

External Evaluation
The Community Rehabilitation Center (CRC)
Baq'a Camp, Amman, Jordan

Supported by Diakonia / Nad Jerusalem Office

By
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September- November 2004

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PROLOGUE

I would like to thank DIAKONIA/NAD and Mrs. Ghada Harami, Director / Rehabilitation Program, for providing me with the opportunity to work closely with the project and to meet its various stakeholders.

I would like to express my gratitude to all the disabled persons and their families whom we met during the course of the evaluation whose openness and cooperation were invaluable for the evaluation process. I would also like to thank all the local staff in the center, members of the community committee, UNRWA staff, and members of the local NGOs whose we met during the course of the evaluation. Their collaboration, relentless support and warm hospitality have ensured that the evaluation was conducted within the most optimal and smooth circumstances.

Special thanks go to the evaluation team members, Reem Abu Sido special educator, and Ibraheem Al Yassir, Data collector for their professionalism and hard work.

It is hoped that the project's most active players as well as all other stakeholders will find this report useful and that it will help them to build on their wealth of experience in order to move forward with much strength, confidence, and determination to face the new challenges that awaits them.

Evaluator
Samar Al Yassir
November 2004

INTRODUCTION

The cooperation between the CRC and Diakonia/NAD started in 1999 and it has taken the form of funding and technical advice.

Two evaluations were conducted by DIAKONIA/NAD in September 1999 and 2000 respectively to assess the direction and scope of services in terms of efficiency and effectiveness, and recommend future actions. The main conclusion of the previous two evaluations was that the CRC plays an extremely important role in providing rehabilitation services in Baqaa camp, however it has an obvious weakness in meeting the needs of all disabled persons, and gave specific recommendations aiming at improving quality.

The current external evaluation took place in September 2004 to assess achievements, review plans and recommend any necessary amendments.

1.1 Brief Background to the project

The Community Rehabilitation Center under study is located at the Baqa'a camp that is one of six "emergency" camps set up in 1968 to accommodate Palestine refugees and displaced persons who left the West Bank and Gaza Strip as a result of the 1967 Arab-Israeli war. The camp, which is the largest in Jordan, is situated about 20 km north of Amman.

The CRC started in Baq'a in 1988 by UNRWA following two similar projects in Suf and Jarash camps. The same model used in Suf and Jarash was followed where a low-cost community center for disabled children was set up in two small wooden barracks. A house to house survey was conducted that estimated the prevalence of disability at that time; volunteers were recruited and given basic training on rehabilitation methods.

The central objective was to provide a basic service and to change negative attitudes towards disabled people within the community. The concept was to keep costs low, to involve the community through a local committee and the use of volunteers, and to provide day services for those who could benefit from it.

During the 16 years of the project it has undergone numerous developments, characterized by specialist support from 3 specialized organizations the Holly Land Institute for the Deaf, Al Hussien Association for Physical Rehabilitation, and the Swedish Association for the Rehabilitation of Mentally Disabled Children. The two former associations are still cooperating with the CRC. Another development was the building of new center in 19?? with the help of the Swedish organization Daikonia, UNRWA, the embassies of Palestine, the United States and Germany and donations from Jordanians.

The current CRC is a two-story building with 30 classrooms, a cafeteria, departments for physiotherapy, occupational therapy and sections for the rehabilitation of persons with mental, physical and multiple disabilities. This new center also gave the CRC the opportunity of an income generation project where ten stores were also built, thus providing the CRC with a stable income.

A third development was in 2001, where a new committee was elected and a new work plans were initiated.

In 1999 after an evaluation mission to the project by Dr. Allam Jarrar, the center activities were opened to the community. As a result family counseling was started, physically disabled children were integrated and awareness raising activities were started.

The Center's target groups are the disabled persons residing in the Baqaa Camp and its surrounding

The center currently consists of the following sections:

- A physiotherapy and orthopedic department, including a special section for the repair of wheelchairs.
- Classes for children with mental retardation
- Hearing and speech department.
- Outreach counseling program
- An administrative department for personnel management, patients' management, etc.

The CRC is managed by a community committee for general management of the center. The committee runs the center through a director who is responsible for the day-to-day running of the center.

1.2 Objectives of the Project

The general objective of the project as stated by the committee members is "to reach the biggest number of disabled persons in need of rehabilitation, and that *an increased number of disabled persons live independently and are integrated in the society*".

The strategy chosen by the project to reach these objectives is as follows:

- Developing capabilities of disabled persons through the services offered by the CRC.
- Mobilization of local resources
- Awareness raising and advocacy

1.3 Evaluation Terms of Reference

The evaluation aims at, according to the terms of reference:

- Assessing the role of the CRC in identifying and meeting the needs of the disabled persons in Baqaa Camp.
- Assessing the approach of the CRC in service provision and the quality of services provided.
- Assessing the linkage between the CRC and the community as well as its linkage to higher levels of referral services.
- Assessing the competence of human resources and their development.

- Identifying specific recommendations for the CRC to develop its role in the camp.

The outcome of the evaluation is a detailed report outlining the evaluation results, conclusions, and recommendations.

1.4 METHODOLOGY OF THE EVALUATION *(as developed by the consultant in agreement with D/N)*

A participatory type of evaluation was implemented where the stakeholders were closely involved in deciding the areas of evaluation, in reviewing the methods to be used, in discussing the results and the relevant recommendations.

The evaluation exercise focused on the Baqaa CRC in Jordan assessing its internal and external factors covering a five year period (1999-2004).

The evaluation Team employed qualitative and quantitative research techniques to gather the needed information. These are:

- Desk study of previous evaluation reports (1999,2000), annual and progress reports, plan of actions, and case history files of a sample of beneficiaries selected randomly
- Compilation and analysis of available statistics of the program services, beneficiaries, and budget from 1999-2004.
- Compilation and analysis of data on program staff, qualifications, job description, and on training events from 1999-2004.
- Observation of work by the consultant and the special educator of all the sections of the CRC.
- Discussion groups with CRC staff/volunteers.
- Meetings with specialists.
- Field visits to schools, KGs, and work places where disabled children/adults are integrated and meetings with school principals.
- Structured interviews with a sample of beneficiaries and caregivers selected randomly including current and previous beneficiaries (families of disabled persons).
- Meeting and discussion with local committee members.
- Meeting with UNRWA officials.
- Briefing to Project staff and local committee on preliminary evaluation results and recommendations.

2. SITUATION OF DISABLED PERSONS IN BAQAA CAMP

No accurate data is available on the magnitude of disability in Baqaa Camp, however, according to the World Health Organization (WHO), it is estimated that around 7 to 10% of the population may have some sort of disability and that at least one third of them are in need of rehabilitation. Using these estimates means that there are around 6,000-9000 persons with disabilities in the Baqaa camp alone, and around 2000-3000 persons with disabilities are in need of rehabilitation services. These figures may be an over estimation, however, in the absence of any data they will be used with caution.

According to the CRC staff, the main causes of disability include congenital malformations, various types of accidents, and hereditary transmitted diseases.

Before the inception of the CRR in the camp, there were no rehabilitation services in the camp or in the surrounding. The available rehabilitation services are The available rehabilitation services for PWDs are all in Amman city outside the camp; physiotherapy services are available in Salt which is 25 Km away and which costs 5 JD/session in addition to transportation expenses, similarly speech therapy is available in Queen Alia Association in Amman and in other locations and also costs 5 JD a session. Moreover, special private centers are available in Amman city for children with mental disabilities where the cost varies between 80-120 JD/month.

The high cost of the private rehabilitation services makes them inaccessible for the majority of the inhabitants of the Baqaa Camp who suffer difficult socioeconomic conditions.

3. RESULTS OF THE EVALUATION

This section will be divided into four main parts; the human resources, management of the center, the CRC services, and beneficiaries satisfaction.. Under each of the section the results of the evaluation are presented with some discussion and relevant recommendations.

3.1 HUMAN RESOURCES:

The human resources of the project who will be discussed in this section are the volunteers, the center director, the local community committee, and specialists from international and local organizations.

3.1.1 The Volunteers:

There are currently 23 persons working as volunteers in the different departments of the CRC. They are mostly females (91%), their average age is 32 years while the minimum age is 20 years and the maximum is 45 years. 52% are married, and the rest are single. Approximately one quarter of the volunteers (22%, n=5) have a disability

The majority are teachers (56%) of mentally disabled children and of deaf children, while the rest are divided between the other departments such as physiotherapy, hearing and speech problems, administration and management (Table 1 below)

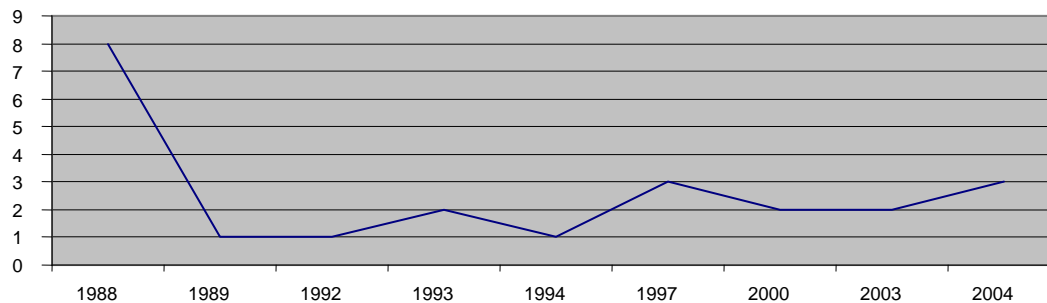
Table 1- Distribution of present CRC volunteers according to position.

	Frequency	Percent
special teacher- mental	7	30.4
Deaf section	2	8.7
physiotherapist	3	13.0
Teacher for the deaf	6	26.1
secretary/administrator	1	4.3
cafeteria workers	2	8.7
maintenance of devices	1	4.3

cleaner	1	4.3
Total	23	100.0

More than half of the workers (54.2%) have been in the CRC for more than 10 years- one third since the beginning- while 21% are recent recruits one year and less. (Graph 1)

Graph 1: Current Volunteers According to Date of Joining CRC



Educational Level: Twelve of the volunteers (approximately 50%) hold diplomas- eight of them have diplomas that are relevant to their type of work; 4 have special education, 3 have child education, and 1 has educational rehabilitation. Seven volunteers have secondary level education and only four have elementary level education.

Volunteers' satisfaction: Meetings with the volunteers revealed that they are generally satisfied with their work. Main reason of their satisfaction stems from the appreciation of the beneficiaries and their families, as well as the fact that they have freedom in implementing their job, and the support of the CRC Director who meets with them once a week to discuss plans and activities.

At the same time, the volunteers expressed their dissatisfaction about their status as volunteers. The low salaries they receive, the absence of allowances, guarantees, and insurance are major sources of de-motivation for many. They revealed that it is becoming more difficult for them to convince their families to continue working in the CRC, as according to their families their salaries are not worth the effort.

The salaries of the CRC teachers range between 40-88 JD, which is low compared to the private sector where the minimum salary scale in Jordan is 120 JD/ month with allowance transportation, health insurance and social security.

Volunteers' turnover: 25 volunteers left the program during the period 1999-2004, indicating a high turnover. According to the CRC management, the reasons for volunteers turnover are various, the most frequent being for family reasons (44%), and marriage (28%), the rest are divided between better work opportunities (n=3), and other reasons (n=4).

CHALLENGES AND STRENGTHS ACCORDING TO WORKERS

Challenges:

- The beneficiaries have material needs that the CRC cannot meet.
- High work load
- Home based training (HBT) is not practical as most mothers work so mothers are not home during the morning visits. Socially unacceptable to work with fathers at home...houses are crowded no privacy.
- The socioeconomic conditions of most beneficiaries are very difficult.
- Prevalence is high due mostly to consanguinity.
- Poverty
- Barriers; environmental and attitudinal

Strengths:

- The CRC has good reputation because it provides needed services
- Beneficiaries are satisfied.

3.1.2 CRC Director

The current CRC Director joined the CRC in April 2001. He is a Palestinian from the local community of Baqaa camp. He seems to understand the scope of his work well. He is also well respected amongst the workers. He is a disabled person himself with visual disability.

Since his joining the CRC he was subjected to numerous training courses in CBR and in management issues that upgraded his skills.

He is very satisfied with his work as CRC Director, and rates the support he gets from the local committee as excellent, and describes the relationship with UNRWA and Diakonia as excellent.

He also rates the CRC services to be very much needed in the community as he thinks they respond to the needs of the target group. The Director's role in planning, supervision, monitoring and reporting will be discussed under management of the CRC.

3.1.3 The Local community committee

In reviewing the work of the community committee, we will raise some key issues while focusing on the local committee's present composition, functions, challenges to work, achievements and future plans.

Establishment: A community committee was established in the beginning of the project in 1988, and is mandated to provide overall administrative and financial management and supervision to the CRC. The current committee was established in mid 2002 after the collapse of the previous committee.

Mandate & Role: The committee is the highest authority in the center and derives its mandate from the authority delegated to it by the UNRWA and the local community of Baqaa.

The committee's main role is to ensure the institutional, technical and financial sustainability of the Center. It decides on major issues related to the Center, and the director of the center, who is a member of the committee, is delegated to follow up matters. The committee takes its role seriously and the members seem to understand their roles.

Composition of the committee: The current committee is composed of seven members who are all volunteers from the local community. Their backgrounds are from the health, education, and private sectors. The committee's bylaws specify the posts and functions of the committee members; chairperson, vice-chairperson, secretary, and treasurer.

Achievements: The committee, since its activation, is meeting regularly on bi-monthly basis. The committee's regular meetings are an indicator of the members' involvements as well as seriousness in the tasks assigned to them.

The major achievements of the committee so far have been in improving the administrative and financial structure of the CRC. They have issued the internal administrative bylaws of the center, made contracts with the volunteers, have solved some problems related to staff requirements by improving their salaries.

Another major achievement is the efforts they are exerting to control the CRC expenditures and since 2001 the local committee was able to avoid the financial deficits that used to prevail during the previous years (Graph 2).

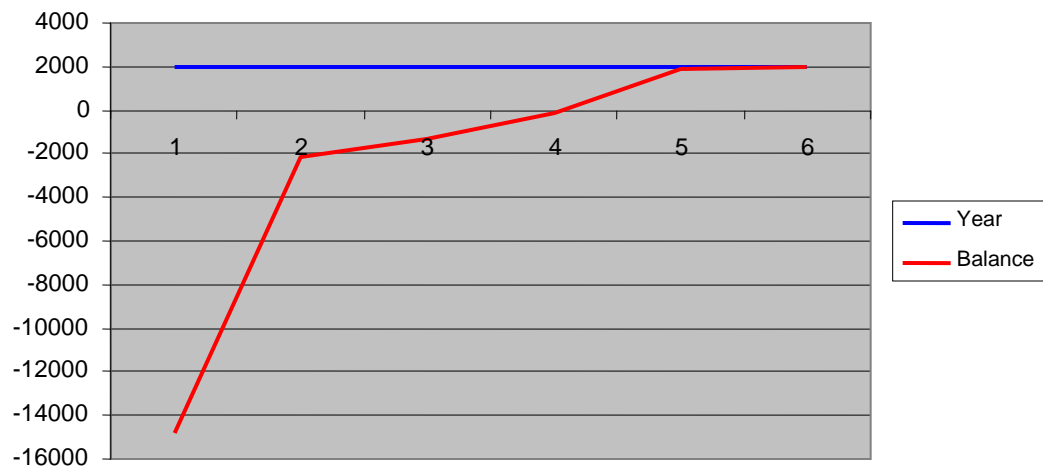
Initiating the integration of disabled children in schools and KGs is yet another achievement; as well as the initiation of some awareness raising activities.

Future plans: The committee members acknowledged their limited activities in fund raising so far. Their future plans include identifying alternative funding sources to suffice the financial needs of the Center. Plans include coordinating with UNRWA for a new income generation activity that will ensure additional funds for the CRC.

Future challenges Up till now the main concern and focus of the local community committee is the financial sustainability of the Center. It is thought to be the solution to ensuring staff retention and continuation of services. A cost recovery system, applying symbolic fees for the different services, need to be considered and discussed although it is resisted by the staff including the Director.

Up till now the technical sustainability and issues such as planning, giving direction and institutional matters are not part of the concerns of the committee. In the future, the committee will be faced by these responsibilities and will have to play a more active role in the CRC.

Graph 2-Expenditure of CRC 1998-2003



3.1.4 Specialists

At the time of the evaluation, there are two specialists working at the CRC, these are a physiotherapist from El Hussein Association, and a speech therapist from the Holly Land Institute. The specialists are delegated by their respective organizations to technically support the CRC. This arrangement is made since the inception of the CRC and is a bilateral relationship made with UNRWA and the respective organizations.

3.2 MANAGEMENT OF THE CENTER

The center is currently managed by the community committee and the Director. This section will discuss planning, reporting, supervision, monitoring and evaluation processes.

3.2.1 Planning Process

Since 2002 participatory planning is practiced by the CRC staff, where noticeable improvements in the skills of local staff are reported by the local committee and UNRWA. The suggested plans of 2004 indicated their abilities of planning appropriate activities that correspond with their identified problems.

Planning is done on yearly basis, thus lacking any long-term or strategic planning. Moreover, the present planning confuses between objective, outputs and activities, and does not include any indicators of achievements.

- **It is imperative that the future planning process include the detailed plans according to the Logical Framework Approach that entails setting objectives, outputs, activities, and indicators.**
- **Long term planning say three year planning should start as it will be an exercise where strategies are reviewed.**
- **The plans should also include measures of quality and impact.**
- **As for 2005 the plan should be developed by the director with the active participation of local staff, under the supervision and guidance of the local**

committee. This will be a good practical exercise that will give them confidence in their skills and will identify areas of weakness that can be worked on during 2005.

- **The approved plan should be circulated to all the staff and should be the basis for monitoring and evaluation. The local committee should request the director to start making an assessment together with the workers on achievements every three months.**

3.2.2 Supervision

Supervision of the center activities is handled by the Director with the help of his secretary. The director meets the volunteers on weekly basis to follow up and discuss problems related to the day to day running of the departments. The weekly meetings are a tool of supervision and problem solving mechanism where problems are discussed and solutions are suggested.

The Director seems to concentrate on administrative part with little intervention on the technical side of the work. This explains the weaknesses detected in the different CRC services that are discussed in details in the subsequent sections.

To overcome this weakness in supervision and direction, more intervention and supervision on the technical side is needed, either by more support to the Director by appointing a technical supervisor to the CRC, or by assigning heads of departments for each of the major departments who are delegated technical supervision.

3.2.3 Reporting

The director prepares monthly reports to the local committee, who in turn prepares the mid-year and yearly reports. The volunteers do not yet prepare any reports.

This clearly needs to change. Each department should prepare monthly reports to the Director. The director should prepare his report based on these reports, and circulate the report to all staff and to members of the community committee. This will improve transparency and sharing of information by all.

The appropriate monthly reports' forms are to be designed by each department and discussed with the Director.

The yearly report is currently prepared by the local committee. **This should be the responsibility of the Director with the active participation of all staff concerned.**

3.2.4 Monitoring & Evaluation

Internal monitoring and evaluation is still weak, this is evident by the fact that the necessary information needed to verify the effectiveness of the different CRC activities and outputs are lacking. The data on the center beneficiaries is very basic and does not include type and length of intervention, neither any information on beneficiaries' satisfaction, nor any regular assessment of the results achieved. The needed data need to be part of the yearly plans and the necessary tools need to be designed. Staff need to be involved in the design so they will understand the purpose of this data. This will ensure

that they will collect the necessary data. All the volunteers can play an important role in collecting data on patient satisfaction and follow up.

All partners need to encourage the CRC management to include in their future plans internal yearly evaluation and external evaluation every three years.

3.3 PROJECT SERVICES

This section will discuss the main CRC services namely the physiotherapy department, the division for mentally disabled children, division for the hearing and speech impairments, integration programs, and the cash assistance.

3.3.1 Physiotherapy Department:

Beneficiaries: The number of beneficiaries of this department from 99-2004 is 222 persons. 47% are females, 72% are children 1-10 years of age (Table 2 below). CP represents 58% of the total beneficiaries.

According to the workers, the beneficiaries of this department do not include the students from the special education departments although some of them have moving difficulties and might be in need for physiotherapy.

Table 2 - Disability Type/Age Group Cross tabulation- Physiotherapy beneficiaries (99-04)

Disability Type	Age Group							Total
	1-5	6-10	11-15	16-20	21-25	26-30	31+	
CP	55	49	7	5	4	0	9	129
Shoulder dislocation	4	1	0	0	0	0	0	5
Spina Bifida	5	6	2	0	0	0	0	13
Polio	2	3	0	1	0	0	0	6
Developmental Delay	6	4	3	1	0	0	2	16
Stroke	3	4	0	1	0	1	17	26
Orthopedic	5	3	0	0	0	0	5	13
Others	7	3	1	1	0	0	2	14
Total	87	73	13	9	4	1	35	222

Staff: This department is staffed with three workers; two females and a male who have been in the program since its inception in 1988. Two of the workers also work in the home based training. They all have attended numerous numbers of courses.

A physiotherapist from El Hussein Association visits the center twice a week; one day is dedicated to assessing old cases, and a day for the new cases.

Assessment & Training: The physiotherapist performs the assessment in full participation with the mother; the physiotherapist explains each step in the assessment, shares results, teaches the mother how to perform the training at home through verbal instructions as well as demonstrations, and finally asks the mother to perform the training exercise on her own and provides feedback.

During the consultant's observation, the workers were not involved in the assessment session, they were mere observers. According to the workers they are delegated full

responsibility in training and the follow up. The physiotherapist performs regular evaluation of progress.

Work distribution and work load: There is no clear work (case) distribution amongst the workers, nor there is a clear daily schedule for each. Up till the time of the evaluation there was no plan for workload neither at the center nor for the home-based training program.

Reviewing the previous year's records indicated that the case load was 7-8 cases per day. Divided over the number of workers would mean that each worker had a case load of 2-3 cases a day. If the average session is 30 minutes would mean that the productivity level is 1 hr to 2 hrs. maximum a day/worker. During the evaluation, it was noticed that there is a rush on the day the physiotherapist is present.

Physical environment: The physiotherapy department is located at the first floor in one big room. This room is used as an office for receiving the PWS and their families, as a waiting room, and a training room. At the observational session, there were six children with disabilities with their mothers at the same time; three were attended to and the other three were waiting. The noise in the room and the lack of privacy is not very conducive for effective communication between the workers/physiotherapist and the PWDs and their care givers

Conclusions & recommendations:

There is no doubt that the staffs of physiotherapy department are its greatest assets as they all possess the necessary skills, expertise, and a high commitment to the CRC. There seems to be a lack of organization that leads to low productivity and disorder, which calls for immediate revamping. To improve the quality and quantity of services in the physiotherapy department, the following steps are recommended:

- To review **the role of the physiotherapist** as a trainer, supervisor, and supporter for the workers and NOT as a service provider. This should be discussed in depth with the physiotherapist and the El Hussien Association and a formal terms of reference should be signed between the CRC and the Association so as to formalize the role of the specialists. Each of the workers have 16 years of experience and should be able to perform all the necessary
- **The present figures indicate that the department is not working at full capacity,** this calls for better work organization where workers should have clear weekly/daily schedules both at the center and at the homes of PWDs, and it is the responsibility of the CRC manager to ensure that these schedules are prepared and are implemented.
- There is also a need for **better targeting** of beneficiaries, especially the children at the CRC who are in the other departments and are in need for physiotherapy.
- There is a need to **improve recording and reporting**. The department should produce a monthly statistical report indicating the number of beneficiaries and the number of treatments performed/worker, indicating clearly old and new patients. Separate reports should be produced for the clinic and the Home based training. Important data should also be kept and reported such as the duration of treatment/patient and the percentage of those discharged and the reasons for discharge.

- **A family training program**, which is a participatory approach in rehabilitation that builds on the experience of families in handling their children and aims at empowering families through exchange of experiences and ideas and equipping them with additional skills to enable them understand the rehabilitation process and eventually better handle their disabled children at home, is recommended.
- To ensure its effective implementation there is need to structure the home based training program around the cases that needs it, where the purpose of home visits would be clear for training and checking on progress made. The proper documentation need to be designed to record progress.
- **Quality of care:** Currently there are no agreed upon set of indicators for assessing quality of care/treatments performed nor any defined protocol of physiotherapy treatment to be followed by the workers. Supervision of the quality of care is currently dependent upon the observations of the physiotherapist. No measures are currently taken to measure patients' satisfaction, nor the impact of treatments on their daily lives.
- There is a need for more **effective utilization of the physical environment** where there is a need for separators where the three workers can work at the same time each in privacy. To consider using another room as a reception and waiting area.

3.3.2 Home Based Training (Family counseling) 1999-2004

Beneficiaries: According to the data provided by the CRC the beneficiaries of the home based training (HBT) program are 56 PWDs; 56 persons from 1999-2003 and only 6 beneficiaries in 2003-2004. The profile of beneficiaries is that they are mostly children (95%) below 18 years, and the majority (64%) has mental disabilities (table 3 below). Almost half (46%) of them are females.

Table 3- Beneficiaries of HBT according to disability type (99-04)

Number of Family Counseling Beneficiaries		
Disability type	mental	36
	physical	7
	hearing	2
	CP	5
	multiple	4
	others	2
Total		56

The program was initiated following the 1999 evaluation that recommended a more community based approach.

Human resources: There is currently four workers in this program, they are not full timers for this specific program but they are borrowed from the other departments; two from the physiotherapy department, one from the special education department, and one from hearing/ speech therapy department. They were five workers, however was transferred to work as a teacher for the deaf at the beginning of this school year due to shortage of staff.

Types of services: In terms of services rendered during the home visits, social support seems to be the main aim of the visits as well as a check up on the status of the PWD.

Frequency of visits: Visits are carried out only once a month where all the workers go together in each home visit. There is no schedule for visiting selected cases or a specific program for the home visits. As a result visits lack consistency and structure. Out of the 24 families interviewed by the evaluation team, 17% were never visited by the RWs, and the rest were visited every 3 months or once a year (Table 4)

Table 4- Frequency of home visits to selected families

	Frequency	Percent
weekly	2	8.3
Every two weeks	1	4.2
monthly	1	4.2
"Every two month"	8	33.3
once a year	7	29.2
never	4	16.7
always	1	4.2
Total	24	100.0

There is a growing tendency amongst the workers to consider home visits as an end in itself, and are implemented to fulfill the recommendations of the 1999 evaluation without any conviction with its worth.

In a discussion with the workers, they have given several hindrances for the lack of effectiveness of the HBT and not a single positive aspect of this program- an indicator of lack of believe in its effectiveness as an alternative method of rehabilitation. According to the workers “HBT is not practical as most mothers work so mothers are not home during the home visits, it is socially unacceptable to work with fathers at home... Moreover, houses are crowded with relatives and young children...there is no privacy”.

Discussion & Recommendation: Unlike many CBR projects, the home visits do not constitute the backbone of this CBR project. Minimal financial as well as human resources are geared towards this essential activity. The emphasis of any CBR program is on transferring knowledge on the conditions of children and beneficiaries to their parents and relatives as well as training them in the best means possible to improve the situation of the PWD cases through appropriate rehabilitation interventions. This in turn maybe achieved at the homes of PWDs, at the center, or at both places.

Home visits need to be seen as one component of a multiple form of interventions at home and outside it, and which needs to be pursued by PWDs, their families and guided by community workers with the aim of achieving social integration and developing the PWDs full potentials.

Several visited cases require regular and sustained social, recreational and educational activities outside the confines of their homes. CBR workers have become accustomed to

the routine of the rehabilitation work in the confines of the center, and need to be more motivated to change their routine.

There is no doubt that the HBT program needs restructuring and development. More importantly, it needs conviction in its worth by the people working in this program...change of attitude is possible when the workers believe in its worth and have the necessary skills to implement it. Therefore capacity building coupled with program organization is needed. Field visits to other programs implementing HBT is recommended as a study tour.

3.3.3 Division for children with Mental Disabilities

This section comprises of five classes for children with mental disabilities. Currently 40 children benefit from this section (8 children in each classroom). This section is the result of the assessment made by special educator, Mrs Reem Abu Sido.

Physical environment:

The classrooms are clean and organized as each of the classrooms is named. Moreover, each of the students has a chair, and the educational materials are made by the teachers themselves.

However, the physical environment faces a number of shortcomings that include the following:

- The classrooms are small, thus not allowing thematic corners
- Some of the furniture is not suitable for the size of the children (too small or too big).
- The class set up is classical, no variation according to skills or educational needs.
- Some furniture lacks safety measures; some chairs are with no back, others are fixed with long nails.
- The blackboards and other educational materials in some classrooms are not suitable for the height of the children.
- Basic tools such as a stapler and scissors are not available in each of the classrooms, but only with the division head. Teachers have to leave their classrooms whenever they need one.
- The number of educational toys are less than the number of children in each classroom

Human Resources:

Strengths

- All the workers in this section have positive attitudes towards their profession, they seem devoted to their work.
- They also have positive cooperation and interpersonal relations among each other, as well as with the management.
- Most of them are new and have special education diplomas.
- The teachers use direct teaching and task analysis in teaching the students.

Weaknesses:

- Limited experience in behavior modification techniques.
- Use of classical reinforcement methods.

- There is weakness in their competencies in some teaching techniques, namely shaping, modeling, teaching using all the senses, teaching through the students.
- Lack of job description for the teachers that specifies their duties and responsibilities.
- All the employees are volunteers with no other income.
- Inability of the management to enforce work discipline due to the fact that the teachers are volunteers.
- Lack of an organized schedule for each teacher
- Lack of a substitute teacher in case of absence

The Curriculum:

Strengths

- Unified forms; case studies, educational plan, & primary assessment
- A file is available for each child
- A case study and educational plan is available in the file of each child.
- Objectives are well designed; verifiable and measurable.
- The training program includes recreational sessions.
- The students participate in extracurricular activities

Weaknesses

- No special educator to supervise and follow up the students' educational plans.
- The present assessment form suffices the needs of children with minor and moderate disabilities only.
- Evaluation of progress is not performed regularly.
- The students' objectives are simple and do not challenge the children's minimum cognitive abilities
- Students' educational plans in the minor disabilities lack ADL, social skills and independence.
- Absence of behavior modification plans in the students' files.
- Weakness in the reporting skills of all teachers. The annual and periodic reports describe the present skills of students, and not new skills acquired during the period

Students' Performance:

Strengths

- The students' groups are homogeneous as most have either simple or moderate mental disabilities.
- Students communicate well with each other through verbal and non-verbal language, as well as through play.
- Students are trained in groups as well as individually as needed.

Weaknesses

- The same students' groups composition continue for many years.
- The same teachers continue with the same students for many years.
- No periodic evaluation is performed as long as the students stay with the same teacher.
- Students do not benefit from the other center services such as physiotherapy, occupational therapy, and speech therapy.
- Students are discharged from the center at age 14 without being adequately trained to social, or vocational integration.

Discussion & Recommendations:

There is no doubt that this division provides children with mental disabilities in Baqaa Camp with vital and needed educational and training opportunities. It is clear that much effort has been exerted in the past to develop this division, demonstrated by the strengths noted in the physical environment, human resources, the curriculum, and students' performance. However, there is room for improvement in the different domains as noted in the weaknesses detected in each of the sections as illustrated above. It is highly recommended to hire on contractual basis a special educator to work together with the CRC staff on all the weaknesses detected in this evaluation exercise. It is also recommended to encourage field visits to special education centers to get acquainted with different models and ways of working.

3.3.4 Division for Children with Hearing Impairment:

This section comprises 2 classes within the CRC; a KG for young deaf children, and a class for children with speech problems. Each of these classrooms has eight children.

The division includes support services and these are speech training, hearing tests, maintenance for hearing aids.

According to the project documents, a total of 179 persons with disabilities benefited from this division between 1999-2004 (table 5 below)

Table 5- beneficiaries of the Division of Hearing and speech Impairments 99-04

	1999/2003	2003/2004
Speech therapy	93	35
Consultation		41
Hearing tests	177	29
maintenance for hearing aids		28
follow-up for hearing aids		14
Early detection		16
2 classrooms		16
TOTAL	270	179

Technical Guidance: Technical guidance is provided by a speech therapist from Holly Land Institute. The specialist visits the center once a week; one day is dedicated for assessing new cases, one day for technical advice for old cases, two days a month for following up the integration of deaf children in schools. She has been with the CRC almost since its beginning.

At first she intervened in everything, as time passed the workers gained much confidence and their skills were upgraded and at present she has full confidence in their capabilities. She sees her role as supervisory, and intervenes where she feels there is a need.

3.3.5 Integration in NGOs, KGs and UNRWA local schools

Two sets of activities are carried out under this label including full integration of CWDs in KGs, private local schools, and UNRWA schools, as well as partial integration of children with hearing difficulties in the UNRWA schools.

To date, a total of 131 children with different types of disabilities are integrated into KGs and local schools (table 6 below). Their disabilities range from orthopedic disorders, CP, spina bifida, learning disabilities, speech and hearing impairments.

Table 6- CWDs integrated in schools and KGs (99-04)

	Number of CWD in KGs and schools
school integration (physical) from 1999-2004	21 children
school integration hearing problems	21
partial integration in UNRWA schools	31
school integration speech problems	58
Total	131

3.3.5.1 Full integration Program:

According to the CRC Director, the CRC coordinates for the full integration program with one nursery (Baraem Kuds), 2 private schools (Ula and Wihdeh), and around ten UNRWA schools.

Field visits were carried out to 3 private schools (Ula, wihdeh, & majd), and to two UNRWA schools indicated the following:

- **No preparations** were done in any of the three schools prior to the children's entrance. No visits were even made to any of the schools prior to the consultant's visits although the school year has started two weeks ago.
- Two of the three children were admitted to the schools by the **initiative of the families** and not the CRC. This is evident as two of the schools namely Baraem Kuds and El Majd schools) did not know the CRC nor any of the workers prior to our visit.
- One of the schools (Wihdeh) **is not accessible** to the needs of a physically disabled child; the entrance has a high threshold and is not paved, the school entrance has high steps with no rails, and the bathroom is an Arabic seat. The CWD integrated in this school, Nuha, has difficulty in using the toilet as stated by the headmaster.
- **Weak follow-up** of CWD in the schools/KGs as indicated by the mother of Dima Adbulhakin whose daughter was integrated the previous year in a different school and had enormous difficulties in adapting due to the very negative attitudes towards her by the school headmaster and teachers. However, no intervention were made by the CRC. As a result the mother chose to move her to this current school where the headmaster has positive attitudes towards CWDs.
- Upon discussing the findings of these visits the workers and the CRC Director were on the defensive and their excuse was the school year has just started, indicating a **weak understanding of the role** they have to play in the integration process which exceeds advising the families on the merits of mainstream education.

Recommendations: It is advised that a thorough discussion is made between the committee members, and CRC Director and the workers on the role of the CRC in integration and the steps required that should include:

- **Preparations** before school entrance that include, together with the child's family, educating the headmaster and teachers on the nature of disability that the child has, and any special considerations that has to be taken into consideration. It also includes adaptation of the physical environment. Finally, preparations need to be thought of on educating the school children on the nature of disability
- **Follow-up of CWD.** This is a process that starts on the child's first day in school to check together with the teacher needed interventions to educate school children on disability, which ensures that CWD is treated with respect and accorded the help he/she needs by their classmates. The story of Asraa demonstrated this need. Story reading, discussion session or other means may be thought of. The process of follow-up should be on regular intervals to check full integration of the CWD in all aspects of school life and not just the academic achievement. Proactive action need to be planned in case of problems faced.

Case Study:

Asraa who has hearing problems joined El Majd school in 2004/2005 in the 1st elementary class. Her class teacher noticed that she stopped wearing her hearing aid. When she probed into the matter, she found that Asraa was embarrassed as the other children were very curious about the hearing aid. The teacher acted on this and explained to the children that Asraa needs this small machine to be able to hear well, and allowed the children to look closely at it and ask questions. Now Asraa wears her hearing aid all the time and has made friends.

- **Documentation and Reporting.** All the process should be documented highlighting interventions made on behalf the CWD and progress made. Reporting on this activity should also start as data is needed on number of children visited and the intervention made. Checklists need to be designed
- For **better planning** in the future, it is strongly advised to set clear indicators of achievement. For example, an indicator of progress in any integration program is the increased number of schools, KGS and nurseries that cooperate with the CRC in the integration program + the increased number of CWD in mainstream education, and progress made by the integrated children.
- It also advised to expand the program to other groups of CWD such those with vision impairments.

3.3.5.2 Partial Integration program: *"As an empowerment right, education is the primary vehicle by which economically and socially marginalized adults and children can lift themselves out of poverty, and obtain the means to participate fully in their communities."* (John Daniel, UNESCO's Assistant Director-General for Education)

- The partial school integration program has been initiated around ten years ago. It is a program that provides educational opportunities for children with hearing problems.
- Professional support is provided by a specialist from the Holly Land Institute. She has been with the program since 14 years, twice a month she visits the classes, provides assistance to the teachers in assessment, and in setting an educational program. According to the specialist, the teachers are dedicated and have the adequate skills to perform their tasks effectively.
- Presently there are three classes, with three teachers from the CRC; first elementary, third elementary and fifth elementary. Total number of children enrolled in classes are 36 children, in two UNRWA Schools.

- The CRC coordinates with UNRWA where a class is given by UNRWA within its schools and the rest of the program is CRC's responsibility. The CRC provides the special teacher, prepares the curriculum, etc...
- Although the program has been in place for a decade now, it is not yet regarded as part of the responsibility of the education department. The educational right of children with hearing impairments is not recognized by UNRWA although they believe in the right of education to all!
- The program faces a number of serious challenges as the current program provides educational opportunities only to the 5th grade and then only few children are fully integrated into mainstream educational, and the rest basically face a bleak future as they are still too young (12 years) to join a vocational training program that requires a minimum age of 16 and an educational level of at least 7th grade.
- The capacity of CRC is limited to offer education to these children beyond the 5th grade as they require specialized teachers in different subjects, and the majority of the CRC teachers do not have university degrees.
- The CRC and the speech therapist following up the program have approached the Education Department in UNRWA several times, but up till the present time no solution is found.

Discussion and Recommendations:

The CRC should strive to advocate the right of these children to education, as the case they have clearly demonstrates discrimination against these children. The CRC should actively seek solutions to the problems facing this program, and should lobby to ensure the rights of these children, challenging UNRWA's responsibilities. The responsibility of education cannot continue to be from the CRC. CRC can act as a supporter and enhancer and not a substitute for UNRWA, especially as the Right to Education is a fundamental human right set forth in the Universal Declaration of Human Rights and the International Human Rights Covenants, which have force of international law. Ensuring education for all is therefore an obligation for States. In the case of Palestinian refugees, the same role is taken by UNRWA, which provides most of the services that one would normally expect from a government.

3.3.6 Vocational integration/employment opportunities:

The CRC claim to have an input in providing 16 youth with hearing problems works opportunities, and/or vocational training opportunities. Nine of which are females who joined a sewing factory and a hairdressing shop; most of the males are working as laborers and/or mechanics.

Field visits to some PWDs in their places of work indicated the following:

- The number of PWDs in VT or in open employment is relatively low compared to the number of expected number of disabled persons who are discharged from the CRC.
- CRC's input in providing PWDS in employment is not very clear as two of the four persons we visited have found work on their own without a clear intervention from the CRC. This is an indicator that the attitudes of some employers towards PWDs are positive. However, those who were able to find work are the privileged and not the majority.

- Major challenges towards the vocational training and employment of PWD are the limited educational and vocational training opportunities available, as we mentioned earlier that the minimum level required for vocational training is 10th grade.

3.3.7 Cash assistance

The CRC provides assistance to families of CWD towards the rehabilitation aids needed by these children. In 2002/2003, 16 families were assisted with a total of 370.5 JD, and in 2003/2004, 25 families were assisted with a total amount of 568 JD.

3.4 Satisfaction level of families

To measure parents satisfaction 24 home visits were paid to families who were selected randomly from the beneficiaries files. Results of these home visits were as follows:

A trained field worker accompanied by the CWs visited the home of PWDs and interviewed the available family members. Majority of interviews were carried out with the mothers (75%), and the rest were with fathers (16%), uncle (4%), and the disabled persons himself (4%).

Profile of respondents: The profile of the 24 PWDs visited is 62.5% Males, and 37.5% are females. Almost half of those interviewed had hearing problems as outlined in table 7 below.

Table 7- Disability type of the 24 PWD visited

		Frequency	Percent
Disability Type	Mental retardation	7	29.2
	Deaf	11	45.8
	Difficulty in moving	3	12.5
	other	3	12.5
	Total	24	100.0

All the respondents said they knew the CRC through neighbors and friends, i.e. through word of mouth.

CRC Services according to families: The respondents benefited from the CRC Services mostly in training and academic services (62%), while 25% reported speech therapy, and 12.5% physiotherapy. Most of the respondents also mentioned recreational activities as one of the services that their children benefited from.

Majority (71%) of the respondents reported that they were very confident in their ability in helping the PWD before they went to the CRC.

Perceived improvements as a result of the CRC:

The majority of the respondents reported perceived improvements regarding PWD in the different domains of communication, motor, and cognitive development, as well as ADL activities. Less impact was perceived by the families regarding improvements in the relationship with family members, and even less regarding improvements in the relationships with community members (Table 8 below).

Table 8- Perceived improvements as a result of CRC activities

	Significant improvement	Some improvement	No improvement
Activities of daily living	25	62.5	12.5
Relationship with family members	33	33	38
Motor development	33	42	25
Speech development	46	25	29
Cognitive development	33	46	21
Relationship with peers	46	50	4
Relationship with community members	12.5	12.5	75

CRC Fees: Those who pay fees only 8 families rated the fees as affordable.

Rate CRC services: All the respondents rated the CRC services as very helpful and needed in the community.

Main Conclusions

From meetings with the project's staff, local committee and field visits, the external consultant was able to draw the following remarks and observations regarding the project direction, appropriateness to the local context, impact and key strategic issues:

IN-DEPTH UNDERSTANDING AND CONSENSUS ON THE CBR APPROACH

It is clear that the project need to review its understanding of the CBR approach and to clear the simplistic view that home visits are the only prerequisite of a CBR program.

Community based rehabilitation (CBR) has been defined as “a strategy within community development for the rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational, and social services.” (Joint Position Paper from ILO, UNESCO, UNICEF and WHO, 2002). CBR needs to be viewed as a means of empowering people with disabilities to maximize their physical, mental and social abilities.

All CRC stakeholders need to agree on a common understanding of the CBR concept and to recognize the different CBR models that may be implemented according to community needs. An important issue that requires a consensus between all parties is the necessity of community change to promote and fulfill the human rights of people with disabilities to

become active participating members of their communities. In addition, the need to recognize that CRC concerns should extend beyond service provision at the center and encompasses domains such as educational, social, vocational and economic rehabilitation.

A key aspect of the CBR concept is the partnership with disabled persons and their families, as well as the transfer of and dissemination of rehabilitation technology to all the stakeholders, starting from the care givers and disabled persons, and extending to all the other actors such as school teachers, health professionals, and other community members.

In the CRC, in many instances families of disabled people are cooperating with the project's community workers in assisting their disabled kin. They are also increasingly interested in participating in the running of the project, which will need to be encouraged and supported.

Public awareness and social integration are now being implemented, but need to be pursued more vigorously. The involvement of people with disability in making decision is one area which has yet to be explored in amore focused way.

One key conclusion of this evaluation is the need to challenge the simplistic assumption that a low cost CBR project is the only possible model in the Palestinian refugee community context and particularly if high quality of services and real impact are to be achieved.

Project Direction

The current rehabilitation orientation of the project is weak and should largely be reviewed. It should be refocused so as to include a more comprehensive approach to rehabilitation that leads to the integration of PWD in the community and that promotes their equal opportunities.

The project priorities and work direction were mainly dictated by practical considerations having to do with the project capacity and available resources. Until now, emphasis has been mainly placed on provision of rehabilitation through the CRC to selected beneficiaries and the integration of some children in education. Several other aspects of CBR work and action on disability are being envisaged as demand and the need for them are becoming more explicit. These include awareness raising activities. However, the general prevailing atmosphere is to preserve the status quo rather than to challenge new areas of work.

New project direction needs to be considered where full integration and equalization of people with disability in the society need to take priority, and thus direct all the services of the CRC towards this end. In other words, the CRC to be considered as a main action on disability issues in the society and not merely a service provider. More attention should be placed on efforts to raise public awareness and education, as well as motivating and including PWDs' parents in the activities and the running of the project.

The project urgently needs to include PWDs in the running of the project and to adopt a long-term strategy for developing PWDs integration and economic autonomy.

Project Targeting

In terms of types of disabilities, mental, hearing, and speech disabilities appear to account for the main attention of the project. In terms of age category, 80% of beneficiaries are under 18 years old.

Better targeting of beneficiaries should be carried out. Taking into account the limited data on PWDs in the community, the planned survey on disability prevalence is recommended to aid the local committee in such planning.

Project's Impact

Undoubtly the CRC was able to demonstrate a clear overall impact both at the level of beneficiaries, and their parents. The project's impact on beneficiaries was measured by the clear progress, which the project recorded in the rehabilitation of some of the PWDs. Visits to the homes of some 20 randomly selected beneficiaries clearly revealed the extent of visible progress as expressed by all members of the family.

No clear impact has been found in areas of improving the socio-economic status of disabled persons or at the integration level in society. Most of the interviewed beneficiaries stated that the most effect of training and rehabilitation has been on the activities of daily life level, movement and communication. There is however, no clear impact or change in the educational status, work opportunities, or social integration.

To improve impact, there is need to develop monitoring, evaluation, and reporting processes.

Project Activities

Current activities are highly relevant to the needs of disabled persons in the area that they serve, due to the fact that they are the only source of rehabilitation in Baqaa camp.

However, the project activities will need to be reconsidered and reconfigured in the light of a more strategic vision and plan. At the short term, the services need to be upgraded as per the discussion and recommendations of the previous section.

Despite some clear efforts, more can still be achieved in areas of public education and awareness and even in areas of social integration and mainstreaming in education.

Activities should become more complementary. Services to beneficiaries should be better coordinated within the project first but also with other organizations so as to create the best environment and conditions for individual PWDs rehabilitation and social integration.

Monitoring, Reporting and Evaluation

A common criticism of many CBR programs is the poverty of the monitoring and evaluation that is carried out. The Baqaa CRC project is no exception. This is clearly

illustrated by the fact that few monitoring forms were developed since the inception of the program. This clearly needs to change.

- The booklet “Guidelines on Monitoring and Self Assessment” (WHO, 1996) should be examined to see if this booklet can provide the necessary guidance required.
- The WHO Guidelines on Monitoring and Self-Assessment should be obtained from the Rehabilitation Unit of WHO. This booklet should be examined to see if it can provide the necessary guidance required.
- The development of an internal evaluation method should be one of the activities of the rehabilitation team based on ideas from the present evaluation exercise.
- The necessary monitoring forms need to be printed and supplied to all rehabilitation workers.
- Additionally, a tool to record progress regarding activities for daily living is essential to gauge progress in the life of the PWD. The Activities for Daily Living Questionnaire, from the WHO Manual is recommended as it is easy to administer, and can provide valuable information if used by rehabilitation workers every three months. This data should be summarized every six months by the rehabilitation workers and specialists who in turn will supply the information to the CRC Director and to the local committee.

It is important to remember that people will not gather information if they cannot understand the purpose of the data and if they see no use being made of the research. This material would therefore form part of the on-going training to be conducted for the rehabilitation team.

In the absence of such data the evaluator was left to assess the impact of the program based on her own observation and the feedback from the various interviews.

Staff Motivation & Retention

All the volunteers complained of the low salary they get. Moreover, the main reason for volunteers’ drop out is low salaries. This issue is of paramount importance as many people estimate their own value and that of the work they do by the salary they receive. A poor salary has a negative effect. The local committee is aware of this problem and has increased salaries during the last year. Further increase in salaries is not possible due to the present financial capabilities of the committee.

The committee is advised to consider to financial incentives, as well as to grant some benefits for example, medical insurance. This will contribute to job satisfaction.

Moreover, to motivate staff and increase their quality of work, increase in salary has to be accompanied with other motivators, namely.

- Help the volunteers achieve work objectives by giving them clear job description, suitable training and the facilities and supplies they need for their work.

- Help them take responsibility. The director must take the opportunity to increase the volunteers' sense of responsibility for work by delegating authority and enabling them to make decisions.
- Recognize and reward good work. People prefer recognition that comes in a tangible form, such as financial incentives or more responsibility.
- Help them recognize the value of work. It is very motivating for people to work for a program that is highly recognized and respected in the community.

Individual Rehabilitation Planning and Reporting

Much work and efforts usually go into developing individual rehabilitation plans

A quick look at some of the files reveals a tendency to focus almost exclusively on implementation and activities.

Plans will usually refer to a broad overall objective but do not sufficiently outline the detailed objectives nor describe the exact situation of CWD, indicators for impact, and how work will be evaluated.

It was noted that the plan does not identify broader rehabilitation and social integration objectives related for example to the level of involvement of parents or social integration activities, which the beneficiary is expected or encouraged to join.

Furthermore, there is very little reference in the reports to information on the overall family situation, activities carried out by parents and progress of the beneficiary over time.

More attention could be exerted on improving the quality and depth of reporting so as to use reports as monitoring and evaluation tools.

Role of Specialists/ experts

As in any CBR project, the role of experts in supporting and guiding the work of community workers cannot be underestimated. The project is fortunate to be able to depend on the regular services of two experts, a physiotherapist from El Hussein Association, and a speech therapist from the Holly Land Institute.

The current experts have been involved almost since the beginning of the project, which has gradually led the CRC to depend heavily on their expertise. Over the past years, the role of experts has evolved and expanded to encompass planning and training in addition to more regular hands-on consultation, assessment and evaluation.

Overall, experts seem to be satisfied with work progress, however due to the lack of formal definition of the role of experts, it is advised that an agreement is made between the respective associations and CRC to formalize the relationship. It is imperative that the role of experts is well defined as trainers, supervisors, and supporters for the workers and NOT as service providers.

There is also an urgent need to contract a special educator to support the volunteers in the Division for the mentally disabled children.

Community involvement

Community involvement mainly takes the shape of the role that the project's local committee plays in managing the project. Members of the committee are drawn from the local community and are active members in local social organizations or international institutions servicing these communities. Other forms of community involvement include the role played by parents and relatives of PWDs as well as the cooperation with local NGOs in implementing a number of activities. This cooperation is carried out both on a bilateral or multilateral basis.

As outlined above, the CBR project also organizes a number of public awareness activities targeting local organizations, professionals such as teachers, doctors, social workers as well as local neighborhoods.

Disabled people involvement is limited to the participation of individual disabled persons in the CRC as teachers and the Director. However, no work is yet directed towards the organization of disabled persons.

Care givers (Parents') involvement

In the course of the present evaluation, home visits were carried out to 24 families in order to gain a better insight of their thoughts and perceptions vis-à-vis the project.

Parents were generally satisfied with CBR services and have articulated a number of reasons, which have motivated that. Some of these reasons relate to a perceived increase in the mobility of their disabled child, the acquisition of basic living skills, a certain level of acceptance within the family and the local community, a higher degree of integration within the family and the community as well as a marked progress in gaining cognitive skills

The main remark is that meetings with parents are not as frequent as hoped for. However, parents are highly motivated and as indicated above, there are good prospects for nurturing and expanding this relation so as parents can play a much more pivotal role in planning and implementation of the CRC project. This matter was in fact raised during discussions with the parents met during the evaluation and who gave a positive initial reaction.

Good Management & Ways of Working

The project has recently made noticeable progress in catching up on past gaps in management and administrative fields through the involvement of the local committee in planning and management.

However, the project needs to further clarify its strategic vision and to adopt more strategic planning practices.

Team building between the local committee and team of community workers is now taking place but needs to be further developed among staff members

Thematic work groups should be constituted to review and discuss progress of specific PWDs cases. These groups could also participate along others in training workshops related to specific areas of their work.

In other words specialization should be encouraged as well as delegation of responsibilities among one specific group so as a process of structuring of responsibilities based on merit, performance and qualifications can slowly emerge with teams.

In the course of that process, a regular performance review between management and staff members need to be introduced. This performance should be an honest and transparent process based on well-defined specific work tasks themselves determined by qualifications and skills.

Managers play an important role in helping their teams and members in achieving the set objectives through providing them with the needed support and properly discharging their supervisory role.

The team needs to improve their reporting practice by focusing more on reporting on progress in achieving objectives and against a clear set of impact indicators.

Present reporting is very weak and needs to improve. Report files should become a tool for analysis and planning.

Capacity Building

As stated in the previous section, the turnover of staff/volunteers is a main shortcoming of the project. The local committee explained that this is primarily due to the weak contractual relation binding staff members and volunteers to the project. The Committee also indicated that second and more important reason is the inability to pay staff the minimal needed remuneration.

In spite of the project's limited financial resources, and unlike many CBR projects, the volunteers working in the CRC have reasonably good educational background. All the new tasks identified in this evaluation mission will result in a refocused and more strategic work orientation which is bound to throw more responsibilities and generate more demands from staff and experts. New professional skills will need to be hired on a consultancy basis. Staff at all levels will also require new training and closer coaching.

Training in rehabilitation techniques and basic work approaches will no longer be sufficient. Community skills of staff will need to be upgraded so as to equip them to work more actively and effectively with parents and other community structures and organizations. Furthermore, staff will need to acquire new communications skills to assist in public awareness and education work. Overall, the impact of these new training and capacity building events on staff should be felt in terms of changed and more developed personality, increased self confidence and more ability to deal with parents and active members of the community.

Role and performance of local committee

The local committee is expected to continue to play a key and leading role in guiding, facilitating, following up and supporting the development of the project. Their role in inspiring the rest of the project staff as well as other members of the community will be crucial.

The present capacity of local committee will necessitate revamping at the level of its work approach and performance.

The local committee will need to upgrade its planning, management, communication and fundraising skills.

In addition to the introduction of new work approaches and practices, the CRC will need to install new and more efficient management and administrative systems. Also new and clearer administrative and personnel policies will have to be adopted.

The issue of financial sustainability is bound to remain a key priority of the local committee. This pressing concern should be shared with parents of PWDs and local communities. The introduction of service fees and the undertaking of various forms of fundraising events should be seriously considered.

The local committee will need to be coached and supported for a period of time while the new work course is pursued. Therefore, technical advice is needed and recommended.

Main Outline of Recommendations

The following section will outline the main recommendations that were discussed in the previous sections and will divide them into short term and long term recommendations.

Short-Term Recommendation

- **2005 Plan of Action:** With the support of a specialist in CBR and Rehabilitation a 2 day participatory planning workshop to take place with the active participation of all stakeholders including parents of disabled children to agree on the 2005 action plan based on ideas from this evaluation exercise.
- It is strongly advised that the 2005 plan includes clear indicators of achievement to help in measuring progress and impact.
- The approved plan should be circulated to all the staff and should be the basis for monitoring and evaluation. The local committee should request the director to start making an assessment together with the workers on achievements every three months.
- It is also recommended that the 2005 plan includes more focused activities aiming at public education and awareness.

- A **capacity building plan** is needed at short term and long term basis. At the short-term, the local committee will need to be coached and supported for a period of time while the new work course is pursued. Therefore, technical advice preferably from Diakonia/NAD is needed and recommended.

- A **workshop on CBR philosophy and methodology** to be planned during the 2005 to upgrade knowledge and reach some consensus on issues related to CBR concept and its applicability within Baqaa camp context, specifically those related to HBT and

awareness raising. The active participation of UNRWA and Diakonia/NAD is necessary in such a workshop.

- **Reorganization of the CRC services** in such a way that the activities are more complementary. Services to beneficiaries should be better coordinated within the project first but also with other organizations so as to create the best environment and conditions for individual PWDs rehabilitation and social integration.
- **Reorganization of the CRC's organizational chart** is recommended, specifically:
 - o A Technical Assistant to the Director to be appointed to take care of all technical matters.
 - o To appoint from within the existing staff heads of different departments.
 - o New job description to the concerned staff to be drafted according to the new roles assigned.
- **Training on basic management skills** to be implemented to the newly appointed technical assistant and heads of divisions.
- **Upgrading of work systems, specifically:**
 - o All the workers/volunteers should have clear weekly/daily schedules both for their work at the center and/or at the homes of PWDs, and it is the responsibility of the CRC manager to ensure that these schedules are prepared and are implemented.
 - o **To upgrade the individual rehabilitation planning and reporting** and to include information on the overall family situation, activities carried out by parents and progress of the beneficiary over time, it is recommended that a review is made by each of the divisions with the help of the specialists and new forms are designed.
 - o Appraisal of progress made by beneficiaries is recommended every six months with the active participation of the concerned workers, their families, and the specialists. Results of the assessment should constitute the basis for a review of the rehabilitation plans.
 - o Evaluation sessions should be regularly held to discuss progress of teamwork as well as tasks of individual workers and progress of their work with individual beneficiaries.
 - o Meetings with experts to evaluate progress of beneficiaries should be held in work groups rather than on bilateral basis.
 - o **To improve recording and reporting.** Each department/division should produce a monthly statistical report indicating the number of beneficiaries and the number of treatments performed/worker, indicating clearly old and new patients. Separate reports should be produced for those in-house training, and the home based training. Important data should also be kept and reported such as the duration of treatment/beneficiary, those discharged and the reasons for discharge.

- The director should prepare a general monthly report based on departments' reports, and circulate the report to all staff and to members of the community committee. This will improve transparency and sharing of information by all.
 - The appropriate monthly reports' forms are to be designed by each department and discussed with the Director.
 - The yearly report is currently prepared by the local committee. This should be the responsibility of the Director with the active participation of all staff concerned.
 - **Annual performance review/appraisal** between management and staff members need to be introduced at all levels. This performance should be an honest and transparent process based on well-defined specific work tasks themselves determined by qualifications and skills.
- **A staff motivation strategy** to be adopted by the local committee to overcome the present problem of staff turnover and contribute to job satisfaction. The committee is advised to consider financial and non-financial incentives. Financial incentives can be in the form of say some benefits such as medical insurance. Non-financial motivators include appreciation for work done, clear job description, suitable training, facilities and supplies they need for their work, taking responsibility, and recognition.
 - There is a need for more **effective utilization of the physical environment**:
 - There is a need for separators in the physiotherapy department where the three workers can work at the same time each in privacy. It is also recommended to use another room as a reception and waiting area.
 - There is a need to reorganize the classes catering for the children with mental disabilities based on ideas from this evaluation exercise
 - **Role of Specialists**: It is highly recommended to formally define the role of the different specialists working with the CRC, this may take the form of discussions with the individual specialists, and drafting of the role and responsibilities in a friendly agreement. It is imperative that the role of experts is well defined as trainers, supervisors, and supporters for the workers and NOT as service providers.
 - **Service upgrading**: At the short term, the services need to be coordinated, and upgraded in a wholistic approach to rehabilitation to respond better to the needs of the beneficiaries. For this purpose, the following is recommended:
 - To ensure the effective implementation of the **HBT**, there is need to structure the home based training program around a limited number of cases that needs it, where the purpose of home visits would be clear for training and checking on progress made. The proper documentation need to be designed to record progress.
 - A two-day workshop for upgrading the skills of the workers in HBT need to planned early 2004.
 - To upgrade the work of the **section for mentally disabled children**, it is highly recommended to hire on contractual basis a special educator to work together with the CRC staff on all the weaknesses detected in this evaluation

- exercise. It is also recommended to encourage field visits to special education centers to get acquainted with different models and ways of working.
 - To upgrade the **full integration program** it is recommended that the role of the CRC in integration and the steps required are clearly defined, and include preparations for integration, follow-up, documentation and reporting. Professional help is advised to assist the CRC in this endeavor.
 - It is recommended that the community committee to lobby for **the rights of the children with hearing problems to education**. Lobbying can take different forms and should involve wide representation of community institutions and members.
- **Better targeting of beneficiaries** is recommended. Taking into account the limited data on PWDs in the community, the planned survey on disability prevalence is recommended to take place as of mid 2005 as a tool to aid the local committee in their future planning.

Long-term Recommendation

- **Project direction and activities**
 - We have discussed earlier the need for the CRC to adopt a long-term strategy for developing PWDs integration, equalization of opportunities, and autonomy.
 - The project should adopt strategic planning and prepare for a workshop for that purpose in 2006. The purpose of the workshop is as to set new focused direction with clear and focused strategic vision and objectives for a three year period. All key stakeholders should be invited to participate in this workshop.
 - The proposed three years strategic plan 2006-2008 will assist in the outlining of the annual plans that should also include clear impact indicators, such as measurement of beneficiaries' satisfaction, and the impact of rehabilitation on their daily lives.
 - This process should be built on a clear analysis of the context of disability in Baqaa camp, an agreement on the project strengths and weaknesses as well as a realistic mapping of available resources. .
 - It is recommended to include in the future strategic plan internal yearly evaluation and external evaluation at the end of the three years period.
 - The process should include members of the local committee, project's staff, specialists, some beneficiaries, as well as CRC's main partners
- **Involvement of PWD and their parents in the running of the CRC:**
 - The project needs to include PWDs in the running of the project, therefore expansion of the committee's members to include PWDs is recommended.
 - More involvement of parents in the project is also recommended. A parents' committee should be formed with the task of guiding the work with parents, assisting community workers to address the concerns of parents during home

visits. The group should also participate in public awareness and fundraising events.

- The local committee can also consider encouraging parents to organize and to advocate and lobby for their children rights vis-à-vis UNRWA and other local organizations, and the international community.
- Parents and PWD should be included in training events and should become the target of more awareness raising events.

- **Management and ways of working**

- The project should develop its ways of working to be able to face the new challenges awaiting the project.
- The CRC needs to develop a database that can help in more elaborate recording and monitoring so as to calculate more accurately the exact number of those who have benefited from the project.
- The introduction of strategic planning and regular revaluation focused on well-detailed objectives and clear indicators will be steps in the right direction. This will encourage further collective work and will build on current practices.
- Administrative, management and reporting systems should be developed so as to further meet planning and donor needs and to guarantee increased transparency and accountability to the community.
- New policies are needed in areas of recruitment, volunteering and to sort out personnel issues.
- A staff charter defining staff rights, responsibilities and work attitude should be drafted, discussed, agreed and then publicly displayed in the center.

- **Capacity Building**

- Staff will require more strategic training within the framework of a three years capacity building plan designed to be implemented hand in hand with the project strategic plan.
- The self-confidence of staff should be developed as well as their capacity to work with parents and other members of the community, therefore, the training should include topics such as communication skills, awareness raising techniques and presentation skills.
- Moreover, the local committee and key staff need to undergo training in strategic planning, resource mobilization and fundraising techniques.
- Coaching and external mentoring of the project Director, and local committee is essential for the new process of project development.
- Field visits to other programs implementing CBR programs are recommended as a study tour and to strengthen networks.

- **Local committee**

- As pointed out earlier, the local committee should expand its capacity by including in its membership new additional representatives of parents and PWDs.

- These new members should be selected on the basis of clear and transparent criteria.
 - Planning, good management of staff and community mobilization should be high on the priority list of the local committee. The local committee should refrain from interventions in day-to-day affairs for which the project Director and supervisors are responsible.
 - The local committee should take the lead in strategic planning and to form a work group to oversee the process.
- **Financial Sustainability**
- Securing funding for capacity building and training should be a priority.
 - Following training in resource mobilization, the local committee should establish a fundraising work group to explore various options. The group should link up and seek consultancy and mentoring support from experts in this area.
 - The project should discuss the future of the project with parents and other local community representatives to identify options.
 - The introduction of realistic service fees should be urgently considered without causing any disruption to the running of the services.

Samar Al yassir
November 2004