project targeted 2,250 refugees as direct beneficiaries (450 cases), based on their social and economic vulnerability, to receive assistance from the case managers and the MDT, and 279,938 Palestine refugees living in the 13 camps as indirect beneficiaries, having access to the case management system and referral procedures. Although the monitoring and evaluation reports have not explicitly addressed how the project reached indirect beneficiaries (e.g. awareness raising, dissemination of information, overall access), the underlying assumption of the project’s proposal was that refugees from camp areas had access to the case management system and referral procedures throughout the project’s life cycle.

7 As of June 2018, the total number of registered persons was 2,350,386 (camp and non-camp settings). Of that total, 407,983 persons can be defined as indirect beneficiaries of the project according to the project’s proposal definition.
UNRWA Child Protection Framework (2017)

30. At the time of project design, the Child Protection Framework was not in place. The process to develop the framework started in parallel with the project’s implementation timeline.

31. Among the three pillars underpinning the Agency’s key commitments, priorities and approach to child protection, Pillar 3 of the Child Protection Framework is most closely related to the project as it envisages the mainstreaming of child protection in service and programme delivery.

Best practices of social work

32. The project was aligned with the mandate, principles, knowledge and practices of social work embodied in its global definition, and in its prioritisation of socio-structural and economic development, respect for human dignity and do-no harm principles, and based on an inter-disciplinary conception and the interaction between the persons and the environment. The project also encouraged critical reflection on ethical principles and provided space for social workers to make better and informed decisions on particular cases.

33. The project addressed some of the challenges that underpin the Global Agenda for Social Work and Social Development aimed at strengthening the profile of social work and social development, while reinforcing the confidence of social workers and enabling them to make a stronger contribution to policy development.

Key finding 1

34. The activities, outputs and outcomes in the project design aligned to UNRWA strategic priorities and best practices of social work, however, the LFA lacked concrete outcome indicators and targets to measure change.

35. The project design phase for the project did not sufficiently engage key project stakeholders, most notably the process did not include beneficiaries.

Recommendation 1

36. The JFO should strengthen project results-frameworks by systematically, applying a programme and project planning, monitoring and evaluation approach, such as the Logical Framework Approach (LFA), to identify, design, and plan projects, ensuring active participation of key stakeholders (i.e. beneficiaries, social work and protection specialists, project management, etc.) in project planning.

efficiency

37. The assessment of the project’s efficiency involved assessing how the use of

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8 The Child Protection Framework defined a clear definition of Child Protection in accordance with the Convention on the Rights of the Child (CRC), the Global Protection Cluster and the Child Protection Working Group. Among the key child protection challenges, it is salient to identify a) Freedom from Violence, Exploitation, Abuse and Neglect, b) Access to education and further opportunities; c) Psychosocial needs; and d) Children with disabilities. Among the pillars underpinning the Agency’s commitments with child protection specifically related to the Project, Pillar 3 addresses “Child Sensitive Service and Programme Delivery” since it envisages the mainstreaming of child protection in service and programme delivery, the functioning of a child protection referral system in each field office, and comprehensive inter-sectoral child protection interventions, where the Child and Family Protection Project is explicitly mentioned. It is important to note that the project started before the planning process of UNRWA GES 2016 was finalised, and other instruments were in place at the time: the UNRWA 2007 Gender Equality Policy, and the Gender Mainstreaming Strategy (GMS) 2008-2015, under which gender mainstreaming efforts have been advanced across the Agency. Conversely, the project has informed the GES strategy building efforts, for example in the context of gender-sensitive programme change.

9 A clear definition of protection has been established and refers to “all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law (that is, human rights law, international humanitarian law and refugee law).” Protection has been integrated through the formal establishment of a Protection and Neutrality Unit in 2015 and different protection interventions in progress at the time of the elaboration of the plan, which also recall the experience of Phase I of the project, the so-called “Marka Project” among other protection interventions focused on the rights of Palestine refugees, delivery of humanitarian services, and gender-based violence.
financial, technical, human and technological resources were used to accomplish the stated outcomes and produce the planned outputs.

Timeframe

38. Changes were made to the project timeframe to address delays in the project's life cycle, especially during the kick-off phase. The project was delayed given difficulties in recruiting and selecting qualified candidates for the technical positions, and delays in the first disbursement and transfer of funds. This initial delay lasted more than 3 months, from when the partnership agreement came into force in June 2015 until the project commencement in September 2015. The implementation period was extended from an initial 24 months to 33 months, with extra-funding to cater for the scaling up of the project.

39. The changes were in line with the project duration, the budget, and the scope, and did not alter the target group. These changes were made with the approval of UNICEF through the exchange of written communications.

Budget

40. The original project budget changed in response to evolving needs. Firstly, a major modification and increase in the project's total budget was made and allocated for the project's scale up. Secondly, a minor budget modification allowed for the reallocation of resources to different budget headings. An addendum to the project was added as part of an official request for a reallocation of 50,000 USD to different activities: selection and recruitment of a consultant to develop a protection framework involving CBOs; integration of the Activity-Info into CMIS as an interim database solution during 2016, and publication of case management guidelines. As of 30 April 2018, 87 per cent of the total budget committed was executed (326,326 USD of 375,000 USD), which suggests a degree of underspending without a formal request to the donor for reallocation of the unspent amount to other outputs/activities.

41. Examination of financial documents suggests that several costs were allocated to the purchase of equipment (acquisition of tablets), furniture (office desks) and the up-grade of the camp water supply network, which were not originally budgeted for. The fourth progress report refers to the initiative aimed at ensuring that all SWs have an appropriate working space and necessary privacy conditions to receive clients in their offices in all four areas (i.e. 13 camps), but this was not previously envisaged in the project's log frame and plan. This included purchasing equipment, furniture and office partition boards to ensure the privacy and confidentiality of visits and communication exchanges between the SW/case manager and the beneficiary, and remodelling of the Jerash camp distribution centre to permanently host six SWs. The total cost of these initiatives amounted to 30,177.17 USD which was allocated during the second half of the project. The fourth progress report made a brief reference to a needs assessment on equipment and furniture needs of Area Relief and Social Services Officer (ARSSO) and Chief of Area Office and necessary purchases in Quarter 4. At the time of writing this evaluation report the final project report was in progress, which is expected to include a rationale for the allocation of these expenditures in connection with the existing planned outcome, and relevant outputs (Output 1). Nevertheless, no formal authorisation from the donor was issued in advance.

Geographic scope

42. The geographic scope was modified from its original plan, to include 13 camps (10 official and 3 non-official) in May 2017, which meant scaling up the project during the second half of the project’s implementation. The underlying reasons were based on a management decision to increase the number of cases covered by the project.

43. The project’s logical framework was modified in scope, especially at the output level, with the trainings on advanced case management, child protection and GBV being expanded from an original 12 SWs to a total 62 SWs along with relevant relief staff, to encompass the scale up of the project’s geographical scope.

Management

44. Several changes to the project management structure were introduced during the project’s life cycle. Firstly, the donor’s approval was sought to use the funds allocated
for the project advisor to extend the two Case Management Team Supervisors (CMTS) and the administrative officer for 6 months at no cost extension. The replacement of one-to-one CMTS and SW supervision meetings with weekly peer-to-peer meetings was a modification introduced in May 2017. This was noted in the FGD as a contributing factor in the increased administrative burden and workload. The diversity of tasks undertaken by SWs, such as the relief assessments, review of cases eligible for the social safety net, support to the identification and provision of comprehensive casework for Palestine refugees in need – and the necessary time to conduct them – were noted as factors that decreased the quality of the follow up. Another factor was duplication of tasks (i.e. filling out the case files for SSN and CMIS) and the time required to conduct the regular update of SSN needs assessment, which takes place annually. It is expected that this will in the future shift to a biennial update.\textsuperscript{10}

45. To ensure that resources were efficiently utilised, and to address the design and planning gaps, the project’s planning and monitoring were reinforced, and a detailed action plan was prepared in May 2017.

46. In accordance with the UN Agency to UN Agency Contribution Agreement, the partnership between UNRWA and UNICEF consisted of the grant-making of different programme components. Component two “Child and Family Protection Project through Case Management Approach” funded the project’s intervention in the technical terms formulated by UNRWA. A more technical advisory role for UNICEF could have been useful to reinforce and/or complement some of the project’s outputs (i.e. trainings, referral pathways directory, etc.)

47. The JFO Donor Relations and Projects Support Officer was responsible for ensuring the project’s reporting obligations and donor relations.

**Key finding 2**

48. The project was implemented efficiently, although there were issues connected to the delays experienced in the financial transfer and execution of funds, the timely recruitment of skilled staff, the reallocation of funds to unplanned outputs, and increases in SW caseload resulting from the changes in roles and responsibilities.

**Recommendation 2**

49. Prepare a detailed implementation plan immediately upon signing of agreement with detailed budget, ToR of the key project/programme staff, update log-frame to ensure that the outputs and indicators are clear and relevant; and prepare a monitoring and evaluation plan.

**Recommendation 3**

50. Alleviate the case-load of social workers and reinforce the technical supervision as part of the peer-to-peer group mechanisms.\textsuperscript{11}

**effectiveness**

51. The evaluation assessed effectiveness though an analysis of the extent that the intended outputs and outcome objectives were achieved through the project.

52. The outcome established in the intervention’s logical framework expected that the “family and child protection interventions are strengthened and expanded” through the accomplishment of six outputs.

\textsuperscript{10} This is an issue that RSS Reform seems to have addressed through the segregation of duties between Relief Workers who will be tasked to conduct assessment and review cases eligible for SSNP. A new generic post of Social Worker has been developed to provide case management/case work interventions to poor and vulnerable refugees to address their protection concerns. Although this point was mentioned during interviews with key informants, since the process was in progress at that time, the evaluator did not have access to a generic concept note and/or in-depth background document in order to offer more details.

\textsuperscript{11} The RSS reform seems to tackle this recommendation through the reinforcement of technical supervision. This will be achieved through establishing a new post at area level - Area Social Work Supervisor - who will provide technical supervision to social workers in his/her respective area. It was noted that technical supervision includes one to one, group supervision, staff care and peer support.
53. The project was generally effective in the achievement of its outputs and outcome.

54. The project established a target of 450 cases as direct beneficiaries, which means approximately 2,250 refugees were to receive assistance from the case managers and the Multi-Disciplinary Team (MDT)\(^\text{12}\). Women and children were conceived as the main beneficiaries of this project as they comprise 75 per cent of the direct beneficiaries. The remaining 25 per cent of beneficiaries were to be male members of families (excluding single male headed households). The indirect beneficiaries targeted by the project were 279,938 refugees with access to the case management system and referral procedures throughout the project’s lifecycle.

55. The total number of managed and identified beneficiaries reached 1,678 out of the targeted 2,250, which means that 75 per cent of the initially planned refugees were covered by the project. The number of children who had access to comprehensive case management services reached 882 (51% girls and 49% boys). These children had access to comprehensive case management services provided in the areas of intervention and represented 53 per cent of the total direct beneficiaries. This means that the Project’s goal, i.e. to contribute to the fulfilment of the protection needs of Palestinian refugees was mostly achieved since it contributed to the fulfilment of the protection needs of Palestinian refugees.

56. An important point to highlight is the lack of underlying assumptions in the logical framework regarding the feasibility of reaching the targets in the planned implementation areas. This was probably a result of gaps in the logical framework and proposal development. It led to the expansion of the project’s scope during the second half of the implementation period (2016-2017) to cover 13 camps in order to reach the project target levels. In a sense, the project’s management adopted an effective coping strategy to accomplish the targets as set out in the logical framework.

57. The access to protection-sensitive social services was broadened in all areas of implementation and was generally perceived as very good, highlighting the regular contact between the beneficiaries and SWs and the proactive approach of UNRWA based on previous needs assessments and identification. In general, there was better access to social services such as education (school grants for children, vocational training for women, school support for children with learning problems), health and access to medicines, psycho-social support, family support (addressing family disintegration risks), and training sessions for better parenting. The access of children (boys and girls) to comprehensive case management services was broader in South Amman (33%) and Zarqa (30%) than in the other areas of intervention. The delivery of cash assistance as part of the SSN services was highlighted as fundamental, while the services provided to PwD were more focused on the provision of prostheses to persons with physical disabilities.

58. Cases which required general protection, GBV or child protection services were less than those with referrals for education, health and/or psycho-social services. The identification, registration procedures and forms of these cases followed the same path under the casework umbrella with no distinction on the type of protection need/gap identified (i.e. social protection, legal protection).

**Findings related to the accomplishment of the outputs**

**Output I: Trained and professional case management teams in place in all five camps.**

59. Despite changes and turnover of the project’s experienced staff, the output was achieved. Nonetheless, further training is needed on advanced child protection and protection from gender-based violence, protection of persons with severe disabilities, staff safety and self-care during home visits.

60. The process of recruiting two CMTS with responsibility for providing on-the-job training

\(^\text{12}\) Based on an average of 5 members per family.
to SWs was difficult because of a lack of qualified candidates and problems with funds availability. The first CMTS started work in December 2015, while the second CMTS was delayed until 1 March 2016. In addition, due to the lack of qualified expertise in the country, RSSP management explored with other organisations the secondment of a project adviser on a part-time basis, but these efforts were not successful. The RSSP therefore requested the donor’s approval to use the funds allocated for the project advisor to extend the CMTS and also for the administrative officer for 6 months at no cost extension.

61. A case-management trainer was identified and hired through a competitive process in October 2016. In November 2016, the trainer held focus group discussions with a sample of SWs and supervisors to identify the training needs relevant to case management. The training workshops were conducted for three groups covering up to 60 SWs as well as 12 RSSP supervisors. Furthermore, a consultant was hired in February 2016 to review the current programmes of the Women Programme Centres and recommend areas of mutual interest, collaboration, and complementary service provision with the intention to identify ways forward for UNRWA’s efforts to strengthen and re-vitalize its programme relationship with the WPCs to ensure continued service and outreach (and impact) to some of the most vulnerable Palestine refugee populations.

62. Further, the role of the CMTS at the camp level changed during the implementation phase because no suitable candidates for the post of project advisor were found. As of May 2017, ARSSOs were assigned the managerial supervisory role that the project CMTS had previously performed. After the project ends, the ARSSOs are expected to continue with the functional role of CMTS until the field social work officer position – identified as part of the RSSP reform needs – is implemented, as anticipated, by mid-2018.

63. Additionally, in May 2017, one-to-one CMTS-SW supervision meetings were replaced with weekly peer-to-peer meetings to discuss cases and provide on-the-job guidance and support. In these peer-to-peer meetings, the ARSSO invited the CMTS, peer SWs, RSSP volunteer, Chief of RSSP, Field Relief Service Officer (FRSO) and assistant FRSO to attend. However, this mechanism was not perceived by the SWs as effective in providing appropriate support to them due to the magnitude of the caseload and the lack of a more personal space and tailored technical advice.

64. Under the umbrella of casework implementation, all 54 SWs across the four areas were instructed to apply the case management methodology approach in their day-to-day work. This meant that the dedicated team of 12 case management focal points as per the project provisions was no longer applicable, hence the function was cancelled. The adjustment also meant that the two CMTS were expected to undertake a more technical supervisory role during the final implementation phase.

65. A training workshop on case management and advanced case management, psychosocial support, self-care, GBV and child protection was designed and delivered by the case-management trainer to 54 SWs and seven supervisors (ARSSOs and relevant senior staff from FJO), offering new skills and insights. Two case managers who worked in the pilot project in Marka and an additional eight UNRWA social workers were trained in case management. In May 2017, RSSP management and the project team began meeting the social workers in the four areas in preparation for the roll-out of the case management approach to all other camps (i.e. those not included in the original design of the project).

66. The number of training beneficiaries for advanced case management and child protection increased from an initial 12 social workers as per the project to 62, comprised of 54 social workers and an additional eight ARSSOs and programme management staff. The donor was notified of this change in December 2015, together with a reallocation of budget for that purpose. Moreover, in November-December 2017, 79 trainees from all four areas, including all 54 SWs, ARSSOs and other relevant staff, were trained by the child protection officer/UNRWA’s Neutrality and Protection Unit (NPU) staff on the UNRWA framework of child protection.

67. The training included an introduction to UNRWA’s child protection framework and definitions, child protection issues and the
possible signs of child abuse, neglect and exploitation, and how it affects the child’s development and well-being. Further it included basic principles in working with children, safe identification and referral response. Nevertheless, SWs through FGD and KII expressed that these skills were insufficient to identify, manage and/or refer certain protection cases. Therefore, it is important to continue to reinforce their skills on GBV and child protection, and to reinforce the mechanisms for the protection of the staff in their daily fieldwork.

68. Further, the training on case management (10 days in total) was found insufficient to prepare the staff to apply the learning fully in their daily work. The training materials and the tools, i.e. forms in use, should be reviewed and tailored to the existing needs and casework.

69. Training participants through the FGD noted that the quality of the training on staff self-care was insufficient. Despite the breadth of the topic, the training content was seen as quite limited in scope and depth. The training programme must be designed according to the existing needs of SW, with more skills and training on how to deal with cases of trauma and also self-care. This is crucial to improve the delivery of psychosocial support services.

70. On a related note, the need for technical supervision to address the challenges resulting from the increase of the caseload was highlighted by the SWs. The peer-to-peer meetings were more effective for exchange of information than an appropriate oversight mechanism for complex cases which require more time.

71. The absence of a centralised role of liaison, articulation of case referrals and staff safety during their home visits, specifically in GBV cases, emerged as issues during the FGD.

72. A subsequent issue to be duly considered is the appropriate budgeting for transportation costs of beneficiaries or clients to attend multiple appointments, as the cost can be prohibitive.

Output 2: The referral pathway system is maintained and expanded based on the identified services required by beneficiaries in the five camps.

73. The referral pathway directory was maintained, and 18 new partners were added to the existing 39 external partners. The partners are comprised of external national and international institutions, organisations and charities, in addition to the grassroots organisations of the network of CBRC, WPC and Social Support Centres.

74. This directory is a guide for UNRWA management and case managers/social workers. The referral pathway directory was revised by UNRWA and entries were vetted prior to its publication and distribution among the project’s staff and partner organisations. Although this resource is an important step towards a more systematic approach – including an appreciation ceremony for partner organisations – a mapping exercise with the description of services delivered is needed.

75. The system is based on non-formal arrangements, which can be seen as a strength and weakness. No formal agreements and/or Memoranda of Understanding (MoU) have been signed with partner organisations to regulate and manage the terms of the relationship between UNRWA and its partners.

76. In general, partner non-governmental and community-based organisations do not have a common understanding of the partnership that underpins the UNRWA referral system. Based on an FGD conducted with six NGO and CBO partner organisations, there is a shared idea that UNRWA’s role in the partnership should evolve towards a more institutionalised and formalised set of agreements, where regular meetings and opportunities for training and
capacity building could frame a more reciprocal and transparent relationship.

77. Moreover, there are certain services whose delivery encompasses higher costs in terms of human and financial resources, such as psycho-social services. These costs should be considered in the referral framework agreements with partner organisations.

78. Based on the FGD with NGO and CBOs, there is agreement on the importance of taking more advantage of UNRWA internal resources and services. The review and analysis of progress reports shows that during the project’s life cycle, especially at the beginning of the project, many referrals relied on external service providers and did not fully utilise the internal services provided by other programmes and/or CBOs.

79. The need to reflect upon UNRWA’s role in the established and new partnerships to move towards a more formalised and reciprocal relationship with the CBOs and NGOs was constantly remarked as a priority. Given the diversity of the service providers included in the directory, it is important to strengthen the network by signing MoUs to assure that beneficiaries receive proper services without long waiting times, for example, in the CBRCs. The following factors were mentioned during the FGD with referral partner organisations as important keystones in the endeavour of building an effective referral system:

- **Partnership.** The nature and dynamics of the partnership should evolve and UNRWA’s background and experience should be capitalised. A good partnership would necessary involve: 1) regular training for specialists; 2) capacity building; 3) assessment of standard operating procedures (SOP) of existing partners; and 4) regular spaces for participation.

- **Referral system.** The key components of the referral system should rely more on institutional channels than personal contacts (which is the current situation) and must reinforce the internal referral mechanisms. 13

- Community development. The development of awareness-raising activities for women, children and community institutions, especially schools, is important to strengthen the protection approach. The impact of the changes in the context on the community, such as the limitation of funding and political changes, should be assessed in the field.

- Education services. The role of schools, school counsellors and teaching staff is very important in enhancing protection referral mechanisms.

80. There are significant differences in the nature, area of specialization, scope and institutional development of NGOs and CBOs included in the referral pathway system. While some of them are international in nature (i.e. Mercy Corps, Save the Children, etc.), and some are recognized national NGOs (i.e. Jordan River Foundation), other organisations are more grass-roots (i.e. WPC, CBRC, etc.). Thus, the strengths, weaknesses and challenges they face as service providers also differ. Their institutional and financial capacities are different in size and nature; for example, to raise funds and/or mobilise resources for their programmes and actions, or to train their staff. As mentioned, the delivery of certain services (e.g. psychosocial support services) requires highly qualified staff, whose fees and time were not sufficiently considered in the project’s fund allocation.

81. The type of services provided by referral partners is reflected in the directory. Social workers and partners highlighted the need to include information about the nature of member organisations, and the existing referral procedures followed by UNRWA’s GBV project, and for protection responses of NPU. Moreover, the role and the ways to engage with the duty bearer, more specifically, the relationship with the Family Protection Department, is specified only on an informal basis (telephone number, type of service provided, etc.). The referral pathway seems to overlap with other referral

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13 The project was a second phase of pilot experience that allowed UNRWA to test and extend a CM approach that could be institutionalised.
mechanisms at the programme level.\textsuperscript{14}

**Output 3: Comprehensive information and case management systems are operational and in use, including the Case Management Guidelines in five camps.**

82. The UNRWA information management system is organised around different systems: a) Refugee Registration Information System (RRIS); b) Social Safety Net (SSN); c) Palestine Refugees from Syria (PRS); and d) Case Management Information System (CMIS).

83. There is a CMIS database in place which is updated on a regular basis and informed by SWs from different areas. It is not linked to the existing UNRWA modules of RRIS and the SSN systems, and the integration and aggregation of information is manual. The system includes information related to the case file, family composition, type of needs, type of UNRWA social services required, and referrals. The system enabled the SWs to collect, store and share information on all cases.

84. In each of the four intervention areas, CMIS are based on a Microsoft database system. The SWs feed the system with the casework data through regular updates. Some areas of Marka, Baqa'a and Jerash submitted the updated information by e-mail due to connectivity problems. This information was regularly aggregated and updated in UNRWA JFO.

85. Gaps in terms of full integration and implementation of security protocols (i.e. some areas submitting their information by e-mail) should be addressed. The SWs also have to feed three systems, namely RRIS, CMIS and the SSN, while having to deal with an increased workload of case file forms for SSN and CMIS in simultaneous entries. Each case-file that is opened has a designated number, linked to the family number. One family may have more than one case file identified, whereas the number of referrals and services provided may be more than one.

86. There are certain challenges to be addressed in the CMIS. Firstly, it is a temporary system, and there are a set of technical requirements that are not yet included in the database, such as the security requirements. Secondly, although an assessment was conducted in 2016 to integrate the CMIS into the existing RRIS systems this may not take place soon. Nevertheless, there is an opportunity to develop the system into a tablet-based system.

87. The effectiveness of the system is mainly linked to the comprehensive, homogeneous and systematic character of the data collection process; otherwise the different areas would collect the information in their own formats and standards. This facilitates reporting and comparability of the information collected. Yet, case file data is recorded in hard copy and, due to time limitations, not all relevant information is uploaded to the system. Therefore, the CMIS does not accurately reflect the full extent of casework.

88. In 2016 there were 10 different forms developed by the Case Management Team Supervisor (CMTS). These were reviewed in 2017 and modified to reflect the casework methodology needs, as part of the rollout of the casework approach and mainstreaming case management. These modifications were also reflected in the updated CMIS system. The project utilised all 10 forms (See Annex 10).

89. These forms aim to document the case management process, the expression of written consent and the systematisation of referrals; they feed the CMIS and set up a linkage with existing RRIS and SSN module systems. However, the tools (forms) do not share the same structure, elements and/or are not harmonised with the tools used by the Neutrality and Protection Unit.

90. A key challenge to address is how to include external referrals into the CMIS, and its full integration to the existing systems to avoid duplication of SW tasks. Although several

\textsuperscript{14} The Protection Division has mentioned the existing MoU with NGOs and CBOs to address GBV and UNRWA specific mandate. Bearing in mind the scope of work of this evaluation, these MoU have not been analysed. However, it is important to take them into consideration while planning and implementing future protection interventions which address GBV cases.
attempts have been made, at the time of conducting the present evaluation full integration of CMIS to existing modules was not yet in place.

91. There is room for improvement in the use and analysis of information to identify trends and gaps by different programmes. The project’s monitoring progress reports could have used CMIS data to inform the reports in more depth. It is important to use this information, to share the analysis with relevant protection actors and to feed into future protection mapping exercises.

92. The existing procedures and mechanisms ensure the confidentiality of CMIS data. The number of users is limited, and a coding system is followed to protect the beneficiary information. Although no information management training on data security and protection was provided by the project, the staff were able to ensure confidentiality of information since UNRWA already adheres to the confidentiality requirements.

Output 4: The case management team identifies and efficiently manages cases of 2,250 Palestine refugees.

93. Seventy-five per cent of the target was reached at the end of the project, although there are still issues related to ensuring a more formalised process for external referrals, the role of the technical supervisors, peer-to-peer mechanisms and the case-load per social worker. According to the casework data, the number of cases of Palestine refugees identified and managed reached 1,678 persons (See Chart 1), which is 75 per cent of the total target (2,250) established by the project. The actual total cases registered in the system shows a much higher number of managed cases (2,764 cases), surpassing the target by 23 per cent due to the inclusion of family members who were not included in the project’s original target. The inclusion was necessary as they were also in need of support to deal with the challenges associated with the member of their family whose case is being addressed by the project.

94. The gender analysis of CMIS case data shows a higher concentration of cases (32 per cent) and a greater focus on women (55 per cent) than men (45 per cent) in the South Amman area (See Chart 2).

95. The number of cases in progress accounted for 80 per cent of the total (1,335), and the remaining 20 per cent were reported as closed case files (343). The highest ratio of closed files over the total managed and referred cases was reported in Zarqa Area (37 per cent). There was insufficient evidence gathered to offer more information on the underlying factors for this performance.

96. Out of the total cases identified and managed, the majority (77 per cent) were social protection cases (education, economic, health, disabilities, psycho-social support and other). The remaining 23 per cent (379) was comprised of general protection, gender-based violence and/or child protection services. It is important to mention that the cases were individually registered, while the type of service is recorded per service provided. Thus, one single case may involve referral to different services, so the number of case files and the referrals do not tally.

97. Among the main challenges highlighted from the consultations, it is possible to note the following:

a. Increase of caseload. Each home visit lasted at least one hour, while the number of cases and the time needed to document each case also increased. During the FGD, it was suggested to
consider the possibility of updating the SSN registry every 2-3 years, instead of annually, to reduce the workload.

b. Coordination and cooperation mechanisms with public governmental agencies such as the Family Protection Department. There is very limited contact with governmental agencies, and this is more manifest in GBV cases.

Output 5: Psycho-social support is provided to the most vulnerable women, children and persons with disabilities on a quarterly basis

98. Psycho-social support was provided in approximate 12% (194 individual cases comprised of 61 per cent female and 39 per cent male) of the total case load of 1,678 (See Chart 3).

99. A total of 2,736 persons attended activities covering awareness sessions, dialogue and support group sessions to address emerging protection issues such as early marriage, school drop-outs, addiction and violence against children (bullying, sexual harassment, GBV). Of these participants, 78 per cent were female and 22 per cent male; 3 per cent were persons with disabilities, and overall 30 per cent were from the registered abject poverty Social Safety Net (SSN) beneficiaries. Each session, including 20-25 targeted beneficiaries, was facilitated by CMTS and implemented in cooperation with external specialists and UNRWA internal referral partners. These sessions also included the mobilisation of youth volunteers from the community to participate and lead initiatives such as theatre and musical performances, art contests and open days.

100. The awareness raising sessions included a wide range of topics from positive parenthood, to child protection from different forms of violence (bullying at school), self-esteem, depression, addiction to illegal substances, and problem-solving skills. A total of 320 beneficiaries attended these sessions.

Output 6: Planning, implementing, monitoring and reporting mechanisms are effectively functioning, progress reports submitted and final evaluation conducted.

101. Lastly, it is important to note the existing linkage with the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ) psycho-social support project which trained a core team of SWs in delivery of mental health and psycho social support to refugees. This project oriented 878 senior and front-line staff, and trained 24 staff as the core-group of resource people. An additional 13 staff were trained as tandem group members.

102. There were mechanisms in place for the project planning, implementation, monitoring and reporting, although there are certain gaps in how the project was initially conceived, implemented, monitored, and the reports produced and delivered. Development of the project proposal could have followed a participatory process and strengthened intervention logic by taking the context, updated needs of the targeted groups and available opportunities into consideration.

103. The internal coherence of the project’s design and targeting were based on the Marka pilot project. The definition of indicators, the type of indicators (output/outcome), the logical relationship between the outputs and the defined outcomes, and among the outcomes themselves, could have been more robust. For example, outcome indicators were not stated in the log frame, 2nd indicator of the output 1 is an input indicator, and output 5 indicator does not have a target. In addition, a participatory workshop, or planning session, would have been useful to bridge the gaps of internal coherence and reinforce the intervention’s logical framework of key components, and to scale up plan. A more detailed description of outputs was included in the detailed work plan issued in April 2017; however, the indicators could not be refined nor reformulated.

104. In regard to progress reports submitted
to the donor in the framework of the signed agreement, four reports were elaborated and submitted as per the requirement. However, it was noted that they did not use the CMIS data.

105. It is worth noting that the original project design included a mid-term review at the end of the second implementation year. This review was cancelled following consultations between UNRWA and UNICEF. The final comprehensive report was in progress at the time of writing this evaluation report.

106. The project was largely effective in the achievement of its target outputs and in strengthening and supporting the roll out of case management approach. Firstly, trained and professional case management teams are now in place in all the camps; despite the changes and turnover of the Project’s experienced staff, the output was achieved. However, further training is needed on advanced child protection and protection from gender-based violence, protection of persons with severe disabilities, and staff safety and self-care during home visits. Secondly, the referral pathway directory maintained the previous 39 partnerships and was updated to include a total of 57 partnership arrangements with external national and international institutions, organisations and charities, in addition to the grassroots organisations of the network of CBRC, WPC and Social Support Centres. The 57 partners have branches in four Areas totalling 185 offices (See Chart 4 for distribution of offices). Thirdly, there is now a Case Management Information System (CMIS) database in place, which is updated on a regular basis and informed by the social workers (SW) from different areas. Fourthly, 75 per cent of the targeted cases were identified and managed at the end of the project. However, there were issues with the external referral process, the role of the technical supervisors, the peer-to-peer mechanisms, and the case-load per social worker. Fifthly, psycho-social support services were provided to the most vulnerable women, children and persons with disability (PwD) as part of 194 cases managed through the project. Lastly, there have been mechanisms in place for project planning, implementation, monitoring and reporting, although there are certain gaps in how the project was initially conceived, implemented, monitored, and the reports produced and delivered.

107. There is a shared belief that UNRWA’s role in the partnership should evolve towards a more institutionalised and formalised set of agreements with NGOs and CBOs, where regular meetings and opportunities for training and capacity building could frame a more reciprocal and transparent relationship. The establishment of a Partner’s Assessment and Quality Assurance Mechanism for new partners can offer a path for the improvement of the referral system and the institutionalisation of partnership frameworks.

Recommendation 4

108. To continue strengthening the referral system through more regular institutionalised mechanisms with CBOs and NGOs should be established. When signing of a Memorandum of Understanding (MoU) to formalise the partnership is not feasible, the organisation of regular meetings, exchange of information, training and capacity building opportunities for partners should be used to strengthen the partnership.

Recommendation 5

109. Reinforce the regular coordination and cooperation with the Family Protection Department through the establishment of regular spaces for dialogue with focal points from different programmes.

Recommendation 6

110. Advance towards the practical use of the Case Management Information System (CMIS) with the existing information systems (RRIS and SSN) aimed at taking advantage of its potentialities and facilitating the analysis of
trends on protection case management, mapping exercises, and social protection services.

**Recommendation 7**

111. Deliver further training on gender-based violence, child protection, staff safety, and psychosocial approaches to dealing with trauma, targeting a group of social workers.

**Impact**

112. Generally there is a strong belief among the stakeholders that the project has had positive effects on children, women and persons with disabilities, and staff. A few unintended positive effects and one adverse effect were also found.

**Impact on beneficiaries**

113. Although an impact analysis was not within the scope of the evaluation, positive effects were found in the lives of Palestine refugees, especially women and children, in terms of family resilience, women's empowerment, strengthening of the protective environment of children, and addressing the root causes of vulnerability by widening the scope of access to education, health, psychosocial and support services.

114. Improvements were noted in wellbeing, quality of life, access to education, and vocational training skills of Palestine refugee children, adolescents and women. While seeking to fulfil their basic needs as beneficiaries of the SSN, the project contributed to their increased autonomy and empowerment. The refugees’ access to social services was expanded as a result of access to external referral services to meet the needs which are not covered under UNRWA’s regular programme. The quality of social services provided to beneficiaries improved as a result of training of SWs in case management and protection. Beneficiary satisfaction with the service is evidenced by the clients’ closure forms (satisfaction section).

115. Beneficiaries appreciate this type of service from UNRWA which is different from traditional in-kind assistance. Their feedback through the KILs and FGDs reflect that they do not consider themselves mere recipients and gained self-confidence and increased sense of self-reliance. One of the beneficiaries said “We should work in ourselves and have hope … we cannot rely on UNRWA’s support.”

**Impact on staff**

116. The evaluation suggested the presence of improvements in SW’s behavioural and technical competencies to conduct social work, which is now accomplished in a more systematic and comprehensive way. Previously, the SW’s approach privileged individual cases, and documentation was not centralized or coordinated. They now have a comprehensive view of each case, better organisation and a closer relationship with other members of the family and the community. The cases are better documented and the use of CMIS – even if it is not fully integrated with the other existing systems – certainly favoured that improvement. The SWs also increased their self-confidence through engagement in case management training and advanced case management training. These training sessions helped to strengthen the role of the SW and added new skills required to fill the forms, start with psychosocial support sessions, referral and follow up procedures, closure of cases, priority determination, problem-solving, positive communication and management of complex and sensitive cases.

**Impact on RSSP**

117. A new approach to work with individuals and their families is now in place and the project contributed to institutionalising the social work reform driven by RSSP and to reinforce the connection of UNRWA with the community and civil society. The project allowed SWs to gain more credibility, to establish and reinforce networking and cooperation mechanisms with external providers, and to move from relief assistance to a more comprehensive approach in the provision of social services. The engagement of WPC and CBRC under this project allowed for improved access to beneficiaries.

**Unintended effects**

118. The project resulted in some unintended effects. The change in the role of the case management focal point after the first 18 months was a contributing factor in the increase of the annual caseload. SWs are spending a
greater amount of time on the administrative tasks associated with case file documentation (because of the forms to be filled out to feed into RRIS and CMIS) and case follow up to track changes in the personal and family environment, etc. Moreover, development of a care plan requires more than one session with beneficiaries.

119. Administrative tasks carried out by the ARSSO in addition to their casework have contributed to their overload. The ARSSO’s role as a technical supervisor on case management was introduced in May 2017, when the role of the CMTS was reduced and sustainability measures beyond the lifespan of the project were explored. ARSSOs attend peer-to-peer meetings and contribute to supervision support.

120. There were also positive effects, since clients started going to centres more often in addition to the visits planned as part of the care plan. Clients also started thinking out of the box, having more hope and envisaging more solutions for their own problems. However, the costs associated with clients’ transportation from their homes to the centre were noted in the FGD as a factor that can affect their compliance with the care plan.

Key finding 4

121. The project positively influenced the SWs approach to their work and provided children, women and persons with disabilities with broadened access to protection-sensitive social services and improvement of their quality of life. Likewise, the social workers’ approach to their work changed as they started understanding the context of the case and family and how that affects the case and started developing care plans that respond to the needs of the whole family for effective response to case needs.

122. However, there is a risk that a case administered by more than one programme will be counted more than once in absence of a unified case management information system – at present CMIS is being used only by RSSP and Activity Info System is being used by NPU, EP, HP and emergency. For example, a SSN refugee needing health support and GBV and/or child protection case might be receiving assistance from all various programmes.

Recommendation 8

123. Reinforce the cross-programmatic mechanisms and initiatives to avoid possible overlaps in case management and referral within the existing protection and Gender-Based Violence (GBV) network mechanisms.

Recommendation 9

124. Improve the set of tools as well as the supervision of case referrals, the means of communication used by staff (provision of mobile equipment and avoiding use of personal numbers) and the establishment of a hotline.

sustainability

125. The case management approach was mainstreamed by JFO, staff were trained and the project informed the social work reform led by Headquarters (HQ). These factors underpin a positive perspective for sustainability. Nevertheless, it is important to reflect upon the level at which the actions are planned and implemented. In this sense, the formulation of multi-year plans with donors, NGOs and public sector organisations will enhance the sustainability of some of the components, such as referral services.

126. The strengthening of the co-ordination mechanisms with state agencies, such as the Child and Family Protection Department, could yield positive results in the framework of the referral pathways directory and to favour medium and long-term care arrangements on specific child protection and GBV cases. Finally, ensuring the allocation of funds to the follow-up of the care plans is still a matter that needs to be addressed.

127. There are challenges related to the context and underlying political, social and institutional conditions in which the project was implemented. On a more general level, the political and social changes in the region and in Jordan, and especially the increasing financial constraints faced by UNRWA operations, impacted the project. The latter contributed to a sense of uncertainty among beneficiaries of the sustainability of UNRWA delivery of social services. Among the key challenges, adult male beneficiaries flagged the unemployment in camps and their effects in terms of mental health.
and psychosocial support needs. Finally, staff resistance to change and adaptation to new approaches to deliver social services for refugees were highlighted as challenges faced throughout the project’s implementation.

Ownership

128. The child and family protection approach informed the process of RSSP reform and the planning cycle 2016-2021. The project was widely known and its key pillars were owned by RSSP field staff, JFO and UNRWA headquarters; the mainstreaming approach at a programme rather than project level aimed at preventing a further burden on social workers and for broader impact. In this regard, there was consensus and acceptance of the approach among staff.

129. The partnership with UNICEF enabled UNRWA to roll out the pilot experience of Marka camp to all 13 camps and surrounding areas and mainstream most elements of the approach. The partnership with UNICEF offered a wider opportunity for joint collaboration. UNICEF has indicated a willingness to provide more technical support through accompaniment, training delivery and expertise rather than direct project funding.

130. The coordination mechanisms established between the project and other programme areas such as the Neutrality and Protection Unit and the GBV network, among others, are important to ensure its sustainability.

131. Community participation and engagement took place during the implementation stage, which is important for the project’s sustainability. The annual update of SSN records required close contact between the SWs and beneficiaries while their needs were assessed and updated. In addition, as part of the referral pathway directory, WPCs and CBRCs facilitated community participation. The engagement of CBOs also created space for community development activities. A missing aspect during the project’s cycle was the participation of children in defining their needs and interests.

132. The project’s beneficiaries had opportunities to express their views in the frame of the relationship created with the appointed social worker and through the evaluation process itself. A complaint mechanism was in place although only one complaint was received during the project’s life cycle.

133. FGD with SW and KII with project staff revealed that the project successfully contributed towards changing the practices and knowledge of social workers from a needs-based approach to an approach based on a mutual and equal relationship, where power relationships are recognised and mitigated.

Child and family protection service

134. UNICEF indicated a willingness to continue supporting the technical assistance and capacity building of UNRWA on child protection and comprehensive referral systems. This can take the form of recruitment and hiring of experts to conduct training programmes on particular Child Protection (CP) related issues, and to advise on the implementation of actions in line with the CP approach.

135. Efforts to mobilise resources for follow up training in the effective use of the information, care plans and integration of CMIS with RRIS would require a multi-year programme funding aligned with the strategic outcomes and outputs of the RSSP reform.

136. The RSSP staff capacities in case management (CM), child protection, GBV and staff self-care have been strengthened. Nevertheless, gaps remain and there is a need to reinforce skills in advanced case management, dealing with trauma and cases of severe disabilities, complex GBV cases and staff self-care.

137. It is important to identify and bridge the gaps in ex-Gazan refugees’ access to UNRWA social services. To link the programme service delivery to Pillar 1 of the CP framework (Commitment to CP and Advocating for Respect of Child Rights) it could be useful to reflect on how legal protection gaps are translated into limited access to social protection services, which remain important in light of emerging protection issues (i.e. psychosocial needs of adult males) as mentioned in FGD with beneficiaries. In this regard, it is important to mention that JFO conducted a situational analysis of ex-Gazans’ needs and is in the process of preparing a comprehensive action plan.
UNRWA relief and social services reform and project

138. The project was aligned with UNRWA’s Relief and Social Services reform. The reform envisaged two key components: 1) General structure aimed at professionalising the role of the social worker; and 2) Technical supervision at area level for supervisors. In practice, this meant the institutionalisation of one generic post of social worker with more professional training on case management. This Agency-wide RSSP reform process was based on a review of the Relief and Social Services Programme that was conducted in 2010 and recommended the review of the roles and responsibilities of social workers.

Key finding 5

139. While a number of interventions have been institutionalised and are being integrated into the Relief and Social Services Programme including changes in the SWs’ role, the sustainability of the project approach to case management to meet the protection needs of refugees is limited. In this regard, multi-year programme level intervention is highly desirable.

Recommendation 10

140. In view of the current difficult financial situation of UNRWA, the possibility of soliciting financial and technical support from strategic donors for a multi-year programme aligned with the RSSP reform should be a priority. Such support should include capacity building for results-based planning and implementation of a protection sensitive programme delivery such including support for care plans, and training to meeting skills gaps identified by this evaluation. This will be important to keep up the current momentum until the RSSP reform takes off.

cross-cutting issues

141. The mainstreaming of gender, protection and disability issues has taken place mostly while targeting the project’s beneficiaries; implementing the case-management and a family protection approach for women, children and persons with disabilities; and gathering of sex and age disaggregated data.

Protection

142. The project’s logic of intervention was embedded in a protection approach which prioritized case management among other possible child protection strategies in which the protection needs of children are addressed in their respective family environment. 15 As previously mentioned, the project was a scale-up of a comprehensive protection approach developed in Marka, and a keystone in the preparation of the 2016-2021 strategic planning, including protection, gender and inclusion. The child protection strategy (case management/casework) and the comprehensive approach were effective and there is consensus on the importance of continuing to build on the accomplishments by aligning the work with the RSSP reform.

143. It is important to mention that the child protection officer of NPU trained all SWs and ARSSOs across four operational areas on UNRWA’s Framework of Child Protection during November –December 2017.

144. According to the Minimum Standards of Child Protection in Humanitarian Action “…Case management is the process of helping individual children and families through direct social-work… (Standard 15 Case Management)” The standard establishes that girls and boys with urgent child protection needs are identified and receive age- and culture-appropriate information as well as an effective, multi-sectoral and child-friendly response from relevant providers working in a coordinated and accountable manner. The project adopted a case management approach to work on child protection, including very concrete elements of a community-based approach, with CBOs in local areas, as part of the referral pathway and case files.

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15 The intervention has worked with individuals in their respective family environment, on a comprehensive basis. This can be easily analysed through the CMIS available data.
directory, more specifically the Women’s Programme Centres (WPC) and Community Based Rehabilitation Centres (CBRC). In addition, the Community Development Social Workers (CDSW) supported this component to broaden the scope of the protective environment of the child beyond the family, to include the community, the school setting and other public institutions that are part of the everyday life of the child. As an example, the design and roll out of awareness raising actions on the prevention of violence against children included participants from the community and the school setting, in line with the recommendations of the UN Study on Violence against Children.  

145. The role of the Area Protection Working Group was important for the identification of children at risk in the education and health sectors, although stronger and more regular co-ordination with the Neutrality and Protection Unit was lacking. CMIS procedures and practice comply with the Minimum Standards for Child Protection in Humanitarian Action standard no. 5: “Up-to-date information necessary for effective child protection programming that is collected, used, stored and shared, with full respect for confidentiality, and in accordance with the do no harm principle and the best interest of the child.”

146. The RSSP staff working with GBV cases should be more protected, better trained on GBV and case management and better coordinated with the GBV network and the Neutrality and Protection Unit to avoid overlapping and/or gaps. A need for further training on advanced GBV and case management was highlighted during FGD. Liaison and coordination between the project’s management and the NPU was limited to specific consultations, and training sessions; it was not systematic nor based on an established mechanism.

147. Protection of ex-Gazans. There is urgent need for counselling/psychosocial support for ex-Gazans deprived of protection and social services due to their status, especially men. FGD conducted for the purpose of this evaluation showed the importance of addressing their needs with a long-term vision, also considering recent incidents (i.e. shootings) which had serious consequences on them and their families.

148. Reporting on cases of violence against children is difficult. Some of the underlying challenges include the survivor’s fear and lack of confidence and, in certain cases such as GBV, the protection of the survivor and the SW. Furthermore, there are no shelters for women and girls who are victims of violence. For appropriate management and referral in these cases it is important to strengthen the liaison and effective co-ordination mechanisms with the Family Protection Department of the Ministry of Social Development (MSD) of Jordan.

149. Emerging issues on prevention and protection from different forms of violence against children were shared by beneficiaries during FGD. They also highlighted the role of schools and teachers in identifying and responding to these issues and salient risks. Among the emerging protection issues that were noted, the following are worth mentioning:

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16 United Nations Study on Violence against Children (2006). The study analyses violence against children in five settings: the home and family; schools and educational settings; care and justice institutions; the work-place; and the community. The study contains 12 overall recommendations and a number of setting-specific recommendations.

17 The Family Protection Department (FPD) comprises all relevant governmental agencies to facilitate access to services in a centralized location, framed within the Public Security Directorate. It was founded in 1997 as a unit within the Police Department but has evolved since with the cooperation of international organizations such as UNICEF and Save the Children. The Department follows up those cases related to sexual assault and domestic violence, developing the methods of investigation to encourage the survivors to report their cases to police. Based on KII and FGD with project staff, RSSP, social workers and beneficiaries, official reporting to police authorities is still a challenge due to fear of consequences and the feasibility of further support. The social workers, based on their previous engagement with the care plans and their familiarity with the case, can provide support and guidance to the person and their family on processes of this kind. In this sense, additional support, accompaniment measures, and training for SW are of utmost importance to perform this role competently.
- Positive discipline, good parental practices at home and school settings.
- Prevention and protection from corporal and humiliating punishment of children in school settings.
- Prevention and protection from child labour and associated risks.
- Prevention of adolescents’ addiction to illegal substances.
- Prevention and protection from discrimination. Gender stereotypes are still in place for girls, whereas parents consider "boys to be more at risk than girls." Parents indicated that they experience problems in setting boundaries for adolescent boys.
- Access to quality education and addressing the causes of drop-outs. Parents and children stressed the importance of preserving not only access but also the quality of the education received and addressing school drop outs and lack of support to young girls and boys. Some parents noted that "religious education" was something desirable as well, yet some children argued that they would not be obliged to practice a religion: "No one can force us to pray", Mahmud, 14 years-old.

**Gender**

150. The project was designed in alignment with the Gender Equality Policy (2007) and implemented with the Gender Equality Strategy (GES) 2016-2021 in place. The policy envisaged a twin-track approach of gender mainstreaming and targeted interventions for women and girls as a tool to bridge historical gaps in gender equality, participation and access to services. Accordingly, the project was prioritised.

151. The project led the casework of GBV cases among targeted beneficiaries from the Social Safety Net (SSN), whereas the Neutrality and Protection Unit managed cases within the GBV network, with GBV teams integrated through focal points in UNRWA programmes, WPCs, etc. These two mechanisms have not however allowed for a full exchange of information on: a) the number of cases managed and referred; b) information sharing between Activity Info and the CMIS, and c) the use of existing case management forms and tools. There is no evidence to confirm that the standards and procedures followed by the project and NPU for managing and referring GBV cases were consistent. Nevertheless, the evaluation found some examples of exchange of information and training opportunities.18

152. Although not planned as a specific output of the project, funds were allocated to conduct a Review and Way Forward for Women Programme Centre (WPCs) in May 2016. There are 14 WPCs offering Palestine refugees a range of services, including small loans, counselling and legal advice, vocational training, and information sessions on women’s rights. They also provide safe spaces for women and youth to learn from and encourage each other in life skills. Among the thematic areas of work of the WPCs, which are part of the referral pathway directory, gender-based violence (Strategic Objective 2) and social engagement (Strategic Objective 6) are the most relevant to the project’s scope. The conclusions and recommendations from the review were complementary to the actions framed in Output 1, and the consultant leading the exercise presented the main findings in March 2016, and a follow up session was held the following October. Among other observations, the study called attention to the fact that there was “no systematic and comprehensive approach to the different elements of prevention, identification and referral, access to legal services, medical treatment, psychosocial counselling and follow-up.”

**Inclusion of Persons with Disabilities (PWD)**

153. UNRWA introduced the Disability Inclusion Guidelines in 2017 to create a wider understanding of key disability inclusion principles and to mainstream disability inclusion in programmes and services. Bearing in mind the

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18 As noted by RSSD/HQ this issue has already been addressed during the annual Protection workshop meeting in November 2017 whereby a draft guidance was drafted clarifying roles, responsibilities, as well as call for a unified database for handling high risk protection cases.
project’s implementation period, mainstreaming was not possible. However, the integration of the needs of persons with disabilities took place through the provision of social services and the capacity-building of SW. The services provided to persons with disabilities were mostly focused on physical disabilities, and the provision of prostheses to facilitate and enhance the autonomy and self-esteem of the person. The maintenance cost for prostheses and devices provided to persons with disabilities remains an issue for the beneficiaries, thus further adjustments in the approach would be necessary.

154. The approach to address the special needs of persons with disabilities would need to consider the social barriers and stereotypes they face, and staff skills and training to manage cases of persons with severe disabilities should take these into consideration. Addressing the needs of PwD would require a set of specific treatments and more than one rehabilitation session, which are costly. These costs were not fully factored into the project’s budget. In addition, the work with PwD must also encompass inclusive education at schools, in the classroom, and training of teachers and supervisors.

Key finding 6

155. The integration of gender, protection and disability issues was focused on the project’s beneficiaries and the integration of adapted actions for them. The protection strategy was centred on case management and a family protection approach for women, children and persons with disabilities.

Recommendation 11

156. Apply the UNRWA disability inclusion guidelines while adopting a comprehensive approach to working with persons with disabilities. This should include not only direct assistance such as the delivery of prostheses and tailored health services to gain autonomy and quality of life; but also the removal of physical and social barriers and stereotypes that are obstacles to the fulfilment of their rights. The training of staff to further develop their skills to manage cases of persons with severe disabilities should also be an area for improvement in focus.

Recommendation 12

157. RSP should incorporate mixed protection strategies – case management and community-based strategies – to strengthen its response to emerging protection issues in line with the Minimum Standards of Child Protection in Humanitarian Action, with greater focus on prevention, in collaboration with other programmes, CBOs and the community at large.

Lessons learned

158. The use of participatory programme and project planning approaches and methodologies are important, especially at the design stage, to foster social impacts that can transform the lives and ensure the protection of Palestine refugees.

159. The professionalisation of social work allows for a more comprehensive and systematic approach, that places the family at the core of the intervention thus ensuring protection of children, persons with disabilities and women.

160. The most vulnerable families, children and women beneficiaries of the Social Safety Net (SSN), face protection risks associated with the deterioration of their socio-economic conditions, so the use of cash transfer - either through the SSN or through the support of the care-plans - remains an important entry point to address protection issues. Protection risks cited included different forms of violence against children, such as physical and humiliating punishment at home and/or school, violence associated with the use of technology and social networks; addiction to substances such as alcohol; and school dropout. Unemployment among adult men and its effect on their psycho-social well-being was also identified as an issue.
annex 1: management response

Final evaluation of project – Child and Family Protection Project through a Consolidated Case Management Approach and Multidisciplinary Team (PQ15E76)

**General response:**

<table>
<thead>
<tr>
<th>date of management response:</th>
<th>April 2019</th>
<th>reference number:</th>
<th>DIOS/EVAL/2019/1</th>
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Office and person coordinating the management response / recommendation follow up: *Programme Support Office*

**How has this evaluation influenced the Relief and Social Services Programme:**

The project has a positive impact on children, women, and persons with disabilities through improving their access to protection social services, thus improved their well-being. The project has also a positive impact on the social workers who had the opportunity with the support of UNICEF to be trained on case management and had the chance to provide more meaningful services to poor and valuable refugees.

This evaluation has been very useful in both assessing and validating progress made in the area of implementing family and child protection services to those most in need, ready, willing and able to receive these services, from the most vulnerable families, children and women of the Social Safety Net (SSN) Palestine Refugees population segment in Jordan.

The evaluation has highlighted focus areas for future actions in the comprehensive recommendations that were provided, in addition to reinforcing the fact that psychosocial support is also critical for the successful implementation of proper casework. The project relevant activities demonstrated the need for, and effects of the provided awareness and psychosocial support activities to all target audience of males, females, girls and boys in addition to persons with disabilities.

Moreover, the evaluation validated the need for continuity in mental health and psycho-social support in addition to identifying areas for improvements in the future design and implementation of the service. RSSP will implement them as part of the management response.

The findings and recommendations of the evaluation are also useful and timely as they are very much in line with Relief and Social Services Department/Headquarters (RSSD) on-going reform process that aims at professionalizing RSSP social workforce that builds the refugee resilience and increase their social inclusion. Moreover, it reinforces the revised structure for RSSP in five fields which is critical for the implementation of RSSP reform.
### Response to specific recommendations:

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>management response: (Agree/Partially agree/Disagree)</th>
<th>action planned/taken or reason for partially agreeing or disagreeing</th>
<th>planned date for implementation</th>
</tr>
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<tbody>
<tr>
<td><strong>Recommendation 1</strong>&lt;br&gt;Strengthen the project results-framework by systematically, applying a programme and project planning, monitoring and evaluation approach such as the Logical Framework Approach (LFA) to identify, design, and plan interventions, ensuring active participation of key stakeholders (i.e. beneficiaries, social work and protection specialists, project management, etc.) at each stage.</td>
<td>Agree</td>
<td>Under the supervision of the Donor Relations and Projects Support Officer all project owner departments will ensure discussion of project aims and results intended with key stakeholders, including beneficiaries as much as possible. Fully inclusive process may not be practical in some cases because at times UNRWA does not get sufficient lead time for project development and submission. <em>Action by: DRPSO</em>&lt;br&gt;Log frames will be vetted by Programme Support Office before submission to donors and cleared by the Front Office. To this effect, a circular will be issued by the Front Office. <em>Action by: DRPSO &amp; PSO</em>&lt;br&gt;Technical Instruction No. 1: Project Identification, Verification and Approval issued by the Department of Planning (DoP) requires involvement of stakeholder departments at HQ-Amman and HQ DoP which will also strengthen the quality of project proposals. <em>This is to be recirculated to all departments who implement projects by PSO.</em></td>
<td>June 2020</td>
</tr>
<tr>
<td><strong>Recommendation 2</strong>&lt;br&gt;Prepare a detailed implementation plan immediately upon signing of agreement, with detailed budget, ToR of the key project/programme staff; update log frame to ensure that the outputs and indicators are clear and relevant; and prepare a monitoring and evaluation plan.</td>
<td>Agree</td>
<td>This will be implemented by project owner department when implementing future projects. The relevant chief of programme will assign the tasks to the project manager or designated project officer as one of the urgent tasks to be accomplished before the project implementation advances. The project manager or designated project officer will be responsible for updating log frames / work plans as projects evolve and in cases where the planned deliverables and budget change. <em>Action by: DRPSO with support from PSO</em></td>
<td>December 2019</td>
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### Recommendation 3

Alleviate the case-load of social workers and reinforce the technical supervision as part of the peer-to-peer group mechanisms.

| Agree | RSSP in close coordination with RSSD/HQ will implement arrangements for new case-load and technical supervision as part of the RSSP reform. As per the reform plan, the technical supervision will be provided by the newly introduced position of Area Social Work Supervisor.

RSSP and other departments – Education, Health and Protection will collaborate closely on field based guidance, including on case management and referral arrangements.  
*Action by: RSSP* |
| December 2020 |

### Recommendation 4

To continue strengthening the referral system through more regular institutionalised mechanisms with CBOs and NGOs should be established. When signing of a Memorandum of Understanding (MoU) to formalise a partnership is not feasible, the organisation of regular meetings, exchange of information, training and capacity building opportunities should be used to strengthen the partnership.

| Partially Agree | i.  JFO plans to establish a systematic approach and mechanism for regular partnership engagement.  
*Action by: RSSP*  

ii. Where appropriate, MOU or Letters of Intent (LOI), which will be prepared in consultation with Field Legal Office, clearly specifying the type of cooperation will be signed after carefully vetting the partners. The MOU or LOI will have provisions for exchange of relevant information and case follow-up. Such information exchange will be done by fully adhering to the do no harm principle.  
*Action by: RSSP*  

iii. JFO disagrees with the part of the recommendation which requires JFO to make provisions for capacity building of partners. Acute resource and capacity constraints do not permit such undertaking. However, JFO will ensure at the time of vetting the potential partners that they have the required level of competencies related to referral services. This arrangement will be elaborated by HQ RSSD and Protection Division as it is related to RSS reform  

iv. RSSD HQ in collaboration with Protection Division will develop minimum quality standards for partners to ensure quality services to vulnerable refugees in line with the RSSP Reform and the Agency’s Partnerships framework.  
*Action by: HQRSSD* |
<p>| December 2021 |</p>
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<th>Details</th>
<th>Date</th>
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<tr>
<td><strong>Recommendation 5</strong></td>
<td>Agree</td>
<td>RSSP JFO will develop and sign a cooperation agreement with the Family Protection Department in coordination with all programmes. Action by: RSSP</td>
<td>December 2019</td>
</tr>
</tbody>
</table>
| **Recommendation 6** | Partially Agree | The CMIS is a temporary system until RSSD/HQ establishes a module on RRIS.  
As part of the RSSP reform, RSSD/HQ will establish a management information database for casework in the five fields of operation.  
Action by: HQ RSSD                                                                                      | June 2020  |
| **Recommendation 7** | Agree       | As part of RSSP reform, RSSD HQ will develop comprehensive training plan, covering gender-based violence, child protection, staff safety, and psycho-social support, for implementation in 2020.  
Action by: RSSD/HQ                                                                                      | July 2020  |
| **Recommendation 8** | Partially Agree | The HQ guidance ensures that there are no overlaps in case management and referral functions. JFO will implement the guidelines once the RSSP reform commences in JFO.  
All programmes follow the HQ guidance document clarifying the role of case management and casework with special emphasis on handling of high risk cases, and develop field specific Minimum Operational Procedures (MinOps) and a reporting template.  
In the meantime, Neutrality and Protection Unit will continue managing the high risk cases.  
Action by: NPU and FLO in collaboration with all programmes                                              | June 2020  |
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<th><strong>Recommendation 9</strong></th>
<th><strong>Agree</strong></th>
<th><strong>December 2020</strong></th>
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| Improve the toolbox as well as the supervision of case referrals, the means of communication used by staff (provision of mobile equipment and avoiding use of personal numbers), and the establishment of a hotline. | RSSP will implement the changes in the toolbox in coordination with RSSD/HQ ensuring relevance of the existing forms to the cases managed. The Toolbox is being addressed as part of RSSP reform. Until then RSSP will continue using the existing toolbox. RSSP will ensure that the essential equipment (cell phones/tablets, etc.) are accessible for staff involved in casework to ensure that UNRWA services to the Palestine refugee are aligned to the protection principle. Such costs will be included in future programme/project budgets.  
*Action by: HQ RSSD*  
JFO will determine arrangement for implementation of protection hot line for RSSP.  
*Action by: JFO* |  |

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<th><strong>Recommendation 10</strong></th>
<th><strong>Agree</strong></th>
<th><strong>March 2020</strong></th>
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<tbody>
<tr>
<td>In view of UNRWA’s current difficult financial situation, the possibility of soliciting financial and technical support from strategic donors for a multi-year programme aligned with the RSSP reform should be a priority. Such support should include capacity building for results-based planning, and implementation of a protection sensitive programme delivery including support for beneficiary care plans, and training to meet the skills gap identified by this evaluation.</td>
<td>RSSD/HQ in partnerships with GIZ will be supporting the RSSP reform through the development of a comprehensive professional social work training package as well as guidelines which will cover care plan, for the five fields over a 2-3 years partnership. Technical assistance will include training in staff self-care and other tenets of the MHPSS programme of tandem and core group establishment and strengthening.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Recommendation 11</strong></th>
<th><strong>Agree</strong></th>
<th><strong>December 2020</strong></th>
</tr>
</thead>
</table>
| Apply the UNRWA disability inclusion guidelines while adopting a comprehensive approach to working with persons with disabilities. This should include not only direct assistance such as the delivery of prostheses and tailored health services to gain autonomy and quality of life; but also the removal of physical and social barriers and stereotypes that are obstacles to the fulfilment of their rights. The training of staff to further develop their | JFO will implement the following in cooperation with other programmes departments in JFO:  
  i. provision of quality specialized services (including when available: provision of assistive devices, physiotherapy, speech therapy, occupational therapy, behaviour therapy); and  
  ii. disability inclusion (including, but not limited to: physical accessibility of relevant structures according to the ICIP’s |  |
Skills to manage cases of persons with severe disabilities should also be an area for improvement in focus.

Guidelines No. 2 PAE (2017), community and staff awareness, capacity building of staff.

RSSD/HQ will ensure that the professional social work training package which will be delivered under RSSP reform will include training of social workers on cross-cutting issues, i.e. disability, gender, children, older persons, etc.

**Recommendation 12**

RSSP should incorporate mixed protection strategies – case management and community-based strategies – to strengthen its response to emerging protection issues in line with the Minimum Standards of Child Protection in Humanitarian Action, with greater focus on prevention, in collaboration with other programmes, CBOs and the community at large.

**Agree**

The professional social work training under RSSP reform will take into consideration the prevention as well as the response to protection cases which draws upon the social work systems approach to working with individuals, families, and communities. Collaboration with other UNRWA programmes will be ensured as per the Guidance on Casework, Case Management and Referrals that RSSD/HQ provided to field offices in September 2018. *Action by: HQRSSD*

**December 2020**
annex 2: terms of reference

Terms of reference for final evaluation of project pq15e76, child and family protection project through a consolidated case management approach and multi-disciplinary team

Background:

1. UNRWA, established by the United Nations General Assembly in 1949, is the United Nations Agency mandated to provide assistance and protection to a population of more than five million registered Palestine refugees in Jordan, Lebanon, Syria, the West Bank and the Gaza Strip so that they may achieve their full potential in human development pending a just solution to their plight. UNRWA services encompass education, health, relief and social services, camp infrastructure improvement, micro-finance, and emergency assistance to Palestine Refugees from Syria. UNRWA is funded almost entirely by voluntary contributions.

2. As of December 2016, a total of 2,175,491 registered Palestine Refugees were registered with UNRWA Jordan. Among them, 58,899 are Social Safety Net (SSN) beneficiaries. There are ten recognized (formal) Palestine Refugee Camps throughout Jordan accommodating nearly 370,000 Palestine Refugees, and three non-recognised (non-formal) camps. All camps are found in four geographical areas of UNRWA operations, i.e. North Amman, South Amman, Zarqa and Irbid areas.

3. The UNRWA Relief and Social Services Programme (RSSP) provides a range of direct and indirect social protection services. The RSSP provides social safety net assistance in cash, on a quarterly basis, to the most impoverished Palestine refugees; and maintains, updates, and preserves Palestine refugees’ records. RSSP partners with community-based organisations to promote the development and self-reliance of marginalized groups, including women, children, youth, elderly people and persons with disabilities.

The Child and Family Protection Project:

4. In 2010, Jordan Field began a reform aimed at introducing a new way of working with families and children experiencing a mix of complex family, social and economic circumstances including issues related to child and family protection. The new way entailed two key service delivery arrangements: a) a Case Management approach adopted by social workers and b) the establishment of a Multi-Disciplinary Team (MDT) which brought UNRWA staff from across programmes together to address these complex social problems in a more holistic way. The aim was to provide the needy families with an integrated response from UNRWA’s three Programmes (Education, Health and Relief and Social Services) including external referral services for services that are not provided by UNRWA.

5. The reform was supported by the Australian Government through the Australian Volunteers International (AVI) by providing a volunteer Social Worker for one year. In 2012, the initiative was developed into a formal pilot project: PQ B01, Child and Family Protection through Case Management Project at Marka Camp with UNICEF cash contribution of US$238,890, UNRWA in-kind contribution of US$ 96,883 and AVI contribution of US$ 12,993. AVI continued their assistance by providing a volunteer and a small grant. The project was completed in December 2014 and a final evaluation carried out in March 2015.

6. In June 2015 the findings of this evaluation led to the commencement of a new 2-year project, also with the UNICEF support, covering five camps in the four areas of operation. US$250,000 for the rollout was augmented by US$125,000 in August 2017 through an extension of the project to 31 December 2017. The estimated UNRWA in-kind contribution was US$99,100.

7. The increase in budget covered the expansion of the case management approach in the Irbid area camps, and enhancement of the working environment of all 60 social caseworkers/managers (both relief and community development Social Workers). The total beneficiaries (direct and indirect)
did not change, but increased awareness and psychosocial support activities targeted at women, children, persons with disabilities and youth were implemented. An updated version of the Referral Directory, greater visibility publications, and a short documentary film are to be produced in the last quarter of project implementation.

8. The project focuses on the service delivery in five official Palestine Refugee Camps (Marka, Jerash, Baqa’a, South Amman and Husn) and to meet the protection needs of the most vulnerable groups (Outcome 12 - specifically 12.1- in FIP 2014-2015). Although the project proposal focussed on 5 camps, implementation was expanded to cover refugees from all other camps in the area as many refugees living outside the camps are also in need of the service. Priority in cash assistance and subsidies was given to Social Safety Net (SSN) beneficiary refugees as they are the most vulnerable.

9. The direct beneficiaries of the project are approximately 2,250 refugees (450 cases), while indirect beneficiaries were estimated 279,938 refugees residing in 5 camps within the project area. In total some 10 RSSP staff in JFO and 53 Social Workers and 4 Area Relief and Social Service Officers in the field, 24 Community Based Organisations, and 8-10 relevant RSSP management members were involved in service delivery.

10. The project’s goal was to contribute to the fulfilment of the protection needs of Palestine refugees, and anticipated outcome was family and child protection interventions are strengthened and expanded. The planned outputs as per the project document were:

   - Output 1: Trained and professional case management teams in place in all five camps.
   - Output 2: The referral pathways system is maintained and expanded based on the identified services required by beneficiaries in the five camps – 10 new referral pathways are established, the Referral Pathways Directory is updated, and all 39 existing partnerships are maintained.
   - Output 3: Comprehensive information and case management systems are operational and in use, including the Case Management Guidelines in five camps.
   - Output 4: The case management team identifies and efficiently manages 2250 Palestine refugees’ cases.
   - Output 5: Psychosocial support is provided to the most vulnerable women, children, and persons with disability on a quarterly basis.
   - Output 6: Planning, implementing, monitoring, and reporting mechanisms are effectively functioning – progress reports submitted, and final evaluation conducted.

**Evaluation objectives, criteria and questions:**

2.1 **Objective:**

11. To carry out an independent assessment of The Child and Family Protection Project and draw lessons for future design and implementation of child and family protection interventions by the Jordan Field Office.

12. The key users of the evaluation are UNRWA and UNICEF.

2.2 **Criteria and questions:**

13. The evaluation will address the following:

2.2.1 **Relevance:**

i. To what extent are the goal and outcome of the project still valid with reference to Jordan Field Office Strategic Plan 2016-2021 and UNRWA Mid Term Strategy 2016-2021?

ii. Are the activities and outputs of the programme consistent with the intended impacts and
effects?

iii. To what extent the project approach was in line with the best practices of social work? Did the approach improve access to services provided by internal and external service providers?

2.2.2 Efficiency:

i. How effective was the project performance in achieving the stated outputs and targets with particular reference to project governance, systems, procedures, institutional arrangements, management and operations, and technical support and coordination?

ii. What measures have been taken during the planning and implementation phase to ensure that resources were efficiently utilized?

iii. What factors affected the implementation of the project plan, including the implementation arrangement, and what were the effects?

iv. How efficient was engagement of MDT and other coordination mechanisms?

2.2.3 Effectiveness:

i. To what extent has the new approach achieved the planned output?

ii. What factors motivated the beneficiaries to avail the project services?

iii. Are beneficiaries satisfied with internal and external services? Why?

iv. How well was the management response to the pilot project (PQB01) evaluation recommendations implemented?

2.2.4 Impact:

i. Are there any visible indicators of likely impact on the beneficiaries in general and children and women in particular?

ii. Is there any unintended result (+/-) of the project on the beneficiaries?

iii. What effects have the project had on the indirect beneficiaries and community?

iv. What effects have the project on the attitude, behavioural and technical competencies of staff, in general, and the Social Workers, in particular? (For example, have their skills developed, and do they approach individuals and families experiencing complex issues in a professional manner?

v. What is the impact of MDT approach in Marka? Are their noticeable differences in the results in the camps/areas with and without MDT arrangement?

2.2.5 Sustainability:

i. What is the level of ownership of child and family protection approach by the relevant RSSP staff, and Jordan Field Office management and UNRWA HQ?

ii. Can Area Protection Working Group take over the functions of the MDT?

iii. What is the likelihood of UNRWA being able to finance continuation of project activities if there is no external funding?

iv. How does the project fit in the reform process led by UNRWA Headquarters?

2.2.6 Cross-cutting issues:

i. Were cross-cutting issues gender, protection (child and women), and disability given due consideration in design and execution phases?
**Scope**

14. The evaluation will cover all aspects of the project -- planning, implementation, monitoring and reporting, as well as overall management -- during the period from June 2015 to December 2017. In addition, it will review the status of implementation of the management response to the evaluation of pilot project: PQB01, Child and Family Protection through case management project at Marka Refugee Camp. Efficacy of targeting will also be covered.

15. The evaluation will assess whether the project has achieved the stated objectives, outcomes and outputs within the project time frame and identify the lessons for future by applying the evaluation criteria. In addition, it will document changes, if any, in and rationale behind the project interventions.

16. The geographic coverage of the evaluation is the four areas of UNRWA operations in Jordan – i.e. North Amman, South Amman, Irbid and Zarqa.

17. The evaluation will cover assessment of interaction and cooperation with external Referral Directory partners, taking into account that UNRWA works with these partners based on non-formal agreements and informal arrangements made by Social Workers and/or other area management staff. So far, the project has benefitted 992 refugees through 2,308 referral services of which 249 were internal referrals and 1,264 were external referrals. In addition, 525 other actions related to psycho-social support were to the 992 refugees.

**Methodology**

18. The methodology for the evaluation will include the following, but not limited to:

- The evaluation will adopt a mixed-method approach to answer the research questions outlined above, including both qualitative and quantitative methodologies. Information collected will be triangulated to ensure soundness of the analysis.

- Data and information collection methods will include, but are not limited to: (1) structured document review and content analysis of key documents (project agreements, progress reports, Contracts, etc.); (2) secondary analyses of data (Final evaluation of the pilot phase, UNRWA MTSs, FIP); (3) Structured and semi-structured interviews with key informants such as direct beneficiaries, MDT members and Amman level and field level staff; and focus group discussions with beneficiaries, community, referral service providers, and (4) randomized sample survey of beneficiaries.

- The consultant will propose an evaluation methodology using the Evaluation Matrix (Annex 11.2) while applying for this assignment. Methodology will be expanded as per the needs in the inception phase.

- The analysis and the presentation of data and information will be gender, age and sex disaggregated and; take into consideration the needs of vulnerable groups (ex-Gazans, children and persons with disabilities).

- Interview with Gender Mainstreaming Officer/Gender-based Violence Project Manager and Protection Officers, including staff from Syria Emergency Response Unit.

- The exercise will require interaction with UNRWA Jordan Field Office staff, Social Workers and the direct and indirect beneficiaries.

- Field visits to UNRWA Camps to sample case files.

19. Limitations are not foreseen at this stage.

**Timing and deliverables:**

20. The duration of evaluation will be 15 working days during February 2018.

21. Deliverables in the form of reports and/or slide presentations, as applicable, should be
submitted at the end of each of the phases listed below.

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Pages (excluding annexes)</th>
<th>Main Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inception report</td>
<td>2-5 pages</td>
<td>• Full description of the methodology and questions using the Evaluation Matrix (to be provided to successful candidate)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Field phase detailed plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reflection of scope (questions and data) of evaluation.</td>
</tr>
<tr>
<td>Presentation of preliminary findings and recommendations</td>
<td>As appropriate covering all domains of evaluation using PowerPoint Presentation</td>
<td>• Preliminary answers to the evaluation question including a verbal presentation of the logic behind the findings.</td>
</tr>
<tr>
<td>Draft report with all Annexes</td>
<td>No more than 10 pages, plus a 2 page executive summary and relevant annexes</td>
<td>• Answers to the evaluation questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Synthesis of all findings, conclusions and recommendations into an overall assessment (Detailed structure of the Report will be provided to the successful candidate)</td>
</tr>
<tr>
<td>Comments matrix</td>
<td>As needed</td>
<td>• Highlight the rational for not accepting comments.</td>
</tr>
<tr>
<td>Final report with all Annexes as per UNRWA specifications</td>
<td>No more than 14 pages excluding executive summary and annexes</td>
<td>• Same specifications as above, incorporating any comments received from the evaluation focal person on the draft report that have been accepted</td>
</tr>
</tbody>
</table>

22. All deliverables must be in English; fonts and format of the reports should be as per UNRWA requirements. The report must meet quality standards. The text of the report should be illustrated, as appropriate, with maps, graphs, case studies, and tables; a map of the project’s area(s) of intervention is required (to be attached as an Annex).

Management:

23. The Evaluator will report to Field Programme Support Officer who functions also as the Evaluator Manager. The Evaluation Manager will provide all documents and information required to the Evaluator, facilitate access to staff and visits to UNRWA offices, organize meetings/interviews with relevant UNRWA staff, provide backstopping and liaise regularly on the progress of the evaluation with internal UNRWA management.

24. UNRWA follows the UNEG norms and standards and good practice of the international evaluation community. Quality assurance tools will be provided to the team for reference. The evaluation deliverables will be quality-assured by the Evaluation Manager. The Evaluation Manager will conduct the first level quality assurance, while the DIOS Evaluation Division will conduct the second level quality assurance using UNRWA Quality Assurance Checklist for UNRWA Evaluation Final Reports (to be provided later). This quality assurance process does not interfere with the views and independence of the evaluation but ensures that the findings are backed up by evidence and form the basis of the conclusions and recommendations.
annex 3: project log frame – original

<table>
<thead>
<tr>
<th>INTERVENTION LOGIC</th>
<th>INDICATORS</th>
<th>SOURCES OF VERIFICATION</th>
<th>ASSUMPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> To contribute to the fulfilment of the protection needs of Palestine refugees</td>
<td>Number of children (boys and girls) who have access to comprehensive case management services</td>
<td>UNRWA’s annual reports</td>
<td>-</td>
</tr>
<tr>
<td><strong>Outcome:</strong> Family and child protection interventions are strengthened and expanded</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Project Output(s)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 1:</strong> Trained and professional case management teams in place in all five camps</td>
<td>Trained CMs for five camps (two per camp) are selected</td>
<td>Project reports</td>
<td>Technical experts are available to advance reform</td>
</tr>
<tr>
<td></td>
<td>One Project Advisor and one Administrative Assistant to work at field level, and two CM Technical Supervisors to work at camp level are recruited</td>
<td></td>
<td>SWs and MDT members continue to be able to dedicate additional time required by the new approach</td>
</tr>
<tr>
<td></td>
<td>Four additional MDTs set up by the end of the second year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 2:</strong> The referral pathways system is maintained and expanded based on the identified services required by beneficiaries in the five camps</td>
<td>10 new referral pathways are established, the Referral Pathways Directory is updated, and all 39 existing partnerships are maintained</td>
<td>Referral directory (soft and hard copies)</td>
<td>Suitably qualified and resourced external agencies are willing to collaborate with UNRWA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Project report</td>
<td></td>
</tr>
<tr>
<td><strong>Output 3:</strong> Comprehensive information and case management systems are operational and in use, including the Case Management Guidelines</td>
<td>Temporary MIS is operational in all five camps</td>
<td>Progress and final reports</td>
<td>UNRWA HQ supports the development of the Intervention Data Base Model</td>
</tr>
<tr>
<td></td>
<td>Case files are managed using the new Case Management Guidelines</td>
<td>Hard and soft copies of CM guidelines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Intervention Data Base Model is completed and installed in all five camps</td>
<td>Case referral reports</td>
<td></td>
</tr>
</tbody>
</table>

35
<table>
<thead>
<tr>
<th>Output 4:</th>
<th>The case management team identifies and efficiently manages cases</th>
<th>25 cases/CM opened the first year</th>
<th>MIS/data base system/ progress reports</th>
<th>CMs receive orientation and ongoing coaching by the Case Management Technical Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 5:</td>
<td>Psychosocial support is provided to the most vulnerable women, children, and persons with disability</td>
<td>Psychosocial sessions for women, children, and people with disabilities are carried out on a quarterly basis</td>
<td>Progress reports</td>
<td>Qualified service providers are available</td>
</tr>
<tr>
<td>Output 6:</td>
<td>Planning, implementing, monitoring, and reporting mechanisms are effectively functioning</td>
<td>One mid-term review at the end of the first year</td>
<td>One final evaluation at the end of the project</td>
<td>Progress reports submitted to the donor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Progress reports</td>
<td>Final evaluation report</td>
<td>Availability of funds to conduct a final evaluation</td>
</tr>
</tbody>
</table>
annex 4: list of documents reviewed

1. Jordan Strategic Plan 2016-2021
2. UNRWA Mid-Term Strategic Plan 2016-2021
3. English translation of Case Management Forms
4. Output 2: English translations of Power Point presentations of CBO’s
5. Output 6: Progress Report n° 2 (as per June 2016 according to the Project Document)
6. Output 5: Disability Centre Plan 2017
7. Marka Project Film Documentary: the file is not working (Output 3 Success stories can be watched correctly)
8. Project documents:
   - Budget: initial approved budget, and final committed budget (revised version & budget reallocation of 9/8/2017 and budget increase available)
   - Agreement with referral partners
9. Case Management Forms Arabic
   - Assessment Form.doc
   - Case Closure Form.doc
   - Case Session Form.doc
   - Communication Follow up with Agencies Form.doc
   - Communication Follow up with Clients Form.doc
   - Consent Form For referral.doc
   - External Referral Form.doc
   - Financial Assistance Form.docx
   - Individual Care Plan.docx
   - Referral Form from CM to CMFP 24-7.doc UNRWA Internal referral form-A (1).doc
10. Marka 1 Evaluation
    - End of Project Evaluation Marka Project Final with Annexes.pdf
    - External Evaluation Marka Project_Final.pdf
    - Marka Project-UNICEF 2013-2014.rar
11. Marka Project Film
12. Output 1 Trained staff and Professional CM teams
13. Output 2 Referral Pathway System Established
14. Output 3 Comprehensive CM info system operational
15. Output 4 CM team identifies and efficiently manages cases
16. Output 5 Psychosocial support provided to women and children
17. Output 6 Progress Reports
18. Project Docs with UNICEF and PSC
19. Tender Documents
20. Family and Child Protection Project List of Procured Items
21. Contracts.xlsx
22. RSSP Org Chart JFO-11-2017.xlsx
23. Unicef RSSP Family and Child Protection Project Team.xlsx
24. Additional Documents provided and/or used
   - Administration and Finance supporting documents (Folder 1/ Folder 2)
   - CRC/C/JOR/4-5 Consideration of reports submitted by States parties under article 44 of the Convention Combined fourth and fifth periodic reports of States parties due in 2011
   - UNHCR Fact Sheet, February 2018.
- UNRWA Jordan’s Strategic Plan 2016-2021
- UNRWA Child Protection Framework
- UNRWA Child Protection Mapping Report
- UNRWA Gender Equality Strategy 2016-2021
- UNRWA Official Communication to UNICEF from 15 December 2015
- CMIs Data Base
- CMIs Power Point Presentation
- UN Agency to UN Agency Contribution Agreement, 21 December 2015
- Minimum Standards of Child Protection in Humanitarian Action, IASC 2012,
- Strategy Development – Complementary Social Services Review and Way Forward for Women Programme Centres (WPCs), UNRWA, Jordan Field Office, FINAL REPORT, May 2016
- ToR Consultant – Strategy Development – Complementary Social Services - UNRWA Jordan Field Office
annex 5: inception report

Final evaluation of project pq15e76, child and family protection project through a consolidated case management approach and multi-disciplinary team

Understanding and reflections on project/program

UNRWA was established by the United Nations General Assembly in 1949, as the United Nations Agency mandated to deliver assistance and protection of Palestine refugees in Jordan, Lebanon, Syria, the West Bank and the Gaza Strip so that they may achieve their full potential in human development pending a just solution to the conflict. UNRWA services comprise education, health, relief and social services, camp infrastructure improvement, micro-finance, and emergency assistance to Palestine Refugees from Syria.

Based on the experience of the Pilot Project Child and Family Protection through Case Management Project at Marka Camp (2012-2014), UNRWA started the Child and Family Protection Project in June 2015 for a 24 months period, aimed at contributing to the fulfilment of the protection needs of Palestine refugees through the strengthening and expansion of family and child protection interventions. The project’s intervention logic envisaged 6 Outputs:

- **Output 1:** Trained and professional case management teams in place in all five camps.
- **Output 2:** The referral pathways system is maintained and expanded based on the identified services required by beneficiaries in the five camps – 10 new referral pathways are established, the Referral Pathways Directory is updated, and all 39 existing partnerships are maintained.
- **Output 3:** Comprehensive information and case management systems are operational and in use, including the Case Management Guidelines in five camps.
- **Output 4:** The case management team identifies and efficiently manages 2250 Palestine refugees’ cases.
- **Output 5:** Psychosocial support is provided to the most vulnerable women, children, and persons with disability on a quarterly basis.
- **Output 6:** Planning, implementing, monitoring, and reporting mechanisms are effectively functioning – progress reports submitted, and final evaluation conducted.

The project was designed, planned and implemented in the context of a reform commenced by UNRWA in 2010, based on two key service delivery keystones: a) a Case Management approach adopted by social workers and b) the establishment of a Multi-Disciplinary Team (MDT) which brought UNRWA staff from across programmes together to address complex social problems experienced by the families. This endeavour will be accomplished through an integrated response from UNRWA’s three Programmes (Education, Health and Relief and Social Services) including external referral services provided by Community Based Organisations (CBO’s) to fill the gaps of those services not provided by UNRWA.

UNRWA and UNICEF signed an agreement on the 9th of June 2015 for the expansion of the pilot project to an additional four camps in North Amman, South Amman, Zarqa, and Irbid. The project focused on the service delivery in five official Palestine Refugee Camps (Marka, Jerash, Baq’a, South Amman and Husn) and the protection needs of the most vulnerable target groups - also out of camps, in urban settings-. The project’s scope was expanded to cover refugees from all other camps in the area as many refugees living outside the camps are also in need of the services. Priority in cash assistance and subsidies was given to Social Safety Net (SSN) beneficiary refugees as they were assessed as the most vulnerable.

The direct beneficiaries of the project were estimated in 2,250 refugees (450 cases), while indirect
beneficiaries are estimated 279,938 refugees residing in five camps within the project area. Ten RSSP staff in JFO, 53 social workers and four area relief and social service officers in the field, 24 community based organizations, and 8-10 relevant RSSP management members were involved in the project service delivery.

The initial project’s budget reached US$ 250,000, while during the rollout this amount was increased by an addendum -signed in August 2017- to include and extra contribution of US$125,000 and to extend the project until 31 December 2017. The UNRWA contribution was US$ 99,100 and was committed in kind. This budget’s increase supported the expansion of the case management approach in the Irbid area camps, and the enhancement of the working environment.

Clarification of scope, objectives and key questions in TORs

Thus, the evaluative process will be conducted in accordance with the UNEG Ethical Guidelines and Evaluation and Ethical Code of Conduct for Evaluation in the UN System. The evaluation will follow the norms and standards of credibility, utility, independence, impartiality, ethics, transparency, human rights and gender equality.

The evaluation’s scope will cover the project’s planning, implementation, monitoring, reporting and management arrangements as from June 2015 to December 2017 (including the extension period), as well as the interaction and cooperation with external Referral Directory partners. The geographic coverage of the evaluation will be the four areas of UNRWA operations in Jordan: North Amman, South Amman, Irbid and Zarqa.

The objectives of this evaluation are to carry out an independent assessment of The Child and Family Protection Project and to draw lessons for future design and implementation of child and family protection interventions by the Jordan Field Office. The evaluation will assess then whether the project has achieved the stated objectives, outcomes and outputs within the project timeframe and identify the lessons learned by applying the OECD DAC Evaluation Criteria of relevance, efficiency, effectiveness, impact, sustainability and cross-cutting issues (gender, protection and disability).

The evaluation will be guided the key evaluation questions stated in the ToR for each of the mentioned criteria. The proposed modifications on the evaluation criteria and questions include the establishment of effectiveness as a specific criterion, the inclusion of evaluation questions to address coordination with CBO’s and referral partners and community participation issues, the strengthening of the gender approach and the use of cash transfer assistance mechanisms in the project and wider programming.

Finally, the evaluation will seek to document changes and learnings, if any, in and rational behind the project interventions, and to review of the status of implementation of the recommendations of the final evaluation of previous Pilot Project P0B01.

The key users of the evaluation will be UNRWA and UNICEF.

Clarification of methodology in TORs

The proposed methodology for this evaluation will adopt a qualitative method approach to answer the research questions outlined in the attached Evaluation Matrix. The participation of key stakeholders will play an important role, including UNRWA Programme JFO, UNRWA RSSP Project Staff, beneficiaries in camps and urban settings (boys, girls, women, men, youth, and elderly), community-based organisations of the Referral Pathway Directory, UNRWA Gender, GBV, Protection Officers, and UNICEF, in its role of technical partner and funding Agency. Data and information collection methods will include structured document’s review and content analysis of key documents and analysis of secondary data, semi-structured interviews with key informants, focus group discussions, and a randomized review of sample case files from Irbid area. The information collected will be triangulated to ensure soundness of the analysis and will be managed in accordance respecting its confidential character.

Structured document review and content analysis of key documents and analysis of secondary sources of data.
- UNRWA-UNICEF Project agreements, budget, and addenda
- UNRWA Project proposal, budget, work plan, timeframe, progress reports, minute meetings, sources of verification (audio-visual, success stories, psychosocial support, programmes and training programmes and workshops materials, etc.), case management forms.
- Organisational chart (RSSP and Child and Family Protection Project) and Job Description (JDs)
- Referral directory and partner’s presentations
- Case Management Guidelines
- Tender documents (service providers)
- Final evaluation of the pilot phase UNRWA MTSs, FIP
- Jordan Field Office Strategic Plan 2016-2021
- UNRWA Mid-Term Strategy 2016-2021
- UNRWA guidelines for the mainstreaming of Gender-based violence risk mitigation in emergency response as requested
- UNRWA Protection Framework
- UNRWA Gender Equality Strategy 2016-2021
- UNRWA Annual Reports
- Other international protection standards and best practices

Structured and semi-structured interviews with 21 key informants as follows:

**UNRWA Programme Management**
- Mr. Roger Davies, Director, UNRWA Operations JFO, Amman
- Ms. Sallee Gregory - Deputy Director of UNRWA Operations, JFO, Amman
- Ms. Kholoud Homsi - Department of Relief & Social Services (RSSP), UNRWA, Amman, Jordan
- Ms. Maha Rantisi - Chief, Field Relief and Social Service Programme, Jordan
- Ms. Dorothee Klaus, Director, Relief and Social Service Department, HQ, Amman

**UNRWA Project Management and Staff**
- Ms. Hana Uraidi - Child & Family Protection Project Manager, UNRWA, Amman, Jordan
- RSSP (Eligibility & Registration, Relief Services and Social Services staff), Amman, Irbid, North Amman, South Amman, and Zarka: ARO, ARSSO, CDSW, DPO, FRSO, SW, WPO.
- Ms. Noor Abu Omeir – Case Management Technical Supervisor
- Ms. Kholoud Homsi, - Chief of Social Service Division, HQ-A (Ex Project Manager)
- Mr. Khalil Hassan, Former JFO Donor Reporting and Projects Officer
- Giulia Formichetti, UN Fellow/Project Support and Development Officer
- Jason Power, Project Support and Development Officer (FP Social Services)

**UNRWA Gender, Protection and Cash transfer staff**
- Mr. Lily Damian, Head of Protection Division, HQ, Amman
Focus group discussions with beneficiaries per group (women, men, children, youth, people with disabilities), and Referral service providers (Community Based and Non-Governmental Organisations):

The analysis and the presentation of data and information will be gender, age and sex disaggregated and take into consideration the needs of vulnerable groups. The organisation of the focus group discussions will be conducted in accordance with the criteria of sex (men, women, boys, girls), age (children, adults, elderly), vulnerable group (ex-Gazans, Palestine refugees from Syria, persons with disabilities) and geographical areas of interventions in camps and urban settings (North Amman, South Amman, Irbid and Zarqa). Each focus group discussion will engage the active involvement of 4 beneficiaries, and the list of proposed attendants is attached in Annex 2.

In this sense, it is planned to conduct 12 (twelve) focus group discussions with beneficiaries from Baqa’a, Zarqa, Irbid and Amman New Camps, and 1 (one) focus group discussion with community based and non-governmental organisations of the Referral Directory.

Focus group discussions with beneficiaries from Baqa’a, Irbid, Zarqa, and Amman New Camps:

- **Baqa’a Camp**: it is planned to conduct 2 (two) focus group discussions: the first group with adult women (18-60+ years old) and men (18-60+ years old)
- **Irbid Camp**: it is proposed to conduct 4 (four) focus group discussions: (1) with adult women, (1) with adult men, (1) with girls and (1) with boys.
- **Amman New Camp**: it is proposed to conduct 2 (two) focus group discussions: (1) with adult men and (1) with adult women.
- **Zarqa Camp**: it is proposed to conduct 4 (four) focus group discussions: (1) with adult women, (1) with adult men, (1) with girls and (1) with boys.

Focus group discussion with community based and non-governmental organisations of the Referral Directory:

The organisation of the focus group discussion with the community based and non-governmental organisations of the Referral Directory is planned to be held with the engagement of 1 representative per CBO's and NGO's of served areas. It is planned to invite the participants to the same location or venue. The proposed selection has considered the areas of education, vocational training, income generation, employment, legal aid, health services and special services for persons with disabilities. The community based organisations and non-governmental proposed to be part of the group are:

**North Amman**
- Princess Basma Youth Resource Centre
- Women’s Program Centre (WPC)

**South Amman**
- Mercy Corps
- Kufr Ana Centre

**Zarqa**
- Women’s Program Centre
- Justice Centre for Legal Aid (JCLA)

**Irbid**
- Jordan River Foundation
- Theodor Shneller Vocational Training School

Two additional community-based and non-governmental organisations are proposed in case of one of the selected organisations was available or not willing to attend the proposed meeting:

- Social Support Centre – Marka
- Community Based Rehabilitation Centre (CBRC) - Baqa’a

Due to the time limitations, it is proposed to replace a beneficiary survey for a randomized review of sample Case Files in 1 served area (Irbid) and the management information system. Finally, it is meaningful to consider conducting home visits in the towns of Irbid, Baqa’a, Zarqa and South Amman. The proposed Evaluation Matrix is attached in Annex 1.

The systematization and analysis of the data collected will take place during the fieldwork stage and will continue back home in accordance with the ToR’s and UNEG Norms and Evaluation Standards, aimed at leading to the elaboration of the final report and to draw the final conclusions and recommendations.
## Annex 6: Evaluation Matrix

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Evaluation Questions</th>
<th>Data Collection Tool(s)</th>
<th>Indicator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Relevance</strong></td>
<td>1.1. To what extent was the project in line with the needs of beneficiaries and UNRWA strategic planning priorities?</td>
<td>Desk review of strategic documents</td>
<td>1.1.1.1. The goal and the outcomes of the project are framed in specific outcomes of UNRWA Strategic documents.</td>
</tr>
<tr>
<td></td>
<td>1.2. To what extent are the goal and outcome of the project still valid with reference to Jordan Field Office Strategic Plan 2016-2021 and UNRWA Mid Term Strategy 2016-2021?</td>
<td>Jordan Field Office Strategic Plan 2016-2021</td>
<td>1.1.2. Previous need's studies, assessments, Marka Pilot Project Evaluation and/or CM data base were considered in the Project's design (yes/not)</td>
</tr>
<tr>
<td></td>
<td>1.3. Are the activities and outputs of the project consistent with the intended impacts and effects?</td>
<td>UNRWA Needs Assessment, Marka Evaluation Recommendations, Project Proposal, Work Plan, and Progress Reports</td>
<td>1.2.1.2. There are at least 1 activity on gender equality and protection in the Project logical model</td>
</tr>
<tr>
<td></td>
<td>1.4. Was the cash transfer component of the Project consistent with the intended impacts and effects?</td>
<td>UNRWA Gender Equality Strategy (2016-2021) and the UNRWA Child Protection Framework (including the 2014 Child Protection Mapping Report, the 2012 Child Protection Policy)</td>
<td>1.3.1.1. The Project has developed a ToC/Logical Model</td>
</tr>
<tr>
<td></td>
<td>1.5. To what extent the project approach was in line with the best practices of social work?</td>
<td>UNRWA Annual Reports</td>
<td>1.4.1.% of beneficiaries receiving cash transfer support, amount and target criteria</td>
</tr>
<tr>
<td></td>
<td>1.6. To what extent the project was in line with the UNRWA Gender Equality Strategy (2016-2021) and the UNRWA Child Protection Framework?</td>
<td></td>
<td>1.5.1. Type and n° of standards and best practices of social work that sustain the project's design and implementation?</td>
</tr>
</tbody>
</table>

| **2. Efficiency**   | 2.1. What measures have been taken during the project? | Desk review of Project Documents | 2.1.1. % accomplishment of |

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1.1.1.1. The goal and the outcomes of the project are framed in specific outcomes of UNRWA Strategic documents.

1.1.2. Previous need's studies, assessments, Marka Pilot Project Evaluation and/or CM data base were considered in the Project's design (yes/not).

1.2.1.2. There are at least 1 activity on gender equality and protection in the Project logical model.

1.3.1.1. The Project has developed a ToC/Logical Model.

1.4.1.% of beneficiaries receiving cash transfer support, amount and target criteria.

1.5.1. Type and n° of standards and best practices of social work that sustain the project's design and implementation.

1.6.1. Were other international protection and gender standards considered?

1.6.1.1. Type and n° of international protection and gender standards integrated into the Project Logical Model.
2.2. What factors affected the implementation of the project plan, including the implementation arrangement, and what were the effects?

2.2.1. Have the project experienced any delay or obstacle?

2.2.2. What changes were made in the project plan, when, how and why?

2.3. How efficient was engagement of MDT and other coordination mechanisms?

2.3.1. How was the engagement of the MDT with the project? Is there any link established with other coordination mechanism?

2.4. To which extent the partnership between UNRWA and UNICEF allowed an efficient management of resources and technical support?

2.4.1. The terms of the partnership agreement were compiled by both parties.

(Approved Project Proposals and its Addenda’s, Budget Approved and implemented,
Interviews with: 
  Ms. Sallee Gregory - Deputy Director of UNRWA Operations, JFO, Amman
  • Ms. Kholoud Homsi - Department of Relief & Social Services (RSSP), UNRWA, Amman, Jordan
  • Mr. Vickram Chhetri - Evaluation Manager/Field Programme Support Officer, JFO, Amman, Jordan
  • Ms. Maha Rantisi - Chief, Field Relief and Social Service Programme, Jordan
  • Ms. Hana Uraidi - Child & Family Protection Project Manager, UNRWA, Amman, Jordan
  • Maha Homsi - UNICEF Amman, Jordan

Interviews with ARO, ARSSO, CDSW, DPO, FRSO, SW and, WPO.

Review of Case MIS system and its use by the project. This will require interview with Safwan Al-Omari, field relief and social services stated outputs according to the work plan, budget and timeframe

2.2.1.1 Existence of delays in compliance with the timeframe and % budget executed

2.2.2.1 N° and type of risks and/or gaps

2.3.1.1 N° and type of MDT coordination mechanisms
3. Effectiveness

3.1. How effective was the project performance in achieving the stated outputs and targets with particular reference to project governance, systems, procedures, institutional arrangements, management and operations, and technical support and coordination?

3.2. To what extent has the new approach achieved the planned outcomes, outputs and intended impacts?

3.3. How well the management response to the pilot project (PQB01) evaluation recommendations implemented?

3.4. Did the approach improve access to services provided by internal and external service providers?

3.5. How well the project established effective interaction and cooperation mechanisms with the Referral Directory partners?

3.2.1. The stated project’s outcomes and outputs and targets were achieved

3.4.1. What lessons learned can be drawn?

3.4.1. Have new services and/or partners included during the Project’s implementation period?

3.5.1. What challenges have the Referral Directory Partners faced during the Project’s implementation?

3.1.1. The project achieved the stated outcome and outputs in line with the governance, systems, procedures, management, operations, technical support and coordination systems.

3.2.1.1N° of cases per/caseworker

3.2.1.2 N° of case conferences/peer to peer meetings held on a weekly basis during the project’s implementation period

3.2.1.3. Existence of specific JD’s and SOP’s for Project Staff

3.2.1.4. Existence of an agreed definition of child vulnerability

3.2.1.5. % of Care plans implemented within two weeks after the assessment.

3.2.1.6. % of Cases reviewed on a monthly basis after the Care Plan was implemented.

Desk review of project documents, progress reports, and latest status report on the implementation of management response to the Pilot Project Evaluation.

Interviews with:
- Ms. Maha Rantisi - Chief, Field Relief and Social Service Programme, Jordan
- Ms. Hana Uraidi - Child & Family Protection Project Manager, UNRWA, Amman, Jordan
- Focus group discussions with beneficiaries (women, men, boys, girls, elderly, persons with disabilities)

Focus group discussions with Referral Directory Partners.

Interviews with:
- Community Managed Fund
4.1. Are there any visible indicators of likely impact on the beneficiaries in general and children and women in particular?

4.2. Is there any unintended result (+/-) of the project on the beneficiaries?

4.3. What effects have the project had on the indirect beneficiaries and

| 4.1.1 Have children and women of the served areas access to comprehensive case management services? |
| 4.2.1 Is there any unintended result (+/-) of the project on the beneficiaries? |

Focus group discussions with beneficiaries (women, men, boys, girls, elderly, persons with disabilities)

Interviews with:
- RSSP staff (Eligibility & Registration, Relief Services and Social

4.1.1. N° of children (boys and girls) and women who have access to comprehensive case management services

4.2.1.1. N° and type of positive/negative results.

4.3.1.1. Type of change
4. What effects have the project on the attitude, behavioural and technical competencies of staff, in general, and the Social Workers, in particular?

4.1. What are the most significant change in indirect beneficiaries and community?

4.1.1. What is the most significant change (attitude, behaviour, technical competence) in conducting social work?

4.5. Have staff/social workers skills developed, and do they approach individuals and families experiencing complex issues in a professional manner?

4.5.1. What are the skills developed by SW in conducting social work? Do the Project staff and SW have the necessary skills to perform their role, functions and duties?

4.6. What is the impact of MDT approach in Marka? Are there differences in the impacts in the camps/areas with and without MDT arrangement?

4.4.1. Type of change

4.5.1.1. N°, type and evaluation of the trainings received by the staff/SW

4.6.1. N° of camps/areas of intervention with wider access to comprehensive case management services

5. Sustainability

5.1. What is the level of ownership of child and family protection approach by the relevant RSSP staff, and Jordan Field Office management and UNRWA HQ?

5.1.1. Are the RSSP staff and JFO management and UNRWA HQ familiar with the project?

5.1.1.1. Familiarity with the project (yes/not)

5.1.1.2. % of RSSP staff that was trained in CM and Self-care

5.1.2. Are the RSSP staff capacities strengthened to continue delivering quality social services?

5.1.2.1. What is the distinctive role of MDT? Are there synergies with the role and functions of the Area Protection Working Group?

5.2.1. What is the distinctive role of MDT? Are there synergies with the role and functions of the Area Protection Working Group?

5.2.2.1. External funding is confirmed for the period 2018-2020 (yes/not)

5.3. What is the likelihood of UNRWA being able to finance continuation of project activities if there is no external funding?

5.3.1. Are sources of funding available/confirmed for the period 2018-2020?

5.3.1.1. UNRWA Annual Budget Allocation for the Project (Cash Contributions) for 2018-2021 (until the end of the Strategic period) (yes/not)

5.4. How does the project fit in the reform process led by UNRWA Headquarters?

5.4.1. Is the Project Semi-structured interviews with:

5.4.1.1. Consultations with the beneficiaries

5.5.1.1. Consultations with the beneficiaries
5.5. How does the project involve and promote community participation in design, implementation, monitoring and evaluation?

5.6. To what extent has the project established coordination mechanisms with the GBV Network, RSSP Community Managed Fund (CMF), and the Micro-finance Department for the implementation of its activities?

5.5.1. Have the project organized specific consultations meetings and/or discussions to involve the community during the project cycle?

5.6.1. Have the project established coordination mechanisms/synergies? If yes when? Are they still in place? When they are expected to be in place?

5.6.1.1. Number and type of coordination mechanisms established/in functions/planned with GBV Network, RSSP Community Managed Fund (CMF)

6. Cross-cutting issues (gender, protection and disability)

6.1. Were cross-cutting issues gender, protection (child and women), and disability given due consideration in design and execution phases?

6.2. How the project addressed the emerging protection challenges in its response? Is there any type of synergy with the Syria Response targeting Palestine Refugees in Syria?

6.1.1. Has the project included gender in its design, implementation, monitoring and/or evaluation?

6.1.2. Has the project included protection in its design, implementation, monitoring and/or evaluation?

6.1.3. Has the project included inclusion of persons with disabilities in its design, implementation, monitoring and/or evaluation?

6.2.1. What type of mechanisms

6.2.1.1. Gender equality and human rights were integrated in the project cycle (yes/not)

6.2.1.1. The project addressed emerging protection challenges through specific activities and/or mechanisms (yes/not)

6.2.1.1. There are synergies with Syria Response Unit (yes/not)

6.1.1.1. Gender equality and human rights were integrated in the project’s design (yes/not) and implementation (yes/not)

6.2.1.1.1. The project addressed emerging protection challenges through specific activities and/or mechanisms (yes/not)

6.2.1.1.1. There are synergies with Syria Response Unit (yes/not)
| and/or specific activities were planned to respond to emerging protection challenges? |
annex 7: list of key informants

UNRWA Programme Management
- Mr. Roger Davies, Director of UNRWA Operations, JFO, Amman
- Ms. Sallee Gregory - Deputy Director of UNRWA Operations, JFO, Amman
- Ms. Kholoud Homsi - Department of Relief & Social Services (RSSP) UNRWA, Amman, Jordan
- Ms. Maha Rantisi - Chief, Field Relief and Social Service Programme, Amman, Jordan
- Ms. Dorothee Klaus, Director, Relief and Social Service Department, HQ, Amman

UNRWA Project Management and Staff
- Ms. Kholoud Homsi, - Chief of Social Service Division, HQ-A (Ex Project Manager), Amman, Jordan
- Ms. Hana Uraidi – Deputy Chief, Field Relief and Social Service Programme, Amman, Jordan
- Rahma Abdul Rahman – JFO Field Social Services Officer, Amman, Jordan
- Hussam/Muhammad (FRSO and A/FRSO) JFO, Amman, Jordan
- Relief Services and Social Services staff of implementation areas: ARSSO, CDSW, and SW.
- Mr. Khalil Hassan, Former JFO Donor Reporting and Projects Officer
- Mr. Safwan Al Omari – JFO Field Relief and Social Services Information Systems Administrator, Amman.
- Jason Power, Project Support and Development Officer, JFO, Amman, Jordan.

UNRWA Protection staff
- Mr. Damian Lilly, Head of Protection Division, HQ, Amman, Jordan
- Ms. Virginia Perez - Senior Child Protection Officer, HQ-Amman, Jordan
- Mr. Rémy Saadoun, Neutrality and Protection Unit, JFO, Amman, Jordan
- Zuleyka Piniella, GBV Protection Associate, Neutrality and Protection Unit, JFO, Amman, Jordan.

UNICEF
annex 8: list of participants and home visits

Focus group participants (beneficiaries)

<table>
<thead>
<tr>
<th>S. N.</th>
<th>Centre</th>
<th>SSN Status</th>
<th>Open Date</th>
<th>Case Status</th>
<th>Is Served</th>
<th>Gender</th>
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<tr>
<td>1</td>
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**Home visits**

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**annex 9: data collection matrix**
### GENERAL INFORMATION

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This matrix includes data related to the field assignment stage. It is important to note that during the Inception phase, 12 additional interviews have been conducted, including 8 adult women and 4 men.
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80 60 20 10 66 4
annex 10: case management forms in use

The social workers/case managers use the following ten forms to provide services:

- **Form 1: Case Opening form.** Clients provide all their information and the case manager writes a small description of the case in this form.

- **Form 2: Needs of Cases Form.** This form is not extensively developed as the above-mentioned forms and seemed to need further development. This form refers to the case needs and their severity, and offers as well, a specific field to include the small cash amount managed by the SW.

- **Form 3: Consent Form for Referral.** In this form the clients give their written consent to conduct the care plan and receive the UNRWA and/or referral organisations services, providing an authorization to share the information with those organisations for the sake of service deliver only. This form was designed to be filled out by an adult person or to be read to the client in those cases where the client is a child. In that case, it is included the client’s name and the signature of his/her caregiver with the legal guardianship.

- **Form 4: Care Plan Form (Opening of a Case File).** The form includes specific useful instructions for the case manager, ranging from checking eligibility to how to create a protective environment for the client. Afterwards, a client code’s, sex and age disaggregated information, registration and SSN registration number as well as basic information of the client’s family group. The form includes background information related to education’s level, civil, employment, and housing status, the perspective of the client, as well as the key problems they are facing, and a clear space for inclusion of a CM risk evaluation where protection problems are addressed, the protective factors (or capacities) they already must deal with them, the services they already get, and the expression of the written consent to conduct the Care Plan.

- **Form 5: Session Form.** It is signed by the CM when sessions take place, either at client’s home or at office where a summary of the discussed issues are included, and the plan developed with the client.

- **Form 6: UNRWA Internal Referral Form.** This form, to be signed by the CM, is used to communicate with other UNRWA Programmes and for follow up purposes, and to summarize the key points addressed and resulting outcomes.

- **Form 7: UNRWA External Referral Form.** This form, to be signed by the CM, is used to communicate with external referral partners and service providers and for follow up purposes, and to summarize the key points addressed and resulting outcomes.

- **Form 8: Communication Follow-up Form with Beneficiary.** This form, to be signed by the CM, is used to communicate with the beneficiary and for follow up purposes, and to summarize the key points addressed and resulting outcomes.

- **Form 9: Communication Follow-up Form with Referral Partner/Service Provider.** This form, to be signed by the CM, is used to communicate with service providers and for follow up purposes, and to summarise the key points addressed and resulting outcomes.

- **Form 10: File Closure Form.** CM and SW use this form to agree on the case file’s closure. There, the number of sessions and referrals are clearly stated and an evaluation of the CM on the achievement of goals, and improvements on client’s status and overall client’s satisfaction. The form is finally signed by the CM, SW and the client.