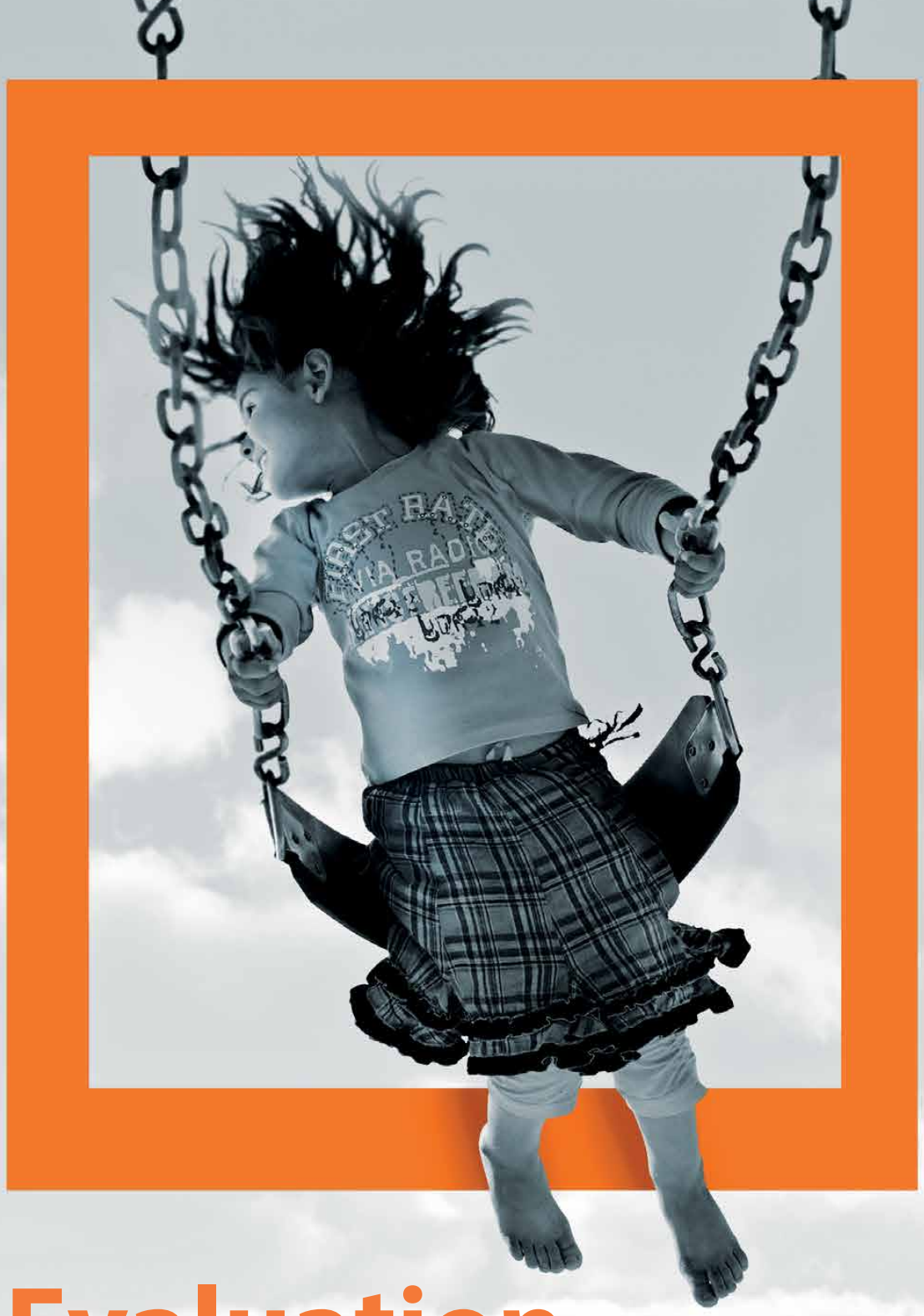

Evaluation
of UNICEF's Psychosocial Support Response for Syrian Children in Jordan

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2013 - 2014

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LIST OF ABBREVIATIONS

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CbCPC	Community-Based Child Protection Committees
CBO	Community-Based Organisation
CC	Cyber City
CCC	UNICEF's Core Commitments for Children in Humanitarian Action
CFS	Child Friendly Spaces
CP	Child Protection
CPRA	Child Protection Rapid Assessment
CPWG	Child Protection Working Group
EJC	Emirati Jordanian Camp
ERG	Evaluation Reference Group
FGD	Focus Group Discussion
FPD	Family Protection Department
GBV	Gender-Based Violence
GOJ	Government of Jordan
IASC	Inter-Agency Standing Committee
IATF	Inter-Agency Task Force
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
ISWG	Inter-Sector Working Group
JRF	Jordanian River Foundation
KAP	King Abdullah Park
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
MOPIC	Ministry of Planning and International Cooperation
MOSD	Ministry of Social Development
MSC	Most Significant Change technique
NCFA	National Council for Family Affairs
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
NRP	National Resilience Plan
OIC	Officer in Charge
PCA	Programme Cooperation Agreement
PRM	Participatory Ranking Methodology
PSS	Psychosocial Support
REPPSI	Regional Psychosocial Support Initiative
RRP5	2013 Syria Regional Response Plan
RRP6	2014 Syria Regional Response Plan
SCI	Save the Children International
SSI	Semi-structured Interviews
SGVB	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
SSO	Social Services Offices
UASC	Unaccompanied and Separated Children
UNEG	United Nations Evaluation Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme

EXECUTIVE SUMMARY

As part of the Syria Regional Response Plan, UNICEF is providing emergency psychosocial support (PSS) to refugee children in camps and host communities in Jordan through its implementing partners. The main purpose of the PSS programme is to put in place age-appropriate psychosocial responses targeting children and their families in both host and camp settings in order to protect them from psychosocial distress, abuse, violence, exploitation and distress, improve their emotional and social well-being and strengthen their coping mechanisms and resilience. This is achieved through community-supported child and adolescent friendly spaces (CFSs)[1] and community-based child protection mechanisms and processes. Currently, in its fourth year of operation as part of the Syria crisis, UNICEF considers it an opportune moment to take stock of the programme's overall effectiveness to date and in so doing to inform its future. Antares Foundation, based in the Netherlands, was thus selected to conduct an evaluation of the full range of PSS activities directly implemented by UNICEF and its implementing partners in 2013 and 2014. The focus was on interventions implemented through CFSs in refugee camps and host communities.

Purpose of the evaluation

The purpose of the evaluation is to generate evidence-based knowledge on the relevance, efficiency, effectiveness and sustainability of the psychosocial response for refugee and affected host community children and their families in Jordan by UNICEF and its implementing partners. An important feature of the evaluation therefore consisted of identifying good practices and lessons learned regarding intended and unintended outcomes.

Evaluation methodology

A mixed methods approach of information gathering was used. Quantitative methods included an analysis of data from various reports as well as statistics from the ActivityInfo database set up by UNICEF Jordan for child protection and PSS specific partners to report online. A questionnaire for semi-structured interviews (SSI) to collect qualitative data from key informants and stakeholders in Amman was developed, based on an evaluation matrix detailed during the inception period. In addition a number of flexible tools were developed and later adapted to the local context to gather qualitative data through focus group discussions (FGDs) and in-depth interviews in ten purposefully selected CFSs, consisting of four sites in camps (two in Za'atari, one each in Emirati Jordanian Camp and Azraq camp) and six in host communities.

A total of 27 key informants were interviewed in Amman. At field level, semi-structured interviews were conducted with 115 stakeholders consisting of CFS staff (including case managers and social workers), CBO/NGO staff, volunteers and members of community based child protection committees. Participants for FGDs were randomly selected from lists of beneficiaries attending CFSs in 2014 and – if the CFS was established earlier -- also from lists of beneficiaries attending in 2013. Altogether, 397 direct and indirect beneficiaries participated in FGDs, including children aged 9-12 years (66 boys and 56 girls), adolescents aged 13 to 18 years (78 male and 77 female) and 120 parents/caretakers (51 male and 69 female). Although some level of randomization was applied, the results of the evaluation are not statistically representative, given that the geographical locations were selected through purposive sampling and the number of beneficiaries interviewed was not sufficient (and was not intended) to satisfy the criteria for the minimum sample size.

There are some important limitations to report in relation to the evaluation. First, findings were based on a cross-sectional rather than a pre-post design. Whilst recognizing the challenges in operating in emergency settings, the availability of baselines and carefully constructed comparison populations would have improved the quality of the evaluation work and facilitated meaningful outcome attributions. Secondly, due to the delayed start date of the evaluation (limiting the time evaluators were available), it was impossible to appropriately test the tools developed by the team before the actual implementation of the fieldwork. As a result, the tools had to be adjusted and fine-tuned during the actual fieldwork phase. In addition, limited time was available to the evaluation team to collaborate and prepare beforehand with local staff involved in translation and other tasks. Due to time constraints it was also difficult to plan sufficient contingency time during each field visit to observe staff performance. Thirdly, measuring the added value of the PSS component by comparing selected intervention sites with control centres/communities proved to be impossible because there were no activities yet being implemented for children in the control communities selected by UNICEF from the potential Makani centres.

1. *For the purpose of this evaluation, 'CFS' is used to include child friendly spaces, adolescent friendly places, family protective places and other terms used for centres providing a safe place.*

Key findings

Relevance and appropriateness

1. UNICEF's PSS response for Syrian children in Jordan is highly relevant in terms of its overall objective to work towards minimising risk factors and strengthening the protective environment by providing children and their family members with free, safe and confidential access to psychosocial support through child and adolescent friendly spaces. The sub-objectives consist of a coherent set of activities.

2. UNICEF's PSS interventions are an integral part of UNICEF's overall child protection (CP) response and vice versa, all child protection interventions are linked to PSS. The CP response is fully coherent with UNICEF's Core Commitments for Children, the No Lost Generation Initiative, the Regional Response Plans and the Regional Refugee and Resilience Plan (3RP). A strong point of the five-pillar response strategy is that activities to a large extent complement each other and mutually strengthen response.

3. CFSs provided an array of activities for beneficiaries that were both culturally and socially acceptable, making a distinction between activities for children under 13 years of age and children aged 13 years and above. Within the latter group, activities were also often distinguished between those for male and female adolescents. The scope, quality and quantity of the different PSS activities implemented varied, amongst other in the degree to which specific mental health and psychosocial support needs at different layers of the Inter-Agency Standing Committee pyramid were adequately considered and addressed. Access for children with special needs differed also, depending on the services offered, and the availability of resources and capacity to deal with special needs.

4. The physical limitations of the infrastructure was one of the most common concerns observed and reported by staff in CFSs in host communities as well as in camp settings. In the camps, most CFSs closed by 3 or 4 pm. CFSs in host communities also seldom opened their doors beyond these hours. Children aged less than five years were usually not included in structured programming as a separate group, although there were a number of play areas in camps which younger children could access.

5. Findings from FGDs and SSIs indicate that the current level of stress experienced by Syrian refugees is not only the result of previous exposure to war-related violence and loss, but also the result of current, extremely stressful, material and social conditions.

6. Exposure to adversity has caused widespread suffering in the whole Syrian community, but a high degree of resilience was also noted both in children and adults. In particular, women were found to benefit from the opportunities to be much more active socially within CFSs.

Cross-cutting: Equity

7. The initial response in terms of choosing locations for CFSs was ad hoc and reactive, resulting in a concentration of CFSs in some places and very little coverage in other location. The current response - which is more pro-active, aimed at filling gaps, reaching the most underserved and avoiding duplication -- has resulted in more balanced coverage, taking into account the geographical distribution of the refugees. However, Amman is still underserved.

8. The number of girls accessing CFSs is somewhat higher (53% of all children attending) than the number of boys. However, in Za'atari camp in 2014, the number of boys attending was higher than the number of girls. Reasons were assessed and recommendations formulated to improve access, for example, by strengthening awareness and addressing safety concerns.

9. 60% of the community members reached with awareness activities were female and 70% of the people trained as volunteers were female. Findings from FGDs with male and female parents/caretakers suggest women were more involved in CFSs in host communities than men.

10. UNICEF and partners target Syrians, Iraqis, Palestinians and vulnerable Jordanians in host communities. In line with the current (tacit) understanding that CFSs should target at least 30% non-Syrian beneficiaries, about 35% of the children accessing CFS in host communities are non-Syrian. In 2014, nearly 9% of these consisted of 'other nationalities', mainly Palestinians.

Efficiency

11. Data from ActivityInfo indicates that the number of beneficiaries reached was usually higher than planned. The number of children with access to PSS in 2014 was nearly double the number in 2013 and 17% higher than planned. This followed a fivefold increase in 2013 as compared to 2012. The number of adults/caretakers reached with awareness activities in 2014 was nearly twice as high as planned.

12. PSS and CP interventions in 2014 were much more cost-effective in 2014 than in 2013. The cost per child for access to PSS (calculated by dividing the annual expenditure on PSS by the number of boys and girls with access to PSS) decreased from US $84 to US $66; the cost per CP case managed decreased from US $215 to US$ 71; and the cost per unaccompanied and separated child (UASC) decreased from US $625 to US $498. The main reason for the decrease in unit cost for all three interventions was the higher caseload, while overhead costs hardly increased.

13. Provision of PSS went hand in hand with system strengthening and efforts to strengthen community resilience, creating synergies.

Coordination, connectedness and complementarities

14. UNICEF's leadership in coordination has consisted of (i) mainstreaming protection, (ii) developing standard operation procedures (SOPs) for response and referral pathways and (iii) using a common methodology for needs assessments. UNICEF has also facilitated communication and coordination across different partners and different working groups. However, national NGOs are under-represented in coordination meetings due to the fact that only English is spoken at both working group and sub-working group level. Besides praise for overall collaboration between UNICEF and implementing partners, there were also some complaints about duplication of services due to a lack of coordination, especially among UN agencies. In addition, there were some concerns about the multitude of coordination platforms. At governorate/camp level the same people attended the sub-working groups on CP, SGBV and MHPSS – while only the chairs differed. Coordination tasks were at times taking up 20-30% of staff time.

15. Capacity building for PSS through CFSs built well on partners' complementarities. Partners made use of each other's resources (at no cost) including expertise, space for training and materials.

16. Many of the provisions in the Programme Cooperation Agreements (PCAs) are standard. UNICEF's focus is on ensuring quality through standard approaches and uniform mechanisms, although initiatives undertaken and owned by partners are valued. However, the emphasis on achieving targets was felt as a burden and appeared counterproductive in attempts to deliver quality.

17. Partners said that the line of communication between UNICEF and the implementing partner were clearer and better established than in earlier years. However the high turnover of staff within UNICEF was a point of concern, as was the lack of an institutional memory, with most knowledge lying with one person.

Effectiveness

18. Often activities were implemented as recreational or art-based activities which have their own value within the CFS, but do not have a psychosocial dimension in terms of enabling members of the group to connect, build rapport, etc., and do not create longer-term impact permitting reflection as well as growth.

19. Results from focus group discussions with boys and girls aged 9-12 and male and female adolescents aged 13-18 revealed that attending CFSs had the biggest effect on children's emotional wellbeing; effectiveness on this aspect scored 72 out of the 100 points available. Within this category, 'mood' (feeling happier, not angry, sleeping better, getting out of isolation) scored 80%, 'emotional regulation' (avoiding fights, not breaking things, discussing things calmly) scored 72% and 'feeling safe' (In the centre, in the neighbourhood) scored 59%.

20. Effects on social wellbeing and skills and knowledge were also substantial, with scores of respectively 51% and 50%. Within the category 'social wellbeing,' the indicator 'having more friends, visiting friends and relatives' scored the highest with 60%. CFSs which were implementing the life skills programme had very high scores of both mood improvement and emotional regulation.

21. In the category 'skills and knowledge,' the indicator 'new skills and knowledge' scored highest at 57%. This indicator refers to acquiring new knowledge and skills, such as learning how to make handicrafts, recycling, calligraphy, acting, agriculture, computer skills, etc. Generally, most CFSs did well on this indicator and children reported that they enjoyed and benefitted from these activities.

22. Focus group discussions with children aged 9-12 year usually consisted of a mix of boys and girls; differences between boys and girls were not obvious and no attempts were made to make a distinction between male and female respondents. Focus groups discussions with adolescent boys and girls were separate. Results for female and male adolescents were however very similar for all three different outcomes.

23. An unintended effect of the programme is that CFSs in some cases provide an alternative for school. Many children are not attending school for different reasons, including being on the waiting list, not being eligible to attend anymore

and being involved in child labour. In a few cases, parents reported they had pulled their children out of school because of verbal and/or physical abuse on the way to or in school; they let them go regularly to the CFS as an alternative because the CFS was much better, treating children with dignity and respect, and not allowing their children to get bullied.

Sustainability

24. UNICEF and partners have invested substantially in PSS and CP capacity building. The average number of trainings in 2014 was double the number in 2013, while the average duration increased and number of participants was substantially higher. Most of the capacity building and trainings were conducted in Amman, often attended by senior staff in the expectation that they would subsequently transfer the learning acquired to their colleagues or peers working in other governorates. This was sometimes done, but often not. UNICEF explored the possibilities of convening further training at the governorate or regional level, particularly in 2014, bringing together all agencies working in the area and a wider number of staff.

25. To consolidate capacity building, the different UN agencies also agreed to standardise salaries in order to minimise the risk of staff leaving for better pay offers. Governance and human resource issues will also be included in capacity building programmes.

26. Structured support or training in staff care and/or stress management was not provided, except for a few exceptions. In PCAs staff wellbeing is not mentioned and no indicators are detailed.

27. Community-based child protection committees worked well as far as activities related to CFS priorities were concerned. Members were very committed and cooperated well with 'their' CFSs. Tasks and responsibilities mainly focused on raising awareness, tracing vulnerable children, and being 'the eyes and ears of the CFS.' However, resources available within the community were not systematically mapped with a view to create synergies. Community-based child protection committee members attributed this mainly to lack of capacity building.

28. CFSs fit well in the first phases of the emergency, but their application in a protracted refugee situation is less clear. UNICEF and partners seem in agreement of the need to transform CFSs into centres which better address the evolving needs of children and the larger community and provide a wider range of services as envisioned for the Makani centres.

Overall conclusion

Findings from focus group discussions and semi-structured interviews with staff, volunteers and beneficiaries indicate that the current level of distress experienced by Syrian refugees is not only the result of previous exposure to war-related violence and loss, but also of current, extremely stressful, material and social conditions. However, whilst operating in challenging circumstances, UNICEF supported programmes have achieved remarkable changes in children's wellbeing. Significant progress in meeting CFS standards has been made in a short period of time, and clear areas for improvement have been identified. Overall, this evaluation indicates that the key objectives of the CFS were achieved, in particular regarding increasing perceptions of safety and the promotion of psychosocial wellbeing as a result of the implementation of both structured and unstructured activities. Taking into consideration the limits of operating in a resource-pressured environment, subjected to a large and at times unpredictable influx of refugees, the effective mobilization of community resources and the strengthening of linkages with governmental institutions such as schools and other social services, are areas which require further attention and investment. The vital role of sustained mentoring and supervision has been emphasized through the changes achieved for both refugees and the host communities surrounding the centres.

Selected detailed conclusions

28. UNICEF's view of the CFS function has been largely internalized and accepted by all implementing partners: UNICEF indicated that safe spaces, child friendly spaces and sports activities alone do not constitute psychosocial support, unless they include a strong focus on child protection and structured psychosocial interventions leading to the wellbeing of children and are accompanied by a strong community mobilization process and a referral system. Minimum standards for mental health and psychosocial support (MHPSS) in emergencies and for CFSs were found to be largely accepted as providing an important reference point for the set-up and management of CFS programmes.

29. The focus on expansion of child friendly spaces (CFS) was an appropriate emergency response, which could be effectively and rapidly deployed during the first phase of an emergency. However, while CFSs had an important protective and recreational function, almost all staff seemed to struggle with their intended role of identifying and addressing psychosocial or mental health needs. Some staff felt that, at times, more serious cases needing referral were missed. Interviews with

stakeholders also suggested that, first, some CFSs didn't have (enough) staff with the skills to tackle complicated CP issues such as child labour and early marriage. Second, most CFSs were already crowded and face staffing limitations, making more structured outreach infeasible at times. On the other hand, there were also CFSs which were successful in reaching boys engaged in child labour who had dropped out of school through drop-in centres and victims of early marriage (usually girls) through special awareness sessions.

30. UNICEF has provided clear leadership in coordination in particular in mainstreaming PSS and child protection and standardizing (needs) assessment and response. A shift from emergency response to a longer-term development approach is underway and with the Ministry of Social Development (MOSD) in the lead, there are opportunities to accelerate this transition, provided MOSD has the human and financial resources.

31. The programme has successfully built on partners' existing strengths, allowing CFSs to play an important role in assisting families and protecting their children; however, response has at times also created unexpected additional strains on existing services and failed to fully capitalise on locally available resources. Despite these strains, CFSs have been instrumental in providing children/ adolescents with an alternative space to their living quarters. A majority of the children/adolescents interviewed noted how the CFSs are 'their second home.'

32. PSS provided in CFSs had the biggest effect on emotional well-being, inducing a positive change in more than 70% of the children. But also more than 50% of the children reported a positive effect on social wellbeing and strengthening skills and knowledge. The life skills model was an example of providing structure which had a positive effect in particular on children's emotional and social wellbeing. Overall outcomes indicate that improvements can be achieved in a safe space catering to the immediate needs of children. It is however unrealistic to expect that long-term effects can be achieved when other components such as the education system, health and family income impacting a child's life are unresolved.

33. The rapid expansion of the programmes in combination with a relatively high staff turnover, has created challenges in meeting capacity building needs in particular of CFS staff and members of community-based child protection committees. Staff at CFSs often felt emotionally overwhelmed by the magnitude of the problems they heard about and tried to address. Staff suggested to include additional capacity building which would go beyond short-term and generalist training sessions and more attention for staff-well-being as a means to better cope.

34. Community-based child protection committees played an important role in strengthening the protective environment through their active engagement in CP activities. However, resources within the community remain largely untapped and initiatives to promote cohesion between Syrians and Jordanians by connecting to the wider community by, for example, organizing community activities are yet to materialize.

35. CFSs fit well in the first phases of the emergency, but their application in a protracted refugee situation is less clear. UNICEF and partners seem in agreement of the need to transform CFSs into centres which better address the evolving needs of children and the larger community and provide a wider range of services as envisioned for the Makani centres.

Selected recommendations

Strategic level

1. **It is recommended that UNICEF's overall strategy include programmes to target groups that don't commonly access CFSs, including activities and staffing which encourage underserved groups to participate.** The emphasis on women and children as the most vulnerable categories may inadvertently lead to other acute needs or less visible groups being overlooked. CFSs should seek to offer activities which are more attractive and relevant to the needs of other underserved groups. For example, adolescent boys may benefit from activities that relate to their needs as young adults, and include utilizing the skills and talents of older men. Recruiting male social workers and more male animators is also recommended as role models for adolescent males, and because there may be issues impacting this group that female social workers are unable to address. Involvement of all target groups may also help to strengthen households' resiliency.

Operational level

2. **It is recommended that partners distinguish clearly between recreational and psychosocial activities and are able to implement psychosocial programmes, such as life skills programmes or other appropriate activities.** In support of these efforts, partners may wish to call on UNICEF and/ or specialized international NGOs for technical support and, when appropriate, to organise follow-up in terms of additional training and/ or

mentoring schemes. It is also recommended that volunteers and other community actors be trained in identifying basic signs of psychological distress in vulnerable children and their caretakers.

3. **It is recommended that UNICEF take the lead in coordinating capacity building in psychosocial support.** CFS staff need appropriate PSS training on identifying and dealing with the range of profound stress and other related issues (such as disability) they may encounter in their work. Members of community-based child protection committees would also benefit from training in community development. They currently miss opportunities to promote cohesion between Syrians and Jordanians and underuse community resources available because they are not trained how to do this. A cascade approach should be used in the provision of training, consisting of 'Training of Masters' at Amman level, 'Training of Facilitators' (TOF) at governorate (or regional / cluster of governorates) level and 'Training of Trainers' (TOT) at city/ community level. This pool of trainers could then also be tasked to facilitate short (one or two-day) refresher courses. It is recommended that UNICEF appoint a trainer dedicated to building capacity along these lines.

4. **It is recommended that UNICEF and partners conduct comprehensive mapping of local resources and needs (including social, economic, educational and health) before establishing new CFSs.** Mapping local needs and resources encourages meaningful collaboration between different local and international actors. To this end, implementing partners should have at least one staff member who is able to facilitate communal participatory meetings (using such tools as the Problem Tree and Problem Ranking, Mobility Map, Socio-Economic Mapping and so on) to engage children, adolescents and their caretakers in prioritizing needs, shaping services and giving a window for monthly feedback for changes and improvements.

5. **It is recommended that CFSs consider extending their hours of business to take account of the needs of the wider community.** Making a football field connected to the CFS within host communities available for young adults at weekends, for example, would be a fruitful way of involving the wider community. **It is also recommended that structured activities be offered for children under five years of age.** This is particularly important in camp settings, where separate kindergartens could be set up or programming for younger children could be included as part of the CFS activity package, possibly with the involvement of volunteers. These activities should be accompanied by activities involving caretakers of under-fives, such as parenting courses and psycho-educational activities.

Selected lessons learned

Lessons have been learned that will benefit not only the UNICEF team in Jordan, but also other similar UNICEF initiatives internationally. These include (but are not restricted to) the following:

✓ It is important to develop mechanisms to reach survivors of child abuse (including child labourers and victims of early marriage) and to integrate them into PSS from the start.

✓ Animators/ teaching facilitators / social workers/ volunteers have a crucial role to play in ensuring the level of engagement and participation amongst the beneficiaries. Staff and volunteers who show respect and empathy to children and adolescents may act as mentors and role models.

✓ Real time data (such as the ActvityInfo database) is crucial in monitoring activities and providing reports disaggregated by sex, age and nationality, to facilitate appropriate action. It is important for UNICEF to maintain an institutional memory by documenting decisions over time, including strategic choices and implementation approaches, with a view to capitalize on strengths and address weaknesses.

Selected good practices

1. The Amani campaign provides an example of good practice, addressing pillar 2 (strengthening CP systems) and pillar 3 (strengthening community resilience) of UNICEF's five-pillar response strategy. The campaign provides a flexible menu of messages on CP and GBV aligned with Standard Operating Procedures (SOPs) for CP and GBV and creates awareness of and demand for CP services.

2. Good practice in collaboration between the child protection and SGBV sub-working groups has resulted in the development of inter-agency emergency SOPs for the prevention of and response to child protection and gender-based violence.

3. Drop-in centres for children involved in child labour represent good practice. The drop-in centres In Za'atari camp have close contact with CFSs and link adolescents to PSS. Some CFSs have also introduced health and nutrition sessions targeting victims of early marriage.

4. Despite the low level of community engagement observed generally, one of the sampled CFSs demonstrated good practice in involving beneficiaries. A group of children and adolescents

planned periodic cultural and recreational activities for the entire group. The activities took place on 'free' days at the CFS, when programming was more flexible. The adolescents spoke of this as fun, and felt it built their confidence and contributed to better relationships between adolescents in the Syrian and host communities.

5. Providing outings for children, adolescents and caretakers represents good practice in that such activities build community and promote a sense of belonging. This type of activity could be programmed regularly as part of the MHPPS package at a CFS.

6. Good practice in line with guidelines on staff wellbeing is reflected in the benefits of allocating time to staff to connect and share experiences. In one of the CFSs some staff reported that they find time to talk to each other about the work and as a result feel less stressed.

7. UNICEF is promoting good practice in actively supporting the development and strengthening of new and existing governmental capacities in CP and PSS. This includes strengthening capacity of social workers employed by the Family Protection Department and Social Services Offices in the case management of survivors of domestic violence and other incidents of gender-based violence in Jordanian host communities (through its partner JRF). In addition, twenty CBOs and NGOs (one in each governorate plus one extra in Zarqa and the North) have been identified and staff trained in case management. The combined activities contribute to creating a functional referral system for CP cases in Jordan.

8. Several international partners put considerable efforts in building capacity of their local partners (local NGOs/ CSOs) in project management, monitoring and evaluation, finances, and fund-raising. An important consideration was to decrease dependency on UNICEF for the running of the CFS and by doing so ensure that (at least part of) the activities could continue in case UNICEF funding was stopped.

1. EVALUATION PURPOSE, OBJECTIVES, FRAMEWORK AND METHODOLOGY

1.1. Purpose and objectives

The Syrian crisis is now in its fifth year, and given the geopolitical situation, it is likely that part of the Syrian refugee population will remain in Jordan for some time into the foreseeable future. As the situation of displacement evolves into one of a protracted crisis, it is important to invest resources into activities which are effective in improving the wellbeing and protection of boys and girls, female and male adolescents and survivors of violence. With UNICEF's psychosocial support response for Syrian children in Jordan in its fourth year of operation, the time is right to take stock of the programme's overall effectiveness to date and in so doing inform its future. UNICEF Jordan therefore commissioned an evaluation aimed at generating evidence-based knowledge on the effectiveness of its emergency psychosocial support response for Syrian children in Jordan by identifying good practices and lessons learned regarding intended and unintended effects of the psychosocial response. The evaluation will in particular look at the changes that have taken place in the lives of children and adolescents and to what extent these changes have affected their wellbeing.

The Antares Foundation based in Amsterdam was selected to assess the relevance, efficiency, effectiveness, sustainability, alternative implementation, future strategy and lessons learned regarding psychosocial support interventions implemented through child friendly spaces by UNICEF and its implementing partners in existing refugee camps and host communities in 2013 and 2014. The objectives of the evaluation were to:

1. Assess the added value of the response by comparing the changes in beneficiary children's wellbeing with the wellbeing of Syrian refugee children not benefitting from (similar) PSS interventions.
2. Provide evidence of the effectiveness of the psychosocial response on the psychosocial wellbeing of Syrian children, adolescents and their families in Jordan by UNICEF and its partners.
3. Analyse key strengths and weaknesses of the response with a view to identifying areas for adjustment and providing recommendations on the direction of future interventions.
4. Review to what extent coordination mechanisms and collaboration contribute to impact.
5. Promote learning, feedback and knowledge sharing through the identification and dissemination of results and lessons learned.
6. Inform the revision of the programming strategy for 2015 and beyond for UNICEF and its implementing partners.

The evaluation covers the full range of PSS activities directly implemented by UNICEF and its partners in 2013 and 2014. Elements of 2012 were to be added if they serve to avoid disconnections.[2] UNICEF supports PSS interventions in the five refugee camps (Za'atari, EJC, KAP, CC and Azraq) and in all 12 governorates of Jordan, but for this evaluation, a sample of CFSs was chosen from the five refugee camps and from seven governorates hosting the majority of refugees residing outside camps.[3] The evaluation includes all activities and services provided by UNICEF and its partners at the different levels of the IASC MHPSS pyramid, with a focus on level 2 and 3 activities. An in-depth assessment of the quality of level 4 specialised services is considered outside the scope of this evaluation, as it would require different expertise and design.

1.2. Evaluation framework

Top-level questions

The evaluation framework consisted of top-level questions and second level, tailored questions. The top-level questions broadly matched the evaluation criteria. These criteria, as per the TOR, included the following:

- **appropriateness** and **relevance, coordination, coherence** and **complementarity** (as per the ALNAP guidelines for the evaluation of humanitarian action).[4]
- **effectiveness, efficiency and sustainability** (in line with the OECD-DAC standards.)[5]
- **quality** (in relation to the CPWG Minimum Standards for Child Protection in Humanitarian Response).[6]

2. *The TOR suggest a focus on activities implemented 2012 and 2013, but due to the fact that the evaluation is taking place in 2015, UNICEF and Antares have agreed that 2014 should be included in full instead of 2012. An advantage is that partnerships and the theory of change gained substantial momentum from 2013 onwards.*
3. *Amman, Zarqa, Irbid (including Ramtha), Mafraq, Balqa, Madaba and Jerash*
4. *ALNAP (2013): Evaluation of Humanitarian Action, Pilot Guide; available from http://www.alnap.org/what-we-do/evaluation/eha#http://www.alnap.org/what-we-do/evaluation/eha#http://www.alnap.org/what-we-do/evaluation/eha#*
5. *OECD DAC Network on Development Evaluation (2010); Evaluating Development Co-operation, Summary of Key Norms and Standards*
6. *Child Protection Working Group (2012); Minimum Standards for child protection in humanitarian action*

Cross-cutting criterion:

- **equity** including **gender** (addressing gender in second level questions such as intervention design, data collection (in line with the UNEG guidance document), and equity in terms of geographical disparities and vulnerability, in line with UNEG lines).[7]

Tailored evaluation questions

Second level, tailored questions were developed, based on the TOR and further refined during the inception phase, drawing on insights from the desk review of relevant internal programme documents and the literature review (annex K) of relevant theoretical and empirical literature on PSS interventions.

At strategic level the detailed questions included the following topics/issues:

1. The extent to which problems and needs of Syrian boys and girls and adolescents are addressed in terms of (i) priority (including taking into account assessment findings); (ii) geographical areas and scale (including scaling up in line with increasing case-load and needs); (iii) numbers of children targeted and reached including potentially (very) vulnerable and/or marginalized children and, in particular, UASC (data broken down by gender, age and place of residence, to the extent possible); (iv) cultural and social acceptability; (v) changes in emotional and social wellbeing, as well as skills and knowledge and; (vi) the involvement of beneficiaries in the development of the interventions and the mechanisms used to ensure the involvement of girls and women.

2. The extent to which the response is coherent with UNICEF's Core Commitments for Children in Humanitarian Action, CPWG minimum standards, the RRP 5 and RRP 6, Jordan response plans and UNICEF's Country Programme (Jordan 2013-2017).

3. The complementarity and coordination of the PSS interventions: (i) in the sector as a whole, including CP, MHPSS and SGBV); (ii) the quality of the partnerships; (iii) collaboration with and between partners as well as relevant sub-working groups (CP, SBGV and MHPSS) (including addressing gaps and avoiding duplication); (iv) development of common strategies and approaches including those specifically targeting and/or ensuring female protection and/or ownership; (v) participation of all stakeholders (especially women at all levels) and (vi) linkage with relevant governmental strategies and policies.

4. The extent to which (i) broader CP and GBV issues have been integrated into the design of PSS programming; (ii) the response has provided an entry point to overall protection interventions including activities in relation to child protection, SGBV, education and youth and; (iii) areas can be identified of potentially stronger integration of CP, SGBV, education and youth programming and possibilities for more integrated programming and for further harmonization.

5. The extent to which interventions have an equity focus in terms of (i) developing strategies/ approaches for targeting women/ extra vulnerable children (UASC)/ disabled and other groups with extra PSS needs; (ii) prioritizing (geographical) location with high needs (and low coverage) and (iii) ensuring ownership of women, disabled and other vulnerable children including UASC.

At operational level questions revolve around the following topics:

1. The efficiency of the implementation process in terms of (i) actual outputs in relation to the costs; (ii) cost-effectiveness expressed as the cost of the response per unit and (iii) avoiding duplication.

2. The extent to which the response has been implemented in line with quality benchmarks such as the IASC Guidelines on MHPSS in Emergency Settings and other recognized standards to which UNICEF adheres (including the CPWG Minimum Standards for Child Protection in Humanitarian Response and gender mainstreaming principles).

3. The effectiveness of PSS interventions in terms of (i) achieving planned outputs and outcomes and; (ii) contributing to changes in children's skills and knowledge, as well as emotional and psychosocial wellbeing.

4. The extent to which the response has contributed to (i) protection from risk (including SGBV), promotion of psychosocial wellbeing and strengthening skills and knowledge on PSS wellbeing of boys, girls, male and female adolescents, and women; (ii) strengthening of community child protection awareness and capacities including involvement of female adolescents and women and; (iii) cohesiveness in host communities (integration of refugees and host communities).

5. The extent to which interventions have established new capacities or built on and strengthened existing resources, coping mechanisms and capacities of communities with a view to sustaining results over

7. *UNEG, 2011 Integrating Human Rights and Gender Equality in Evaluation – towards UNEG Guidance*

the long term and whether exit strategies building on these capacities and resources have been clearly defined.

Tailored questions on lessons learned and recommendations, highlighted as separate questions in the evaluation matrix, included the following:

- What factors contributed to success or failure with regard to targeted changes in children's wellbeing?
- Did any negative changes result from programming? How could these be avoided?
- What were the success stories regarding capacity development of partners and communities and how can these be replicated in an effective, efficient and sustainable manner?
- What are examples of the achievements of the response?

The evaluation matrix tabulates each of the top-level and tailored (second level) questions against the criteria agreed for the evaluation, their objectively verifiable Indicators (where measurable) and the means of verification. Please refer to annex I for the evaluation matrix.

1.3. Methodology

A mixed-methods approach using qualitative and quantitative methods of information gathering was used. Quantitative methods included an analysis of data from CFS reports, including attendance statistics and activity records as well as other statistics from UNICEF's ActivityInfo[8] database and other sources, as well as a review and analysis of financial data and survey data on child wellbeing. Qualitative methods included semi-structured interviews (SSI) with various groups of stakeholders at Amman and at field level including CFS staff and members of community-based child protection committees, focus group discussions (FGDs) with direct beneficiaries (boys, girls and female and male adolescents) and indirect beneficiaries (male and female parents/caretakers), individual in-depth interviews focussing on the 'most significant change' and participant observation.

Tools

Prior to the actual data collection at field level, a comprehensive literature review of relevant theoretical and empirical literature on PSS interventions was carried out. The review, which can be used as a stand-alone state of the art review on PSS interventions, is attached separately as annex K.

A number of resources identified in the review were used to develop tools adapted to the local context to gather qualitative data through FGDs and SSIs in child friendly spaces. These included the following:

1) 'Psychosocial Needs Assessment in Emergency Displacement, Early Recovery and Return: Psychosocial Tools' developed by IOM were used as overall guidance for drafting the various topic guides for the FGDs[9]. This resource was chosen because the tools (i) are particularly attuned to those who are currently displaced, or who have recently returned from a displacement; (ii) allow for significant community participation and feedback; (iii) are well suited to qualitative, rapid assessments, allowing considerable flexibility in application and interpretation and helping inform intervention decisions and; have been used in Jordan.

2) Participatory ranking methodology (PRM) was used to develop questions for exploring children's main concerns and perceptions of CFS (also with a view to recommending future activities) and in exploring with community members their awareness of children's needs, protection mechanisms, etc.[10] This was used because it is (i) a structured means of enabling affected communities and other relevant stakeholders to identify key needs and resources; (ii) an open method shaped by the way communities themselves express their understanding of the emergency and; (iii) was complementary to other methods selected.

3) The "Are We Making a Difference?" manual produced by REPSSI was used to develop a qualitative, participatory evaluation tool for monitoring and measuring the effectiveness of psychosocial support programmes for children.[11] The tool consisted of a series of leader-facilitated group activities (approximately one to two hours in duration) that are based on the following indicators: emotional self-awareness, independence, self-regard/self-worth, social networks, empathy, integration into the community, flexibility, problem-solving, contribution to own basic needs, normalization, skills and knowledge, happiness vs. depression, and optimism and future orientation. The REPPSI method was selected because it allows measuring changes in child wellbeing at group level without a baseline[12].

8. *Online database set up by UNICEF Child Protection section for partners to reports their monthly progress.*
9. *IOM (2010), Psychosocial Needs Assessment in Emergency Displacement, Early Recovery and Return: Psychosocial Tools, 2010.*
10. *Ager, A., Stark, L., Sparling, T., and Ager, W. Rapid Appraisal in Humanitarian Emergencies Using Participatory Ranking Methodology (PRM). Program on Forced Migration and Health. 2010.*
11. *REPSSI. Are we making a difference? Authored by Kurt Madoerin and Glynis Clacherty. Copyright © Kurt Madoerin & Glynis Clacherty & REPSSI*
12. *Other tools including the UNICEF supported tool to measure child-wellbeing of individual children in Palestine require a baseline to render meaningful information on changes in child-wellbeing.*

4) The Child Protection Rapid Assessment (CPRA) tools (in particular tools 2 and 3) were consulted and included in the FGD topic guides and SSI questionnaires to assess issues connected with protection from risk and to appreciate the extent of community mobilization around child protection.[13] This tool was selected because its use in a variety of contexts including Jordan (used between October 2012 and January 2013 with refugees from Syria) has been reviewed and significant revisions to the tool to accommodate joint child protection and gender-based violence assessment were included.[14]

5) The Handbook for Save the Children Staff on Child friendly Spaces in Emergencies published by Save the Children was used to formulate questions for the SSI[15] for community-based child protection committees and staff of CFSs with particular reference to (i) issues of relevance of the intervention to perceived needs; (ii) the experience of services provided to primary beneficiaries; (iii) the perception of changes at the individual/family and community levels and; (iv) the sustainability of the interventions to be evaluated.

6) The Save the children Handbook was also used to inform the Most Significant Change (MSC) protocol, which was used to gather information on the effectiveness of the psychosocial response through collecting stories of participants about what they value as most important change in their lives, after the project was started.

7) UNÍCEF's Practical Guide for Developing Child Friendly Spaces was used to develop the Observation Protocol.[16] This guide was used because it contains a number of checklists which allow evaluators to get an overview of CFS activities and programming against the minimum standards for quality and good practice.

The tools were flexible in several aspects: (i) They could be adjusted by introducing a discussion point or an activity to meet the participants where they are (cognitively, socially, etc.); (ii) Play activities could be used in preparation for the rest of the work with some groups, i.e. younger children, and (iii) After asking certain questions the facilitators could build on participant responses and steer the discussion to follow the participants' lead. An example of how the same tool was used flexibly is provided in box I. Please refer to Annexes B to G for the various tools developed for this evaluation.

Using tools flexibly

The FGD for children aged 9 to 12 years allowed for the use of simple play and colouring, as well as group discussion. While the instructions were kept quite simple, e.g. *"Draw whatever you like about the CFS,"* some groups of children found this challenging. The instructions were modified at times to simply *"Draw anything you like/dislike,"* and later during the discussion the connection was made between their drawings and the CFS. For the adolescents, the FGD focused on the benefits of attending, the skills and knowledge acquired and their aspirations for the future. Understandably, the challenge was thinking about the future. The FGD for caretakers relied heavily upon the information on participation of their children/adolescents in the CFS. Time was also spent asking them about what the CFS meant to them, if they attended, etc. A number of open-ended personal questions were raised, as the FGD was seen as an opportunity for caretakers to share and lent itself more as a support group session. A number of locations witnessed very charged discussions slightly away from the topic at hand, as the caretakers were anxious and eager to simply vent.

The literature review also had implications for the use of the tools or rather the overall approach in data collection. A number of reviews were used to inform ethical considerations. These included:

✓ The new recommendations from the IASC for conducting ethical mental health and psychosocial research in emergency settings cover six key areas, including a clearly defined research purpose and benefit, ethical review processes, opportunities for participation and informed consent, safety needs and accountability, neutrality and appropriate study design.[17]

✓ The Inter-Agency Assessment on Gender-based Violence and Child Protection among Syrian Refugees in Jordan with a focus on Early Marriage, which indicates for example that research on gender-based violence must be done with extreme caution and always in coordination, as multiple, overlapping assessments can alienate the

13. *Global Protection Cluster, CPWG. Child Protection Rapid Assessment Toolkit, 2011.*
14. *Landis, D., Stark, L. Mansourian, H., and Ager, A. Examining Child Protection Rapid Assessment: A structured review of field learning from the Child Protection Rapid Assessment (CPRA) toolkit. New York: Child Protection in Crisis (CPC) Network, 2013.*
15. *Save the Children (2008), Child friendly Spaces in Emergencies. A Handbook for Save the Children Staff. 2008.*
16. *UNICEF. Practical Guide for Developing Child Friendly Spaces. 2009.*
17. *IASC Global Protection Cluster Working Group and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings, 2014.*

community and cause further harm. In all cases, research should follow best practices as well as safety and ethical guidelines (p.46).[18]

✓ A review of the use of the CPRA toolkit which cautions assessors in relation to the participation of children in focus groups about child protection. Several CPRAs involved focus groups with children. In one instance, children were subjected to harm as a result of their participation. The assessors in this case were not able to protect children due to a lack of training and not having taken necessary precautions (p.25).[19]

Using these resources, ethical considerations were integrated in the overall approach in collecting data from primary and secondary beneficiaries as well as stakeholders. Particular attention was given to:

(i) willingness to participate (informed consent); the text to this end was incorporated in each and every questionnaire and interviewers and facilitators were instructed in its use

(ii) guaranteeing confidentiality; (addressed by interviewers during the introduction and by FGD facilitators during the explanation of the FGD protocol including on how to agree on group norms and confidentiality)

(iii) setting realistic expectations; (also addressed in the introduction and including for instance an explanation of the purpose of the evaluation, what the evaluation would/could and would/could not address and of the expected time needed for the interview or FGD)

(iv) protecting the organisation's credibility (explaining the mission of the Antares Foundation and the relation with UNICEF)

(v) considering safety, providing opportunities for complaints and/or debriefing and making referrals to individual services where needed; addressed by FGD facilitators at the beginning of each session, reiterating that confidentiality and respect form the foundations for discussion and that facilitators are available after each session for further discussion in private.

Sampling

Following the advice of the UNICEF evaluation managers, the geographical locations of CFSs were selected purposefully. The sample consisted of four sites in refugee camps (two in Za'atari, one each in EJC and Azraq camps) and six in host communities (one in each of the following governorates: Mafraq, Zarqa, Balqa, Amman and two from Irbid including one from Ramtha). Within these ten locations, the sites were selected randomly from the existing lists of CFSs supported by UNICEF. In addition, two control CFS sites were selected from the list of centres which are not presently supported by UNICEF (and are not CFSs), but will in the future be incorporated in the Makani programme (please refer to section 6.6 for details on Makani). The use of control groups was a requirement of the TOR. Although the evaluation was not meant to measure impact, it was decided to use control groups to measure outcomes regarding the added value of PSS. Including control communities would therefore enable comparison between intervention and non-intervention groups.

The selection of key informants and stakeholders (case managers, social workers and members of community-based child protection committees) at CFS sites was both purposeful, as well as based on their availability on the days of the field visit. FGD participants were selected randomly from lists of CFS attendants in 2014 (and if applicable from 2013).[20] Key informants and stakeholders in Amman were sampled purposively in close consultation with UNICEF.

Although some level of randomization was applied, the results of the evaluation are not statistically representative, given that the geographical locations were not selected randomly and the number of beneficiaries interviewed was not sufficient (and was not intended) to satisfy the criteria for the minimum sample size, nor proportional to population size.

1.4. Phases of the evaluation

The evaluation consisted of three phases: the inception phase, the field phase and the analysis and reporting phase. During the inception phase, the following activities were finalized:

(i) A desk-review consisting of an analysis of relevant documentation provided by UNICEF and derived from the internet

(ii) A literature review of relevant theoretical and empirical literature on PSS interventions aimed at identifying:

✓ Systematic reviews of the literature in relation to the psychosocial wellbeing of refugees in the region, and where possible to identify examples of work in Jordan with Syrian refugees

18. *UN Women, An Inter-Agency Assessment on GBV and Child Protection among Syrian Refugees in Jordan with a focus on Early Marriage, 2013.*
19. *Landis, D., Stark, L. Mansourian, H., and Ager, A. Examining Child Protection Rapid Assessment: A structured review of field learning from the Child Protection Rapid Assessment (CPRA) toolkit. New York: Child Protection in Crisis (CPC) Network, 2013.*
20. *Boys, girls and male and female adolescents were selected from lists of registered attendants. Male and female caretakers were selected randomly from the lists of randomly selected boys, girls and adolescents.*

- ✓ Evidence of the effectiveness of interventions at individual, family, peer, school and community levels
- ✓ Specific programming considerations for child friendly spaces, child protection and gender-based violence
- ✓ Implications from the literature for the methodology of this evaluation
- ✓ Relevant tools for this evaluation

The tools identified and implications from the literature were used to fine-tune the proposed methodology for data gathering at field level.

(iii) A description of the methodology for the evaluation with a focus on data gathering at field level

(iv) A detailed work-plan (in close collaboration with UNICEF)

(v) The inception report outlining the scope and aims and objectives, the evaluation framework, methodology including the sampling, data collection methods and timeline for field activities and deliverables.

The field phase consisted of a preparatory phase and the data collection phase. The main activities during the preparatory phase were to:

1) Collect additional information

2) Further detail and adjust the topic guides for FGDs and the questionnaires for SSI

3) Translate the topic guides in Arabic and translate these back into English to check the accuracy of the translation

4) Make a plan to address child safety concerns or any other serious disclosure of concerns which may emerge during the evaluation process

5) Select recorders for FGDs and translators for the SSIs

6) Present the objectives and methodology of the evaluation to the members of the Child Protection sub working group and the MHPSS working group

7) Conduct a workshop for all field data collectors aimed at explaining the methodology and reviewing and testing the tools

8) Select the sample groups and detail the planning for the data collection in Amman and at CFS sites with UNICEF and each of the implementing partners in the sample.

A key activity in this phase was the selection of support staff consisting of translators and students tasked with making transcripts of FGDs. The latter were selected by Dr Ashraf F. Alqudah, Associate Professor, Department of Child Health and Psychology, member of the Antares network, who also supervised the students during fieldwork. Prior to data collection, the evaluation team organized a workshop aimed at preparing support staff for the field data collection. Training included a (i) presentation on the evaluation purpose, objectives and methodology; (ii) an orientation on the technical and social aspects of FGDs, including recording, and observing and; (iii) a review of the topic guides protocol, guidelines for informed consent and confidentiality and others issues. Due to time constraints it was not possible to pretest the tools in the workshop as had been planned. Instead, psychosocial experts in the evaluation team adapted the questionnaires based on their own experience in Jordan.

The second part of the field phase consisted of data collection in Amman and in the field. In Amman semi-structured interviews were conducted with key informants from the GOJ, UN agencies, donors, other stakeholders, and UNICEF partners. The number of staff from partners participating in interviews varied from one to eight. In Amman quantitative data were also collected. Data collection at field level consisted of the following activities at each CFS:

1) FGDs with direct beneficiaries consisted of 5-7 randomly selected boys and girls aged 9-12 years (mixed groups in host communities, separate groups in camps because of sex-specific school shifts)[21]

2) FGDs with groups of 5-6 male adolescents aged 13-18 years

3) FGDs with 5-6 female adolescents aged 13-18 years

4) FGDs with mixed groups of 6-8 male and female caretakers in host communities and separate groups of 5-6 male and 5-6 female caretakers in camps

5) Individual in-depth interviews using the 'Most Significant Change (MSC)' technique to gather information on the effectiveness of the psychosocial response through collecting stories of participants about what they value as most important change in their lives after the project started

6) Semi-structured interviews with (members of) community-based child protection committees and CFS staff at or near CSFs and control sites (usually mixed groups)

21. *Children younger than nine years old were not included in the FGDs because the method applied is unsuitable for children in this age group.*

7) Semi-structured interviews with key informants (representatives from NGOs/CBOs, community leaders, teachers, etc.)

8) Semi-structured interviews with front-line workers (social workers, animators, case managers, activity focal points)

9) Participant observation to inform the team about the field locations and the larger community of individuals living in and around the camps and in host communities. Where possible, participant observation also took into consideration aspects related to the Child Friendly Spaces Quality Checklists, so as to further inform the activities carried out through direct interviews and focus group discussions.[22]

Each site was visited for two full days. Data were collected by two teams, consisting of one native Arabic speaker and one non-Arabic speaker (one male and one female) an interpreter and two recorders. The FGDs and SSIs with beneficiaries were carried out by the native Arabic speakers.[23] Notes were taken by students from the Faculty of Child Health and Psychology at the University of Jordan in Amman as outlined in the previous paragraph. In one team, the students worked in pairs, enabling cross-checking and reviewing findings. The other team included a second recorder for a limited period only. All transcripts of the FGDs were reviewed by the person leading the FGDs and SSIs before being finalized. Implementing partners of selected sites were debriefed after field visits.

In total, 397 direct and indirect beneficiaries were included in FGDs, as compared to a planned figure of 372. The increase was mainly due to the fact that more children aged 9-12 year old were included. The total number of SSIs conducted with key informants at field level was less than planned, partly due to the fact that these were staff of CFSs (and categorized as such). Overall, the number of SSIs and the number of children and adolescents and caretakers participating in FGDs met the planned target. Table 1 summarizes the actual number of interviews carried out, as compared to the planned number. Please refer to annex 1 A for the detailed data collection schedule.

Table 1: Number of SSIs and FGDs completed, compared with the number planned (in brackets)

	Amman	Field
Semi-structured interviews *(# of staff interviewed)*		
Key informants	17	19 (40)
UNICEF partners (# of partners interviewed)	10	
Front-line-workers (social workers and case managers)		26 (25)
Other CFS staff (volunteers and animators)		30 (25)
Members of community-based child protection committees		49 (50)
Other community members		10 (12)
Total		134 (152)
Focus Group Discussions (# of participants per age group)		
Children 9-12 yrs male		66 (42)
Children 9-12 yrs female		56 (42)
Adolescents 13-18 yrs male		78 (72)
Adolescents 13-18 yrs female		77 (72)
Caretakers male		51 (72)
Caretakers female		69 (72)
Total		397 (372)

22. *UNICEF (2009), Practical Guide for Developing Child Friendly Spaces*
23. *Due to time constraints, FGDs with boys and girls aged 7 – 12 years could not be observed by the non-Arabic speaker as initially planned.*

These numbers do not include key informants and children from the control groups. In fact it was not possible to complete data collection with these groups due to a variety of reasons summarized in the next section.

1.5. Limitations

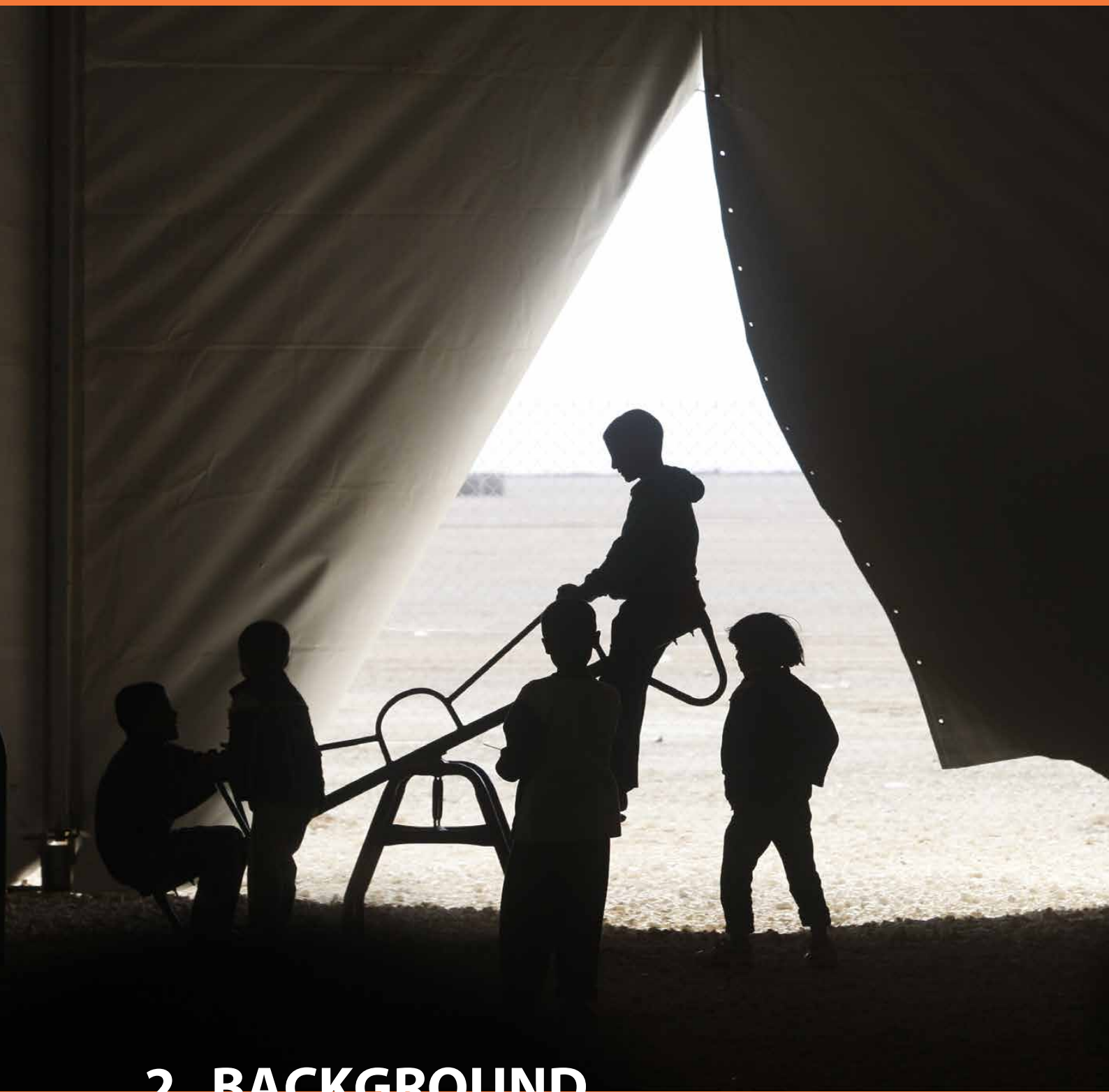
Due to the delayed start date of the evaluation, one of the key limitations of this evaluation was the lack of opportunity to appropriately test the tools developed by the team before the actual implementation of the fieldwork. As a result, although the tools were reviewed by local experts and UNICEF staff, it was only possible to adjust and fine-tune the tools during the actual fieldwork phase. In addition, limited time was available to the evaluation team to collaborate and prepare beforehand with local staff involved in translation and other accompanying tasks.

A full day workshop was held with local translators and recorders before the data collection phase as a way to establish the team. Feedback sessions between evaluators and translators /recorders were also arranged during the field visits to further fine-tune tools and ensure common understanding and strengthen team collaboration.

Another related limitation of this evaluation was not being able to plan sufficient contingency time during each field location visit. As a result, the evaluators were not always able to observe staff for a sufficient length of time while these latter were directly working and/ or engaging with beneficiaries. In these instances only 'snapshot' observations could take place, coupled with the information obtained in the FGDs and in-depth interviews. The inability to undertake substantial observations of interactions and activities should therefore be taken into account when considering the findings presented and their overall generalizability. Equally, the evaluation team would have greatly benefitted from having an extra day of common reflection and preliminary consolidation of findings after each field location visit. This was not always possible due to restricted time availability.

The control communities were selected in consultation with UNICEF. Two centres that were not operational as CFSs, but would become Makani centres in the near future were chosen. These two 'control communities' turned out not to be suitable for measuring the added value of the PSS component (which was the intended rationale for including controls), since they were not yet implementing group activities for children. Comparing the effectiveness of unstructured, recreational activities with structured activities was therefore not possible. Unfortunately not enough time was available to select other control communities. However, the two selected communities provided relevant examples of what beneficiaries expected CFSs to offer. This provided an interesting example of what the situation is if no CFS is available (please refer to chapter 3.1.2, Box II).

Lastly, findings of this evaluation are based on a cross-sectional rather than a pre-post design. Whilst recognizing the challenges in operating in emergency settings, the availability of baselines and robustly selected control groups would have strengthened the basis for attribution.

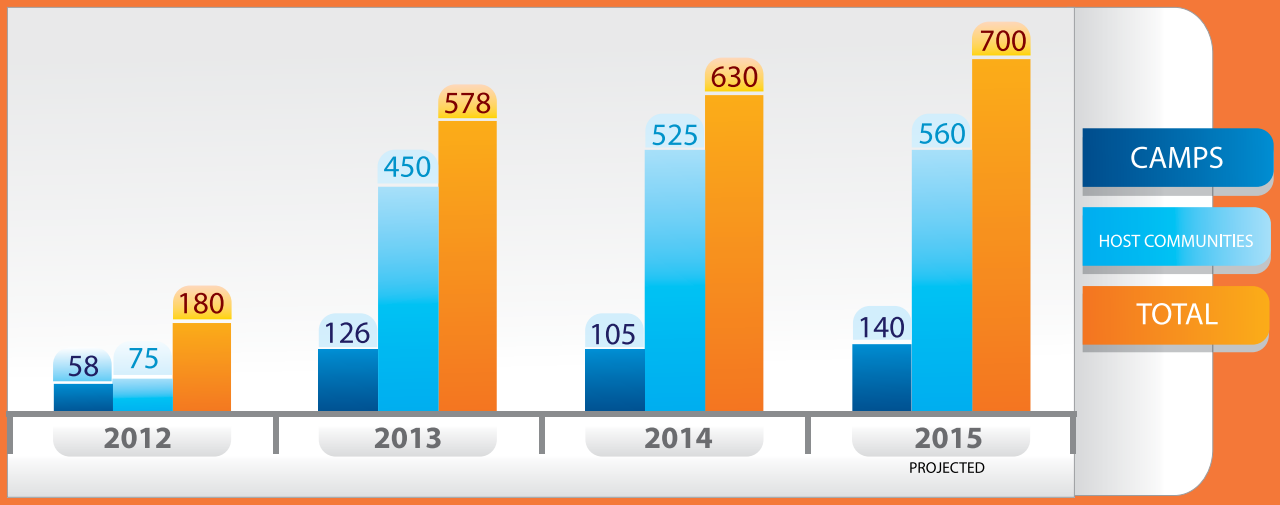


2. BACKGROUND

2.1. Syrian refugees in Jordan

Since the start of the Syrian conflict in March 2011, nearly 4 million Syrians have fled their country. More than 3.6 million refugees have been welcomed by Lebanon, Iraq and Turkey, Syria's neighbouring countries. Jordan had registered an impressive number of more than 622,000 boys and girls, men and women by the end of 2014.[24] While the influx of the refugees peaked notably during the first 4 months of 2013, with an average of 50,000 new refugees arriving each month, numbers of new arrivals to Jordan remained substantial until mid-2014, averaging some 10,000 per month.[25] Since the de facto closure of the western border between Syria and Jordan in June 2014 to all but exceptional cases, the number has dropped considerably to 3,000 or less per month. More than 80% of the refugees live in non-camp settings in rural/urban area. The remaining reside in five refugee camps which are located in Irbid (Cyber City and King Abdulla Park Camps), Marfaq (Za'atari Camp) and Zarqa (EJC and Azraq Camps) governorates. Figure 1 outlines the growth of the refugee caseload in Jordan over the last three years (end of the year figures), broken down by place of residence (camps or host communities). The projected caseload for 2015 is 700,000.

Figure 1: Refugee caseload by year (x 1000)



Source: UNHCR, Registered Syrians in Jordan, 4 January 2015

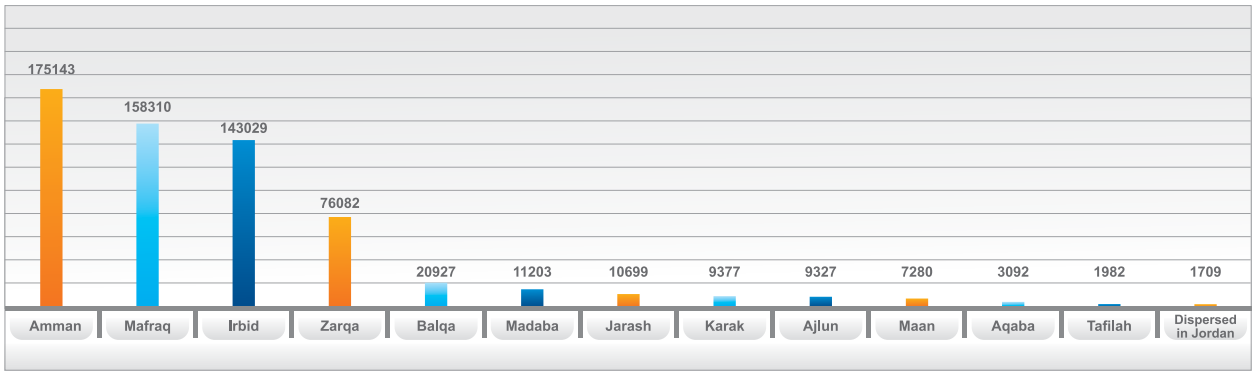
Za'atari Refugee Camp, which opened in July 2012, is located in Mafraq governorate and is the largest camp. It was hosting more than 124,000 refugees by the end of 2013 and 84,600 refugees by December 2014.[26] Azraq Refugee Camp located in Zarqa governorate has been receiving refugees since April 2014. It hosted some 17,000 refugees by the end of 2014, with a capacity in 2015 to receive up to 50,000 refugees and a total capacity of 150,000 residents, if needed. As of 2015, all new refugees are being directed to this camp.

Smaller camps include King Abdullah Park (850 people) and Cyber City (200 people), both in Irbid governorate, and the Emirati Jordanian Camp in Zarqa governorate, open since April 2013 and accommodating some 5,300 refugees at the end of 2014.

At the end of 2014, more than 500,000 registered refugees were residing in host communities. The overwhelming majority (85%) was residing in four governorates: Amman (33%), Irbid (28%), Mafraq (14%) and Zarqa (10%).

24. *Syria Regional Refugee Response: Inter-agency Information Sharing Portal, UNHCR, <data.unhcr.org/syrianrefugees/country.php?id=107>, accessed various dates in 2015.*
25. *Human Rights Watch, 'Jordan: Syrians blocked, stranded in desert', <www.hrw.org/news/2015/06/03/jordan-syrians-blocked-stranded-desert>, accessed 1 Sept 2015.*
26. *Syria Regional Refugee Response: Inter-agency Information Sharing Portal, UNHCR, <data.unhcr.org/syrianrefugees/country.php?id=107>, accessed various dates in Sept 2015.*

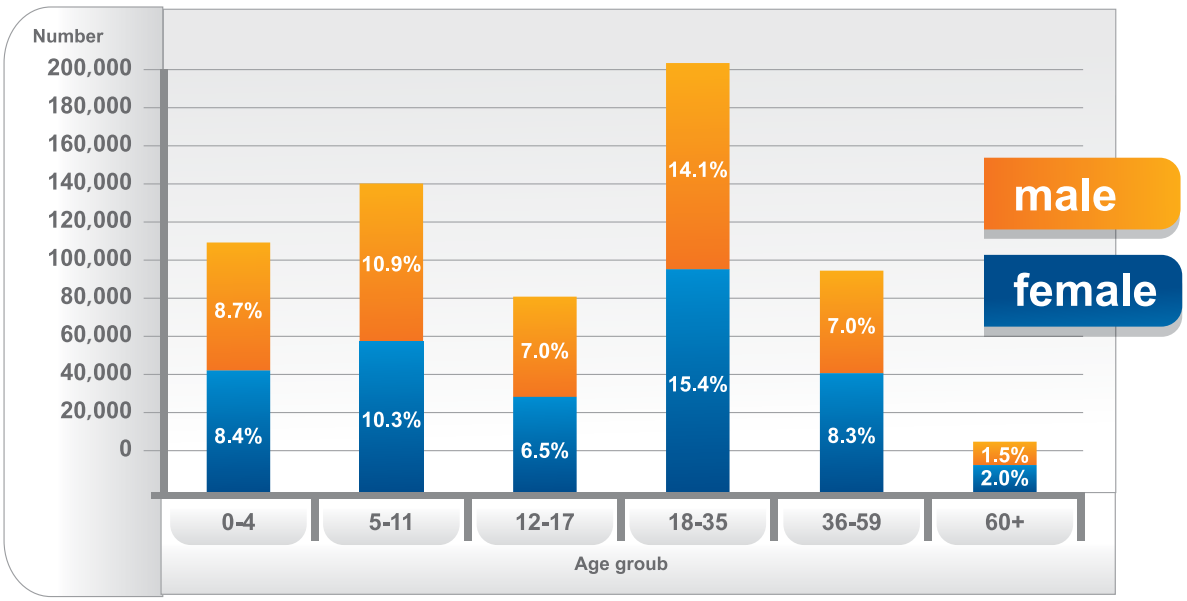
Figure 2: Registered Syrian refugees by governorate



Source: http://data.unhcr.org/syrianrefugees/country.php?id=107

More than half of the refugee population (an estimated 52%) is aged 0-17 years, with 38% represented by girls and boys between the ages of 0 - 12 years and 13.5% between the ages of 13 to 17 years. The breakdown by age group and gender at the end 2014 is summarized in figure 3 below.

Figure 3: Number of refugees by age and gender at the end of 2014



Source: UNHCR, Registered Syrians in Jordan, 4 January 2015

The majority of the Syrian refugees (46%) in Jordan are originally from Dara. Large groups also come from Homs (16%), rural Damascus (12%), Damascus (7-8%) and Aleppo (7-8%).[27]

27. *External Statistical Report on Active Registered Syrians, UNHCR, 02 May, 2015.*

2.2. Needs

The Syrian conflict and the subsequent massive population displacement within Syria and across borders have hugely impacted Syrian families. Women, boys and girls in particular have been affected physically, psychologically and socially. Livelihoods have been compromised and asset depletion is common. The recently released Vulnerability Assessment Framework (VAF) Baseline Survey (June 2015) shows that 86% of Syrian refugee individuals are living below the Jordanian poverty line of 68 JOD per capita per month, and are therefore rated as being highly or severely vulnerable.[28] This finding is in line with the 2014 WFP/ REACH Comprehensive Food Security Monitoring Exercise (CFSME), which found that without WFP food assistance, 85% of Syrian refugees would not have economic access to sufficient food.[29] According to VAF Baseline Survey results, 10% of Syrian refugee individuals are living below the abject poverty line of less than 28 JOD. The survey results overall show that in general highly and severely vulnerable families have larger family sizes.

An assessment by CARE among urban Syrian refugees and Jordanian host communities revealed that in 2014 more than half (57%) of the adult men interviewed identified lack of employment and the related inability to provide for their families as major stressors. Fear of labour exploitation and worries about the legal consequences of working without a working permit were related stressors. In focus group discussions, longer-term displaced Syrian refugee families clearly identified an increase in psychosocial needs the longer the displacement lasted. This was due to a worsening in their psychological state as a major change over the previous year, together with and exacerbated by preoccupations about financial resources.[30]

Tensions between Jordanians and Syrian refugees in host communities are another source of stress. A mapping of tensions in Mafraq and Ramtha by Mercy Corps in 2013 revealed that increasing tensions in these communities were due to strained local resources (including health, water and education services), competition for jobs and cultural differences. Psychosocial needs emerged as a salient but unaddressed need, especially among youth, in particular girls and women, due to such factors as isolation and boredom. Children were reportedly "exhibiting signs of PTSD and inability to focus in school."[31]

Needs in other sectors may have psychosocial consequences as well. For instance, the substantial group of school-aged boys and girls without access to school suffers disproportionately from the lack of safe spaces to meet outside often-crowded family housing.[32] According to the Jordan out of School country report, only 64% of all school-aged Syrian refugee children are enrolled in schools, leaving some 36% potentially out of school.[33] Various studies report the need for more safe spaces that provide structured play, recreational and learning activities specifically for these boys and girls who are out of school.[34]

Negative effects on the wellbeing of boys and girls associated with school attendance have been reported as well. According to the assessment by CARE cited earlier, one fifth (22%) of the survey respondents reported that Syrian school children in host communities were exposed to verbal harassment and/or physical violence from peers or teachers. In schools in Zarqa, 36% of Syrian boys and girls had faced problems with peers and/or teachers according to their parents. For Syrian girls, this was often based on stereotypes about Syrian women.

An assessment carried out by the Education Sector Working Group in 2013 indicates that 9% of the children attending school in Za'atari refugee camp reported violence on the way to school and 3% suffered from violence at school.[35]

A wide range of studies have explored and documented the scope, prevalence and type of psychosocial consequences of the emergency. A cross-sectoral assessment of Syrian refugees in urban areas of south and central Jordan (IRC, March 2013), for example, reports that high levels of trauma were seen in boys and girls below 15 years of age in the surveyed locations, with parents and children reporting changes in behaviour, including depression, tics, aggression, violence, destructive tendencies, insomnia, nightmares, self-abuse, suicidal tendencies, fear reactions (screaming or crying in reaction to airplanes, loud noises, guns fired during elections, street noises), loss of ability to speak, and catatonia.[36]

A study by WHO-IMC-MOH-EMPHNET to assess MHPSS problems, services and needs of displaced Syrians in Jordan surveyed more than 1,800 families (almost 8,000 individuals) residing in camps and host communities. It indicated high levels of mental health problems among adolescents (12 year and above) and adults, including

28. *Syria Regional Refugee Response: Inter-agency Information Sharing Portal, 'Vulnerability Assessment Framework (VAF)', UNHCR, <data.unhcr.org/syrianrefugees/working_group.php?Page=Country&LocationId=107&Id=69>, accessed 1 Sept 2015.*
29. *World Food Programme & REACH, 'Comprehensive Food Security Monitoring Exercise (CFSME) – Syrian Refugees in Jordan', ReliefWeb, <reliefweb.int/report/jordan/comprehensive-food-security-monitoring-exercise-cfsme-syrian-refugees-jordan>, accessed 1 Sept 2015.*
30. *Care Jordan (2014) Lives unseen: Urban Syrian refugees and Jordan host communities, three years into the Syrian crisis.*
31. *Mercy Corps (2013), Mapping of host community tensions in Mafraq and Ramtha, Jordan, May 2013*
32. *3 RP (2014); Regional Refugee & Resilience Plan 2015-2016, In Response to the Syria Crisis; Regional Strategic Overview*
33. *UNICEF (2014) Jordan country report out of school children, UNICEF October 2014*
34. *Un Ponte Per (2012); Comprehensive Assessment on Syrian Refugees Residing in the Community in Northern Jordan, August 2012*
35. *Education Sector Working Group (2013), Joint education needs assessment, Za'atari refugee camp – Jordan, April 2013*
36. *IRC (2013); Cross-Sectoral Assessment of Syrian Refugees in Urban Areas of South and Central Jordan. Page 27 https://data.unhcr.org/syrianrefugees/download.php?id=2960)*

being severely upset (38%), angry (28%), hopeless (26%) and/or uninterested (26%), which in turn negatively impacted on their children. Nearly one out of four of the interviewed adults reported problems in properly caring for their children due to feelings of distress, disturbance or being upset. Those residing in camps were twice as likely to have feelings of distress and were unable to carry out daily activities, and of those people reporting despair, 86% were from the camp.[37]

A key aspect of a number of studies has been the relative consequences of living in camp settings or non-camp settings. IMC and UNICEF conducted a series of assessments with conflict-affected adolescents aged 12 to 18 years residing in Za'atari Camp. The assessment conducted in 2012 revealed that three out of four adolescents were not in school and a third lived in female-headed households, both compounding factors in situations of psychosocial instability or vulnerability.[38] A follow-up assessment in 2013 showed that large numbers of those interviewed (average age 14 years) suffered from mental health and psychosocial and protection-focused problems: 58% reported feeling sad, 46% reported violence in the family, 42% reported fear of attack in the camp and 17% reported witnessing child abuse in the camp.[39]

The most recent study, carried out in 2014, involved more than 2,000 Syrian adolescent refugees aged 12 to 17 years in five areas.[40] It found that adolescents residing in Za'atari who were also interviewed in a previous study were less depressed, shouldering less grief and fear, but exhibited more tension and nervousness than a year earlier. They also felt more supported by siblings and friends and reported feeling more at ease knowing their neighbours, having access to various types of support, and felt freer to leave their homes than adolescents in non-camp settings. Adolescents who left Za'atari to live in non-camp settings appeared to be experiencing more emotional stress. The assessment found that this group of Syrian refugee adolescents had more emotional distress (depressed, tense, nervous, grieving, fear), in particular female adolescents, felt less supported, less safe, had more perceived discrimination and were more scared to walk alone and be away from parents, compared to those in Za'atari Camp. Syrian male adolescents in host communities reported more difficulties in terms of experiencing domestic violence and verbal and physical abuse by peers.

Significant protection concerns are commonly indicated in studies. These include for example, concerns associated with increasing domestic violence, especially against adolescent girls, boys and women, heightened fear of sexual harassment and sexual violence among girls and women, separation of children from their families or primary caregiver and the exclusion from services of female-headed households and Syrians with disabilities. Additional risks to Syrian girls and boys in Jordan indicated include early marriage, child labour, gang activity, and allegations of recruitment by armed groups.[41]

One report by IRC indicated, for example, that many boys and girls aged 12 - 15 years were working with very little or no payment in shops, hotels, etc. Refugees reported that high numbers of male youth were taken out of school or not enrolled in school upon arrival so they could find work to support the household.[42] An assessment by UNICEF in Za'atari Camp revealed that in 16% of households children suffered from verbal or physical violence at home.[43] An in-depth study on early marriage by UNICEF showed that, in 2014, 25% of all Syrian marriages registered in Jordan are child marriages (defined as marriages in which the girl is aged 15-17 years). Interviews suggested that early marriage has long been an accepted practice in Syria, but that due to the Syrian crisis, circumstances encouraging early marriage such as breakdown of social structures, lack of economic opportunities, concerns over the ability to ensure daughters' safety and security as a result of conflict and displacement and dropping out of school are more favourable.[44]

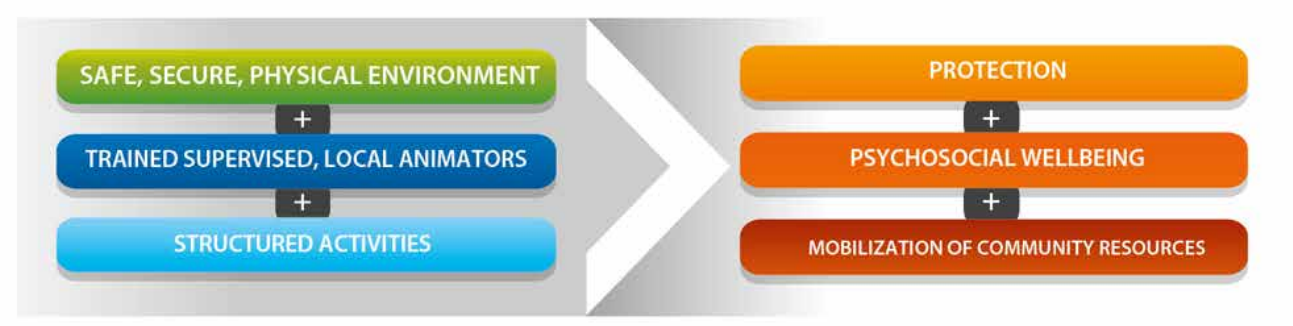
Active recruitment and use of boys and girls under 18 years of age for combat and non-combat roles by armed groups fighting in Syria is another challenge. Active recruitment of children under 18 years of age by various Syrian armed groups (ISIL, Ahrar Al Sham, the FSA, YPG and Jabhat al-Nusra) has been documented in various reports.[45] Findings presented from focus group discussions with boys aged 14 to 17 and with mothers and fathers revealed widespread cultural acceptance of the participation of 14 year-old boys in armed groups. Fathers agreed that boys 14 and above were at a suitable age to be "warriors." Parents indicated that children and their families wanted to leave due to feelings of humiliation and disenfranchisement, lack of freedom of movement, inability to work and/or lack of educational opportunities.[46]

37. *WHO-IMC-MOH-EMPHNET (2014); Assessment of Mental Health and Psychosocial Needs of Displaced Syrians in Jordan*
38. *IMC-UNICEF (2012); Displaced Syrians in Za'atari Camp: Rapid Mental Health and Psychosocial Support Assessment*
39. *IMC-UNICEF (2013); Mental Health/ Psychosocial and Child Protection Assessment for Syrian Adolescents in Za'atari Camp*
40. *IMC-UNICEF (2014); Mental Health Psychosocial and Child Protection Assessment for Syrian Adolescent Refugees in Jordan*
41. *See, for example, UNICEF (2013); Shattered Lives, Challenges and Priorities for Syrian Children and Women in Jordan*
42. *IRC (2013); Cross-Sectoral Assessment of Syrian Refugees in Urban Areas of South and Central Jordan*
43. *UNICEF(2014); Multi-sector child-focused assessment, al Za'atari camp, Jordan, March 2014*
44. *UNICEF (2014); A study on early marriage in Jordan 2014*
45. *UN (2014); Children and armed conflict, Report of the Secretary-General to the Security Council (A/68/878–S/2014/339),*
46. *UNICEF (2014), Recruitment and use of children – the need for response in Jordan, presentation to CPWG*

Recommendations for psychosocial programming in response to these needs commonly focus on the development of community-based interventions that strengthen resilience, skill building, self-efficacy, and capacity building for refugees, and promote adaptive coping skills and strategies.[47] Such interventions can increase motivation and hope, provide a sense of productivity, and replace negative coping behaviours with positive strategies that enhance wellbeing. A common recommendation is expanding access to 'child and adolescent friendly spaces, so that (1) Jordanian and Syrian women, men, girls, and boys can meet, exchange experiences, and build community support, and (2) areas are provided where boys and girls as well as male and female adolescents can safely engage in productive and recreational activities.

UNICEF's objective of the PSS response is to work towards minimising risk factors and strengthening the protective environment by providing children and their family members with free, safe and confidential access to psychosocial support through child and adolescent friendly spaces, which is well in line with these recommendations. The sub-objectives detailing desired achievements also echo the recommendations. Please refer to sections figure 4 below for details.

Figure 4: Child Friendly Spaces Theory of Change



Source: A. Ager. Presentation at the UNICEF Symposium "Growing Up in Conflict", The Hague, 26-28th May 2015

47. *See, for example, WHO-IMC-MOH-EMPHNET (2014); Assessment of Mental Health and Psychosocial Needs of Displaced Syrians in Jordan*

3. FINDINGS

3.1. Relevance and appropriateness

3.1.1. Alignment with core strategies and policies

UNICEF's PSS response in 2013 was in line with the 5th Regional Response Plan (RRP), which aimed to respond to the needs of Syrians and vulnerable host communities through the provision of psychosocial support. The RRP 6 strategy for 2014 focused on the integration of psychosocial activities throughout all four levels of the IASC pyramid.[48] UNICEF's PSS response has been progressively phased along similar lines, characterized by increasingly mainstreaming PSS in all CP activities. UNICEF's PSS intervention is an integral part of UNICEFs overall child protection (CP) response and vice versa, all child protection interventions are integrating a PSS response.

UNICEF's CP response is fully coherent with UNICEF's Core Commitments for Children (CCC) in Humanitarian Action, in particular with the child protection aim to sustain and promote girls' and boys' rights to protection from violence, abuse and exploitation.[49] To this aim, the CCC outline eight different commitments. The results frameworks for UNICEF Jordan's CP (for 2013 and 2014) strategy consist of six overall results corresponding with the first six core commitments detailed in the CCC. The provision of PSS to children and caretakers corresponds to CCC 6. CCC 7, pertaining to child recruitment, is addressed under the UNICEF and UNHCR joint action plan to prevent and respond to child recruitment in Jordan for direct or indirect use in hostilities in the context of the Syrian armed conflict. The results framework summarizes response activities (twelve in total), as well as indicators and targets for each of the activities.

Many other aspects of UNICEF Jordan's CP strategy are also well aligned with the principles spelled out in the CCC. These include recognizing the link between humanitarian action and development and joint programming. An example of the former is the linkage between the national resilience sector response plan and the refugee response plan(s). An example of the latter is integrating CP in other programmes in particular WASH and education, as well as enhanced coordination with other UN agencies. Strong advocacy

UNICEF's CP response is also in line with UNICEF's global human rights based approach to programming. In particular under pillar 5 consisting of protection advocacy, UNICEF's CP takes deliberate efforts to realize the rights of refugee (and non-refugee) children. Lobbying for policies to increase protection and minimise the impact of the Syrian crisis on children in Jordan is an example in case.

The objective of the PSS response is to work towards minimizing risk factors and strengthening the protective environment by providing children and their family members with free, safe and confidential access to child and adolescent friendly places. The main activities consists of (i) strengthening existing protective mechanisms and establishing new services in camp/transit sites to provide safe environment to most vulnerable children and women including psychosocial support, recreational and learning activities, counselling and referral to services and; (ii) training and services for psychosocial and child protection issues/ support.

This objective and the main activities are in particular well aligned with the 'No Lost Generation Initiative,' aimed at addressing the hidden impact of the Syrian crisis on children (and others) by providing a protective environment including the provision of PSS. The planned outputs are outlined in annual work plans.[50] Please refer to section 2.3 for details on the programme design and results.

UNICEF's strategy to progressively involve national NGOs and CBOs is also well aligned to the RRP6 strategy calling for greater emphasis on ensuring the involvement of national partners and key members of the local community in the development, implementation and evaluation of protection activities and greater involvement of national partners.

Lastly, UNICEF's interventions in the CP sector including PSS mainstreaming are in line with the Regional Refugee and Resilience Plan (3RP), which brings together the plans developed under the leadership of national authorities, including the Hashemite Kingdom of Jordan, to ensure protection, humanitarian assistance and strengthen resilience.[51] The 3RP integrates and is aligned with existing and emerging national plans, including the Jordan Response Plan 2015 to the Syria Crisis. The 3RP was developed alongside the Strategic Response Plan for Syria, and reflects the principles set out in the Comprehensive Regional Strategic Framework developed in May 2014.

48. *2014 Syria Regional Response Plan, Jordan.*
49. *UNICEF (2010) Core Commitments for Children in Humanitarian Action; http://www.unicef.org/publications/index_21835.html*
50. *UNICEF Child Protection Work Plan, Results and Resources Matrix, January - December 2013- 2014.*
51. *Regional Refugee and Resilience Plan 2015-2016 in response to the Syria Crisis, Regional Strategic Overview.*

3.1.2. Appropriateness of UNICEF's response strategy

UNICEF's humanitarian response strategy for addressing CP and providing psychosocial response comprises five pillars, consisting of (1) generating evidence; (2) strengthening child protection systems; (3) enhancing child and community resilience; (4) integrated and joint programming and; (5) protection advocacy (cross-cutting). The pillars together provide a coherent framework. Strategic results and the twelve underlying activities are however not formulated by pillar but per core commitment (please refer to section 3.2). Dividing these twelve activities over the various pillars is not straightforward, because some activities are difficult to place and/or could be placed under more than one pillar. UNICEF in its overview of humanitarian response provides a summary of activities undertaken under each pillar.[52]

Findings indicate that activities to a large extent complement each other and mutually strengthen response. Examples of complementary activities include the following:

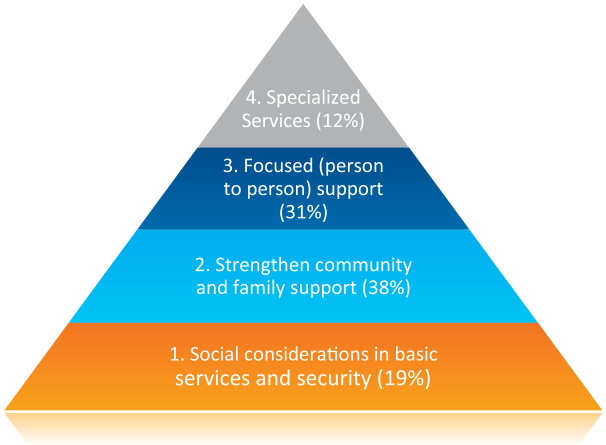
- Establishing Activityinfo for online information on response (outputs) and in-depth studies and assessments on prevalence and causes of CP and/or PSS related topics (pillar 1)
- Developing SOPS for case management and referral pathways and training of front-line workers (case managers) (pillar 2)
- Increasing involvement of national NGOs/CBOs in running CSF and establishing community-based child protection committees (pillar 3)
- Develop SOPs for SGBV and CP and support MOSD in providing multi-sectoral GBV services including setting up a new shelter for SGBV survivors (pillar 2 and pillar 4).

The last example is also illustrative of bringing pillars together, such as in the case of the Amani campaign, an interagency communication initiative. The Amani campaign brings together community resilience (by creating awareness on and demand for CP services) and systems building (by providing a flexible menu of messages on CP and GBSV aligned with CP and SGBV SOPs), creating synergies between these two pillars which potentially strengthen intended results. Please refer to section 2.4.2: Synergies for more examples of activities bringing pillars together. A key element of UNICEF's strategy consists of ensuring that all boys and girls, young people and their families have access to community-supported child friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive and stimulating environment.

According to the annual mapping exercise of mental health, psychosocial, child protection and gender-based support, level 2 and level 3 activities made up nearly 70% of all response in 2014[53] whereas 12% consisted of specialized services. In 2013, 80% of the response consisted of level 2 (39%) and level 3 (41% activities.[54] Specialised services only made up 3% of all activities, indicating that the increase in the volume of specialised services in 2014 compared to 2013 was at the detriment of focused person-to-person support (level 3 support). The number of agencies providing level 4 services increased from 8 in 2013 to 14 in 2014.

UNICEF focus is on level 2 and 3 interventions of the IASC MHPSS pyramid, although UNICEF also supports partners providing level 4 support (but not funding level 4 activities as such). Key strategies for community-based child protection and psychosocial programming in Jordan include:

(i) activities intended to restore a sense of normalcy in the lives of children, increase safety and promote their psychosocial wellbeing; (ii) mobilization of family and community support networks and (iii) the creation of a strong referral system.



Although the RRPs from RRP 2 onwards provided a common and coherent framework for MHPSS response, respondents highlighted that, especially at the beginning of the emergency, the different organisations providing MHPSS response did not adhere to this framework. As a consequence, the scope, quality and quantity of the different MHPSS activities implemented by UNICEF partners have varied substantially. The

52. *Child Protection: Overview of Humanitarian Response, UNICEF 2014*
53. *WHO et al (2014); Who is where, when, doing what (4Ws) in mental health, psychosocial, child protection and gender-based violence support in Jordan, Intervention mapping exercise 2014; WHO, MOH and IMC, October 2014*
54. *WHO et al (2013); Who is where, when, doing what (4Ws) in mental health, psychosocial, child protection and gender-based violence support in Jordan, Intervention mapping exercise 2013; WHO, MOH, IMC, UNICEF and UNFPA, February 2013*

degree to which specific MH and PSS needs at different layers of the IASC pyramid have been adequately considered and addressed was also found to be largely dependent on where activities were taking place and which organisation happened to deliver them.

However, the evaluation team found that UNICEF's view of the CFS function had been, at least in principle, largely internalized and accepted by all implementing partners. UNICEF indicated that safe spaces, child friendly spaces and sports activities alone do not constitute psychosocial support unless they include a strong focus on child protection and structured psychosocial interventions leading to the wellbeing of children and are accompanied by a strong community mobilization process and a referral system.

In the words of some of the respondents, CFSs are thus seen as "*a torch of hope, providing protection, education and referral opportunities.*" Similarly, parents interviewed at CFSs in refugee camps reported the key functions of the centre were education and protection. "*Children come here because they feel safe. The centre provides support (psychologically and socially) and security for children*." A manager of one of the CFSs in a host community said, "*It is a place that encourages children to speak up their minds. When children come here, they can express themselves. They feel safe and feel comfortable.*"

The ability of staff at the CFS to provide educational (mainly informal and remedial) services with attention to the needs of children and families was in this respect very often highlighted and appreciated. *"Education is the biggest problem. They [i.e. children] are going to school, but are not benefiting. Sometimes they face really strict treatment in the school (including violence). That's why they like to come to this centre.*" (Learning facilitator at a CFS in a host community).

In addition, minimum standards established both in MHPSS in emergencies and in the development and running of CFS appeared to be largely accepted as providing an important reference point for the set-up and running of CFS programmes.[55] Implementing partners reported that although UNICEF provided great freedom to implement a core set of activities in each agreement taking account of the partner's own capacity and creativity, at the same time great efforts were made to ensure that minimum standards and services were known and applied. This twin-track approach and the variety in partners' backgrounds, interest and expertise make generalization extremely difficult. Nevertheless, there were also some common elements in the services provided.

All CFSs visited provided an array of activities for beneficiaries that were both culturally and socially acceptable. There was nothing that raised a red flag. The centres were operating in accordance with perceived norms of the beneficiaries. For example, activities were separate for male and female adolescents, as well as for male and female children in the camps. In the host communities, CFSs worked on shifts that accommodated the groups that were not in school. Activities for younger boys and girls were mixed, whereas the picture for adolescents varied. In some centres, activities for male and female adolescents were mixed. In a number of sites adolescent girls were more outspoken than adolescent boys concerning a desire for more variety of activities. This could be because females viewed the CFSs as the only other place besides their home where they could go. Males have more freedom to be 'hanging out' outside of the home.

The educational track offered children and adolescents the opportunity to acquire knowledge and regain a level of confidence. The CFSs further incorporated a physical activity component especially for the children (boys and girls) and the adolescent boys. This component received much praise from the participants. In all CFSs, children liked the teachers and social workers very much. They had established strong mutually respectful relationships. The parents of the children expressed that they were happy their children were going to the CFS and that their children were happy and eager and looked forward to attending the CFS. It is unlikely this would be the case if there were any issues that were culturally or socially unacceptable or inappropriate.

All centres made a distinction between activities for children under 13 years of age and children aged 13 years and above. Depending on the partner organisation, different designs and arrangements were used. In some places, adolescents complained that the activities were repetitive, some of them not suitable for their age, and that they didn't have a say in choosing what to do. In other places, the adolescent would go through a programme and once graduated he/she could not come back again to the CFS because it was overcrowded, even if he/she wanted to take up another activity. However, within those two extremes, there was a general satisfaction about the diversity of activities, type of activities and age appropriateness.

55. *Such as the Minimum Standards for health and safety in Child Friendly (Child Friendly Spaces in Emergencies, Save the Children, 2008)*

What if there were no CFSs…..

As part of the evaluation two control communities were included to provide further information on the effectiveness of the PSS component. In consultation with UNICEF two centres with no active CFS were chosen which were due to be part of the Makani programme. One centre was in Mafraq Governorate and the other one in the Jordan Valley. Two local organisations arranged the field visits. However in both sites there were no psychosocial services for Syrian children, and FGDs with children and caretakers could not be organised. The evaluation team concluded that the choice of these control communities did not fit the intended purpose. However, as a result, the team observed a situation where there was no CFS.

The first centre was situated in Mafraq Governorate in a rural area, in a newly constructed but not yet functioning space: the CSO is hoping to obtain funds to begin work. The day of the meeting the director was able to bus in Syrian children and youth from the community as well as a small number of caretakers. The Syrian children and adolescents spoke of high levels of discrimination, being targets of community violence and having no space to escape to simply enjoy being children or adolescents. The adolescent girls were very isolated from their Jordanian counterparts in the schools. They were eventually grouped and placed in a second shift school system catering only to Syrians. They expressed bitter feelings concerning their situation in Jordan. There was no clear understanding by the Jordanians of the challenges that the Syrians are faced with. One of the more outspoken Syrian mothers spoke sharply of the outright discrimination and harassment she and her family have been exposed to. The CBO recognized the need to establish a centre due to the large numbers of Syrian refugees living in the host community and the level of animosity between both communities.

The second CBO visited was located in the Jordan Valley. The CBO is instrumental in providing women from the community with small, interest-free loans to start up small-scale income generation projects. Their organisation is home to a community nursery and kindergarten. As such they have appropriate indoor and outdoor spaces as well as staff working in the premises. The CBO does community charity work and is well situated within the community. The evaluation team met with several Syrian families. The nature of the families visited required that the team go to them rather than accommodating the Syrian families in the office of the CBO because the families work as seasonal labourers. They lived in tents on agricultural lands and move approximately 5-7 times per year in accordance with where the work is. The meeting included several generations including fathers, mothers, older women, and children of different ages. The children do not go to school and do not know how to read or write. Children who are old enough to work on the land do so, and the ones who are not, help around tents. In the discussion they noted their struggles with health needs and the fear of being deported, despite having legal status. The young fathers and mothers spoke about the atrocities they have witnessed in Syria that made them flee, leaving behind their homes and land. The mothers are young, the children are young, and for the most part they are illiterate.

The level of isolation and stress experienced by the Syrian community living in these host communities is high. The children, adolescents and caretakers could greatly benefit from psychosocial support services. The high level of animosity felt in the host community requires a level of intervention that would serve to alleviate some of the growing anger felt by both communities. The overall mood of the interviewed Syrians was low and agitated. Their sense of security was absent as they felt they were constant targets with no space that could provide temporary refuge. Both groups could greatly benefit from educational support. In the first group education is totally absent, while in the second group there were complaints of the teachers showing little interest in teaching the Syrian students.

In both communities there is little space for movement within the community. This is a result of feeling unsafe in public spaces (streets, schools, etc.). There is a heightened level of feelings of agitation as well as anger amongst the caretakers as well as the adolescents. One caretaker spoke of witnessing the attack of her son for no apparent reason by youth from the host community. Caretakers and adolescents spoke of their feelings of isolation from the community at large. Adolescents noted having nowhere to go. For female adolescents, their afternoon classes in the school were their only outlet. Coping strategies, such as those following a life skills model, are non-existent yet very necessary.

While speaking of the effectiveness of the CFSs in providing much needed safe spaces for the beneficiaries, evaluators felt that the intended beneficiaries in these control communities are in a place of disadvantage. The two communities could have definitely benefitted from participation in CFSs.

Both in host communities and in camp settings, children under five years of age were usually not considered as a specific target group, because traditionally children of this age stay at home with their mother until they go to school. Children under five years of age from one-parent households in camp settings especially were observed running free outside. Though there were a number of play areas which younger children could access, i.e. in Azraq and Za'atari camp, structured activities were not organized for them and they did not necessarily engage with other children their age. In one camp, the CFS initially targeted children aged three to five years, but activities ceased due to lack of funding. Various stakeholders noted a need to include activities for this group of children, possibly in a separate location run by volunteers.

While, in general, the CFS appear to play an important protective and recreational function, they almost all seem to struggle with their intended role of identifying and addressing PSS and MH concerns. Some staff felt that because of this, more serious cases needing referral were missed at times. Staff frequently mentioned the need for further capacity building which would go beyond short-term and generalist training sessions. *"We would love to get a training in the psychosocial support of children who have been through tough experiences."* (Learning facilitators, CFS in a host community). Similarly, the involvement and mobilization of community resources is an area of weakness which was frequently reported and will be further analysed in the remaining parts of this document.

3.1.3. Appropriateness of physical structures

Although the CFSs visited in the course of the evaluation varied enormously in terms of physical structure, ranging from rented flats in residential buildings, dedicated rooms in small schools, caravans and other temporary structures located in refugee camps, the physical limitations of the infrastructure was one of the most common concerns observed and reported by staff in centres both in urban and camp settings.

The lack of sufficient indoor and outdoor space to conduct different activities and/or to separate different age groups for age-specific activities was reported, as well as the limited availability of protected space for activities needing more privacy for participants and staff alike. Equally, the lack of proper indoor facilities, including appropriate ventilation and air circulation, was observed, which resulted in some instances in poor hygienic conditions. For instance, the use of carpets and moquette to ensure the space was warm enough in the absence of proper heating led to a difficulty in ensuring the space could always be clean and tidy. In refugee camps, the evaluation team noted the lack of latrines, with no facilities for hand washing, and no provision for a separate administrative space at some CFSs. *"It would help doing my job better if we could have a place where staff could work"* (Staff at a CFS in a refugee camp).

As a result, some activities had to be implemented at other venues, such as schools or other organisations' facilities, while others had to be abandoned or completely re-designed in order to accommodate the physical limitations of the centres. This required extra efforts and creativity from the staff and the organisation running the programmes, and, at times, impeded safety, confidentiality and appropriateness. In some instances, for example, the lack of adequate space created additional challenges in making the centre sufficiently inclusive and non-discriminatory, such as providing counselling services while adequately respecting privacy or guaranteeing full access to and use by disabled children without singling them out.

3.1.4. Responding to needs

In line with well-established understandings of psychosocial wellbeing and mental health and with the literature review, findings from FGDs and SSIs with staff, volunteers and beneficiaries indicate that the current level of distress experienced by Syrian refugees is not only the result of previous exposure to war-related violence and loss, but also of current, extremely stressful, material and social conditions. While initial hopes for a swift return to normality were still high, these hopes have now largely subsided, replaced by the reality of a long and uncertain exile. *"We do this for our children. It is too late for us. We will be old when we will be able to come back to our country"* (Za'atari camp refugee volunteer). This finding corroborates findings from assessments outlined in section 1.3.

Chronic problems like poor housing, poverty, lack of educational access, as well as more intense experiences, such as widespread physical and sexual abuse, corporal punishment at home and at school, serious medical conditions and difficult relationships both within Syrian communities and between these and host communities were often mentioned as key factors affecting Syrian's children's physical and psychological health. Regardless of the important difference between children refugees living in host communities and official refugee camps, the psychosocial wellbeing and mental health of Syrian refugees in Jordan thus needs to be considered not only in relation to the background of past (often highly traumatic) experiences of loss and dislocation, but also against the backdrop of theirs and their families' present living conditions. *"When they arrived, they were afraid of fireworks…it reminded them of what was happening at home. Now the problems are different."* (A social worker in a host community centre).

Although it is generally recognized that exposure to adversity has caused widespread suffering in the whole Syrian community, a high degree of resilience has also been noted both in children and adults. In the words of staff working in one of the CFSs in a host community: *"The experience of war and displacement has unexpectedly also opened up new possibilities for some women. While many of them told us they were confined at home before the war and had little say in the running of the family, now [they] are taking advantage of the opportunities offered at the centre and are much more active socially."* This finding suggests that an over-emphasis on women and children as the only vulnerable categories might inadvertently lead to other acute needs or less visible groups (such as male caretakers) being overlooked. In particular the loss of status within Syrian communities of young male parents, due for instance to the impossibility of finding work in Jordan, was often mentioned as a cause of profound detrimental effects on the wellbeing of families and children. By singling out women and children, there is a risk of putting young male parents at greater risk when wider community strategies are not put in place. Please also refer to section 5.4 and to the next chapter (chapter 2.2) which details equity including gender aspects of the programme.

3.1.5. Summary of findings

1. The expansion of CFSs is an appropriate response in addressing psychosocial needs during the first phase of an emergency, focussing on developing community-based interventions to strengthen resilience, skill building, self-efficacy, and capacity building for refugees, and on promoting adaptive coping skills and strategies. (2.2)

2. UNICEF's psychosocial support response for Syrian children in Jordan is relevant to its overall objective of working towards minimising risk factors and strengthening the protective environment. (3.1.1)

3. UNICEF's PSS interventions are integrated into UNICEFs overall child protection (CP) response and vice versa. The CP response is fully coherent with UNICEF's Core Commitments for Children (CCC), the No lost generation Initiative, the Regional Response Plans (RRP) and the Regional Refugee and Resilience Plan and 3RP. (3.1.1)

4. The scope, quality and quantity of the different PSS activities implemented by UNICEF partners varied substantially. The degree to which specific MH and PSS needs at different layers of the IASC pyramid were adequately considered and addressed was also found to be largely dependent on where activities were taking place and which organisation happened to deliver it. (3.1.2)

5. UNICEF's view of the CFS function has been largely accepted by all implementing partners. Minimum standards for MHPSS in emergencies and for the development and running of CFS appear to provide an important reference point for the set-up and management of CFS programmes. (3.1.2)

6. All CFSs visited provided a range of activities for beneficiaries that were both culturally and socially acceptable. Programming distinguished between activities for children under 13 years of age and children aged 13 years and above, and also between activities for male and female adolescents. No structured programming was found for children under five years in host communities or in camp settings. (3.1.2)

7. Staff in CFSs indicated their need for further capacity building in identifying and addressing PSS and MH concerns. (3.1.2)

8. Physical limitations of the infrastructure was one of the most common concerns observed and reported by staff in CFSs in host communities as well as in

camp settings. In addition, most CFSs were not available out of hours, being closed by 3 or 4 pm. (3.1.3)

9. Findings from FGDs and SSIs indicate that the current level of distress experienced by Syrian refugees is not only the result of previous exposure to war-related violence and loss, but also of current, extremely stressful, material and social conditions. (3.1.4)

10. Exposure to adversity has caused large instances of suffering in the whole Syrian community, but a high degree of resilience was also noted both in children and adults. In particular women were found to take advantage of the opportunities offered at CFSs to be much more active socially. (3.1.4)

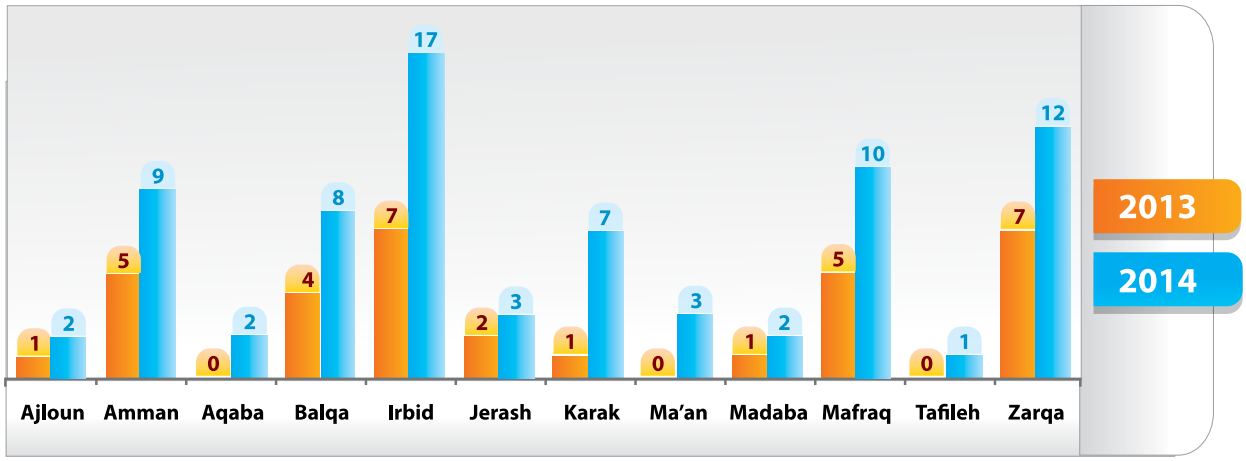
3.2. Cross-Cutting: Equity

3.2.1. Geographical coverage

As mentioned earlier, the overall goal of UNICEF supported CP and PSS intervention is to ensure that Syrian boys and girls, as well as male and female adolescents and their families have access to community supported child friendly spaces that provide structured activities that are carried out in safe, child-friendly, inclusive and stimulating environment. In the period 2012-2014, the number of CFSs supported by UNICEF and partners increased from 21 in 2012 to 86 in 2013 and 132 in 2014. Several stakeholders characterized the initial response in terms of choosing locations as ad hoc and reactive. This is common in an emergency, and resulted in a concentration of CFSs in some places (in particular in parts of Za'atari camp) and very little coverage in other locations. UNICEF was one of the first agencies targeting host communities (in particular in the education and CP sector) in 2012, when the focus was still very much on providing humanitarian assistance at transit sites and in camps.

Stakeholders consider the current response strategy as more balanced in terms of taking into account the geographical distribution of the refugees and pro-active, aimed at filling gaps and avoiding duplication. A mapping of all CFSs carried out by the CP SWG guides the current response strategy.[56] The total number of CFSs in host communities supported by UNICEF and partners increased from 34 in 2013 to 76[57] in 2014. Figure 5 illustrates the increase in coverage in host communities in particular in 2014.

Figure 5: Number of CFS per governorate supported by UNICEF in 2013 and 2014

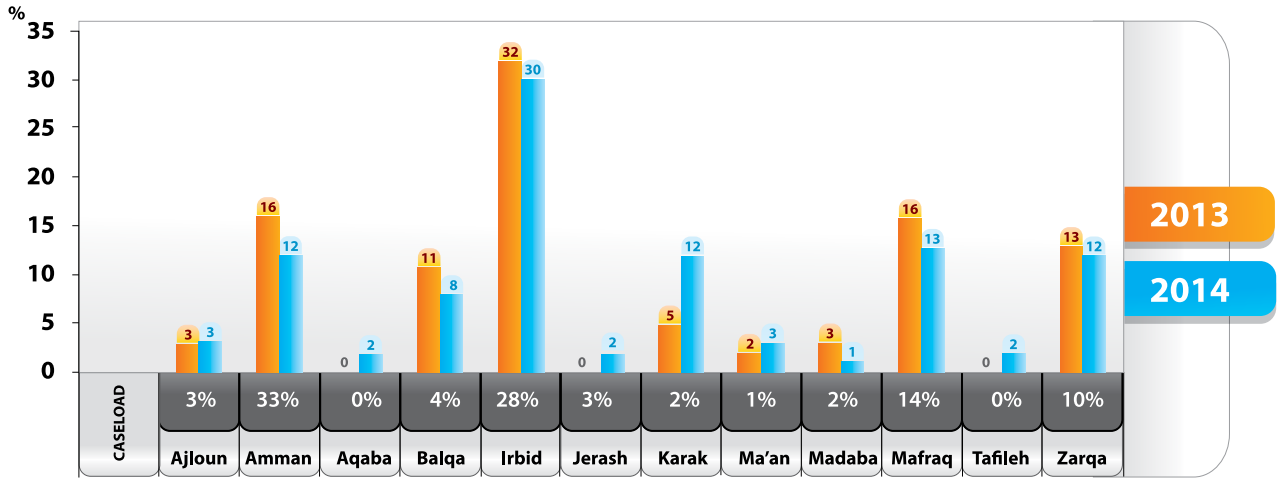


Figures from ActivityInfo on the number of boys and girls having access to PSS indicate that the coverage over the various governorates is not (yet) in line with needs as indicated by refugee caseloads.[58] For instance, only 16% and 12% of all children accessing PSS in respectively 2013 and 2014 were living in Amman governorate, while this governorate hosts some 33% of all refugees. By contrast, 12% of the boys and girls with access to PSS in 2014 lived in Karak, whereas only 2% of all refugees resided in this governorate. However, by and large data suggest that in most governorates the percentage of boys and girls with access to PSS in 2014 better matched refugee caseloads than in 2013. This was the case in Irbid, Al Balqa, Mafraq and Zarqa. Figure

56. *Internal report by Child Protection sub Working Group August 2014: Mapping of Child/Adolescent Friendly Spaces in Jordan (Camps and Host Communities)*
57. *Three of these CFSs are mobile while all the rest are static and centre based.*
58. *For refugee caseloads the average was taken of the number of refugees at the end of 2013 (source: Syria-RRP6_jordan response plan 2014) and at the end of 2014 (source: http://data.unhcr.org/syrianrefugees). Although absolute numbers were not the same, in terms of % of caseload per governorate the differences were very small.*

6 compares the refugee caseload per governorate expressed in percentage of the total caseload with the number of refugee children having access to PSS, again expressed as a percentage of the total number of children having access to PSS in 2013 and 2014.

Figure 6: Total number of children with access to PSS per governorate compared to refugee caseloads (%)



The total of number of CFSs in camps increased from 52 in 2013 to 56 in 2014, mainly due to the opening of Azraq camp. The plan for 2015 is a reduction in the number of CFSs in Za'atari and a further increase in Azraq, in line with caseload planning figures. Figures on the number of boys and girls with access to PSS through CFSs over 2013 and 2014 reflect the decrease in refugee numbers in Za'atari and the increase in Azraq. However, interpretation is hampered by the fact that the actual number of refugee children with access to PSS in the camps fluctuated during 2013 and 2014. Please refer to table 2 for details.

Table 2: Boys and girls with access to PSS per camp compared to refugee caseloads in 2013 and 2014

	2013			2014		
camp[59]	Refugee caseload	# of children with access to PSS (% female)	Children with PSS access as % of total having access	Refugee caseload	# of children with access to PSS (% female)	Children with PSS access as % of total having access
Azraq	0	0	0.0	15,371	14,036 (41%)	22.9
CC	202	443 (49%)	0.6	350	250 (50%)	0.4
EJC	3,885	2,338 (52%)	3.4	5195	2,060 (43%)	3.4
KAP	821	559 (39%)	0.8	750	514 (53%)	2.0
Za'atari	124,105	65,832(54%)	95.2	84,615	43,764 (47%)	71.3
total	129,013	69,172 (54%)	100	106,031	60,624 (45%)	100

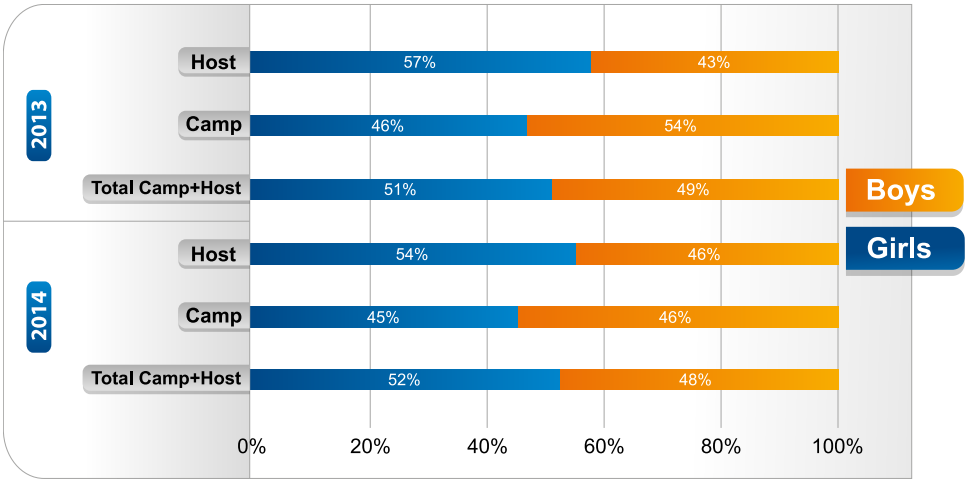
3.2.2. Coverage by sex and nationality

Breaking down figures by gender shows that 53% of the children having access to PSS were female and 47% were male (average of 2013 and 2014). It is interesting to note is that in 2013 in Za'atari camp 46% was male and 54% was female. In 2014, the ratio of male to female was reversed, with 53% being male and 47% being female. An assessment revealed that lack of awareness and safety concerns (in going to the CFS) were some major reasons for the drop in female attendance. Recommendations were formulated to improve access, which according to anecdotal information collected during the field visits, had some success.

59. *The population in camps was never static throughout 2013 and 2014.*

The breakdown of figures about the camps shows that in Za'atari camp the number of boys and girls accessing PSS in 2014 was only 66% of the number in 2013. An important reason is that in 2013, the number of refugees passing through Za'atari was far greater than in 2014. A family would stay for a month in 2013 in Za'atari and then leave the camps after getting the official bailout, which was easier to get in 2013. From the 65,832 children with access to PSS in Za'atari in 2013, it is estimated that less than half of them were living in Za'atari anymore by the end of 2013. In 2014, families had far less possibilities to leave the camp. There were far fewer new refugees being moved to Za'atari, and the vast majority of the 43,000 children reached with PSS over the year 2014 would still be in Za'atari. The rest either went to EJC or host communities.

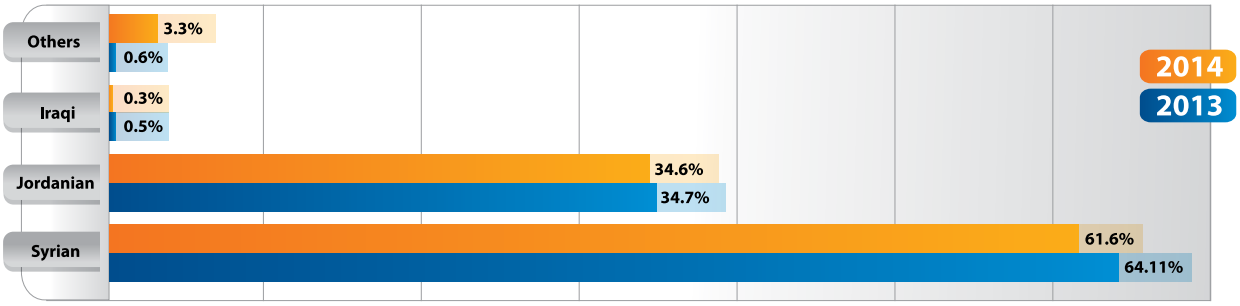
Figure 7: Breakdown of boys and girls with access to PSS in 2013 and 2014 per location



There is also a significant difference between the number of men and the number of women reached with awareness-raising sessions in relation to SGBV, in particular in host communities. Of the 88.000 people reached, in 2013 and 2014 60% was female. The training of volunteers in host communities shows a similar pattern: 70% of those trained in 2014 were female. This substantiates findings from FGDs with male and female parents/caretakers conducted by the evaluators, which suggest that female connectivity to CFSs in host communities is stronger, at the possible detriment of male involvement (please refer to section 3.5.3).

All host community partners supported by UNICFE target Syrian, Iraqis, Palestinians and vulnerable Jordanians. ActivityInfo figures break down beneficiaries into Syrians, Jordanians, Iraqis and others. Figure 8 provides details on the nationality of children under 18 years, as well as adolescents above 18 years accessing PSS in host communities in 2013 and 2014.

Figure 8: Breakdown of children with access to PSS in host communities per nationality (%)



Figures indicate that in host communities the number of non-Syrian children with access to PSS increased from 35% in 2013 to 38% in 2014. This is in line with the current (tacit) understanding that CFSs should target at least 30% non-Syrian beneficiaries.

The breakdown shows that notably access of the group termed 'others' to PSS increased during the period 2013-2014. In 2013, the total number of beneficiaries from this group with access to PSS was 276 (61 % female), while in 2014 the number was 4,458 (54 % female). Of these, 81% consisted of boys and girls below 18 years of age in 2013 and 91% in 2014. The group 'others' mainly consists of Palestinians. Evaluators noted that the differentiation between Jordanian and Palestinian within the formal host community could be confusing. For example in several places the team visited, the CFS was located in a host community with a large Palestinian population. However those Palestinians carry Jordanian passports. They are part of host community and benefitting from services. Trying to identify the very vulnerable group of Palestinian refugees from Syria was difficult. In Jordan they were initially put in Cyber City, a makeshift refugee camp. The evaluators did not visit it as part of the evaluation. Any services provided to those registered with UNHCR will not be available to Palestinian refugees from Syria. They are extremely vulnerable and discriminated against but the evaluation did not gather information about them.

3.2.3. Reaching the most vulnerable

'Make CFSs highly inclusive and non-discriminatory. CFSs provide an opportunity to support all children and to promote equity and inclusion. In many contexts, however, highly vulnerable children are unlikely to participate without deliberate efforts to include them. If CFSs discriminate against particular people or are perceived as excluding particular sub- groups, the CFSs will likely increase tensions at a moment when social cohesion and unity are needed. It is essential to take steps to reach out to and include highly vulnerable children without singling them out and stigmatizing them, and to meet the distinctive needs of girls and boys of different age groups, ethnicities, living situations (.....) Reach out to and include children with disabilities, working children, out of school children, children who are separated from their families, children who are infected or affected by HIV and AIDS, minority children, and other vulnerable children. Activities should enable the participation of vulnerable children as well as relatively resilient children from all groups.' [60]

The child protection sub-working group flags as a priority the following vulnerable groups:

(1) unaccompanied and separated children; (2) children with disabilities; (3) children who are out of school (if schools have opened); (4) child survivors of gender-based violence including early marriage; (5) children engaged in labour or at risk of it; and; (6) boys (and girls) who are at risk of, or already recruited by an armed group or armed force. The evaluation reports a number of findings in relation to some of these groups.

The first vulnerable group identified by the evaluation team were unaccompanied and separated children (UASC). Separated children are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. Unaccompanied children (also called unaccompanied minors) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.[61] Since the beginning of 2014, identification and registration of Syrian unaccompanied and separated children (UASC) in Jordan is being supported jointly by UNHCR and UNICEF through IMC and IRC. IMC and IRC are providing case management, which includes documentation of children, family tracing, verification and reunification, Best Interest Determination (BID) processes and alternative care arrangements, in addition to providing access to services needed by the child.[62]

In 2013 a total number of 1657 UASC were registered, and in 2014 a total number of 2506 UASC were registered. Over 81% of these 2506 girls and boys were identified in camps (the percentage of girls and boys is relatively balanced).

Since April 2014, identified separated children (crossing the border with one or two blood relatives) were transferred to Azraq Camp. Unaccompanied children under 18 years of age were transferred to Za'atari Camp. As of August 2014, both groups are transferred to Azraq Camp. During the period April 2014 to April 2015, a total of 423 children (275 separated and 174 unaccompanied) were admitted to the camp. IRC is in charge of the reception centre in Azraq, and follows each UASC from the entry point to re-unification with parents or relatives within the camp or until the child leaves the camp. Most of the time they are re-united with parents or relatives, sometimes having been offered care by Syrian foster parents. This group of children (which also includes early marriage cases) is therefore already identified upon entering the camp and has access to CFSs like all other children. IRC works closely together with IMC for PSS and MH referral.

Key informants told the evaluators that most adolescent unaccompanied or separated boys aged 16 - 18 leave the camp as soon as they can, looking for employment outside the camps. At the time of the evaluation, around 33 children were forcibly separated from their families while living in rural/urban area and transferred to Azraq refugee camp. These children were picked up

60. *UNICEF Guidelines for Child Friendly Spaces in Emergencies, 2011, <www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf>, accessed 1 Sept 2015.*
61. *Inter-Agency Guiding Principles on Unaccompanied and Separated Children (2004), <http://www.unicef.org/violencestudy/pdf/IAG_UASCs.pdf>, accessed 1 Sept 2015.*
62. *Unaccompanied and Separated Syrian Children in Jordan: A Trend Analysis 2014, UNICEF Jordan, Child Protection Section*

the police in urban areas on the grounds of not holding valid documents. UNICEF is working with IRC, UHCR and relevant government departments to re-unite these children with their parents.

CFS staff in host communities did not seem to have mechanisms to reach UASC. Members of the community-based child protection committee did not mention this group at all, when asked about children most in need of protection. *"Not sure, but those who came with no parents have other relatives or friends that take care of them. We don't know about completely unaccompanied kids, maybe they are in the camp, but we did not see them here in the community."* (Member of a community-based child protection committee). It may well be that a number of the untraced unaccompanied and separated children are now part of the group of "lost" children, as referred to above. Others are managed by either UNHCR or IMC in the host communities, which may be the reason why community-based child protection committees don't know about them.

The second vulnerable target group for CFSs identified by the evaluation team were children with disabilities including learning, speech, physical, cognitive, sensory disabilities or emotional difficulties. Most of the CFSs had no capacity to deal with these very different special needs and staff had not been trained to recognize and properly address them. In a CFS in a refugee camp, evaluators found that animators noticed children being "aggressive" or "isolated" and tried to reach out to these children. Although staff often succeeded in this because of their compassion and understanding, they indicated they did not know whether they had done the right thing.

Evaluators noted that access for children with disabilities differed in each CFS, depending on the services offered, availability of resources and capacity to deal with special needs. CFSs located in centres within host communities, which were already addressing special needs amongst Jordanian and/ or Palestinian children, were found to have much more capacity and resources to deal with specific vulnerable groups than, for instance, CFSs newly established within camp situations. Some CFSs in host communities were located near centres or schools for physically challenged children and were following the SOPs for referring such children.

The third vulnerable group evaluators identified consisted of male and female adolescents who neither attend school or CFSs (a subgroup of the third group flagged by the working group). The team heard reference to many male 'drop-outs' being involved in child labour. *"Boys risk running into problems: They do not listen to parents anymore."* (A staff member of a CFS). Male adolescents feel responsible to provide for the household especially when older fathers are not able to secure employment. Dropping out of school and finding work is often the only way to support the family.

The involvement of male adult Syrian volunteers in the centres provides positive role models for adolescent boys, which has, at least anecdotally, contributed to higher self-esteem and a sense of purpose in those involved. In Azraq camp, for example, one CFS was noted for having employed the largest number of male volunteers. The space was a haven for both beneficiaries and volunteers and the overall positive environment of that particular CFS was felt.

According to key informants, female adolescent often dropped out due to early marriage. Members of community-based child protection committees, staff and volunteers attached to CFSs appeared to be well aware of these child protection risks and were found to be active in following up on these and other CP cases, such as survivors of gender-based violence (Please see section 6.2 for details). Innovative solutions to reach male non-school attenders and/or children in need of protection included the establishment of drop-in centres in camps which have close contact with CFSs and can link adolescents to PSS and other child protection services, as relevant. The evaluators also saw interesting examples of CFSs reaching out to female victims of early marriage through providing health and nutrition sessions as well as PSS services.

Another group of vulnerable children identified by the evaluation team consisted of children without documentation. Since registration and admittance to schools is only possible with legal papers, these children were found to have no access to schools (the third group flagged by the CPSWG). Such children are largely outside the system and not easy to trace. In one of the sample locations, the team found a group of 'lost children' living far from the village in small illegal camps. Most of the children were illiterate. The team also encountered success stories in reaching out to this group of vulnerable children. In one village, the CFS (which was one of the CFS sampled for the evaluation) had expanded its services to these groups through home visits and supported a teacher (a Syrian volunteer) to give 'lost children' informal lessons in a couple of caravans, donated by an individual from the Emirates. *"They can't go school; either because it's full or because they have no access (school is too far away). The teacher is a Syrian from the local community there who teaches them maths and English."* (A member of community-based child protection committee).

3.2.4. Overcoming socio-cultural barriers in delivering PSS

Initiatives in reaching very vulnerable groups as indicated in 3.2.3 demonstrate there are ways of overcoming barriers in delivering PSS. However, addressing CP concerns and thereby reducing the incidence of CP cases is another matter. Raising awareness about early marriage, for example, in the

hope of changing current practices requires a long-term effort and a strategic approach to changing harmful social norms. Early marriage is an example of a CP concern that has been exacerbated by the Syria crisis. For many Syrians, early marriage was already an accepted social practice. However, the situation of displacement has impacted the dynamics around early marriage and has led to families resorting to early marriage as a coping mechanism in some cases. Families often feel that the way to protect a daughter is to marry her off. Given their dire conditions as well as their status as refugees, marrying off a young daughter seems like a viable solution to ensure her protection and well-being and release the burden of the family. Child labour is also a complicated issue. Economic status may take precedence in families over education and psychosocial services. Moreover, in cases where refugees come from rural locations, it may be that children are used to stepping away, either temporarily or permanently, from school to help on the land. In FGDs it was established that many of the caretakers themselves are illiterate and schools are not common in rural areas.

Corporal punishment remains very much alive in Jordan and Syria. A number of parents and children in FGDs said that they had taken cases about corporal punishment to the school principal. However they reported they had seen no change in teachers' behaviour and some noted that teachers actually became more punitive. It is also worth highlighting that many parents still agree with the use of corporal punishment in schools. There was also reference to verbal abuse, whereby Syrian refugees were ridiculed for the education they had received in their home country. One Syrian mother said that a teacher was calling her son bad names in class and she had told her son to keep silent. She was afraid they would be deported if she made an official complaint against the teacher. CFSs were found to have a mitigating role by offering children and adolescents remedial education programmes which boosted their confidence. Please refer to Ma'an campaign: box 3 in section 3.3.3 for more details.

Violence seems to permeate life in the camp. There is strong evidence in published studies as well as from interviews with staff at the centres, for example, that domestic violence is occurring. Actual gang-like clashes within refugee camp (Za'atari) have also been reported, where some families have been subjected to violence and intimidation by a group of other families. This is often for control of the scarce facilities available such as public latrines and or to have extra living space. Key informants told the team that these incidents were quite frequent and a cause of serious injury. These environmental stressors undoubtedly play a negative effect on the lives of children and adolescents.

Overall, despite substantial efforts of CFS staff and members of community-based child protection committees to identify and deal with individual CP cases, assessments indicate that child labour and early marriage are increasing and corporal punishment at schools remains a challenge. Interviews with stakeholders suggest that, firstly, not all CFSs have staff which are able to tackle complicated issues such as child labour or early marriage and secondly, most CFSs are already crowded and with limited staff, more structural outreach work is not always feasible.

In an effort to support CFS staff and community-based child protection committees in their endeavours UNICEF and partners launched the 'Amani' campaign. This interagency campaign aims at influencing knowledge, attitudes and behaviour of men, women, boys and girls towards violence, abuse and exploitation. It consists of an implementation guide outlining messages and tools and supporting documents such as posters and message cards. The campaign finalized at the end of 2014 is an important tool to maximize outreach (please also see section 3.3). Evaluators found Amani posters, cards and other materials with messages in nearly all centres. Staff and community-based child protection committee members said they found these materials useful in advocating for child protection during awareness sessions at the centre. However the evaluators did not encounter examples where these materials had been used as a training resource or to strengthen awareness at community level.

3.2.5. Summary

1. The selection of the locations of CFSs is more pro-active than earlier and aims at filling gaps, reaching the most underserved and avoiding duplication. However, Amman is still under-served. (3.2.1)

2. The number of girls accessing CFSs has been somewhat higher (53% of all children attending) than the number of boys. However, in Za'atari camp in 2014, the number of boys attending was higher than the number of girls. Reasons were assessed and recommendations to improve access formulated. (3.2.2)

3. About 60% of the community members reached with awareness activities were female and 70% of the people trained as volunteers were residing in host communities. Findings from FGDs with male and female parents/caretakers suggest that female involvement in CFSs in host communities was higher than engagement of men. (3.2.2)

4. UNICEF and partners target Syrians, Iraqis, Palestinians and vulnerable Jordanians in host communities. About 35% of the children accessing CFS in host communities are non-Syrian. Of these nearly 9% consisted of 'other nationalities', mainly consisting of Palestinians in 2014, a tenfold increase from 2013. (3.2.2)

5. It is challenging to make CFS easily accessible for large groups of boys, girls and male and female adolescents needing PSS and to ensure that especially vulnerable children are reached. (3.3.3)

6. Access for children with special needs differed in each CFS, depending on the services offered, availability of resources and capacity to deal with special needs. (3.3.3)

7. Assessments indicate that child labour and early marriage are increasing and corporal punishment at schools remains a challenge. Interviews suggest that staff in CFSs may not have the skills to tackle complicated CP issues and that since most CFSs cater for large numbers and have limited staff, more structural outreach work is not always feasible. (3.2.4)

3.3. Efficiency

3.3.1. Beneficiaries reached

With the establishment of ActivityInfo in 2013, outputs of activities carried out by UNICEF and its partners can be monitored in detail on a monthly basis. In 2014, this information management tool was rolled out to include all RRP6 child protection actors, contributing to a unified monitoring and reporting system. Data from ActivityInfo indicate that the number of beneficiaries reached was usually higher than planned, both in 2013 and 2014. Targets and actual outputs of UNICEF and its partners are summarized in table 3.

Table 3: Planned and actual outputs by UNICEF and implementing partners

Level 2 activity outputs	2013		2014	
Child /adolescent friendly spaces established (camps)	52		56	
(Child /adolescent friendly spaces established (host communities	34		76	
Children provided with psychosocial support (camps)	69,172 (54 % girls)		60,625 (45 % girls)	
Children provided with psychosocial support (host communities)	46,417 (57% girls)		150,961 (54 % girls)	
Adults/caretakers reached with awareness (camps)	42,204 (50% women)		70,325 (52% women)	
Adults/caretakers reached with awareness (host communities)	36,002 (62% women)		52,942 (58% women)	
Community volunteers trained (camps)	749 (42% women)		924 (53% women)	
Community volunteers trained (host communities)	7 (100% women)		961 (70% women)	
Totals	*Target*	*actual*	*target*	*Actual*
Total # child /adolescent friendly spaces established	128	86	164	132
Total # children provided with psychosocial support	177,480	115,589	180,900	211,586
Total # adults/caretakers reached with awareness	55,784	78,206	64,000	123,267
Total # of community volunteers trained	486	756	1,256	1,885
Level 3	2013		2014	
(Children at (CP /GBV) risk identified (camps	2,703 (42% girls)		2,431 (45% girls)	
(Children at (CP /GBV) risk identified (host communities	9,550 (46% girls)		11,352 (56% girls)	
(Children receiving structured case management services (camps	3,930 (53% girls)		9,218 (45% girls)	
Children receiving structured case management services (host (communities	3,869 (54% girls)		14,635 (46% girls)	
(Frontline workers trained in CM, CP, GBV, SOPS (camps	360 (53% women)		1,048 (53% women)	
(Frontline workers trained in CM, CP, GBV, SOPS (host communities	295 (68% women)		1.473 (49% women)	

Totals	Target	actual	target	Actual
# of children at (CP /GBV) risk identified	100%	12,253	9,045	13,783
# of children receiving structured case management service	10,757	7,799	12,663	23,853
of frontline workers trained in CM, CP, GBV, SOPS #	800	655	1,000	2,521
Outputs Unaccompanied And Separated children	*2013*		*2014*	
UASC identified and cases managed (camps)	1,112 (38% girls)		1,730 (41% girls)	
UASC identified and cases managed (host communities)	545 (37% girls)		776 (42% girls)	
UASC re-united /alternative care (camps)	417 (45% girls)		870 (35% girls)	
UASC re-united / alternative care (host communities)	160 (42% girls)		40 (48% girls)	

Totals	Target	actual	target	Actual
# of UASC identified and cases managed	3,400	1,657	4,320	2,506
# UASC re-united	1,200	577	864	910

As the table shows, activities in host communities in particular substantially increased from 2013 to 2014. The number of children with access to PSS nearly doubled. This followed a fivefold increase in 2013 as compared to 2012, when the number of boys and girls with access to PSS was 22,900. In 2014 the number of boys and girls actually reached was 17% higher than the targeted number, whereas both in 2012 and 2013 only two thirds (65%) of the targeted number was reached.

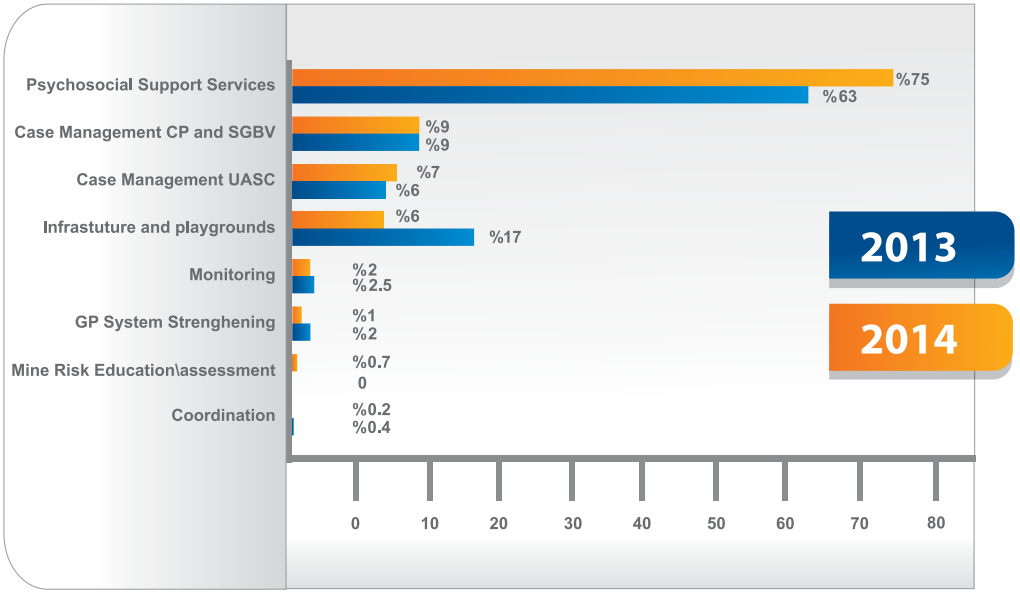
Identification and management of unaccompanied /separated children (UASC) has been lower than planned, possibly because there were fewer UASC than anticipated; however, there was an increase in identification of UASC in 2014 compared to 2013 (1,657 children in 2013 versus 2,506 children in 2014). The lower-than-planned numbers may also be because not all UASC are registered (this seems likely particularly in 2013, when very large numbers of new refugees arrived and fewer mechanisms were in place to identify and register). The percentage of unaccompanied children reunited with family rose from 63% in 2013 to 89% in 2014.

3.3.2. Cost effectiveness

The initial budget for child protection in 2013 and 2014 combined was US $6,546,673 (excluding overhead costs). Including direct and indirect costs (12%) and HQ costs (8%), the estimated cost as per the budget was US $7,918,856. The revised budget (the amounts UNICEF was seeking) for 2013 was US $16.852.046 (US $20,222,455 including overheads). The revised budget for 2014 amounted to US $22,085,515 according to the CP work plan for 2014. The revisions upward were mainly due to an increase in the PSS and case management. The actual expenditure in 2013 was US $17,568,425 (US $21,250,767 including overhead total expenditure). The total expenditure in 2014 including overhead was US $21,877,518 (99% of the budget).

In both years, the lion's share of the budget was used to fund PSS (provided through CFSs). In 2013 expenditure on PSS amounted to some US $9.7 million (63% of the total cost), while in 2014 more than US$ 11.5 million or (nearly 75%) was spent on PSS. The cost for infrastructure including playgrounds in 2013 was substantial, amounting to nearly US $2.7 million or 17% of the total cost. In 2014, despite the substantial increase in the number of CFSs, the cost for infrastructure was less than US $900,000, or less than 6% of the total cost. Expenditure on case management was US $2.2 million in 2013 and a little more in 2014 (US $2.4 million). In both years around 15% of the budget was spent on case management. Expenditure on system strengthening amounted to nearly US $370,000 (1.9% of all expenditure) in 2013 and US$ 193,000 (about 1% of the total expenditure) in 2014, reflecting the fact that the majority of activities took place in 2013. Programme monitoring costs decreased from US $462,740 (or 2% of the total expenditure) in 2013 to US $376,626 (that is 2% of all expenditure) in 2013. Expenditure on coordination was very low in both years, amounting in 2013 toUS $71,239 and in 2014 to US $29,219.

Figure 9: Breakdown of actual costs per budget line in 2013 and 2014 (%)



Nearly all expenditure spent under PSS and case management consisted of funds provided to partners. In total, 77% of the expenditure consisted of funding of implementing partners. The majority of expenses incurred under CP system strengthening was for various ministries including the MOSD and JPD.

The costs per child supported provides a rough indication on the cost effectiveness of the programme or, if broken down, the various activities under the programme. The evaluation team estimated the gross cost per child by dividing the total annual expenditure by the total number of children served during that year. The cost per child for access to PSS was calculated by dividing the annual expenditure on PSS by the number of boys and girls with access to PSS. In a similar way, costs for case management were calculated, separately for CP/SGBV cases and UASC managed. Costs like costs for infrastructure, which were higher in 2013 than in 2014 (for obvious reasons), were not taken into account.

The sharp increase in the number of boys and girls reached in 2014 as compared to 2013 has significantly impacted on the costs per child supported. This is partly in line with expectations because overhead and fixed costs are defrayed over a larger number of beneficiaries. An additional explanation may be that in 2013 in some CFSs caseloads were initially low, due to the fact that services were still being started up, while costs on infrastructure, staff recruitment and salaries as well as capacity building were already being incurred. However, in 2014 many new CFS were also being established. This was to a lesser extent the case for mechanisms for case management, most of which had already been established before 2014. The reduction in costs for case management of survivors of SGBV and CP survivors may be partly explained by the fact that available capacity was better utilized.

Table 4: Cost per child served per activity (in US$)

	Gross cost/ child served	Cost / provision of access to PSS	Cost/ case managed CP or SGBV	Costs/ UASC managed
2013	149	84	215	625
2014	80	66	71	498

3.3.3. Synergies

Table 3 section 3.3.1 clearly demonstrates that system strengthening (pillar 2) has gone hand in hand with increasing access to PSS services during 2013 and 2014. The number of frontline workers trained and the number of children receiving structured case management more than doubled in 2014 as compared to 2013. Likewise, the number of community volunteers who were trained increased by 250%. As mentioned earlier, an important achievement in 2014 was also the development of the SOPs by the SOP steering committee, of which UNICEF was a core member. The procedures were integrated in the updated and renewed training manual for case managers.

System strengthening has increasingly also entailed strengthening Jordanian CP systems and capacity

development of Jordanian governmental staff. UNICEF has direct agreement protocols with different ministries for child protection system strengthening. For example, UNICEF supports the Juvenile Police Department (JPD) in establishing a JDP branch in Za'atari refugee camp in 2013 and additional ones in Mafraq and Central Amman in 2014. (Please refer to section 6.3 for more information on system strengthening.)

Increased access to PSS has also been complemented by efforts to strengthen community resilience. The number of community-based child protection committees increased from 48 in 2013 to 131 in 2014 (please refer to section 6.2), while the number of adults and caretakers with raised awareness increased substantially. In 2014 more than 123,000 male and female parents/caretakers were reached, 60% more than in 2013.

As mentioned earlier, in 2014, the Amani campaign materials were developed and distributed. A total of nearly 130,000 materials on SGBV and CP issues were distributed to increase awareness on prevention and response to violence, protection, referral and SGBV. The messages in the Amani campaign were to a large extent informed by findings from assessments on psychosocial needs and CP issues as part of pillar 1 (generating evidence). What is more, the idea of developing the campaign partly originated from the fact that assessments showed a lack of knowledge on available services and rights regarding CP and GBV issues. These assessments conducted in 2013 and 2014 included the following:

- A study on early marriage that analysed trends using data from the Sharia court on the marriages of Jordanians, Syrians and other nationalities living in Jordan (2014)
- A multi-sector assessment of the situation children are facing in al Za'atari camp in partnership with REACH (2014)
- A detailed survey on child labour among Syrian refugees in Za'atari camp together with Save the Children International (2014)
- A report bringing together evidence of a range of assessments highlighting challenges and priorities for action in the areas of child protection and gender-based violence (Shattered Lives, Challenges and Priorities for Syrian Children and Women in Jordan, 2013)
- Two assessments among conflict-affected adolescents aged 12 to 18 years residing in Za'atari Camp in 2012 and 2013 and a third among adolescents in host communities looking at among others mental health and psychosocial and protection-focused problems (2014) together with IMC.

UNICEF's monitoring of grave violations against children in the context of the conflict in Syria has provided an evidence base, whereby accounts and testimony on violations gathered through survivors and witnesses have informed a complementary child recruitment prevention activity in Jordan in 2014. This consisted of conducting child recruitment prevention campaigns in Jordan through CFSs, distributing around 5,000 copies of specifically designed information, education and communication materials including two posters. The results of interviews with former children associated with armed groups in Syria, as well as focus group discussions with parents and adolescent males on the campaign materials were used to guide the continuation and expansion of the campaign. An animation has been developed based on the FGDs and will be disseminated in camp settings first through UNICEF/UNHCR partners. This was part of their joint action plan to prevent and respond to child recruitment in Jordan for direct or indirect use in hostilities in the context of the Syrian armed conflict.

Combining generating evidence (pillar 1), systems strengthening (pillar 3), joint programming (pillar 4) and advocacy

In Jordan, corporal punishment at schools was officially banned in 1981. A national survey supported by UNICEF revealed that in 2007, despite the ban, children experienced high levels of emotional and physical abuse at school (and also at home). In response, the MOE in close collaboration with UNICEF launched a national campaign to reduce violence against children in all schools in Jordan (Ma'An – Together). The campaign aims at shifting thinking about discipline and school environment, by making teachers aware of their rights and responsibilities and holding them accountable for their actions. The campaign is based on a three-track strategy consisting of (i) a school-based activities to promote a new, non-violent and positive methods of discipline among teachers; (ii) community engagement to promote zero tolerance on violence in schools; and (iii) media coverage. During the first five years of the campaign, the percentage of children who experienced verbal or physical violence showed a considerable decrease, from 45% (verbal violence) in 2009 to 25% in the scholastic year 2013-2014 and from 40% (physical violence) to 16% for the same period. In addition at 74% of the schools violence was monitored and schools categorized accordingly.

Quantitative data on the extent to which Syrian refugee boys and girls suffer from corporal punishment, violence and other abuse at school are not available, but qualitative data suggest this is substantial. According to a recent assessment, aggression by or violence from teachers was the second most important reason for boys aged 12 to 17 years old in host communities to drop out. The same assessment revealed that boys who had dropped out of 1st to 6th grade also mentioned discrimination, verbal abuse/bullying from peers, lack of safety and oppression as major reasons for not attending school. The relation between this group of problems and drop-out seemed to be in particular strong in Mafraq, where attendance rates among boys are the lowest.[63] Results of FGDs with boys and girls conducted during the evaluation corroborate these findings.

Under the fourth pillar of the CP strategy, UNICEF CP sector is working with other sections and sectors to integrate CP and SGBV. One example consists of the joint efforts of UNICEF's CP and education sections in creating a safer environment for children in schools. Box III provides details.

Another clear example is collaboration with UNHCR regarding UASC. Yet another example is the interagency project on strengthening case management through the development of common SOPs and the roll out of referral pathways and training packages, which is also a good example of the efficiency of the coordination. The next chapter provides details on aspects of efficiency and effectiveness of coordination, bridging efficiency and effectiveness.

3.3.4. Summary

1. Data from ActivityInfo indicate that the number of beneficiaries reached was usually higher than planned. The number of children with access to PSS in 2014 was nearly double the number in 2013 and 17% higher than planned. This followed a fivefold increase in 2013 as compared to 2012. The number of adults/caretakers reached with awareness in 2014 was nearly twice as high as planned. (3.3.1)

2. PSS and CP interventions in 2014 were substantially more cost-effective in 2014 than in 2013. The cost per child for access to PSS –calculated by dividing the annual expenditure on PSS by the number of boys and girls with access to PSS decreased from US $84 to US $66, the cost per CP case managed from US $215 to US $71 and the cost per unaccompanied or separated child managed from US $625 to US $498. The main reason for the decrease in unit cost for all three interventions was the higher caseload in 2014, while overhead costs hardly increased. (3.3.2)

3. Provision of PSS went hand in hand with system strengthening and efforts to strengthen community resilience, creating synergies. (3.3.3)

63. *Education Sector Working Group (2015); Access to Education for Syrian Refugee Children and Youth in Host Communities, Joint Education Needs Assessment Report, UNICEF, March 2015*

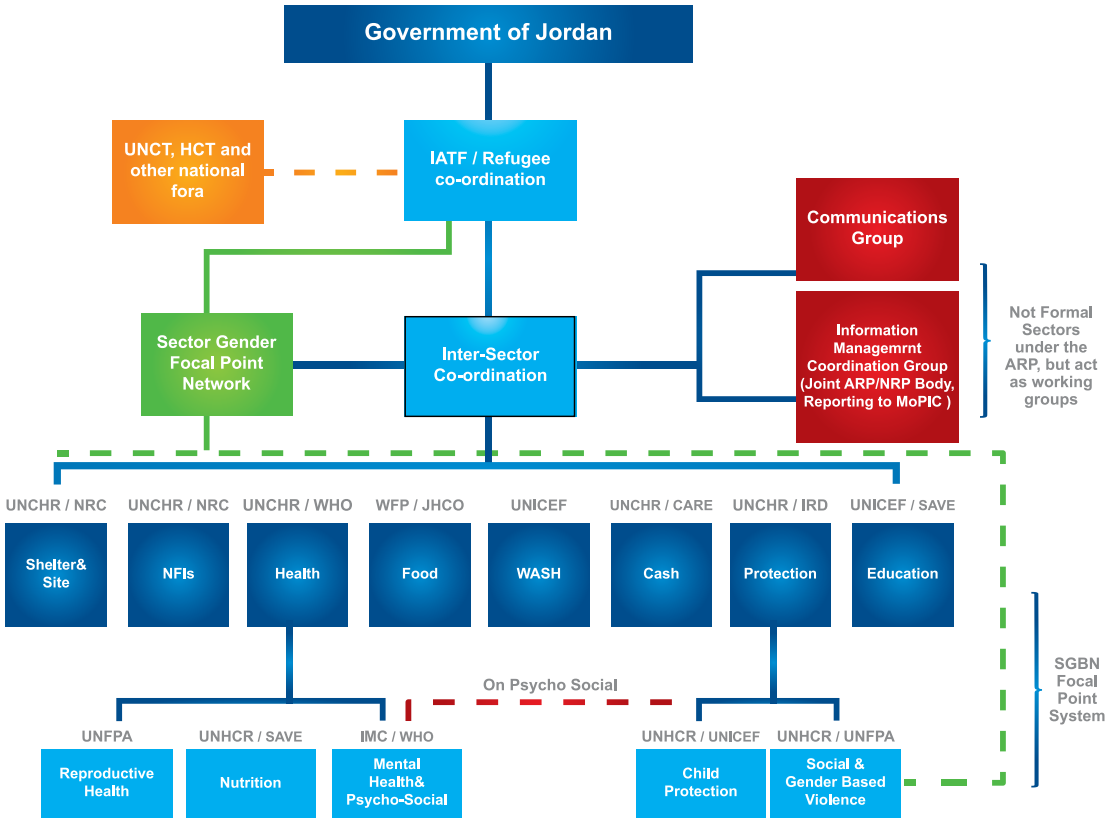
3.4. Coordination, Connectedness and Complementarity

3.4.1. Coordination

GOJ coordination

Under the leadership of the GOJ and coordinated by UNHCR, the refugee response is a collaborative effort between the donor community, UN agencies, international and national NGOs, community-based organisations, refugees and Jordanian communities. The GOJ and UNHCR chair the Inter-Agency Task Force (IATF), which reviews the strategic objectives of the overall refugee response. The IATF acts as a steering committee. It reports to the Regional Refugee Coordinator and the RRP Technical Committee. Roles and responsibilities of the GOJ, UNHCR/UNICEF and the various key actors in 2013 and 2014 are summarized in Figure 9 below.

Figure 10: Roles and responsibilities[64]



The Ministry of Planning and International Cooperation (MOPIC) hosts the Humanitarian Relief Coordination Unit. However, in terms of inter-sector coordination the GOJ is virtually absent. The Government is not represented in (sub) working groups or in INGO forums. Currently meetings with the GOJ s are organised as required. The MOPIC's humanitarian unit is presently working on a new initiative to build a roadmap for coordination amongst the NGOs, with the first meeting planned for shortly. However, this is a much broader mandate and not restricted to coordination of the refugee response.

For psychosocial support response-related interventions, the Ministry of Social Development (MOSD) is tasked by the MOPIC to review all project documents from all implementing agencies including UNICEF and partners. Each proposal has to be submitted directly to MOPIC which forwards it to the relevant ministry which provides its endorsement (or not). MOSD has a coordination role on the psychosocial response-related interventions. However, the Ministry lacks the capacity to fulfil this task, both in terms of human and material resources. MOSD says it is ready to take responsibility if support in building institutional

64. *Jordan Refugee Response, Inter Agency Coordination Briefing Kit, Version 1.5 10.07.2014*

capacity, maintenance of a database as well as support for field visits and monitoring and evaluation is forthcoming.

The majority of partners and stakeholders interviewed in the course of the evaluation agreed that a shift from emergency response to more long-term development approaches is needed. With MOSD in the lead, the transition from emergency response to more long-term development will accelerate, provided MOSD has the human and financial resources. A clear example is the development of the National Resilience Plan (NRP) in 2014. The NRP 2014-2016 complements the Jordan Refugee Response Plan (the 2014 Syria RRP6 for Jordan), outlining a 3-year programme of high priority investment by the GOJ in response to the impact of the Syrian crisis on the Kingdom of Jordan.[65] The NRP is oriented to bridging the gap between immediate and more sustained assistance provided to Syrian refugees and Jordanian host communities most affected by the crisis, whereas the RRP focuses primarily on humanitarian interventions for Syrian refugees.

According to key informants, the GOJ was effective in the development of NRP, including the coordination. At the same time however, it was felt that coordination between international and governmental plans needs improvement. UNICEF could play a clarifying role in this. For some partners the relation between the NRP, the RRP6 and JRP is still not clear: *"We attended the Dead Sea workshops in December 2014 and hoped to receive some clarity on the status of the different plans, but we still do not know what the overall leading plan is…."* (Key informant non-implementing partner).

Another issue raised several times is the under-representation of national NGOs in coordination meetings due to the fact that only English is spoken at both sector and at SWG level. The language issue was said to have contributed to challenges with national NGOs, for instance in the adoption of SOPs to a specific context.

Inter-sector coordination

Psychosocial response is being coordinated in three sub-working groups – in relation to child protection and SGBV in the protection sector, and to MHPSS in the health sector. National CP and SGBV Sub-Working Groups used to be one working group, when the work on SOPs started back in 2012 and was co-chaired by UNFPA and UNICEF. In April 2013, one sub-working group was divided into two into CP and SGBV. Since then, UNICEF co-chairs CP SWG and the early and forced marriage task force with UNHCR while UNFPA co-chairs SGBV working group with UNHCR.

The SGBV Sub-Working Group works to facilitate multi-sectoral, inter-agency action aimed at preventing SGBV, and ensuring the provision of prompt, confidential and appropriate services to survivors of SGBV.[66] The four thematic priorities for 2014 were early and forced marriage, domestic violence (SGBV-related), survival sex and sexual violence. Partners aim to increase opportunities for safe and confidential disclosure through outreach, including through mobile teams and safe places. The CP Sub-Working Group was established in 2012 to coordinate emergency response activities by humanitarian workers, designed to prevent, identify and respond to child protection risks for refugee girls and boys from Syria and other girls and boys affected by the Syrian crisis in Jordan.[67] The five thematic priority areas for 2014 were unaccompanied and separated children, child labour, children associated with armed forces and armed groups, violence against children and children in conflict with the law.

Both SWGs have worked closely together and developed inter-agency sexual and gender-based violence and child protection standard operating procedures (CP/SGBV SOPs), a case management training toolkit including case management standards.[68] SOPs were originally published in 2013 and were revised in December 2014 to reflect the new changes to the domestic legislation. The current version of the SOPs has been endorsed by more than 30 organisations including some government ministries and departments like the MOH and the FPD. The Amani Campaign is another example of collaboration, which is currently the main advocacy and awareness-raising tool to further CP and SGBV prevention and response at community, service provision, and institutional levels in Jordan.[69] A number of inter-agency assessments have also been carried out, including assessments highlighting CP and SGBV-related issues in Za'atari Camp and host communities. Assessments and mapping exercises guide the implementation of activities within the CFSs (please refer to section 4.5 for details). UNICEF also co-chairs with UNHCR the Early and Forced Marriage Task Force. UNICEF has been advocating the use of common (recommended) tools in assessments in the Education SWG and the CP SWG.

A third important working group for PSS is the MHPSS Sub-Working Group, co-chaired by IMC and WHO, which sits under both the health and protection sectors, while working closely on the psychosocial aspect with the SGBV and CP SWG.[70] This coordination structure is unique for Jordan and it is considered by many partners as one of the best working sub-working groups. The group currently responds to the MHPSS needs of all vulnerable populations in Jordan, including Jordanians

65. *MOPIC (2014), Final draft National Resilience Plan 2014-2016*
66. *Interagency Strategy for the Prevention of and Response to Gender based Violence, Jordan - 2013*
67. *UNICEF (2013) Terms of References Child protection Sub Working Group Jordan*
68. *The Inter-Agency Emergency Standard Operating Procedures for the Prevention of and Response to Child Protection and Gender Based Violence in Jordan. 2013.*
69. *UNICEF (2014), Amani Implementation Guide, December 2014*

with MHPSS concerns, Syrian refugees and Iraqi refugees and Palestinians. Activities are guided by and organised using the IASC Intervention Pyramid. MHPSS actors provide specialised supportive services with clinical mental health treatment under level four, while ensuring strong coordination and referral pathways are in place and secured at level one, two, and three. In 2013, intervention mapping (using the Who, What Where and When (4 W) mapping tool) was conducted and included protection elements (specifically CP/ SGBV/) alongside MHPSS. The 4Ws mapping carried out in 2014 focused solely on MHPSS interventions. The approach advocated by the MHPSS Sub-Working Groups is that psychosocial programming is a holistic, resilience and recovery-based approach, recognizing beneficiaries as active agents in the face of adversity. It promotes the support of existing strengths, resources and capacities in relation to diverse needs.[71]

Stakeholders agreed that at the onset of the crisis coordination was a challenge, characterized by agencies pre-occupied with getting their own funds, using their own standards and their own guidelines. Coordination however greatly improved in the period 2013 – 2014, with one of the key achievements acknowledged by all partners being the development of SOPs, which outline the procedures for prevention of and response to SGBV and CP and provide guidance on the identification and response.

Stakeholders perceived current coordination as useful. One stakeholder (implementing partner at Amman level) described the CP SWG as follows: *"A rich platform for learning and knowledge sharing, where we benefit from each other."* However, some key informants expressed concern about the number of WGs and SWGs: *"There is an overload of working group meetings, sector meetings; it is impossible to follow up on all and no coordination between working groups and inter-sector coordination, it seems almost counterproductive."* (Implementing partner at Amman level). There was also some fear that having too many WGs and SWGs would contribute to fragmentation.

In this light, evaluators asked in particular about the rationale for separate SWG for SGBV and CP. This division was found to have advantages and disadvantages. On one hand having two SWGs (on CP and SGBV respectively) has increased in-depth knowledge and awareness. On the other hand, many stakeholders interviewed were critical about maintaining separate SWGs for SGBV and CP because by and large the membership is made up of the same agencies and often the same people represent the agency in the two SWGs. In Amman the chairs of the two SWG are different, but at camp/governorate level even that is not always the case. At governorate/ camp level it is usually the same person attending the SWGs for CP, SGBV and, if the agency is eligible, MHPSS. Maintaining different SWGs outside Amman was generally considered inefficient: *"A waste of time and energy."* (A key informant at Amman level). UNICEF followed up on this and since 2015 the working groups at Za'atari level have been merged again, in Azraq they have been merged right from the start at the end of 2014.

3.4.2. Partnerships

Complementarity

Many stakeholders praised UNICEF's advocacy for its partners: *"UNICEF is supportive and part of the solution."* (Implementing partner Amman). All interviewed partners also recognized that UNICEF has pro-actively engaged in promoting complementarity among the different implementing partners. Some mentioned also that despite UNICEF and its implementing partners being in the majority in the SGBV and CP SWG, the SWGs were conducive in promoting complementary between UNICEF and its partners and between other agencies (including for instance UNHCR and other partners, which provide PSS response but are not one of UNICEF's implementing partners). *"It is a real partnership."* (A key informant at Amman level). There was also appreciation for UNICEF's role in standardizing the overall response. UNICEF itself seemed well aware of this: *"UNICEF is proud to have an example of good coordination."* (Key informant UNICEF).

According to the great majority of key informants and stakeholders interviewed, UNICEF has played an important role in facilitating communication and coordination across different partners and different WGs. As mentioned in the previous section, one of the key achievements has been the development of the common standard operating procedures. Common strategies at central level were not developed. At decentralized level UNICEF was said to employ a participatory approach in looking at gaps and streamlining approaches.

Many stakeholders mentioned that capacity building for PSS through CFSs built well on partners' strengths and complementarity. Partners were said to be benefitting greatly from each other in terms of expertise (at no cost), and in making available space for training, and developing materials and so on. *"All partners prefer to use what is available. Capacity building is really cost-effective."* (A key informant from an implementing partner in Amman).

66. *Jordan Refugee Response, Inter Agency Coordination Briefing Kit, Version 1.5 10.07.2014*
67. *'Guidelines on MHPSS Projects, MHPSS Working Group Jordan, August 2014*

Despite praise for collaboration in general, evaluators heard many complaints about duplication of services due to a lack of coordination among UN agencies. One example was duplication of the provision of case management services to SGBV survivors by a partner from UNICEF and a partner from UNFPA at the same location. In another example, two partners were competing for CFS beneficiaries in the same catchment area. Another complaint was competition for staff. Stakeholders provided several examples of UN agencies (and/or or partners) trying to fill vacancies by offering a higher salary. In particular where partners were investing a lot in capacity building, "luring away" staff was not appreciated. In all these examples UNICEF's role was seen as supportive and oriented towards finding an acceptable solution.[72]

Quality of the partnership

The relationship between UNICEF and each implementing partner is regulated in the specific Programme Cooperation Agreements (PCAs).One of the important provisions foreseen in all PCAs is the joint development of the programme. Although it is evident that programme set-up, targets and outputs are the result of a process of consultations between UNICEF and the partner and of collaborative efforts, evaluators noticed that specific and context-relevant local needs assessments, complementing the annual overall needs assessment conducted by UNICEF and partners, did not always seem to have taken place, although there were exceptions. For instance, the agreement with one partner, which has a track record in remedial teaching, contains specific implementation modalities on educational activities. Partners' specific expertise in case management or capacity building were acknowledged and provided in some examples too. However, in other cases, intervention modalities and activities were quite uniform with little evidence on how the PCA built on partners' strength (aiming at synergies rather than at different packages of services). Evaluators noticed a tendency towards a 'one size fits all approach.' UNICEF needed some form of standardisation related to outcomes, outputs and indicators in order to monitor data and compare progress from one year to another. Indicators and outputs, as well as the activities to be implemented, were however chosen to the maximum extent possible on the basis of the needs reported. *"We could not ask all partners to start providing case management services when there was no need."* (UNICEF staff at headquarters).

However, when asked about the partnership with UNICEF, several interviewees were of the opinion that UNICEF was not always well informed about the actual situation on the ground. For instance, some partners mentioned that UNICEF's emphasis on standard staffing (in number and type of staff) was insufficiently taking into account the needs of the centre and partners' own experience and expertise. The emphasis on achieving targets and how to achieve these was also seen as a burden. *"Maybe the PCA is too much on the 'how' and too little on the 'what,' based on the strength of each of the partners."* (Key informant from UNICEF). This shift in expectations could be perceived as a token that UNICEF is indeed willing to go for a true partnership, rather than a relationship between donor and an implementing agency, as some saw the current relation: *"If it is really a joint programme, it cannot be only our concern that this programme is ending."* (A key informant in Amman). Given the variety in the partners – each with their own expertise, track record and networks - some key informants doubted whether the focus on processes and outputs rather than outcomes was the most efficient way to run CFSs.

Unannounced monitoring visits by the field monitors from the UNICEF monitoring section were widely perceived as a means to control rather than to support: Comments included: *"A total lack of the right attitude and inadequate positive appreciation of work which has been done"* and *"You need more experience to be able to really support the people you are monitoring."* (Key informant at one of the CFSs visited). There were also monitoring visits which were planned in advance by UNICEF and the partner, but it was reported that some monitoring staff did not speak Arabic.

On the other hand, UNICEF was said to leave great freedom and ownership of the initiative to its implementing partners. It was felt however that the focus had been in relationship-building with international NGOs more than with local partners, which felt they had been less involved and consulted. *"Although the relationship between the different organisations is generally good, there is not a sustained exchange of experience and ideas especially with and between local NGOs and CSOs."* (A key informant from a national NGO). In general, staff of the different partner organisations also did not seem aware of the activities of UNICEF's other implementing partners. Although this last point was often confirmed at field level, it also appeared that communication and interaction at the strategic level was working better at Amman level than in the field. At field level, partners seem to be better aware of each other's activities and of how to refer to each other.

Partners were unanimous in their praise of UNICEF regarding funding, although there were also concerns regarding gaps between the different funding cycles, despite the fact that most agencies acknowledged that delays were mainly due to internal GOJ procedures. There was however some dissatisfaction about timely and sufficient communication on this and related issues, like phasing out services or the transition from the more traditional CFS approach to the more inter-sectorial Makani centres: *"UNICEF doesn't take time to present plans."* (Key informant, INGO in Amman).

72. *Following a meeting called by UNICEF, partners found an acceptable solution. UN agencies have agreed on standardized salaries.*

Several interviewees noted some changes in the quality of partnership with UNICEF over the years. While initial contacts were deemed more confusing in terms of whom to approach in UNICEF and who was exactly responsible for what, the line of communication between UNICEF and the implementing partner seemed now clearer and better established. Some partners however lamented that requests for meetings or visits were too short notice. Also, partners suggested that having two or more different contact persons for PSS response (there are different focal points for host communities and camps) was not very efficient. The high turnover of staff within UNICEF was also a point of concern.

3.4.3. Summary

1. A shift from emergency response to more long-term development approaches is underway. With MOSD in the lead, the transition from emergency response to more long-term development will accelerate, provided that MOSD has the human and financial resources. (3.4.1)

2. UNICEF has provided clear leadership in coordination by contributing to (i) mainstreaming protection (ii) developing SOPs for treatment and referral pathways and (iii) using a common methodology for needs assessments. (3.4.1)

3. There are some concerns about the multitude of coordination platforms. Whereas at Amman level, differentiation between child protection and SGBV was acceptable, at governorate/camp level many people interviewed thought this neither efficient nor effective. (3.4.1)

4. Capacity building for PSS through CFSs built well on partners' strengths and complementarities. Partners were benefitting in terms of expertise (at no cost), of making available space for training, of developing materials and so on. (3.4.2)

5. UNICEF has played an important role in facilitating communication and coordination across different partners and different working groups. However national NGOs are under-represented in coordination meetings due to the fact that only English is spoken. (3.4.2)

6. Despite praise for overall collaboration between UNICEF and implementing partners, there were also some complaints about duplication of services due to a lack of coordination especially among UN agencies. (3.4.2)

7. Many of the provisions in the PCAs between UNICEF and each of its implementing partners are standard. UNICEF's focus is on ensuring quality through standard approaches and uniform mechanisms, although initiatives undertaken by partners and ownership are valued. However, the emphasis on achieving targets was felt as a burden and counterproductive in attempts to deliver quality. (3.4.2)

8. Unannounced monitoring visits by the field monitors from the monitoring section within UNICEF were widely perceived as a means to control rather than to support partners. (3.4.2)

9. The line of communication between UNICEF and the implementing partner seemed clearer and better established than in earlier years. However, some partners did not consider having two or more different contact persons for PSS response very efficient. (3.4.2)

10. The high turnover within UNICEF is a point of concern, as is the lack of an institutional memory. (3.4.2)

3.5. Effectiveness

3.5.1. Activities by implementing partners

'The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.' [73]

UNICEF implementing partners can be broadly divided into three categories:

The first category relates to partners providing non-specialised psychosocial support at community level and family support (level 2 of the IASC intervention pyramid). These partners typically carry out three groups of activities:

1. CFS activities and group counselling (level 2 PSS)

2. Awareness-raising and community mobilisation through community based child protection committees.

3. Capacity development of frontline workers, caretakers and community.

The number of partners in the first category has decreased in the period 2013 – 2014, due to streamlining and rationalisation of type of activities and locations and shifting from international to national partners. In 2014, there were ten partners as compared to twelve in 2013.[74] Please refer to table 5 for details.

73. *UNICEF, Child poverty in perspective: An overview of child wellbeing in rich countries, Innocenti Report Card 7, 2007UNICEF Innocenti Research Centre, Florence.*

Table 5: Who, what, where and how of UNICEF's implementing partners

	Year		Activities				Location		Implementation modalities		
Partner	2013	2014	Level 2 PSS	Case management	CbCPCs	System strengthening	Camps	Urban/ Rural	Exclusive play Grounds	Mobile CFS	Informal tented settlement
Un Ponte Per - Jordanian Women Union	x	x	x		x			x			
INTERSOS-JOHUD	x	x	x		x			x		x	x
Family Guidance and Awareness Centre	x	x	x		x			x		x	
Jordan River Foundation	x	x	x	x	x	x		x			
Islamic Charitable Centre Society	x	x	x		x			x			x
International Medical Corps	x	x	x	x			x	x	X		
Terre des Hommes	x	x	x	x	X		x	x			x
Save the Children International	x	x	x		X	x		x			
Mercy Corps	x	x	x					x	X		
International Rescue Committee	x	x	x	x				x			
Noor Hussein Foundation	x		x		X		x				
Right to Play	x		x				x				

The second category of partners consists of organisations providing structured case management in relation to CP and GBV (level 3 of the IASC intervention pyramid). IMC, IRC and Terre des Hommes (TdH) are UNICEF's main partners for level 3 activities. IMC works with children at risk (including those referred by other agencies), children who have already suffered harm, and child survivors of SGBV. IMC provides some level 2 services but its main focus is on level 3 and level 4 activities. IMC receives many cases referred by other partners, in particular in Za'atari and Azraq refugee camps. TdH provides case management in EJC refugee camp only. IRC targets unaccompanied and separated boys and girls (UASC) in both Azraq and Za'atari camps, while IMC provides case management for UASC in host communities. IRC also identifies and provides case management of child survivors of SGBV in KAP and CC refugee camps as well as in host communities.

The main partners in the third category involved in system strengthening are Jordan River Foundation and Save the Children. Please refer to section 2.6.3 for a description of their activities.

The referral mechanism for level 4 cases is straightforward: a CP or SGBV case is identified by a service provider, referred to a case manager who, if required, refers to specialized services (ranging from justice to health care services). The latter includes specialized MHPSS at level 4. Typically, a psychiatrist providing level 4 services does so at various locations.

IMC has a total of five psychiatrists each with their own caseload. Two of the psychiatrists are full time, while the other three are part-time. IMC has a total of 17 clinics, which are visited by the psychiatrists on a regular basis. They provide supervision in the clinics and there is also a focal point in each of the clinics who usually is a case manager. The focal point is based in a clinic full time. As a team they complement one another or work together. Case managers do most of the psychotherapy. There is a shortage of licensed psychologists and IMC too has a shortage.

Here are possible referral pathways as noted by an IMC psychiatrist:

1. A general doctor in clinic sees patient and decides to refer to psychiatrist
2. Patient comes seeking the services of a psychiatrist
3. Patient previously diagnosed in home country and is coming to obtain meds
4. Police identify person and send to psychiatrist for expert report
5. Case managers refer to the focal points and only when a case is difficult or if an urgent assessment is required from HQ does the psychiatrist get involved.

74. UNICEF implementing partners for level 2 activities in 2013 included JRC, NHF, Right to Play and SCJ.

Only refugees registered with UNHCR can obtain services. This puts Palestinian refugees at a great disadvantage because they fall under the UNRWA mandate as opposed to the UNHCR mandate. UNRWA does not have psychiatrists and would in principle refer their patients to the Jordanian MOH clinics. However MOH will not provide services to persons without a national ID number, which would include Palestinian refugees from Syria as well as Palestinian refugees who are labelled ex-Gazans (living in many of the refugee camps such as Jerash camp, Souf camp, Wihdat, etc). Current patients include refugees from Iraq, Syria, Somalia, Sudan, Yemen or Egypt. The most common diagnoses are: PTSD (rated no. 1), depression (rated no 2), bi-polar and adjustment disorders.

The expected results outlined in the PCAs highlight the key elements that would impact the wellbeing of the targeted populations. These are as follows:

1. Displaced Syrian as well as host community children and their families access child and family protective places (CFS) and receive psychosocial assistance and protection.

2. Members of the Syrian and host communities participate actively in community-based child protection committees for active prevention, identification and to respond to child protection issues and GBV.

3. Community social workers, psychologists, animators and field coordinators are able to engage with families and children and prevent, identify, and respond to child protection issues and GBV.

4. Displaced Syrian as well as host community children and adolescents receive informal education and participate in life skills activities.

As outlined in section 1.4, in attempting to assess the effectiveness of PSS regarding children's wellbeing, the team conducted FGDs with direct and indirect beneficiaries, as well as SSIs with key informants and stakeholders. The focus in this section on effectiveness will be directly linked to the FGDs conducted with children (aged 9-12 year), male and female adolescents (aged 13-18 year) and caretakers, as an indicator of the perceived effectiveness of the PSS work. Findings are reported in sections 3.5.3 and 3.5.4.

3.5.2. Quality of the response

Safety

The extent to which a CFS is perceived by families and children as a safe place and the high value they place on this aspect should not be underestimated. Findings indicate that staff in all sampled centres take great care to ensure that the environment is safe and free from hazards. In particular, both children (boys and girls) and parents interviewed stressed the absence of corporal punishment as one of the key safety aspects of the CFSs. Parents recognize the work of the staff in reaching out to the children/adolescents and providing programmes and activities that keep the children engaged and off the streets. More than one reference has been made throughout the report about the benefit children have noted from attending the CFSs. As mentioned before, for many females the CFSs are the only place they are allowed to visit. It is their only haven as such. Parents feel that no other place is safe for their younger children and female adolescents.

However, staff and parents also reported worries regarding the dangers children were facing in actually reaching the centres, both in urban areas and refugee camps. In many cases, when the facilities were at a too great a distance to be reached by foot, staff were found to have put mechanisms in place to monitor and/or to accompany children's use of them. Provision of transport was however not anticipated in the PCA and consequently not funded by UNICEF, thus causing an extra strain on already limited resources of some of the implementing partners and at times impeding children and families from actually reaching the centres.

Outdoor play areas in a number of locations do not take account of female needs. For example, in Za'atari camp the outdoor space has no shade, and at the time when females access the space, it is very hot. A number of the younger children at that site noted that when the slightly older boys come and start playing football, they are shoved out of the space. The children's clubs (established to help resolve some of these issues and to give voice to all groups), were not viewed as effective or inclusive for all those wanting to join. This latter point was raised after the FGD with female children/adolescents who took the facilitator aside and asked that they convey this point.

Some safety issues have also been reported by staff conducting outreach activities, who felt not enough consideration had been paid to their own mental and physical protection. For example, an animator in one of the camps wore gloves all the time because she feared being exposed to contagious skin diseases. Though this was done primarily to address a health concern, it also affected interaction with the groups using the CFS.

Staffing and use of community resources

The precise number and type of staff at each centre was found to vary greatly. However, staff usually entailed at least one animator, one Syrian volunteer, two learning facilitators and one or more administrative staff. On average 5-6 staff were working directly with beneficiaries at the centres sampled, with number of beneficiaries exceeding 120 in most CFSs visited. A few CFSs however employed around 10 to 12 staff. Although all the main professional functions agreed in the PCAs seemed to

be operational, as a general rule, an equal (or at least balanced) number of female and male adult staff in each centre should also have been ensured. This was often not the case, negatively impacting on the ability to deal with specific issues (in particular adolescent issues such as puberty and sexual development).

Although each centre had at least one Syrian volunteer participating in the centre's activities, in general the mobilization of community resources (both Syrian and Jordanian) was reported and observed as an area needing further investment (please also refer to section 6.2). This seems particularly the case in host communities. Although this is a dilemma often faced by people in emergencies and humanitarian settings, failing to involve adults and the larger community in protecting children might over the long term deepen aid dependency and weaken possibilities for community-based child protection mechanisms.

Psychosocial activities

"If my parents want to leave the camp, that is fine but I won't leave this centre." (Adolescent female, Azraq Camp).

One of the limitations of this evaluation was time and as a result the evaluators were unable to observe staff for any length of time during the time they were directly engaged with the beneficiaries. Snapshot observation of rooms where certain activities were taking place, coupled with the information obtained in the FGDs and SSIs, shaped the findings presented.

An overview of proposed age-appropriate activities offered in CFSs based on development stages and aptitude is well described in the PCA between UNICEF and Save the Children. See table 6 below.

Table 6: Proposed age-appropriate activities in child and family centres (CFCs)[75]

4-8 years	9-12 years	13-15 years	16-18 years
PSS: Child Resiliency and HEART	PSS: Child Resiliency and HEART	Adolescent Resiliency	Adolescent Resiliency
PSS through music	Child to Child Approach (6 steps approach)	Life Skills- preparing for adulthood, including SRHR	Life skills - Leadership, decision making conflict resolution including SRHR
Creative activities and arts & crafts	Arts /craft project	Arts /craft project	Peer educators
Recreational activities incl. sports	Life skills through sports; Sports clubs	Life skills through sports; Sports clubs	life skills through sports
Role-plays, Puppet shows etc.	Developing and disseminating messages	Working with other groups	Working with other groups
Puzzles and blocks	Community outreach	Discussions and Dialogues	Discussions and Dialogues
Informal education sessions*		**Informal education sessions**	

*For school-age children, the preference is to enroll them in school.

Though some of these activities are not all psychosocial activities per se, they may contribute to the psychosocial wellbeing of the participants, if adapted and delivered based on the abilities, skills and development needs of the children and adolescents.

It was clear that different locations focused on different sets of activities. There was no standard package even at the initial phase of the work. The animators themselves displayed varying competencies in overseeing and running psychosocial activities. The majority of CFSs visited had a clear life skills model that they were utilizing. In other CFSs it was not as clear and as a result FGD participants could not fully articulate what they had learned. The effectiveness of those engaged in life skills training was evident, from the examples children/adolescents provided when asked to translate what was taught in practical terms.

Most of the participants in the FGD verbalized the difference in their lives, skills, knowledge, attitude, before and after receiving the services. For example, in one centre a number of the children noted what they had learned about protecting their bodies and themselves. Clearly the life skills model lends itself as a working model that disseminates knowledge and promotes skill building. Other areas of focus included: heart necklace, children's rights, child club, physical activities, and cultural events.

In one of the centres, the model was different as it offered a series of four one-hour activities. The

75. *Programme Cooperation Agreement (Humanitarian Response) between UNICEF and Save the Children International, PCA Reference No: 001/14*

participants rotated between the various activities which included computer lab, handicrafts, physical activities and others. The rotation worked reasonably well, although some adolescents complained about a lack of age-appropriate options in one of the tracks.

Across the board, the activity that most respondents connected with was some form of physical activity. Soccer was an all-time favourite for many of the males; being outside and playing were all rated quite high.

In witnessing some of the activities, many were deemed fun, time fillers. Having kids jump from one side of a room to the other in a competition does not constitute much of a psychosocial activity, unless it is simply a warm-up to support other work. In the FGDs as participants spoke of the activities offered, it was clear that the nature of activities and the effect they had, varied from one CFS to another. The children and adolescents also commented on the repetitive nature of the day-to-day activities. It is not likely that the beneficiaries have much of a say in what activities are implemented and creativity in the sites is lacking. There is a sense that adolescents in the camps are coming to the CFSs because of the alternative space it offers regardless of the activities conducted. The exception is in Azraq Camp where a number of adolescent females spoke of the CFS as *"better than home," "When I don't come I feel something is missing" and "Fridays are frustrating because we can't come to the CFS!"*

With attendance guaranteed whether in the camps or host communities, a CFS provides the prime opportunity to instil clear and meaningful messages. Much talk surfaced on the fears children, adolescents and parents have when it comes to CP or SGBV in the community. Awareness-raising sessions and presentations are offered in the CFSs, but the effectiveness remains limited in comparison to the magnitude of the issues.

3.5.3. Effectiveness in relation to PCAs

Result 1: Displaced Syrian as well as host community children and their families access child and family protective places (CFS) and receive psychosocial assistance and protection

Access to CFSs

Establishing spaces addressing the wellbeing of children and adolescents has been a pillar of the work in UNICEF's child protection programme. They have been instrumental in providing children and adolescents with an alternative space to their living quarters. A majority of the children/adolescents noted how the CFSs are their *"second home."* The significance of this cannot be underestimated. In light of the studies reporting the increased level of violence that refugees are subjected to, whether inside their living quarters or outside, it is important to recognize the protective role that the CFSs have taken. Throughout each of the FGDs, the vast majority when asked about the level of safety they felt in the CFS voiced no concerns while in or on the premises of the CFS.

The presence of CFSs was significant for both boys and girls and adolescents. However, for girls and female adolescents it quite often served as the ONLY space where they were allowed to go. Hence the appreciation for the space in general was articulated more clearly by girls and female adolescents.

Both groups benefitted from the services and activities provided and spoke openly about it. The education support was rated high in many of the locations, as were a number of the activities using the life skills model. Having a physical space to run around in was very significant. Outdoor play areas, i.e. football space, were unofficially designated more for the use of the boys and male adolescents and it was clear that they greatly appreciated that particular space. Where personal or more private issues were impacting girls or female adolescents, they were more active in seeking and benefitting from the services of the social workers.

At a younger age (7-12 years), both sexes engaged in activities and appreciated both the space and the activities provided. In a number of CFS sites, the team noted that the level of adolescent male engagement in the conversations and their view of the CFS seemed shallow. The indoor activities did not appear to have the same value to them as to the girls. In host communities this could be because they were looking for some form of employment opportunity and viewed other activities as a luxury. At the same time, because this particular age group is under tremendous stress, the CFSs could serve as a real haven for them. In Ramtha, for example, one adolescent male (16 years old) would go to school then straight to work. He explained that there was no one to play with or hang out with and that he felt very isolated. When he had the time to come to the CFS, it made a huge difference to him.

Female children benefitted from playing with others in the CFSs and spoke of making new friends. Adolescent females in a number of the sites recognized that this was the only space to truly engage with others in their age group, as it was very rare to be able to visit friends in their homes.

The notion of the CFS as a 'second home' and the relatively high attendance rates all correlate to the role of the staff working directly with the population at hand. Staff have been instrumental in creating a level of trust with the beneficiaries and in working to support the resiliency and coping mechanisms of the children and adolescents. When beneficiaries were asked, *"Who do you turn to if you are facing a problem?"* over 65%

made reference to particular staff from the CFSs. During the FGDs with male and female caretakers, over 95% of both sexes made reference to the CFSs, the staff, and the psychosocial activities as having a direct positive impact on their children's wellbeing. CFSs provided a space to "de-stress," so that when they returned home, they were "more positive" and less agitated. While some male caretakers did not have the details of what was offered in the CFSs, they unanimously noted the impact of the CFS activities, staff etc. on the wellbeing of their children.

In a home setting with limited space, a less agitated child is a blessing for a caretaker. Caretakers noted that their children calmed down at home after attending the CFS. Children and adolescents noted their ability to tolerate the home setting better since attending the CFSs. This is not to say that the home setting is quiet; it simply means that the child can quietly disappear in a corner. When children and adolescents were asked, "What do you do when you are stressed", the responses varied but included going into a second room and crying. Some of the male respondents said that they would leave the home, but noted that the streets themselves were not less stressful. Over 65% of the female caretakers in the host communities noted that they were forced to keep the children quiet for fear of disturbing neighbours. The fear remains that they will be asked to vacate their rented space if the children are too loud. The stress this puts on the caretakers as well as the children is quite considerable.

In general, there was an overall appreciation by both male and female caretakers. However, female caretakers accessed the spaces more often and knew more about the services provided to their children. The female caretakers were also engaged more actively by the CFSs and attended occasional lectures/ brief workshops. The female caretakers were more vocal about wanting more specific services from the CFSs for themselves. A small percentage of female caretakers the team interviewed had accessed the sites on a regular basis, often because they were accompanying their children to the site, as no transportation was available. Those who came to the CFSs either occasionally or more regularly spoke of the sense of community they felt, as they engaged with other refugees and with certain members of the staff. In some locations the female caretakers spoke about their own anxieties, the risks they had taken, and the hardships endured. They spoke about the difficulties of watching their husbands sit around all day, frustrated and unable to attend to any business. For them the CFSs were the only spaces their husbands would allow them to visit. Occasionally, female caretakers openly spoke about their need to participate in a psychosocial programme.

Over 90% of caretakers reported the high level of stress felt at home. With no true work opportunities, little to no income, tight living quarters, realities in the home country, no external outlet or space to go to, they felt like walking time-bombs waiting to explode. Yet, few male caretakers access the CFSs, as they feel they have no role to play in the space. For the male caretakers, this translated into a feeling of powerlessness, which often led to a sense of worthlessness among other things. In at least two of the FGDs conducted with male caretakers, half of the participants noted their willingness to volunteer and share their technical training, skills and hobbies in the CFSs, but these community resources were not being utilized. Lack of follow-up from the CFS may be one possibility. Not knowing how to make use of such resources and/or lack of funding to implement new activities might also play a role.

In host communities many refugees are also aware of their irregular status and fear being deported to Syria or returned to the camps. This concern was raised both by the caretakers and the children and adolescents. There were quite a few adolescent males who had jobs or were considering getting jobs because of financial need at home. However they were very aware of the threat of deportation if caught. One female child cried as she spoke of her brother having been deported. Numerous examples were reported during FGDs.

Access to the CFSs remains limited to daytime hours. The shift system, which maintains the gender separation – and in many host communities the separation between Syrian and Jordanian pupils - further limits the hours available to all groups. On Fridays most spaces are closed. In the Azraq Camp, at least one of the CFSs was found to have extended its hours until 5 pm, allowing males adolescents to access the soccer field and play. This centre had also opened its doors on weekends for its beneficiaries, which was greatly appreciated. However, most CFSs in refugee camps the team visited closed by 3 pm.

Effects on children's psychosocial wellbeing

Information gathered in FGDs with 277 children (66 boys and 56 girls aged 9-12 years and 78 male and 77 female adolescents aged 13 to 18) was analysed with a view to provide some indication of the effect of attending CFSs on children's psychosocial wellbeing, in relation to (i) emotional wellbeing; (ii) social wellbeing and (iii) skills and knowledge.[76] For each of these categories, three indicators (matching with the various questions developed for the FGD topic guides) were identified: mood, emotional regulation and feeling safe (for emotional wellbeing), integration with host community, social skills and sense of purpose (for social wellbeing) and learning new skills, school performance, and school attendance (for skills and knowledge). For every age group in all sampled CFSs, each indicator was given a score ranging from 0 - 3 as follows:

- ✓ 0 = CFS attendance has had no effect whatsoever and/or the issue has not been addressed.
- ✓ 1 = CFS attendance has offered some services/ had some effect/some of the children reported they have benefitted
- ✓ 2 = CFS has offered several services/had significant effect and/or many children reported significant effects and;
- ✓ 3 = CFS has offered many and diverse services / had outstanding effect and/or most or all of the children reported outstanding impact.

Scores per indicator for all groups and all locations were added up and divided by the total maximum possible score. Where the indicator was not applicable (e.g. integration in host communities for camp residents), the score was 0 in both the numerator and denominator. Table 7 sets out the results.

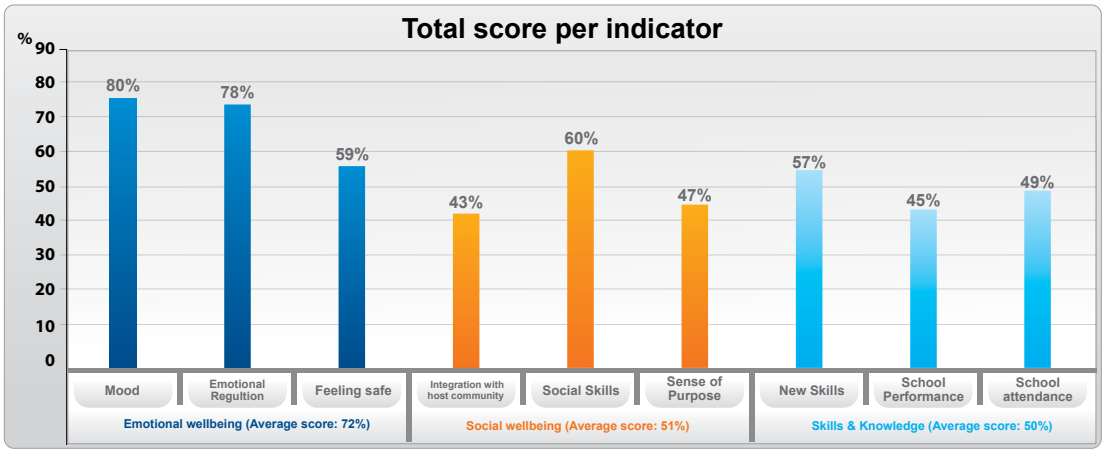
Table 7: Effects of CFSs on emotional and social wellbeing and skills and knowledge

	Indicator	Operationalization	Score	Rank
Emotional wellbeing	Mood	Feeling happier, not angry, sleeping better, getting out of isolation	80%	1
	Emotional regulation	Avoiding fights, not breaking things, discussing things calmly	78%	2
	Feeling safe	In the centre, in the neighbourhood	59%	4
Social wellbeing	Integration with host community	Having friends from the host community, playing with them, visiting them at home, not calling them names or getting into fights based on group	43%	9
	Social skills	Having more friends, visiting friends and relatives	60%	3
	Sense of purpose	Having a goal, sense of purpose	47%	7
Skills and knowledge	New skills	New skills and knowledge	57%	5
	School performance	Improved grades, increased participation in class, increased self-esteem, doing homework and preparation, teachers and parents noticing improvement	45%	8
	School attendance	Attend school, not running away, like going to school	49%	6

Findings suggest that the CFSs were most effective in addressing emotional wellbeing (with mood and emotional regulation scoring the highest of all indicators). CFSs are moderately effective in improving social wellbeing and skills and knowledge, with social skills (having more friends/visiting friends and relatives) scoring highest. Within the skills and knowledge group, the indicator 'new skills' scored best.

76. The purpose of this analysis is not to give a statistical interpretation, but rather to ran

Figure 11: Total score per indicator



In comparing the effectiveness of the CFS in terms of indicators in descending order, the CFS seemed most effective in addressing mood improvement, followed closely by emotional regulation. The CFS seemed least effective in Integration in host community,[77] followed closely by school performance, school attendance, and sense of purpose. It is noticeable that the first three issues are large communal issues that need collaborative efforts.

(i) Emotional wellbeing

The mood improvement indicator (e.g. feeling happier, not being angry, not crying, sleeping better, getting out of isolation) received the highest score of all indicators. CFSs were most effective in improving children's mood and making them feel "happier." (The term 'happy' was based on descriptions and functions the children mentioned, such as: being able to sleep better, smiling, being cheerful, not snapping at family members or friends, coming out of isolation, enjoying food and company of family). Most children reported that they loved coming to the CFS because they meet their friends; they love the teachers; it's a space for them to vent; and they like the recreational and educational activities.

It is interesting to observe that the second highest indicator, emotional regulation (e.g. avoiding fights, not breaking things, discussing things calmly), goes almost hand in hand with mood improvement. Findings suggest that there may be a correlation between the life skills programme and mood improvement and emotional regulation, because locations with very high scores of both mood improvement and emotional regulation implement the life skills programme. This programme was praised by most adolescents. They gave examples of how it helped them transform their lives (see success story box number 3).

The feeling safe indicator mainly refers to feeling safe and comfortable in the CFS (for example, in relation to the location, teachers and staff, environment if mixed boys and girls, feeling safe commuting from home to the CFS and vice versa, and feeling safe in the neighbourhood). In all locations, children, adolescents and caretakers voiced their sense of full safety and comfort within the CFSs. The issue of safety surfaced when discussing commuting from school or home to the CFS. There were examples given of being harassed or bullied. One girl said she was afraid she would be kidnapped when she walked alone and this theme was discussed in more than one FGD. The fear of being bullied on the streets was also noted by numerous males in different locations. Being bullied in schools was noted both by females and males. In locations where the partner organisation had transportation (a small bus), this was less of an issue. Some children and caretakers said that if it were not for the bus, they would not have been able to come to the CFS.

77. *This was only taken into account in CFSs located in host communities.*

A significant change

O. is 17 years old. He moved with his mother and father to Jordan because of the conflict in Syria 3 years ago. They live in a host community in a village in Irbid Governorate. Soon after they arrived, his father disappeared without notice and then called and said he was in a European country. He had been there for two years. He said he would send for them after he settled down and got his official papers.

O used to spend most of his time at home. He had no friends and was isolated from the community. He had a temper at home and would get angry over almost anything. He was rude to teachers and didn't respect older people.

One day he heard about the CFS from peers at school. He had heard different things; that it provides good informal education, and that it is only for fun and is a waste of time. So he wanted to check for himself. When he attended, he liked it and decided to enrol in the computer classes. Later he also enrolled in the life skills programme. Now he is a frequent attender at the CFS and everyone knows him. He says the CFS transformed his life.

"Now I am no longer isolated. I have more social skills and have a lot of friends. I can control my anger and don't lose my temper. My mood is better and I think before I respond. I respect people more, I have become more religious and I have more self-awareness. I believe the CFS helps children and adolescents improve their mood, acquire good habits and morals, improve their school performance and generally helps the Syrian community improve their mental and social state. Finally, I have a suggestion: There should be a class especially for students that can't read and write. And one more thing: an awareness campaign should be brought to Syrian parents that certificates from Jordanian schools are acknowledged in Syria and parents should not pull their children out of school."

Findings indicate that feeling safe is highly environment-related. In one of the closed camps, the issue of feeling unsafe (such as getting into fights, getting beaten by older children, girls getting harassed by boys, feeling scared when they hear the sound of an airplane, and being afraid from Jinns can be all understood in the context of the huge number of refugees, the recent arrival of refugees with recent war traumas, and the lack of electricity after sunset. In some host communities adolescent children said it was unsafe to be outside the house after dark, as there had been more than one incident where a child was found dead with his organs stolen for organ trading. One child reported that a person stalked him and he had to run to his house and call his relative for help. Some girls also reported that a stranger stalked them.[78] Adolescents (both in home communities and in Za'atari camp) mentioned that one of their friends had been stabbed by a drunken gang when he was coming home. Both in Za'atari camp and in host communities, adolescents noted that there was drug dealing on the street corners and that some of their peers smoked marijuana. *"While the CFS provides a safe haven for the children, opportunities to involve communities to protect children from abuse on the way to or from these centres remain underused."* (CFS staff member in host community).

(ii) Social wellbeing

The integration with the host community indicator refers to acquiring friends from the host community and playing with them, not calling them names and not getting into fights based on group difference. As shown in the figure above, integration with the community got the lowest score, and is seen as the least effective activity within CFSs. Although the administration, staff and parents mentioned that this was an important goal of the CFSs, the findings from the FGDs with children and adolescents indicated otherwise.

Community-based child protection committees do not seem to have been active in facilitating the integration of children (and their families) within host communities. *"In one centre the children's group physically split into Jordanians and Syrians and started calling each other names. When the moderator gave some space and asked for the reason, one of the Jordanian children said: I hate Syrians, and when the moderator asked why is that? The child said: I don't know. I just hate them. The Syrian children got agitated and one girl said the Jordanians don't deserve anything. In other groups Syrians have said that they are regularly called names, mocked, harassed, made fun of, beaten, and asked to go back from where they came. Some Syrian children said, 'When we get back to Syria, if we see a Jordanian there, we will show them!'"* (Quoted from children during a FGD in a CFS in the host community.)

78. *This was mentioned by a child in a CFS. The FGD facilitator was not sure of the information and asked other children in the same group. They confirmed what the child had said. Whether this really happened is not easy to verify, but regardless, in the children's eyes, it's a perceived threat.*

The social skills indicator refers to having more friends, visiting friends and relatives (which is different than having friends from the host community). Many children reported that before attending the CFS they were shy, isolated, didn't know anyone in the community, didn't leave the house and didn't like participating in family occasions. This can be interpreted as signs of depression (withdrawal, lack of motivation) as well as being disconnected from their community by the displacement. In most cases, CFSs have done a good job to teach children how to acquire new friends, how to boost their self-confidence and to become more outspoken. The majority of children reported that they liked coming to the CFSs because they saw their friends there. Many children said that they met other children who were their relatives at the CFS. They had not known they were living in the same community because they had been separated by the displacement. The CFS had effectively acted as a reunification centre. Other children also reported that they had met and made friends from the same village or neighbourhood in Syria and that made them feel some sense of closeness. Again, the highest score was reported in places where the life skills programme was offered.

The sense of purpose indicator refers to having a clear goal(s) in life, knowing what he/she wants and being motivated to get there. This was mainly related to two issues: (i) school performance, which indicates the importance of education in the eyes of children and adolescents and its relevance to their future; and (ii) living inside a closed camp. Findings indicate that scores are low in closed camps, related to the fact that many children have been there for 1-3 years, have little or no mobility, might be separated from (extended) family members and see little or no hope for future. Even in places where children go to school, if the quality of education is not good, or if children and/or parents believe that a Jordanian school certificate is not going to be acknowledged in Syrian in the future, hopes are still low. This will be discussed in more detail in the section below on school attendance and performance. Lack of integration with the host community and lack of a feeling of belonging exacerbates feelings of hopelessness and lack of purpose.

(iii) Skills and knowledge

The new skill Indicator refers to acquiring new knowledge and skills, such as learning how to make handicrafts, recycling, calligraphy, acting, agriculture, computer skills, etc. Generally, most CFSs did well on this indicator and children reported that they enjoyed and benefitted from these activities.

The improved school performance indicator refers to improved grades, increased participation in class, doing homework and preparation, and teachers and parents noticing the improvements. In CFSs where free education is provided, children reported improvements in school performance. This was confirmed by CFS staff and in FGDs with parents.

Children in many locations reported that there is corporal punishment, verbal abuse and poor teaching quality in schools. They reported being bullied on a daily basis in school, sometimes by teachers, as well as by other children after school on the way home. Children did not mention the CFSs as a resource to turn to help for this issue. In one location, there was a communal problem, where most Syrian children could not attend school because they needed a police clearance which was difficult to obtain in this particular host community within a Palestinian camp. The partner organisation helped some individual cases, however, the community-based child protection committee did not tackle this issue on a communal level and so most children remained unschooled. On the other hand, some children didn't like attending school because they were not doing well; they were lagging behind, and were too shy. When the CFS helped them to catch up and improve their performance, they started liking going to school and their attendance improved. Adversely, in a few cases, some parents reported they had pulled their children out of school and let them go regularly to the CFS as an alternative because the CFS was much better, treating children with dignity and respect, and not allowing their children to get bullied.

Results for female and male adolescents were very similar for all three different outcomes. Because children aged 9 to 12 were part of the same FGD, it is not possible to provide sex-disaggregated results.

Result 2: Members of the Syrian and host communities participate actively in community-based child protection committees for active prevention, identification and to respond to child protection issues and GBV.

In all sampled centres, community-based child protection committees (CbCPCs) had been formed and were working to ensure the protection of children and safeguard against GBV, in addition to supporting the resiliency and wellbeing of children and young people. With representatives from the Syrian community, the CbCPC could facilitate entering Syrian households or holding community meetings, and were also able to facilitate discussion to target or combat issues of child protection or GBV. The committees the team interviewed varied in composition and in their way of working, operating with varying degrees of success. Please refer to section 6.2 for details.

Result 3: Community social workers, psychologists, animators and field coordinators are able to engage with families and children and prevent, identify, and respond to child protection issues and GBV.

As previously stated, when children and adolescents were asked about whom they would turn to if a problem arose, most FGDs had at least 2-3 participants that made reference to the CFS staff. At times the staff

identified were teachers in the remedial education component, the animators occasionally, and at other times it would be the on-site social workers. Examples of issues that have been raised with staff include sexual harassment, verbal harassment, physical violence, and early marriage. The social workers have assumed an active role in dealing with cases, reaching out to the community to raise awareness.

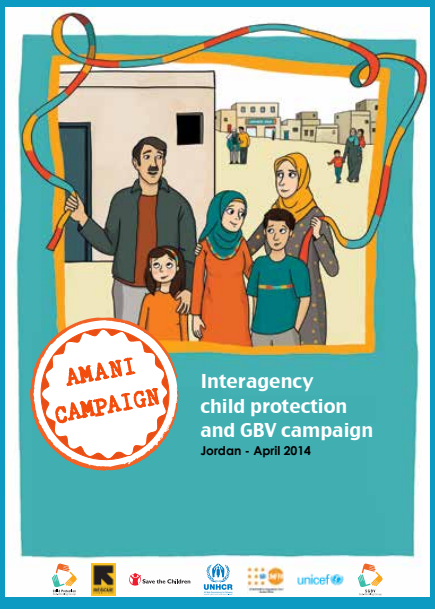
The issues of harassment and GBV were often raised in the FGDs. In one CFS, the children's group repeated stories of girls who had been kidnapped over and over again and that they themselves had been followed. Whether or not this had actually occurred is not the issue. Their clear perception was that they were easy targets and consequently they lived in constant fear. In one of the adolescent female groups, one of the participants shared after the FGD that she had been a victim of harassment. She spoke of the shame of being gullible and dreading to speak to her parents about the matter for fear that they would prevent her from ever leaving the house. The social worker remains committed to working with her, supported her, was in contact with her parents, and progress has been made.

Despite the active role taken by the social workers, animators, and field coordinators, evaluators heard scores of cases of street violence waged against Syrian youth (males) that were not dealt with, and numerous cases of Syrians feeling targeted in their homes by both youth and neighbours. The school grounds felt like a war zone for many children and adolescents. The male adolescents showed a fatalistic approach: an attitude that nothing can be done, *"Our voices are not heard."*

Joint programming (pillar 4): addressing child labour through stimulating school enrolment.

Assessments indicate that at least 40% of school-aged Syrian boys and girls in Jordan are not attending formal education. Never having attended school, lack of resources and/or the need for the child to work are the most common reasons why refugee boys and girls drop out of school or don't enrol, once in Jordan. UNICEF's efforts to reduce child labour face many challenges. A successful approach appeared to be combining informal and remedial teaching with the provision of cash assistance. In several locations evaluators were told that the centre had succeeded in getting boys and girls who had dropped out because of the need to work back to school, usually after successful catch-up education. *"80% went back to school; but it is a challenge to convince parents because of the money issue. Some parents don't see the point, because they won't have money for further study anyway. The amount parents receive (30 JOD) is too little, 50 JOD would be sufficient"* (Member of the community based child protection committee in a host community).[79] This corroborates findings from a recent assessment which indicates that more than half (51%) of the refugee households identifies cash assistance as a primary need to enable enrolment in formal schools.[80]

In Za'atari camp where according to an assessment[81] 13% of all children are engaged in child labour, the evaluators found that CFS staff as well as community-based child protection committee members put considerable effort into raising awareness about the negative effects of child labour and facilitating return to school. These efforts to reduce child labour also met with approval from others: *"There is no justification for child labour. Everything we need is being provided for here in the camps. Parents who allow their children to work do this for various reasons: for luxury - to buy cigarettes for example, because they think their children don't need school or because they think school is not safe. The same father will send his child to work!* (Community leader in Za'atari refugee camp). However, despite some success stories –including examples of staff successfully negotiating priority access for child labourers to school - efforts were described by some key informants as futile, in light of the challenges related to school enrolment. *"The waiting lists for school are long and some children have to wait more than a year. There are too few schools, distances are too long and there is too much abuse (…). Even if drop-outs want to go back to school, it's a problem due to the waiting list"* (Key informant in Za'atari camp).



79. *According to UNICEF's CP overview, some 1,700 children received a conditional 30 JOD monthly in 2014 which required that they remain out of labour and attended school.*
80. *Education Sector Working Group (2015); Access to Education for Syrian Refugee Children and Youth in Host Communities, Joint Education Needs ssessment Report, UNICEF, March 2015*
81. *Save the Children and UNICEF (2014); Child Labour among Syrian Refugees in Za'atari Refugee Camp, Jordan;*

According to the RRP6 mid-year update, 77,000 Syrian children were no longer eligible to enrol in public schools in 2014 (because they had missed more than two years of school or lacked proper documentation). Also, at the time of the evaluation there were some 90,000 children of all ages and nationalities awaiting school enrolment according to the Ministry of Planning (March 2015).

The quality of services provided by social workers seemed to differ from site to site. However the level of commitment exhibited by the social workers in all the sites was found to be commendable and was greatly appreciated by the beneficiaries. In all sampled centres, social workers carried out outreach work to introduce the population to the work of the CFSs. *"We were surprised to learn that one of our adolescents, a thirteen-year-old girl, had been married off to a twenty-year-old Syrian male. It came to our knowledge when a family member shared that the husband wanted to divorce her and she was with child. If we didn't step in through our legal advocate, she would have ended up as a divorced child-mother with no alimony. Our legal advocate stepped in to plead her case and establish the paternity of the unborn baby, ensuring that the court ruled that the husband has a legal responsibility to pay alimony etc."* In many CFSs, the social workers and field coordinators noted they had needed additional training (please refer to section 6.1 for details).

Result 4: Displaced Syrian as well as host community children and adolescents receive informal education and participate in life skills activities.

"My husband and I are illiterate, we are from a rural area of Homs and there were no schools. I fear now that my children will be part of the next illiterate generation" (Female caregiver).

It is evident from the discussions with children, adolescents and parents, that corporal punishment is exercised excessively in the Jordanian host community schools, as well as in a number of schools in the camps (most notably in Za'atari Camp). In the host communities, there is a strong fear of backlash if they continue to report on the corporal punishment they are subjected to. The backlash has taken the form of threats to have them thrown out of the school. In the Za'atari Camp children and adolescents reported that they were instructed to approach Save the Children (SC) on this matter because SC is in direct contact with the Ministry of Education. Nothing was resolved and the children and adolescents felt more vulnerable and exposed. As a result some have chosen to simply quit the school system. Families - both in the host communities and the camps - have stated their unwillingness to subject their children to insults and corporal punishment in the school system and have supported their children quitting school.

The impact this has had on the remedial education component provided in the CFSs is immense. The classes, which were not designed to replace formal school education, have gained popularity with the students and their parents to the extent that for many they are replacing attending formal schools. However these remedial classes cannot provide students with any official paperwork. In almost each FGD for adolescents (male and female) there were at least one or two dropouts. In several sites including Za'atari camp and some host communities, a high number of children and adolescents were out of school due to lack of space in schools.

FGDs in all of the sites visited noted the importance of remedial education in some locations. (This was also the case in the other ICCS location). In fact, the remedial education component received high praise from the children and adolescents and many of them said that their grades in the formal schools had improved. Others noted that they were no longer lagging behind. In one CFS, teachers had encouraged the children and adolescents to bring in questions from their formal education track (maths, English, Arabic) and this had boosted the children/adolescents' sense of accomplishment. However in other CFSs, the teachers developed their own 'curriculum' in the three subjects and often focused repeatedly on the basics, i.e. the alphabet, simple arithmetic, etc. At one of the CFSs, teachers spoke of following the lead of the children and what 'they' wanted. In the context of play, this approach would be important. However in education where this could be their only chance at getting an education, using this strategy could prove to be limiting. There were also numerous examples of classrooms being overcrowded, with various levels and ages all packed into the classroom.

3.5.4. Summary

1. The programme has successfully built on existing strengths, allowing CFSs to play an important role in assisting families and protecting their children.
2. However, the response has at times also created unexpected additional strains on existing services and failed to fully capitalise on local resources available. (3.5.2)
3. CFSs did not implement a standard package even at the initial phase of the work. The nature of activities and the effect they had, varied from one CFS to another. (3.5.2)
4. Overall CFSs have been instrumental in providing children/adolescents with an alternative space to their living quarters. A majority of the children/adolescents interviewed noted how the CFSs are their "second home." (3.5.2)

5. Often psychosocial activities were translated into recreational or art-based activities which have their own value within the CFS, but do not have a psychosocial dimension in terms of enabling members of the group to connect, building rapport etc. and do not create longer term impact permitting reflection as well as growth. (3.5.2)

6. The life skills model was an example of providing structure which had a positive effect on children's emotional and social wellbeing. (3.5.2)

7. Results from focus group discussions with children aged 9-12 and male and female adolescents aged 13-18 revealed that attending CFSs had the biggest effect on children's emotional wellbeing; effectiveness on this aspect scored 72 out of the 100 points which could be obtained. Within this category mood (feeling happier, not angry, sleeping better, getting out of isolation) scored 80%, emotional regulation (avoiding fights, not breaking things, discussing things calmly) scored 72% and feeling safe (In the centre, in the neighbourhood) scored 59%. (3.5.3)

8. Effects on social wellbeing and skills and knowledge were also substantial, with scores of respectively 51% and 50%. Within the category social wellbeing the indicator having more friends, visiting friends and relatives scored the highest with 60%. CFSs which were implementing the life skills programme had very high scores of both mood improvement and emotional regulation. (3.5.3)

9. In the category skills and knowledge the indicator new skills and knowledge scored highest at 57%. This indicator refers to acquiring new knowledge and skills, such as learning how to make handicrafts, recycling, calligraphy, acting, agriculture, computer skills, etc. Generally, most CFSs did well on this indicator and children reported that they enjoyed and benefitted from these activities. (3.5.3)

10. Focus group discussions with children aged 9-12 year usually consisted of a mix of boys and girls; differences between boys and girls were not apparent and no attempts were made to make a distinction between male and female respondents. Focus groups discussions with adolescent boys and girls were separate. Results for female and male adolescents were however very similar for all three different outcomes. (3.5.3)

11. An unintended effect of the programme is that CFSs in some cases provide an alternative for the school. Many children are not attending school for different reasons, ranging from being on the waiting list or not being eligible to attend anymore to verbal and/or physical abuse on the way to or in school. In a few cases, parents reported they had pulled their children out of school because of abus and let them go regularly to the CFS as an alternative because the CFS was much better, treating children with dignity and respect, and not allowing their children to get bullied. (3.5.3)

3.6. Sustainability

3.6.1. Capacity development

Investing in capacity building and training of CFS staff, partners, communities and governmental institutes is a key ingredient for sustainability. According to the PCA between UNICEF and its partners, it is each partner's responsibility to ensure that its staff meet the standards required to start up and successfully manage the CFS programme.[82] As a result, each implementing partner was found to have carried out a number of specific trainings for its own staff. In addition UNICEF has invested extensively into wider capacity building, either by providing training directly to all partners through its own staff or by tasking some of its implementing partners. In 2013 more than 100 training workshops in support of PSS and/or CP were organized, of which 85 in direct support of PSS/CP programming.[83] The duration of the training varied from one day to 6 days. Approximately one third (31) of all of the training workshops organized had a duration of four or more days. In 2014 more than 180 of such training workshops were organized. The duration of the training workshops varied from one day up to 21 days. Again, nearly one third of the training sessions (51) had a duration of four or more days. Trainings with a duration of four or more days are summarized in table 8.

82. *This is stated in the standard PCA between UNICEF and its implementing partners.*
82. *Training indirectly benefiting PSS programming and CFSs such as strategies for English language, education concepts or computer skills and training not provided by UNICEF and implementing partners is not included.*

Table 8: Training

Topics	Responsible agency/ agency providing the training	year	Number of days	times conducted	Number of attendants
Informal education and child resiliency in CFCs	SCI / UNICEF	2014	21	1	4
Case management	SCI/JRF, UNICEF IRC/ IMC/TdH/ SCI/UNICEF	2014 2014	9 6	1 20	18 196
Delivering PSS **Psychosocial support through music** **Child Resilience and PSS** **PSS in emergencies**	UNICEF SCI/ UNICEF SCI/ UNICEF INTERSOS/UNICEF	2013 2013 2013 2014	6 5 4 5	7 2 1 1	245 10 12 21
Basic) Life skills)	ICCS/UNICEF ICCS/IRC/UNICEF	2013 2014	6 5	1 5	16 26
Play and Learn **(Comfort for kids (C4K** **HEART approach (Healing (through Art and music**	ICCS/UNICEF Mercy Corps/UNICEF SCI/ UNICEF	2013 2014 2013 2014 2014	6 4 4 3 4	1 1 1 1 1	15 22 19 18 25
CP in Emergencies/CFS programming **CP/different activities** **CP principles/ PS approach/ community mobilization**	UNICEF UNICEF/CPSWG SCI/ UNICEF TdH/UNICEF	2013 2013 2013 2014	5 5 4 4	4 1 4 4	80 25 35 91
Better parenting	ICCS/UNICEF	2013	5	2	40
Mine Risk education	UNICEF	2014	5	3	60
Caring for Child Survivors	IRC/UNICEF	2014	5	4	80
TOT soft skills/CP **TOT caring for child survivors** **TOT basic life skills**	IMC/UNICEF IRC/UNICEF UNICEF	2013 2013 2014	5 5 5	4 1 6	150 17 120
Communication skills	IRC/UNICEF	2013	5	1	26
CFS training **CFC management/ programming**	UNICEF SCI/UNICEF	2013 2014	4 5	1 1	30 93
Community projects	IMC/UNICEF	2013	5	1	30

Shorter trainings were conducted in psychological first aid, MHPSS orientation, SOPs, Code of Conduct (all three regularly), basic CP/GBV, mainstreaming CP, various structured activities for children, the Amani campaign as well as community mobilisation and community-based child protection committees (one training workshop in 2013 and two in 2014, for 73 participants in total).

An interesting tool worth mentioning here is also the IMC online MHGAP online video training, part of a training package developed jointly with WHO and involving five other countries.[84]

In 2013, UNICEF provided the training and/or was the sole agency responsible providing the training in 14 cases (out of 85 training); responsibility for the other 74 trainings was shared between UNICEF and partners in particular ICCS, IMC, IRC or Mercy Corps. The total number of training days was about 250, rendering an average training duration of nearly 2.9 days. The number of attendants amounted to nearly 1,750.

In 2014, UNICEF was the only responsible agency for 30 (out of about 180) training workshops, of which 12 consisted of a one day orientation on Monitoring and Reporting Mechanisms on grave violations against children in situations of armed conflict or other situations of concern. UNICEF's main partners in training/ capacity building in 2015 were SCI, TdH, INTERSOS as well as ICCS, IMC, IRC and Mercy Corps.

84. *Mental Health GAP Training Videos, YouTube, <www.youtube.com/playlist?list=PL8EFD1932C0CF4C96>, accessed in 2015.*

All together about 550 days of training were provided, which corresponds to an average duration of 3.1 days. The number of participants was nearly 3,000.

Participants consisted of staff and volunteers, including social animators, child protection community committee members, community mobilizers, teachers, parents and other CFS staff, employed by the different organisations with cooperative agreements with UNICEF. Results from SSIs suggest that capacity building among staff based in Amman was significantly more substantial then among staff based elsewhere. For instance most CFS managers interviewed had participated in three or more trainings. However, in the words of the many staff interviewed, while capacity building efforts at Amman level were generally successful and had reached their intended audience and scope, the same degree of success and coverage was yet to be achieved at governorate level. In fact, the vast majority of trainings had been conducted in Amman, often attended mostly by senior staff with the expectation that they would later transfer the learning acquired to their colleagues or peers working in other governorates. However: *"Supervisors go to training, then they transfer the training and share the material to the other members of the team […] but it is not the same as going there. The supervisor explains what to do and what the procedure is like, but proper training is different."* (A social worker in CFS in camp setting).

In informal discussions with agencies, many staff also commented on the adverse impact of high staff turnover and the unavailability of a qualified workforce. Indeed high staff turnover had created many instances where staff members who have been trained for a specific function had then left without effective handovers, thus causing loss of functionality and expertise. In particular finding and retaining staff willing to work in camps was mentioned as a challenge.

In order to address these gaps, UNICEF explored the possibilities of convening further training at the governorate or regional level, particularly in 2014, bringing together all agencies working in the area and a wider number of staff. Another important element in consolidating capacity building by reducing turnover has also been the agreement, reached amongst different UN agencies, to standardise salaries in order to minimise the risk of staff leaving for better pay offers (as already mentioned in section 4.2). As part of its future capacity-building strategy, governance and human resource issues will also be included in the curricula.

Asked about the kind of capacity building they would like to receive, staff interviewed almost unanimously reported the need for further training on specific psychological approaches and techniques. *"There is still a strong need for qualified people that understand PS needs that can accurately identify problems." "We need a psychological specialist…. we have mentally and physically challenged children but how do we deal with them? How should we work with them? Sometimes we see psychological reaction in children but we do not know how to address them"* (Teacher, CFS in host community). This is unsurprising, since, as indicated above, the magnitude of the problems encountered and addressed in each centre requires not only an appropriate referral system but also the confidence and capacity in staff to adequately signal instances requiring further, more focused support of that which could be offered within the centres.

Along similar lines, this sense of adequacy and the appropriate expertise that staff feel provides an opportunity for planning an appropriate sequence of the training offered during the different phases of the CFS set-up and implementation of activities including PSS response. *"We needed prior training to deal with all this - when we started, we relied on information collected from the net- or on the experience of other centres that dealt with such cases – we needed training in order to provide activities which were relevant for the children. The training should have been given before starting. Instead after 3 months have passed we have received a first training."* (CFS staff member in host community)

When asked about how they set boundaries when realizing their capacities and resources were limited, almost all the staff interviewed unequivocally answered that their organisation's door was always open and that they never said no to anyone, *"It is our role to find solutions."* Although highly commendable, this attitude may induce burnout and/or substandard performance (as already testified by the high turnover of staff in particular in the camps and the frequent expression of exhaustion and demoralization mentioned by staff). Staff frequently mentioned they often felt emotionally overwhelmed by the magnitude of the problems they heard and tried to address. In general, structured support or training in staff care and/or stress management was not common, although there were a few exceptions. PCAs did not refer to staff wellbeing and no indicators were detailed.

Many staff considered working with the children and seeing happy faces a stress reduction tool. Some said they found support within their families, while many mentioned support amongst colleagues. *"To support ourselves, we release energy (blow off steam) every day together with the kids. When we have too much to digest, we place an empty chair in a room and talk to an imaginary person sitting on the chair and share our problems and express ourselves. Sometimes we do this twice a week. But we are also close to each other and talk and discuss things."* (A staff member of a partner organisation).

3.6.2. Community-based child protection committees

Establishing community-based child protection committees is an important element of UNICEF's CP interventions. They play an important role in creating awareness on CP and supporting and strengthening positive coping mechanisms and resilience. The committees are crucial for bolstering ownership and sustainability of protection intervention and related PSS. The terms of reference for community-based child protection committees describe the aims of the committees as follows: [85]

1. To mobilize/raise awareness of the community around child rights and particular child protection issues, and to mobilize members of the community to find solutions to the identified child protection issues.

2. To raise awareness and acceptance of existing child protection and other services for children in communities including by identification of basic child protection services available at community level.

3. To identify specific child rights issues and trends in the location and report and advocate with relevant actors to address these issues

4. To identify and provide appropriate support to children in need of protection through involving local communities, traditional mechanisms and support groups, and linking and referral to appropriate case management procedures and services.

According to the terms of reference, community-based child protection committees should consist of 12-15 members. Evaluators found the membership varying from 5 to more than 20 members. The ratio of Syrian and Jordanian members was found to vary substantially from almost exclusively Syrian members (in camp settings, as expected) to an almost exclusively Jordanian membership (with only one Syrian member, the Syrian volunteer working in the centre). However, in the majority of the centres the team visited, the composition of the committee was balanced in terms of male and female and Jordanians and Syrians.

Many community-based child protection committee members had received some kind of training, or mentioned that training was scheduled in the coming months, organised either by partners or by UNICEF. Often this had been a training of one day. A few had received three days of training on CP/ SGBV, organised by either UNICEF or the implementing partner, and others received individual skills training. The team did not encounter any committee members who had received the five-day training as mentioned in the TOR. Please refer to the table 9 below for the total number of community-based child protection committees established and functioning in 2013 and 2014, as well as the number of men and women who received training. This includes community volunteers who may or may not be a member of the community-based child protection committee.

Table 9: Total number of community-based child protection committees (CbCPS) and volunteers in 2013 and 2014

	2013		2014[86]		Total	
	Camps	host communities	camps	host communities	camps	host communities
Number of CbCPCs established and functioning	23	25	2	23	25	55
Number of male volunteers and CbCPC members trained	434	0	436	284	870	284
Number of female volunteers and CbCPC members trained	315	7	488	677	803	683
Total number of volunteers and CbCPC members trained	772	7	924	961	1,673	967

Source: ActivtyInfo

Community-based child protection committee members were found to be very committed and cooperated well with 'their' CFS. In all sampled locations, regular meetings between CFS staff and community-based child protection committee members took place. All committee members interviewed took their role seriously. All were involved in sensitisation activities, identifying CP cases (abused boys or girls, children engaged in child labour and so on) in their community, talking to parents, referring children to the centre and, in general, being the eyes and ears of the community. One of the committee members spoke of his role in producing a drama piece and engaging a withdrawn Syrian female child to participate in the drama to

86. *Mental Health GAP Training Videos, YouTube, <www.youtube.com/playlist?list=PL8EFD1932C0CF4C96>, accessed in 2015.*

encourage her to break out of her isolation. There were other examples including intervening to prevent a violent showdown between a Syrian youth and a Jordanian youth (which entailed visiting the Jordanian youth's family), prevention of early female marriage and getting drop-outs back to school. In fact the onus of the work seemed to consist of monitoring, identifying and reporting of individual CP cases and finding local solutions or referring cases to the CFS. Evaluators did not come across any collective community actions organized by community-based child protection committees or CFS staff.

Although most committee members were aware that there were some standard procedures on child protection/SGBV and standards for CFSs, the evaluators did not meet any committees which had access to these and no sense of ownership had been built. *"This is up to the person in charge of the centre …She knows."* (Community-based child protection committee member in a host community). Members knew (and had often signed) a code of conduct, but were not always aware of the exact ToR for the members. Some committees had developed an action plan, but more often the committee had just divided the work amongst the members based on geographical coverage and or certain sensitisation activities. Evaluators didn't note much difference between the various community-based child protection committees in term of challenges they were facing. All interviewed members indicated more training was needed and would be most welcome - in particular in communication skills to engage with children and in terms of refresher trainings.

3.6.3. Capacity development of governmental institutions

An important aim of UNICEF capacity-building strategy is to build sustainable capacity in the country to meet the needs of Syrian refugees. To this end, UNICEF has tried extensively to engage national institutions (such as Jordanian ministries and universities) in the development and implementation of specific training courses. Such involvement would allow, for instance, for the provision of specific courses at university level that could benefit pre-service training of future CFS staff and reduce the perceived gap in the availability of qualified staff lamented by many respondents.[87] For example, a vocational training programme for social workers does not exist. Universities in Jordan offer some courses connected to social science and psychology departments. However, the curricula are very basic and do not offer practical training or internship. The Applied Science University in Balqa has recently been accredited for a degree in social work, but courses are more theoretical and graduates do not possess the required practical skills to embark on employment.

As mentioned earlier, UNICEF is actively supporting the development and strengthening of new and existing governmental capacities in CP and PSS. For capacity development of governmental institutions, UNICEF partners with the Jordanian River Foundation (JRF). JRF is focusing on strengthening capacity in the case management of survivors of GBV and other violence in Jordanian host communities. Target groups are social workers employed by the Family Protection Department (FPD) and Social Services Offices (SSO) at the Ministry of Social Development (MOSD) as well as school counsellors employed by the Ministry of Education. The aim is to contribute to the development of an internal referral system, as well as addressing open cases. Under the programme, all 58 social workers working at the SSO are being trained in applying the case management approach. In addition 22 social workers of national institutions are being trained to review 1,200 open cases of violence and 30 staff trained to respond to 3,000 of these cases. Lastly, twenty CBOs and NGOs (one in each governorate plus one extra in Zarqa and the North) have been identified and staff trained in case management. By the end of 2014, all governorates had a functional referral system for CP cases.

UNICEF supported the Juvenile Police Department in establishing a JPD branch in Za'atari refugee camp in 2013 and additional ones in Mafraq and Central Amman in 2014. In Za'atari the JPD dealt with 61 CP cases (including child labour and GBV) in 2014 of which 53 were resolved. Under the programme, training has been conducted for 300 police officers from the Syrian Refugees Affairs Department posted in Za'atari. Evaluators heard various examples of how this had contributed to increased awareness on and action against child labour in Za'atari camp.

The so-called 'social police' (Jordanian) were introduced In Azraq camp and were invited to participate in the community-based child protection committee meetings and in activities that involve the community in general. One of the objectives was to focus more on the protection role of the police and change the image of the police amongst the children: *"First the children were terrified of the policemen in uniform, now they shake hands."* (Social worker in the CFS, Azraq camp). However, in Azraq camp child labour was seen as inevitable, as a comment on the fact that construction companies working in the camp recruited boys (reported as targeting the strong ones, between 16- 18 years) suggest: *"We cannot blame them, what else is there to do here? And they need the money, for most of them it is either working or escaping the camp."* (A community- based child protection committee member in Azraq camp).

UNICEF is also working with the MOSD in running a shelter in the north of the country for survivors of SGBV which is open to Jordanians, Syrians and

87. *This was the case for instance in Lebanon where a professional committee comprising UN agencies, university staff and local governmental representatives have designed an emergency manual on CP which is now being adopted at the university level.*

other nationalities. UNICEF is working to improve the quality of services provided in this and the Amman government-run shelter through the development of protocols of care. Additionally, UNICEF is working with the National Council for Family Affairs in strengthening their role in the standards setting and coordination of the emergency and regular child protection response in Jordan.

In view of the many CP issues in or near schools including tensions between Jordanian and Syrian boys and girls, evaluators also discussed with key informants the means to strengthen CP and PSS in schools. In principle there is at least one social worker present at every school. During the influx of Iraqi refugees UNICEF implemented a training programme targeting social counsellors in primary schools. A curriculum was developed in close collaboration with the Ministry of Education. Unfortunately, the programme stopped and PSS capacity development was not further integrated in the system. At present, most schools have neither the expertise nor the capacity to cope with PSS related problems of pupils, while there is an increasing need for PSS services. Besides increasing tensions between Jordanian and Syrian children, chronic stressors related to work, housing and/or school are on the rise in the lives of children and families, further increasing the need for PSS services.

The MOSD favours more PSS services and stipulates that more capacity building is urgently needed. The MOSD has asked UNICEF to also support MOSD in capacity building and further training of the staff. They would also like financial support for the rehabilitation of some centres and some infrastructure (e.g. room for privacy) as well as assistance to provide incentives in kind, such as training to the staff and support to focus more on staff wellbeing. However, several stakeholders question whether the MOSD, given its understaffing, could really cover PSS services in schools sufficiently. Discussions on potential collaboration between UNICEF and MOSD are continuing.

3.6.4. Building on existing capacities of partners and communities

After an initial focus on establishing CFSs in camps, UNICEF's investment in CFSs in 2013 and 2014 was characterized by a shift towards establishing new safe places in existing centres supported by national NGOs or and/or CBOs. In principle, this approach is more sustainable than partnering with international NGOs which may only be in Jordan for a limited period. UNICEF's approach has resulted in a variety of partnerships in different settings, with staff trained in very basic CP issues and PSS, which is generally perceived as very useful.

The differences between settings (urban/rural, densely or sparsely populated governorates) and partners (in terms of their available resources, expertise, capacity) are however significant and substantially impact on potential sustainability. For example, the sustainability of already existing centres, focussing on addressing needs of children before the influx of Syrian refugees, have more capacity to continue with their services once UNICEF stops funding and/or support than the newly established CFSs that totally depend on UNICEF or international NGOs or centres which don't traditionally target children. In most CFSs the evaluators visited, the PSS response seemed to have been successfully built on existing strengths of the work of established organisations (especially in host communities) by adding novel elements. In some cases, establishing the CFS and implementing required activities including PSS seemed to have caused an extra strain on already over-stretched resources. At the same time, the capacity of the staff – especially with regards to PSS and CP – was found to have increased and been integrated in the core activities of the centres. There were also examples of synergies between integration of traditional core activities with PSS and/or CP response. These included for example integrating remedial teaching into CFS activities, which prevented drop-out and positively impacted a return to school. Evaluators saw even stronger synergies where incentives were provided to achieve literacy, because this also impacted on issues like child labour and EFM. Synergies were also observed between the provision of legal services and dealing with CP issues (such as SGBV cases, child labour, EFM and others).

But there seemed to be at least as many examples of missed opportunities to create synergies by building on existing capacities. For instance, evaluators found few examples of CFSs/community-based child protection committee members capitalizing on resources in the community. In at least two FGDs conducted with male caretakers, several participants noted their willingness to volunteer and share their technical training, skills and hobbies at the CFSs. For example, one of the male caretakers, a prominent musician from Homs, brought his son in one day to the CFS, and the animator was taken by his demeanour and talent. He spoke with the animator about his willingness to support their work, yet nothing had materialized. When he spoke during the FGD it was evident that he was frustrated that he hadn't been given the opportunity to do more. Another male caregiver spoke of his profession as a carpenter. He had spoken to the CFS of his willingness to teach young men his trade if a space and tools could be provided, and again nothing had materialized.

There was no indication that partners routinely carried out an in-depth systematic analysis of existing capacities, resources and networks in their community/communities of operation, nor that they identified gaps and prioritized target groups accordingly, and focussing on the most vulnerable.

3.6.5. Long-term sustainability

Overall capacity building of CFS staff, including managers and coordinators, has not been sufficient to deal with the scope and magnitude of problems encountered. A desire for more specialized training and mentoring on the job was expressed at all CFSs visited and by all stakeholders. Some staff noted the desire for additional specialized training. This is important for services at both level 2 and level 3. The work of the animators and volunteers is at level 2, and it was viewed to be 'limited' with little variety. Social workers and case managers need more specialized training as they work one-on-one with clients and the skill set needed must reflect that. Training also needs to be accompanied by supervision. However a psychiatrist noted that this would be challenging, as there aren't enough people to provide supervision. The move to establishing Makani centres and the ambition to substantially increase coverage by establishing more centres adds to the need for extra capacity building.

Handover processes can take a long time and should start as soon as soon as the first emergency needs have been met. Lessons learned from UNICEF's partnerships with local NGOs in supporting Iraqi refugees during the previous refugee emergency include the need for timely and structured follow-up support. A majority of the international partners did not yet have any strategy for a sustainable handover. At the time of the evaluation, neither UNICEF nor any of the partners seemed to have a clear exit strategy. Evaluators did not explore the reasons for this.

Many CFSs were found to still heavily depend on UNICEF's and other external funding. If funding were to stop tomorrow, many of the CFSs would stop at least part of their activities. *"Between the first and second phase, there was a funding gap of three months which was due to delayed government approval and other procedural aspects. These seem not to have been adequately considered by UNICEF. UNICEF's support has not always been continuous from a funding point of view; not only because of the above mentioned delays, but also because of changing priorities (for instance literacy classes for young women had to be trimmed because of lack of funding. Teachers continued working without salaries as a form of volunteerism, but transport allowances for women were abolished, refreshments of juice/soda were replaced by water). The good news is that most beneficiaries continued to come despite the trimming down."* (Spokesperson of an NGO). CFS/NGO staff did not seem to be aware about any transition or exit strategy.

There were also partners who were confident they would able to fill gaps and continue after UNICEF's funding stopped because of their own fundraising activities. *"Instead of raising funds (from the Islamic community) once a month, I'll just have to go three times a month."* (Religious leader (not a community-based child protection committee member) supporting a centre in a host community). Overall, an active approach to develop strategies to continue after UNICEF ends financial support is not yet in place.

Opportunities to apply for funds other than those from UNICEF means having the capacity to respond to proposals and capacity in financial management – something many of UNICEF's partners do not have, in particular some local NGOs. Interestingly, several international NGOs had taken on this subject and provided capacity building for CBOs in finance, planning, fund raising.

3.6.6. MAKANI: the answer to transition?

UNICEF is embarking on a new programming model called 'Makani, My Space' and builds on the lessons learned from child protection and education emergency response. In brief, the components of Makani include:

- alternative education that meets with minimum standards of education in emergencies
- psychosocial support services which are structured, adult supervised and community supported, conducted in a safe space and promote familiar routines
- adolescent and youth empowerment through the use of the life skills model
- services and activities that would also directly engage caretakers
- community outreach and a community committee (of staff) supported by the established community-based child protection committee, involvement of youth who have completed the life skills module
- the established referral/case management system.

Makani focuses on reaching the most vulnerable groups including girls and boys who are school dropouts, or not attending school due to their inability to enrol, disabled individuals, those engaged in labour, survivors of SGBV, unaccompanied minors, and those heading households. Modules have been formulated and would include 4-6 month education cycles, and life skills training ranging from 40 -160 hours of training, depending on the number of modules enrolled in. Makani has as its guiding vision the intention to provide:

- an environment that supports girls, boys, and young people

- a range of appropriate activities and programmes
- an appropriate physical environment to facilitate activities
- the presence of encouraging and supportive staff
- opportunities to build on existing resources and community capacities.

In essence it is similar to the objectives of the current CFSs. However it also includes the needs of slightly younger children (5 year-olds) and expands outreach to young adults aged 24. The set-up would provide the community with a much larger role to play and with more actors involved. The issue of partner coordination and cooperation has already been highlighted as a challenging one. It is unclear if the current CFSs will be transformed into the Makani spaces.

While it is constructive to revisit the work and determine a better way forward, it is not quite clear how Makani will differ from the existing work of the CFSs. What is the nature of training and capacity building that will be offered to the animators /social workers/ volunteers/teachers to ensure the standardized quality of psychosocial services and education? An interesting component for the youth is upon completion of the life skills training; they will be supported in developing youth-led community initiatives based on existing identified needs. However it is unclear where the resources for such initiatives will come. In the current assessment when asked about the future, many youth both in the host communities and in the camps understandably sat back with no answers. In Azraq camp, a number of the CFS male volunteers questioned what if any opportunities awaited them beyond the role of a CFS volunteer. It is important to think beyond the training in the life skills module and question what awaits the youth beyond a role in a committee. These questions are not necessarily easy to answer as they go beyond UNICEF's mandate, but what needs to be clearly established is whether Makani can truly meet its objectives in a more promising manner than the current programme.

3.6.7. Summary

1. The number of training workshops aimed at strengthening capacity in PSS and CP, the average duration and the number of participants in 2014 was substantially higher in 2014 than in 2013.(3.6.1)
2. In 2014 some 3,000 staff participated in training as compared to an approximate 1,800 in 2013. At the same time the average duration of the training workshops slightly increased from 2.9 days in 2013 to 3.1 days in 2014. (3.6.1)
3. Most training has been conducted in Amman, often attended by senior staff in the expectation that learning would be transferred to their colleagues or peers working in other governorates, which was sometimes done, but often not. UNICEF has however initiated training at the governorate or regional level, particularly in 2014. (3.6.1)
4. There are substantial gaps in capacity in the face of huge needs and the magnitude of scaling-up programmes, in particular among staff not based in Amman.
5. Structured support or training in staff care and/or stress management was not generally available. PCAs do not refer to staff wellbeing and no indicators are detailed. (3.6.1)
6. Another important element in consolidating capacity is in reducing turnover. To this end, UN agencies agreed to standardise salaries in order to minimise the risk of staff leaving for better pay. (3.6.1)
7. Governance and human resource issues will also be included in capacity building curricula. (3.6.1)
8. Community-based child protection committees work very well as far as activities related to CFS priorities in terms of CP and PSS are concerned. However, initiatives to promote cohesion between Syrians and Jordanians are yet to materialize, subject to capacity building in community mobilisation. (3.6.2)
9. CFSs fit well in the first phases of an emergency, but their usefulness in a protracted refugee situation is less clear. UNICEF and partners are proposing establishing 'Makani centres' to address the evolving needs of children and the wider community. (3.6.6)

4. CONCLUSIONS

4.1. Overall conclusion

Findings from focus group discussions and semi-structured interviews with staff, volunteers and beneficiaries indicate that the current level of distress experienced by Syrian refugees is not only the result of previous exposure to war-related violence and loss, but also of current, extremely stressful, material and social conditions. However, whilst operating in challenging circumstances, UNICEF supported programmes have achieved remarkable changes in children's wellbeing. Significant progress in meeting CFS standards has been made in a short period of time, and clear areas for improvement have been identified. Overall, this evaluation indicates that the key objectives of the CFS were achieved, in particular regarding increasing perceptions of safety and the promotion of psychosocial wellbeing as a result of the implementation of both structured and unstructured activities. Taking into consideration the limits of operating in a resource-pressured environment, subjected to a large and at times unpredictable influx of refugees, the effective mobilization of community resources and the strengthening of linkages with governmental institutions such as schools and other social services, are areas which require further attention and investment. The vital role of sustained mentoring and supervision has been emphasized through the changes achieved for both refugees and the host communities surrounding the centres.

4.2. Detailed conclusions

Relevance and appropriateness

1. UNICEF's view of the CFS function has been largely internalized and accepted by all implementing partners: UNICEF indicated that safe spaces, child friendly spaces and sports activities alone do not constitute psychosocial support, unless they include a strong focus on child protection and structured psychosocial interventions leading to the wellbeing of children and are accompanied by a strong community mobilization process and a referral system.

2. Minimum standards for mental health and psychosocial support (MHPSS) in emergencies and for CFSs were found to be largely accepted as providing an important reference point for the set-up and management of CFS programmes.

3. The focus on expansion of child friendly spaces (CFS) was an appropriate emergency response, which could be effectively and rapidly deployed during the first phase of an emergency. However, while CFSs had an important protective and recreational function, almost all staff seemed to struggle with their intended role of identifying and addressing psychosocial or mental health needs.

4. Some staff felt that, at times, more serious cases needing referral were missed. Interviews with stakeholders also suggested that, first, some CFSs did not have (enough) staff with the skills to tackle complicated CP issues such as child labour and early marriage. Second, most CFSs were already crowded and face staffing limitations, making more structured outreach infeasible at times.

5. There were also CFSs which were successful in reaching boys who had dropped out of school through drop-in centres and victims of early marriage (usually girls) through special awareness sessions.

Equity

6. Geographical coverage is currently more balanced than during the initial response, taking into account the geographical distribution of the refugees, but Amman is still underserved.

7. Disparities between boys and girls accessing CFS's were small: 53% of all children attending CFSs were girls. However, findings from FGDs with male and female parents/caretakers suggest women were more involved in CFSs in host communities than men. This corroborate with the fact that significantly more (70%) of the people trained as volunteers were female and that 60% of the community members reached with awareness activities were female.

8. About 35% of the children accessing CFS in host communities in 2014 were non-Syrians, in line with the current (tacit) understanding that CFSs should target at least 30% non-Syrian beneficiaries.

Efficiency

9. Cost-effectiveness has benefitted from a sharp increase in the number of beneficiaries reached. The number of children with access to PSS in 2014 was nearly double the number in 2013 and 17% higher than planned.

10. The cost per child for access to PSS (calculated by dividing the annual expenditure on PSS by the number of boys and girls with access to PSS) decreased from US $84 in 2013 to US $66 in 2014; while the cost per CP case managed decreased from US $215 to US$ 71; the cost per unaccompanied and separated child (UASC) decreased from US $625 to US $498., thanks to a higher case-load and insignificant increases in overhead costs.

Coordination, connectedness and complementarities

11. UNICEF has provided clear leadership in coordination in particular in mainstreaming PSS and child protection and standardizing (needs) assessment and response.

12. Capacity building for PSS through CFSs built well on partners' complementarities. Partners made use of each other's resources (at no cost) including expertise, space for training and materials.

13. A shift from emergency response to a longer-term development approach is underway and with the Ministry of Social Development (MOSD) in the lead, there are opportunities to accelerate this transition, provided MOSD has the human and financial resources.

Effectiveness

14. The programme has successfully capitalized on partners' existing strengths, allowing CFSs to play an important role in assisting families and protecting their children; however, response has at times also created unexpected additional strains on existing services and failed to fully capitalise on locally available resources.

15. CFSs have been instrumental in providing children/adolescents with an alternative space to their living quarters. A majority of the children/adolescents interviewed noted how the CFSs are 'their second home.'

16. PSS provided in CFSs had the biggest effect on emotional well-being, inducing a positive change in more than 70% of the children. But also more than 50% of the children reported a positive effect on social wellbeing and strengthening skills and knowledge. There were no indications that results for bys and girls or female and male adolescents were different. The life skills model was an example of providing structure which had a positive effect in particular on children's emotional and social wellbeing.

17. Overall outcomes indicate that improvements can be achieved in a safe space catering to the immediate needs of children. It is however unrealistic to expect that long-term effects can be achieved when other components such as the education system, health and family income impacting a child's life are unresolved.

18. An unintended effect of the programme is that CFSs in some cases provide an alternative for school: for children not attending school because they are on the waiting list, not eligible to attend school anymore and involved in child labour. Occasionally parents reportedly pulled their children out of school because of verbal and/or physical abuse on the way to or in school; these parents preferred regularly attendance at the CFS because the CFS was much nicer in treating children with dignity and respect, and not allowing children to get bullied.

Sustainability

19. The rapid expansion of the programmes in combination with a relatively high staff turnover, has created challenges in meeting capacity building needs in particular of CFS staff and members of community-based child protection committees. Staff at CFSs often felt emotionally overwhelmed by the magnitude of the problems they heard about and tried to address. Staff suggested to include additional capacity building which would go beyond short-term and generalist training sessions and more attention for staff-well-being as a means to better cope.

20. Community-based child protection committees played an important role in strengthening the protective environment through their active engagement in CP activities. However, resources within the community remain largely untapped and initiatives to promote cohesion between Syrians and Jordanians by connecting to the wider community by, for example, organizing community activities are yet to materialize. As a result, there was little evidence that CFSs had contributed to cohesion.

21. CFSs fit well in the first phases of the emergency, but their application in a protracted refugee situation is less clear. UNICEF and partners seem in agreement of the need to transform CFSs into centres which better address the evolving needs of children and the larger community and provide a wider range of services as envisioned for the Makani centres.

5. RECOMMENDATIONS

These recommendations address the role of UNICEF and other key stakeholders in providing psychosocial support both in emergency and developmental programming.

Strategic level

1. **It is recommended that UNICEF, other UN agencies, donors as well as national and international NGOs (continue to) advocate for the rights of children with the Government of Jordan.** It is unrealistic to expect that long-term effects on social and emotional wellbeing, as well as on skills and knowledge, can be achieved through CFSs catering to the immediate needs of children, when other components such as the education system, health conditions and family income impacting a child's life are unresolved.

2. **It is recommended that UNICEF ensures that baseline assessments are conducted, before CFS interventions are implemented.** Whilst recognizing the challenges inherent in operating in an emergency situation, having a baseline along with carefully constructed comparison populations would greatly improve the quality of future evaluation work.

3. **It is recommended that UNICEF's overall strategy include programmes to target groups that do notcommonly access CFSs, including activities and staffing which encourage underserved groups to participate.** The emphasis on women and children as the most vulnerable categories may inadvertently lead to other acute needs or less visible groups being overlooked. CFSs should seek to offer activities which are more attractive and relevant to the needs of underserved groups. For example, adolescent boys may benefit from activities that relate to their future needs as young adults, and include utilizing the skills and talents of older men. Recruiting male social workers and more male animators is also recommended as role models for adolescent males, and because there may be issues impacting this group that female social workers are unable to address. Involvement of all target groups may also help to strengthen households' resiliency.

4. **It is recommended that UNICEF include provision in partnership framework agreements for flexible response to the needs of vulnerable children who may be difficult to reach or may be unlikely to attend regular activities of the CFS.** This may include the development of tailor made strategies, tools and activities.

Operational level

UNICEF

5. **It is recommended that UNICEF support each implementing partner to ensure that each CFS complies with minimum CFS standards (such as those set out in UNICEF's Minimum Standards for Child Friendly Spaces).**

6. **It is recommended that UNICEF take the lead in coordinating capacity-building in psychosocial support. CFS staff need appropriate PSS training on identifying and dealing with the range of trauma and non-trauma related issues (such as disability) they may encounter in their work. Members of community-based child protection committees would also benefit from training in community development. They currently miss opportunities to promote cohesion between Syrians and Jordanians and underuse community resources available because they are not trained how to do this. A cascade approach should be used in the provision of training, consisting of 'Training of Masters' at Amman level, 'Training of Facilitators' (TOF) at governorate (or regional / cluster of governorates) level and 'Training of Trainers' (TOT) at city/community level. This pool of trainers could then also be tasked to facilitate short (one or two-day) refresher courses. It is recommended that UNICEF appoints a trainer dedicated to building capacity along these lines.**

7. **It is recommended that UNICEF undertakes a study on what works in promoting cohesion between Syrians and Jordanians in host communities. Such a study could start with a review of existing literature to identify major success factors. Well-established national NGOs including some of UNICEF's partners are likely to be able to provide a wealth of experience and knowledge on community cohesion, gathered during previous influxes of refugees.**

UNICEF and partners

8. **It is recommended that UNICEF and partners conduct comprehensive mapping of local resources and needs (including social, economic, educational and health) before establishing new CFSs. Mapping local needs and resources encourages meaningful collaboration between different local and international actors. To this end, implementing partners should have at least one staff member who is able to facilitate communal participatory meetings (using such tools as the Problem Tree and Problem Ranking, Mobility Map, Socio-Economic Mapping and**

so on) to engage children, adolescents and their caretakers in prioritizing needs, shaping services and giving a window for monthly feedback for changes and improvements.

9. It is recommended that UNICEF and partners incorporate staff care and/or stress management in all CP interventions. Ensuring staff wellbeing and relevant indicators should be included in PCAs. UNICEF – perhaps in close collaboration with IMC, could lead by example in terms of capacity building and mainstreaming staff-well-being in human resource management.

10. It is recommended that CFSs consider extending their hours of business to take account of the needs of the wider community. Making a football field connected to the CFS within host communities available for young adults at weekends, for example, would be a fruitful way of involving the wider community.

11. It is recommended that activities be offered for children under five years of age. This is particularly important in camp settings, where separate kindergartens could be set up or programming for younger children be included as part of the CFS activity package, possibly with the involvement of volunteers. These activities should be accompanied by activities involving caretakers of under-fives, such as parenting courses and psycho-educational activities.

Implementing partners

12. It is recommended that partners distinguish clearly between recreational and psychosocial activities and are able to implement psychosocial programmes, such as life skills programmes or other appropriate activities. In support of these efforts, partners may wish to call on UNICEF and/or specialized international NGOs for technical support and, when appropriate, to organise follow-up in terms of additional training and or mentoring schemes.

13. It is recommended that volunteers and other community actors be trained in identifying basic signs of psychological distress in vulnerable children and their caretakers. Basic psychosocial training (usually of one or two days' duration) that has been piloted in other contexts can be used for this purpose.

6. LESSONS LEARNED AND GOOD PRACTICES

6.1. Lessons learned

- ✓ It is important to provide safe play areas outside for children and adolescents. Given that a number of CFSs have no real play areas, finding an external, safe venue is important. Staff at CFSs may need to take beneficiaries to such external play areas.
- ✓ It is important to develop mechanisms to reach survivors of child abuse (including child labourers and female victims of early marriage) and to integrate them into PSS from the start.
- ✓ Animators/ teaching facilitators / social workers/ volunteers have a crucial role to play in ensuring the level of engagement and participation amongst the beneficiaries. Staff and volunteers who show respect and empathy to children and adolescents may act as mentors and role models.
- ✓ CFSs may serve as reunification centres. Many children said that they met other children who were their relatives at the CFS, whom they had not known they were living in the same community because they had been separated by the displacement.
- ✓ Real time data (such as the ActivityInfo database) is crucial in monitoring activities and providing reports disaggregated by sex, age and nationality, to facilitate appropriate action.
- ✓ Capacity building is essential for maximizing the effectiveness of PSS. Substantial scale-up of operations should include a comprehensive plan to address capacity building needs.
- ✓ It is important for UNICEF to maintain an institutional memory by documenting decisions over time, including strategic choices and implementation approaches, with a view to capitalize on strengths and address weaknesses.

6.2. Good practices

Relevance and appropriateness

1. The expansion of child friendly spaces (CFS) is a good practice, being in line with recommendations for psychosocial programming addressing psychosocial needs, which highlight the necessity to develop community-based interventions that strengthen resilience, skill building, self-efficacy, and capacity building for refugees, and promote adaptive coping skills and strategies. The level of distress experienced by Syrian refugees is not only the result of previous exposure to war-related violence and loss, but also of current, extremely stressful, material and social conditions.
2. The Amani campaign provides an example of good practice, addressing pillar 2 (strengthening CP systems) and pillar 3 (strengthening community resilience) of UNICEF's five-pillar response strategy. The campaign provides a flexible menu of messages on CP and SGBV aligned with standard operations procedures for CP and GBV and creates awareness on and demand for CP services.

Equity

3. The mapping of all CFSs carried out by the child protection sub-working group is good practice in guiding the current response strategy in terms of activities and geographical coverage. This contributes to a pro-active response aimed at filling gaps and avoiding duplication and has a positive impact on decreasing disparities in geographical coverage.
4. Drop-in centres for children involved in child labour represent good practice. The drop-in centres In Za'atari camp have close contact with CFSs and link adolescents to PSS. In the same camp, some CFSs had also introduced health and nutrition sessions targeting female victims of early marriage.

Efficiency

5. Effective monitoring of data and a prompt response led to increased attendance amongst female adolescents attending CFSs to increase. In 2013, data from ActivityInfo showed that the number of girls attending CFSs in Za'atari refugee camp was decreasing and at some point was 40% lower than the number of boys. Centres were asked to investigate which female age groups were underrepresented, what the reason was and how access of this group could be facilitated. Following awareness sessions and measures to improve safety on the way to the CFS, attendance of female adolescents substantially increased.

Coordination, connectedness and complementarity

6. Good practice in collaboration between the child protection and SGBV sub-working groups has resulted in the development of inter-agency emergency Standard Operating Procedures (SOPs) for the prevention of and response to child protection and gender-based violence. This includes a case management training toolkit with case management standards and referral pathways. The current version of the SOPs has been endorsed by more than 30 organisations including some government ministries and departments like the Ministry of Health and the Family Protection Department.
7. UNICEF promotes good practice in encouraging complementarity among its implementing partners as well as between partners and other stakeholders.

The resulting spirit of working together towards the common goal of meeting PSS needs has enhanced coherence in the response, for instance, by using shared assessment tools.

8. UNICEF and partners promote good practice in collaboration in capacity development. Partners are benefit greatly from each other in terms of expertise (at no cost), logistics (such as providing for free space for training), the development of materials, etc. Organizing capacity building in this way promotes a common framework and is cost-effective.

Effectiveness

9. Good practice in supporting staff appears to positively impact interaction with beneficiaries. In CFSs where staff received positive reinforcement and encouragement, the level of engagement with beneficiaries appeared to be more active. Where staff felt they were being heard by the management of the CFSs, they often took more active, positive roles with beneficiaries.

10. Providing outings for children, adolescents and caretakers represents good practice in that they build community and promoting a sense of belonging. This type of activity could be programmed regularly as part of the MHPPS package at a CFS. Beneficiaries spoke highly of the outings arranged by the CFSs whether to an outside play area or to another outdoor venue for the entire family. Without exception they raved about the sense of freedom they felt in going on the outing. The outings brought together scores of individuals. They also allowed children and adolescents to engage with their parents in a healthier family environment and were an important activity for wellbeing, strengthening community rapport, strengthening ties between staff and community, etc. The outings have meanings on many levels: socializing and bonding within the group, getting to know Jordan as a country which contributes to integration and feeling of belonging, recreational value and feeling of uplifting and a breath of fresh air. The outings themselves were never to luxurious places but rather to open spaces in nature.

11. Despite the low level of community engagement observed generally, one of the sampled CFSs demonstrated good practice in involving beneficiaries. A group of children and adolescents planned periodic cultural and recreational activities for the entire group. The activities took place on 'free' days at the CFS, when programming was more flexible. The adolescents spoke of this as fun, and felt it built their confidence and contributed to better relationships between adolescents in the Syrian and host communities.

12. Good practice in line with guidelines on staff wellbeing is reflected in the benefits of allocating time to staff to connect and share experiences. In one of the CFSs some staff reported that they find time to talk to each other about the work and as a result feel less stressed.

Sustainability

13. UNICEF is promoting good practice in actively supporting the development and strengthening of new and existing governmental capacities in CP and PSS. This includes strengthening capacity of social workers employed by the Family Protection Department and Social Services Offices in the case management of survivors of domestic violence and other types of gender-based violence in Jordanian host communities (through its partner JRF). In addition, twenty CBOs and NGOs (one in each governorate in Zarqa and the North) have been identified and staff trained in case management. The combined activities contribute to creating a functional referral system for CP cases in Jordan.

14. Several international partners have put considerable effort into building capacity of their local partners (local NGOs/ CSOs) in project management, monitoring and evaluation, finances, and fund-raising. An important consideration was to decrease dependency on UNICEF for the running of the CFS and by doing so to ensure that at least some of the activities could continue in case UNICEF funding was stopped.

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