

## **Final Report**

# **Comprehensive evaluation of the UNICEF-supported specialized child protection case management response in Jordan 2013-2017**

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## Abbreviations and acronyms

BID	Best Interest Determination
CBO	Community-Based Organisation
CAAFAG	Children Associated with Armed Forces and Armed Groups
CP	Child Protection
CPIMS	Child Protection Information Management System
CP SWB	Child Protection Sub-Working Group
CRC	Convention on the Rights of the Child
EPRI	Economic Policy Research Institute
FGD	Focus Group Discussion
FPD	Family Protection Department
FSC	Forcibly Separated Child
GBV	Gender-Based Violence
SGBV SWG	Gender-Based Violence Child Protection Sub-Working Group
GOJ	Government of Jordan
IMC	International Medical Corps
IMS	Information Management System
INGO	International Non-Governmental Organisation
IFH/NHF	Institute for Family Health/Noor Hussein Foundation
IRC	International Rescue Committee
ITS	Informal Tented Settlements
JOD	Jordanian Dinar
JRF	Jordan River Foundation
KII	Key Informant Interview
MDA	Ministry, Department or Agency
M&E	Monitoring and evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MOJ	Ministry of Justice
MOSD	Ministry of Social Development
NAF	National Action Fund
NCFA	National Council for Family Affairs
NGO	Non-Governmental Organisation
OECD-DAC	Organisation for Economic Cooperation and Development-Development Assistance Committee
PSD	Public Security Directorate
PSS	Psychosocial Support
QRFCC	Queen Rania Family and Child Center
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
SWG	Sub-Sector Working Group
TdH	Terre des Hommes
TOC	Theory of Change

TOR	Terms of Reference
TWG	Technical Working Group
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

## **Executive summary**

### *Background*

The outbreak of civil war in Syria in 2011 has displaced its citizens in record numbers, both internally and internationally, with neighbouring countries shouldering the largest inflows of Syrian refugees. In Jordan alone, UNHCR has registered 666,113 Syrian refugees to date. Syrian children in Jordan face particular vulnerabilities, including large numbers of children in labour, married children, children experiencing violence in homes and schools, children with disabilities, and children in conflict with the law. Within the affected Syrian population, few are as vulnerable as unaccompanied and separated children (UASC). More generally, children in Jordan, that is Jordanian and non-Jordanian children, face a range of risks – most notably violence against children, child labour and child marriage.

To address the acute need for child protection case management for Jordanian and non-Jordanian children, which was further exacerbated by the refugee crisis, UNICEF and partners have been supporting the provision of specialised and multi-sectoral child protection case management services for girls and boys in camps and host communities in Jordan since 2012. This response was put in place to coordinate the provision of and/or referral to appropriate services for girls and boys who are at-risk of suffering from harm or have already suffered harm. UNICEF-supported activities encompassed a variety of areas and themes, from contributing to coordination mechanisms; supporting the development of Standard Operating Procedures for case management; strengthening the Information Management System; and capacity building of governmental and non-governmental actors. Thus, ongoing efforts have been made to improve the child protection case management response for refugee and asylum-seeking children, and simultaneously strengthen the national system to create a coordinated, comprehensive and integrated response to protection violations that vulnerable children, regardless of origin, might face.

### *Evaluation purpose and scope*

The main purpose of this evaluation is both summative and formative, considering the need to evaluate at this juncture (1) how UNICEF-supported child protection case management has performed in addressing the needs of children at risk in Jordan over the period of 2013-2017 and (2) how to adjust child protection case management moving forward to respond to the reality of a protracted crisis. The evaluation covers UNICEF-supported child protection case management response activities from 2013 to 2017, primarily interventions that are supported – either financially or technically – and implemented by UNICEF and partners. Specifically, partners included in this evaluation include FPD, IMC, IRC, JRF, MOSD, along with MOE, MOH and NCFA, all of which were involved in and consulted as part of the research. This evaluation will help UNICEF and partners assess the outcomes and impacts of the implemented activities and can serve to inform child protection case management activities vis-à-vis the future and sustainability of case management in Jordan, particularly in light of diminishing funding and the response's transition from a humanitarian to development focus. In terms of geographic scope, participatory research of this evaluation covered host communities and camps in five governorates – Amman, Irbid, Mafraq, Maan and Zarqa.

## *Methodology and limitations*

The study employed a combination of different research methods to evaluate the UNICEF-supported child protection case management activities. Next to a review and analysis of secondary sources and data, the evaluation relied on participatory research to collect and analyse primary, qualitative data. All research tools were subject to ethical approval before the start of the data collection, especially the tools designed to gather information from children. Moreover, prior to interviews and discussions, informed consent of all participants and interviewees was gathered, and thoroughly explained to them the purpose of the evaluation, their role within the evaluation, and what information will be asked from them.

The limitations of the study are largely a result of its delayed timeframe, with short preparatory time for fieldwork, lack of time to test fieldwork instruments, and lower participation rates of Jordanian children than planned. Moreover, children and parents/caregivers, who participated in the FGDs, were selected purposively by case management agencies, instead of randomly. This should be taken into account when considering the findings presented and their overall generalisability. In addition, the quantitative analysis of data on budgets and coverage is limited to IMC, IRC and JRF, as data was only provided for these agencies.

## *Study findings*

### ***Relevance and adequacy***

While the inter-agency SOPs have been useful in creating a new understanding of case management as a more holistic approach and they clearly define roles and responsibilities, as well as quality assurance standards for case management, there is still room to further enhance the SOPs, for instance by streamlining forms and making SOPs more specific to different contexts. Furthermore, while the response has been adopted in light of the evolving context, the response can be further strengthened to be relevant to different beneficiary groups with different protection needs. Thus, evolving from an emergency to a developmental context, and moving from a more disjointed towards a more harmonised case management response, encompassing national and international, governmental and non-governmental actors, there is a continuous need to assess the response's relevance in meeting the needs of different beneficiary groups.

### ***Coherence***

The extent to which these inter-agency SOPs are operationalised within the agencies and the extent to which the case management response is coherent with these inter-agency SOPs still differs across agencies forming part of this evaluation. Moreover, differences in understanding of case management exists across agencies and own perceptions and ideas around case management are prevalent. These differences also reflect in the integration of case management within the agencies. Additionally, at this point, there is limited integration of different child protection and case management platforms at national and camp/host community levels. With different actors meeting and communicating through different platforms, there is room to further strengthen coordination, and with it coherence, between the different actors involved in case management. Furthermore, harmonisation efforts in the area of case management are so far limited to child protection and gender-based violence, with limited integration with other sectors

and actors dealing with vulnerable children, including children living with disabilities and juveniles in conflict with the law.

### ***Efficiency***

The budget for UNICEF-supported child protection case management activities for IMC, IRC and JRF grew considerably from 2015 to 2017; with an average of three-quarters of the total case management budget allocated to the delivery of case management services, 21 per cent allocated to capacity building activities, and one per cent dedicated to the development of materials and activities that render the response more sustainable in the long-term, each. The average unit cost of case management delivery increased from JOD 123.91 in 2015 to JOD 283.77 in 2017, while the unit cost for capacity building – which varied substantially across years and partners – decreased from 2015 to 2017. An explanation for these divergences in unit cost might be a more comprehensive service provision, and the substantial changes in budget allocations, with significant increases for case management delivery and decreases for capacity building activities, while the output targets were not revised to the same extent.

Initially the response could have been more efficient by capitalising more on existing platforms and capacities, however, there was a move towards streamlining of standards and more interaction and coordination between partners, resulting in enhanced efficiency through coordination. Still, there is room to further foster coordination and therewith capitalise on synergies through, for instance, better integration of different coordination platforms at national level, for instance the National Team for Family Protection and the Child Protection Sub-Working Group (CP SWB), consistent representation of relevant focal points from governmental and non-governmental, national and international case management agencies at sub-national working groups, and establishment of MOUs between agencies.

### ***Effectiveness***

The child protection case management process as outlined in the inter-agency SOPs was effectively implemented across agencies, with partners following the process described in the SOPs as effectively as possible, however, a range of challenges are still being encountered in different stages of the process, most notably during case referral and subsequent follow-up. Overall, the quality of case management service delivery is assessed as relatively high by most beneficiaries and case management agencies; however key informants also identified room for improvement in the quality of services, for instance by investing more in skills development and capacity building for case managers. While capacity building exercises and trainings are assessed positively and are considered a key avenue in rendering child protection case management more sustainable, there is agreement that more systematic and continuous approach to trainings, including more extensive shadowing and follow-up support, and more specialised trainings would be relevant.

### ***Impact***

Case management achieved largely positive impacts in the living situation of children and their families by addressing cases' prevalent needs through direct service provision and linking them to available services, by supporting them to better cope with the situation that they face, and by

supporting children and families in reducing risk mitigating behaviour, often resulting in protection concerns. However, the extent to which impacts were achieved is dependent on the geographic location, wherein positive impacts are more pronounced in camps compared to host communities, and in the North compared to the South. The findings also suggest that case management activities, and particularly the awareness raising and outreach activities conducted by most case management agencies, had an impact on people's awareness of the services available to them.

### ***Human rights and equity***

For most case management agencies, the majority of cases is non-Jordanian, with mostly Syrian refugees availing services. Key informants believe that there is a higher demand for services from the side of Syrian refugees and less stigma is attached to availing of services compared to Jordanian families, even though the case management response and services provided are tailored to meet the needs of both groups. Furthermore, based on data retrieved from ActivityInfo, for most of the years, the share of activities recorded is higher for males compared to females and a disproportionately high number of case management activities were recorded in camps, especially when compared to the share of refugees living in camps. Case managers also acknowledge that two of the most vulnerable groups – children living with disabilities and refugee children living in Informal Tented Settlements are currently not adequately reached through case management.

### ***Sustainability***

A range of factors and developments support the sustainability of the child protection case management response, even after support from UNICEF and other international organisations ends. A strong role was created for national partners to lead in the provision of trainings and increasing involvement and capacitation of community-based volunteers in the response can help to make case management more sustainable. Furthermore, plans to develop social work courses in cooperation with Jordanian training institutes and educational institutions, along with the definition of a clear career path for social workers and case managers in government will help to make the response more sustainability. On the other hand, factors currently impeding long-term sustainability include a lack of capacity of partners in government and local NGOs and CBOs to provide high quality case management services and especially specialised services, as well as high staff turnover and job rotation within government. Additionally, limited, dedicated financing of case management activities results in a shortage of financial, physical and human resources in governmental agencies.

### ***Conclusions***

Child protection case management is at a critical juncture in terms of planning for the future, both bearing in mind the decreases in funding for the Syria crisis and the transition from a humanitarian to development-focused response, as well as the progressive move towards a more nationalised system. Going forward child protection case management services must balance how to minimise and address protection risks faced by Jordanian and non-Jordanian children in the presence of diminishing funding levels and persisting staffing constraints.

## *Selected recommendations*

**Moving towards a more sustainable and integrated case management system** helps to provide services more comprehensively and more cost efficiently. It is recommended to explore avenues through which the current case management system could be further integrated with other sectors and rendered more sustainable through increasing capacitation of community-based volunteers and partners.

**A more prominent integration of a preventive approach into case management is proposed** by further strengthening the link between case management and preventive and transformative interventions, including referrals pathways to livelihood strengthening programmes and cash assistance, for instance.

To effectuate the above these recommendations at strategic level, selected recommendations for UNICEF and implementing partners at operational level include:

- Conduct a needs assessment of the populations currently served by case management, to ensure that relevant services are offered to meet their needs. Such a needs assessment should be linked to ongoing and continuous monitoring and evaluation activities.
- With relatively high-quality service delivery in camps and host communities in the North, refocus efforts towards enhancing the case management response in the South, where so far limited outcomes and impacts have been achieved.
- Develop a clear, joint capacity building plan for FPD, MOSD, MOE and MOH, together with JRF and NCFA. While high staff turnover and rotation in government agencies is likely to remain a challenge to sustainability of trainings, it is important that frequent trainings and re-trainings are offered.
- Complement the current modules on the inter-agency SOPs, which focus on the procedural side, with trainings providing the soft skills that case managers/social workers need, such as child friendly interviewing techniques or empathy.
- Invest in monitoring and evaluation by ensuring integration of relevant tools across different levels and agencies, with clear adherence to standards and guidelines in the inter-agency SOPs, by ensuring clear monitoring indicators that capture sufficient detail of the case management activities, going beyond purely operational indicators but also measuring the quality of services provided. Simultaneously, adequately enforce the uptake of relevant M&E tools.
- Expand case management activities to more areas, for instance to support children living with disabilities, which were identified as some of the most vulnerable children currently not served by the case management response; and integrate child protection case management with JPD's support provided to children conflict with the law, for example.
- Ensure that child protection case management is embedded and linked with services offered by other sectors and ministries, especially social protection and social welfare services. Social protection in the form of (cash) grants can address root causes of child protection violations. And while case management in itself might not be the right activity to address these root

causes, it can constitute a vital link between vulnerable children and available support services and programmes.

- Continue to train and capacitate community-based volunteers to function as outreach workers and para-case workers.
- Next to community-based volunteers, focus efforts towards the capacitation of CBOs and local NGOs to support the delivery of case management services and/or provide adequate referral services. Particularly in the South, a key challenge to effective case management was the lack of referral service providers.
- Support non-governmental partners in the development of adequate exit strategies to hand over cases to government agencies, whilst promoting partnerships between governmental and non-governmental partners to more sustainably support capacity building and provision of required technical assistance.
- UNICEF and partners could support the NCFA in advocating for a more universal approach to case management within government.

## 1. Background and context

The outbreak of civil war in Syria in 2011 has displaced its citizens in record numbers, both internally and internationally, with neighbouring countries shouldering the largest inflows of Syrian refugees. In Jordan alone, the United Nations High Commissioner for Refugees (UNHCR) has registered 666,113 Syrian refugees to date; however, adding the number of unregistered Syrians living in Jordan, the Government estimates that about 1.4 million Syrians might be residing in Jordan.<sup>1</sup> The vast majority of Syrian refugees, over 80 per cent, live in host communities in urban areas, thusly are responsible for covering the costs for their own housing, transportation, and other needs. At the beginning of 2017, 37,000 Syrian refugees had obtained work permits from the Government of Jordan,<sup>2</sup> though the Government of Jordan has undertaken to further include Syrian refugees in the national labour market within certain sectors.<sup>3</sup> In spite of these advancements towards bolstering refugees' access to livelihoods and local integration, 93 per cent of Syrian refugees in Jordan live below the poverty line.<sup>4</sup> The remaining refugee population in Jordan are domiciled in one of several refugee camps, including Zaatari and Azraq. Eligible Syrian refugees, both in urban areas and in camps, can receive cash-based assistance or vouchers to help cover costs associated with food and shelter.

The needs of Syrian refugees have put a strain on both national and international resources, and the international community in Jordan, the Government of Jordan (GoJ), and national partners have put in place coordination mechanisms to improve the protection of, care for, and provision of services to Syrian refugees and members of Jordanian host communities. The focus of such activities lies on particularly vulnerable groups, including survivors of gender-based violence (GBV), persons with serious medical needs, and children. As a demographic group, children, and to an exaggerated extent child refugees and asylum-seekers, face specific threats to their human capital development, such as through a lack of access to education, nutritious foods, and adequate healthcare, as well as general threats to their psychological and physical wellbeing. Fifty-one per cent of all Syrian refugees in Jordan are children, therefore substantial resources are required to ensure that Syrian children can continue their education, enjoy safe living environments, and have all other basic needs met. Moreover, unaccompanied and separated children (UASC) constitute a particularly vulnerable subset of refugee and asylum-seeking children being generally more at risk of exploitation, physical and sexual abuse, lack of proper documentation, irregular migration and movements, early marriage, and conflict with the law, among others. The number of registered UASC in Jordan fluctuated across the years, ranging from 1,657 in 2013, to 2,506 in 2014, to 1,129 in 2017. The numbers are revised constantly, as children age out and/or return to Syria.<sup>5</sup>

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<sup>1</sup> (Reuters, 2017)

<sup>2</sup> (UNHCR, 2017)

<sup>3</sup> This plan was most notably outlined in the Government of Jordan's Compact, presented during the Syria Conference in London in February 2016, which promised more work permits to Syrian refugees in exchange for greater access to the European market.

<sup>4</sup> (UNHCR, 2017)

<sup>5</sup> (UNICEF, 2016) & (UNICEF, 2017)

## 1.1. Risks for children

Having ratified the Convention on the Rights of the Child (CRC) in 1991, Jordan has been one of the model countries in the region in protecting and promoting the rights of children. The country is making innovative changes to improve the lives of its children. Nevertheless, challenges remain, and a range of factors still put children at risk. Most prominently, **violence against children** and domestic violence continue to prevail in Jordan. Although the National Framework for Family Protection against Violence (passed in 2006, updated in 2016) identifies and criminalises different types of family violence, including violence against children, and stipulates guidelines on mandatory reporting, incidences of violence still go unreported, particularly when the survivor is a girl, so that children often do not receive adequate follow-up support. While no recent data is available, a household survey from 2012 indicates that 66 per cent of children aged 2 to 14 were subjected to at least one form of physical punishment by their parents or another adult in their household within the previous month. Furthermore, 89 per cent were subjected to a violent form of discipline of whom 20 per cent were subjected to severe physical punishment, whereas, 87 per cent of children reported being subjected to psychological discipline, including being screamed at or called names.<sup>6</sup>

**Child labour** constitutes another substantial risk to children living in Jordan. According to the recent *2016 National Child Labour Survey (NCLS) of Jordan* it is estimated that most of the working children in Jordan – children who worked for at least one hour during the survey reference period, either full-time or part-time, paid or unpaid – are engaged in child labour. Approximately 92 per cent of all working children are in child labour, hence, engaged in work unsuitable for their capacities as children or in work that may jeopardize their health, education or moral development.<sup>7</sup> The survey also found that Syrian children have the highest worker-to-population-ratio (WPR), compared to Jordanians and other nationalities.<sup>8</sup> Within the demographic of Syrian children engaged in labour or work, the sectors of wholesale and retail trade, construction and manufacturing are the main sources; construction and manufacturing constitute especially hazardous working environments, given a child’s potential exposure to dangerous equipment, loud noises, dust and fumes, and heavy labour. Moreover, the same survey found that Syrian children aged 5-17 years had the lowest school attendance rate (72.5 per cent), versus a 95 per cent rate amongst Jordanian children and 90.5 per cent for other nationalities. This finding confirms other research on Syrian refugees, who have reported that high numbers of male youth were taken out of school, dropped out of school, or were not enrolled in school so they could find work to support the household.

In addition, child refugees and asylum-seekers face specific threats to their human capital development, such as through a lack of access nutritious foods and good healthcare, as well as general threats to their psychological and physical wellbeing. And as is true in many contexts,

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<sup>6</sup> (UNICEF, 2017)

<sup>7</sup> (Center for Strategic Studies University of Jordan, International Labour Organisation, Ministry of Labour, Department for Statistics, 2016)

<sup>8</sup> (Shteiji, Alkhatib, & SaadEdeen, 2016)

families and children living in poverty are the most vulnerable to health and social risks, and often are face the largest barriers to accessing needed services and interventions. Furthermore, these risks contribute to the uptake of negative coping mechanisms, such as, *inter alia*, selling of assets, reducing household food intake, pulling children out of school, child labour and child marriage. These coping mechanisms and others have been noted amongst Syrian refugees, 93 per cent of whom live below the poverty line.<sup>9</sup> Over 80 per cent of Syrian refugees live in host communities and, as mentioned earlier, refugees who reside in host communities do not receive assistance from international agencies, with the distribution of cash transfers to Syrian refugees in urban areas limited to a small number of the most vulnerable cases. Moreover, services in host communities are generally less concentrated than in the camps, and refugees living in urban areas face barriers to access such as transport, cost of services and availability.<sup>10</sup> Interestingly, however, an assessment of service utilisation of mental health and psychosocial support (PSS) services amongst Syrian refugees found greater uptake in urban areas versus camps, despite the aforementioned barriers to access.<sup>11</sup>

Over the course of the Syria crisis in Jordan, the protection concerns and vulnerability profiles of Syrian children have changed. For example, the number of **UASC** – who are generally more at risk of exploitation, physical and sexual abuse, lack of proper documentation, irregular migration and movements, early marriage, and conflict with the law – has fluctuated over the course of the crisis. These fluctuations may be due in part to successes in reuniting UASC with a family member and overall decreases in the refugee population following the closure of the border with Syria; as well as escalations in the fighting in Syria, resulting in increased numbers of Syrians seeking refuge in Jordan. Within the population of UASC, the number of forcibly separated children (FSC), or children with parents or caregivers living in Jordan who have been picked up by the Jordanian authorities,<sup>12</sup> remains a concern. This number began rising in 2014, with the GoJ tightening bail-out restrictions,<sup>13</sup> and continued to do so through 2015; the majority of FSC are boys. The growing issue of FSC may also be related to the ever-widening trend of child labour amongst Syrian refugee children, as FSC are often picked up while going to work.

While engaging in child labour primarily impacts Syrian boys, Syrian girls are likewise exposed to unique risks, with sexual and gender-based violence (SGBV), abuse and **child marriage**<sup>14</sup> principal amongst these. Similar to encouraging adolescent boys to engage in income-generating activities, child marriage for Syrian girls is encouraged by poverty and a lack of economic opportunities, and compounded by beliefs that marriage will lead to a better protective environment for girls. A girls' dropping out of school also exposes her to child marriage. The percentage of child marriages has risen over the course of the Syria crisis, and about 25 per cent of registered marriages of Syrians

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<sup>9</sup> (UNHCR, 2017)

<sup>10</sup> (Asfour & Baca, 2017)

<sup>11</sup> (Asfour & Baca, 2017)

<sup>12</sup> (UNICEF, 2016)

<sup>13</sup> (UNICEF, 2016)

<sup>14</sup> Child marriage is defined as a marriage in which the girl is 15 to 17-years-old (van der Veen, et al., 2015).

in Jordan were child marriages in 2014;<sup>15</sup> however, the number of unregistered child marriages likely increases the overall incidence. Research on child marriage indicates that girls encounter health risks linked to complications from early pregnancy and physical risks linked to SGBV and abuse and may experience diminished socioeconomic opportunities over the course of their lives due to dropping out of school.

Alongside case management, sensitisation campaigns, community outreach and Makani centres,<sup>16</sup> other efforts over the course of the response have attempted to address the protection concerns that Jordanian children at risk face, though there still remain at-risk children who have yet to be reached. Additionally, the widespread poverty affecting Syrian refugees complicate the impacts of such efforts, particularly in urban areas in which the distribution of cash is restricted. And, although vulnerable Jordanian children are included in case management services as part of the Syria response, the same issues relating to accessibility and scope of services, especially specialised services; inadequate numbers of case workers to actively follow-up on cases; and limited funding affect service provision to Jordanians. The coordinated Syria response has not significantly fostered feelings of social cohesion<sup>17</sup> between Syrians and their Jordanian host communities, and the response should be aware that Jordanians may perceive Syrians as benefitting from greater assistance and services.

## 1.2. The Syria response in Jordan

Although Jordan is not a signatory of the 1951 United Nations Convention Relating to the Status of Refugees or the 1967 Optional Protocol, it does maintain a national legislative framework for the protection of children's rights, which, in theory, extends to child refugees. Jordan has also ratified the Convention on the Rights of the Child and does not recognise marriage under the age of 18 except for in situations approved by Sharia judges in which the child, aged 16 to below 18 years of age, has assented to the marriage and the parents have consented. However, issues affecting the protection of Syrian refugee and asylum-seeking children, including UASC, comprise of poor data on the actual number of UASC entering Jordan, forcible separation of children from their families, detention, child labour, lack of formal documentation, among others; while case management systems for child protection encounter issues related to funding constraints, lack of timely and comprehensive reporting from IPs, and a need for IPs' further commitment to and usage of coordination mechanisms.

Over the course of the Syria crisis in Jordan, ongoing efforts have been made to improve the child protection case management response for refugee and asylum-seeking children, as well as Jordanian children at risk, with some significant achievements and advancements. The overall

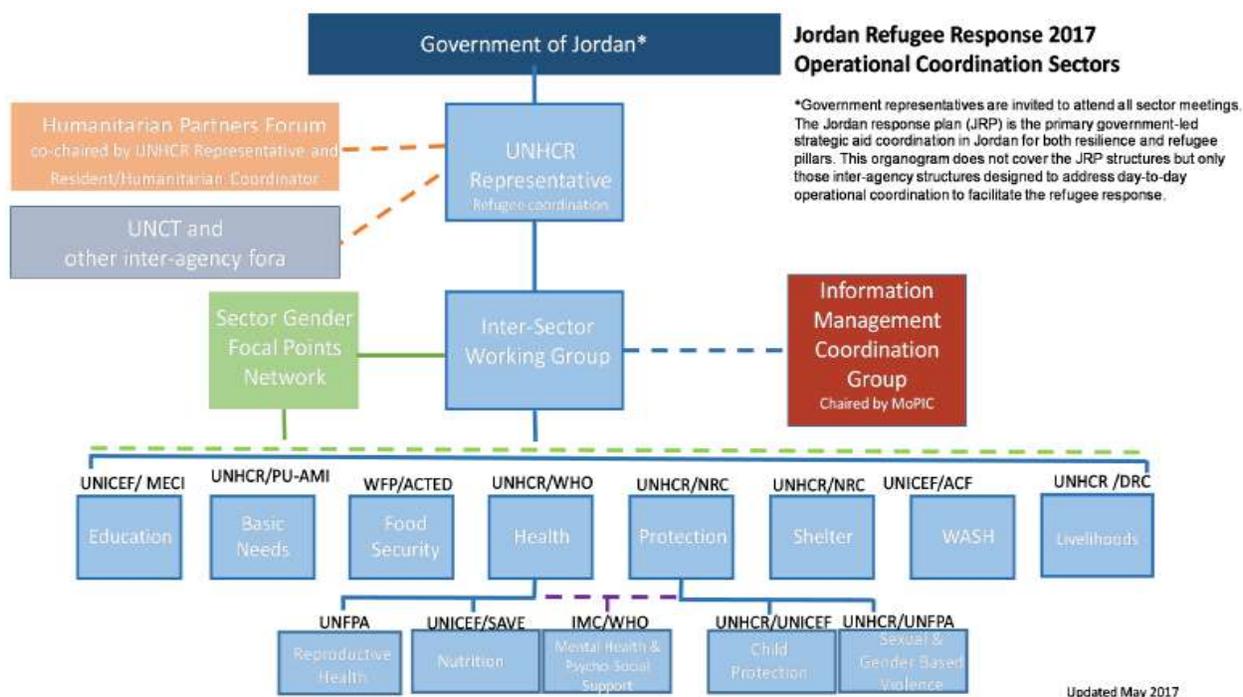
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<sup>15</sup> (van der Veen, et al., 2015)

<sup>16</sup> Makani ('my space' in Arabic) is a comprehensive approach initiated by UNICEF in Jordan that allow children to access multiple services under one roof. Makani centres link interventions in education, child protection, adolescent and youth participation, health and nutrition, and water, sanitation and hygiene (WASH) services. Each Makani centre also conducts community outreach and referral services to refer special cases to appropriate services. (UNICEF, n.d.)

<sup>17</sup> (Ibid.)

coordination of the Syria response is guided by the Jordan Response Plan, led by the Government of Jordan and involving the participation of a range of stakeholders, as illustrated in **Figure 1** Error! Reference source not found.. Inter-agency coordination of child protection and case management falls under the Protection Working Group (PWG), chaired by UNHCR and the Norwegian Refugee Council (NRC), with key sub-sector working groups that touch upon case management being the Mental Health & Psychosocial Support (PSS) Sub-Sector Working Group, chaired by IMC and the World Health Organisation (WHO); the Sexual and Gender-based Violence Sub-Sector Working Group (SGBV SWG), co-chaired by UNHCR and the United Nations Population Fund (UNFPA); and, most significantly, the Child Protection Sub-Sector Working Group (CP SWG), co-chaired by UNHCR and the United Nation’s Children Fund (UNICEF). The objective of the CP SWG is to strengthen and harmonise emergency child protection interventions for boys and girls affected by the Syrian crisis in Jordan, with a particular focus on UASC, the worst forms of child labour, violence against children and children in conflict with the law. The CP SWG identified six thematic areas on which to focus: 1) improving co-ordination and information sharing, 2) data collection and inter-agency case management systems, 3) child protection funding, 4) mainstreaming of child protection into other sectors, 4) support the roll-out of Standard Operating Procedures (SOPs), 5) capacity building of child protection partners, and 6) child protection mainstreaming and advocacy.



**Figure 1.** Jordan Response Plan Inter-Agency coordination structure<sup>18</sup>

The CP SWG has achieved several key accomplishments within the above thematic areas. First, in 2013 and 2014, the CP SWG and SGBV SWG collaborated to write SOPs for child protection and GBV case management and established a Case Management Task Force formed of CP SWG and SGBV SWG members in 2013. This Task Force led the discussion around setting up standards,

<sup>18</sup> (Protection Sector Working Group, 2014)

procedures and forms, which then fed into the *Inter-Agency Emergency SOPs for Prevention of and Response to Gender-Based Violence and Child Protection in Jordan* (hereafter referred to as the “Inter-Agency SOPs”).<sup>19</sup> The Inter-Agency SOPs define the roles and responsibilities of various actors in GBV and child protection, lay out coordination mechanisms, list available services and define service standards, provide guiding principles for interacting with survivors of GBV and with children, define the role of community within case management, and provide standardised forms, among others. **Table 1** *Error! Reference source not found.* lists the six key case management agencies working within the Syria response and their respective focus areas.

**Table 1.** *Case management agencies involved in the Syria response*

Type of agency	Organisation	Case management activities
National non-governmental	Jordan River Foundation (JRF)	Child protection including child survivors of GBV
	Institute for Family Health/Noor Hussein Foundation (IFH/NHF)	Child protection including separated children
International non-governmental	International Medical Corps (IMC)	Child protection including child survivors of GBV; mental health
	International Rescue Committee (IRC)	UASC
	Terre des Hommes (TdH)	Child protection including child survivors of GBV
UN agency	UNHCR	Child protection including child survivors of GBV

Complementary to the Inter-Agency SOPs, a UASC Task Force was formed under the CP SWG to lead a consultative process to develop the *Standard Operating Procedures for Emergency Response to Unaccompanied and Separated Children in Jordan* from 2013-2014. These SOPs establish the roles and responsibilities of government agencies, including the Family Protection Department (FPD), Ministry of Social Development (MOSD), National Council for Family Affairs (NCFA) and Ministry of Justice, and UN agencies (UNHCR, UNICEF, UNRWA), and other national and international case management agencies (IRC, IMC, JRF, IFH/NHF) regarding the working procedures for the care and protection of UASC as part of the refugee response in Jordan.<sup>20</sup> Additionally, the members of the CP SWG released *Standard Operating Procedures for Best Interest Determination of Refugee Children in Jordan* in 2016,<sup>21</sup> which helped to establish functional BID panels throughout the country, comprising members from the GOJ, non-governmental organisations (NGOs), and UN agencies.

Beyond the achievements made by the CP SWG and abovementioned Task Forces, UNICEF-supported interventions as part of the inter-agency response have greatly contributed to the strengthening of the Information Management System (IMS) used across agencies involved in case management. IRC and IMC use the Child Protection IMS (CPIMS), supported by UNICEF, which evolved into the CPIMS plus/PRIMERO platform, a web-based application. By the end of April 2017, there are over 3,000 cases in the system which is being used by close over 130 case workers in Jordan. UNHCR, JRF and IHF/NHF use the CPIMS/RAIS case management system. During the

<sup>19</sup> (Save the Children, UNHCR, UNICEF, UNFPA, NCFA, 2013)

<sup>20</sup> (UASC Task Force, 2014)

<sup>21</sup> (Child Protection Sub-Working Group, 2016)

monthly meetings of the CPIMS Steering Committee, formerly the Case Management Task Force, data from both instances is merged and discussed.

### 1.3. Child protection case management in Jordan

While the extent and degree of standardisation of child protection case management activities in Jordan certainly increased with the Syrian refugee crisis, forms of child protection case management activities were already in place prior to 2011. At national level, the National Council on Family Affairs, founded by Royal Decree in 2001, is the umbrella agency responsible for the coordination and facilitation of family protection work in Jordan, promoting a multi-sectoral and participatory approach through establishing strong partnerships between government, international organisations and NGOs.<sup>22</sup> Additionally, the Ministry of Social Development, as policy lead for social work and child protection, does implementation of case management, employing social workers that work either within the FPD or other social service centres, including its offices across the country and within its shelters and other care institutions. Furthermore, the MOSD maintains a Family Inclusion Unit, which supports alternative care, like foster care and adoption, for in-need children.<sup>23</sup> Alternative care is not officially considered part of case management response services in Jordan, though the work of the Family Inclusion Unit in this area marks an important contribution to the broader case management landscape, particularly for statutory services. Moreover, the Family Protection Department, under the Public Security Directorate (PSD), is a key stakeholder for domestic violence and other violence against children, including gender-based violence. The FPD coordinates and implements case management efforts through its position as a specialised agency dealing with cases of domestic violence and sexual assault.<sup>24</sup>

In terms of the **legal framework** for child protection, Jordan has ratified the UN CRC and sets the legal age of marriage at 18. However, exceptional marriages of 15 to 17-year-olds may be approved by Sharia court judges in certain cases, as outlined above. Additionally, some recently passed national documents have further strengthened the robustness of the child protection sector in the country. Notably, the National Framework for Family Protection against Violence (passed in 2006, updated in 2016) identifies different types of violence (physical, emotional, psychological, sexual, socioeconomic) and outlines the roles and responsibilities of various actors in responding to and handling cases of family violence. It is considered one of the foundations in Jordan on service delivery and protection and serves as a point of reference in family protection.<sup>25</sup> The Juvenile Law, adopted in 2015, prioritises alternatives to detention and diversion, promoting a rehabilitative rather than punitive approach<sup>26</sup> to children in conflict with the law. Finally, the rollout of the **National Family Violence Tracking System** in early 2018 marks the first attempt at a harmonised case management database and tracking system. MOSD, NCFA, FPD, MOE and MOH currently pilot the system in selected locations and input data on case identification, referral,

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<sup>22</sup> (National Council for Family Affairs, 2014)

<sup>23</sup> (The Hashemite Kingdom of Jordan, n.d.)

<sup>24</sup> (Public Security Directorate, n.d.)

<sup>25</sup> (National Council for Family Affairs, 2016)

<sup>26</sup> (International Labour Organisation, 2014)

follow-up and closure into a web-based IMS. The database software uses the CPIMS plus/PRIMERO platform, with the NCFA acting as lead agency.

#### **1.4. UNICEF-supported child protection case management response**

From 2013-2017, UNICEF provided technical and financial assistance to the child protection case management response in Jordan. Whereas UNICEF provided considerable support to activities addressing the needs of the Syrian refugee children, UNICEF also supported activities to strengthen the national child protection case management system by working with relevant national agencies, most notably, the Ministry of Social Development, National Council for Family Affairs, and Family Protection Department, as well as the Juvenile Police Department and Juvenile/Family Courts.

UNICEF-supported child protection case management activities have encompassed a variety of areas and themes, from contributing to coordination mechanisms; supporting the development of inter-agency SOPs, forms and guidelines for case management; strengthening the IMS for case management; as well as capacity building of Government of Jordan structures, NGOs and community-based organisations (CBOs) to take on more ownership of case management, thus enhancing sustainability. Thus, over the course of the Syria crisis in Jordan, ongoing efforts have been made to improve the child protection case management response for refugee and asylum-seeking children, and simultaneously strengthen the national system to create a coordinated, comprehensive and integrated response to protection violations that vulnerable children, regardless of origin, might face.

Over this period, UNICEF provided technical and financial support to a range of national and international agencies to implement and realise the above-mentioned components. Concretely, UNICEF supported International Medical Corps, International Rescue Committee, the Ministry of Social Development, the Family Protection Department, Ministry of Health, Ministry of Education, Juvenile Police Department and Jordan River Foundation to provide specialised multi-sectoral child protection case management services. Some of the partners were jointly funded by UNICEF and UNHCR.

#### **1.5. Challenges and opportunities**

And while the child protection sector for the Syrian refugee response in Jordan enjoys the involvement of various actors and the existence of coordination mechanisms, a range of issues impede the sector's full realisation of the effective and efficient case management of at-risk children. Moreover, considering that the Syria response is transitioning from an emergency to a resilience/development response, the role and function of case management is undergoing adjustments.

As the Syria response in Jordan transitions from an emergency to developmental response, decreasing levels of international funding for the response will necessitate greater ownership from the GoJ over case management to maintain current systems and coverage levels; however, the MOSD already faces resource constraints, both in terms of dedicated financing and human

resources. Furthermore, thousands of open cases remain with the MOSD and FPD, which stay open due to a lack of staffing capacity to follow-up on these cases and a lack of technical supervision to empower case workers to close the cases. UNICEF supported the Jordan River Foundation to hire and second 30 case workers to the FPD to address the large numbers of open cases, successfully closing 10,000 cases over the course of their three-year placement (2014-2017). However, the FPD was unable to hire any of these case workers to continue on, due to lack of funding. And, mandatory reporting, which legally binds service providers to report certain types of child abuse<sup>27</sup> to the police, has emerged as a point of contention between different case management agencies, with some agencies believing that mandatory reporting may not be in the best interests for every case.

Overall, child protection case management is at a critical juncture in terms of planning for the future, both bearing in mind the decreases in funding for the Syria crisis and the transition from a humanitarian to development-focused response. Thus far, the case management system has effectively responded to many vulnerable Syrian and Jordanian children and their families, though both groups are subject to an evolving range of risks and protection needs, necessitating sustained and even expanded protection responses. And as 51 per cent of all Syrian refugees in Jordan are children under the age of 18 years, substantial resources are required to ensure that Syrian children can continue their education, enjoy safe living environments, and have all other basic needs met. Going forward, however, child protection case management services must balance how to minimise and address protection risks faced by children living in Jordan in the presence of diminishing funding levels, staffing constraints and the ever-evolving needs of vulnerable children.

## 1.6. Theory of change for child protection case management

To assess and evaluate the child protection case management response in Jordan, an ex-post theory of change (TOC) was developed for this evaluation (see **Figure 2****Error! Reference source not found.**). The idea is that the provision of technical and financial support from UNICEF to partners result in a range of activities (**activity level**) which support and enhance the provision of effective and efficient case management services (**output level**) for children at risk. These outputs in turn, are expected to result in a range of outcomes and overall strengthening of case management services for children at risk and their families (**outcome level**), which in the medium- to long-term are expected to translate into improved child protection and well-being of children at risk in Jordan (**impact level**). This evaluation focuses on assessing in how far the activities resulted in the expected outputs, outcomes, and impact. The TOC also identifies a range of underlying assumptions and related risks, as outlined in **Error! Reference source not found.**. The assumptions represent the implicit beliefs or understandings, explaining the expectation of change that underlies the links between levels of results (e.g. outcomes to outputs). The risks constitute the main threats to the assumptions holding true in the context of the TOC, whilst also reflecting the challenges outlined in the previous sub-section.

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<sup>27</sup> Types of abuse covered under mandatory reporting include physical, sexual, neglect, emotional and psychological abuse, and unlawful sexual intercourse.

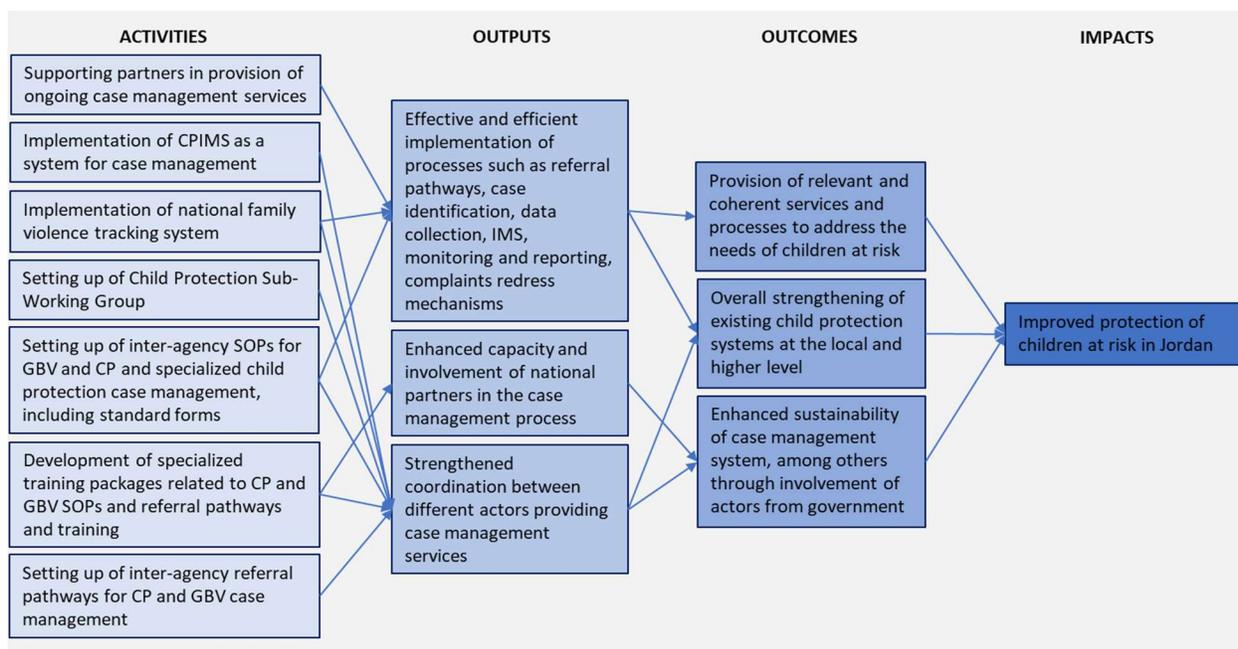


Figure 2. Ex-post TOC for UNICEF-supported specialised case management response

**Box 1. Underlying assumptions and related risks to the various result levels of the TOC**

**Assumptions:**

- Child protection case management activities are adequately resourced
- Humanitarian situation in Syria and Jordan maintains status quo
- National partners show political will to cooperate, implement and sustain child protection case management activities
- Effective and health cooperation between national and international partners, supported by adequate systems and procedures facilitating cross-sectoral cooperation
- Sufficient capacities of national partners to operationalize strategies and responses with UNICEF and sustain progress

**Risks:**

- Insufficient resources to implement child protection case management activities
- Decrease in humanitarian space, unpredictable and additional humanitarian emergencies
- Lack of continued political and public support for child protection case management

## 2. Evaluation purpose, objectives and scope

Thus, over the course of the Syria crisis in Jordan, ongoing efforts have been made to improve the child protection case management response for refugee and asylum-seeking children, with significant achievements and advancements vis-à-vis coordination, coverage and scope of services and standardisation of processes. Despite these enhancements and changes within child protection case management programming for children at risk in Jordan over the years, an evaluation of case management – a major component of child protection – has not yet been conducted. In the absence of such an evaluation, evidence on outcomes and best practices from case management procedures is not available, therewith inhibiting UNICEF and other partners from comprehensively understanding the relevance, effectiveness, efficiency, sustainability,

impact, and coherence of the child protection case management being implemented in Jordan. Given this gap, as well as the importance of such evidence in adjusting responses and serving as an advocacy tool in funding appeals, UNICEF Jordan commissioned the Economic Policy Research Institute (EPRI), a not-for-profit research institute based in Cape Town, South Africa, to conduct a comprehensive summative and formative evaluation of its specialised child protection case management response in Jordan from 2013-2017. This report outlines the evaluation's findings.

## 2.1. Purpose

The main purpose of the evaluation is both summative and formative, considering the need to evaluate at this juncture (1) how UNICEF-supported child protection case management has performed in addressing the needs of children at risk in Jordan over the period of 2013-2017 and (2) how to adjust child protection case management moving forward to respond to the reality of a protracted crisis, border closures, deteriorating social cohesion, and decreased funding prospects, along with the aim of nationalising the case management system.

The intended audience of this evaluation are predominantly UNICEF and its partners involved in the child protection case management response from 2013-17. This evaluation will shed light on the activities that have been implemented under the response so far and will in turn serve to inform their child protection case management activities vis-à-vis the future and sustainability of case management in Jordan, particularly in light of diminishing funding and the response's transition from a humanitarian to development focus, and adoptability to the national context.

## 2.2. Objectives

The overall objective of the evaluation is to assess the relevance, efficiency, effectiveness, impact, coherence, coordination, and sustainability of the UNICEF-supported, inter-agency child protection case management response in Jordan, following the standard criteria laid out by the Organisation for Economic Cooperation and Development-Development Assistance Committee (OECD-DAC). Fundamental research objectives, aligned with the OECD-DAC criteria, and specific research questions linked to the objective and TOC are offered in **Error! Reference source not found.** in section 3 *Methodology*.

The evaluation pays special attention to whether different steps within the overall case management process, such as the identification of cases and referrals to services, are functioning, especially with regards to a shift to more localised implementation model. Relatedly, the evaluation examines the quality of the case management activities provided and assessed the ultimate impact that these activities have on the lives and well-being of its beneficiaries. Lastly, with the help of the above outlined research questions, this study aims to identify good practices and lessons learned from the response; along with formulating concrete, context-specific and actionable recommendations for UNICEF and other partners involved in case management vis-à-vis the future and sustainability of case management in Jordan, particularly in light of diminishing funding and the response's transition from a humanitarian to development focus, and adoptability to the national context. The ex-post TOC presented in the previous section served to guide the evaluation and examine how activities resulted in outputs and led to desired outcomes and

impacts. UNICEF-supported child protection case management response activities from 2013 to 2017, form part of this evaluation, primarily interventions that are supported – either financially or technically – and implemented by UNICEF and other partners. Through further consultations with UNICEF Jordan and other partners, both national and international, the evaluation’s scope was further refined to core topics, themes and activities within child protection case management. In particular, the evaluation assesses the progress and evolution of the case management approach; the proposed focus of such efforts going forward; UNICEF-supported activities such as the use of CPIMS plus/PRIMERO in case management; inter-agency standardisation and harmonisation efforts (e.g. SOPs, forms, guidelines), and referral pathways; capacity building of national actors (e.g. MOSD, FPD, NCFA); the quality of services provided; and where to focus efforts on going forward and further increase sustainability and national ownership, such as through developing the community’s capacities, of child protection case management. However, although the evaluation explores the community’s role in identification, follow-up, referral and even prevention; awareness raising activities, such as through the Amani model, are not covered by the evaluation.

### 2.3. Scope

In terms of geographic scope, UNICEF-supported child protection case management services are implemented in refugee camps and host communities all across Jordan, with a wide array of partners from government, UN agencies, international NGOs (INGOs), NGOs and CBOs. The geographic scope of this evaluation covers host communities and camps in the below five governorates:

- Amman
- Irbid
- Mafraq
- Maan
- Zarqa

These governorates were selected in consultation with UNICEF Jordan and are further based on inputs from case management partners consulted during the inception mission, with section 3.2.2 further elaborating on the sampling strategy. The stakeholders to form part of this evaluation were chosen based on their involvement in UNICEF-supported child protection case management activities and their status as implementers in the selected geographic areas. Below, **Table 2** provides an overview of all actors involved in specific UNICEF-supported case management activities.

**Table 2.** Selected UNICEF-supported child protection activities and involved actors

UNICEF-supported activity	UNICEF partners
General child protection case management	FPD, IMC, IRC, JRF, MOE, MOH, MOSD, UNHCR, TdH <sup>28</sup>
UASC case management	IRC

<sup>28</sup> In the past, TdH was a UNICEF-supported case management partner and is hence listed for the sake of completeness; however, it is not included in the scope of this evaluation.

Development of national SOPs and guidelines for case management, including referral pathways	FPD, IMC, IRC, JRF, MOSD, NCFA, UNHCR, UNICEF
Capacity building in case management of national partners, incl. host and Syrian communities and CBOs	IMC, IRC, JRF, UNHCR
CPIMS plus/PRIMERO	IMC, IRC, UNICEF, TdH
Family Violence Tracking System (government-owned MIS using the PRIMERO platform)	FPD, MOSD, NCFA, MOH, MOE, JRF, UNICEF
Makani centres	IMC, JRF, MOSD

While the involvement of all stakeholders in the evaluation was important, special emphasis was placed on ensuring that children, both boys and girls, who are direct beneficiaries of the interventions were heard, enabled to communicate their priorities and needs, and participate in the evaluation process. Additionally, parents and caregivers of children benefiting from the services, frontline workers, volunteers working with the response, were consulted in assessing the impact of the response, as further elaborated upon in sub-section 3.2.2 *Primary data collection*.

### 3. Methodology

The study employed a combination of different research methods to evaluate the UNICEF-supported child protection case management activities and answer the above-listed research questions. The following sub-sections elaborate on the research questions this evaluation sought to answer, the methodology employed in doing so, ethical factors and caveats to consider, and evaluation limitations to be aware of.

#### **Box 2.** *Reflecting the human rights-based and equity approach in the research*

This evaluation reflects UNICEF's commitment to a human rights-based approach in programming to gender equality and to equity in different ways. Firstly, in the research design an evaluation objective on "human rights and equity" was added to the evaluation, as reflected in Table 3 below. The objective and related research questions served to ensure that the study assesses whether the case management response and its activities covered the most deprived areas, reached the most deprived children and their families, and equally reached boys and girls in need. Moreover, during the execution of participatory research, it was ensured that consideration around the gender-dimension were duly reflected. Focus group discussions with parents/caregivers and beneficiary children were separated according to gender, and community volunteers and frontline staff were given the option of conducting mixed discussions or gender-separated discussions. For discussions with female participants, the research team was composed of females, and for discussions with male participants, the research team was composed of males. Dividing the FGDs with beneficiaries safeguarded that all participants felt comfortable in expressing their views openly. At the same time, it allowed the researchers to more thoroughly investigate any potential differences in the perceptions from male/female participants towards the response. Finally, the human rights-based and equity approach was reflected in the analysis of programmatic data to the largest extent possible.

#### 3.1. Research questions

As guided by the OECD-DAC evaluation criteria, the evaluation assessed the relevance, efficiency, effectiveness, impact, coherence, coordination, and sustainability of the UNICEF-supported, inter-agency child protection case management response in Jordan. Fundamental research objectives, aligned with the OECD-DAC criteria, and specific research questions linked to the objective and TOC were developed and are offered in **Table 3** below.

**Table 3. Evaluation objectives and research questions per OECD-DAC criteria**

	Evaluation objective	Research questions
Relevance	1. To assess the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner. In terms of relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan-specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols, and IMS.	<p>Were the services and processes relevant and consistent with the inter-agency standard operation procedure related to child protection, unaccompanied and separated children and other information sharing and protection protocols?</p> <p>How has UNICEF adapted the programme in light of the evolving context and through the transition from emergency response to resilience (or in view of the humanitarian-development nexus)?</p> <p>Were the standards/indicators for measuring outcomes and impacts of the child protection response relevant to addressing the needs and priorities of Syrian refugee and asylum-seeking children?</p>
Effectiveness	2. To assess the effectiveness of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-Agency Guidelines for case management and child protection, Jordan-contextualised child protection minimum standards, and Jordan-specific child protection case management standards. This objective should also cover the competencies of case workers, case coordinators, and case supervisors; data quality and use; and quality of case files.	<p>To what extent the planned results of the programme outputs, outcomes and impact have been achieved both planned and unplanned and what was the quality of the services provided?</p> <p>To what extent were operational processes, such as trainings and ongoing support, referral pathways, case identification, data collection, information management systems, monitoring and reporting, complaints redress mechanisms, and management effectively designed and implemented?</p> <p>To what extent has the overall case management response been in line with the global case management guidelines and the Jordan specific case management standards?</p>
Efficiency	3. To assess the efficiency of the implementation process of case management response by analysing the qualitative and quantitative outputs in relation to the inputs to see if the response achieved the planned results in the most cost-effective manner.	<p>To what extent did the actual and expected output and outcomes justify the cost incurred?</p> <p>What is unit cost of response (i.e. cost of service for one individual) compared to cost being incurred by other similar interventions?</p> <p>To what extent did UNICEF capitalise on existing coordination platforms, coordination mechanisms, and existing capacities to achieve results?</p> <p>To what extent has the child protection case management response addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner?</p>
Coherence	4. To assess the coherence of case management response with different inter-agency SOPs related to child protection and GBV, UASC, and BIDs.	<p>How the coherence was achieved and/or why was there lack of coherence?</p> <p>Was the response in line with the different inter-agency SOPs related to child protection, gender-based violence, unaccompanied and separated children and BID?</p>
Impact	5. To assess the impact of case management response existing child protection systems. The analysis should also look at positive or negative,	Did the child protection case management response contribute to strengthening existing child protection systems at the local and higher level? If so, how? If not, why not?

	direct or indirect, intended or unintended changes in the lives of children and systems.	What is the impact or effect of the response (intended or unintended) in proportion to the overall situation of children in need of protection?
Human rights & equity	6. To assess the extent to which the case management response applied the human rights-based approach (HRBA) and equity approach.	Did the case management response and its activities cover the most deprived areas, reach the most deprived children and their families, and equally reach boys and girls in need? Was the child protection case management response equitable in terms of resources spent, targets met, and impacts achieved per target areas and groups?
Sustainability	7. To assess the sustainability of the results of the response in the event of withdrawal of the ongoing support by identifying the degree to which the child protection case management response has built on existing child protection systems or actors or has strengthened existing child protection systems to take this up.	To what extent are the positive changes and effects of the child protection case management response sustainable in the event of withdrawal of the ongoing support (including guidelines, SOPs, information management systems, coordination structures and platforms, etc.)? To what extent were the different stakeholders including government departments involved in order to make sure that the results from the response are sustained?

### 3.2. Methods

The study employed a combination of different research methods to evaluate the UNICEF-supported child protection case management activities and answer the above-listed research questions. To guide the research and define which method(s) could be utilised to answer different research questions, an evaluation matrix was developed as displayed in **Annex C**. Next to a review and analysis of secondary sources and data, the evaluation relied on participatory research to collect and analyse primary, qualitative data. A triangulation of findings through these different methods helped to capture multiple dimensions of the same phenomenon and safeguard the robustness of findings.

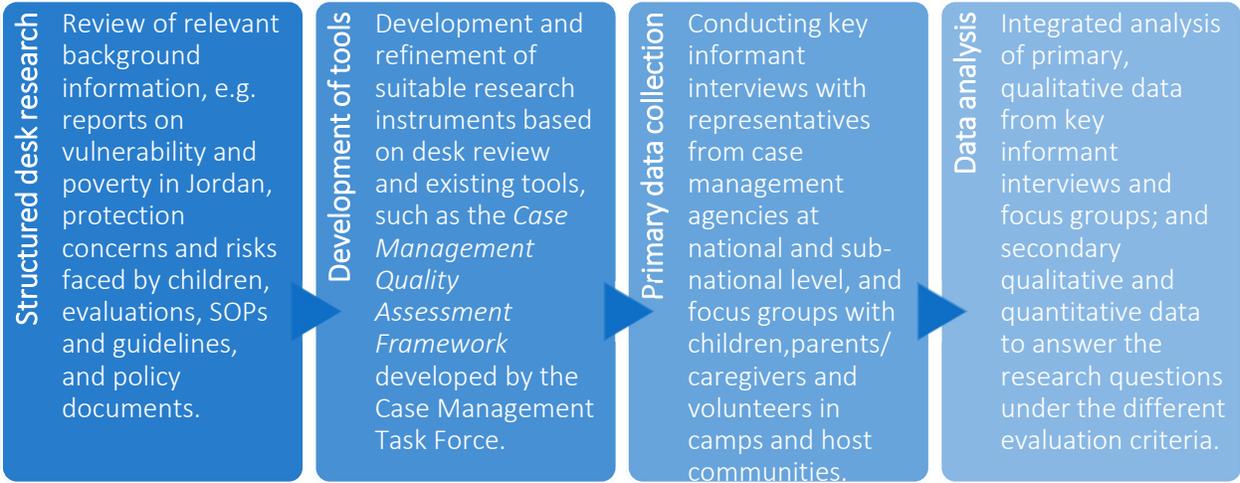


Figure 3. Overview of study methodology

### 3.2.1. Structured desk research

A structured desk review of relevant background information, including reports on vulnerability and poverty in Jordan, protection concerns and risks faced by children, both from the host and refugee communities, and child protection programmes, evaluations, guidelines, policy documents informed the refinement of suitable research instruments and supported the development of concrete and actionable recommendations on how to enhance the design and implementation processes of child protection case management rooted in national and international best practices and in the Jordanian context. Additionally, the *Case Management Quality Assessment Framework* developed by the Case Management Task Force, and its accompanying research tools, served as a reference in the development of research instruments for this study.<sup>29</sup> While this framework provides generic guiding questions for interviews and discussions for a range of relevant stakeholders involved in case management, for the purpose of this study applicable questions were further adapted to the Jordanian context and relevant probing questions were added.

### 3.2.2. Primary data collection

Primary data collection activities took place at national level and sub-national level, comprising camps and host communities. The evaluation matrix (see *Annex C*) guided the set-up of primary data collection activities by ensuring that relevant stakeholders in a position to answer particular research questions were consulted and that corresponding research instruments were developed. As summarised in *Table 4* below, at **national level**, representatives from relevant government MDAs, national non-governmental partners and international partners were met for key informant interviews (KIIs). For these KIIs, relevant representatives from the case management agencies, who worked on planning, implementation and coordination of child protection case management activities in Jordan from 2013-2017, were interviewed. Some of these KIIs were carried out with multiple participants, resembling a semi-structured group discussion. The KIIs served to shed light on whether inter-agency child protection case management services and processes are relevant and consistent with inter-agency SOPs and whether, overall, a coherent and sustainable case management response was created.

In addition to the stakeholders' involvement as informants in the KIIs, an Evaluation Reference Group was formed with one representative from the MOSD, FPD, NCFA, JFR, UNHCR, IMC, IRC and UNICEF each. This group provided feedback on the study throughout the evaluation phase, including feedback on preliminary fieldwork findings and draft reports.

**Table 4.** Case management partners interviewed at national level

Type of agency	Case management partner
Government	Ministry of Social Development
	Family Protection Department
	National Council for Family Affairs
	Ministry of Education

<sup>29</sup> (Global Alliance for Child Protection in Humanitarian Settings - Case Management Task Force, 2017)

	Ministry of Health
	Juvenile Protection Department
National non-governmental	Jordan River Foundation
International non-governmental	International Medical Corps
	International Rescue Committee
UN agencies	UNICEF
	UNHCR
	UNFPA

At **sub-national level**, case management agencies were met within eight locations, comprising camps and host communities, across five governorates. The five governorates were purposively selected with guidance from UNICEF and case management partners. Amman, Irbid, Mafraq and Zarqa governorates were priority areas of the evaluation as they host the highest number of refugees in terms of absolute numbers and as share of total population, along with housing the biggest refugee camps in the country. In addition, Maan was selected, as, in contrast to the other governorates, it is located in Southern Jordan and hosts a relatively small refugee population. Thus, including these five governorates renders the study representative of the different contexts within which the child protection case management response operates in Jordan. The locations within each governorate were selected based on the availability of partners and the types of activities and services offered in these locations, whilst also ensuring that camps and host communities settings are adequately reflected in the selection. Hence, a purposive stratified sampling technique was chosen to sample the governorates and locations for this evaluation. Below, **Table 5** provides an overview over the different partners met and the activities conducted per location.

**Table 5.** List of sub-national level fieldwork locations, partners and activities

Governorate	Location	Implementing partner	Activities
Amman	East Amman	FPD and MOSD	KIIs
		JRF, Queen Rania Centre	KIIs & FGDs
Irbid	Irbid	FPD and MOSD	KIIs
Mafraq	Mafraq	IMC	KIIs & FGDs
		Zaatari refugee camp	IMC
			UNHCR
Maan	Maan	JRF	KIIs & FGDs
Zarqa	Zarqa	IMC	KIIs & FGDs
		Al Rusaifa	MOSD, girls shelter
		Azraq refugee camp	IRC

At sub-national level, primary data collection activities included key informant interviews and focus group discussions (FGDs). Key informant interviews were conducted with team leaders/coordinators of child protection case management activities with the respective organisation. Moreover, case managers/social workers and, if present, psychologists, sociologists and counsellors were interviewed. Here, preference was given to staff that has been working with the child protection case management response since 2013, however, acknowledging high staff turnover, staff with shorter working experience with the particular implementing partner was also interviewed. The key informants provided further insights into the implementation of the child protection case management within the selected locality, its evolution over time, challenges

encountered and opportunities for child protection case management going forward. Moreover, the key informants work closely with the case, and were thus in a unique position to assess the impacts the case management response has had on the daily lives and well-being of vulnerable children and their parents/caregivers.

Additionally, in most locations, focus group discussions with beneficiaries (boys and girls aged 12-17 years), parents/caregivers and community volunteers working with the response, were carried out.<sup>30</sup> For beneficiaries and parents/caregivers, a purposive sampling approach was adopted, wherein FGD participant were selected from the case management partner, while controlling for key characteristics such as gender, age and refugee status. Community volunteers were chosen based on their role in the case management response, wherein some volunteers support case identification and outreach activities, others focus on case follow-up activities.

**Table 6. Evaluation sample by stakeholder**

Method	Stakeholder	Number
<b>National level</b>		<b>47</b>
KII	Partners in government	21
KII	National non-governmental partners	13
KII	International partners	13
<b>Sub-national level</b>		<b>138</b>
KII	Team leaders/coordinators	9
KII	Case managers, social workers	14
KII	Psychologists, sociologists, counsellors	3
FGD	Volunteers	18
FGD	Parents/caregivers	35
FGD	Adolescents (12-17) <sup>31</sup>	59
<b>Total</b>		<b>185</b>

### 3.2.3. Quantitative analysis of programmatic data

Certain study objectives and key questions focus on creating a comprehensive and robust understanding of the outputs and outcomes of the child protection case management response, therewith, shedding light on its effectiveness and efficiency. In order to generate such evidence, programmatic data, including administrative data on budgetary inputs and output targets was retrieved from partnership agreements according to partner and year. Moreover, information from ActivityInfo was used to shed light on the types of case management activities carried out from 2013 to 2017 according to location and partner. The quantitative analysis was limited in its extent to assess the interventions effectiveness in achieving planned outputs and outcomes, as no information on actual outputs and outcomes was provided.

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<sup>30</sup> In selected locations the arrangement of FGDs with children and parents/caregivers was not feasible, and hence, only KIIs with representatives of case management organisations were conducted. Moreover, not every case management agency engages community volunteers in its repose.

<sup>31</sup> The report throughout refers to children, however, it should be kept in mind, that all FGD participants were 12-17-year-olds.

### 3.3. Ethical considerations

The study's data collection activities were guided by ethical and moral principles in line with the *Norms and Standards for Evaluation* (2016), developed by the UN Evaluation Group (UNEG), as well as the UNICEF *Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis*.<sup>32</sup> Strict adherence to a high set of ethical standards was of importance, given the subject matter of the study and its focus on vulnerable children. As such, the participatory data gathering approach was designed so as to avoid stigmatisation, exposure to secondary trauma, discrimination, and any form of harm to children, their parents, caregivers, and other members of refugee and host communities in Jordan. All the tools were subject to ethical approval before the start of the data collection, especially the tools designed to gather information from children.

Prior to interviews and FGDs, **informed consent** of all potential participants and interviewees was gathered, and thoroughly explained to them the purpose of the evaluation, their role within the evaluation, and what information will be asked from them. A consent script was read out prior to the commencement of research and potential participants were asked to provide their consent to join in the research. For the participation of minors, an informed consent form was signed by the parent/caregiver and an informed assent form was signed by the child, if the case management agency had not gathered informed consent and assent as part of their procedures.

At the outset of data collection, all participants were informed that their answers will be kept **confidential**. Responses and comments were summarised in this research report, but on no occasion, respondents are identified by name or any other identifying characteristics aside from approximate age and gender. For the focus group discussions, the participants' real names were not recorded, instead they will be assigned numbers or cover names.

All potential participants and interviewees were assured of the confidentiality and **voluntariness** of their answers. If at any point a participant felt uncomfortable, he or she was not obliged to provide requested information. In the event that a participant wished to leave the discussion before its conclusion the researcher thanked the participant for his/her participation and linked the participant to case management personnel on site, if desired. Appropriately responding to and managing emotional responses from participants during the course of an interview was the researcher's responsibility and formed part of risk mitigation.

Particularly for the **involvement of children** (for this study, children aged 12-17 years), researchers critically reflected on their own assumptions about childhood, and the children involved in the research, the impact of both their own and children's experiences, and the disparities in power and status between themselves and the research participants. Members of the research team have received training on the topics of child protection and the involvement of children in research, hence, children's participation in the evaluation took place in partnership with skilled adults, who provided support and guidance to help children formulate their views and create child-friendly interviewing environments.

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<sup>32</sup> (UNEG, 2016) & (UNICEF, 2015)

Lastly, members of the research team were bound by ethical research principles of impartiality, independence, credibility, conflicts of interest, accountability. Researchers remained as **impartial** and objective as possible and allowed participants to express their own views and opinions without interruptions, making suggestions or engaging in personal debates about the views expressed. Researchers committed to **independent** review, safeguarded through the obtainment of ethical approval from an independent review panel, and ongoing checks on the quality and ethics of this study from the researchers themselves, and through inputs and feedback from UNICEF and partners. Moreover, researchers were responsible to safeguard the **credibility** of the study by acting fair and credible towards research subjects, providing an accurate and transparent description of the potential risks or discomforts and the anticipated benefits derived from the study; as well as ensuring a fair selection of research respondents, representing diverse age ranges, varying levels of exposure to explicitly defined vulnerability factors, and other social factors. Researchers also accounted for the **conflict of interest** arising from the concern for individual rights and potential harm to research objects and the benefits of knowledge and learnings generated on the impacts of the response on children's lives by avoiding insensitive questions or probing for information, when it is clear that participants would prefer not to answer. Finally, to safeguard the **accountability**, information of all research team members' names, positions, and relevant trainings and qualifications was submitted as part of the ethical review process, offering an estimate of competence together with a chain of responsibility and accountability for all those holding responsible positions and in direct contact with subjects.

### 3.4. Limitations

The limitations of this evaluation mainly derive from the delayed timeframe of the study and the short preparatory time for fieldwork. Because of the delay and short notice prior to commencing fieldwork, there was no opportunity to extensively field test the evaluation tools. To ameliorate this potential limitation, the research instruments were fine-tuned after the first round of interviews and focus group discussions. While the questions remained unchanged, the order of questions was adjusted, to further optimised in the instruments. Moreover, the delay in fieldwork resulted in it partially coinciding with the exam period for Jordanian children, which proved to be a barrier in organising focus group discussions with them, resulting in lower participation from Jordanian children than planned.

Furthermore, as described above, children and parents/caregivers to participate in the FGDs were selected purposively by case management agencies, instead of randomly. This should be taken into account when considering the findings presented and their overall generalisability. Nevertheless, purposive sampling is widely used in qualitative research as it facilitates the identification and selection of information-rich cases related to the phenomenon of interest, therewith, balancing the potential shortcomings of the strategy.

Finally, the analysis of certain components under the research criteria of efficiency and human rights necessitated data on actual resource allocation and output indicators per partner and year. Since only data on planned budget allocations and outputs was received, and only for IMC, IRC and JRF, this data was used to answer the research questions as comprehensively as possible.

## 4. Findings

### 4.1. Relevance and adequacy

Under the criteria of relevance and adequacy, the study assessed the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a consistent manner. The evaluation also explores whether the child protection case management response was adapted to the evolving context and needs of vulnerable children.

Were services and processes relevant?

How was the programme adapted considering the evolving context and through the transition from emergency response to resilience?

Were the standards/indicators for measuring outcomes and impacts of the child protection response relevant to addressing the needs and priorities of Syrian refugee and asylum-seeking children?

#### 4.1.1. Adequacy of inter-agency SOPs

The Inter-Agency Emergency Standing Operating Procedures for Prevention of and Response to Gender-Based Violence and Child Protection in Jordan, in the following referred to as inter-agency SOPs, outline guiding principles, procedures, roles and responsibilities in the prevention of and response to GBV and child protection. These inter-agency SOPs were developed through a consultative process with Jordanian governmental partners, UN agencies and national and international civil society actors working in GBV, CP and other key sectors. The creation of these SOPs emerged from the need to streamline the case management response in light of the Syrian refugee crisis. The SOPs integrate national and international best practices and constitute the guiding document for case management in Jordan, guiding the case management process for Jordanian and non-Jordanian children alike. Since their initial adoption and nationalisation, the inter-agency SOPs have been revised to ensure that they are up-to-date and reflect practices and operational agencies in the field.

Among all key informants interviewed overall consensus prevails that the inter-agency SOPs are useful and provide relevant support to carry out case management. Key informants from government agencies further mention that the inter-agency SOPs helped to create a new understanding of case management, which is now approached from a more holistic angle, integrating and providing linkages to a range of different services. Moreover, key informants especially value the clear definition of roles and responsibilities reflected within the SOPs, resulting in more clarity around which agency and actor is responsible for which step within the process, in turn also increasing accountability. The SOPs are further assessed as relevant and adequate, as they reflect quality assurance standards for case management in Jordan. In light of the multitude of national and international actors providing case management to different population groups,

such standards help to safeguard that everyone receives the same quality of service from case management agencies.

While overall satisfied with the inter-agency SOPs, some key informants believe that there is further room to enhance and streamline the forms accompanying the SOPs. Currently 18 different forms exist, at times asking repetitive questions. Moreover, a few key informants mention that the SOPs are not specific enough for contexts wherein less than optimal circumstances are prevailing. Key informants give the example that the inter-agency SOPs do not account for situations in which no service providers for referrals might be present. With the whole case management process highly dependent of referral pathways, case managers are left without guidance on alternative solutions or options to work in most constrained situations. A case manager interviewed in Maan for instance mentions that:

*“The SOPs are a good guide to the case management process. The referral system, as written in the SOPs, proves challenging in Maan though, due to the lack of service providers. There is a high demand for services (mainly from Syrians), with little services on offer to meet their needs.”*

Furthermore, a few key informants in national and international case management agencies mention that the inter-agency SOPs focus primarily on providing guidance on the processes and procedures to be followed in case management, however, do not adequately cover the social work component of case management. Key informants further elaborate that case management consists of more than just registering and referring a case, but also involves counselling work and social work through individual sessions and group sessions, for instance. This social work component is currently not adequately reflected in the inter-agency SOPs, which might also result in some case management agencies primarily perceiving case management as a process to be completed.

#### **4.1.2. Relevance of services**

As expounded in above, the inter-agency SOPs are largely considered adequate, with room for further strengthening and clarification in some areas. Key informants from all agencies were further asked to assess in how far the implementation of inter-agency SOPs has also led to the provision of relevant services to children at risk in Jordan. Likewise, the beneficiaries of case management were asked whether they believe that case management in itself, along with the services they might have been referred to, are of relevance to them. The responses from representative of case management agencies largely correspond the assessment provided by beneficiaries in the same location.

Children and parents/caregivers of case management beneficiaries in the camps report that the services offered to them are relevant and adequate and meet their needs. Children report to value the activities that their case manager suggests to them and links them to, such as sports or painting classes offered by other actors in the camp, as well as the activities offered in the centres that case management is integrated into. The parents and caregivers also mention the relevance of the direct case management services, including counselling, along with referrals to other services they might need. The FGDs with boys and girls and the FGDs with parents/caregivers did not reveal any

differences in the perceptions on services according to the children's' gender; thus, pointing towards an equal approach to case management, with relevant services and activities available to boys and girls alike.

In host communities, responses on the relevance of services are mixed with regards to the location. In host communities visited in the North refugee children mostly refer to the services and activities offered at the centres that case management is integrated into, including for instance learning support services, computer skills classes, and theatre for children suffering from violence and exposed to abuse. Overall, the children seemed to be less aware of the case management component, compared to children in refugee camps. Likewise, parents of cases agree that the activities at centres are the most relevant services received so far. Additionally, all of them express that case management could be more relevant to their situation if it would link them to financial assistance.

Frontline staff in the North agrees that the services offered respond to the current needs of refugee children, but also Jordanian children, as supported by feedback from beneficiaries and reviews. A key informant from JRF for instance explains that internal and external reviews and evaluations are conducted on a regular basis to assess whether the services offered by JRF meet the needs of the children, and how to develop them further. However, what is missing at this point, according to the majority of frontline staff and parents of cases, is a long-term solution to address the economic situation of families, often resulting in protection concerns, such as child labour. An MOSD social worker in Irbid for instance mentions that for Jordanian cases in need of cash or in-kind assistance, a referral can be made to the National Aid Fund (NAF), however, refugees are not eligible to benefit from the fund, and hence she usually has no option of referral for cash assistance. While international case management agencies report to have been able to link a few cases to financial assistance, provided for instance from UNHCR or CARE International, the assistance is usually provided on a short-term basis, only addressing financial hardship encountered by households only momentarily.

Contrary to the North, refugee children and parents in the South reveal that up to this point, case management has not been relevant in addressing their needs and providing or linking them to necessary services. Focus group participants explain that case management has not helped them in meeting their basic needs in terms of food, diapers and clothes, and also has not facilitated access to education. Again, separate FGDs with boys and girls did not reveal different points of views on the relevance of services, indicating that case management has not been relevant in addressing the needs of either gender. A case manager interviewed in the South clarifies that there is a lack of service providers meeting the needs of refugees. Moreover, referrals of refugees to education and health services are further obstructed by a lack of relevant documentation papers for refugees, rendering it more difficult for the case management agency to provide link them to necessary services.

### *4.1.3. Adaptation to an evolving context*

With a transition from a humanitarian to a development-focused response to the Syria crisis, a need to adapt the child protection case management response to the ever-evolving needs of refugee children, but also other children living in Jordan, and render the case management response more sustainable over the long-term emerged. Key informants involved in the refugee response agree that there has been an adaptation to the evolving context, while there continues to be room for further action.

Several key informants point out that in the beginning, child protection case management was conducted largely on treatment basis and ensuring the provision of basic needs, including food, shelter, clothing, WASH, among others. However, as the refugee crisis response evolved from an emergency to a more developmental response, case management adapted to the evolving context and moved beyond the provision of basic needs. With no end in sight for the crisis in Syrian, the majority of refugees is expected to stay in the camps and host communities for some time, thus, case management moved towards a more developmental response by increasingly linking cases to skills trainings and capacity building courses, and by integrating refugees within host communities, for instance through activities within community and child-friendly centres, such as the Queen Rania Family and Child Center (QR FCC) in Amman, run by JRF, and Makani centres, supported by UNICEF.

Moreover, key informants point out that with a more stabilised status of the crisis, more efforts were placed into structuring the provision of case management – among others through the adoption of inter-agency SOPs and referral pathways – whereby more and better services could be provided to cases. There is more engagement of the case in the whole case management process and the wishes and interest of the case are better reflected in the case plan. Further, case assessment, the development of a case plan, provision of services to the case, referral and follow-up, and closure of the case are more structured.

Nevertheless, key informants acknowledge that case management needs to evolve further to address underlying causes of protection concerns and eventually even serve to prevent abuses of child rights altogether. Oftentimes, financial hardship is the root cause of the problem and might drive a household to adopt certain risk management strategies, such as child labour or early marriage, in turn opening the door to a whole range of other child protection concerns. With such child protection concerns increasingly relevant to Jordanian and non-Jordanian children alike, the child protection case management response needs to be further adapted to meet the permanently evolving needs of all vulnerable children living in Jordan. And while case management in itself might not be an adequate intervention to address underlying causes of protection concerns, its ability to link cases to child protection and/or social protection activities and programmes might place it at the centre of an integrated response.

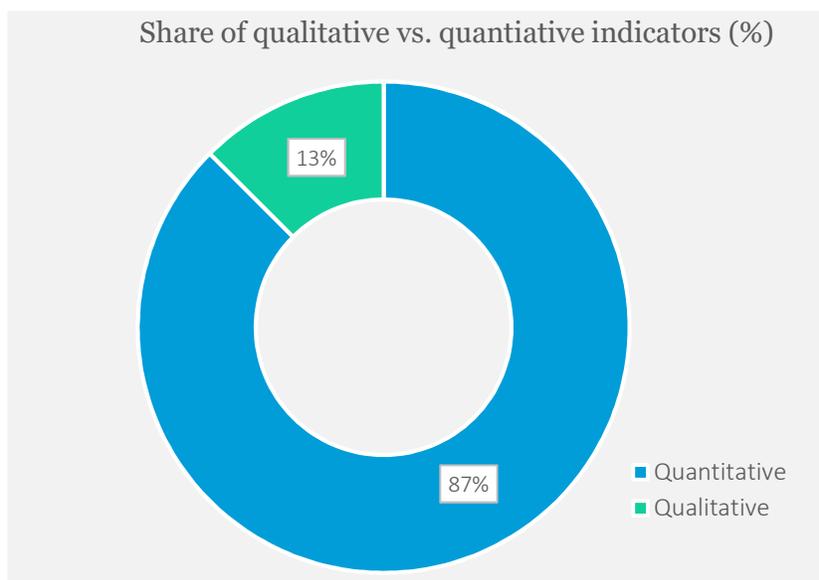
### *4.1.4. Relevance of indicators*

Changes in the response were also partially reflected in the indicators for child protection case management that national NGOs (JRF) and international NGOs (IMC and IRC) reported on, as based

on the partnership agreements from 2015 to 2017.<sup>33</sup> While throughout the years the main indicator for the provision of case management services remains the number of children receiving case management (broken down into categories, such as gender, location and type of protection concern); in 2016, for example, partners also had to report on activities related to gradually building national capacity to take-over their activities in the future. One partnership agreement also included the development of an exit strategy, hinting towards a more long-term approach to case management, to be supported largely through national capacity.

With different partners focusing on different areas of case management – IRC for instance heavily invested in the provision of case management for UASC and JRF playing a key role in the development and provision of trainings on case management and the inter-agency SOPs – the indicators naturally differed per partner. Yet, across partners and years the main indicator for the provision of case management was the number of children receiving case management, and for the capacity building component, the number of trainings/workshops delivered and the number of attendees. Here, it is noteworthy that only a minority of partnership agreements included indicators on the quality of case management, for instance measured through satisfaction surveys to be completed by beneficiaries. As also illustrated in **Figure 4** below, the vast majority of indicators – 87 per cent, or 70 out of 80 indicators examined – reflected quantitative targets, such as the number of children reached, or the number of case managers trained.

Naturally, reporting on a quantitative measure is more straightforward, and qualitative indicators are often more difficult to establish and measure; however, particularly for a human resource heavy intervention, such as case management, ongoing evaluation of quality indicators is vital to ensure that the end user, i.e. vulnerable children and their families, receive relevant and adequate, high-quality services. Moreover, for capacity building and trainings



**Figure 4.** Share of qualitative vs. quantitative indicators, 2015-17

– another key component of the child protection case management response over the past years – qualitative indicators can play a crucial role in shedding light on the usefulness of the trainings and the learning effect with participants.

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<sup>33</sup> Partnership agreements for IMC, IRC and JRF for the years 2015-17 were provided as part of this evaluation. The agreements only contain output indicators, wherefore the analysis could not zoom in on outcome and impact indicators as stipulated in the guiding research question.

This lack of quality indicators and focus on operational indicators also reflected in the limited resources specifically budgeted for monitoring and evaluation of child protection case management activities. While such activities might have been funded through the budget for regular operations, for instance, the lack of a specific line item might also hint towards insufficient dedication to adequately monitor and evaluate the quality of the response, as further elaborated on in sub-section **Error! Reference source not found.** on effectiveness of different processes, such as monitoring and evaluation.

#### 4.1.5. *Summary*

- Overall consensus amongst key informants that the **inter-agency SOPs are useful**, as they created a new understanding of case management as a more holistic approach, clearly define roles and responsibilities and reflect quality assurance standards for case management.
- Nevertheless, there is **room to further enhance the inter-agency SOPs**, for instance through streamlining of the accompanying forms and by making the SOPs more specific to contexts wherein less than optimal circumstances are prevailing. A few key informants also note that the inter-agency SOPs focus primarily on providing guidance on the processes and procedures to be followed in case management, however, do not adequately cover the social work component of case management. This might also result in some case management agencies primarily perceiving case management as a process to be completed.
- Mixed results in terms of **relevance of services**, mainly driven by the location differences. Children and parents/caregivers in camps report that the services are relevant and adequate, especially activities in centres and the support from the case manager in facilitating referrals are highly valued. Parents in host communities in the North feel that the case management services and activities at centres are relevant, however, all of them mention the need for financial assistance. Parents in the South report that case management is currently not relevant to them, as it does not link them to relevant services for refugees, with basic needs remaining largely uncovered.
- There has been an **adaptation of the response to the evolving context**. In the beginning of the crisis, case management was conducted more on treatment basis and provision of basic needs, after which it evolved into a developmental response, working to build capacity, skills, and livelihoods. With the stabilised status of the crisis, case management has become more structured and overall better services are provided, with more engagement of the case and clearly structured processes.
- Still, key informants acknowledge that case management needs to evolve further to address or play a role in linking respective cases to interventions that address **underlying causes of protection concerns** and eventually even serve to prevent abuses of child rights. Often, financial hardship is the root cause of the problem and might drive a household to risk management strategies such as child labour and early marriage.
- Reporting indicators changed throughout the years, but across partners and years, the main indicator for the provision of case management was the **number of children receiving case**

**management**, and for the capacity building component, the number of trainings/workshops delivered and the number of attendees. It is noteworthy that only a minority of partnership agreements included indicators on the quality of case management, for instance measured through satisfaction surveys to be completed by beneficiaries.

## 4.2. Coherence

Under the aspect of coherence, the study explores in how far the child protection case management response was coherent with the inter-agency SOPs on child protection and GBV, inter-agency SOPs on UASC and best interest determination, as well as Jordan-specific and global guidelines and standards on case management. This sections also examines factors which facilitated and obstructed a coherent response.

How was coherence achieved and/or why was there lack of coherence?

Was the response in line with the different inter-agency SOPs related to child protection, gender-based violence, unaccompanied and separated children and best interest determination?

### 4.2.1. Coherence with existing inter-agency SOPs

The *Inter-Agency Emergency Standard Operating Procedures for Prevention of and Response to Gender-Based Violence and Child Protection in Jordan* (2014), together with *Standard Operating Procedures for Emergency Response to Unaccompanied and Separated Children in Jordan* (2015) and the *Standard Operating Procedures for Best Interest Determination of Refugee Children in Jordan* (2016), constitute the guiding documents for the provision of case management to vulnerable children in Jordan, whilst ensuring that all actions and decisions taken concerning the child respect the best interests of the child.

All key informants interviewed at national and sub-national levels across the country are aware of the different inter-agency SOPs; however, the extent to which these inter-agency SOPs are operationalised within the agencies and the extent to which the case management response is coherent with these inter-agency SOPs still differs across agencies. Leading case management agencies in government – that is FPD and MOSD – and national and international NGOs providing case management point out that they have adopted their case management response to the inter-agency SOPs to the extent possible. Key informants in international and national NGOs explain that the processes laid out in the SOPs, including the provision of direct case management services to the case, the conduct of best interest assessments and execution of BID panels as stipulated in the SOPs, referrals to other service providers and subsequent follow-ups, among others, are reflected in the work. Likewise, key informants from the FPD and the MOSD report that their child protection case management response is aligned with the inter-agency SOPs. Key informants interviewed at national and sub-national levels were trained on the inter-agency SOPs and aware of their roles and responsibilities in the process. Referrals are also implemented, largely with referrals between

the FPD and the MOSD, but also referrals to other ministries, oftentimes guided by MOUs. Additionally, FPD receives cases that were identified by other case management agencies and fall under its mandate, while the MOSD receives most of its cases through referrals from FPD. Below, sub-section **Error! Reference source not found.** on *Error! Reference source not found.* provides a more detailed elaboration on the operationalisation of different steps in the case management process.

On the contrary, the Ministry of Health and Ministry of Education are still in the process of adapting their case management response and rendering it more coherent with the inter-agency SOPs. National level key informants within the Ministry of Health, for instance, point out that currently mainly case referrals between the ministry and FPD are carried out. So far only three doctors and nurses from the ministry have received trainings on the inter-agency SOPs and tracking system and no step-down trainings have taken place in the ministry so far. The implementation of the tracking system is currently limited to selected departments within one pilot hospital, however, with only three staff members trained in the use of the system, the latter cannot be operated full-time. The key informant further elaborates that in the past, the ministry has not conducted any referrals, unless the cases had to be reported to FPD. Hence, there are currently no agreements or MOUs with other ministries and national and international NGOs in place that would further facilitate and guide referrals. The key informant concludes that effectively, the ministry “has not conducted case management per se”.

Likewise, national level key informants from the Ministry of Education report that trainings on the inter-agency SOPs have been received by staff, however, the ministry is still in the process of internalising these standards and procedures, for instance through the integration of case management in future job descriptions. Within the ministry, it is mainly the counsellors placed within the schools (currently about half of the schools in Jordan have counsellors), that will be tasked to operationalise the inter-agency SOPs, mainly in form of identifying children with protection concerns. Trainings on the inter-agency SOPs and the forthcoming tracking system are yet to be stepped down to these counsellors within the ministry. Until now, the counsellors have made referrals to the FPD, if they identified a case of child abuse within the schools, however the referral process was less structured, with less clearly guidelines on when mandatory reporting is applicable, as explained by the key informants.

The provisions on mandatory reporting stipulated in the inter-agency SOPs and coherent implementation of these guidelines remain a point of contention. The guidelines on mandatory reporting as stipulated in the inter-agency SOPs (see **Box 3**) were developed through extensive consultations within the Inter-Agency SOP Task Force to ensure that procedures are reflective of the Jordanian Penal Code, as well as international standards. According to these guidelines, non-public sector officials working in the case management response have to report cases mandatorily to the FPD, if it is in the best interest of the child. If the child is at high risk, the case must be reported, while for low risk factors there is no need for mandatory reporting. The sub-working groups served to reach agreement on a set of risk factors, to ensure that cases are adequately and uniformly assessed. For public officials, on the other hand, mandatory reporting remains a

requirement for all misdemeanours and felonies, including incidents of rape, sexual assault and physical assault, according to the Penal Code.

### ***Box 3. Mandatory reporting***

Provisions on mandatory reporting are based on state laws, which mandate certain agencies and/or persons in helping professions, such as teachers, social workers, and health staff, to report actual or suspected child abuse (e.g. physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse). The inter-agency SOPs reflect guidelines on mandatory reporting for different case management agencies and service providers. The SOPs outline that confidentiality and informed consent should always be given priority. Nevertheless, the rules of mandatory reporting entail that actors receiving information about certain types of violence are compelled by law to report this information to the police, more specifically the FPD. It is important that survivors are made aware of these mandatory reporting rules, the types of information which may trigger them, and the possible consequences of reporting, before beginning an interview. In this case, a survivor may choose not to disclose vital information, which is within her/his rights. Services should then be provided according to the information that is shared and in accordance the wishes of the survivor, no information should be shared without the survivor's consent. The guidelines on reporting differ for public officials and non-public officials though. As per the inter-agency SOPs, all **public officials** are required to report misdemeanours and felonies, including incidents of rape, sexual assault and physical assault, according to the Penal Code. As such, all government employees should inform survivors of their obligation at the beginning of any interview or discussion with a survivor. For all **non-public officials**, including representatives of the UN, NGOs and CBOs, cases of family violence and sexual violence, including child GBV survivors, should be referred to the FPD with the informed consent of the relevant person. However, the SOPs add that, in line with international standards, it is recommended that in cases where the child and/or caregiver do not consent, the case worker should only refer the child to the FPD if it is in the child's best interest. The best interest of a child should be determined through a BIA through the case manager, which should then be reviewed by a supervisor and/or in case conference.

(Inter-Agency SOP Task Force, 2014)

Key informants in the sub-working groups agree that these guidelines strike a balance between Jordanian and international standards. Furthermore, some public officials point out that the SOPs provide them with clear instruction on when mandatory reporting is required, rendering the process less subjective to their own assessment and relieving them of the responsibility to decide on whether to report a case or not. Other key informants, however, also note that mandatory reporting, as required from public officials, might not always be in the best interest of the case and that survivors of abuse might be afraid of mandatory reporting and end up not reporting a case at all. Moreover, while clear guidelines are in place, key informants from national governmental and non-governmental case management agencies raise their concerns that international NGOs and UN agencies might not always adhere to the stipulated guidelines. These differing views around mandatory reporting and compliance with it might also hint towards a need for further clarification and awareness raising on who is required to report a case under which circumstances.

#### ***4.2.2. Enablers of and barriers to coherence***

##### ***Inter-agency SOPs, standardised forms and referral pathways***

Full realisation and implementation of inter-agency SOPs and accompanying forms and referral pathways are still not achieved within all case management agencies, however, their development – together with the SOPs for UASC and BIDs – has created the basis for the creation of a national

case management system and a common understanding around case management. While this objective might not have been achieved yet and it remains work on progress, these documents can serve as a starting point to work towards a common goal in the future. With a periodic revision of these inter-agency SOPs envisioned, actors recognise that case management is an evolving process and should continuously be adjusted to adequately fit the context of the country, as well as meet the needs of the population.

Next to the SOPs, key informants interviewed also indicate that the existence of standardised case assessment forms helped to streamline the response of individual case managers and render the process most structured and objective. Likewise, key informants agree that the delineation of referral pathways and focal points within agencies enhanced coherence and coordination in the case management response, even though mixed responses are given with regards to the operationalisation of these referrals. Commonly cited challenges encountered entail changing focal points in the different agencies and referral service providers at times not knowing about their roles and responsibilities in the process, further aggravated by missing updates in the focal point list, along with slow responses from referral service providers during follow-ups. Some key informants from government case management agencies add that the establishment of MOUs with other ministries has helped to structure and speed up the referral process, however, even then, referrals are at times slowed down by internal procedures, such as the need for approval from higher levels within the ministry.

### ***Understanding of case management***

What the inter-agency SOPs have only partially achieved so far, is the creation of a coherent understanding of case management across agencies. While all key informants are aware of the inter-agency SOPs and the processes and procedures outlined in these, they also recognise that differences in understanding of case management exists across agencies and that own perceptions and ideas around case management are still prevailing. The difference in understanding can partially be explained by the different backgrounds that agencies and their personnel involved in case management come from and the different levels of experience and exposure to a structured case management process.

Most key informants in international and national NGOs report that the inter-agency SOPs have not significantly changed their understanding of case management. Key informants agree that there was already a profound understanding of case management within their agency, based on agency-specific and/or global, existing guidelines. One key informant explains that “The [inter-agency] SOPs give a framework for case management work and everyone involved in it. Before the inter-agency SOPs were in place, we already had our own, internal guidelines and system in place.” Another key informant at national level confirms:

*“The understanding of case management should not have changed as there are guidelines in place – international guidelines before Jordan adopted its own. Thus, within the agency the understanding of case management has not changed. It is a core service which entails very clear steps with clear actions needed.”*

While few key informants from government agencies agree that case management was already carried out and guided by a clear understanding prior to the adoption of the inter-agency SOPs, the majority of respondents in government agencies believe that the inter-agency SOPs were the first step in creating a clear and more structured understanding of case management within their respective agency.

Further assessing the response from different key informants on their understanding of case management reveals different trends for different agencies. The responses from key informants in government agencies hint towards an understanding of the case management system largely tied to the operationalisation of the tracking system. Thus, case management is understood as a procedure of collecting a case's details and then referring the case to a relevant service provider through the system. On the other hand, most key informants from non-governmental case management agencies stress the aspect of engaging the case and providing adequate psycho-social counselling to the case, hence, a stronger focus lies on the social work component of case management, rather than the procedural side of it. These trends should not be generalised to describe the understanding of case management actors in governmental and non-governmental organisations, however, they are in line with what the majority of key informants indicated from both sides. Contrary to the trend, a case manager from a government agency, for instance, points out that she tries to focus on the case and the interview more than on the procedural steps and the paper work that need to be completed; however, also confirms that for other agencies it is merely a procedure evolving around registering and completing relevant information and data.

### ***Integration of case management as profession***

And yet, such differences in understanding and exposure to conducting more holistic and structured case management might prevent a more coherent case management response across actors. Furthermore, the differences also reflect in the integration of case management as a profession within the agencies. In agencies where case management has been operationalised in a more comprehensive and structured way for some time, case managers and social workers with the relevant skills set to provide case management services are present and are specifically hired for their particular skill set. Moreover, oftentimes counsellors, psychologists and sociologists work in the team to support case managers and provide more specific counselling services to the cases. Agencies that have just started the implementation of a more structured case management approach on the basis of the inter-agency SOPs, point out that they recognise the need to revise the job descriptions for new staff to be hired, to ensure that the requirements of case managers are reflected in these. A key informant from the MOH for instance mentions that currently no case manager is employed within the ministry and only a few staff members have been trained on case management. Next to more trainings, there is hence a need to include the skill set of case managers as part of the job description for future staff, and/or hire case managers specifically. Likewise, the MOE plans to reflect the skills set of case managers more specifically in the job description of counsellors based in schools. Such measures will help to ensure that necessary capacity exists within agencies to conduct case management and to more clearly outline what is expected of staff in the process.

### ***Coordination platforms***

Key informants in camps and host communities also point to monthly or bi-monthly meetings of all child protection case management agencies in the area through the CP SWG as an avenue to enhance coordination and coherence. Most key informants agree that these periodic meetings strengthen coordination and foster a more coherent case management response through informing each other on ongoing programmes and projects, clarifying any questions there might be, and updating the referral pathways in terms of availability of services and focal points within the agencies, if necessary. But, mostly representatives from non-governmental national and international case management agencies are present during these sub-working group meetings, with limited or no representation from government agencies.

Instead, key informants from national governmental and non-governmental child protection case management agencies referred to the National Team for Family Protection as a platform to strengthen coordination and coherence. The team works under the umbrella of the NCFA and is composed of representatives from government and non-governmental organisations. Members meet on a monthly basis at national level to discuss a range of matters, such as case management guidelines and procedures, and work together to develop quality assurance standards and safeguarding the uniform implementation of case management in Jordan with universal guidelines and standards. Moreover, quarterly reports on case management activities from national institutions are shared and discussed within the national team. At times UN agencies (mainly UNICEF and UNHCR) are invited for monthly meetings, if the issues discussed are of relevance to them.

Hence, there are coordination platforms for case management at different levels, however, at this point, with limited integration of the different platforms. With different actors meeting and communicating through different platforms, there is room to further strengthen coordination, and with it coherence, between the different actors involved in case management.

### ***Coherence beyond sector***

Nevertheless, most key informants at national and sub-national level agree that coherence in child protection case management was indeed strengthened, and a more aligned understanding of case management prevails compared to 2013. Furthermore, key informants confirm that there is a more holistic approach to case management, wherein the case is assessed for a range of protection concerns, while before, there was mostly a focus on one protection concern. This holistic approach and coherence is however limited to agencies directly involved in the provision of child protection case management, with actors involved in other areas and sectors not yet sharing the idea of a more coordinated and holistic service provision through case management. For instance, interviews with key informants from the Juvenile Protection Department (JPD), the police agency mandated to deal with children in conflict with the law, suggest that there is little integration with child protection case management. The department uses its own guidelines, procedures and forms to handle and assess cases. Moreover, the key informants in the JPD explain that their electronic database of cases does not link to the FPD's database or now the National Family Violence Tracking System to safeguard the confidentiality of cases. This suggests that harmonisation efforts in case management are currently limited to child protection and gender-

based violence, and case management does not constitute the basic, coherent structure to address all sorts of protection needs, yet.

### 4.2.3. *Summary*

- All key informants interviewed at national and sub-national levels across the country are aware of the different inter-agency SOPs; however, the **extent to which these inter-agency SOPs are operationalised** within the agencies and the extent to which the case management response is coherent with these inter-agency SOPs still differs across agencies. Especially government agencies that have not been involved in case management in the past, are still in the process of operationalising the inter-agency SOPs.
- The provisions on **mandatory reporting** stipulated in the inter-agency SOPs and coherent implementation of these guidelines remain a point of contention. These differing views and perceptions around mandatory reporting and compliance with it might also hint towards a need for further clarification and awareness raising on who is required to report a case under which circumstances.
- Full realisation and implementation of inter-agency SOPs and accompanying forms and referral pathways are still not achieved within all case management agencies, however, their development – together with the SOPs for UASC and BIDs – has **created the basis for the creation of a national case management system** and a common understanding around case management.
- What the inter-agency SOPs have only partially achieved so far, is the creation of a coherent understanding of case management across agencies. While all key informants are aware of the inter-agency SOPs and the processes and procedures outlined in these, they also recognise that **differences in understanding of case management exists across agencies** and that own perceptions and ideas around case management are still prevailing.
- The differences also reflect in the **integration of case management as a profession** within the agencies. In agencies where case management has been operationalised in a more comprehensive and structured way for some time, case managers and social workers with the relevant skills set to provide case management services are present and are specifically hired for their particular skill set. Agencies that have just started the implementation of a more structured case management approach point out that they recognise the need to revise the job descriptions for new staff to ensure that the requirements of case managers are reflected.
- There are coordination platforms for case management at different levels, however, at this point, with **limited integration of the different platforms**. With different actors meeting and communicating through different platforms, there is room to further strengthen coordination, and with it coherence, between the different actors involved in case management.
- Case management is currently limited to child protection and gender-based violence, and it **does not constitute a basic, coherent structure to address all sorts of protection needs**, yet.

### 4.3. Efficiency

To assess the efficiency of the case management response, the study analyses the qualitative and quantitative outputs in relation to the inputs to explore if the response achieved the planned results in the most cost-effective manner. Furthermore, the evaluation explores in how far the response was coordinated and efficient in that it capitalised on existing mechanisms and platforms. The following questions served to guide the assessment of the response's efficiency:

To what extent did the actual and expected output and outcomes justify the cost incurred?

What is unit cost of response (i.e. cost of service for one individual) compared to cost being incurred by other similar interventions?

To what extent did UNICEF capitalise on existing coordination platforms, coordination mechanisms, and existing capacities to achieve results?

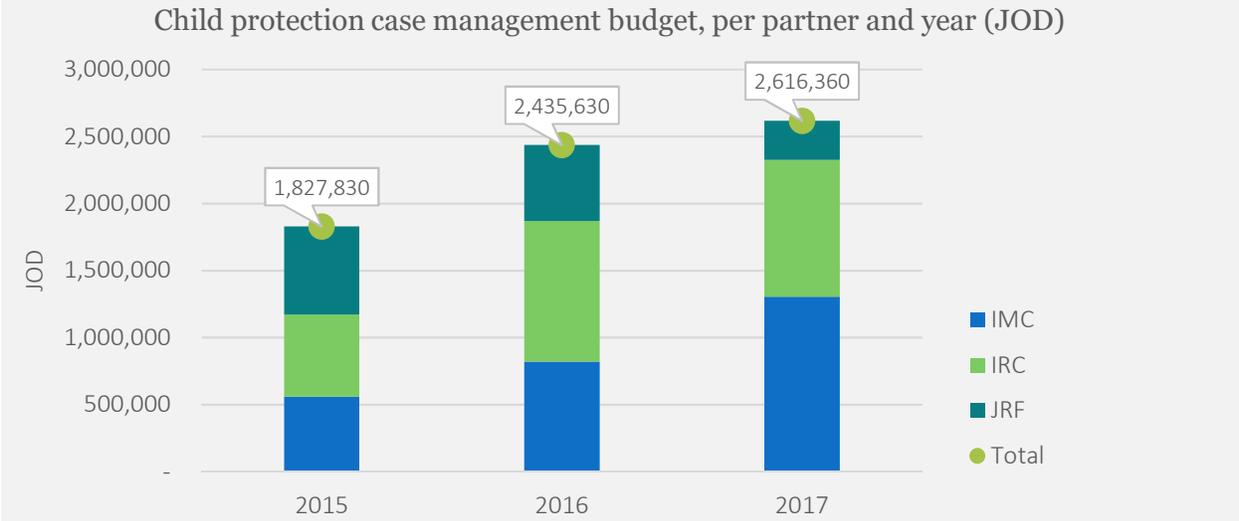
To what extent has the child protection case management response addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner?

Here, one must acknowledge that the assessment of budgetary allocations and the subsequent efficiency analysis are limited in their extent to reflect the actual resources spent and output/outcome targets achieved, as no data was provided on the actual resources spent, and none or incongruent data was provided on output indicators, wherein the output data received captures different indicators than the indicators stipulated in the partnership agreements. Hence, the assessment is flawed in that it is based on planned budgets and outputs, and not actual ones – which might have generated different results.

#### 4.3.1. Budget allocations of the response

Budget information for UNICEF-supported case management activities was provided for partnerships with IMC, IRC and JRF, through the partnership agreements from 2015 to 2017. These partnership agreements outline budgetary allocations and corresponding output indicators and activities for different outcomes related to child protection. As the focus of this evaluation is the child protection case management response, for the sake of this assessment only budgetary allocations related to case management, i.e. the direct provision of case management services and the capacitation of different actors to carry out these services, as well as funds allocated to the development of relevant materials and forms, were selected. Examples of activities excluded from this analysis include activities outside the realm of case management, for example the case management delivery for GBV survivors or activities related to the strengthening of community-based child protection and GBV services, among others. While some of these activities might link to case management, as they provide and/or strengthen services that cases might be referred to, they were not considered key components of the child protection case management response.

Overall, as visualized in **Figure 5**, the budget for the child protection case management response grew considerably from 2015 to 2017. While in 2015 JOD 1,827,830 were budgeted for the response, in 2017 JOD 2,616,360 were budgeted – an increase of 43 per cent. In total, over the three-year period, JOD 6,896,944 were budgeted for child protection case management activities for IMC, IRC and JRF. While this figure includes contributions from UNICEF, UNHCR and the partners themselves, the majority of the funding – approximately 67.3 per cent – came from UNICEF.



**Figure 5.** Child protection case management budget per partner, 2015-17

Further disaggregating the budget allocations according to activity categories reveals that most of the budget – more than three-quarters of the total budget across the years – was allocated to the delivery of case management services (see **Figure 6**). Furthermore, 21 per cent of the total case management response budget for all three partners was allocated to capacity building activities, entailing largely trainings and workshops for governmental and non-governmental actors involved in the case management response. Finally, one per cent of the budget was dedicated to the development of materials, including case forms and manuals, as well as one per cent to activities that render the response more sustainable in the long-term, for instance through the identification and assessment of local CBOs that could take over activities or the development of an exit strategy.

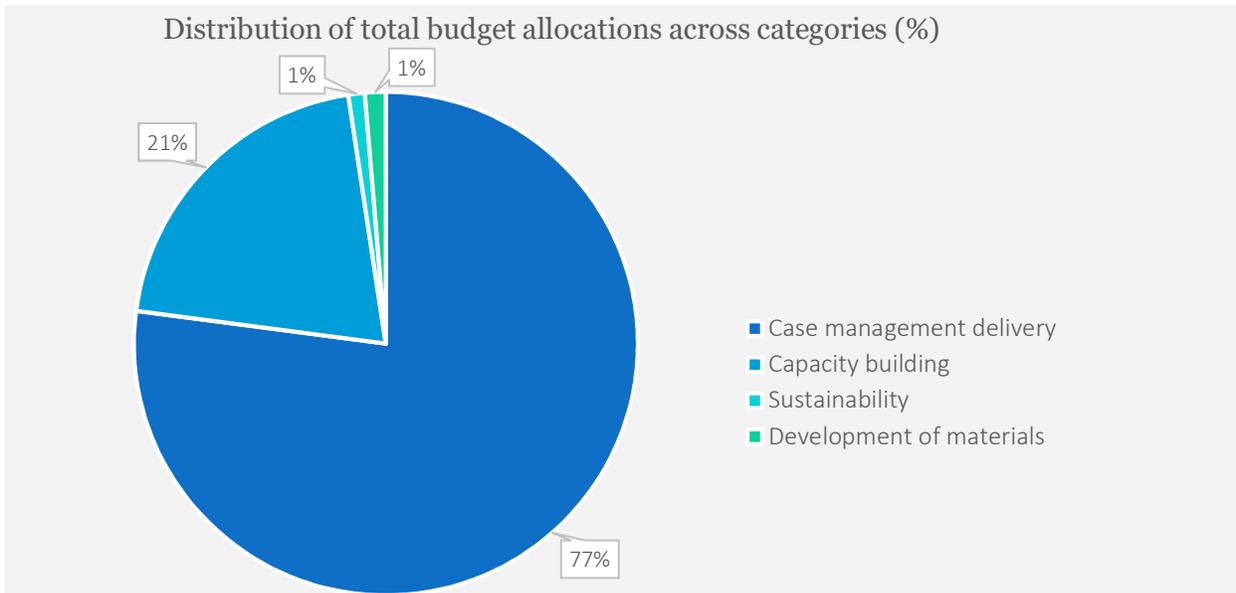


Figure 6. Distribution of total budget allocations across categories, 2015-17

Below, **Figure 7** illustrates a further disaggregation of these allocations per year. It becomes evident that the budget allocations for case management delivery for IMC, IRC and JRF steadily increased from 2015 to 2017, wherein allocations more than doubled from approximately JOD 1 million in 2015, to JOD 2.5 million in 2017. Contrary to this trend, the allocations for capacity building steadily decrease from JOD 791,000 in 2015 to JOD 105,000 in 2017. For activities aimed at rendering the response more sustainable, allocations increased from JOD 26,600 in 2015 to JOD 46,400 in 2016, whereas no more allocations were made in 2017. Likewise, for the development of materials and tools the allocations increase from JOD 2,400 in 2015 to JOD 88,900 in 2016, without budgetary allocation in 2017.

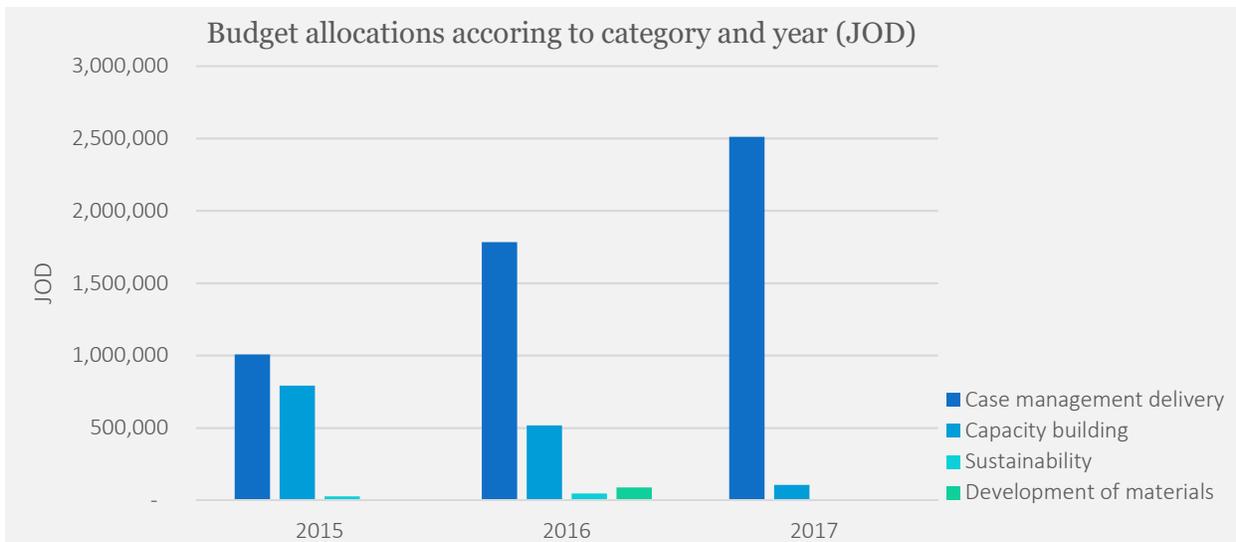


Figure 7. Budget allocations according to category and year, 2015-17

### 4.3.2. Cost-effectiveness of response

A key indicator of efficiency is the unit cost of the interventions and different activities, expressing the expenditure incurred in producing one unit of service, for instance the unit cost of providing case management services to one case or the unit cost of delivering specified capacity building activities to one trainee. Here it is vital to recognise that the different partners included in this analysis provided different services, so that different unit costs were derived from the data available. For the delivery of case management services, the budget solely allocated to case management delivery was taken and compared to the number of cases targeted with this budget. Estimated of unit cost per case differ across years and partners, as visualised in *Figure 8*.

It becomes visible that unit cost range across partners and years, with the JOD 95 at the lowest end and JOD 343 at the highest end. Such divergences can be explained by the different definitions of delivering case management services in the partnership agreements. The partnership agreement for IRC, for example, also stipulated the provision of support to biological children of foster parents/mentors and caregivers, which might require different human and financial resources compared to the provision of case management services to vulnerable children – unaccompanied and separated children in the case of IRC. Thus, the comparability of the different unit cost figures might be flawed due to different activities and target groups of each partner.

Nevertheless, results for all partners point to a trend of increasing unit costs. While the average unit cost was JOD 123.91 in 2015, the latter increased to JOD 283.77 in 2017. An explanation for higher unit cost might be the development of budget allocations and targets. While the budget allocated for case management delivery increased substantially – 2.5 times from 2015 to 2017 (see *Figure 7*) – the output targets partners had to reach did not increase at the same pace as the budget. This might also imply that the case management response gained in complexity, with more comprehensive service delivery, including more frequent follow-ups with cases, for instance.

Comparing these estimates to unit costs of similar interventions further exposes the wide range of unit cost estimates based on the different interventions provided in different contexts. IRC itself compiled a cost efficiency analysis of its child protection case management activities in different locations, providing evidence that the unit cost per case might range from USD 129 in Tanzania to USD 1,828 in Mali per year, excluding support costs/fixed costs, such as office rent and staff on general payroll.<sup>34</sup> Thus, overall the estimates of this study are well placed within the range.

The same study puts the yearly cost per child in Jordan at USD 440 (JOD 311) per year. The divergence between IRC's figures and the estimates produced under this study could be explained by different reasons. First, since no data on actual resource allocation and spending from the partners was provided as part of this study, the efficiency analysis utilised budget allocations and output targets stipulated in the partnership agreements. Hence, while the actual resource allocations and outputs have likely differed, these could not be reflected and incorporated in the analysis. Moreover, the composition of child protection case management expenditure likely

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<sup>34</sup> (IRC, 2016)

differed between the studies. This study separates case management delivery and capacity building resources to render the estimates more comparable across partners – all of which implemented different activities under both components. Moreover, even though this analysis does not include support costs in the calculations either, the two studies might have employed different definitions of such cost.



**Figure 8.** Unit cost of case management delivery per partner, 2015-17<sup>35</sup>

Furthermore, unit cost for capacity building of stakeholders were calculated based on the budgetary information and output indicators included in the partnership agreements. However, for capacity building activities it was more challenging to establish comparable unit cost, as the activities per partner differed substantially, resulting in significantly different budget allocations, output targets, and subsequently unit cost.

As shown in **Figure 9**, throughout the years the unit cost varied substantially, ranging from JOD 55 to JOD 2,442 per stakeholder trained. These unit cost include vastly different activities. At the low end, the capacity building activities include workshops, while at the higher end the unit cost include training, retraining and follow-up mentoring of trainees. Overall, the unit cost of providing different capacity building activities decreased from 2015 to 2017. Reasons for the decrease could be increased efficiency in trainings as they are repeated, as well as an overall reduction in the capacity building budget allocations, as shown in **Figure 8**, forcing partners to be more cost-effective in their implementation of activities. Finally, it needs to be recognised once more that this efficiency analysis (for case management delivery and capacity building) is based on target numbers and not actual units covered, and a divergence from targets in the implementation of activities would substantially alter the unit cost.

<sup>35</sup> JRF did not receive budgetary allocations for case management delivery in 2015-16, automatically reflecting as zero unit cost in the figure.

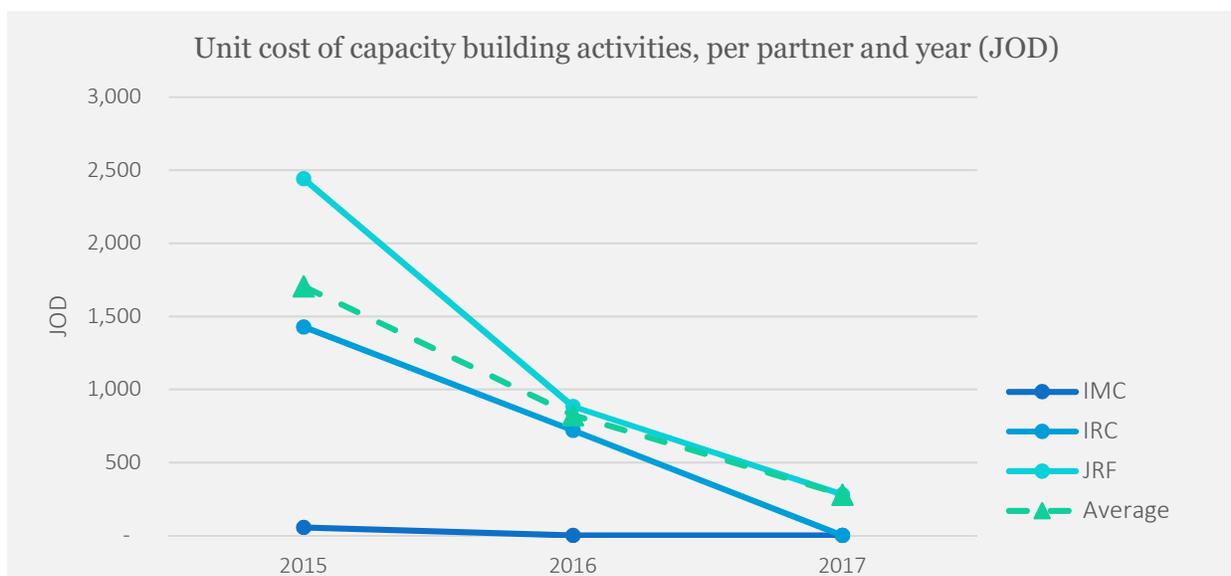


Figure 9. Unit cost of capacity building activities per partner and year, 2015-17<sup>36</sup>

### 4.3.3. Synergies through coordination and partnerships

As part of the response to the refugee crisis, new coordination platforms and mechanisms were set up to manage the response in a collaborative effort as guided by the Jordan Response Plan and led by the Government of Jordan. The refugee response is a collaborative effort between the Government, donor community, UN agencies, international and national NGOs, community-based organisations, refugees and Jordanian communities. Under the response, a range of inter-sector working groups was set up, chaired by UN agencies and international NGOs, with the inter-agency coordination of child protection and case management falling under the Child Protection Sub-Sector Working Group, chaired by UNHCR and UNICEF, part of the Protection Working Group (see **Error! Reference source not found.**). The objective of the CP SWG is to strengthen and harmonise emergency child protection interventions for boys and girls affected by the Syrian crisis in Jordan, part of which is the supporting and strengthening inter-agency case management systems, also through the roll-out of SOPs.

While the whole response plan is led by the Government of Jordan, and government representatives are invited to attend all sector meetings, representation of government in inter-sector working groups and sub-working groups is low. These working groups meet monthly at national and sub-national levels to share updates on activities, however, across levels, partners from government case management agencies are largely absent. Moreover, the set-up of these platforms and mechanisms, was carried out with little integration of existing, national platforms for case management, notably the National Team for Family Protection under the National Council for Family Affairs, which was established in 2000 already and comprises national governmental and non-governmental actors. Effectively, at the beginning of the crisis, a parallel system was set-

<sup>36</sup> IMC and IRC did not receive budgetary allocations for capacity building in 2016-17 and 2017, respectively, automatically reflecting as zero unit cost in the figure.

up to provide case management in response to the Syrian refugee crisis, with little capitalization on existing platforms, mechanisms and capacities. One key informant points out that “When the Syrian crisis happened, lots of international NGOs came in, who responded to the cases’ needs with an international methodology, without considering Jordanian laws, culture, etc. This resulted in Syrian cases receiving a different response than Jordanian cases typically did”.

Recognising the need for integration between national and international, governmental and non-governmental actors, in 2013 and 2014, the NCFA, CP SWG and SGBV SWG collaborated to form the Case Management Task Force, later transformed into the SOP Steering Committee, to lead the discussion around setting up of standards, procedures and forms, which then fed into the inter-agency SOPs. Key informants from all sides recognise that the process of developing and revising the SOPs was and continues to be highly consultative and participatory.

Hence, while the initial response could have capitalised more on existing platforms and capacities, there was a move towards streamlining standards and more interaction and coordination. Still, as also reflected upon in sub-section 4.2.2 on *Enablers of and barriers to coherence* there is room to further foster coordination and therewith capitalise on synergies in the child protection case management response through, for instance, better integration of different coordination platforms at national level, consistent representation of relevant focal points from governmental and non-governmental, national and international case management agencies at sub-national working groups, and establishment of MOUs between agencies to guide coordination.

#### 4.3.4. Summary

- **The budget for UNICEF-supported child protection case management activities grew considerably from 2015 to 2017.** In 2015, JOD 1,827,830 were budgeted for the response compared to JOD 2,616,360 in 2017 – an increase of 43 per cent. In total, over the three-year period, JOD 6,896,944 were budgeted for child protection case management activities for IMC, IRC and JRF. This figure includes contributions from UNICEF, UNHCR and the partners themselves, with most of the funding – approximately 67.3 per cent – coming from UNICEF
- From 2015-17, **three-quarters of the total case management budget was allocated to the delivery of case management services**, 21 per cent was allocated to capacity building activities, and one per cent of the budget was dedicated to the development of materials and activities that render the response more sustainable in the long-term, each. Moreover, the budget allocations for case management delivery steadily increased from 2015 to 2017, wherein allocations more than doubled from approximately JOD 1 million in 2015, to JOD 2.5 million in 2017. Contrary to this trend, the allocations for capacity building steadily decreased over the same period.

The average **unit cost of case management delivery** was JOD 123.91 in 2015 and increased to JOD 283.77 in 2017. An explanation for higher unit cost might be the development of budget allocations and targets. By contrast, the **unit cost for capacity building** – which varied substantially across the years, ranging from JOD 55 to JOD 2,442 per stakeholder trained – decreased from 2015

to 2017. Reasons for the decrease could be increased efficiency in trainings as they are repeated, as well as an overall reduction in the capacity building budget allocations.

- While the initial response **could have capitalised more on existing platforms and capacities**, there was a move towards streamlining standards and more interaction and coordination. Yet, there is **room to further foster coordination and therewith capitalise on synergies** through, for instance, better integration of different coordination platforms at national level, consistent representation of relevant focal points from governmental and non-governmental, national and international case management agencies at sub-national working groups, and establishment of MOUs between agencies.

#### 4.4. Effectiveness

To assess the effectiveness of case management response, the study assesses the extent to which planned case management processes were operationalised and whether the response has attained its stated objectives at the outcome and output level, as stated in the TOC underlying this evaluation (see sub-section 2.1). Moreover, the evaluation examines the quality of case management response in relation to guidelines and standards, also including aspects such as the competencies of case workers and the overall quality of services provided. The guiding questions for the effectiveness criterion are as follows:

To what extent have the planned results of the programme outputs, outcomes and impact been achieved?

To what extent were operational processes (trainings and ongoing support, case identification, referrals and follow-ups, etc.) effectively designed and implemented?

What was the quality of the different case management services provided under the response?

Did the child protection case management response contribute to strengthening existing child protection systems at the local and/or higher level? If so, how and if not, why not?

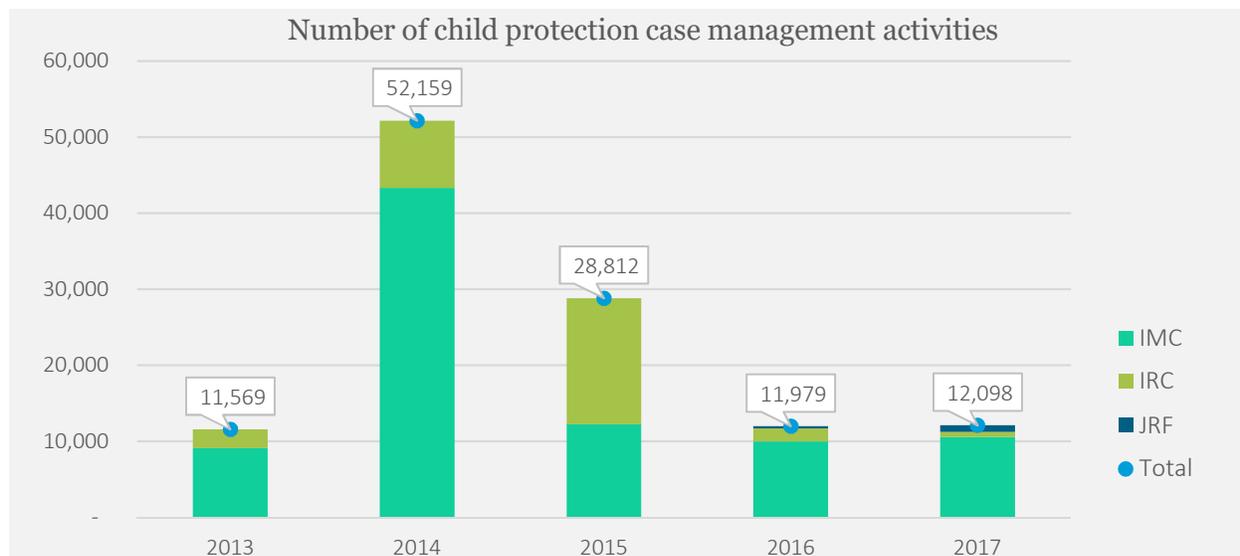
To what extent has the overall case management response been in line with the global case management guidelines and the Jordan specific case management standards?

##### 4.4.1. *Provision of child protection case management services*

To provide an overview of the child protection case management activities that have been provided from 2013 to 2017, data from ActivityInfo – a web-based platform for data and information sharing – was retrieved. The platform records types of case management services provided and activities conducted for national and international case management agencies as part of the Child Protection Sub-Working Group. For this evaluation, data from the child protection case management agencies IMC, IRC and JRF was retrieved from the platform. Below, **Figure 10**

illustrates the absolute number of child protection case management activities recorded per year, as indicated by the data callouts, as well as the division of recorded activities across partners. These numbers do not reflect the number of unique cases recorded, but the number of case management activities recorded on ActivityInfo, wherein multiple activities can be recorded for one case. The graph shows that in 2013, for which records for February to December are available, 11,569 child protection case management activities were recorded in ActivityInfo, with the majority of activities recorded by IMC. In 2014, the number of case management activities peaked at 52,199, and subsequently decreased again to 28,812 in 2015, and further reduced back to 11,979 and 12,098, in 2016 and 2017 respectively. This peak in activities in 2014 could be the result of the steep increase in the number of refugees entering Jordan, especially in the second half of 2013. Recognising that the data presents number of activities and not number of cases, however, the increase in 2014 could also partially reflect the provision of more services per case compared to the other years.

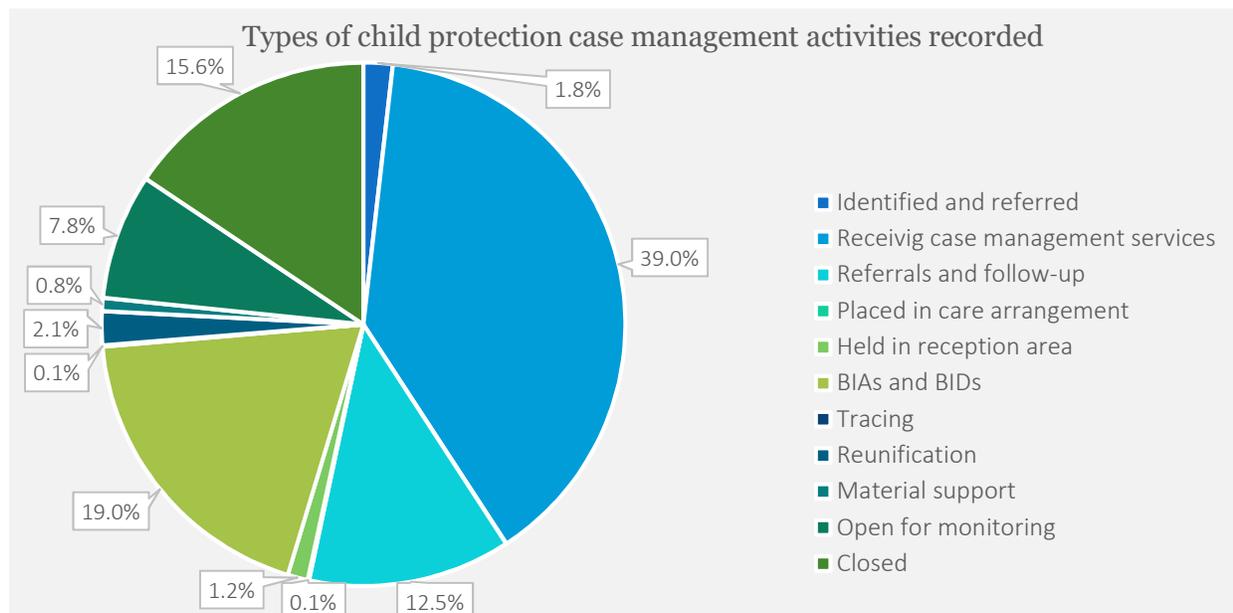
Throughout the years, the majority of activities is recorded from IMC, with the exception of 2015, when IRC recorded more child protection case management activities. Additionally, for 2016 and 2017, activities from JRF are reflected in ActivityInfo, showing an increase in the number of activities from the national case management agency.



**Figure 10.** Number of case management activities recorded and share per location

Below, **Figure 11** presents a breakdown of all child protection case management activities recorded from 2013-17 and presents the single activities' share of total activities across the years. The majority of activities recorded is support to cases through direct case management services, such as the development of a case plan and individual counselling, at 39 per cent. A significant share of the activities entailed the conduct of BIAs and execution of BID panels (19 per cent), case closure (15.6 per cent), provision of referrals and follow-ups (12.5 per cent), and monitoring of cases as required (7.8 per cent). A relatively small share of the recorded child protection activities dealt with reunification (2.1 per cent), UASC held in the IRC reception area (1.2 per cent), provision

of material support (0.8 per cent), placements in alternative care arrangements (0.1 per cent) and tracing (0.1 per cent).



**Figure 11.** Types of child protection case management activities recorded, 2013-17

While this chart reflects on the numbers of different child protection case management activities that were provided, different agencies offer different services. Below, **Table 7** provides an overview of the different services provided by different case management agencies. The overview is structured according to the main steps of the case management process and is based on key informant interviews and checklists completed during field work. And while efforts were made to reflect on the services provided by each agency as comprehensively as possible, at times insights might be limited to the locations visited during fieldwork.

**Table 7.** Overview of case management services provided according to agency

	FDP	MOSD	MOE	MOH	JRF	IMC	IRC
<b>Case intake</b>							
Standardised case identification procedure, using inter-agency forms	X	X	X		X	X	x
Case referrals received from government	X	X					
Case referrals received from NGOs	X				X	X	X
Case referrals through community volunteers						X	X
<b>Case assessment</b>							
Comprehensive needs assessment is conducted	X	X	X	X	X	X	X
Care plan/action plan is developed for case	X	X	X	X	X	X	X
Periodic review and updating of care plan	X	X	X	X	X	X	X
<b>Record keeping</b>							
Physical case file created for child	X	X	X	X	X	X	X
Electronic case file created for child in IMS	X	X	X	X	X	X	X
<b>Service at location</b>							
Education, either school on site, tutoring, and/or education assistance		X	X				

Learning support, skills building and/or vocational training	X				X	X	X
PSS and/or other counselling	X	X			X	X	X
Health, to include clinic on site				X			
Recreational activities	X				X	X	X
Statutory services, to include adoption and foster care	X					X <sup>37</sup>	X
Shelter <sup>38</sup>	X						X
<b>Referrals for services</b>							
Referral to other services <sup>39</sup>	X	X			X	X	X
After an external referral, follow-up procedures in place	X	X			X	X	X
Referrals (and follow-ups) are documented	X	X			X	X	X
<b>Trainings and staff care</b>							
Case management and SOPs trainings offered to staff	X	X	X	X	X	X	X
Other capacity building offered					X	X	X
Support for self-care and stress management provided to staff					X	X	X

The following sub-sections further explore the effectiveness of providing these services, as well as any challenges encountered in doing so. Furthermore, the quality of services, as perceived by beneficiaries and case management agencies alike, is explored.

#### 4.4.2. Effectiveness of case management process

The Inter-Agency SOPs clearly outline a case management process to be followed by involved agencies. **Figure 12** presents the case management flowchart as laid out in the inter-agency SOPs,<sup>40</sup> based on which the main steps of case management entail identification, assessment, case planning and implementation, follow-up, review (sometimes including a case conference) and closure, and service evaluation. Against the background of this process stipulated in the SOPs, the study explored the effectiveness of the design and implementation of case management, as elaborated upon in the following sub-section.

<sup>37</sup> IMC and IRC arrange alternative care and foster care for children, at times with involvement and support of MOSD.

<sup>38</sup> MOSD is the only government agency to provide shelters. IRC is providing shelter for UASC in its reception areas in Azraq and Zaatari camp.

<sup>39</sup> In MOE and MOH, the referral system for services, as outlined in the inter-agency SOPs is not established yet, however, key informants inform that they are in the process of doing so, supported by the National Family Violence Tracking System.

<sup>40</sup> (Inter-Agency SOP Task Force, 2014)

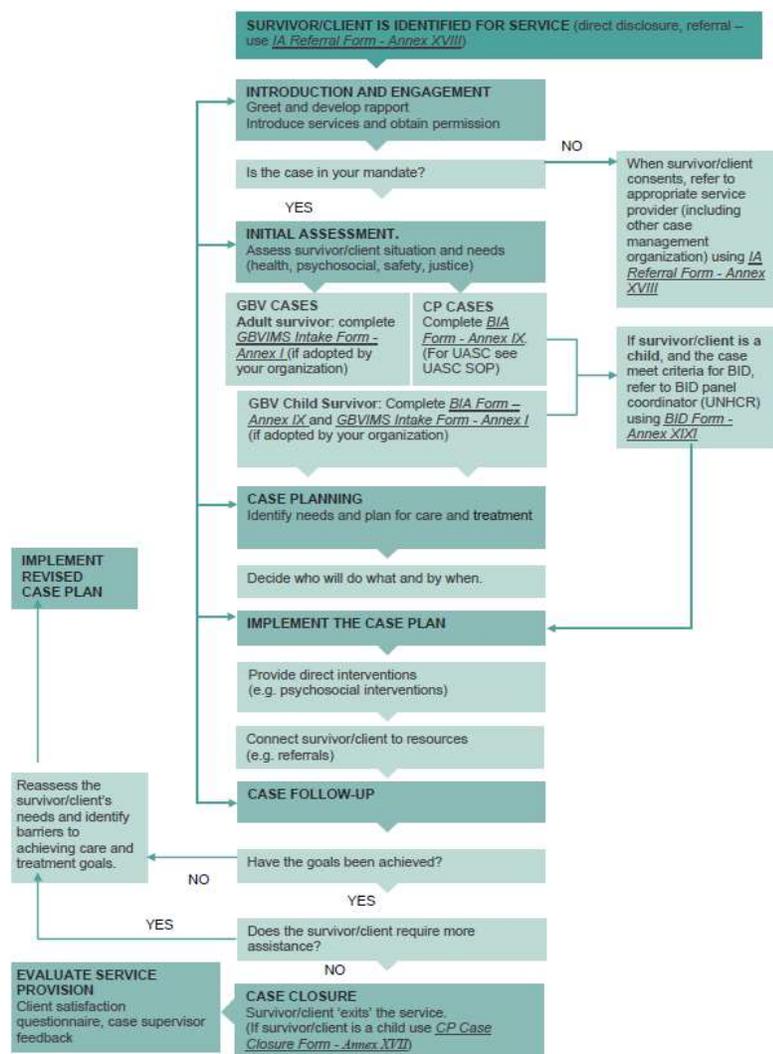


Figure 12. Case management flowchart

categorises the case’s priority, wherein high priority cases (including unaccompanied children, children in detention, children with immediate safety concerns, and sexual violence that occurred in last 72 hours) require urgent action.

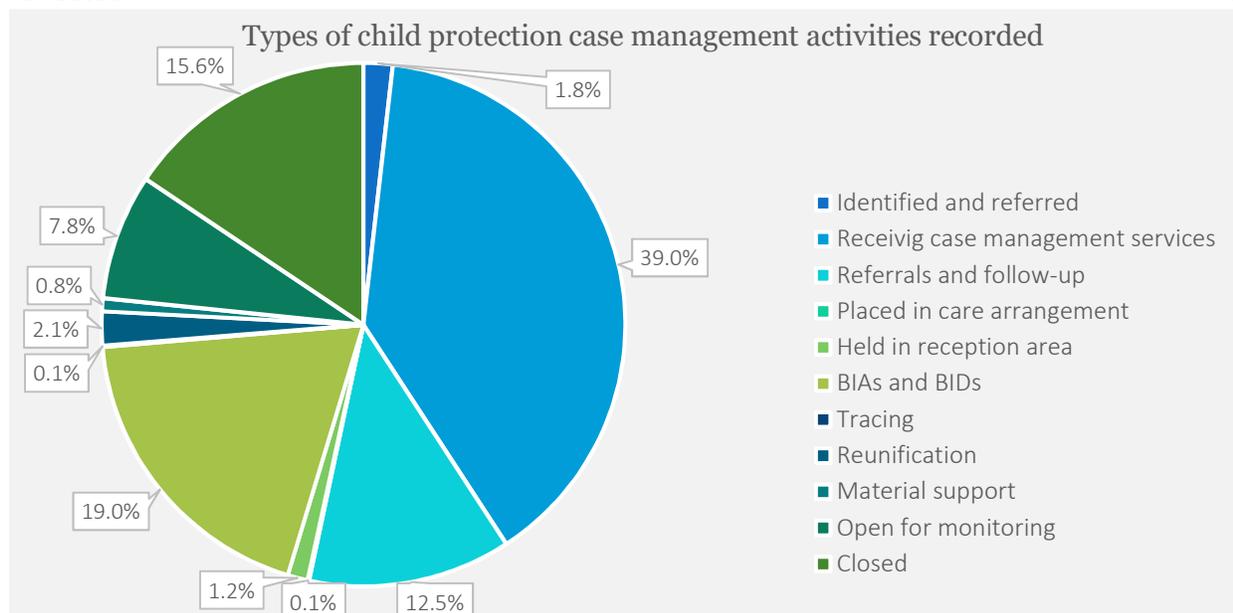
The findings suggest that overall, case management agencies assess the identification process as well designed in the SOPs and relatively well functioning in its implementation. The extent to which case managers and team leaders/coordinators on the ground believe that relevant cases are identified, however, highly depends on the location and setting that they are operating in. Identification of cases seems to be functioning best in the refugee camps, largely due to the immediate contact of new arrivals with camp authorities, along with the density of agencies present. Screening and identification of relevant cases upon registration and referral to the relevant case management agency constitutes one avenue of case identification in camps, as also

### Case identification and assessment

The first steps in the case management process entail the case identification and case assessment. Child protection cases are typically identified through community-based activities, community members or neighbours, referrals by general service providers, such as educational staff, police, health workers, for refugees, identification by UNHCR staff at registration, or through self-referral. Once the case is identified and engaged, and the case manager ensures that the case is within the agency’s mandate (or otherwise is referred to an appropriate service provider), an initial case assessment is conducted. The assessment should be done using the BIA form and should, among others, identify the child’s needs, resources and family background. As part of the assessment, the case manager also

reflected

in



**Figure 11.** Furthermore, IMC and IRC rely on community-based volunteers to screen and identify cases within camps, as well as host communities. When identifying a child potentially in need of case management services within the community, these volunteers, also called outreach workers, refer the child to a case manager within their respective case management agency, to conduct an initial assessment of the child. During focus group discussions the volunteers themselves confirmed that they believe their outreach work significantly contributed to the identification of all child protection cases within their communities.

In addition, key informants in host communities point out the relevance of the facilities such as Makani centres and the Queen Rania Family and Child Center in Amman, run by JRF, into which case management activities are often integrated. Such centres serve as vital platforms for identification of cases. One key informant reports that “[...] through Makani, lots of services and activities are made available here. It is very well known and liked within the community”, while another informant mentions that the QRFCC enjoys a very good reputation and trust from the community, especially among Jordanians. In addition to the QRFCC, JRF runs a helpline, which acts as an avenue to support the identification of case.

Key informants in MOSD mentioned that the main avenue of receiving cases is through referral from the FPD, which is by law, mandated to deal with cases involving violence against children and women. Once a case researches MOSD, it is assigned a case manager within MOSD, whilst the case manager within the FPD remains in charge of the case. The FPD itself engages with the communities in the areas surrounding FPD office to raise awareness on the services that it provides. Moreover, the FPD conducts awareness raising sessions in schools, universities and CBOs. According to key informants within sub-national FPD offices, these activities helped to increase the uptake of case management services.

In Maan, the case management partner reports that identification of cases proves challenging at times, largely due to the more conservative culture and stigmatisation of receiving case management. However, when the case management agency commenced extensive awareness raising campaigns to inform the communities about the case management services on offers, the number of walk-in cases substantially increased. More generally, all case management agencies point out that awareness raising and spreading of information on the services offered foster the identification of cases.

It follows the first engagement with the case and the initial case assessment. Case managers explain that during the initial engagement, the case (and family members, if present) are briefed on the work of the case management agency and the availability of services. Furthermore, the child is informed about its rights and consent is taken from the parents/caregivers. Some case manager specifically mention that the child and family members are informed about the agencies obligations on mandatory reporting to the FPD of cases involving abuse and violence of children and women. After the engagement, the initial assessment is conducted by the case manager, unless the case is identified to fall under the mandate of a different case management agency or service provider.

#### ***Box 4. Community-based volunteers to support case management***

IRC and IMC both rely on community-based volunteers to support the case management process. In camps, as well as host communities in the North, Syrian volunteers support case management through community outreach, case follow-up and the provision of activities within centres. Prior to their involvement, the volunteers are trained on the case management process and sensitised on child protection concerns. The integration of volunteers is then conducted gradually, typically with non-sensitive cases.

In the case management process, volunteers can take on different roles. Some volunteers are specialised in outreach work and identification of cases within the communities. Volunteers involved in outreach report that they typically screen households within their community for any child protection concerns. The outreach workers have forms that they use to assess the situation of families. If any concerns or problems within the family are identified, the outreach workers refer the family to the case manager for further action and assistance. Outreach workers are often structured into outreach teams covering designated areas. Especially in camps, outreach workers can thereby ensure that every household can be reached and covered by case management, if needed. Other volunteers are tasked with case follow-up. Volunteers point out that they usually have a daily/weekly schedule of cases for follow-up visits. After going to the household and following up on the child/children feedback is provided to the case managers and need for any further action is discussed. Some volunteers also support activities within the centres of case management, such as child protection activities and life skills trainings.

The concept of reliance on community volunteers, and specifically Syrian volunteers, has been employed in the context of Makani centres for a while already. Next to fostering community involvement, the concept also supports capacity building of community members, in turn increasing the sustainability of case management activities over the long-term. Moreover, through sensitisation of community members, prevention of child protection cases at community level is supported. Finally, there are also budgetary reasons behind relying on incentive-based volunteers. In camps the use of volunteers is relatively well organised and structured, with SOPs for cash for work guiding their involvement. In urban areas its more challenging to hire Syrians, a there is need for relevant documentation and permission from the Ministry of Labour.

Case managers consider the case assessment as relatively straightforward, mostly due to the inter-agency SOPs and relevant assessment forms, mainly the BIA form, which are part of the SOPs. One

key informant reports that the inter-agency SOPs and forms safeguard that “case assessment [is] less random and ad hoc and needs and risk assessments are not based on individual decision making anymore”. The majority of case managers also mention that the guidelines on risk factor assessment, which define the level of priority given of the case, as highly relevant and helpful to their work. If after the initial assessment the case is identified for mandatory reporting, the case must be referred to the FPD. While national case management agencies can do so directly, case managers from international NGOs, that is IMC and IRC, explain that the case is referred to UNHCR, which then refers the case to the FPD.

### ***Case planning and implementation***

If, following the initial assessment, it is decided that a child requires support through case management, a case file is opened and an individual action plan – a case plan – is developed based on the identified needs of the child and the family/caregiver, if relevant. The plan is developed taking the best interest and wishes of the child into account, and it includes actions to be taken (for instance in form of direct services provided by the case management agency or through referrals), timeframes for implementation, and follow-up mechanisms. All case managers interviewed point out their responsibility to develop a case plan, while some stress the emphasis they place on making sure that the best interest and wishes of the child are adequately reflected in the plans. No case manager reports to face any challenges with regards to the case planning and implementation process.

With regards to the provision of direct case management services, the majority of case managers report to regularly hold individual sessions with the case, and at times the family, to discuss the case’s well-being and any issues that case might have encountered. In the case of FPD’s case management activities, as noted by key informants at national and sub-national level, all activities related to counselling of the case and/or the family, the social worker from the MOSD placed within each FPD office, is tasked to do so. Thus, while the FPD case manager remains in charge of the case and the development of the case plan, the case is referred to the MOSD colleagues for partial implementation of the plan.

### ***Box 5. Government shelters and residential care institutions***

The Ministry of Social Development is the government agency tasked with running shelters in Jordan. Different types of shelters existent include, for instance, shelters for women above the age of 18 years, wherein the women can bring their children to shelter, shelter for girls and boys according to different age groups, and residential care arrangements for under-aged cases according to their age group. A case typically reaches the shelter through referrals from the FPD to the MOSD, usually involving urgent and severe cases, where it is considered unsafe for the case to be sent back home. Upon referral to the shelter, a second case management group is established within the shelter that is responsible for the case, in addition to the case manager in the FPD, who remains in charge of the case. Thus, when a case is placed in a shelter or residential care, the case is additionally provided with case management from the MOSD located within the shelter or vicinity of the residential case to provide case management services, such as counselling, and to facilitate follow-ups. In all shelters a technical team, including psychologists, sociologists, nurses, is present to provide the needed services to cases. In addition, different activities are on offer for children in the shelters, including recreational activities, as well as home schooling and tutoring for children that have not completed formal education yet.

In addition, most cases management agencies provide different types of activities and services such as support groups and parenting skills sessions in-house, often with support from child protection counsellors and psychologists. These activities help to engage other family members in the case management process and ensure a more holistic approach to case management. In some cases, partnerships between case management agencies serve to provide their counselling and psycho-social support services. JRF in Maan, for instance, provided parental skills training and basic life skills training for women itself, while a partnership was formed with IMC on the provision of PSS services. Another example is the MOSD, which – in addition to providing PSS support and child protection counselling through its social workers placed in FPD offices – is also the government agency tasked with the establishment and running of shelters.

Finally, case managers mention the relevance of integrating case management within child-friendly spaces and/or family and community centres. Through the activities provided in the centres, regular contact with cases is facilitated and case managers can screen the cases during activities and assess their well-being.

### ***Case referral and follow-up***

If the case requires a service that cannot be provided by the case manager or the case management agency directly, the cases need a referral to another service provider. Oftentimes, these referrals are made for education services, legal/police services, physical or mental health services or material support. It is the responsibility of the case manager to facilitate the referral of the child and/or their caregiver to such services and monitor the take up of these services as part of timely case follow-up. As such, case referral and follow-up form key components of effective case management. Yet, key informants across agencies and locations report challenges in the process of case referrals and follow-up. The most commonly cited challenge includes the failure to update referral pathways and focal points within agencies providing relevant services. Moreover, particularly in Maan, the lack of relevant service providers for referrals to meet especially refugee's needs was cited as the major barrier to effective case management.

While monthly coordination meetings at camp- and host community-level serve to gather all agencies involved in case management, the majority of case management implementers in camps and host communities alike report that the updating of referral pathways and focal points needs to be further strengthened during these meetings. The failure to update can result in difficulties during the referral and follow-up process, as well as duplication of services. One key informant mentioned the absence of agency representatives, authorised to make decisions, during these meetings as one reason for inadequate updates.

In Maan, the lack of service providers meeting the needs of particularly refugees, was cited as the major obstacle to effective referrals. The interviewed case manager mentioned that limited presence of international NGOs in the area results in limited availability of relevant services, specifically in terms of PSS services, financial support and basic material support. Moreover,

interviewed refugees themselves report that basic needs, such as food, diapers and clothes, are not met yet. Referrals of refugees to education and health services are further obstructed by a lack of relevant documentation papers for a lot of refugees, as reported by the case manager and refugees themselves. Thus, while there is a high demand for services from refugees, the lack of service providers meeting their needs, as well as the lack of relevant documentation, renders the referral system as outlined in the inter-agency SOPs ineffective. At the same time, the case manager reports that agencies are not present permanently or do not have head offices in the area, making follow-ups on services provided to the case more difficult. With regards to Jordanian cases, the case manager does not report any challenges, however, also acknowledges that Jordanians typically require referrals to medical services, which is a straightforward process.

In spite of these challenges, the case management agency in Maan, as well as the agencies met in camps and host communities in North Jordan, report that overall the SOPs and the introduction of referral pathways facilitated cooperation between different case management agencies and service providers, also rendering the referral process more transparent and effective. Some practices that further facilitate referrals and follow-ups include MOUs between agencies and the reliance on community-based volunteers for follow-ups. Specifically, actors in government agencies mention that the introduction of MOUs between agencies has facilitated referral procedures and clearly outline each agency's roles and responsibilities in the process. Still, key informants also acknowledge that referrals and follow-ups could be further improved by enhanced responsiveness from their partners in government. Finally, similar to case identification, IMC and IRC rely on community-based volunteers – or para-case workers – for follow-ups with cases in the camps and host communities, which is considered a highly effective way of following up with cases, especially during weekends, as reported by case management agencies and volunteers alike.

### ***Case review and closure***

When the child's (and parents'/caregivers') needs have been met and the immediate protection concerns have been resolved, case closure can be initiated. Case closure constitutes an important step in the case management process to prevent cases from unnecessarily being held open for prolonged periods of time and therewith creating a case backlog. In most cases it is the case manager's discretion to decide upon the closure of a case, while for high priority cases and any case with additional complexities, case conferences are convened with all relevant case management agencies involved (with the representation depending on the case and the agencies' involvement in the particular case).

Most case managers report that case closure happens on a regular basis and is a rather straightforward procedure. Once the child's and family's situation are assessed as stable and no further intervention is needed from the case management agency's side, the case is closed and typically followed-up one month after case closure. However, the process of follow-up to confirm that cases are stabilised can also prolong caseload of case managers, as reported by some key informants.

Moreover, key informants within the MOSD reported that case closure can be difficult at times, as there might be a mis-match between the assessment of the MOSD social worker and the FPD case

manager as to whether a case should be closed or not. A court committee within FPD is the final decision-maker on case closure, so if the committee assesses a case differently from the MOSD social worker, the case will remain open. Moreover, the need for a decision from the court committee might slow down the process, as at times judges might not be present or new judges might come in, further delaying a decision on case closure. This procedure, combined with the FPD's responsibility to follow-up with cases and a high caseload for case managers in the FPD, has resulted in a backlog of cases within FPD, as also reported by key informants within the agency.

### ***Service monitoring and evaluation***

In terms of monitoring and reporting of the case management services provided, all key informants indicate that internal agency protocols guide the monitoring and reporting process, with sub-national levels typically reporting to national levels on a frequent basis. Different agencies use different means for the reporting of cases; in some agencies it is done electronically, while in others reporting is conducted over phone and/or fax. In addition to reporting within the agencies, information management and sharing systems are utilised and piloted by all major child protection case management agencies in the country to strengthen information sharing across agencies, as further elaborated upon in the following sub-section 4.4.3 on *Information and data management*. For the evaluation of case management services provided by the agency itself, most case managers mention that regular meetings and communication with their supervisor helps to assess and guide their own work, although the component of evaluating case managers' performance seems to be stronger reflected in non-governmental case management agencies. Additionally, some agencies mention that they periodically conduct internal and/or external reviews and evaluations of their services provided. Still, within most case management agencies there seems to be further room to strengthen the evaluation component of services provided, as the current focus lies more on operational monitoring and reporting.

Another service component that is currently not evaluated extensively is the quality of services provided by referral service providers. While each case management organisation has the duty to monitor referrals and conduct follow-up with the beneficiary and the service provider, at this point, no proper evaluation of the services is conducted. Some services, for instance PSS services for Syrian children in Jordan have been evaluated externally, however, within the case management process itself there is limited room to regularly provide feedback and periodically review and evaluate services provided by referral service providers. One key informant shares the concerns that "Without evaluating and knowing the quality, it is very difficult to ensure that proper services are provided, and underlying causes of protection cases are addressed. And even if concerns over quality standards are raised to service providers, the feedback is often limited."

### ***4.4.3. Information and data management***

The inter-agency SOPs indicate that all agencies involved in child protection case management must ensure that cases are handled confidentially by safeguarding that all staff managing cases are trained in confidentiality principles and procedures; keeping case files in a locked and secure location and restricting access only to relevant and authorized case managers/supervisors; and ensuring that staff authorized to access these files do not discuss children's details with non-

authorized persons. Furthermore, all child protection case management agencies must have a paper-based and/or electronic system to track and manage cases, governed by a data protection and information-sharing protocol.

Existing case management systems for managing child protection cases in Jordan include the CPIMS plus/PRIMERO used by IRC and IMC, supported by UNICEF; CPIMS/RAIS used by UNHCR, JRF and IHF/NHF, and the National Family Violence Tracking system, which is based on PRIMERO and supported by UNICEF, is piloted and used by FPD, NCFA, MOSD, MOH and MOE. In addition, some of these case management agencies have their own paper-based or electronic systems to store and manage case information.

All key informants interviewed report to use a paper-based system, as well as some electronic system, for the management and storing of data. The extent to which electronic systems are operationalized, however, differs across agencies. With regards to the use of CPIMS plus/PRIMERO and CPIMS/RAIS, key informants within all relevant agencies report to use the electronic system in addition to a paper-based system. The key informants elaborate that the case files are frequently updated within the paper-based and electronic system, typically after counselling sessions with the cases, referrals and follow-ups, or home visits. Overall, the key informants assess the electronic systems as useful, particularly in the process of receiving cases, transferring cases and referring cases. Nevertheless, key informants also mention the additional workload created through the need for double data entry – first on paper and then in the electronic system. Moreover, most stakeholders mention that the inter-agency forms for data entry are quite long and at times repetitive, rendering data entry time consuming. Some key informants thus suggest to fully move to electronic data recording and management, wherein tablets could be used for the initial data capturing, instead of paper-based forms.

In addition to the CPIMS, national case management agencies in government are currently piloting the National Family Violence Tracking System. With the system currently being in the piloting stage, key informants report a range of challenges with regards to the utilisation and operationalisation of the system, including bugs in the system, English as the original system language, as well as lacking computer skills of staff in the ministries supposed to work with the system. Moreover, key informants report that not enough staff has been trained in the use of the system, so that full-time use of the system is not possible at this point. A key informant from the MOH, for instance elaborates that only three doctors and nurses were trained in the use of the system, which is piloted in ten different departments in the pilot hospital. As the system is not fully operationalised across agencies, yet, all agencies report to additionally record case information on paper, in addition to which have their own, internal electronic systems.

While the roll-out of the system nation-wide will likely be further impeded by lacking infrastructure in all first-line case management providers, such as hospitals and schools, all key informants within government agencies currently piloting the system, are hopeful that once these challenges are addressed, the system can be a useful tool for their case management work. One key informant explains that the system will be able to identify the ‘hotspots’ in the country, i.e. areas with a high prevalence of protection concerns, and a response can be developed accordingly, wherein areas

with a particularly high case load could receive more support in terms of human resources. Moreover, key informants expect that the system will strengthen the monitoring and evaluation component of case management, and with it the quality of services provided. However, one key informant also cautions that the tracking system seems to be currently dictating the way case management is designed and set up; while it should be the other way around. A case management response should be put in place and the system should then be designed accordingly.

#### *4.4.4. Trainings and capacity-building*

Accompanying the inter-agency SOPs, the inter-agency task force also developed two training packages based on the SOPs – a specialized 5-day training package on the SOPs and referral pathways for service providers, and a specialized 12-day training package for the child protection and GBV case management for frontline staff. These trainings were developed to ensure that going forward, all national and international actors involved in case management would apply these SOPs effectively and uniformly. Within the process of trainings and capacity-development, a significant role was also created for national agencies involved in case management as developers and providers of these trainings – most notably JRF, NHF, and NCFCA.

All key informants at national and sub-national level report to have received trainings on child protection case management and the Inter-Agency SOPs. These trainings were assessed as useful and relevant from all key informants, particularly for newly hired case management staff. At the same time, most case managers interviewed also mention that the trainings – as a replica of the SOPs – mainly focus on the procedural side of case management, focusing on the different steps that need to be taken along the process. Most key informants acknowledge that the trainings could be further strengthened by additionally providing soft skills needed for case management, such as communication techniques with children, empathy, listening skills, and emotional intelligence. The provision of such skills is considered particularly relevant in light of some case managers' background in non-related fields. With little experience in social work, key informants in case management agencies, as well as case management beneficiaries, report that some case managers lack the necessary soft skills to deal with children and their parents/caregivers.

In addition to teaching necessary soft skills, some case managers also mention that more specialised trainings beyond case management and the inter-agency SOPs would be helpful. Such trainings could comprise more focused trainings on different child protection concerns and capacitate case managers to better deal with these, but also anger management, stress management and self-care. While some case managers, particularly from international case management agencies, mention that these more specialised trainings were provided, or at least offered to them, many case managers interviewed think that such trainings could enable them to provide more services, and potentially even better services, to the cases. Responding to such suggestions, a key informant from NCFCA explains that currently a range of partners are working on a training package focusing on the application of SOPs for all sorts protection needs, therewith better capacitating case managers to respond to the needs of different cases. The key informant further elaborates that in the future, corresponding courses could be developed in cooperation with at training institutes to provide diplomas for social workers.

There is agreement that more, and more specialised trainings for child protection case management would be relevant. Particularly key informants from case management agencies in government point towards the need for more trainings, as well as more extensive follow-up support and shadowing after the trainings. Some case management agencies, such as for instance the Ministry of Health, report to have already requested more trainings for more staff and training of trainers (TOT) to ensure that staff is adequately capacitated and more in-house capacity building can be conducted on a long-term basis.

Overall, the trainings are assessed positively by key informants and are considered a key avenue in rendering child protection case management more sustainable. Particularly the strong involvement and leading role of national agencies in the design and provision of trainings is an effective way of building national capacity in case management. However, most key informants also recognise that one major barrier to effective long-term capacity building within government agencies remains high staff turnover and rotation. With staff frequently changing positions, trainings are rendered unsustainable and a need for continuous trainings and re-trainings is created.

#### *4.4.5. Quality of services*

One of the key research questions under effectiveness deals with the quality of case management services provided. As part of this evaluation, case management agencies and beneficiaries of the response were asked about their perceptions on the quality of services provided. While mixed responses were given across locations and case management agencies, the perceptions of agencies and beneficiaries are matching to a large extent.

##### ***Enhanced capacitation and coordination***

Overall, most key informants from case management agencies believe that better services are provided now, compared to 2013, due to better capacitation of all actors involved, as well as an involvement in the understanding of what case management is. One case manager reports that “initially we did not have case management, just single services. There was some degree of planning of cases, too, but it was not really case management”. Especially the inter-agency SOPs helped to formalise and structure the process, resulting in a more coherent approach to case management and ultimately higher quality of services.

Furthermore, enhanced cooperation with other partners and service providers in the area resulted in a more structured service provision and wider range of available services that beneficiaries could be referred to. Especially case management agencies in the camps acknowledge that when the camps were established, the focus lay on basic needs provision, including shelter and food, while now a more diverse range of services is offered to cases, including skills development and PSS services, among others. Furthermore, case management agencies in the camps reflect that strengthened cooperation with Jordanian authorities and agencies, including camp security, the police and specifically the FPD, enables them to provide better services to the cases, as some types of cases require their involvement.

Focus group discussions with children benefitting from case management and parents/caregivers of cases suggest that beneficiaries agree with the case management agencies' assessment. Beneficiaries feel that the case managers provide high-quality support to them and link them to any necessary services that they might need. Service provision in the camps is assessed to be of good quality as well, with one caregiver pointing out that "it is as good as you can expect it to be in a camp". Children particularly value that their case manager often suggests activities for them to take part in, as well as the activities provided in the centres that case management is often integrated into. There were no differences in how male/female respondents assessed the services.

Frontline staff in camps and host communities also mention that they believe the case's view is better taken into consideration when developing a case plan and making decisions on referrals. Findings from the focus group discussions with beneficiaries support this statement, with children and parents/caregivers feeling that the case manager takes their view into account and consults them before any decision or referral is made. Furthermore, most children mention that they know how to contact their case manager at any time and know that they could approach the case manager with any issue that they face.

### ***Room for further quality improvements***

At the same time, particularly key informants in case management agencies in host communities concede that the quality of child protection case management services could be further improved and is currently hampered by a range of factors. Firstly, beneficiaries' access to child protection case management services, as well as referral services, might at times be limited due to the cost of transportation faced by them. Case managers and beneficiaries assess the quality of case management itself as high, however, failure to access the services at times constitutes a barrier in effective service provision. Furthermore, the case managers in Maan acknowledge that they could provide cases with better case management services, if more partners were active in the area. Currently, there is a lack of service providers in Maan responding to the needs of refugees – constituting the majority of cases – as reported by case managers and beneficiaries alike. This lack is further aggravated by the few service providers there having a high workload, and some of the service providers not having head offices in the area and only sending representatives to Maan for a few days per week.

Additionally, most case managers and social workers interviewed in government agencies identify a lack of human resources as barrier to provide a higher quality of services. Because there is a significant lack of human resources, case managers and social workers often have an extremely high caseload, and/or have to take on more responsibilities than ascribed to them as per their job description as case manager/social worker. MOSD social workers in a shelter, for instance, report having to take on too many responsibilities for each case, such as accompanying the cases to the court, which eats into their times as case manager. All key informants agree that the quality of their work and services to the cases could be better, if they would have a more manageable caseload and would not have to take on extra responsibilities.

Furthermore, as elaborated upon above, the majority of case managers report that more trainings, as well as more specialised trainings along with trainings focusing on the provision of soft skills might help them to further improve the quality of service they can provide to cases. Some beneficiaries agree that not all case managers possess the necessary soft skills and attitude to deal with cases. A minority of female beneficiaries reports to having faced stigma from case managers, feeling that the case managers lacked empathy, and that their best interest and wishes were not adequately taken into consideration by the case manager.<sup>41</sup> And even though only a few beneficiaries reported these negative experiences with case managers, their experience suggests that trainings of soft skills could go a long way to further improve the quality of services provided to vulnerable children and their families.

Consequently, while the quality of direct case management, i.e. the work of the case managers, is assessed as relatively high by most beneficiaries and case management agencies themselves, the quality could be improved by further investing in the skills of case managers, especially the one's coming from a non-related field. Furthermore, to strengthen the overall case management response, including referrals to other agencies and service providers, barriers to access, including transportation cost and lack of supply of services, as experienced by beneficiaries in host communities especially in South Jordan, need to be addressed.

#### ***Box 6. Caseload of case managers***

The global Inter-Agency Guidelines for Case Management and Child Protection (2014) state that caseworkers must have a reasonable caseload, reflecting their skills and capacities; but generally, the number of cases allocated to each caseworker should not be more than 25. Still, this number should just be considered a guiding parameter and needs to be revised according to the specific programme that is being implemented, and taking into consideration a range of factors, including the time spent on referral and follow-ups, the complexity of cases and the overall scope of the caseworker's responsibilities, among others. (Global Child Protection Working Group, 2014, p. 41)

The Inter-Agency SOPs for Jordan do not spell out any guidelines on caseload, so that it varies from agency to agency how many cases each case manager has. Key informants from international case management agencies state that the caseload typically varies from 25 to 30 cases per case manager, while for national case management agencies the target is set at 30 to 35 cases per case manager. While most case managers from non-governmental case management agencies agree that the caseload is usually manageable; all key informants from government agencies report to have an extremely high caseload, making it difficult for them to manage all cases in a timely manner. Generally, frontline staff points out that if the cases have more severe protection concerns and require more intensive follow-up, case management becomes more time consuming and it becomes difficult to manage all cases. Additionally, follow-ups with cases might prevent case closure, leading to a temporarily higher caseload than intended. Therefore, agencies might need to reflect more carefully on their case managers workload, incorporating factors such as the complexity of cases and time requirements to follow-up, as stipulated in the global Inter-Agency Guidelines for Case Management and Child Protection. Furthermore, to reduce the discrepancy in caseload between agencies, it might be adequate to incorporate considerations on caseloads in the national inter-agency SOPs.

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<sup>41</sup> Within the specific setting, only a female group of beneficiary children was interviewed; hence, it cannot be concluded that only female beneficiaries of case management services faced stigma, as no comparison group with male beneficiaries could be established.

#### 4.4.6. Summary

- The child protection case management process as outlined in the inter-agency SOPs is **effectively implemented to a large extent**, however, a range of challenges are still being encountered in the different process stages.
- The findings suggest that overall, case management agencies assess the **case identification process** as well designed in the SOPs and relatively well functioning in its implementation. **Community-based volunteers** play a significant role in the outreach and identification of cases, and **community and child-friendly centres** (such as Makani centres and the QRFCC) into which case management is often integrated provide a vital platform for case identification. At times, case identification might be hampered by **prevailing stigmatisation** of openly handling child protection concerns, particularly in more conservative communities, as in South Jordan.
- Case managers consider the **case assessment** as relatively straightforward, mostly due to the inter-agency SOPs and relevant assessment forms, mainly the BIA form, which are part of the SOPs. The inter-agency SOPs and forms safeguard that case assessment is less random and ad hoc and needs and risk assessments are not based on individual decision making anymore.
- **Case referral and follow-up** form key components of effective case management, yet, key informants across agencies and locations report different challenges in these processes. The most commonly cited challenge includes the failure to update referral pathways and focal points within agencies. Moreover, particularly in Maan, the lack of relevant service providers for referrals to meet especially refugee's needs was cited as the major barrier to effective case management.
- **Case closure happens on a regular basis and is a rather straightforward procedure.** However, the process of follow-up to confirm that cases are stabilised, as well as internal agency procedures can also prolong case closure and result in a high caseload of case managers.
- Different **electronic case management systems** for managing child protection cases currently in use include the CPIMS plus/PRIMERO, CPIMS/RAIS and the National Family Violence Tracking system. While no challenges are encountered in the use of the CPIMS, users of the national tracking system – currently piloted in five government agencies – still report a range of challenges in its operationalisation, including bugs in the system, English as the original system language, as well as lacking computer skills of staff in the ministries supposed to work with the system.
- **Trainings are assessed positively and are considered a key avenue in rendering child protection case management more sustainable.** The strong involvement of national agencies in the design and provision of trainings is an effective way of building national capacity. There is agreement that more trainings with more extensive shadowing and follow-up support, and more specialised trainings would be relevant.
- The quality of direct case management is assessed as relatively high by most beneficiaries and case management agencies. Still, **quality could be improved** by investing in the skills and selection criteria of case managers. Furthermore, to strengthen the overall case management response,

barriers to access, including transportation cost and lack of supply of services, as experienced by beneficiaries in host communities and particularly South Jordan, need to be addressed.

## 4.5. Impact

The analysis explored positive or negative, direct or indirect, intended or unintended changes in the lives of children and parents and caregivers. According to the research questions and TOC guiding the evaluation, the main impact of interest is in terms of the living situation and well-being of children in need of protection. As impacts in the areas of child protection concerns and awareness and perceptions on child protection were reported at household- and community level, the following section elaborates on these as well.

What is the impact or effect of the response on the overall living situation of children in need of protection?

### 4.5.1. *Living situation of children*

Based on interviews with team leaders/coordinators and case managers, as well as focus groups discussions with children, parents/caregivers and volunteers, case management achieved largely positive impacts in the living situation of children and their families. These positive impacts were mainly achieved by i) addressing cases' prevalent needs through direct service provision and linking to available services, ii) supporting them to better cope with the situation that they face, and iii) supporting children and families in reducing risk mitigating behaviour, often resulting in protection concerns. Frontline staff and beneficiaries do not perceive differences in impacts according to children's gender.

The provision of case management services to meet the immediate needs of cases and enhance their protection situation is the most direct and visible impact achieved through case management. Especially in the camps, beneficiaries point out that the case manager provides them with, or links them to, any necessary service they might require. Typically, no problems are encountered in accessing the service, so that the case's needs can be addressed. In host communities, addressing the needs of refugee cases is often more difficult compared to camps, as many refugees report to require financial support, which is only limitedly available. Other times, access to available services is hindered through transportation cost faced by beneficiaries. In order to address this challenge, JRF provides case management beneficiaries the transportation fee, to safeguard their access to services. Nevertheless, parents of cases report positive impacts of case management on their children's well-being, particularly achieved through the activities conducted in the adjacent centres. Children agree that they enjoy these activities and like coming there to spend time and interact with other children. Thus, for refugees, positive impacts achieved through referring cases to services is more pronounced in the camps than in the host communities.

Next to impacts through service provision, positive impacts were achieved through supporting the cases and their families to cope with the situation that they are in. Almost all beneficiaries explain

that they value the support they receive from their case manager through individual sessions or sessions with other family members a lot. In camps and host communities alike, most parents/caregivers agree that the children are better off through case management, in turn positively affecting the entire family/household. Case managers also report that in some cases, for instance child marriage cases, their support largely focuses on supporting the child in dealing with the situation and educating the child related topics, such as risks related to early pregnancies. Likewise, staff from the MOSD shelter report that they support the girls by being there for them and supporting them in their situation, which is highly valued by the girls themselves. Thus, positive impacts of case management are also achieved through providing best possible psycho-social support and counselling to the cases. Through the involvement of other family members in counselling sessions and support groups, the impact goes beyond the child itself, often encompassing the whole family members.

Lastly, some case managers report that follow-up with cases also reveals longer-term impacts of case management, wherein families change their risk management behaviour more permanently, leading to a reduction of child protection concerns. The most prominent example given was the reduction of child labour for some cases and the child's return to school, with the vast majority of child labour cases being male. Through case management, some families were convinced to send their children back to school and reduce the working hours of the child, while some families were also linked to financial support, which usually resulted in a reduction or ending of child labour. While examples of such impacts were reported by a range of frontline staff, it remains to be seen how lasting the impacts are. Staff acknowledges that in some cases, once the financial support ended, children dropped out of school again and went back to work to compensate for the loss in income. Thus, a sustainable solution to address underlying reasons of child protection concerns and achieve longer-term impacts of case management remains to be found.

Thus, case management had positive impacts on the majority of cases, as reported by beneficiaries themselves, as well as key informants from case management agencies. The children attending activities at the centres and children and families staying in touch with the case management agencies even after case closure is a testimony to the success of case management. Nevertheless, it can be concluded that positive impacts are more pronounced in camps compared to host communities. Furthermore, in the South of Jordan, the impact of case management on refugees living in the host communities has been limited so far, as the services they require most are not available at this point.

#### *4.5.2. Awareness and perceptions*

The findings suggest that case management activities, and particularly the awareness raising and outreach activities conducted by most case management agencies, had an impact on people's awareness of their rights and services available to them, as well as people's perceptions around child protection concerns, abuses of rights, and the receipt of case management support.

Case managers, volunteers and beneficiaries in camps and host communities in the North agree that positive experiences with case management, and awareness raising campaigns conducted by

case management agencies led to an increased awareness of their rights and available services. Community members point out that most people used to think that discussing issues and challenges within the household is a private matter. Moreover, seeking help to address these concerns was stigmatised within the family and community. Female parents/caregivers also report that often their husbands would not be supportive of case management either. However, by seeing the positive impacts that case management had on children in the community, perceptions around case management changed. Some husbands even started attending sessions conducted with the case manager and the child. Within the community, children and families became more aware of child protection concerns and became more confident to open up about the challenges they face. Moreover, there is higher awareness among other community members and general service providers are more. Teachers for instance are more aware of child protection concerns inside and outside schools. With higher awareness, community-based volunteers argue, the prevention of cases has also increased.

In Maan, changes in the perceptions around case management are slower, with stigmatisation around opening up around protection concerns beyond the family still dominant, largely due to the prevailing conservative culture, as reported by the case manager and the parents of cases. Still, positive results of awareness raising activities are visible. When JRF started its case management activities in Maan, almost no cases were reported, however, through extensive outreach activities during the first year, JRF increased awareness on the types of services that are on offer. Since, the number of cases increased substantially, with the vast majority of cases being refugee children and families, with comparatively few Jordanian children and families receiving case management.

Finally, largely as a result of the heightened awareness around child protection concerns, case managers also report to see changes in the prevalence of these concerns, as a direct result of case management activities. In some locations case managers and volunteers report a reduction in child abuse cases and early marriages due to the awareness raising work conducted by case management agencies. Moreover, working with the parents and integrating them in the response through counselling and parenting classes, for instance, has shown to yield positive impacts in terms of how children are treated. Some case managers also report successes in reducing child labour through awareness raising activities and educating communities and parents on its harmful effects. Nevertheless, most case managers also acknowledge that child labour cases remain particularly difficult to address through case management, since it is mostly driven by the financial needs of the family, and hence, unless financial support is provided more permanently, children are likely to go back to work.

#### 4.5.3. *Summary*

- Case management achieved **largely positive impacts in the living situation of children and their families** by i) addressing cases' prevalent needs through direct service provision and linking to available services, ii) supporting them to better cope with the situation that they face, and iii)

supporting children and families in reducing risk mitigating behaviour, often resulting in protection concerns.

- However, the **extent to which impacts were achieved is dependent on the geographic location**, wherein positive impacts are more pronounced in camps compared to host communities. Furthermore, in the South of Jordan, the impact of case management on refugees living in the host communities has been limited so far, as the services they require most are not available.
- The findings also suggest that case management activities, and particularly the awareness raising and outreach activities conducted by most case management agencies, had an **impact on people's awareness of their rights and services available to them**, as well as people's perceptions around child protection concerns, abuses of rights, and the receipt of case management support.
- Finally, largely as a result of the heightened awareness around child protection concerns, case managers also report to see **changes in the prevalence of child protection concerns**, with a reduction in the prevalence of some concerns, as a direct result of case management activities.

#### 4.6. Human rights and equity

This evaluation component aims to assess the extent to which the case management response applied the human rights-based approach and equity approach, in that the response reached the children most in need of support, across different areas in Jordan. Additionally, the evaluation looks at the extent to which boys and girls were equally reached by the response and whether resources were spent equitable, resulting in equitable outputs and impacts. The following questions guide the discussion around human rights and equity:

Did the case management response and its activities cover the most deprived areas, reach the most deprived children and their families, and equally reach boys and girls in need?

Was the child protection case management response equitable in terms of resources spent, and outcomes and impacts achieved per target areas and groups?

##### 4.6.1. Reaching children at risk

###### *Jordanians versus non-Jordanians*

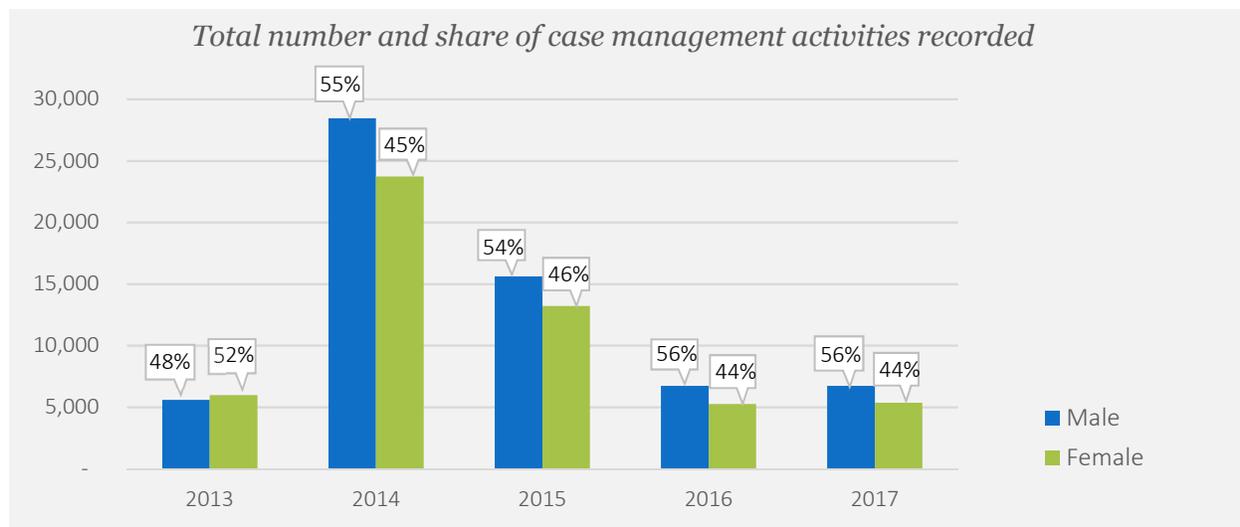
All key informants interviewed within the child protection case management agencies point out that they provide the same services to every child, regardless of the nationality. Nevertheless, for most national and international NGOs interviewed, currently, non-Jordanian cases – mainly Syrian refugees – form the majority of the caseload. This is particularly the case in North Jordan, with the highest refugee density in the country. Aside from the Syrian cases in refugee camps, in host communities in North Jordan, national and international case management agencies report that the majority of cases, up to 70 per cent, are Syrian refugees. Likewise, in Maan, South Jordan, the case management agency reports that approximately 70 per cent are refugees, most of which are from Syria. The case management agencies visited in and around Amman report a mixed caseload,

with some agencies having 50 per cent Jordanian and 50 per cent non-Jordanian cases. In the girls' shelter visited as part of this study, the majority of cases were Jordanian.

This overall higher representation of refugees in case management might be driven by a higher demand for services from the side of Syrian refugees. A case manager in Maan for instance explained that a lot of refugees hope to get support in attaining relevant documentation and basic material support through case management, while Jordanian families typically do not make use of case management services in Maan, unless medical referrals are needed. The statement is supported by case managers in North Jordan, who agree that there is simply a higher demand for case management services from refugees compared to Jordanians, even though the case management response and services are tailored to meet the needs of both groups.

### Gender breakdown

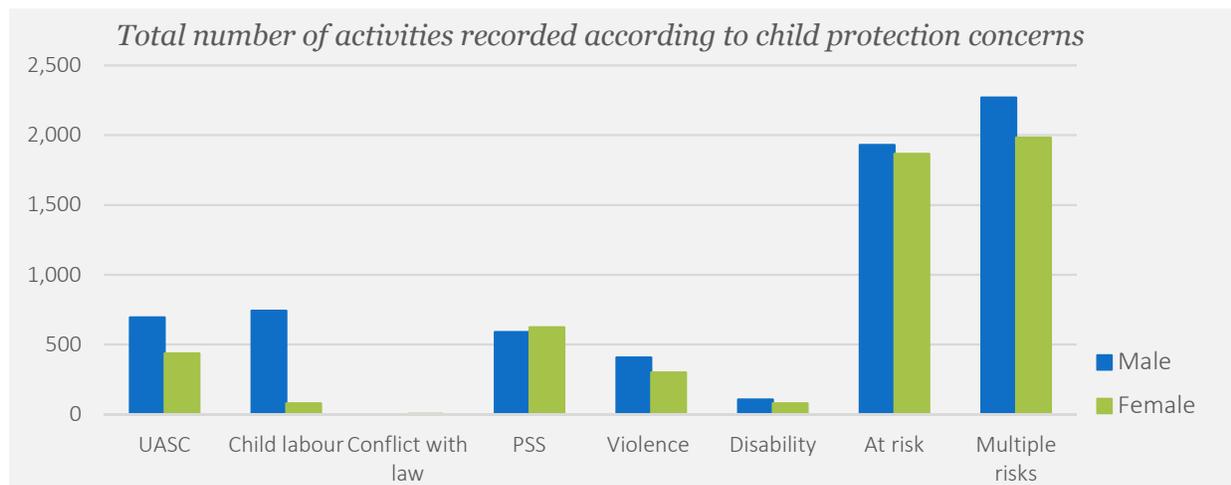
Another equity dimension entails a breakdown of service provision according to gender. **Figure 13** displays the absolute number (columns, left axis) and share (percentage callouts) of child protection case management activities provided to males and females as recorded in ActivityInfo. It becomes evident that only in 2013, the share of activities received by females was higher than for males, with 52 per cent and 48 per cent respectively. For the following years, the share of activities recorded for males is significantly higher than for females, with males receiving 54 to 56 per cent of all child protection case management activities recorded on ActivityInfo. A further breakdown into camp and non-camp setting supports the same trend, with more boys receiving activities compared to girls in both settings.



**Figure 13.** Provision of child protection case management activities by sex, 2013-17

Likewise, further disaggregating the activities according to the child protection concerns – such as child labour, children in conflict of the law, UASC, or disability – reveals that across most case types, the share of activities provided to males was higher compared to females. Below, **Figure 14** illustrated the number of activities provided according to child protection concerns to males and females in 2017. It becomes evident that particularly for concerns related to UASC, child labour and multiple risk factors, substantially more activities were recorded for males than females. Only

for the need of PSS services, a slightly higher number of activities was recorded for female cases than for male cases.



**Figure 14.** Number of activities recorded by child protection concerns and by sex, 2017<sup>42</sup>

Part of this gender gap in the provision of case management activities across years and child protection concerns might be explained by the fact that a slightly higher share of Syrian refugees below the age of 18 years is male compared to female, with 51.5 per cent versus 48.5 per cent, respectively. And, as explained above, the data from ActivityInfo does not incorporate data from government case management agencies and hence the data is mostly reflective of case management activities provided to Syrian refugees. In order to carry out a conclusive equity assessment of the gender dimension, however, one would need complete data from all actors involved in the case management response.

#### **Case management activities in camps and host communities**

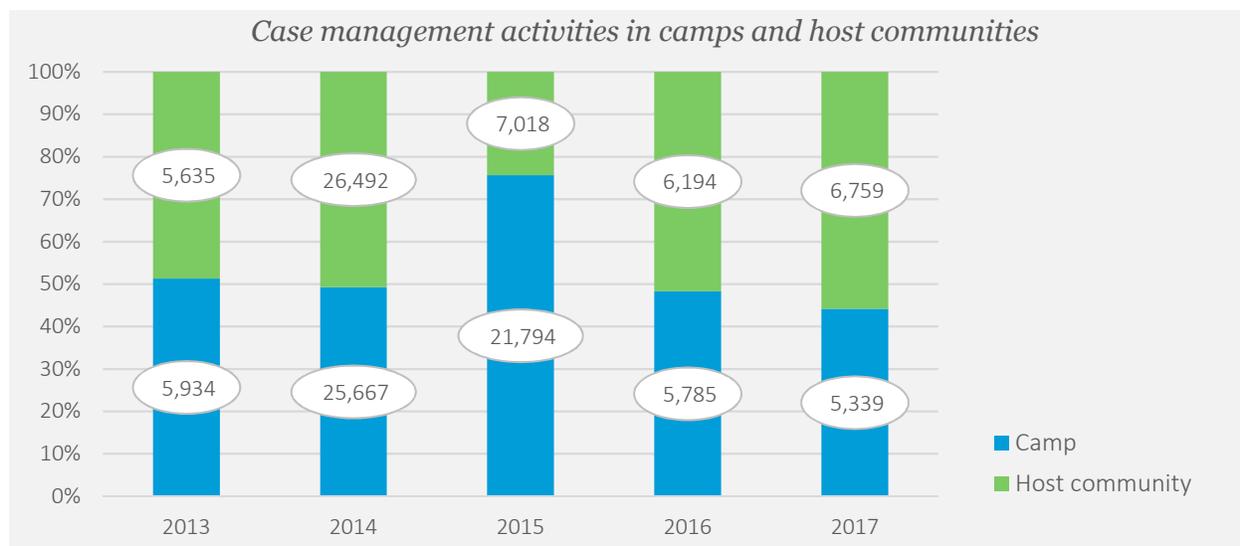
Based on the child protection case management activities recorded on ActivityInfo, throughout the years the distribution of activities recorded in camps and host communities shifted. Below, **Figure 15** illustrates the share (stacked columns, left axis) and absolute numbers (in circles) of child protection case management activities recorded in camps and host communities. Examining the stacked columns, it becomes evident that in 2013 and 2014 the recorded activities were close to evenly spread across camps and host communities, with roughly half of all activities recorded from each location. In 2015, the share of activities in camps significantly increased to 75 per cent of all activities recorded. In 2016 and 2017 the share of child protection case management activities recorded in camps drops to below 50 per cent, with the majority of activities recorded in host communities. While this data only reflects the child protection case management activities recorded by IMC, IRC and JRF (for 2016 and 2017), and hence does not include data from case management agencies in government, it does reveal disproportionately high recordings of case management activities in camps, especially when compared to the share of refugees living in

<sup>42</sup> ActivityInfo does not provide information on how “at risk” is specified.

camps. While approximately 80 per cent of all Syrian refugees live outside of camps, even in 2017, 44 per cent of all child protection case management activities were recorded from within camps.

To have a complete analysis on the geographic distribution of case management, data from government agencies would have to be incorporated. With their presence across the country the activities recorded in host communities would likely increase substantially. The numbers might also be skewed due to an initial focus of case management activities in camps to respond to the refugee crisis. Moreover, there might simply be a higher demand and/or availability for case management activities within camps. It might further add value to examine the number of cases instead of the number of activities recorded, which might reveal a different picture of coverage. It might be that the number of activities recorded per case is higher in camps compared to host communities; which in turn might also provide a basis to infer on the comprehensiveness of case management services provided in camps versus host communities.

Beyond the numbers, all case management agencies explain that they do their best to equally reach all children in need and cover the most deprived children through outreach work and awareness raising activities within communities, schools, hospitals, and via media, among others. As elaborated upon in sub-section **Error! Reference source not found.** on *Case identification*, in camps the identification of cases is often easier due to the proximity of case management agencies to the communities and is further facilitated through community-based volunteers. Similarly, in host communities, volunteers support the identification of all children in need, however the identification is more challenging, as at times far-flung areas have to be covered by case management agencies. Moreover, some case managers acknowledge that some of the most vulnerable children might not be reached simply as there might be “cultural restrictions” to talk about violation of children’s rights or because parents do not allow the agencies to talk to the children.



**Figure 15.** Case management activities recorded in camps and host communities

Some key informants also mention that currently children with disabilities and children living in Informal Tented Settlements (ITS) are not adequately reached by child protection case management services. While some case management agencies mention that they proactively try to identify children with disabilities as a vulnerable group during outreach activities, the case management services provided at this point might not fit the needs of children with disabilities. Key informants explain that frontline staff mostly does not possess the necessary skills to communicate with hearing and speech impaired children, and no adequate services are provided for children with mental disabilities at this point. On the one hand, this means that case managers are not equipped to provide services to children with mental disabilities, and on the other hand, no suitable services that case managers could refer children with disabilities to, exist. Moreover, refugee children living in ITS are currently not reached, as none of the international case management agencies provides services in these settlements based on a request from the Government of Jordan.

#### *4.6.2. Equity in inputs, outputs, outcomes and impacts*

As data on targets and budget allocations, disaggregated by location, is missing, the evaluation cannot expound whether the case management response was equitable in terms of inputs and outputs. In terms of outcomes and impacts, however, the participatory research helps to shed some light on the equity component. The findings suggest that the provision of child protection case management services, especially meeting the needs of refugees, is better in the governorates in North Jordan and Amman, where the majority of refugees live, and most agencies are concentrated. In South Jordan, the number of refugees in absolute terms and as share of population is much lower compared to North Jordan, resulting in fewer agencies operating in the area and providing services relevant to refugees. Below, **Figure 16** maps out the actors involved in the Protection Working Group – under which the Child Protection Sub-Working Group falls – according to governorates, as of 2017. This map gives an indication of the significantly higher representation of agencies in the Northern governorates, compared to the South. This in turn reflects in the limited outcomes and impacts of the case management response so far, as reported by refugees and frontline staff. While children and parents/caregivers in the North and in Amman generally agree that case management has a positive impact on their life, children and parents in Maan state that so far case management has not had any impact on their living situation and well-being. Additionally, key informant interviews and focus group discussions also suggest that outcomes and impacts are more pronounced in camps than in host communities, with better access to services in camps compared to host communities, resulting in higher uptake of case management and referral services.

For Jordanian cases, there seems to be less of a geographic divide, based on key informant interviews with government case management agencies, however, data on inputs and outputs is missing to support these statements. Furthermore, due to difficulties in arranging FGDs with Jordanian cases and with beneficiaries of government case management agencies, only a limited number of such cases was interviewed in Amman. While these cases reported positive impacts of case management on their lives, these findings cannot be generalised.

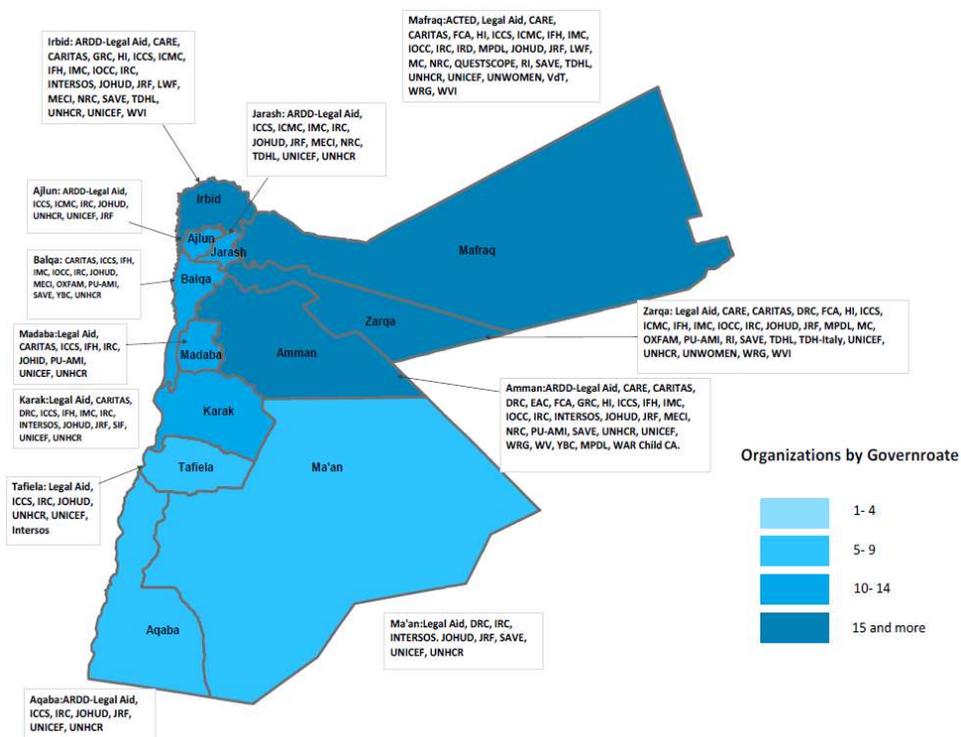


Figure 16. Actors involved in Protection Working Group across the different governorates<sup>43</sup>

### 4.6.3. Summary

- For most case management agencies, the majority of cases is non-Jordanian, with mostly Syrian refugees availing services. Key informants believe that there is simply a **higher demand for services from the side of Syrian refugees**, even though the case management response and services provided are tailored to meet the needs of both groups.
- For most of the years, the share of activities recorded in ActivityInfo is **higher for males compared to females**. Across most case types, the share of activities provided to males is higher compared to females and one could thus infer that there has been an unequal distribution of services according to gender. Part of this difference might be explained by the fact that a higher share of Syrian refugees below the age of 18 years is male compared to female, with 51.5 per cent versus 48.5 per cent, respectively.
- A disproportionately **high number of case management activities were recorded in camps**, especially when compared to the share of refugees living in camps. While approximately 80 per cent of all Syrian refugees live outside of camps, even in 2017, 44 per cent of all child protection case management activities were recorded from within camps.
- All case management agencies explain that they do their best to equally reach all children in need and cover the most deprived children through outreach work and awareness raising activities within communities, schools, hospitals, and via media, among others. However, the identification

<sup>43</sup> (Inter-Sector Working Group, 2017)

of cases is often easier in camps due to the proximity of case management agencies to the communities and is further facilitated through community-based volunteers. Case managers also acknowledge that **some of the most vulnerable children might not be reached** simply as there might be “cultural restrictions” and parents might not allow the agencies to talk to the children.

- Case management services provided at this point might not fit the **needs of children with disabilities**, as frontline staff mostly does not have the necessary skills to communicate with hearing and speech impaired children, and no adequate services are provided for children with mental disabilities. Moreover, **refugee children living in ITS** are currently not reached, as none of the international case management agencies provides services in these settlements based on a request from the Government of Jordan.

#### 4.7. Sustainability

The last evaluation criterion focuses on the sustainability of the case management response and the results it has achieved so far, particularly in the event of withdrawal of the ongoing support by UNICEF and other international partners. The evaluation examines in how far the child protection case management response has capacitated and involved national actors to render the response more sustainable. The evaluation guiding questions are as follows:

To what extent are the positive changes and effects of the child protection case management response sustainable in the event of withdrawal of current support?

To what extent were different stakeholders, including government MDAs, involved in the response to ensure that results can be sustained?

##### 4.7.1. *Capacitation and involvement of national stakeholders*

The child protection case management response has a strong focus on capacitating national actors, and particularly actors in government. Still, capacitation of partners in government to provide case management services and especially specialised services, such as child protection counselling and PSS services, is perceived as a major constraint to sustainability. Multiple case managers in national case management agencies mention that without involvement from international agencies, there would be no PSS and child protection services in the area, that cases could be linked to. Such concerns are supported by key informants in government as well, expressing the desire to receive more trainings, and more specialised trainings, to be able to provide more and better services to the clients. Further aggravating the need for more capacity development of national stakeholders is the high staff turnover and job rotation within government, which currently render trainings and capacity-building exercises unsustainable. Key informants report that staff frequently moves around within government agencies, so that a permanent need for training persists.

In the provision of these trainings key informants see another challenge, as government itself might currently not have the necessary financial and human resources to provide the relevant trainings for case managers and other frontline staff, particularly with regards to providing more specialised trainings and skills sets. Here, national non-governmental partners can step in. As part of the response, a strong role was created for national partners to lead in the provision of trainings. While a selection of training packages and modules already exists, the NCFA and partners are currently working on the development of more specialised training modules. Hence, by giving a leading role to national actors in the development and execution of trainings, with technical support from international agencies, substantial steps were taken in making the case management response more sustainable.

Next to the substantial involvement of national partners in capacity building, the NCFA also took a leading role in the development and continuous revision of the inter-agency SOPs. According to a key informant this also helped to ensure that the SOPs are sufficiently reflective of the Jordanian context and outline relevant quality assurance standards. The inter-agency SOPs in themselves constitute a key document to render the case management response for GBV and child protection more sustainable over the long-term, as also recognised by a key informant from an international organisation: “The SOPs and BID documents are the biggest assets, and we hope that principles will be carried on, even once international actors leave.”

#### *4.7.2. Involvement of community members*

Next to the focus on capacity building and involvement of counterparts in government, most key informants from international point out that the increasing involvement and capacitation of community-based volunteers in the response is also considered an avenue of making case management more sustainable. In camps and host communities, IMC and IRC work with community-based volunteers – both Syrian and Jordanian – to take on different roles in the case management process. Next to IMC and IRC, also UNHCR and UNICEF integrate community-based volunteers in their activities inside and outside camps. As already elucidated above, volunteers support outreach activities and case follow-up, as well as the provision of activities, such as learning support, life skills and drama.

Relying on community members to contribute to the response not only facilitates access to cases, but also strengthens sustainability of a programme, as these volunteers will continue to be part of the community, even when international case management agencies leave. Capacitation of community members can also go a long way in the prevention of protection concerns. One key informant explains that “such interventions can help to address issues of sustainability, as the more people are trained on protection and rights and how to address violation of rights, the more preventive and sustainable the interventions get.” What remains a question to be addressed in the long-term is how these volunteers can be integrated within national structures.

#### *4.7.3. Professionalisation of social work*

Through the NCFA’s ongoing work with other partners to develop training packages for all types of protection needs, and through plans to integrate these in courses together with training

institutes and educational institutions, a significant step is being taken to professionalise social work. While these activities are conducted outside the realm of the child protection case management response and respond to a broader need for professionalisation of social work, such efforts will be vital in safeguarding that case management staff will possess the relevant skills and qualifications for the profession. With a share of social workers and case managers holding a non-related diploma and/or coming from a non-related field – also driven by a rapid increase in demand for social workers and case managers since the onset of the Syria crisis – there is a pressing need to further professionalise social work and define a clear career path for social workers. Plans further supporting a clearer integration of case management as a profession in the different agencies is the integration of required skills and qualifications in job descriptions and the hiring of dedicated case management personnel, as indicated by the MOE and MOH. Such moves towards professionalisation of social work, as well as more structured and clearer integration of case management within the single ministries and agencies will ultimately result in increased sustainability of the response.

#### *4.7.4. Financial and human resources*

Capacitation and involvement of national stakeholders and community members, together with initial steps towards the professionalisation of social work and clearer integration of case management within agencies, are vital steps towards a more sustainable response. However, financial and human resource constraints in child protection case management remain barriers to sustainability, which still need to be addressed.

There is currently limited, dedicated financing of case management activities and the allocation of necessary human resources within government agencies. Key informants from government, as well as non-governmental organisations, recognise that there is a shortage of financial, physical and human resources in governmental agencies, resulting in a high caseload, limited support for single case managers and social workers and lacking physical resources, such as transportation, to follow-up with cases or support cases in accessing case management services. One national key informant concludes that:

*“Yes, [ending] support would have an impact on the work. Without, we would fail to provide the services that we currently do. I have been working in social work for 15 years and throughout those years, it has proven to not be affordable for government agencies to take case management on themselves. There is simply not enough financial and human resources.”*

Next to limited financial resources within government, international organisations also face decreasing funding streams in light of a protracted crisis. With anticipations of lower funding levels in the years to come, international agencies and national NGOs, key informants report that they are doing their best to build capacities and invest in the human resources of government, whilst professionalising social sciences and social work in Jordan, to help national governmental and non-governmental staff to work more effectively.

Thus, while efforts are underway to make the response more sustainable, key informants agree that at this point, the same level of service provision could not be maintained without financial and technical support from international agencies. At the same time, the budget allocations of partners, examined under sub-section 4.3.1, reflect limited allocation of funds to activities rendering the response more sustainable, for instance through the development of exit strategies. The Syrian crisis served as an opportunity to initiate the establishment of a more systematised child protection case management approach in the country, which now needs to be further strengthened and reinforced to be sustainable over the long-term.

#### 4.7.5. Summary

- **Capacitation of partners in government** to provide case management services and especially specialised services, such as child protection counselling and PSS services, is perceived as a major constraint to sustainability. High staff turnover and job rotation within government, further aggravate the need for more trainings, while rendering trainings and capacity-building exercises unsustainable.
- A strong role was created for **national partners to lead in the provision of trainings**. While a selection of training packages and modules already exists, the NCF and partners are currently working on the development of more specialised training modules. Giving a leading role to national actors in the development and execution of trainings, substantial steps were taken in making the case management response more sustainable.
- Increasing **involvement and capacitation of community-based volunteers** in the response is also considered an avenue of making case management more sustainable. Relying on community members to contribute to the response not only facilitates access to cases, but also strengthens sustainability of a programme, as these volunteers will continue to be part of the community, even when international case management agencies leave.
- Plans to develop systematic pre- and in-service social work courses in cooperation with Jordanian training and educational institutions, as well as the definition of a clear career path for social workers and case managers in government agencies, can foster **professionalisation of social work** and a more structured and clearer integration of case management within organisations, in turn to increasing sustainability.
- Limited, dedicated financing of case management activities resulting in **a shortage of financial, physical and human resources in governmental agencies**, result in and contribute to high caseloads, limited support for single case managers and social workers and lacking physical resources, among others; all of which render case management unsustainable.
- While efforts are being made to make the response more sustainable, key informants agree that at this point, **the same level of service provision could not be maintained** without support from international agencies. The Syrian crisis served as an opportunity to initiate the establishment of

a more systematised case management approach in the country, which now needs to be further strengthened and reinforced to be sustainable over the long-term.

## **5. Conclusions**

In the years from 2013 to 2017 the child protection case management response in Jordan has evolved significantly. Initially, set up as a parallel system by most international agencies to respond to the pressing needs of Syrian refugees centred around Northern Jordan, substantial efforts were made to integrate the emergency response with the existing, national case management system. Most notably, the development of the inter-agency SOPs for case management in Jordan, along with the development of inter-agency referral pathways and corresponding training modules, helped to foster a more coherent and harmonised case management response, meeting the needs of all vulnerable children in Jordan, regardless of origin. So that today, the child protection case management response enjoys the involvement of various actors and increasing levels of integration and harmonisation and comprehensive service delivery.

Still, different perceptions around case management and different levels of its integration within agencies – reflected in the different degrees of integrating case management as a profession within the agencies – still impede a fully coherent and effective case management response. Moreover, there is further room to foster coordination and capitalise on synergies through better integration of different coordination platforms at national and sub-national levels. These weaknesses also reflect in the effectiveness of the case management response, wherein most challenges are encountered in the processes of case referral and follow-up, both highly dependent on coordination and cooperation of different actors. Nonetheless, the quality of case management is assessed as relatively high and the impacts of case management on the living situation of most children in Jordan is positive. Although the positive impacts are more pronounced in camps compared to host communities, and in the North of Jordan compared to the South. This divergence in impacts is also reflective of different levels of inputs, with significantly more agencies involved in the child protection case management response in the North, where more refugees are located, compared to the South.

Recognising the achievements made so far, as well as the weaknesses in the response that are yet to be addressed, child protection case management is at a critical juncture in terms of planning for the future, both bearing in mind the decreases in funding for the Syria crisis and the transition from a humanitarian to development-focused response, as well as the progressive move towards a more nationalised system. As one key informant points out: “The crisis can be seen as an opportunity which helped to accelerate some of the processes in the establishment of systematised case management in the country.” With the crisis protracting, it is also time to further strengthen and reinforce the case management system in Jordan to render it sustainable over the long-term. In the following, more detailed conclusions per research criterion are offered.

## 5.1. Relevance and adequacy

- While the inter-agency SOPs are useful and created a new understanding of case management as a more holistic approach, there is room to further enhance their relevance and adequacy. Currently, the inter-agency SOPs focus primarily on providing guidance on the processes and procedures to be followed in case management, however, do not adequately cover the social work component of case management. An enhancement in this area could also create a more comprehensive understanding of case management, going beyond a process to be completed.
- While there has been an adaptation of the response to the evolving context – from case management on treatment basis towards a more developmental response, working to build capacity, skills, and livelihoods – case management now needs to evolve further to address, or play a role in linking respective cases to interventions that address underlying causes of protection concerns and eventually even serve to prevent abuses of child rights. Often, financial hardship is the root cause of the problem and might drive a household to risk management strategies such as child labour and early marriage. The missing link between case management and other programmes and interventions that could address these root causes presents room to further enhance the relevance of case management response.
- With the response, the reporting indicators also evolved throughout the years; however, it remains noteworthy that only a minority of partnership agreements included indicators on the quality of case management, for instance measured through satisfaction surveys to be completed by beneficiaries. Qualitative indicators, however, play a crucial role in shedding light on the relevance, quality and usefulness of services provided – be it case management services to cases or trainings to practitioners. Moreover, a lack of quality indicators, going beyond operational monitoring, can also result in insufficient dedication of resources to adequately monitor and evaluate the quality of the response.

## 5.2. Coherence

- While there are high levels of awareness around the different inter-agency SOPs across case management agencies, the extent to which these inter-agency SOPs have been operationalised within the agencies and the extent to which the case management response is coherent with these inter-agency SOPs still differs across agencies. Thus, so far, the inter-agency SOPs have only partially achieved the creation of a coherent understanding of case management across agencies, resulting in own perceptions and ideas around case management are still prevailing within different agencies. This might also be the result of the different levels of exposure and experience that different agencies and actors within these agencies have had with case management in the past.
- Different perceptions around case management also reflect in the integration of case management within the agencies. In agencies where case management has been operationalised in a more comprehensive and structured way for some time, case managers and social workers with the relevant skills set to provide case management services are present and are specifically hired for their particular skill set; while in agencies that have just started

the implementation of a more structured case management approach are yet to take steps towards integration of case management as a professionalised career path.

- There is a need for further clarifications and awareness raisings around some of the stipulations in the inter-agency SOPs, such as the provisions on mandatory reporting. While the guidelines are clearly outlined in the inter-agency SOPs, coherent implementation of these guidelines remain a point of contention. These differing views and perceptions around mandatory reporting and compliance with it might also hint towards a need for further clarification and awareness raising on who is required to report a case under which circumstances.
- The coherence of the case management response could be further enhanced by uniform realisation and implementation of the inter-agency SOPs' accompanying forms and referral pathways, as well as enhanced integration of coordination platforms for case management at different levels. Currently, different actors meet and communicate through different platforms, with little interaction across platforms.

### 5.3. Efficiency

- The budget for UNICEF-supported the child protection case management activities for IMC, IRC and JRF grew considerably in the period from 2015 to 2017, with a steadily growing share allocated to case management delivery, while the share of allocations for capacity building steadily decreased over the same period. Limited and for some years no budget was allocated to activities rendering the response more sustainable, for instance through the development of exit strategies for all partners.
- With changing budget allocations and revision of output targets for IMC, IRC and JRF, the average unit cost of case management delivery and capacity building changed throughout the years. In 2015, the average unit cost for case management was JOD 123.91, and increased to JOD 283.77 in 2017. By contrast, the unit cost for capacity building – which varied substantially across the years, ranging from JOD 55 to JOD 2,442 per stakeholder trained – decreased from 2015 to 2017. Reasons for the decrease could be increased efficiency in trainings as they are repeated, as well as an overall reduction in the capacity building budget allocations.
- While the initial response could have capitalised more on existing platforms and capacities, there was a move towards streamlining standards and more interaction and coordination. Still, there is room to further foster coordination and therewith capitalise on synergies to render the response more efficient. Better integration of different coordination platforms at national level, consistent representation of relevant focal points from governmental and non-governmental, national and international case management agencies at sub-national working groups, and establishment of MOUs between agencies present avenues to explore.

## 5.4. Effectiveness

- Overall, the case management process and different activities supporting the case management response, such trainings and the set-up of the tracking system, were implemented effectively and largely in line with the inter-agency SOPs. Nevertheless, a range of challenges were encountered in the operationalisation of the response.
- Case referral and follow-up form key components of effective case management, yet, across agencies the most persistent challenges were encountered in operationalising these processes, including the failure to update referral pathways and focal points within agencies, the lack of relevant service providers for referrals to meet cases' needs, and ineffective follow-up with partner agencies.
- The case identification process was assessed as well designed and relatively well functioning in its implementation. Community-based volunteers play a significant role in the outreach and identification of cases, and community and child-friendly centres into which case management is often integrated provide a vital platform for case identification. At times, case identification was hampered by prevailing stigmatisation of openly handling child protection concerns, particularly in more conservative communities. Likewise, the case assessment is considered relatively straightforward, adequately guided by the inter-agency SOPs and relevant assessment forms.
- Currently the CPIMS plus/PRIMERO, CPIMS/RAIS and the National Family Violence Tracking system are utilised as information management systems for child protection cases management. The piloting of the national tracking system in five government agencies has revealed a range of challenges –bugs in the system, English as the original system language, as well as lacking computer skills of staff in the ministries supposed to work with the system – that will require attention prior to roll-out of the system at a national scale.
- While the quality of case management delivery is assessed as relatively high by most beneficiaries and case management agencies, quality could be improved by investing in the skills of case managers, particularly soft skills. Reflecting such skills components more strongly in case management trainings, along with more extensive shadowing and follow-up support, and more specialised trainings could also enhance the quality of the response. Overall, the trainings have been assessed positively and are considered a key avenue in rendering child protection case management more sustainable due to the strong involvement of national agencies in the design and provision of trainings.
- Additionally, a more systematised and continuous approach to monitoring and evaluation of the case management delivery and referral services will be vital to improving the quality and relevance of case management services. Currently, within most case management agencies the focus lies on operational monitoring and reporting, as also reflected in the reporting indicators; hence, there is room to further strengthen the evaluation component of services provided. Moreover, within the case management process itself there is limited room to regularly provide feedback and periodically review and evaluate services provided by referral

service providers, making it difficult to ensure that proper services are provided, and underlying causes of protection cases are addressed.

### 5.5. Impact

- While case management has achieved largely positive impacts in the living situation of children and their families – by addressing cases’ prevalent needs through direct service provision and linking to available services, supporting them to better cope with the situation that they face, and supporting children and families in reducing risk mitigating behaviour, often resulting in protection concerns – the extent to which impacts were achieved is dependent on the geographic location. Positive impacts are more pronounced in camps compared to host communities, and in the North compared to the South of Jordan; suggesting the need to further sensitise the case management response to the specific context of the locality and the needs of the target population in the future.
- Awareness raising and outreach activities conducted by most case management agencies, had a positive impact on people’s awareness of their rights and services available to them, as well as people’s perceptions around child protection concerns, abuses of rights, and the receipt of case management support. In turn, these activities and heightened awareness around child protection concerns also resulted in a reduction in the prevalence of child protection concerns.

### 5.6. Human rights and equity

- For most case management agencies, the majority of cases was non-Jordanian, with mostly Syrian refugees availing services. Even though case management services are available for Jordanians and non-Jordanians, a higher demand for services and less stigmatisation to receiving support through case management, might explain the higher uptake from the side of Syrian refugees. Nevertheless, it might also be the result of an initial focus of the response to quickly respond to the needs of incoming refugees, with limited attention to integration and coordinating the response with the national case management activities.
- While the identification of cases is easy in camps, due to the proximity of case management agencies to the communities and the support of community-based volunteers, some of the most vulnerable children, particularly in host communities, might currently not be reached by case management activities. Prevailing stigmatisation and cultural restrictions to openly talk around child protection concerns prevent agencies to identify and reach out to children, hinting towards to continuous need for awareness raising activities within communities, schools, hospitals, and via media, among others.
- A disproportionately high number of case management activities were recorded in camps, especially when compared to the share of refugees living in camps. While approximately 80 per cent of all Syrian refugees live outside of camps, even in 2017, 44 per cent of all child protection case management activities were recorded from within camps. These numbers suggest that the response was biased towards provision of services in the camps. Supporting this finding, qualitative research shows that the provision of child protection case management

services, especially meeting the needs of refugees, was better in North Jordan and Amman, where the majority of refugees live, and most agencies are concentrated. In South Jordan fewer agencies operate to provide services relevant to refugees.

- At this point, case management services do not meet the needs of children with disabilities, as frontline staff mostly does not have the necessary skills to work with children with disabilities and no adequate services are provided for children with mental disabilities. Moreover, refugee children living in ITS are currently not reached, as no international case management agency provides services in these settlements based on a request from the Government of Jordan.

### 5.7. Sustainability

- While efforts are being made to make the response more sustainable, at this point, the same level of service provision could not be maintained without support from international agencies. The Syrian crisis served as an opportunity to initiate the establishment of a more systematised case management approach in the country, which now needs to be further strengthened and reinforced to be sustainable over the long-term.
- A vital avenue to do so is the continuous and systematic capacitation of partners in government to provide case management services and especially specialised services, such as child protection counselling and PSS services, as well as the provision of a more specialised soft skills set required for case management. In giving a leading role to national actors in the development and execution of trainings, substantial steps were taken in making the case management response more sustainable. However, solutions need to be found to render the trainings more sustainable, especially in light of high staff turnover and job rotation within government agencies.
- Another way to render the response more sustainable is the involvement and capacitation of community-based volunteers that some partners have focused upon. Relying on community members to contribute to the response has shown to not only facilitates access to cases, but also strengthen sustainability of a programme, as these volunteers will continue to be part of the community, even when international case management agencies leave.
- Decreasing funding streams from international donors and limited, dedicated funding for child protection case management activities in government present a threat to its long-term sustainability. Especially in government agencies, a shortage of financial, physical and human resources in governmental agencies, resulted in and contributed to high caseloads, limited support for single case managers and social workers and lacking physical resources, among others.

## 6. Lessons learned

The evaluation identified a number of key lessons to be learned from the UNICEF-supported child protection case management response in Jordan, that could be applied to a variety of contexts. These lessons learned are as follows:

- In a protracted crisis context as Jordan, over the medium- to long-term, the response must balance how to minimise and address protection risks faced by different groups of vulnerable children, most notably Jordanians and non-Jordanians. The case management response must continuously and progressively evolve and expand to meet the ever-evolving needs of all vulnerable children. While the crisis is by many perceived as an opportunity to kick-start the set-up of a systematised case management in the country, it must be strengthened and reinforced to be sustainable over the longer term.
- When moving from an emergency to a developmental context, it is vital to bring all actors to the table and early on commence efforts to integrate and/or develop common guidelines and standards for activities and programmes, implemented by different actors – comprising governmental and non-governmental actors, as well as national and international actors. A noteworthy example of how to go about coordination in an emergency context is the Syria response guided by the Jordan Response Plan, led by the Government of Jordan and involving the participation of a range of stakeholders. Still, it remains key to ensure that such cooperation and coordination encompasses all levels and goes beyond national level platforms.
- Standardisation of child protection case management (together with GBV case management) through the development and sharing of guidelines and tools, developed through an inter-agency, participatory process and well-adapted to the country context whilst reflecting international case management standards, proved to be a vital step in the initiation of a common thinking around case management in the country. It must be acknowledged that different actors and agencies still have different perceptions and ideas around case management, however, overall these inter-agency SOPs and accompanying tools served as a stepping stone for standardisation of process across actors, all of which had different levels of exposure and experiences with the operationalisation of case management. Furthermore, these SOPs form an essential basis for the capacitation of different national and international actors involved in case management, safeguarding a more uniform implementation of the response.
- With the objective of creating a sustainable, national case management system, meeting the needs of Jordanian and non-Jordanian children alike, and constantly evolving protection needs of both groups, the need to permanently assess the relevance and quality of services is further exacerbated. There is not one-size-fits-all approach to address the vulnerabilities and meet the protection needs of different target population. And while the case management process in itself can be standardized, the services and referrals need to be sensitive to the different target groups to safeguard that the protection concerns are adequately addressed.
- More generally, the development of country-specific training materials, based on the inter-agency SOPs and subsequent capacity building exercises for supervisors and frontline workers across agencies, can be identified as a good practice and lesson learned to replicate in other contexts. Likewise, the leading role of national actors in the development and delivery of these

trainings can be identified as a good practice that will also render the response sustainable, in case of decreasing levels of support from international actors.

- The reliance on community-based volunteers to support the child protection case management response in camps and host communities visited in North Jordan, played a key role in outreach activities and case follow-up. Through their proximity to the families living in the same communities, community-based volunteers are in an ideal position to assess the needs of families and children and refer them to case managers, if necessary, and act as para-case workers to conduct case follow-ups. Increasing involvement and capacitation of community-based volunteers in the response is also an avenue of rendering the case management more sustainable; and also more preventive, through increased awareness around child protection topics within the community.
- Integrating case management activities into ongoing initiatives and/or platforms, for instance into Makani centres or other types of community/family centres, brings benefits to the case management agencies, as well as the case management beneficiaries. Integration facilitates the provision of services through easier case identification and follow-up, and also results in a higher quality of services for the end user, as other activities are typically offered at these centres.

## **7. Recommendations**

Based on the research findings and conclusions drawn, a range of recommendations are proposed, focusing around how to strengthen and enhance the response, further harmonise and integrate it, and render it more sustainable and coherent over the long-term, while addressing some of the most pressing challenges currently encountered in operationalising child protection case management response. UNICEF and its partners in the child protection case management response, as well as frontline staff and beneficiaries, were involved in the formation of the recommendations. Suggestions on how the current case management response could be improved, as raised during the participatory research phase, are duly reflected in the recommendations presented here. Moreover, at national level, UNICEF and partners contributed to the recommendations through feedback and comments in the Evaluation Reference Group.

In the following, these recommendations are presented as strategic level recommendations and more concrete, operational level recommendations. Whereas neither has priority over the other, both types of recommendations involve a different level of engagement from different actors and thus differ in their level of involvedness and associated timeline. The strategic level recommendations focus on more profound changes at the system level, going beyond the case management response itself, requiring the involvement of multiple actors from different sectors. Thus, these recommendations are deemed more suitable for realisation over the medium- to long-term. Recommendations at operational level, on the other hand, concentrate on enhancements within the case management response. Being more practical and action-oriented, these recommendations mostly require involvement from actors within the sector, rendering their operationalisation over the short-term feasible.

## 7.1. Strategic level

### ***Towards a more sustainable and integrated case management system***

The child protection case management response in Jordan has been evolving from having two parallel systems – one responding to the needs of Jordanian children in need, the other one responding to the needs of refugee children – towards a more harmonised and integrated system, with different case management agencies working more coherently under unified inter-agency SOPs. Still, this move towards an increasingly harmonised and coherent response has so far been limited to the sectors of child protection and gender-based violence. During the participatory research, a key informant from the NCFA, however, mentioned that case management should evolve to become the government’s basic approach to handle all protection concerns, including for instance disability and children in conflict with the law.

A more integrated system brings many advantages for the end user, as well as the provider. Services are provided more comprehensively and more cost efficiently, as working together can reduce time spent gathering information and reduce duplication of services. Moreover, an integrated system has shown to be more user-friendly and ultimately more effective in providing relevant case management services, as more referral pathways exist.<sup>44</sup> Finally, and most importantly, a more integrated system is also more sustainable, as it forms the basic structure of service provision across sectors, rendering it increasingly efficient and indispensable.

Likewise, the reliance on community-based volunteers in the response is by many stakeholders considered an avenue to render case management more sustainable, as these volunteers will continue to be part of the community, even when international case management agencies leave. At the same time, capacitation of community-based volunteers in child protection and child rights, increases awareness around these topics within the community and can go a long way in the prevention of protection concerns, ultimately rendering case management more preventive. Consequently, it is recommended for UNICEF and national and international partners, to explore avenues through which the current case management system could be further expanded to cover more protection concerns, whilst continuing activities that develop and build on local capacity.

### ***More prominent integration of a preventive approach into case management***

With further integrating a case management response into different sectors and establishing referral linkages with more programmes, it will automatically become more preventive in its nature. Throughout the response, case management activities have largely focused on the addressing the protection needs of children and their families. With a shift from emergency towards developmental response, however, the importance of preventing cases also increased. While agencies, particularly the ones operating in the refugee response, have adapted their case management activities to increasingly link beneficiaries to skills trainings, along with preventing child rights abuses through a strong outreach and awareness raising component within communities, there is a need to further strengthen the link between case management and

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<sup>44</sup> (UNICEF ESARO and Maestral International, 2017)

preventive and transformative interventions, including referrals pathways to livelihood strengthening programmes and cash assistance, for instance.

This need for enhanced linkages to preventive and transformative programmes persists for non-Jordanian and Jordanian cases alike. Only one key informant mentioned that she links Jordanian cases to the National Aid Fund for assistance, for instance. Hence, establishing linkages with programmes and activities that go beyond child protection, but help to address enhance the economic situation of the whole household – often a driver of child protection concerns – could help to render case management more preventive.

## 7.2. Operational level

### ***Strengthening the inter-agency SOPs***

- Continue to update the inter-agency SOPs periodically, to adequately reflect the current situation and protection needs of vulnerable children in Jordan.
- Include clear guidelines on the number of cases held per case manager could be integrated into the inter-agency SOPs, stipulating a maximum caseload per case manager, as well as considerations around a range of factors, including the time spent on referral and follow-ups, the complexity of cases and the overall scope of the caseworker’s responsibilities, among others, which might influence the caseload.
- Further streamlined and shorten the accompanying forms, to reduce the time case managers need to complete these forms.

### ***Making services more relevant***

- Conduct a needs assessment of the populations currently served by case management, to ensure that relevant services are offered to meet their needs. Such a needs assessment should be linked to ongoing and continuous monitoring and evaluation activities.

### ***Reaching the most vulnerable children***

- With relatively high-quality service delivery in camps and host communities in the North, refocus efforts towards enhancing the case management response in the South, where so far limited outcomes and impacts have been achieved.
- It is recommended for UNICEF and partners to liaise with the Government of Jordan to discuss potential ways forward for the delivery of case management services to children living in informal tented settlements. Makani centres which commenced operations in these settlements could constitute a platform to provide case management services.

### ***Training and capacity building***

- Complement the current modules on the inter-agency SOPs, which focus on the procedural side, with trainings providing the soft skills that case managers/social workers need, such as child friendly interviewing techniques or empathy.
- Develop a clear, joint capacity building plan for FPD, MOSD, MOE and MOH, together with JRF and NCF. While high staff turnover and rotation in government agencies is likely to remain a

challenge to sustainability of trainings, it is important that frequent trainings and re-trainings are offered.

- Offer more in-depth and specialised trainings for frontline staff, including trainings on different child protection concerns and how to respond to these, but also anger management, stress management and self-care, on a regular basis to strengthen and expand their capacities to offer more specialised services in the future. Moreover, continue efforts to develop more specialised trainings on different child protection concerns, as commenced by NCFA and partners.
- Here, support from international organisations and donors could be vital in terms financial assistance in the provision of these trainings.

#### ***Fostering a more coherent understanding***

- Offer common trainings for frontline staff from different case management organisations, international and national, governmental and non-governmental, to foster a more aligned and common understanding of case management across agencies. Through common trainings and capacity building exercises and discussions around case management and an exchange of different views and ideas, as well as consensus building around a more common vision can be incentivised.
- In addition to common trainings it is recommended that more efforts are placed into common coordination meetings between international and national actors in case management at national and sub-national levels.

#### ***Professionalisation of social work***

- Continue efforts to professionalise case management and social work through the development of corresponding courses in training institutes and educational institutions and the creation of a clear career path for social workers to work as case managers in agencies.
- Support government agencies in the professionalisation of case management within their organogram and advise on how to integrate the requirements for case managers in job descriptions, if there is a need.

#### ***Strengthening monitoring and evaluation***

- Invest in monitoring and evaluation by ensuring integration of relevant tools across different levels and agencies, with clear adherence to standards and guidelines in the inter-agency SOPs, by ensuring clear monitoring indicators that capture sufficient detail of the case management activities, going beyond purely operational indicators but also measuring the quality of services provided. Simultaneously, adequately enforce the uptake of relevant M&E tools.
- Create a formal grievance redress mechanism within all implementing agencies. One the one hand, the mechanism should allow case management beneficiaries to provide feedback on the services received, on the other hand, it should allow case managers to provide feedback on focal points in other agencies or referral service providers. That way, accountability of case

managers can be ensured, and a more transparent environment within and between the respective case management agencies can be created.

- Integrate the M&E system with the IMS used for case management – be it CPIMS or the National Family Violence Tracking System – to streamline delivery, tracking and monitoring of case management to beneficiaries and have all relevant indicators available in one place to facilitate continuous analysis of the data captured.
- While the National Family Tracking System – once fully operational – will show the hotspots in the country in terms of number and types of child protection concerns, there could also be an option for case managers to feedback on the availability, relevance and quality of referral services in the location, to further enhance the response accordingly.
- Integrate the IMS for case management and the M&E system to streamline delivery, tracking and monitoring of case management to beneficiaries.
- NCFA, which already works to assess the quality of service provided by government agencies, could play a vital role in supervising the implementation of case management activities in the country and provide quality assurance by complementing agency-internal M&E activities with periodic, external evaluations.

#### ***Expansion and integration of case management with different sectors***

- Expand case management activities to more areas, for instance to support children living with disabilities, which were identified as some of the most vulnerable children currently not served by the case management response; and integrate child protection case management with JPD's support provided to children conflict with the law, for example.
- Ensure that child protection case management is embedded and linked with services offered by other sectors and ministries, especially social protection and social welfare services. Social protection in the form of (cash) grants can address root causes of child protection violations. And while case management in itself might not be the right activity to address these root causes, it can constitute a vital link between vulnerable children and available support services and programmes.
- With the revision of the social protection targeting currently ongoing in the country, an opportunity to integrate case management in the targeting process of these social protection programmes presents itself. In order to effectively link case management beneficiaries to social protection programmes, referral pathways to these programmes should be established, enabling case managers to directly refer cases in needs of cash or in-kind assistance to available programmes. Furthermore, within the targeting design of these programmes, there is a need to reflect the option of ongoing enrolment of new beneficiaries through case management.

#### ***Rendering the response more sustainable***

- Continue to train and capacitate community-based volunteers to function as outreach workers and para-case workers. Relying on community members to contribute to the response not only

facilitates access to cases, but also strengthens sustainability of a programme, as these volunteers will continue to be part of the community, even when international case management agencies leave.

- Next to community-based volunteers, focus efforts towards the capacitation of CBOs and local NGOs to support the delivery of case management services and/or provide adequate referral services. Particularly in the South, a key challenge to effective case management was the lack of referral service providers.
- Support non-governmental partners in the development of adequate exit strategies to hand over cases to government agencies, whilst promoting partnerships between governmental and non-governmental partners to more sustainably support capacity building and provision of required technical assistance.

#### ***Addressing the resource problem***

- It is further recommended to meet the shortages of human resources in government agencies and hire case managers/social workers. While the financing of these human resources will remain a problem, a model as initially operationalised through a cooperation between JRF and the FPD, wherein JRF hired and seconded 30 case workers to the FPD, through a UNICEF-supported project, to support case management and address the huge backlog in closing cases, could be part of the solution.
- UNICEF and partners could support the NCFA in advocating for a more universal approach to case management within government. Showing the significant role that case management can play in addressing all sorts of protection concerns, going beyond child protection and gender-based violence, as well as the potential economies of scale that can be reaped through such an integrated approach could also help to advocate for resource allocations from different ministries.

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## Annex A. Evaluation terms of reference

### TERMS OF REFERENCE FOR SERVICE CONTRACTING

<b>Assignment</b>	Conduct a comprehensive evaluation of UNICEF supported specialized child protection case management response in Jordan
<b>Location</b>	Amman
<b>Duration</b>	4 months
<b>Estimate number of working days</b>	90 days
<b>Reporting to</b>	Chief of Child Protection, Maha Homsi & Monitoring and Evaluation Officer

#### 1. JUSTIFICATION/BACKGROUND

Now in the seventh year of the Syria crisis, Jordan – with a total population of 9.5 million – hosts over 660,000 registered Syrian refugees.<sup>1</sup> A recent census suggests that the number of Syrians in Jordan could be as high as 1.3 million.<sup>2</sup> Syrian children in Jordan face particular vulnerabilities, including large numbers of working children, married children, children experiencing violence in homes and schools, children with disabilities, and children in conflict with the law. Within the affected Syrian population, few are as vulnerable as unaccompanied and separated children (UASC). Border closures, changes in government policy, and anticipated donor fatigue have influenced realities on the ground; however, the need for child protection case management remains acute.

UNICEF and partners have been supporting the provision of specialized and multi-sectoral child protection case management<sup>3</sup> services for girls and boys in camps and host communities in Jordan since 2012. This response was put in place to coordinate the provision of and/or referral to appropriate services for girls and boys who are at-risk of suffering from harm or have already suffered harm, including unaccompanied and separated children.

Today, UNICEF supports International Medical Corps, International Rescue Committee, Ministry of Social Development, Family Protection Department, Ministry of Health, Juvenile Police Department and Jordan River Foundation to provide specialized multi-sectoral child protection case management services. Some of the partners are jointly funded by UNICEF and UNHCR.

UNICEF's case management programming has undergone a number of changes over the years.

Initially, the programme started in Zaatari Camp where UNICEF supported International Medical Corps (IMC) and Save the Children International (SCI). From February 2013, International Rescue Committee (IRC)

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<sup>1</sup> UNHCR Database.

<sup>2</sup> Jordan Population and Housing Census 2015. UNICEF Jordan. Available at [http://www.unicef.org/jordan/media\\_10894.htm](http://www.unicef.org/jordan/media_10894.htm).

<sup>3</sup> Any reference to “case management” will have the same meaning as given to it in the Inter-Agency Guidelines on Case Management and Child Protection. Global Protection Cluster (Child Protection) January 2014. “The process of helping individual children and families through direct social-work type support, and information management.”

replaced SCI for the identification, registration and reunification of unaccompanied and separated children in Zaatari, including through a UNICEF-supported reception center for newly arriving unaccompanied children. Soon after, UNICEF began supporting IMC to provide case management services in urban settings. Over the years, with the exception of UASC in camps, IMC has remained the primary case management agency for all other children at-risk, including in urban settings where IMC supports UASC and other at-risk children. Following the establishment of Azraq camp in 2014, UNICEF supported the expansion of case management services, including the establishment of an additional reception center to receive newly arriving children. New refugee arrivals to Jordan began decreasing in 2014; however, a steady caseload of unaccompanied and separated children continued entering Jordan. Also in 2014, an increasing number of forcibly separated children were placed in the IRC reception center by Jordanian authorities. Forcibly separated children are children who were detained in host communities where they lived with parents – often during the course of unlawful employment or as a result of failure to carry proper documentation. Once detained, the children were forcibly separated from their families and, within days, transferred by the authorities to the UASC Reception Area. A majority of the caseload of unaccompanied children in 2017 involves cases of forcibly separated children.

There are several relevant coordination mechanisms that have been integral in the roll-out and scale-up of case management services in the country. The Child Protection sub working group (CPSWG) is co-chaired by UNHCR and UNICEF while the GBV Sub Working group is co-chaired by UNHCR and UNFPA. During 2013-2014, child protection and GBV sub working groups worked very closely to set up standard operation procedures (SOPs) for the prevention and response to child protection and GBV. This was accomplished through an inter-agency programme which was jointly funded by UNHCR, UNFPA and UNICEF with oversight and guidance provided by an inter-agency project management committee (UNHCR, SCI, IRC, UNICEF, UNFPA and National Council for Family Affairs). This project was implemented by IRC, SCI and Jordan River Foundation. Under this Inter-agency project, the following areas were strengthened;

- Setting up of standard operation procedures for the prevention and response to GBV and CP including standard forms
- Inter-agency Referral pathways for CP and GBV
- Specialized 5-day long training package and programme related to CP and GBV Standard Operating Procedure, referral pathways
- Specialized 12-day long training package and programme for the child protection and GBV case management for frontline staff
- Case management standards for the specialized child protection case management
- Amani campaign to create awareness about issues related to child protection and GBV with referral pathways

The Case Management Task Force in Jordan was created with members from CP and SGBV Sub working groups in 2013 and was led by the Project Manager of the Inter-agency SOPs project. This task force led the discussion around setting up standards procedures and forms which are part of the SOPs. The Task Force also finalized the guidelines for the formalization of care arrangement for Syrian UASC. Child Protection Sub Working Group also set up an unaccompanied and separated children Task Force. This Task Force co-chaired by UNHCR and UNICEF led the development of UASC SOPs and Best Interest Determination (BID) SOPs. BID panels are held regularly and managed and led by UNHCR. UNICEF is invited to BID Panels on invitation from the BID Coordinators from UNHCR. IRC, IMC, IFH/NHF (Institute for Family Health/Noor Hussein Foundation) and JRF also attend BID panel when they are presenting cases. A representative from the Family Protection Department also attends BID.

In addition to being an implementing partner who provides specialized case management services, Jordan River Foundation has been conducting interagency trainings for government case workers, members of the child protection and GBV sub working groups on the SOPs, referral pathways, case management related issues. Additionally, UNICEF has been conducting trainings related to SOPs, referral pathways and other related SOPs as well.

UNICEF has also supported the national child protection system by working with Ministry of Social Development, National Council for Family Affairs, Juvenile/Family Courts, Family Protection and Juvenile Police departments. This included both technical and financial support to expand the coverage by these key government stakeholders. Ministry of Social Development and Juvenile/Family Courts are the key stakeholder when it comes to the formalization of care arrangements for the unaccompanied and separated children from Syria. Family Protection Department is the key stakeholder for domestic violence and other violence against children including GBV.

Child Protection Information Management System (CPIMS) has been in use in Jordan since the start of 2013 as the case management tool by all agencies. In Jordan, there are two instances of CPIMS: (1) a stand-alone interagency CPIMS used by IRC and IMC supported by UNICEF and (2) the CPIMS-RAIS online module used by JRF, IFH/NHF and UNHCR. The Case Management Task Force was converted into the CPIMS Steering Committee in 2015 and is co-led by UNHCR and IMC. There are information sharing and protection protocols (ISPs) signed by all the agencies which are members of the CPIMS Steering Committee which include UNHCR, IMC, IRC, JRF, IFH/NHR and UNICEF. Data from both instances is merged together every month in line with the ISPs common tracking sheet and discussed at the monthly meetings of the CPIMS Steering Committee. Since December 2016, IRC and IMC have started using the CPIMS+/Primero which was approved for adoption in Jordan by the CPIMS Steering Committee in Jordan and Global CPIMS Steering Committee. CPIMS+/Primero is an innovative, robust and user-friendly platform - a “next generation” CPIMS. It leverages the best of the previous system, building upon its infrastructure and processes. The CPIMS+ is one module of Primero, a modern, browser-based application that supports multiple operating systems, is flexible and highly configurable. It has granular, role-based access, so that only those who need to see information have access to it. Manager level views promote efficiency, good practice and accountability by allowing oversight of case transactions. By the end of April 2017, there are over 3,000 cases in the system which is being used by close over 130 case workers in Jordan.

Since January 2013, close to 30,000 girls and boys including over 6,500 unaccompanied and separated children have benefitted from the response. UNICEF has already commissioned two evaluations by third parties to look at the impact and quality of services being provided as part of the overall humanitarian response. Evaluation of “UNICEF’s Emergency Psychosocial Support Response for Syrian Children in Jordan” was conducted in 2015 and covered the period from 2013 to 2014. In 2016, a Real Time Evaluation was conducted to look at UNICEF’s Gender Based Violence in Emergencies

Programme since the start of the Syria crisis. Child Protection Case Management response is the only major component which has not been evaluated so far.

The evidence generated will help to adjust the response and help generate more resources for this life saving intervention. Lastly, UNICEF is accountable to donors who are eager to know about the quality and impact of services and how the funding received is being spent.

## **2. PURPOSE**

The main purpose of the evaluation is both summative and formative – at this juncture in the case management programming, it is important to evaluate (1) how the programme has done in

addressing the needs of the most vulnerable children in Jordan since 2012, and (2) how to adjust the programme moving forward to respond to the reality of a protracted crisis, border closures, deteriorating social cohesion, and decreased funding prospects. The evaluation should look at processes, output, outcome and impact and will explore how the response influenced the targeted girls and boys, and what capacities it built (relevant and Impact) and if these services were being provided in a coordinated and coherent manner. Further, the evaluation will look into the degree to which the child protection case management response built on existing child protection systems or actors or have strengthened existing child protection systems.

The primary user of the evaluation will be programme staff in UNICEF and implementing partners who will be using it to improve the current programming and plan for the future interventions. The evaluation will also be helpful for the members of the Child Protection Sub Working Group in Jordan as well as the member of the Global Case Management Task Force. Given the fact that there is hardly any evaluation of this nature ever done, it would help to set a precedence for future at the national and global level. The evaluation will also generate substantive evidence based knowledge by identifying good practices and lessons learned from intended and unintended consequences of the response.

### 3. OBJECTIVES

The overall objective of this exercise is to assess the, relevance, efficiency, effectiveness, impact, coherence, and coordination and sustainability of the inter-agency child protection case management response in Jordan. The evaluation criteria to be used will be the standard OECD-DAC. The evaluation should address some of the fundamental queries listed under the specific objectives. These are just the broad queries and statements. A more detailed sub set of questions should be proposed by the evaluation team as part of the request for proposal and inception report.

The specific objectives of the exercise include;

1. To assess the **relevance** of the response by looking at the extent to which the interagency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum seeking children in a **coordinated** manner. Under the relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan specific inter-agency standards operating procedures, guidelines, standard forms, information sharing and protection protocols and information management systems
  - 1.1. Key Questions;
    - 1.1.1. Were the services and processes relevant and consistent with the interagency standard operation procedure related to child protection, unaccompanied and separated children and other information sharing and protection protocols?
    - 1.1.2. How has UNICEF adapted the programme in light of the evolving context and through the transition from emergency response to resilience (or in view of the humanitarian-development nexus)?
  2. To assess the **effectiveness** of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under the effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-agency Guideline for case management and child protection; Jordan contextualized child protection minimum standards and Jordan specific child protection case management standards. This should also cover competencies of the case worker, case coordinators and case supervisors, data quality and use as well as quality of case files.
    - 2.1. Key Questions;

- 2.2. To what extent the planned results of the programme outputs, outcomes and impact have been achieved both planned and unplanned and what was the quality of the services provided?
- 2.3. To what extent has the overall case management response been in line with the global case management guidelines and the Jordan specific case management standards?
3. To assess the **efficiency** of the implementation process of case management response by analyzing the qualitative and quantitative outputs in relation to the inputs to see if the response achieved the planned results in the most cost effective manner.
  - 3.1. Key Questions;
    - 3.1.1. To what extent did the actual and expected output and outcomes justify the cost incurred?
    - 3.1.2. To what extent did UNICEF capitalize on existing coordination platforms, coordination mechanisms, and existing capacities to achieve results?
    - 3.1.3. To what extent has the child protection case management response addressed the child protection needs and priorities of Syrian refugee and asylum seeking children in a coordinated manner?
  4. To assess the **impact** of case management response existing child protection systems. The analysis should also look at positive or negative; direct or indirect; intended or unintended changes in the lives of children and systems.
    - 4.1. Key Questions;
      - 4.1.1. Did the child protection case management response contribute to strengthening existing child protection systems at the local and higher level? If so, how? If not, why not?
      - 4.1.2. What is the impact or effect of the response (intended or unintended) in proportion to the overall situation of children in need of protection?
    5. To assess the **sustainability** of the results of the response in the event of withdrawal of the ongoing support by identifying the degree to which the child protection case management response has built on existing child protection systems or actors or have strengthened existing child protection systems to take this up.
      - 5.1. Key Questions;
        - 5.1.1. To what extent are the positive changes and effects of the child protection case management response sustainable in the event of withdrawal of the ongoing support?
        - 5.1.2. To what extent were the different stakeholders including government departments involved in order to make sure that the results from the response are sustained?
    6. To assess the **coherence** of case management response with different inter-agency standard operating procedures related to child protection and gender based violence, unaccompanied and separated children and best interest determination.
      - 6.1. Key Questions;
        - 6.1.1. How the coherence was achieved and /or why was there lack of coherence?
        - 6.1.2. Was the response in line with the different IA SOPs related to child protection and UASC?

#### 4. SCOPE OF EVALUATION

The evaluation will focus mainly on the interventions being supported and implemented by UNICEF and its implementing partners. The scope of work will include provision of child protection case management services in three refugee camps (Zaatari, Azraq, KAP camps) and in host community all across Jordan with special focus on seven governorates with the highest concentration of Syrian refugees. Some of the interventions included in the context and background sections have nationwide reach like standards setting, referral pathways, information management systems and child protection system strengthening which include the support provided to Family Protection Department, Juvenile Police Department, Ministry of Social Development and National Council for Family Affairs. For the referral of child protection cases, the scope will also cover overall referrals from other sectors and Makani Centres to specialized services

providers. The focus of the evaluation will be UNICEF supported child protection case management response from 2013 to 2017.

The evaluation team will be provided with all the relevant documentation including copies of SOPs, standard forms, ISPs, training packages, partnership agreement, monitoring and progress reports, minutes of the meetings, assessments already done on the subject (or related to the subject) and other documents requested and relevant to the scope of work. While all stakeholder are important, special emphasis will be placed on ensuring that children (both boys and girls) who are direct beneficiaries of the interventions are heard, enabled to communicate their priorities and needs, and participate in the evaluation process.

Other partners whose participation in the evaluation is critical include UNHCR, UNFPA, Save the Children Jordan (previously Save the Children International), International Medical Corps, International Rescue Committee, Jordan River Foundation, National Council for Family Affairs, Ministry of Social Development, Public Security Directorate (FPD and JPD), Sharia/Juvenile Courts. Other stakeholders whose participation will be important to include parents and caregivers of children benefiting from the services. Local community leaders, frontline workers, volunteers working with the response, members of community committees, religious leaders, youth and social workers will also be consulted in assessing the impact of the response.

## 5. APPROACH AND METHODOLOGY

A specific and detailed evaluation design with methodology should be presented to UNICEF by the team, which are adequate to respond to the evaluation questions listed above with appropriate triangulation. Methodology may include, but not limited to the following:

- Interviews with key informants
- Focus group discussions with children, boys and girls, of different ages
- Specific FGD with male and female parents/caretakers of children attending the response activities
- Structured and semi-structured interviews with relevant stakeholders
- Desk review of programme documentation, including financial records (both from partners and UNICEF)

Some of the tools which are already available should be used during the evaluation and should be clearly reflected in the inception reports and evaluation Matrix. Those tools include *Jordan Case Management Standards 2014*;<sup>4</sup> *Promising Quality: Making sure that we deliver excellent services for children*; UNICEF South Sudan 2015 and Zimbabwe 2013<sup>5</sup> and Key Performance Indicators for Case Management - CPIMS+ Steering Committee 2017.<sup>6</sup>

“Promising Quality” is a good to be used to assess the quality of case files. While the team could use a ~~tool currently being developed~~ by Global Child Protection Case Management for assessing the competencies of the case workers. For the assessment of the use of different information management systems, evaluation team must use the framework prepared by ICRC, UNHCR and

<sup>4</sup> Jordan Child Protection Case Management Standards 2014  
<https://www.dropbox.com/s/35669uxog2exljg/Jordan%20Case%20Management%20Standards%207%20July%202014.docx?dl=0>

<sup>5</sup> [https://www.unicef.org/zimbabwe/ZIM\\_resources\\_promisingquality.pdf](https://www.unicef.org/zimbabwe/ZIM_resources_promisingquality.pdf)

<sup>6</sup> Currently available in draft form. Selected company should get in touch with the evaluation managers at the time of drafting inception report to get a copy of this.

UNICEF in 2016; *Information and Communication Technology for Child Protection Case Management in Emergencies: A Framework for Design, Implementation and Evaluation.*<sup>7</sup>

## 6. EXPECTED DELIVERABLES

The evaluation team is responsible to submit the following deliverables:

- 6.1. **Detailed Inception Report in English:** Electronic version to be submitted within four weeks after signing a contract and initial briefing with the evaluation manager and/or evaluation reference group. This report will be 10 to 15 pages in length and should be in line with UNEG standards for inception reports. The inception report should outline detailed purpose, theory of change, scope, evaluation framework, evaluation matrix, methodology, data collection tools to be used, sampling, field visit timing, data collection methods, timeline for activities and submission of deliverables. The inception report should clearly outline potential ethical issues and approaches. The inception report should also include initial data and findings based on the documentary review and final evaluation design/plan. This report will be used as an initial point of agreement and understanding between the evaluation team and the evaluation managers. A draft will be shared in advance for comments, and approved by the Evaluation Reference Group and need to be cleared on ethics in data collection by Institutional Review Board. Final inception report will be presented by the evaluation team to the Evaluation Reference Group. Field visit and data collection can't start before finalization of the inception report.
- 6.2. **Draft Final Report in English:** Electronic version to be submitted within four weeks after completion of the data collection field visits. The draft final report will be in line with UNICEF adapted UNEG Evaluation Report Standards and contain the same sections as the final report (described in the next paragraph) and will be 50 to 60 pages in length (excluding annexes). It will also contain an executive summary of no more than 4 pages that includes a brief description of the programme, its context and current situation, the purpose of the evaluation, its methodology and its main findings, conclusions and recommendations. The draft final report will be shared with the evaluation reference group to seek their comments and suggestions. Given the scale of the study, there is no limit to the number of drafts until a quality product is achieved.
- 6.3. **Final Evaluation Report in English and Arabic:** Electronic versions to be submitted after receiving the last consolidated comments and feedback from evaluation managers and ERG. The final report will be 50 to 60 pages in length. It will also contain an executive summary of no more than 4 pages that includes a brief description of the programme, its context and current situation, the purpose of the evaluation, its methodology and its major findings classified as per the evaluation objectives, conclusions and recommendations. All the rest of the information including tools should be included as annex to the report. The final report will be delivered using a UNICEF's standard MS word format. The final report will be sent to the evaluation reference group for comments and suggestions and will be quality assured by Regional Monitoring and Evaluation Advisor. English and Arabic version delivered good quality preferably after a review from the editor.
- 6.4. **Two case studies in English and Arabic:** Final report should also include two case studies on interventions that worked particularly well for potential duplication in other contexts. Case

<sup>7</sup> UNICEF, UNHCT and ICRC. 2016. *Information and Communication Technology for Child Protection Case Management in Emergencies: A Framework for Design, Implementation and Evaluation*. Available at [https://www.unicef.org/protection/files/ICTs\\_for\\_Child\\_Protection\\_Case\\_Management\\_Research\\_HealthEnabled.pdf](https://www.unicef.org/protection/files/ICTs_for_Child_Protection_Case_Management_Research_HealthEnabled.pdf)

studies should be developed from information and data collected during the evaluation implementation. Each case study should include context and background, programme interventions, challenges, outcomes and human interest and good quotes. It should be between 3 to 4 pages each.

The Evaluation report should systematically answer the key evaluation queries and questions included in the objectives sections of this TOR. It should fairly and clearly represent the views of the different actors/stakeholders. It should clearly give the findings, conclusions and recommendations in a way that is substantiated by evidence. All recommendations included in UNICEF's evaluation require management response. It is pertinent that all recommendations are clear and specific to what UNICEF Jordan could do or influence.

## **7. GOVERNANCE AND ACCOUNTABILITY**

UNICEF as commissioner of this evaluation takes the responsibility and accountability of the final product. It designates Child Protection Specialist and Monitoring & Evaluation Officer as supervisor for this evaluation. Managerial function for this evaluation, however, will be done jointly by UNICEF Child Protection Specialist and UNICEF Monitoring and Evaluation Officer. For the purpose of this evaluation, these two staff will act as managers of the evaluation.

A) Evaluation managers will have the following responsibilities:

- Lead the management of the evaluation process throughout the evaluation (design, implementation and dissemination and coordination of its follow up)
- Establish evaluation reference group and convene the evaluation reference group meetings Facilitate the participation of those involved in the evaluation design
- Coordinate the selection and recruitment of the evaluation team by making sure the lead agency undertakes the necessary procurement processes and contractual arrangements required to hire the evaluation team
- Safeguard the independence of the exercise and ensure the evaluation products meet quality standards
- Connect the evaluation team with the wider programme unit, senior management and key evaluation stakeholders, and ensure a fully inclusive and transparent approach to the evaluation
- Facilitating the evaluation team's access to all information and documentation relevant to the intervention, as well as to key actors and informants who should participate in interviews, focus groups or other information-gathering methods
- Provide the evaluators with overall guidance as well as with administrative support
- Oversee progress and conduct of the evaluation, the quality of the process and the products
- Approve the deliverables and evaluate the consultant's/team's work in consultation with Evaluation reference group and will process the payments after submission of the deliverables that respond to the quality standards
- Take responsibility for disseminating and learning across evaluations on the various programme areas as well as the liaison with Global Case Management Task Force and the Global CPIMS Steering Committee
- Disseminate the results of the evaluation

B). Evaluation Reference Group (ERG) will comprise the representatives of the major stakeholders including evaluation managers, Chief Child Protection UNICEF Jordan, UNICEF Deputy Representative (or OIC), one representative each from International Medical Corps and International Rescue Committee. UNICEF Regional Child Protection and Monitoring and Evaluation advisors will provide a quality assurance of ToR, inception report, draft and final evaluation report. The ERG will:

- Provide clear specific advice and support to the evaluation managers and the evaluation team throughout the whole evaluation process
- Review the ToR, inception report and draft evaluation report and ensure final draft meets the UNICEF-Adapted UNEG Evaluation Reports Standards
- Review and provide comments and feedback on the quality of the evaluation process as well as on the evaluation products (comments and suggestions on the TOR, draft reports, final report of the evaluation)
- Any dispute on the process or disagreements on any other aspect of this assessment will also be solved by this committee.

C). The evaluation team will report to Evaluation Managers and conduct the evaluation by fulfilling the contractual arrangements in line with the TOR, UNEG/OECD norms and standards and ethical guidelines; this includes developing of an evaluation plan and matrix as part of the inception report, drafting and finalizing the final report and other deliverables, and briefing the commissioner on the progress and key findings and recommendations, as needed.

#### **8. REALISTIC DELIVERY DATES AND DETAILS ON HOW THE WORK MUST BE DELIVERED**

A tentative time frame for the evaluation is provided below. The evaluation is expected to be completed within four months. This might be subject to change depending on the prevailing situation on ground at the time of the evaluation.

#	Activities/Deliverables	Type and language	Delivery Date
1.	Inception meeting	English	15 Oct 2017
2.	Detailed Inception Report as detailed under 6.1 above	English, MS Word	15 Nov 2017
3.	Debriefing of preliminary finding from data collection	English	15 Dec 2017
4.	Draft Final Report as detailed under 6.2 above	English, MS Word	05 Jan 2017
5.	Final Evaluation Report as detailed under 6.3 above	English/Arabic, MSWord	15 Feb 2018
6.	Presentation to UNICEF and other stakeholders	English	15 Feb 2018
7.	Two case studies in Arabic and English as detailed under 6.4 above	English/Arabic, MSWord	15 Feb 2018

#### **9. OFFICIAL TRAVEL INVOLVED**

It is expected that the evaluation team would travel to Jordan (if located outside) including areas outside Amman for field work as per methodology and tools finalized for this evaluation. All travel costs should be planned properly in the technical proposal and included in the financial proposal. All international and external travel and logistics should be arranged by the evaluation team. Please note that if selected, the contract can be a supporting document to obtain entry visa (if necessary). UNICEF will be unable to secure travel visas.

#### **10. DESIRED QUALIFICATIONS, SPECIALIZED KNOWLEDGE OR EXPERIENCE**

UNICEF is looking for an experienced evaluation team (institutional contract) which includes both national and international experts with experience in designing and conducting evaluations for child protection, gender based violence related programmes in emergency contexts. Only institutions will be eligible for this consultancy. The team should have the following qualifications:

- All team members should have Master's degrees in Sociology, human rights, Anthropology, Social Sciences or a related field (CVs required)
- The team leader should have at least 10 years of experience in programme evaluation and must have completed at least two high quality programme evaluations in that period, at least

one of them being related to child protection and/or gender-based violence related issues in humanitarian contexts. Samples of the work must be submitted with the proposals.

- c) The subject expert should have at least 7 years of national and/or international experience in child protection or gender-based violence responses in emergencies
- d) Strong familiarity with the international literature and issues related to child protection case management related issues and the inter-agency work done at the global level including information management related issues including CPIMS
- e) Familiarity with the socio-cultural context of Middle East and the cultural, political and religious sensitivities relevant to the Syria crisis
- f) Excellent writing and communication skills in Arabic and English (Reference and production of sample work required)
- g) One member of the team must be a native Arabic speaker with sufficient experience in conducting focus group discussions in all settings
- h) Solid background knowledge on UNICEF work in emergencies, especially related to child protection
- i) Expertise in results- and human rights based programme management

#### **11. PERFORMANCE INDICATORS FOR EVALUATION OF RESULTS**

(I.e. timeline, value of services rendered, etc.)

Adherence to the timeline and deadlines set out in the assignment work plan; quality of the delivered reports as per the standards described in the TORs as well as UNICEF/UNEG global standards. The evaluation team should conduct evaluation and develop deliverables in line with the UNEG Evaluation Standards and Norms, UNICEF Procedure on Ethics in Evidence Generation (including informed consent, protection of data and protection of human subjects' identities and safety), and UNICEF UNICEF-Adapted UNEG Evaluation Reports Standards. Overall performance at the end of the contract will be evaluated against the following criteria: timeliness, responsibility, initiative, communication, and quality of the products delivered.

#### **12. FREQUENCY OF PERFORMANCE REVIEWS**

Monthly Meetings with UNICEF to discuss work progress and challenges, present drafts of the deliverables, provide feedback on the drafts of the deliverables, and or the desk review and recommendations discussion, and presentation of final report

#### **13. ESTIMATED DURATION OF THE CONTRACT AND PAYMENT SCHEDULES**

The evaluation exercise is expected to last for at least four months. All the payments are contingent on approval by the Evaluation managers and will be made in three instalments:

- 15% upon clearance of an inception report by Evaluation Managers (30 Oct 2017)
- 35% upon submission of the first draft of the evaluation report (20 Dec 2017)
- 50% upon submission of finalized evaluation report in Arabic and English (30 Jan 2018)

The evaluation team may propose different payment schedules that will be considered during the assessment of the proposal.

#### **14. CALL FOR PROPOSALS**

UNICEF is requesting for proposals from competent institutions to conduct this evaluation of the child protection case management response. A two stage procedure will be utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being compared. Applications shall therefore contain the following required documentation:

1. Technical Proposal: Applicants shall prepare a proposal as an overall response to ToR ensuring that the purpose, objectives, scope, criteria and deliverables of the evaluation are addressed. The proposal

shall include detailed breakdown of inception phase and data collection methodology, coverage and the approach and proposed sampling to be used in the evaluation. It should also include a brief explanation of data collection, analysis and report writing phases. Draft work plan and timeline for the study should be included. The Technical Proposal shall also include updated profiles/CV and Personal History Forms (P11 forms) of the expert(s) to be part of the evaluation, and electronic copies/links of two most recent and relevant evaluations conducted previously by the proposed evaluation team leader.

2. Financial Proposal: Offer with cost breakdown: Consultancy fees, international (economy class) and internal travel costs, Daily Subsistence Allowance (DSA) and required translations and other costs. The Financial Proposal shall be submitted in a separate file, clearly named Financial Proposal. No financial information should be contained in the Technical Proposal. Travel expenses shall be based on the most direct route and economy fare. Quotations for business class fare will not be considered.

The maximum allowed DSA for Amman is USD 306 to cover lodging, meals, and any other costs related to the consultant's stay in Jordan. Consultants can offer a more competitive DSA rate. DSA shall be adjusted to actual days upon signature of Contract. Interested applicants shall provide Financial Proposals that include at least the following items:

- Fees
- DSA (if applicable)
- Travel expenses: international (if applicable) and local
- Other costs

All proposals should be sent to UNICEF Jordan Country Offices Bids at [jordanbids@unicef.org](mailto:jordanbids@unicef.org). Technical and Financial proposals should be submitted in two documents. All submissions with complete set of documents should reach UNICEF Jordan no later than 3:00 pm (local time) on 15 July, 2017. A selection committee will review all applications as they arrive. All proposals must meet the minimum requirements described above, and those unable to meet these requirements will not be considered.

**15. INDICATION OF HEALTH STATEMENT AND CERTIFICATE OF GOOD HEALTH HAS BEEN RECEIVED PRIOR TO SIGNING THE CONTRACT**

Yes

**16. UNICEF RECOURSE IN CASE OF UNSATISFACTORY PERFORMANCE**

Based on quality of deliverables satisfactory response by the contractor, UNICEF in consultation with the Evaluation Reference Group will judge whether initial TOR have been met, otherwise payments should be withheld.

**17. INDICATION THAT THE CONSULTANT/INDIVIDUAL CONTRACTOR HAS RECEIVED A COPY OF THIS DOCUMENT OR, ALTERNATIVELY, AN EXPERT OF RELEVANT PROVISIONS INCLUDING THOSE CONCERNING LEGAL STATUS, OBLIGATIONS AND TITLE RIGHTS.**

Yes.

**18. REQUEST FOR PROPOSAL EVALUATION AND WEIGHTING CRITERIA**

The proposals will be weighed according to the technical (70 points) and financial considerations (30 points). Submitted proposals will be assessed using Cumulative Analysis Method. Technical proposals should attain a minimum of 70% (49 points) to qualify and to be considered. Financial proposals will be opened only for those submission that scored 49 points or above. Below are the criteria and points for technical and financial proposals.

18.1. Technical proposal

18.1.1. Overall Response (10 points)

General adherence to Terms of Reference and tender requirements

Understanding of scope, objectives and completeness and coherence of response

Company/Team is properly registered a/o has required certifications, memberships, etc.

18.1.2. Proposed methodology and approach (30 points)

Proposed approach/methodology/tools and management control system

Evaluation matrix, including the evaluation questions and adequate data collection and analysis methods

Proposed Implementation Plan, i.e. how the bidder will undertake each task, and maintenance of project schedules

Deliverables are addressed as per TOR; proposed timelines are clearly spelled out

18.1.3. Technical capacity of the Evaluation team (30 points)

Range and depth of experience with similar evaluations led by the proposed team leader

Meeting academic requirements

Minimum years of experience

Strong analytical skills and qualitative and/or quantitative statistical data processing applications

Excellent report writing and language skills

Technical score: 70% of 70 points = 49 points

18.2. Financial Proposal/Offer

18.2.1. Financial proposal will be assessed based on the completeness, clarity and appropriateness.

The maximum number of points shall be allotted to the lowest Financial Proposal/offer that is opened /evaluated and compared among those technical qualified candidates who have attained a minimum 49 points in the technical evaluation. Other Financial Proposals will receive points in inverse proportion to the lowest price. (Total point for Financial officer: 30)

18.2.2. Only those financial proposals will be opened which have been technically accepted (scoring at least 49 points) according to the above criteria.

18.3. Timetable (Schedule)

**19. EQUITY, GENDER, HUMAN RIGHTS, INCLUDING CHILD RIGHTS**

The scope of the evaluation covers both duty bearers and rights holders as involved in the evaluation process. All relevant instruments or policies on human rights, including equity issues, child rights and gender equality that should be taken into consideration during the evaluation process. Evaluation must cover relevant human rights, including child rights and gender equality aspects throughout the process and should be reflected while answering all the questions in this evaluation. All tools, approaches and methods proposed for this evaluation should be human rights based and gender sensitive. All data should be collected analyzed and presented in a way that the data is disaggregated by sex, ethnicity, age, disability, etc. Equity dimension should come out very clearly throughout the evaluation process including when presentation the report.

**20. GUIDING PRINCIPLES AND VALUES**

The evaluation process will adhere to the United Nations evaluation norms and standards and ethical guidelines for evaluation available at:

[http://www.uneval.org/normsandstandards/index.jsp?doc\\_cat\\_source\\_id=4](http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4)

The evaluation team that will work on this project must demonstrate personal and professional integrity during the whole process of the evaluation. The team must respect the right of institutions and individuals to provide information in confidence and ensure that sensitive data cannot be traced to its source. Further, the team must respect ethics of research while working with children including using age appropriate consent forms, age appropriate data collection, and principle of do no harm.

Furthermore, the team and its members must take care that those involved in the evaluation have an opportunity to examine the statements attributed to them. The evaluation process and consultants must be sensitive to beliefs, manners, and customs of the social and cultural environment in which they will work. Especially, the team must be sensitive to and address issues of protection, discrimination and gender inequality. The team is not expected to assess the personal performance of individuals, and must balance an assessment of management functions with due consideration of this principle. Finally, if the team uncover evidence of wrongdoing, such cases must be reported discreetly to the appropriate investigative body.

## **21. CONDITIONS**

The evaluation team will be required to work on its own computer(s) and use its own office resources and materials in the execution of this assignment. The contractor's fee shall be inclusive of all office administrative costs. International and Local travel and airport transfers (where applicable) will be under responsibility of the contractor in accordance with UNICEF's rules and tariffs. Flight costs will be covered at economy class rate as per UNICEF policies.

## Annex B. Research ethics approval



### Research Ethics Approval

25 April 2018

Nard Huijbregts  
EPRI Lead Social Policy Advisor  
c/o UNICEF Regional Office for the Middle East & North Africa  
Amman, Jordan

RE: Ethics Review Board findings for: *Comprehensive evaluation of the UNICEF-supported specialized case management response in Jordan 2013-2017*

Dear Mr. Huijbregts,

Protocols for the protection of human subjects in the above study were assessed through an ethics review by HML Institutional Review Board on 12 – 25 April 2018.

This study's human subjects' protection protocols, as stated in the materials submitted, received **IRB approval**. Please inform this IRB if there are any changes to your human subject protection protocols.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Anderson', is positioned above the typed name.

D. Michael Anderson, Ph.D., MPH  
Chair & Human Subjects Protections Director, HML IRB

cc: Valentina Prospero, Roumiana Gantcheva, Penelope Lantz, [unicef@hmlirb.com](mailto:unicef@hmlirb.com)

HML Institutional Review Board  
1101 Connecticut Avenue, NW Suite 450  
Washington, DC 20036 USA  
+1.202.753.5040 [unicef@hmlirb.com](mailto:unicef@hmlirb.com)  
[www.hmlirb.com](http://www.hmlirb.com)

US Department of Health & Human Services, Office of Human Research Protections IRB #00001211

## Annex C. Evaluation matrix

Table 8. Evaluation matrix

	Research question	Indicators/Criteria	Methods
Relevance	1. Were services and processes relevant and consistent with interagency SOPs on child protection, unaccompanied and separated children and other information sharing and protection protocols?	1.1 Operational manuals and forms are in line and current with established SOPs. 1.2 Current ISPs enable easier and more harmonised sharing of data, while also protecting client confidentiality. 1.3 The extent to which service providers follow established guidelines, SOPs, and ISPs.	<b>Structured desk review</b> of Jordan specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols and IMs, and UNICEF programme documents. <b>KIIs at national level</b> with representatives of UNICEF Jordan and other organisations and partners involved in the inter-agency response. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers.
	2. How has UNICEF adapted the programme considering the evolving context and through the transition from emergency response to resilience?	2.1 Planning documents strategise on how to adjust interventions from an emergency to a protracted situation 2.2 The extent to which service providers have adapted their programming in line with changing needs. 2.3 The extent to which refugees feel that current case management systems adequately respond to their needs.	<b>Structured desk review</b> of services and process provided to assess how processes, forms, IMS, etc. have evolved over the course of the response. <b>KIIs at national level</b> with representatives of UNICEF Jordan and potentially other agencies involved in inter-agency response to assess adaptation of programme needs. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess adaptation of programme needs.
	3. Were the standards/indicators for measuring outcomes and impacts of the child protection response relevant to addressing the needs and priorities of Syrian refugee and asylum-seeking children?	3.1 Current standards/indicators have been adjusted over time to reflect changing needs/situation.	<b>KIIs at national level</b> with representatives of especially UNICEF Jordan and potentially representatives of other agencies involved in inter-agency response to evaluate the relevance and adequacy of indicators to measure programme outcomes and impacts.
Effectiveness	1. To what extent have the planned results of the programme outputs, outcomes and impact been achieved?	1.1 Number of cases and types of cases registered, disaggregated according to gender, nationality, refugee status, location. 1.2 Target-to-performance ratios of child protection case management coverage and spending	<b>Review of programme administrative data</b> (if made available) for programme inputs, activities and resulting outputs. <b>Structured desk review</b> of programme documents outlining expected programme outputs, outcomes and impacts and comparative analysis with programme data to assess actual achievements. <b>KIIs at national level</b> with representatives of UNICEF Jordan, other organisations and partners involved in the inter-agency response, and government MDAs to gather insights on perceived effectiveness of programme. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess their competencies, along with the data quality and its use, and the quality of case files.

		<b>Qualitative case studies</b> to offer a more in-depth look at interventions that were particularly effective and that can be duplicated in other contexts. Case studies are the result of the analysis of different methods employed.
2. What was the quality of the different case management services provided under the response?	2.1. Beneficiary and community perceptions of the quality and accessibility of services 2.2.	<b>KIIs at national level</b> with representatives of UNICEF Jordan, other organisations and partners involved in the inter- agency response, and government MDAs to gather insights on perceived quality of services provided. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess their competencies, along with the data quality and its use, and the quality of case files. <b>FGDs</b> with beneficiary children and caregivers/parents to assess the quality of services received and gather feedback on the quality of services provided. <b>FGDs</b> with community leaders, members of community committees and volunteers to assess the quality of services provided.
3. To what extent were operational processes, such as trainings and ongoing support, referral pathways, case identification, data collection, information management systems, monitoring and reporting, complaints redress mechanisms, and management effectively designed and implemented?	3.1 Service providers at all levels - from case managers and supervisors to frontline workers - are adequately trained and follow operational processes. 3.2 Quality of individual and organisational case management (as compared to the standards and indicators laid out in Jordan CM Standards.) 3.3 Service providers' perceptions that processes enable effective case management 3.4 Refugee populations' perceptions that case management systems are effective (e.g. timely identification and support to cases, functional referral pathways, responsive complaints redress mechanisms, well informed case workers)	<b>Process mapping</b> of services and process provided to assess how processes, forms, IMS, etc. have evolved over the course of the response; and if this evolution has been relevant for responding to changing needs. <b>Structured desk review</b> of programme documents outlining programme design and comparative analysis with process mapping to assess actual implementation. <b>KIIs at national level</b> with representatives of UNICEF Jordan, representatives of other organisations and partners involved in the inter-agency response to evaluate design and operationalisation of the latter, and challenges/bottlenecks that were encountered in doing so. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess effectiveness of design and implementation of relevant processes.
4. Did the child protection case management response contribute to strengthening existing child protection systems at the local and/or higher level? If so, how and if not, why not?	4.1 Number of staff trained on child protection 4.2 Perceptions of national government on case management's contributions to strengthening child protection 4.3 Perceptions of service providers on case management's contributions to strengthening child protection 4.4 Perceptions of international agencies on case management's contributions to strengthening child protection	<b>KIIs at national level</b> with representatives of UNICEF Jordan, representatives of other organisations and partners involved in the inter-agency response and government MDAs to gather high-level insights on lasting impacts on the whole system. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess impacts on the system at the local level.
5. To what extent has the overall case management response been in line with	5.1. Case management guidelines in Jordan are in line with global best practices, where appropriate	<b>Structured desk review</b> of and comparative analysis with the global inter-agency guidelines for case management and child protection; Jordan

	the global case management guidelines and the Jordan specific case management standards?	5.2. Quality of individual and organisational case management as compared to the standards and indicators laid out in Jordan CM Standards.	contextualised child protection minimum standards and Jordan specific child protection case management standards <b>KIIs at national level</b> with representatives of UNICEF Jordan, representatives of other organisations and partners involved in the inter-agency response to evaluate adherence to CM standards at organisational level. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess their qualities, skills and trainings received.
Efficiency	1. To what extent did the actual and expected output and outcomes justify the cost incurred?	1.1. Planned-to-actual costs/inputs ratio 1.2. Planned-to-actual outputs ratio	<b>Review of programme administrative data</b> and comparative analysis with programme outputs and outcomes, as well as calculation of unit cost of response in order to generate of measurable indicator of efficiency.
	2. What is unit cost of response (i.e. cost of service for one individual) compared to cost being incurred by other similar interventions?	2.1. Unit cost of response (total beneficiaries over total cost) compared to unit cost of similar responses	<b>Review of programme administrative data</b> and comparative analysis with programme outputs and outcomes, as well as calculation of unit cost of response in order to generate of measurable indicator of efficiency.
	3. To what extent did UNICEF capitalise on existing coordination platforms, coordination mechanisms, and existing capacities to achieve results?	3.1 Number of coordination platforms on which UNICEF participates 3.2 Functionality of coordination platforms	<b>KIIs at national level</b> with representatives of UNICEF Jordan and representatives of other organisations and partners involved in the inter-agency response to evaluate coordination among actors at higher level. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to evaluate coordination among actors at the local level.
	4. To what extent has the child protection case management response addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner?	4.1 Number of coordination platforms for child protection 4.2 Perceptions of service providers on strength of coordination	<b>KIIs at national level</b> with representatives of UNICEF Jordan and representatives of other organisations and partners involved in the inter-agency response to evaluate coordination among actors at higher level. <b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to evaluate coordination among actors at the local level.
Impact	1. What is the impact or effect of the response on the overall living situation of children in need of protection?	1.1 Perceptions from caregivers and communities on reduction in child protection risks as a result of the response 1.2 Perceptions from children on their safety, wellbeing, and exposure to risks as a result of the response 1.3 Capacitation of communities to respond to and prevent child protection risks as a result of the response 1.4 Reported reductions in harmful practices (e.g. child marriage, sexual exploitation, abuse, labour) within refugee populations as a result of the response	<b>Review of programme data</b> on measured outputs and outcomes. <b>FGDs</b> with beneficiary children and caregivers/parents to assess the impact of services received on their well-being and lives. <b>FGDs</b> with community leaders, members of community committees and volunteers to gather their views on programme impacts. <b>KIIs at national level</b> with representatives of UNICEF Jordan, representatives of other organisations and partners involved in the inter-agency response and government MDAs to gather high-level insights on programme impact. <b>KIIs at sub-national level</b> with case workers/social workers to gather views on impacts on the lives of beneficiaries. <b>Qualitative case studies</b> to offer a more in-depth look at interventions that were particularly effective and that can be duplicated in other contexts. Case studies are the result of the analysis of different methods employed.
Sustain	1. To what extent are the positive changes and effects of the child protection case management response	1.1 Perceptions from national government on sustainability	<b>Structured desk review</b> of government policies, laws, frameworks, funding on child protection for refugees and asylum seekers to assess national framework and support for child protection.

	sustainable in the event of withdrawal of current support?	<p>1.2 Commitments towards higher levels of national funding for child protection case management</p> <p>1.3 Perceptions from frontline workers on sustainability</p> <p>1.4 Long-term, national plans/frameworks that include child protection case management created</p> <p>1.5. Extent to which linkages with other partners and programmes were established</p>	<p><b>KIIs at national level</b> with representatives of UNICEF Jordan, representatives of other organisations and partners involved in the inter-agency response and especially government MDAs to gather their views on sustainability ad extent and adequacy of government involvement.</p> <p><b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess sustainability of the support at the local level.</p> <p><b>FGDs</b> with community leaders, members of community committees and volunteers to assess sustainability of community-based case management activities.</p>
	2. To what extent were different stakeholders, including government MDAs, involved in the response to ensure that results can be sustained?	<p>2.1 # of stakeholders trained and capacitated</p> <p>2.2 # of new positions created and funded by national stakeholders as a result of the response</p> <p>2.3 # of national stakeholders who participate on coordination mechanisms</p> <p>2.4 Financing and other resource contributions from Government</p>	<p><b>Structured desk review</b> of government policies, laws, frameworks, funding on child protection for refugees and asylum seekers to assess national framework and support for child protection.</p> <p><b>KIIs at national level</b> with representatives of UNICEF Jordan, other organisations and partners involved in the inter-agency response and especially government MDAs to gather their view on sustainability, extent and adequacy of government involvement.</p>
Coherence	1. How was coherence achieved and/or why was there lack of coherence?	<p>1.1 Case management guidelines, forms, processes are harmonised across partners</p> <p>1.2 Clear division of roles and responsibilities across partners involved in the response</p> <p>1.3. Type(s) of coordination and communication mechanisms and platforms</p> <p>1.4. Frequency of communication amongst partners</p>	<p><b>Structured desk review</b> of government policies, laws, frameworks, funding on child protection for refugees and asylum seekers to assess national framework and support for child protection.</p> <p><b>KIIs at national level</b> with representatives of UNICEF Jordan, representatives of other organisations and partners involved in the inter-agency response and especially government MDAs to gather their views on coordination with partners and division of roles and responsibilities.</p> <p><b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to assess coordination and communication at the local level.</p>
	2. Was the response in line with the different inter-agency SOPs related to child protection, gender-based violence, unaccompanied and separated children and best interest determination?	<p>2.1. The response aligned with/differed from existing SOPs</p>	<p><b>Structured desk review</b> of and comparative analysis with different inter-agency SOPs and guidelines.</p> <p><b>KIIs at national level</b> with representatives of UNICEF Jordan and other organisations and partners involved in the inter-agency response to gather views on whether, and if so, why, response was in line with existing inter-agency SOPs.</p> <p><b>KIIs at sub-national level</b> with coordinators/managers and case workers/social workers to gather views on whether, and if so, why, response was in line with existing inter-agency SOPs.</p>
Human rights	1. Did the case management response and its activities cover the most deprived areas, reach the most deprived children and their families, and equally reach boys and girls in need?	<p>1.1. Unit cost per beneficiary disaggregated by sex, nationality, refugee status, location</p>	<p><b>Review of programme data</b> on measured outputs and outcomes per disaggregation (as available).</p>

	<p>2. Was the child protection case management response equitable in terms of resources spent, targets met, and impacts achieved per target areas and groups?</p>	<p>2.1. Planned-to-actual inputs ratio disaggregated by sex, nationality, refugee status, location.  2.2. Planned-to-actual outputs ratio disaggregated by sex, nationality, refugee status, location.  2.3. Analysis of perceptions on impacts of the response of caregivers, children, communities, sensitive to sex, nationality, refugee status, location.</p>	<p><b>Review of programme data</b> on measured outputs and outcomes per disaggregation (as available).  <b>KIs at national level</b> with representatives of UNICEF Jordan and other organisations and partners involved in the inter-agency response to gather views on whether, and if so how, the response and its effects and impacts was in line with a human rights-based and equity approach.  <b>KIs at sub-national level</b> with coordinators/managers and case workers/social workers to gather views on whether, and if so how, the response was equitable in its services provide and outcomes achieved.</p>
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## **Annex D. Research instruments**

### Key informant interview guide: Partners at national level

#### **Instructions**

##### **RESEARCH GOAL**

Key informant interviews are conducted with representatives of government MDAs/organisations within UNICEF-supported child protection case management activities. The KIIs aim to assess the development and implementation of Inter-Agency Case Management SOPs and other guidelines at national level; challenges and best practices observed within case management activities offered by the respective partner; coordination mechanisms with other partners at national level; and how the case management system has evolved over the course of the response (2013-2017).

##### **RESPONDENT REQUIREMENTS**

Key informant(s) must meet the following requirements (more than one participant per partner possible):

1. Must work for a government MDA/organisation that is part of UNICEF-supported child protection case management activities.

##### **PRE-DISCUSSION CODING, CONSENT AND PREPARATION**

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

##### **INFORMED CONSENT SCRIPT (to be printed and provided to participant/s in Arabic/English)**

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of child protection case management. We are speaking with representatives of UNICEF partners that offer child protection case management services to tell us their opinions on the evolution of child protection case management, especially in light of the introduction of Inter-Agency SOPs and increased standardisation of case management in Jordan, as well as any outstanding gaps and challenges within the case management system. Additionally, we would like to get to know more about how the case management system has evolved over the course of the Syria response (2013-2017), and how to enhance sustainability of case management.

Your participation in the interview is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. There are no risks to participating in this discussion,

and anything you say here today will not affect your employment status: this meeting is part of an overall evaluation of the case management system and not of your individual performance. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to case management.

All your answers will be kept confidential. Your responses and comments will be summarised in the research report, but on no occasion, will you be identified by name. All information collected during this interview will be recorded in audio on this device/laptop only and be kept strictly confidential and will not be shared except through the verbal or written dissemination of the findings of the study. Upon completion of the study all audio and written recordings of the interviews will be destroyed.

Finally, we encourage you to raise any feedback, concerns and/or complaints about the study to the researchers present. However, in case you have any further comments and/or complaints about the research after the research team left, kindly contact the researchers through the following email address or phone number (UNICEF complaints hotline):

Nard Huijbregts, Principal Investigator, Economic Policy Research Institute: [nard@epri.org.za](mailto:nard@epri.org.za)

UNICEF complaints hotline: [06 550 96 77](tel:065509677)

The interview will take approximately 60 minutes. We would like to ask your permission to participate in this interview and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

## Introductions & identification

### INTERVIEWER IDENTIFICATION

Name of moderator: \_\_\_\_\_ Name of note taker: \_\_\_\_\_

Location: \_\_\_\_\_ Partner/services: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

### PARTICIPANTS

Name	Gender	Position

## Further observations

Input any observations and characteristics of the surrounding and local givens here.

## Research criteria and questions

This KII with national partners aims to address the following research questions and related sub-questions.

Criteria	Objective	Relevant sub-question(s)
<b>Relevance</b>	To assess the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner. In terms of relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan-specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols, and information management systems.	Were services and processes relevant and consistent with interagency SOPs on child protection, unaccompanied and separated children and other information sharing and protection protocols?
		How has UNICEF adapted the programme considering the evolving context and through the transition from emergency response to resilience?
		Were the standards/indicators for measuring outcomes and impacts of the child protection response relevant to addressing the needs and priorities of Syrian refugee and asylum-seeking children?
<b>Effectiveness</b>	To assess the effectiveness of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-Agency Guidelines for case management and child protection, Jordan-contextualised child protection minimum standards, and Jordan-specific child protection case management standards. This objective should also cover the competencies of case workers, case coordinators, and case supervisors; data quality and use; and quality of case files.	To what extent have the planned results of the programme outputs, outcomes and impact been achieved?
		To what extent were operational processes, such as trainings and ongoing support, referral pathways, case identification, data collection, information management systems, monitoring and reporting, complaints redress mechanisms, and management effectively designed and implemented?
		Did the child protection case management response contribute to strengthening existing child protection systems at the local and/or higher level? If so, how and if not, why not?
		To what extent has the overall case management response been in line with the global case management guidelines and the Jordan specific case management standards?
<b>Efficiency</b>	To assess the efficiency of the implementation process of case management response by analysing the qualitative and quantitative outputs in relation to the inputs to see if the response achieved the planned results in the most cost-effective manner.	To what extent did UNICEF capitalise on existing coordination platforms, coordination mechanisms, and existing capacities to achieve results?
		To what extent has the child protection case management response addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner?
<b>Impact</b>	To assess the impact of case management response existing child protection systems. The analysis should also look at positive or negative, direct or indirect, intended or unintended changes in the lives of children and systems.	What is the impact or effect of the response on the overall living situation of children in need of protection?
<b>Sustainability</b>	To assess the sustainability of the results of the response in the event of withdrawal of the ongoing support by identifying the degree to which the child protection case management response has built on	To what extent are the positive changes and effects of the child protection case management response sustainable in the event of withdrawal of current support?

	existing child protection systems or actors or has strengthened existing child protection systems to take this up.	To what extent were different stakeholders, including government MDAs, involved in the response to ensure that results can be sustained?
<b>Coherence</b>	To assess the coherence of case management response with different inter-agency SOPs related to child protection and GBV, UASC, and BIDs.	How was coherence achieved and/or why was there lack of coherence?
		Was the response in line with the different inter-agency SOPs related to child protection, gender-based violence, unaccompanied and separated children and best interest determination?
<b>Human rights &amp; equity</b>	To assess the extent to which the case management response applied the human rights-based approach and equity approach.	Was the child protection case management response equitable in terms of resources spent, targets met, and impacts achieved per target areas and groups?

### Guiding questions (to be further sensitised according to partner)

Introductory questions	
<b>1</b>	<b>Could you elaborate on the type of case management services provided by your office/organisation?</b> Since when has your office/organisation been involved in providing case management activities? Since when does your office/organisation receive support from UNICEF?
Answers:	
<b>2</b>	<b>Has your understanding of case management changed over the course of your involvement in UNICEF-supported child protection case management activities (Y/N)?</b> If yes, in what ways have they changed? What changed your views?
Answers:	
Relevance	
<b>1</b>	<b>Have the services for case management that your organisation offers changed between 2013-2017 (Y/N)?</b> If yes, what influenced these changes?
Answers:	
<b>2</b>	<b>Operationally, have you seen SOPs, guidelines and other processes vis-à-vis child protection and UASC evolve between 2013-2017 (Y/N)?</b> If yes, do you feel that any changes impacted, positively or negatively, the case management services provided by you and other agencies in Jordan? If no, should SOPs, guidelines and other processes change in order to improve case management?
Answers:	
<b>3</b>	<b>What indicators did/does your organisation use to measure outcomes and impacts of the child protection response?</b> How would you assess the usefulness of these indicators to reflect the needs and priorities of children at risk in Jordan?
Answers:	
Effectiveness	

1	<p><b>What positive differences have you noticed in child protection case management since 2013?</b></p> <p>Scaling 0-10 (0 being the lowest, 10 being the highest), where would you rank Jordan child protection case management before 2013?</p> <p>Scaling 0-10, where would you rank Jordan child protection case management now?</p>
Answers:	
2	<p><b>Do you feel the protection of children and case management could be improved, and your effectiveness increased, in terms of data management systems, community engagement, and case identification/referral/follow-up (Y/N)?</b></p> <p>If yes, what are the main areas in need of improvement and how can this be achieved?</p> <p>If no, what are some examples of particularly effective parts of the case management system?</p>
Answers:	
3	<p><b>How would you assess your organisation's/MDA's work with other partners?</b></p> <p><b>How effective are you in working together and providing the best possible services to children?</b></p> <p>Please provide examples of good practices.</p> <p>Please explain what hinders effective cooperation and coordination and how it could be enhanced.</p>
Answers:	
4	<p><b>How do you currently record and manage beneficiary data within your office/organisation? Could you kindly elaborate on the recording process?</b></p> <p>Which medium (paper-based/electronic) do you use to record and store data?</p> <p>Who is in charge of recording and managing the data?</p>
Answers:	
5	<p><b>Has your staff received trainings or other capacity building exercises under UNICEF-supported child protection case management (Y/N)?</b></p> <p>If yes, could you kindly elaborate on the trainings provided?</p> <p>How would you assess the relevance of these trainings?</p>
Answers:	
<b>Efficiency</b>	
1	<p><b>Do you think that case management coordination mechanisms are functioning well, vis-à-vis making case management more comprehensive and responsive, and maximising on available resources (Y/N)?</b></p> <p>Have you seen coordination mechanisms change over the course of your involvement in case management? Were these changes positive or negative?</p> <p>If no, how could coordination be improved to enhance efficiency and robustness of case management responses?</p>
Answers:	
2	<p><b>Could you describe how you typically coordinate with other partners at the national level?</b></p> <p>For instance, through periodic meetings, regulated reporting, exchanges of beneficiary data, etc.</p>
Answers:	
3	<p><b>Could you describe how you coordinate with colleagues in your organisation at sub-national/local level?</b></p>
Answers:	

4	<p><b>Do you feel that the current laws, policies, frameworks, other strategic documents on child protection case management enable or hamper you in providing efficient child protection case management services?</b></p> <p>Please elaborate on how these enable/hamper your work.</p> <p>Are there any main gaps and weaknesses in these documents? If yes, which document(s) and how would you strengthen the document(s)?</p> <p>Is there a need for any additional policies, frameworks, other documents on child protection case management? If so, what would these look like?</p>
<p>Answers:</p>	
<p><b>Impact</b></p>	
1	<p><b>Do you think that case management has changed the protection situation and needs of the children at risk in Jordan? (Y/N)</b></p> <p>If yes, what were those changes?</p> <p>If no, do you believe that the situation needs to be improved? How can case management better serve the needs of children?</p>
<p>Answers:</p>	
2	<p><b>Do you think that prevention of child protection concerns (e.g. child labour, early marriage, SGBV) has changed since case management (Y/N)?</b></p> <p>If yes, were those changes positive or negative? What do you think drives those changes?</p>
<p>Answers:</p>	
<p><b>Sustainability</b></p>	
1	<p><b>If UNICEF support for case management stopped tomorrow, would this have a noticeable impact on the provision of case management from your office/organisation (Y/N)?</b></p> <p>If yes, what do you think would happen and why?</p> <p>Please elaborate upon which case management services you could continue with own resources and capacities, and which services you would require support in.</p>
<p>Answers:</p>	
2	<p><b>Do you feel that case management as an approach to responding to vulnerable children's needs and protection concerns is sustainable in Jordan; that is to say, do you think there's buy-in amongst Jordanian actors (e.g. government, NGOs, CBOs,) to maintain case management (Y/N)?</b></p> <p>If no, why not?</p>
<p>Answers:</p>	
3	<p><b>Where / what do you consider to be some of the challenges for further enhance the protection of children through case management? (For instance, financial, human resources, political will, etc.)</b></p>
<p>Answers:</p>	
4	<p><b>What are your office's/organisation's priorities for case management in the years to come?</b></p> <p><b>What are the opportunities you see in case management?</b></p>

Answers:

### Coherence

- 1 Do you feel that, within your office/organisation, everyone shares a common understanding of case management (Y/N)? What about across agencies involved in case management and child protection? (Y/N)  
If yes, what has contributed to this shared understanding?  
If no, what are some examples of differences in understanding? How do these differences impact your work? How can these differences be better addressed?

Answers:

- 2 For the most part, do you believe that case management in reality reflects SOPs, guidelines and other standards? (Y/N)  
If no, what are some of the main gaps in implementation? How could implementation be better ensured?  
If yes, have you noticed any changes, either for the good or bad, in compliance with SOPs, etc. (Y/N)

Answers:

### Human rights & equity

- 1 Which group(s) of children would you define as most at risk and in need of case management in Jordan (for instance based on gender, nationality, types of vulnerabilities, etc.)?

Answers:

- 2 Overall, do you think that the child protection case management response reaches the most vulnerable children in Jordan? (Y/N)  
If yes, how so? How does your office/organisation (and others) ensure that the most vulnerable children are reached?  
If no, which group of children is currently not reached adequately? Why is that the case?

Answers:

- 3 Do you think there are geographical and location-based differences in the ability to reach children (North versus South; camp versus host community)?  
If yes, does your office/organisation take any action to lessen these differences?

Answers:

- 4 Do you think that the types of services provided to different groups of children in different locations are of comparable quality?

Answers:

- 5 How could the child protection case management response be (further) enhanced to ensure that all children at risk are adequately and equally reached through case management services?

Answers:

### Closing thoughts

- 1 Over the course of your employment, have your perceptions case management changed (Y/N)?  
If yes, how so? What do you think about case management now?

Answers:

- 2 What recommendations, if any, do you have for improving case management and responding to the protection concerns of those whom you serve?

Answers:

3 Is there anything else that you would like to tell me about the case management system?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.

## Key informant interview guide: Coordinators/Managers at sub-national level

### Instructions

#### RESEARCH GOAL

Key informant interviews are conducted with those who work as district/area coordinators or programme managers within UNICEF-supported child protection case management activities. The interviews are conducted to gather more detailed insights into the operationalisation of child protection case management activities and services offered within the respective location. As such, the KIIs aim to assess the implementation of Inter-Agency Case Management SOPs and other guidelines at sub-nation level; challenges and best practices observed within case management where they work; coordination mechanisms with other partners in the area and with partners at national level; and how the case management system has evolved over the course of the response (2013-2017). Furthermore, notions of accessibility and sustainability of services are discussed.

#### RESPONDENT REQUIREMENTS

Key informant must meet the following requirements:

1. Must currently work as a District/area coordinator or programme manager at sub-national level within child protection case management; and
2. Must work for a government MDA/organisation that is part of UNICEF-supported child protection case management activities.

#### PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

#### INFORMED CONSENT SCRIPT (to be printed and provided to participant/s in Arabic)

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of child protection case management. We are speaking with coordinators/managers of UNICEF partners that offer child protection case management services to tell us their opinions on the activities and available services that are offered, as well as any outstanding gaps and challenges within the case management system. Additionally, we would like to get to know more about how the case management system has evolved over the course of the Syria response (2013-2017), especially coordination and referral mechanisms, and how to enhance sustainability of case management.

Your participation in the interview is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular

question or all questions, if you don't want to. There are no risks to participating in this discussion, and anything you say here today will not affect your employment status: this meeting is part of an overall evaluation of the case management system and not of your individual performance. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to case management.

All your answers will be kept confidential. Your responses and comments will be summarised in the research report, but on no occasion, will you be identified by name. All information collected during this interview will be recorded in audio on this device/laptop only and be kept strictly confidential and will not be shared except through the verbal or written dissemination of the findings of the study. Upon completion of the study all audio and written recordings of the interviews will be destroyed.

Finally, we encourage you to raise any feedback, concerns and/or complaints about the study to the researchers present. However, in case you have any further comments and/or complaints about the research after the research team left, kindly contact the researchers through the following email address or phone number (UNICEF complaints hotline):

Nard Huijbregts, Principal Investigator, Economic Policy Research Institute: [nard@epri.org.za](mailto:nard@epri.org.za)

UNICEF complaints hotline: [06 550 96 77](tel:065509677)

The interview will take approximately 60 minutes. We would like to ask your permission to participate in this interview and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

### Introductions & identification

#### INTERVIEWER IDENTIFICATION

Name of moderator: \_\_\_\_\_ Name of note taker: \_\_\_\_\_

Location: \_\_\_\_\_ Partner/services: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Name	Gender	Position

### Further observations

Input any observations and characteristics of the surrounding and local givens here.

## Research criteria and questions

This KII with coordinators/managers aims to address the following research questions and related sub-questions.

Criteria	Objective	Relevant sub-question(s)
<b>Relevance</b>	To assess the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner. In terms of relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan-specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols, and information management systems.	Were services and processes relevant and consistent with interagency SOPs on child protection, unaccompanied and separated children and other information sharing and protection protocols?
		How has UNICEF adapted the programme considering the evolving context and through the transition from emergency response to resilience?
<b>Effectiveness</b>	To assess the effectiveness of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-Agency Guidelines for case management and child protection, Jordan-contextualised child protection minimum standards, and Jordan-specific child protection case management standards. This objective should also cover the competencies of case workers, case coordinators, and case supervisors; data quality and use; and quality of case files.	To what extent have the planned results of the programme outputs, outcomes and impact been achieved?
		What was the quality of the different case management services provided under the response?
		To what extent were operational processes, such as trainings and ongoing support, referral pathways, case identification, data collection, information management systems, monitoring and reporting, complaints redress mechanisms, and management effectively designed and implemented?
		Did the child protection case management response contribute to strengthening existing child protection systems at the local and/or higher level? If so, how and if not, why not?
<b>Efficiency</b>	To assess the efficiency of the implementation process of case management response by analysing the qualitative and quantitative outputs in relation to the inputs to see if the response achieved the planned results in the most cost-effective manner.	To what extent did UNICEF capitalise on existing coordination platforms, coordination mechanisms, and existing capacities to achieve results?
		To what extent has the child protection case management response addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner?
<b>Impact</b>	To assess the impact of case management response existing child protection systems. The analysis should also look at positive or negative, direct or indirect, intended or unintended changes in the lives of children and systems.	What is the impact or effect of the response on the overall living situation of children in need of protection?
<b>Sustainability</b>	To assess the sustainability of the results of the response in the event of withdrawal of the ongoing support by identifying the degree to which the child	To what extent are the positive changes and effects of the child protection case management response

	protection case management response has built on existing child protection systems or actors or has strengthened existing child protection systems to take this up.	sustainable in the event of withdrawal of current support?
<b>Coherence</b>	To assess the coherence of case management response with different inter-agency SOPs related to child protection and GBV, UASC, and BIDs.	How was coherence achieved and/or why was there lack of coherence?
		Was the response in line with the different inter-agency SOPs related to child protection, gender-based violence, unaccompanied and separated children and best interest determination?
<b>Human rights &amp; equity</b>	To assess the extent to which the case management response applied the human rights-based approach and equity approach.	Was the child protection case management response equitable in terms of resources spent, targets met, and impacts achieved per target areas and groups?

## Guiding questions

Introductory questions	
<b>1</b>	<b>Could you elaborate on the type of case management services provided by your office/organisation?</b> Since when has your office/organisation been involved in providing case management activities?
Answers:	
<b>2</b>	<b>Has your understanding of case management changed over the course of your involvement in UNICEF-supported child protection case management activities (Y/N)?</b> If yes, in what ways have they changed? What changed your views?
Answers:	
Relevance	
<b>1</b>	<b>Have the services for case management that your organisation offers changed between 2013-2017 (Y/N)?</b> If yes, what influenced these changes? Do you think that the current services you offer are the most appropriate in terms of responding to refugees'/host communities' needs?
Answers:	
<b>2</b>	<b>Operationally, have you seen SOPs, guidelines and other processes vis-à-vis child protection and UASC evolve between 2013-2017 (Y/N)?</b> If yes, do you feel that any changes impacted, positively or negatively, the ability to your work? If no, should SOPs, guidelines and other processes change in order to improve case management?
Answers:	
Effectiveness	
<b>1</b>	<b>Do you think your staff (case workers/social workers) are prepared for the work that is expected of them, in terms of being able to effectively manage cases, either through referrals, direct service provision and any other needs (Y/N)?</b> If no, what could change that?
Answers:	

2	<p><b>Have you/your staff received trainings or other capacity building exercises under UNICEF-supported child protection case management (Y/N)?</b>          If yes, could you kindly elaborate on the trainings provided?          How would you assess the relevance of these trainings?</p>
Answers:	
3	<p><b>Do you provide supervision and support to case workers/social workers? (Y/N)?</b>          If yes, in which cases do they usually seek guidance? How would you typically address there? (Give an example)          If no, who provides supervision?</p>
Answers:	
4	<p><b>How do you currently record and manage beneficiary data within your office/organisation?</b>          Could you kindly elaborate on the recording process?          Which medium (paper-based/electronic) do you use to record and store data?          Who is in charge of recording and managing the data?</p>
Answers:	
5	<p><b>Do you feel the protection of children and case management could be improved in your area, and your effectiveness increased, in terms of data management systems, community engagement, and case identification/referral/follow-up (Y/N)?</b>          If yes, what are the main areas in need or improvement and how can this be achieved?          If no, what are some examples of particularly effective parts of the case management system?</p>
Answers:	
<b>Efficiency</b>	
1	<p><b>Do you think that case management coordination mechanisms are functioning well, vis-à-vis making case management more comprehensive and responsive, and maximising on available resources (Y/N)?</b>          Have you seen coordination mechanisms change over the course of your involvement in case management? Were these changes positive or negative?          If no, how could coordination be improved to enhance efficiency and robustness of case management responses?</p>
Answers:	
2	<p><b>Can you describe how you typically coordinate with the national / local level?</b></p>
Answers:	
3	<p><b>Do you feel that the current laws, policies, frameworks, other strategic documents on child protection case management enable or hamper you in providing efficient child protection case management services?</b>          Please elaborate on how these enable/hamper your work.          Are there any main gaps and weaknesses in these documents? If yes, which document(s) and how would you strengthen the document(s)?          Is there a need for any additional policies, frameworks, other documents on child protection case management?          If so, what would these look like?</p>
Answers:	

4	<p><b>How would you assess your work with other partner in the area?</b>          Are you effective in working together and providing the best possible services to children?          If yes, please provide examples of good practices.          If no, please explain what hinders effective cooperation and coordination and how it could be enhanced.</p>
Answers:	
<b>Impact</b>	
1	<p><b>Do you think that case management has changed the protection situation and needs of the people that you serve (Y/N)?</b>          If yes, what were those changes? Do people in your area feel generally safer?          If no, do you believe that the situation needs to be improved? How can case management better serve the needs of the community?</p>
Answers:	
2	<p><b>Do you think that prevention of child protection concerns (e.g. child labour, early marriage, SGBV) has changed since case management (Y/N)?</b>          If yes, were those changes positive or negative? What do you think drives those changes?</p>
Answers:	
<b>Sustainability</b>	
1	<p><b>If UNICEF support for case management stopped tomorrow, would this have a noticeable impact on the provision of case management from your office/organisation (Y/N)?</b>          If yes, what do you think would happen and why?</p>
Answers:	
2	<p><b>Do you feel that case management as an approach to responding to vulnerable children’s needs and protection concerns is sustainable in Jordan; that is to say, do you think there’s buy-in amongst Jordanian actors (e.g. government, NGOs, CBOs,) to maintain case management (Y/N)?</b>          If no, why not?</p>
Answers:	
3	<p><b>Where / what do you consider to be some of the challenges for further enhance the protection of children through case management? (For instance, financial, human resources, political will, etc.)</b></p>
Answers:	
4	<p><b>What are your office’s/organisation’s priorities for case management in the years to come?          What are the opportunities you see in case management?</b></p>
Answers:	
<b>Coherence</b>	
1	<p><b>Do you feel that, within your office/organisation, everyone shares a common understanding of case management (Y/N)?          What about across agencies involved in case management and child protection (Y/N)?</b>          If yes, what has contributed to this shared understanding?          If no, what are some examples of differences in understanding? How do these differences impact your work? How can these differences be better addressed?</p>
Answers:	

2 For the most part, do you believe that case management in reality reflects SOPs, guidelines and other standards (Y/N)?  
 If no, what are some of the main gaps in implementation? How could implementation be better ensured?  
 If yes, have you noticed any changes, either for the good or bad, in compliance with SOPs, etc. (Y/N)

Answers:

**Human rights & equity**

1 Which group(s) of children would you define as most at risk and in need of case management in this area (for instance based on gender, nationality, types of vulnerabilities, etc.)?  
 Does your office/organisation manage to reach children from this group/these groups equally? Please elaborate.

Answers:

2 Overall, do you think that the child protection case management response reaches the most vulnerable children in Jordan? (Y/N)  
 If yes, how so? How does your office/organisation (and others) ensure that the most vulnerable children are reached?  
 If no, which group of children is currently not reached adequately? Why is that the case?

Answers:

3 Do you think that the types of services provided to different groups of children are of comparable quality?

Answers:

4 How could the child protection case management response be (further) enhanced to ensure that all children at risk are adequately and equally reached through case management services?

Answers:

**Closing thoughts**

1 Over the course of your employment, have your perceptions case management changed (Y/N)?  
 If yes, how so? What do you think about case management now?

Answers:

2 What recommendations, if any, do you have for improving case management and responding to the protection concerns of those whom you serve?

Answers:

3 Is there anything else that you would like to tell me about the case management system?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential.

## Key informant interview guide: Case workers/Social workers

### Instructions

#### RESEARCH GOAL

Key informant interviews are conducted with those who work as case workers or social workers within UNICEF-supported child protection case management activities. The interviews are conducted at camp and/or host community-level and serve to understand and assess case workers'/social workers' familiarity with and implementation of Inter-Agency Case Management SOPs and other guidelines; challenges and best practices observed within case management where they work; coordination mechanisms for case identification, referral and follow-up, including with communities; and how the case management system has evolved over the course of the response (2013-2017). Furthermore, notions of accessibility, scope and sustainability of services are discussed.

#### RESPONDENT REQUIREMENTS

Choose between 3-6 participants who meet the following requirements:

1. Must currently work as a case worker or social worker within child protection case management; and
2. Must work for an organisation that is part of UNICEF-supported child protection case management activities.

#### PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

#### INFORMED CONSENT SCRIPT (to be printed and provided to participant/s in Arabic)

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of child protection case management. We are speaking with case workers and social workers who conduct case management to tell us their opinions on interventions, activities and available services that are offered, as well as any outstanding gaps and challenges within the case management system. Additionally, we would like to get to know more about how the case management system has evolved over the course of the response (2013-2017), especially coordination and case tracking mechanisms, and how to enhance sustainability of case management.

Your participation in the interview is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular

question or all questions, if you don't want to. We also ask that all participants please respect the privacy of each person here by not talking about who said what in this meeting outside of this room.

There are no risks to participating in this discussion, and anything you say here today will not affect your employment status: this meeting is part of an overall evaluation of the case management system and not of your individual performance. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to case management.

All your answers will be kept confidential. Your responses and comments will be summarised in the research report, but on no occasion, will you be identified by name. All information collected during this interview will be recorded in audio on this device/laptop only and be kept strictly confidential and will not be shared except through the verbal or written dissemination of the findings of the study. Upon completion of the study all audio and written recordings of the interviews will be destroyed.

Finally, we encourage you to raise any feedback, concerns and/or complaints about the study to the researchers present. However, in case you have any further comments and/or complaints about the research after the research team left, kindly contact the researchers through the following email address or phone number (UNICEF complaints hotline):

Nard Huijbregts, Principal Investigator, Economic Policy Research Institute: [nard@epri.org.za](mailto:nard@epri.org.za)

UNICEF complaints hotline: 06 550 96 77

The interview will take approximately 60 minutes. We would like to ask your permission to participate in this interview and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

## Introductions & identification

### INTERVIEWER IDENTIFICATION

Name of moderator: \_\_\_\_\_ Name of note taker: \_\_\_\_\_

Location: \_\_\_\_\_ Partner/services: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

### PARTICIPANTS

Number	Name	Age (circa)	Gender	Position
1				
2				
3				
4				
5				
6				

## Further observations

Input any observations and characteristics of the surrounding community/camp and local givens here.

## Research criteria and questions

This KII with case workers/social workers aims to address the following research questions and related sub-questions.

Criteria	Objective	Relevant sub-question(s)
<b>Relevance</b>	To assess the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner. In terms of relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan-specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols, and information management systems.	Were services and processes relevant and consistent with interagency SOPs on child protection, unaccompanied and separated children and other information sharing and protection protocols?
		How has UNICEF adapted the programme considering the evolving context and through the transition from emergency response to resilience?
<b>Effectiveness</b>	To assess the effectiveness of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-agency Guideline for case management and child protection, Jordan-contextualised child protection minimum standards, and Jordan-specific child protection case management standards. This objective should also cover the competencies of case workers, case coordinators, and case supervisors; data quality and use; and quality of case files.	To what extent have the planned results of the programme outputs, outcomes and impact been achieved?
		What was the quality of the different case management services provided under the response?
		To what extent were operational processes, such as trainings and ongoing support, referral pathways, case identification, data collection, information management systems, monitoring and reporting, complaints redress mechanisms, and management effectively designed and implemented?
		Did the child protection case management response contribute to strengthening existing child protection systems at the local and/or higher level? If so, how and if not, why not?
<b>Efficiency</b>	To assess the efficiency of the implementation process of case management response by analysing the qualitative and quantitative outputs in relation to the inputs to see if the response achieved the planned results in the most cost-effective manner.	To what extent did UNICEF capitalise on existing coordination platforms, coordination mechanisms, and existing capacities to achieve results?
		To what extent has the child protection case management response addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner?
<b>Impact</b>	To assess the impact of case management response existing child protection systems. The analysis should also look at positive or negative, direct or indirect, intended or unintended changes in the lives of children and systems.	What is the impact or effect of the response on the overall living situation of children in need of protection?
<b>Sustainability</b>	To assess the sustainability of the results of the response in the event of withdrawal of the ongoing support by identifying the degree to which the child	To what extent are the positive changes and effects of the child protection case management response

	protection case management response has built on existing child protection systems or actors or has strengthened existing child protection systems to take this up.	sustainable in the event of withdrawal of current support?
<b>Coherence</b>	To assess the coherence of case management response with different inter-agency SOPs related to child protection and GBV, UASC, and BIDs.	How was coherence achieved and/or why was there lack of coherence?
		Was the response in line with the different inter-agency SOPs related to child protection, gender-based violence, unaccompanied and separated children and best interest determination?
<b>Human rights &amp; equity</b>	To assess the extent to which the case management response applied the human rights-based approach and equity approach.	Was the child protection case management response equitable in terms of resources spent, targets met, and impacts achieved per target areas and groups?

## Guiding questions

Introductory questions	
<b>1</b>	<b>Were you practicing case management or child protection prior to 2013 (Y/N)?</b> Did you study social work, counselling, sociology, psychology, or another related field?
Answers:	
<b>2</b>	<b>Has your understanding of case management changed over the course of your involvement in UNICEF-supported child protection case management activities (Y/N)?</b> If yes, in what ways have they changed? What changed your views?
Answers:	
Relevance	
<b>1</b>	<b>Do you feel that the case management approach to responding to vulnerable Syrian refugees' and host communities' protection needs has changed – positively or negatively – over the course of 2013-2017 (Y/N)?</b> If yes, what were some of the main changes? How do you think these changes affected case management, in terms of responding to beneficiary populations needs? If no, do you feel that the case management approach should change? And in what ways?
Answers:	
<b>2</b>	<b>Operationally, have you seen SOPs, guidelines and other processes vis-à-vis child protection and UASC evolve between 2013-2017 (Y/N)?</b> If yes, do you feel that any changes impacted, positively or negatively, the ability to your work? If no, should SOPs, guidelines and other processes change in order to improve case management?
Answers:	
<b>3</b>	<b>Do you feel that SOPs and guidelines on child protection and case management reflect the situation and context on the ground (Y/N)?</b> If no, how could the SOPs and guidelines be changed to better reflect on-the-ground work?
Answers:	

4	<p>Have the services for case management that your organisation offers changed between 2013-2017 (Y/N)? If yes, what influenced these changes? Do you think that the current services you offer are the most appropriate in terms of responding to refugees'/host communities' needs? Do you seek out beneficiary feedback on the services?</p>
Answers:	
<b>Effectiveness</b>	
1	<p>Do you feel prepared for your role as case worker/social worker, in terms of being able to effectively manage cases, either through referrals, direct service provision and any other needs (Y/N)? If no, what could help you feel better prepared?</p>
Answers:	
2	<p>Have you received trainings or other capacity building exercises during your time as a case worker/social worker (under UNICEF-supported child protection case management) (Y/N)? If yes, did you find these trainings helpful? What were some of the most aspects of trainings? Is there anything you would change about trainings to better serve your needs and improve service provision? If no, do you feel that such</p>
Answers:	
3	<p>Do you have regular supervision and support (Y/N)? And, if you did not know what to do with a case, where would you seek guidance (Y/N)? If yes, who provides supervision and whom would you seek for guidance? Do you feel that the level of support is adequate, or would you want more support? If no, do you feel that you would benefit from more supervision and support?</p>
Answers:	
4	<p>Do you feel the protection of children and case management could be improved in your area, and your effectiveness increased, in terms of data management systems, community engagement, and case identification/referral/follow-up (Y/N)? If yes, what are the main areas in need or improvement and how can this be achieved? If no, what are some examples of particularly effective parts of the case management system?</p>
Answers:	
5	<p>Do you feel that the most in-need children are currently being reached by case management (Y/N)? If not, how can identification/inclusion of these cases be improved? If no, do you believe that the accessibility of services impacts reaching the most in need?</p>
Answers:	
<b>Efficiency</b>	
1	<p>Do you think that case management coordination mechanisms are functioning well, vis-à-vis making case management more comprehensive and responsive, and maximizing on available resources (Y/N)? Please provide an example of coordination mechanisms in the case management environment that you work in. Have you seen coordination mechanisms change over the course of your involvement in case management? Were these changes positive or negative?</p>

If no, how could coordination be improved to enhance efficiency and robustness of case management responses?

Answers:

**2** Do you feel that the current laws, policies, frameworks, other strategic documents on child protection case management enable or hamper you in providing efficient child protection case management services?  
Please elaborate on how these enable/hamper your work.  
Are there any main gaps and weaknesses in these documents? If yes, which document(s) and how would you strengthen the document(s)?  
Is there a need for any additional policies, frameworks, other documents on child protection case management?  
If so, what would these look like?

Answers:

**Impact**

**1** Do you think that case management has changed the protection situation and needs of the community/camp that you serve (Y/N)?  
If yes, what were those changes? Do people in your area feel generally safer?  
If no, do you believe that the situation in the community/camp needs to be improved? How can case management better serve the needs of the community?

Answers:

**2** Do you think that prevention of child protection concerns (e.g. child labour, early marriage, SGBV) has changed since case management (Y/N)?  
If yes, were those changes positive or negative? What do you think drives those changes?

Answers:

**Sustainability**

**1** If UNICEF support for case management stopped tomorrow, would this have a noticeable impact on the provision of case management (Y/N)?  
If yes, what do you think would happen and why?

Answers:

**2** Do you feel that case management as an approach to responding to vulnerable children’s needs and protection concerns is sustainable in Jordan; that is to say, do you think there’s buy-in amongst Jordanian actors (e.g. government, NGOs, CBOs,) to maintain case management (Y/N)?  
If no, why not?  
Do you think there’s a greater role for the community in enhancing case management’s sustainability? If so, how?

Answers:

**Coherence**

1	<p>Do you feel that, within your team/organisation, everyone shares a common understanding of case management (Y/N)?            What about across agencies involved in case management and child protection (Y/N)?</p> <p>If yes, what has contributed to this shared understanding?            If no, what are some examples of differences in understanding? How do these differences impact your work? How can these differences be better addressed?</p>
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Answers:

2	<p>For the most part, do you believe that case management in reality reflects SOPs, guidelines and other standards (Y/N)?</p> <p>If no, what are some of the main gaps in implementation? How could implementation be better ensured?            If yes, have you noticed any changes, either for the good or bad, in compliance with SOPs, etc. (Y/N)</p>
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Answers:

### Human rights & equity

1	<p>Which group(s) of children would you define as most at risk and in need of case management in this area (for instance based on gender, nationality, types of vulnerabilities, etc.)?</p> <p>Does your office/organisation manage to reach children from this group/these groups equally? Please elaborate.</p>
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Answers:

2	<p>Do you think that the types of services provided to different groups of children are of comparable quality?</p>
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Answers:

3	<p>How could the child protection case management response be (further) enhanced to ensure that all children at risk are adequately and equally reached through case management services?</p>
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Answers:

### Closing thoughts

1	<p>Over the course of your employment as a case worker/social worker, have your perceptions case management changed (Y/N)?</p> <p>If yes, how so? What do you think about case management now?</p>
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Answers:

2	<p>What recommendations, if any, do you have for improving case management and responding to the protection concerns of those whom you serve?</p>
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Answers:

3	<p>Is there anything else that you would like to tell me about the case management system?</p>
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Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential and your participation has no bearing on your or your community's future eligibility to receive services.

## Focus group discussion guide: Community members and volunteers

### Instructions

#### RESEARCH GOAL

Focus Group Discussions (FGDs) are conducted with those who are part of community-based child protection mechanisms<sup>45</sup> in areas in which UNICEF-supported child protection case management activities are implemented. The FGDs are conducted at camp and/or host community-level and serve to understand and assess the communities' perceptions of case management's benefits to the community; the activities and services offered, particularly with regards to their relevance in addressing prevailing protection needs; the effectiveness of services and the service providers themselves; and their own roles within the case management system. Furthermore, notions of accessibility, appropriateness and perceived quality are discussed.

#### RESPONDENT REQUIREMENTS

Choose between 8-10 participants who meet the following requirements:

1. Must be a member of a host community/camp which benefits from UNICEF-supported child protection case management activities;
2. Must participate within community-based child protection mechanisms or child protection committee.

#### PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

#### INFORMED CONSENT SCRIPT (to be printed and provided to participant/s in Arabic)

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of child protection case management. We are speaking with community members who interact with case management structures to tell us their opinions on interventions, activities and available services that are offered, as well as any further services of which your child may be in need. Additionally, we would like to get to know more about your interactions with case management service

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<sup>45</sup> Per the Inter-Agency SOPs, community-based child protection mechanisms, often called "child protection committees", are "networks or groups of individuals at the community level who work in coordinated way towards child protection goals" which "include local structures and traditional or informal processes for promoting or supporting the wellbeing of children." The SOPs for child protection committees are currently under development in Jordan.

providers and any perceived changes – positive or negative – within your community’s status as a result of the case management interventions.

Your participation in the discussion is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. We want you to know that all answers and information collected during this discussion will be kept strictly confidential. We also ask that all participants please respect the privacy of each person here by not talking about who said what in this meeting outside of this room.

There are no risks to participating in this discussion, and anything you say here today will not affect your or your community’s eligibility for services. Moreover, we will not be recording your names; rather, we will be assigning you numbers to protect your identities. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to case management.

Finally, we encourage you to raise any feedback, concerns and/or complaints about the study to the researchers present. However, in case you have any further comments and/or complaints about the research after the research team left, kindly contact the researchers through the following phone number (UNICEF complaints hotline): 06 550 96 77

The discussion will take approximately 30-45 minutes. We would like to ask your permission to participate in this group discussion and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

**Introductions & identification**

**INTERVIEWER IDENTIFICATION**

Name of moderator: \_\_\_\_\_ Name of note taker: \_\_\_\_\_

Location: \_\_\_\_\_ Date of FGD: \_\_\_\_\_

Start time of FGD: \_\_\_\_\_ End time of FGD: \_\_\_\_\_

**PARTICIPANTS**

Number	Age (circa)	Gender	Nationality	Position in community
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## Further observations

Input any observations and characteristics of the surrounding community/camp and local givens here.

## Research criteria and questions

This FGD with community members and volunteers aims to address the following research questions and related sub-questions.

Criteria	Objective	Relevant sub-question(s)
<b>Relevance</b>	To assess the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner. In terms of relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan-specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols, and information management systems.	Were services and processes relevant and consistent with interagency SOPs on child protection, unaccompanied and separated children and other information sharing and protection protocols?
		Were the standards/indicators for measuring outcomes and impacts of the child protection response relevant to addressing the needs and priorities of Syrian refugee and asylum-seeking children?
<b>Effectiveness</b>	To assess the effectiveness of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-Agency Guidelines for case management and child protection, Jordan-contextualised child protection minimum standards, and Jordan-specific child protection case management standards. This objective should also cover the competencies of case workers, case coordinators, and case supervisors; data quality and use; and quality of case files.	To what extent have the planned results of the programme outputs, outcomes and impact been achieved?
		What was the quality of the different case management services provided under the response?
		Did the child protection case management response contribute to strengthening existing child protection systems at the local and/or higher level? If so, how and if not, why not?
<b>Impact</b>	To assess the impact of case management response existing child protection systems. The analysis should also look at positive or negative, direct or indirect, intended or unintended changes in the lives of children and systems.	What is the impact or effect of the response on the overall living situation of children in need of protection?

## Guiding questions

Introductory questions	
1	<p><b>How did you become involved in case management in your community? Who formed the child protection committee?</b> Before you became involved in case management, were you involved in similar activities in your community?</p> <p>Answers:</p>
2	<p><b>Before joining a child protection committee, did you know that case management existed in your area? (Y/N)</b> If yes, how did you hear about case management? <b>What were your perceptions of case management before entering it?</b> What were people in your area saying about case management?</p> <p>Answers:</p>

Relevance	
1	<p><b>What are the main duties of your committee? Are there any particular activities/topics on which you focus?</b></p> <p>Do you feel that your roles and those of service providers are clearly defined for you and for community members?</p> <p>Do you feel that your committee should expand its scope?</p> <p>What do you think is your committee's most important function, in terms of the prevention of and response to protection concerns?</p>
Answers:	
2	<p><b>Have you been trained on child protection case management, particularly the identification and referral of cases to service providers? (Y/N)</b></p> <p>If yes, by whom? Of what did the trainings consist? Do you feel that more trainings or capacity building exercises are needed?</p> <p>If no, do you feel that you would benefit from trainings?</p>
Answers:	
4	<p><b>Are there any child-friendly spaces in your area? (Y/N)</b></p> <p>If yes, who took the lead in constructing it?</p> <p>If no, do you know what child-friendly spaces? Do you think that your community would benefit from one?</p>
Answers:	
5	<p><b>What are the main coordination mechanisms in your area for case identification and referral?</b></p> <p>How do you identify cases that may benefit from case management?</p>
Answers:	
Effectiveness	
1	<p><b>On a scale of 0-10 (0 being the lowest, 10 being the highest), how would you rate the quality of the services that your community receives?</b></p> <p>Which services have been the best?</p> <p>Which services do you think need the most improvement?</p> <p>What are the main gaps that you see in service provision?</p>
Answers:	
2	<p><b>Have you seen any change in the quality of services provided over the course of your participation in case management? (Y/N)</b></p> <p>If yes, have those changes been more positive or negative?</p>
Answers:	
3	<p><b>If you need to refer a case to a service provider, do you know how to do so? (Y/N)</b></p> <p>If yes, do you feel that service providers are accessible and approachable? Are service providers generally responsive to your referrals?</p> <p>Do you ask for the community member's permission before referring him/her to a service provider?</p> <p>If no, why not? Is anything preventing you from doing so?</p>

Answers:

### Impact

- 1 Thinking about the situation before you began interacting with case management, how would you rate the improvement in the protection situation in your community (on scale 1-10)?  
Is anything preventing an even further improvement in the protection situation? How could case management contribute to further improvements?

Answers:

- 2 Do you think that case management has changed the protection situation and needs in your community/camp? (Y/N)  
If yes, what were those changes? Do people in your area feel generally safer?  
If no, do you believe that the situation in your community/camp needs to be changed, or are you generally happy with your feeling of safety and security where you live?

Answers:

- 3 Do you think that prevention of child protection concerns (e.g. child labour, early marriage, SGBV) has changed since case management? (Y/N)  
If yes, were those changes positive or negative? What do you think drives those changes?

Answers:

### Closing thoughts

- 1 Over the course of your interaction with case management, have your perceptions case management changed? (Y/N)  
If yes, how so? What do you think about case management now?

Answers:

- 2 Do you feel that the child protection committee or community can take on other roles within the case management system? (Y/N)  
If yes, what are these roles?  
If no, why not?

Answers:

- 3 Is there anything else that you would like to tell me about your experience with case management?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential and your participation has no bearing on your or your community's future eligibility to receive services.

## Focus group discussion guide: Caregivers of current cases (male/female)

### Instructions

#### RESEARCH GOAL

Focus Group Discussions (FGDs) are conducted with caregivers of children currently part of the UNICEF-supported child protection case management system. The FGDs are conducted at camp and/or host community-level and serve to understand and assess the caregivers' perceptions of the activities and services offered to their children, particularly with regards to their relevance in addressing the child's protection needs, the effectiveness of services and the service providers themselves, and impact on the child's wellbeing. Furthermore, notions of accessibility, appropriateness and perceived quality are discussed.

#### RESPONDENT REQUIREMENTS

Choose between 8-10 participants who meet the following requirements:

1. Must be a member of a host community/camp that benefits from UNICEF-supported child protection case management activities; and
2. Must be the caregiver of a child who is receiving case management services.

#### PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

#### INFORMED CONSENT SCRIPT (to be printed and provided to participant/s in Arabic)

Good morning/afternoon. Thank you for coming to meet us. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF to conduct an evaluation of child protection case management. We are speaking with caregivers of children who are currently receiving case management to tell us their opinions on interventions, activities and available services that have been offered to your family, as well as any further services of which your child may be in need. Additionally, we would like to get to know more about your interactions with case management service providers and any perceived changes – positive or negative – within your family's status as a result of the case management interventions.

Your participation in the discussion is voluntary. There are no right or wrong answers and we want you to feel free to express your views honestly. You are free to refuse to answer a particular question or all questions, if you don't want to. We want you to know that all answers and information collected during this discussion will be kept strictly confidential. We also ask that all

participants please respect the privacy of each person here by not talking about who said what in this meeting outside of this room.

There are no risks to participating in this discussion, and anything you say here today will not affect your family’s eligibility for further services nor will it be reflected on your child’s case file. Moreover, we will not be recording your names; rather, we will be assigning you numbers to protect your identities. There is no direct benefit to you if you participate, other than knowing that you are helping us to evaluate challenges and benefits related to case management.

Finally, we encourage you to raise any feedback, concerns and/or complaints about the study to the researchers present. However, in case you have any further comments and/or complaints about the research after the research team left, kindly contact the researchers through the following phone number (UNICEF complaints hotline): 06 550 96 77

The discussion will take approximately 30-45 minutes. We would like to ask your permission to participate in this group discussion and record the discussion on this device/laptop.

Do you agree to participate and have this conversation be recorded?

**Introductions & identification**

**INTERVIEWER IDENTIFICATION**

Name of moderator: \_\_\_\_\_ Name of note taker: \_\_\_\_\_

Location & partner: \_\_\_\_\_ Date of FGD: \_\_\_\_\_

Start time of FGD: \_\_\_\_\_ End time of FGD: \_\_\_\_\_

**PARTICIPANTS**

Number	Age (circa)	Gender	Nationality	Parent or caregiver (P/C)	# of children receiving case management
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Further observations**

Input any observations and characteristics of the surrounding community/camp and local givens here.

## Research criteria and questions

This FGD with caregivers aims to address the following research questions and related sub-questions.

Criteria	Objective	Relevant sub-question(s)
<b>Relevance</b>	To assess the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner. In terms of relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan-specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols, and information management systems.	Were services and processes relevant and consistent with interagency SOPs on child protection, unaccompanied and separated children and other information sharing and protection protocols?
		Were the standards/indicators for measuring outcomes and impacts of the child protection response relevant to addressing the needs and priorities of Syrian refugee and asylum-seeking children?
<b>Effectiveness</b>	To assess the effectiveness of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-Agency Guidelines for case management and child protection, Jordan-contextualised child protection minimum standards, and Jordan-specific child protection case management standards. This objective should also cover the competencies of case workers, case coordinators, and case supervisors; data quality and use; and quality of case files.	To what extent have the planned results of the programme outputs, outcomes and impact been achieved?
		What was the quality of the different case management services provided under the response?
<b>Impact</b>	To assess the impact of case management response existing child protection systems. The analysis should also look at positive or negative, direct or indirect, intended or unintended changes in the lives of children and systems.	What is the impact or effect of the response on the overall living situation of children in need of protection?

## Guiding questions

Introductory questions	
1	<p><b>How did you enter the case management system? Did you seek out a service provider or did another source refer you?</b>                      If referred, did you feel that your case needed an intervention?                      Did you feel that services were easy to access? (Y/N) If no, why not?</p>
Answers:	
2	<p><b>Before entering case management, did you know that these services existed? (Y/N)</b>                      If yes, how did you hear about case management?  <b>What were your perceptions of case management before entering it?</b>                      What were people in your area saying about case management?</p>

<b>Answers:</b>	
<b>3</b>	<b>When you first met your case worker, did he/she explain his/her role to you and what case management means?</b> Did the case worker explain to you about confidentiality? Did you feel that you had the option to participate in case management? Did the case worker explain any redress mechanisms?
<b>Answers:</b>	
<b>Relevance</b>	
<b>1</b>	<b>How many case workers have you and your child had (1 or &gt;1)?</b> If one, have you been happy with him/her? If not, have you ever asked to change your case worker? Why or why not? If >1, were you notified that a new case worker would be assigned to you? Did the new case worker(s) seem knowledgeable of your case?
<b>Answers:</b>	
<b>2</b>	<b>In your interactions with your case worker(s), have you felt like your and your child's views are generally taken into account and heard? (Y/N)</b> Do you feel that the case worker sufficiently involves you in decision-making on the case and explains each step of the process? Has the case worker made any decisions with which you do not agree? If yes, what did you do?
<b>Answers:</b>	
<b>3</b>	<b>How often do you interact with your case worker?<sup>46</sup> Do you feel that these interactions are the right amount? (Y/N)</b> If no, what would you change? Would you want to meet more or less with your case worker? If more contact is needed, do you know how to get in touch with your case worker?
<b>Answers:</b>	
<b>4</b>	<b>Have you been referred for other services? (Y/N)</b> If yes, did the case worker ask for your and your child's permission for referral? If yes, are these services helpful? If no, do you think that you need additional services beyond what your case worker is providing? Have you expressed this to your case worker?
<b>Answers:</b>	
<b>5</b>	<b>Overall, do you feel that your case worker(s) understand you and your child's needs and reacts accordingly? (Y/N)</b> Have your and your child's needs changed over the course of your participation in case management? If so, did the case worker provide you additional services to respond to those changes? If no, have you expressed this to your case worker? What was the reaction?
<b>Answers:</b>	
<b>Effectiveness</b>	

<sup>46</sup> Per Inter-Agency SOPs, follow-up should be monthly for medium priority cases and weekly for high priority cases.

1 On a scale of 1-10 (1 being the lowest, 10 being the highest), how would you rate the quality of the services you have received?  
 Which services have been the best?  
 Which services do you think need the most improvement?  
 Have you expressed your views to your case worker?

Answers:

2 Have you seen any change in the quality of services provided over the course of your and your child's participation in case management? (Y/N)  
 If yes, have those changes been more positive or negative?

Answers:

**Impact**

1 Thinking about the situation before you began working with the case worker, how would you rate the improvement in the situation for your family (on scale 0-10)?  
 What could your case worker do to further improve your situation?

Answers:

2 Do you think that case management has changed the protection situation in your community/camp? (Y/N)  
 If yes, what were those changes? Do people in your area feel generally safer?  
 If no, do you believe that the situation in your community/camp needs to be changed, or are you generally happy with your feeling of safety and security where you live?

Answers:

**Closing thoughts**

1 Over the course of your interaction with case management, have your perceptions changed? (Y/N)  
 If yes, how so? What do you think about case management now?

Answers:

2 Would you recommend case management to other families? (Y/N)  
 If no, what do you think are other interventions that would better address your and your community's needs?

Answers:

3 Is there anything else that you would like to tell me about your and your child's experience with case management?

Answers:

Thank you very much for your participation, feedback and honesty during this meeting. Your answers will be very helpful to the evaluation. Once again, all that was said here today will remain confidential and your participation has no bearing on your current case or on your future eligibility to receive services.

## Focus group discussion guide: Child beneficiaries 12+ (male/female)

### Instructions

#### RESEARCH GOAL

Focus Group Discussions (FGDs) are conducted with children currently receiving services as part of the UNICEF-supported child protection case management system. The FGDs are conducted at camp and/or host community-level and serve to understand and assess the children's perceptions of the activities and services offered, particularly with regards to the services relevance in addressing the children's needs, the effectiveness of services and the service providers themselves, and the self-assessed impact on the children's wellbeing. Furthermore, notions of accessibility, appropriateness and perceived quality are discussed.

#### RESPONDENT REQUIREMENTS

Choose between 8-10 participants who meet the following requirements:

1. Must be a member of a host community/camp that benefits from UNICEF-supported child protection case management activities; and
2. Must be a child who is receiving case management services.

#### PRE-DISCUSSION CODING, CONSENT AND PREPARATION

Use a digital recorder to record the entire conversation. Test the recording prior to the start to ensure it is working and that it captures the sound well. Read out loud the consent paragraph and ensure that every respondent consents to participating in the interview. Those who do not consent should be dismissed. Also ensure to gather the relevant information from each participant prior to starting the interview.

Conduct the interview in a quiet area and do your best to ensure a polite and welcoming atmosphere. If the respondents are uncomfortable, they will not be willing to share much information and thus compromise the quality of the data.

#### CONSENT SCRIPT

**Before the FGD, with each child separately.** Welcome. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF. We would like to know from you what you like about (*insert name of activity/service provider*). We will chat together with other boys/girls about what you like and not like about it. There are no right or wrong answers. We want you to say whatever you want to say. We will not share with other people what you said in here and we will not record your name either. Based on your answers we can see how to make the services even better. Would you like to participate? (Afterwards, complete informed assent form with child and informed consent form with caregiver, unless already obtained by case management agency.)

**At the beginning of the FGD with all children.** Welcome. We work with the Economic Policy Research Institute (EPRI) and are here on behalf of UNICEF. We would like to know from you what you like about (*insert name of activity/service provider*). We will chat together about what you like and not like about it. There are no right or wrong answers. We want you to say whatever you want to say. We will not share with other people you said in here and we will not record your name.

Instead, we will give each of you a number (distribute numbers). With your answers you can help us to make the space even better. The discussion will take approximately 30-45 minutes. To not forget things you say, we would like to record the interview with this recording machine/laptop.

Do you agree to participate and have this conversation be recorded?

**Introductions & identification**

**INTERVIEWER IDENTIFICATION**

Name of moderator: \_\_\_\_\_ Name of note taker: \_\_\_\_\_

Location & partner: \_\_\_\_\_ Date of FGD: \_\_\_\_\_

Start time of FGD: \_\_\_\_\_ End time of FGD: \_\_\_\_\_

**PARTICIPANTS**

Number	Age (circa)	Gender	Nationality
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Further observations**

Input any observations and characteristics of the surrounding community/camp and local givens here. Pay particular attention to how kids interact with each other.

## Research criteria and questions

This FGD with child beneficiaries aims to address the following research questions and related sub-questions.

Criteria	Objective	Relevant sub-question(s)
<b>Relevance</b>	To assess the relevance of the response by looking at the extent to which the inter-agency child protection case management response has addressed the child protection needs and priorities of Syrian refugee and asylum-seeking children in a coordinated manner. In terms of relevance, the evaluation will also assess the consistency of services and processes of the child protection response by exploring actual application of Jordan-specific inter-agency SOPs, guidelines, standard forms, information sharing and protection protocols, and information management systems.	Were services and processes relevant and consistent with interagency SOPs on child protection, unaccompanied and separated children and other information sharing and protection protocols?
		Were the standards/indicators for measuring outcomes and impacts of the child protection response relevant to addressing the needs and priorities of Syrian refugee and asylum-seeking children?
<b>Effectiveness</b>	To assess the effectiveness of case management response by determining the extent to which the response has attained its stated objectives (at the outcome and output level) including caseload and available capacity. Under effectiveness, the evaluation will also look at the quality of case management response in relation to Global Inter-Agency Guidelines for case management and child protection, Jordan-contextualised child protection minimum standards, and Jordan-specific child protection case management standards. This objective should also cover the competencies of case workers, case coordinators, and case supervisors; data quality and use; and quality of case files.	To what extent have the planned results of the programme outputs, outcomes and impact been achieved?
		What was the quality of the different case management services provided under the response?
<b>Impact</b>	To assess the impact of case management response existing child protection systems. The analysis should also look at positive or negative, direct or indirect, intended or unintended changes in the lives of children and systems.	What is the impact or effect of the response on the overall living situation of children in need of protection?

## Guiding questions

Introductory questions	
1	<p><b>What did do you think the case manager / social worker does?</b> Please explain their role.</p> <p>Answers:</p>
2	<p><b>Write down ten words that describe case management for you.</b> This can be physical things, people, relations, emotions. <i>Ask the children to explain the words they have written down to each other. Highlight commonalities and ask them to explain differences.</i></p>

Notes:

3 Have you met the worker that works with you and your family? (Please raise your hand!)  
What were they like?  
Where did you meet the case worker?  
Who else was there?

Answers:

4 When you first met your case worker, did he/she explain his/her role to you and what case management means?

Answers:

### Relevance

1 How often do you or your family talk to the case worker?

Answers:

2 What do you like most about talking to the case worker? Is there something you do not like about it?  
*Ask the children to explain why they like/dislike something.*

Answers:

3 Do you feel safe talking to the case worker and expressing your feelings?

Answers:

4 If other services are offered at venue:  
What kind of activities can you do here?  
What things (activities) do you do most often? Why?  
Let's try and rank the activities together: What activities are you most happy with and what activities are you least happy with?  
How do these activities make you feel? Why?

Answers:

### Effectiveness

1 How does the worker help you and your family?

Answers:

2 If you are not happy or worried about anything, do you know how to contact the worker?

Answers:

3 Do you feel safe talking to the case worker and expressing your feelings?

Answers:

4 Do you think that the worker takes your views into account, and makes sure that you were included in decisions about you and your family?  
If so how?  
If not, what can he/she do better?

Answers:

Impact

1 Do you think things are better since the case worker helps your family, or worse? Please explain your answer.  
Is there anything your case worker can do to further improve your situation?

Answers:

2 Have you got any other suggestions for how the case worker can do his/her job better?

Answers:

Closing thoughts

1 Is there anything else that you would like to tell me about case management?

Answers:

Thank you very much for your participation, feedback and honesty. Your answers will be very helpful to the evaluation and to improve the services provided to you and your families. Once again, all that was said here today will remain confidential.

## Observation guide checklist

### Instructions

#### RESEARCH GOAL

The purpose of the observation guide is to record identifiable performances and best practices in a child care facility. The criteria captured in the observation guide checklist are based on the Global Case Management Quality Assessment and a range of country-level minimum standards for case management. The purpose of the observation guide is *not* to evaluate a specific facility's compliance with the minimum standards nor to evaluate facility staff themselves. Rather, the minimum standards are consulted to provide a baseline of good practices to have in place at a child care facility. Once completed, the observation guide will be used to elaborate the types of services, referral mechanisms, record keeping and data collection, follow-up and case closure procedures, and other features present in child care facilities in the sampled districts for the assessment. Notably good practices across the aforementioned areas can be featured in the assessment report.

#### CONSENT SCRIPT

Thank you for allowing me to visit your child care facility. My name is X and I work for the Economic Policy Research Institute (EPRI), a non-profit based in Cape Town. We have been hired by UNICEF Jordan to evaluate UNICEF-supported child protection case management activities, to identify good practices and areas of improvement, and offer concrete and actionable recommendations for strengthening child protection case management going forward. In addition to holding interviews with your staff, we are filling out a short observation guide during the visit, in order to complement the findings from the interview. The observation guide is not an evaluation of your centre or staff; rather, the observation guide is meant to identify good practices present at your centre, such as case identification; referral, follow-up, and case closure mechanisms; record-keeping; services offered to beneficiaries; and other notable accomplishments. These observation guides are filled out for the purposes of this assessment only and will not be shared with anyone else, outside of myself and the other researchers from EPRI. If you have any questions on the observation guide or would like to see it before I start filling it out, please let me know.

Do you consent to an observation guide being completed for the child care facility?

### Introductions & identification

#### INTERVIEWER IDENTIFICATION

Name of researcher: \_\_\_\_\_

Location: \_\_\_\_\_

Name of facility/service provider: \_\_\_\_\_

Date: \_\_\_\_\_

## Observation guide checklist

<b>Criteria 1: Case intake</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Standardised case identification procedure				
Appropriate registration form is used				
Referrals received from government (e.g. social welfare, police)				
Referrals received from NGOs				
Referrals received from communities/civil society				
Set eligibility criteria (e.g. age, gender, vulnerability)				
<b>Criteria 2: Record keeping</b>				
File (physical and/or electronic) created for child upon admission				
System for file tracking (unique numbering of files, electronic database, library)				
Case files are coded correctly and forms are filled out correctly				
Regular updating of case files with new events (referrals to other services, discharge)				
Inclusion of essential documents (referral documents, court documents, identification) in case files				
Confidential storage of files				
<b>Criteria 3: Needs assessment</b>				
Comprehensive need assessments is conducted (considering children's development needs and risk and protective factors)				
Assessments identify both immediate risks and longer term needs				
Care plan/action plan is developed for case				
Families and children were involved in the development of the care plan				
Periodic review and if necessary updating of care plan				
<b>Criteria 4: Services provided at location</b>				
Education, either school on site, tutoring, and/or education assistance				
PSS and/or other counseling				
Health, to include clinic on site or first aid kits				
Skills building and/or vocational training				
Recreation				
Community service				
Statutory services, to include adoption and foster care				
Other				
<b>Criteria 5: Case referrals, follow-up and closure</b>				

Refer to other services (indicate other services in comments)				
After an external referral, follow-up procedures in place (describe procedures in comments)				
Referrals (and follow-ups) are documented				
Grievance redress mechanism in place for children				
Family tracing is offered				
Reintegration				
Case closure is discussed with child and authorised by supervisor/manager				
<b>Criteria 6: Staff</b>				
Trainings and/or other capacity building offered to staff				
Learning exchanges with other child protection actors				

## **Annex E. Informed consent/assent form**

### **1. Statement of consent/assent**

Hello, my name is X and I work for the Economic Policy Research Institute, a non-profit institution based in Cape Town, South Africa. We are doing research for UNICEF Jordan on child protection case management activities. In our research, we are talking to many different groups of people, including the government of Jordan, UNICEF, UNHCR, NGOs, community members, and boy and girl beneficiaries of case management interventions like *(insert name of service/activity)*. However, before we ask children to participate in our research, we talk to their parents/guardians first to get their consent in allowing the child to participate and give his/her answers to our questions. I will tell you more about the purpose of our research and if you consent to your child's participation, I will then ask the child for his/her agreement, as well. Both of you have to agree independently before I begin. However, before you decide, you can ask me any questions about what I have said or if you do not understand any words I have said. You can ask me to stop as we go through the information at any point, and I will take time to explain. If you have questions later, you can ask them of me or of another researcher.

The purpose of the research is to look closer at UNICEF-supported child protection case management activities in your community, such as *(insert name of service/activity)*, in order to better understand how these are working. In particular, we want to know what kinds of services are offered to parents/guardians and children, how accessible these services are, how these services link to each other, the quality of services, children's perceptions on how effective these services are in addressing their needs, and any other relevant issues. We will not ask the children to share personal stories about themselves or their families or force them to answer questions with which they are uncomfortable. The answers to our questions from the group discussion will help us to gain a better understanding of what the situation is on the ground and will contribute to our study's recommendations on how to strengthen child protection case management in Jordan.

The group discussion will comprise of X number of participants and will take place in X, where only myself, another researcher, and the other participants will be present. I will record the conversation, but no participant will be identified by his/her name or other distinguishing feature; instead, each participant will be given a number. We will not share this recording with anyone else, and the recording will only exist on one laptop. We understand that people in the community or at school may ask your child questions about what happened, but we ask that your child not share what was discussed outside of this conversation. We expect this conversation to take between 30-45 minutes.

Everything that your child says during the group discussion will be kept confidential, and your child's participation will not affect his/her place in *(enter name of service/activity)*. There is no immediate or direct incentive – financial, material, or otherwise – to your child or to you, but your child's participation is likely to help us find out more about child protection case management

services and any challenges, benefits, or issues he/she has faced while receiving case management.

Do you have any questions or concerns about what I've just said?

## 2. Certificate of Consent

*I have been asked to give consent for my daughter/son/foster child to participate in this research study which will involve him/her participating in a focus group discussion. My child has been asked to participate in this research due to his/her inclusion in (insert name of service/activity). I have read the foregoing information, or it has been read to me. I understand that this research is to evaluate the current services and programmes in place on child protection case management, and to hear my child's experiences with them. I have had the opportunity to ask questions about it and any questions that I have asked were answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.*

Print name of parent or guardian \_\_\_\_\_

Signature of parent of guardian \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

*\*If illiterate*

*I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.*

Print name of witness \_\_\_\_\_

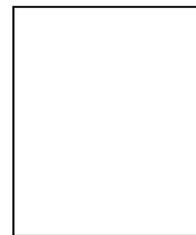
AND Thumb print/mark of participant

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

day/month/year

OR



I do not consent for my child to take part in the research and I have not signed the consent below.  
\_\_\_\_\_ (initialled by parent/guardian)

## 3. Certificate of Assent

*I have been asked my assent to participate in a focus group discussion on my experiences with (insert name of service/activity). I have read the information (or had the information read to me)*

*on the purpose of the research study. I have had my questions answered and know that I can ask questions later if I have them.*

*I agree to take part in the research.*

Print name of child \_\_\_\_\_

Signature of child \_\_\_\_\_

Date: \_\_\_\_\_

day/month/year

*If illiterate:*

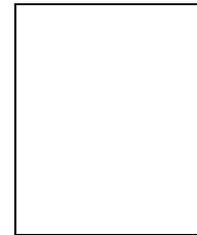
*I have witnessed the accurate reading of the assent form to the child, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.*

Print name of witness (not parent) \_\_\_\_\_ AND Thumb print/mark of participant

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

day/month/year



OR

I do not wish to take part in the research and I have not signed the assent below.

\_\_\_\_\_ (initialled by child/minor)

#### 4. Statement of researcher

*I have read or witnessed the accurate reading of the consent and assent forms to the parent/guardian and potential participant, and all individuals have had the opportunity to ask questions. I have to the best of my ability made sure that the all parties understand that the following will be done:*

- All statements collected during the focus group discussion will be held confidential;
- The child's name or other identifying features will not be revealed within the study;
- All statements collected during the focus group discussion will not affect the eligibility of the parent/guardian or child to receive services, be they related to child protection case management or otherwise.

*I confirm that the parent/guardian and child were given an opportunity to ask questions about the study, and all the questions asked by them have been answered correctly and to the best of my*

*ability. I confirm that no one has been coerced into giving consent or assent, and both have been given freely and voluntarily.*

*I confirm that the parent/guardian has given consent freely, and that the children has given his/her assent freely.*

**Print name of researcher** \_\_\_\_\_

**Signature of researcher** \_\_\_\_\_

**Date** \_\_\_\_\_

day/month/year

A copy of this informed consent/assent form has been provided to the parent/guardian of the participant (Y/N) \_\_\_\_\_(initialled by researcher)

A copy of this Informed Assent Form has been provided to child participant (Y/N) \_\_\_\_\_(initialled by researcher)

## Annex F. List of activities and participants

<i>Research method</i>	<i>Participant group</i>	<i>Level</i>	<i># of activities</i>	<i># of participants</i>	<i>Total</i>
<b>National-level inception mission</b>					
Key informant interview	UNICEF Jordan Country Office	National	1	5	5
Key informant interview	UNHCR	National	1	2	2
Key informant interview	UNFPA	National	0	0	0
Key informant interview	International Medical Corps	National	1	3	3
Key informant interview	IRC	National	1	2	2
Key informant interview	Jordan River Foundation	National	1	5	5
Key informant interview	Ministry of Social Development	National	1	7	7
Key informant interview	Family Protection Department	National	1	3	3
<b>TOTAL</b>			<b>7</b>	<b>27</b>	<b>27</b>

### National-level fieldwork

Key informant interview	UNICEF Jordan Country Office	National	2	1	2
Key informant interview	UNHCR	National	1	2	2
Key informant interview	UNFPA	National	1	2	2
Key informant interview	IRC	National	2	1	2
Key informant interview	Ministry of Social Development	National	1	3	3
Key informant interview	Ministry of Education	National	1	6	6
Key informant interview	Ministry of Health	National	1	1	1
Key informant interview	Family Protection Department	National	1	1	1
Key informant interview	Juvenile Protection Department	National	1	2	2
Key informant interview	National Council for Family Affairs	National	1	1	1
<b>TOTAL</b>			<b>12</b>	<b>20</b>	<b>22</b>

### IMC Zarqa

Key informant interview	Coordinator/Manager	Host Community	1	1	1
Key informant interview	Case managers	Host Community	1	2	2
Focus group discussion	Child beneficiaries 12+ male	Host Community	1	4	4
Focus group discussion	Child beneficiaries 12+ female	Host Community	1	5	5

Focus group discussion	Male caregivers	Host Community	1	4	4
Focus group discussion	Female caregivers	Host Community	1	5	5
Focus group discussion	Community-based volunteers	Host Community	1	3	3
<b>TOTAL</b>			<b>7</b>	<b>24</b>	<b>24</b>

#### IMC Mafrq

Key informant interview	Coordinator/Manager	Host Community	1	1	1
Key informant interview	Case managers	Host Community	1	2	2
Key informant interview	Child protection counsellor	Host Community	1	1	1
Focus group discussion	Child beneficiaries 12+ male	Host Community	1	4	4
Focus group discussion	Child beneficiaries 12+ female	Host Community	1	6	6
Focus group discussion	Female caregivers	Host Community	1	4	4
Focus group discussion	Community-based volunteers	Host Community	1	3	3
<b>TOTAL</b>			<b>8</b>	<b>21</b>	<b>21</b>

#### IMC Zaatari

Key informant interview	Coordinator/Manager	Camp	1	1	1
Key informant interview	Case manager	Camp	1	1	1
Focus group discussion	Child beneficiaries 12+ male	Camp	1	4	4
Focus group discussion	Child beneficiaries 12+ female	Camp	1	4	4
Focus group discussion	Male caregivers	Camp	1	1	1
Focus group discussion	Female caregivers	Camp	1	5	5
Focus group discussion	Community-based volunteers	Camp	1	8	8
<b>TOTAL</b>			<b>7</b>	<b>24</b>	<b>24</b>

#### UNHCR Zaatari

Key informant interview	Coordinator/Manager	Camp	1	1	1
Key informant interview	Case manager	Camp	1	1	1
<b>TOTAL</b>			<b>2</b>	<b>2</b>	<b>2</b>

### IRC Azraq

Key informant interview	Coordinator/Manager	Camp	1	2	2
Key informant interview	Case manager	Camp	1	3	3
Focus group discussion	Child beneficiaries 12+ male	Camp	1	5	5
Focus group discussion	Child beneficiaries 12+ female	Camp	1	3	3
Focus group discussion	Male caregivers (foster parents)	Camp	1	3	3
Focus group discussion	Female caregivers (foster parents)	Camp	1	3	3
Focus group discussion	Community-based volunteers	Camp	1	4	4
<b>TOTAL</b>			<b>7</b>	<b>23</b>	<b>23</b>

### FPD/MOSD East Amman

Key informant interview	FPD case management coordinator	Host Community	1	1	1
Key informant interview	FPD case manager	Host Community	1	1	1
Key informant interview	MOSD social worker	Host Community	1	1	1
<b>TOTAL</b>			<b>3</b>	<b>3</b>	<b>3</b>

### FPD/MOSD Irbid

Key informant interview	MOSD social worker	Host Community	2	1	2
<b>TOTAL</b>			<b>2</b>	<b>1</b>	<b>2</b>

### JRF Maan

Key informant interview	Coordinator/Manager	Host Community	1	1	1
Key informant interview	Case manager	Host Community	1	1	1
Focus group discussion	Child beneficiaries 12+ male	Host Community	1	4	4
Focus group discussion	Child beneficiaries 12+ female	Host Community	1	6	6
Focus group discussion	Male caregivers	Host Community	1	4	4
Focus group discussion	Female caregivers	Host Community	1	5	5
<b>TOTAL</b>			<b>6</b>	<b>21</b>	<b>21</b>

### JRF East Amman

Key informant interview	Case management coordinator	Host Community	1	1	1
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Focus group discussion	Child beneficiaries 12+ male	Host Community	1	6	6
Focus group discussion	Child beneficiaries 12+ female	Host Community	1	1	1
<b>TOTAL</b>			<b>3</b>	<b>8</b>	<b>8</b>

**MOSD girls' shelter Russayfah**

Key informant interview	Psychologist, sociologist	Host Community	1	2	2
Key informant interview	Social worker	Host Community	1	1	1
Focus group discussion	Child beneficiaries 12+ female	Host Community	1	10	10
<b>TOTAL</b>			<b>3</b>	<b>13</b>	<b>13</b>

## Annex G. Case study I

### Community-based volunteers supporting case management

#### Background

In camps, as well as host communities visited in North Jordan, a range of case management agencies rely on community-based volunteers to support the child protection case management response through their involvement in community outreach activities and case follow-up, as well as the conduct of activities, often with a child protection focus, within case management and/or child-friendly centres. IRC and IMC both rely on community-based volunteers to support the case management response, and also UNHCR reports to engage volunteers for outreach activities.

The concept of reliance on and involvement of community-based volunteers, and specifically Syrian volunteers, has been tested and employed in the context of Makani centres for a while already and has shown to yield different benefits and advantages. Next to fostering community involvement and ownership over the response, the concept also supports capacity building of community members, which in turn, can increase the sustainability of different activities, such as case management, over the long-term. Moreover, through further sensitisation of community members, prevention of child protection cases at community level can be supported. Additionally, reliance on community-based volunteers, who receive a monthly stipend/incentive payment for their involvement, also presents an economical solution to safeguarding sufficient resources for a human resource-heavy response, such as case management, particularly in light of budgetary constraints.

#### Community-based volunteers

In host communities Jordanian and Syrian community members work as volunteers in the case management process, while in the camps volunteers are Syrian. To become a volunteer, community members can apply with the respective case management agencies for the volunteering positions. Furthermore, in camps, volunteers report that they found the position through the cash for work programme. After the application, an interview with the case management agency follows to assess whether the applicant is suitable for the volunteer position.

Upon successful selection, forthcoming volunteers are trained and capacitated for their future involvement. These trainings include the agency's code of conduct, an introduction to the case management process, sensitisation on child rights and child protection concerns, and any more specific orientations and trainings as needed, depending on their specific roles and responsibilities. The integration of volunteers into the case management process is then conducted gradually, wherein they typically work with the case managers on non-sensitive cases at the beginning.

#### Roles and responsibilities

In the child protection case management process, volunteers can take on different roles. Some volunteers are specialised in outreach work and identification of cases within the communities, while others support case follow-up, or the provision of child protection-focused activities within the case management agencies' sites/centres.

Volunteers involved in outreach report that they typically screen households within their

community for any child protection concerns. The outreach workers have forms that they use to assess the situation of families. If any concerns or problems within the family are identified, the outreach workers refer the family to the case manager for further action and assistance. Outreach workers are often structured into outreach teams covering designated areas. Especially in camps, outreach workers can thereby ensure that every household can be reached and covered by case management, if needed.

#### *IRC's outreach volunteers in Azraq camp*

In Azraq camp, IRC relies on community volunteers to support its case management response through, among others, outreach activities. Next to screening the families and children in the communities for potential protection concerns and needs that could be addressed through case management, a major part of the outreach work focuses on spreading information and identifying potential families for IRC's foster care programme for UASCs.

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*"During outreach activities we also look for potential foster families and tell them what would be needed to become a foster family under IRC's foster programme. We explain the family what they can do to become a foster family and assess whether it might be of any benefit to the family of having a child in the house. We also make sure they understand that they do not receive any financial assistance or reward for taking in a child."*

Other volunteers are tasked with case follow-up. Volunteers point out that they usually have a daily/weekly schedule of cases for follow-up visits. After going to the household and following up on the child/children feedback is provided to

the case managers and need for any further action is discussed.

#### *IMC's para-case workers in Zaatari camp*

In Zaatari camp, IMC currently has so-called 'para-case workers' – community-based volunteers tasked with case follow-up activities. The para-case workers are Syrian refugees based within the communities, and in charge of follow-up with cases in their area, particularly during the weekends. In each of IMC's sites in the camp (currently five sites, with a reduction to four sites coming up) about four to five para-case workers are active. Most para-caseworkers have around 13 cases on average, whom they follow up with on a regular basis.

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*"We have a schedule of cases for follow-up visits. We go to the houses and evaluate the whole household and environment. When we return to the centre at the end of the day, we give feedback to the case managers for any further action if needed. We usually go twice per week to the same family, sometimes even daily, depending on level of urgency."*

Some volunteers also support activities within the centres of case management agencies, including activities, such as theatre classes, life skills trainings, and sesame activities to children aged 3 to 6 years as preparation for school. Additionally, volunteers act as site supervisors in IRC's reception area for UASC, tasked to supervise children residing in the area and ensuring that they go to school and link them to activities, for instance.

#### **Results of community-based support**

During the different stages of the case management process support by volunteers, the latter play a vital role and significantly contribute to the effectiveness of the processes. Volunteers

engaged in outreach play, for instance, play a crucial role in the screening and identification of cases within their communities. Through their proximity to the families living in the same communities, outreach volunteers are in an ideal position to assess the needs of families and children and refer them to case managers within the case management agencies.

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*“We are part of the community, and our work as volunteers is also about building relationships with the community. Through building close relations, we get to know about challenges that they face and things they might need.”*

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Likewise, this proximity to the cases puts the community-based volunteers in an ideal position to act as para-case workers and conduct case follow-ups. Children benefitting from case management activities report the positive impacts of the support they receive through the para-case workers, and also knowing that they can always reach them.

Moreover, the volunteers themselves see positive impacts of their work in case management. On the one hand, the volunteers value the trainings and orientations around case management and child protection, providing them with new knowledge and insights. On the other hand, this community-based model gives them the opportunity to provide support to other families and children in needs, as part of the emergency response.

### **Making case management sustainable**

Next to the focus on capacity building and involvement of counterparts in government, most key informants from international organisations point out that the increasing involvement and capacitation of community-

based volunteers in the response is also considered an avenue of making case management more sustainable. Relying on community members to contribute to the response not only facilitates access to cases, but also strengthens sustainability of a programme, as these volunteers will continue to be part of the community, even when international case management agencies leave.

At the same time, capacitation of community-based volunteers in child protection and child rights, increases awareness around these topics within the community and can go a long way in the prevention of protection concerns, ultimately rendering case management more preventive.

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*“The more people are trained on child protection and rights and how to address violations of rights, the more preventive and sustainable the interventions get.”*

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### **Challenges and considerations**

In camps, the use of volunteers is relatively well organised and structured, with SOPs for cash for work guiding their involvement. However, in host communities, it is more difficult to work with Syrian community members, as there is need for relevant documentation and permission from the Ministry of Labour. However, as part of its Makani activities, UNICEF has been working on a solution with the Ministry.

Furthermore, over the long-term it remains to be seen how such community volunteers can be integrated within national case management structures, safeguarding that no parallel structures to the government case management structures are set up.

## Annex H. Case study II

### Integrating case management into community and family centres, and child-friendly spaces

#### Background and concept

In camps, as well as host communities visited across Jordan, most case management agencies – national and international, governmental and non-governmental – integrate case management into different models of community and family centres, or child-friendly spaces. Examples include the integration of case management into Makani centres, the Queen Rania Family and Child Center (QRFCC) run by the Jordan River Foundation (JRF) in East Amman and a similar community centre in Maan, South Jordan, as well as reception areas in the camps and other child friendly areas and spaces within the camps. While these centres are often run by the case management agencies themselves, in other cases, for instance in the case of Makani centres, the centres might be run by UNICEF and a local implementation partner, while a case management agency is present in the same premises and aligns and integrates its services.

#### *What is Makani?*

Makani ('my space' in Arabic) is a comprehensive approach initiated by UNICEF in Jordan that allow children to access multiple services under one roof. Makani centres link interventions in education, child protection, adolescent and youth participation, health and nutrition, and water, sanitation and hygiene (WASH) services. (UNICEF, n.d.)

The concept of integrating the case management response into ongoing activities in centres has hence been applied by a range of actors. It facilitates the referral of boys and girls, as well as their families, attending activities and services offered in these centres and spaces to more

specialised case management services in child protection and gender-based violence, for instance, depending on their needs.

#### *Queen Rania Family and Child Center*

The Queen Rania Family and Child Center (QRFCC) in Amman is run by JRF and offers a series of child-focused projects and initiatives aimed at increasing knowledge and awareness of key concepts pertaining to protection from child abuse. Through all its activities – including therapy, sports, educational entertainment, among others – the centre advocates for key social concepts around children's rights and protection; but also beyond, including topics like personal hygiene, personal space and emotional intelligence. Through its activities and case management work, JRF also aims to reinforce secrecy and anonymity to encourage children to talk about and discuss sensitive issues related to abuse. (Jordan River Foundation, 2018)

In practice this entails that children (and sometimes even their parents) are provided with case management services on the one hand, and different activities focused around child protection and/or learning activities, on the other hand. The latter could entail, for instance, learning support services in maths, science, Arabic, or English, computer skills trainings, stress management support groups or parenting skills sessions classes for the parents of children in case management. Additionally, some case management agencies rendered child protection and psycho-social support (PSS) services more child-friendly by offering activities such as

theatre for children suffering from violence and exposed to abuse.

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*“We realised that some children coming to the Makani centre needed more specialised protection, so that we linked PSS and child protection activities to child-friendly activities.”*

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### Results of integrating case management

The integration of case management activities has brought benefits to the case management agencies, as well as the case management beneficiaries alike.

For the case management agencies, through the children’s and families’ attendance of activities provided in the centres, identification of children in need of case management is facilitated. Staff in the centres can screen children during activities for any protection concerns and subsequently refer the children to the case managers within the centre for more specialised services. Case management staff recognises that

Additionally, for children already in case management, their attendance of activities provided in the centre provides an avenue for case managers to check on the cases and follow-up on additional services they might have received through referrals. Hence, these centres can also serve as a platform to establish permanent contact between case managers and cases.

Case management staff from different agencies also recognise the high value that children and their parents attach to the activities – typically fun and child-friendly – provided at the centres. These activities help to establish and strengthen relationships between the case management agency and the community, whilst also facilitating bonding between children and

families coming to the centre. The QRFCC, for instance, enjoys a very good reputation and trust from the community, resulting in high uptake of its services, especially among Jordanians.

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*“As part of the case management, we develop a care plan for each case, and we try to link the plans to activities in the Makani centres to address child protection concerns, while also enabling the cases to build social relationships with other children.”*

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Participatory research shows that children and their parents/caregivers share this view and highly value the services provided at the centres. While they see the benefits of case management to themselves and their family, often it is particularly these additional activities that are described as most relevant and useful. Children especially like the learning support services, computer skills classes, and drama classes, among others. Likewise, their parents highly value the activities provided at the centres, as it is a meeting venue for their children and an easy way of getting in touch with their case managers, if needed. Hence, through the integration of case management into other activities offered, a likable and highly valued response was created, meeting the needs of the beneficiaries.

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*“I come here on daily basis; I feel comfortable here in this centre. They [the case managers] interact with us on a regular basis and follow up with us constantly, as we here anyway.”*

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## Making case management more sustainable through integration

So far, the integration of specialised case management services into wider activities provided at centres, facilitating case identification, follow-up and also leading to a higher quality of services for the end user, has largely been limited to child protection and gender-based violence.

In the future, moving towards a more sustainable and integrated case management system can help to provide services more comprehensively and more cost efficiently. Avenues could thus be explored through which the current case management response could be further integrated with other sectors by exploring further linkages with programmes and services.

A more integrated system brings many advantages for the end user, as well as the provider. Services are provided more comprehensively and more cost efficiently, as working together can reduce time spent gathering information and reduce duplication of services. Moreover, an integrated system has shown to be more user-friendly and ultimately more effective in providing relevant case management services, as more referral pathways exist.<sup>47</sup>

Most importantly, a more integrated system is also more sustainable, as it forms the basic structure of service provision across sectors, rendering it increasingly efficient and indispensable. Consequently, it is recommended for UNICEF and national and international partners, to explore avenues through which the current case management system could be further integrated with other sectors by exploring further linkages with programmes and services.

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*“Case management should form the basic structure to address all sorts of protection needs, not just child protection and GBV.”*

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<sup>47</sup> (UNICEF ESARO and Maestral International, 2017)