Review of the UNRWA supported CBRCs in Jordan

Final report

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### List of Acronyms

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<tr>
<td>CBID</td>
<td>Community Based Inclusive Development</td>
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<tr>
<td>CBOs</td>
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<td>CBR</td>
<td>Community based rehabilitation</td>
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<td>CBRC</td>
<td>Community Based rehabilitation centre</td>
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<td>CBRWs:</td>
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<td>CC</td>
<td>Coordination Committee</td>
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<td>HCDA</td>
<td>High Council for Disability Affairs</td>
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<td>JFO</td>
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<td>ILO</td>
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<td>RSSO</td>
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<td>UNCRPD</td>
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Executive Summary

There are ten Community Based Rehabilitation Centres (CBRCs) operating in Jordan, originally established by the United Nations Relief and Works Agency (UNRWA) with the objective of providing complementary services to persons with disabilities. The CBRCs ensured that 4768 persons with disabilities received services in 2013, 5940 in 2014, and 6,425 persons with disabilities in the last quarter of 2014.

Upon initiation, the 10 Community Based Rehabilitation Centres (CBRCs) adopted the Community Based Rehabilitation (CBR) approach which engages all stakeholders in the community in the rehabilitation, equalization of opportunities and social inclusion of refugees with disabilities.

All staff within the CBRCs are unpaid volunteers. UNRWA (UNRWA here throughout the document refers to UNRWA Jordan) provides some financial support to the 10 CBRCs and, in addition to that, technical support is provided through the UNRWA Disability Programme Officer and the Community Development Social Workers (CDSWs) who oversee the work in all 10 CBRCs and provide technical and management support as needed.

While the historical origins of the CBRCs along with the global trends to work mainly at the community level to make the best use of limited available space and resources, the situation totally changed over time. The review assessed a major drift towards a specialized center-based approach confining most of the activities and services to be delivered within the centers. This drift was also reflected in the understanding and attitudes towards a center-based approach by CBRC staff vis-à-vis a CBR approach that has been adopted and promoted by UNRWA. According to the Social Service Policy and Guidelines, the UNRWA Disability Program aims to promote, rehabilitate and equalize opportunity for persons with disabilities and their inclusion and full participation in the community through community-based rehabilitation (CBR) approaches in light of the new Convention on the Rights of Persons with Disabilities. Yet, UNRWA’s disability programme is nearly entirely being implemented through the CBRCs.

While UNRWA’s limited resources were maximised by working with and through the CBRCs, the limitation of UNRWA in guiding and supporting the CBRCs to keep their CBR approach led to the major drift of these centers towards the specialized center-based approach. The ongoing discussions between UNRWA and the CBRCs (that are part of a consortium of 24 Community Based Organisations) over the framework that governs their relationship contributed to these drawbacks as legal discussions started dominating programmatic exchanges and UNRWA was unable to influence decisions made by CBOs in the absence of any programmatic accountability tools. With CBRCs operating independently from UNRWA since, UNRWA’s influence over CBR strategy was exercised on the basis of relationships between individual staff on both sides.

Despite the relatively good regulatory and accountability systems of UNRWA they can’t be imposed on the CBOs who are self-autonomous and own all decisions pertaining their centres. There are no official agreement or protocols that regulate, govern and organise the relationship between UNRWA and the CBOs. A project based funding approach governing utilisation and implementation of UNRWA resources received by the CBRCs is yet to be fully rolled out. Financial contributions are also influential but not to these extents. UNRWA/JFO and CBOs have started to address these gaps in the regulatory framework through developing the MOU and the project agreements which scheduled to be signed this year.

The issue of technical capacities of the staffs of the CBRCs was crucial to this review as the CBRCs are to the largest extent relying on volunteers for services provision (not solely; as there is a team of six paid specialists in the three main areas of disabilities, who are contracted by the Higher Coordination Committee. The real problem lies in the gradual drift towards center-based specialized approach without adequate resources and capacities, primarily the
human resources. Worldwide, CBR programs are heavily relying on local volunteers and achieving great success due to the nature of the activities performed at the community-level by these volunteers. It should be noted that the case of such major center-based services relying mostly on volunteer is very unique and unprecedented according to the knowledge and literature review conducted by the reviewer. Their performances would have been rated excellent if their tasks and responsibilities are confined to the community-level activities and considering their commitment but when it comes to specialized center-based services lots of questions marks would be raised.

However, the good news is that the disability program is grounded on many years of experiences and available resources that if well utilized would provide excellent results. All ‘ingredients’ for major improvements exist but the turning point would be an immediate strategic decision to return back to the original CBR approach, adopted by the CBRCs two decades ago, but considering the updated version of the CBR strategy as reflected in the CBR guidelines. This shift would include the new trends in disability and would ensure the alignment with the UNCRPD.

**Main Findings**

1) **Limited coverage of services**
   - There are major variations of the types of services, types of disability served, number of beneficiaries and quality of services from one center to another. However, the review collected evidences that visual disabilities, multiple disabilities and autism are the least served if not served at all.
   - A major gap exists in the age range in the served population as the majority of the beneficiaries fall in the age range between 5 to 16 years old, while nearly no early intervention services are provided to the age group (0-3 Ys) and over 18 years. Some progress was made since the last CBR evaluation conducted in 2009 as limited attempts were made to develop early intervention services but mainly starting from the age of three or four years old, in addition to the introduction and development of pre vocational training and the establishments of vocational workshops mainly expanding the age range served from 15 to 18 years old,

2) **Limited Access to services**
   - Limited number of PwDs benefit from the services provided by the CBRCs as most of their services are confined to those who are able to access the centres. Services are rarely reaching out the unserved. This is mainly due to the center-based approach adopted by the CBRCs and the extreme limitation of the community-based services.
   - A gradual drift of the CBRCs towards center-based specialized approach without adequate resources and capacities. This has resulted in failure to provide quality services in most of the CBRCs. However, exceptions in relation to children with hearing impairments exist due to historical strong technical inputs from highly specialised centres.
   - In particular and specifically related to the social model to disability adopted by UNRWA, the CBR Strategy and UNCRPD, a comparison was made between the intensity of actions addressing barriers, attitudinal and environmental challenges, and actions and activities focusing on ‘fixing’ the children with disabilities themselves. Findings, unfortunately, indicate a higher focus on the rehabilitation, therapy and education of CwDs which is merely a medical model to disability.
   - UNRWA due to its negligence in providing oversight and continued strategic guidance to its implementing partners may also be responsible for the change in the strategic direction of the CBRCs as it did not manage to communicate and promote the new international trends on disability among the CBOs. This gap is also reflected
in the missing references to some of these international trends in UNRWA disability policy, limited training opportunities, limited exposures to model of good practices and limited direct communication at strategic between the CBOs and UNRWA.

3) Major outputs despite limited inputs

- Assessing the CBRCs using the ‘inputs/ outputs’ approach (referring only to inputs received from UNRWA) would reveal impressive results, as the resources available to the CBRCs in most instances were minimal, in comparison to the progress and achievements. For sure, no one could expect all these services if we consider the limitation of the budget allocated from UNRWA to each of these centers and the very limited training the staffs and managements are receiving each year. This success resulted from the excellent motivations and commitments from community members. UNRWA should have ensured that its available investments mirrored adequately the programme scope it expected to be delivered, i.e. if a specialized approach was to be adopted, then the resources should have been significantly higher.
- Noting that CBRCs operate in buildings provided at no cost by UNRWA still the local committees are struggling to secure the running costs of the centers. On the other hand, the financial challenges led to excellent innovations that secure a great deal of sustainability in most of the centers.
- One center is an exception (El Zarkaa) where major resource mobilization from various donors have led to a situation where its services are relying on five fully paid professionals who are providing individual sessions. There are some indications that this CBRC might have decided not to be integral part of UNRWA support anymore

4) Limited technical capacities as/if assessed as specialized centers (but would be adequate and even outstanding if assessed as volunteers providing community-based services).

- Limited knowledge and skills of the volunteers staffs (evidenced by lack of basic skills on behavior management, toilet training…etc)
- Extreme limited training opportunities. Current system might be inadequate
- Excellent support professional team (composed of six paid specialists) but with limited opportunities to enhance their skills and knowledge and increase their capacities. Limited specialized backups and support to this team as well.
- Despite the richness of some services in some CRBCs, limited opportunities for exchanging experiences and learning from each other.

5) Limitation in the utilization and the benefit from existing resources

- Access to mainstream services remain a main challenge to persons with disabilities. Very few persons with disabilities are included and benefiting from the UNRWA or governmental basic service (education, health)s. Most of the CBRCs are rarely working on addressing the barriers hampering the utilization of PwDs of the basic services. Moreover, the CBRCs are sometimes providing services that should be normally be provided by UNRWA programs (education, health…etc). Many of the pilot inclusive education programmes run by UNRWA schools were developed without the back up support or links with the CBR programmes.
- Limitation in utilizing and benefiting from the governmental and non-governmental services and existing schemes that would benefit persons with disabilities and their families (such as schemes for the provision of free assistive devices, NAF funding…etc)
- Limited partnerships established during the last few years at level of CBRCs and UNRWA
6) Strategic framework not clear and management challenges dominating
- Good structures but challenges in the implementation (each center management adopts its unique approach with no uniformity, lack of strategic direction)
- Limited technical capacities and knowledge among decision makers in CBOs led to the gradual drift towards the medical approach and resist the new trends.
- The approach adopted by UNRWA to deliver the social services through a community-led approach, managed by the CBOs, is widely unregulated and consequently affects the quality and range of services being delivered. There are not yet official agreement or protocols that regulate, govern and organise the relationship between UNRWA and the CBOs. Draft of Memorandum of Understanding developed but still not approved.
- Potential reform of the bylaws of the local committees that would guarantee the efficiency of the management and Financial system of the CBOs developed but yet not approved.
- Currently there are no standards for service provisions and the monitoring and evaluation and documentation systems are rather inadequate and limited
- UNRWA is still in charge of the data collection, report developments, and proposal developments for the CBRCs

7) Limitation in the financial and general empowerment of PwDs and their families.
- Limited efforts have been exerted towards facilitating the networking and the establishment of informal groups of people with disabilities (or self-help groups) and the extent of their involvement in the projects management and monitoring the services provided to fulfill the rights of all persons with disabilities in the camps and not only those served by the CBRCs
- Very limited activities aimed at promoting the livelihood and income generation of PwDs and their families.

Recommendations:

A- Promoting the CBR Approach:

1) Shifting towards community-based activities and raising awareness about the CBR Strategy among the CBOs, CBRCs management and staffs about the meaning and strengths of the CBR strategy as well as the implication of the adoption of the CBR strategy on the type of activities and approaches to work

2) Updating the UNRWA Disability Policy to reflect the recent developments and the new approach to CBR.

3) Promoting the concept of inclusive development and disability as a cross-cutting issue among UNRWA Health, Education and other sectors, as well as the CBOs management, and intensify their efforts in this regard. Despite the financial constraints, limited funding should be allocated in each sector to operationalize this recommendation.

4) Giving priority to poverty alleviation as a core component of the CBR strategy. This includes mapping various social protection schemes available and provided by the Jordanian government, such as the NAF funds, to make the best use of them.

5) Empowering persons with disabilities and establishing a Task Force, formed of PwDs, affiliated to the 'CBOs Coordination Committee' to be in charge of the empowerment as well as the creation and provision of support to networks of PwDs. The Task Force should ensure the involvement and active participation of PwDs in managing the CBRCs.
**B- Improving the support framework for the CBRCs**

7) **Providing more technical support and supervision** to the CBRCs through national and international consultants and perhaps specialised INGOs. The introduction of a technical ‘third party’ would also help to consolidate the learning accumulated over two decades of experience, expand and move to new areas of work.

8) **Contracting highly specialised centers for each type of disability** to be in charge of developing and monitoring the standards of services, provision of advanced training and most importantly building the capacities of the CBOs professional team who in turn will support the CBRCs.

9) **Increasing the number of the professional team** supporting the CBRCs from 6 to 10 specialists (including an OT, psychologists, early intervention specialists and special educator) and add 10 among the most experienced staffs to form a **Central Training Team** that would also establish a ‘Resource Center’ to be located in one of the CBRCs.

10) **provision of intensive training to the Community Development Social Workers** on Case Management specifically for persons with disabilities, in addition to the basic modules related to the CBR strategy from the CBR Guidelines. This team could guide and support the CBR workers in all community-level activities particularly in home based intervention where they can apply a simplified version of the approach to Case Management.

11) **Developing partnerships and provision of training** should be seen as central to move forward. Budgets should be made available to enable senior and technical managers to engage in workshops and meetings, and to undergo much-needed training. Partnerships with UNICEF, UNDP, ILO as well as a number of INGOs would be useful to fill gaps in UNRWA’s and CBOs competencies, offering opportunities for external exposures, joining the Arab CBR Network, exchanging visits with model of good of practices, and namely through extensive dialogue and discussions with decision makers. Partnership with DPOs would be also recommended in this context to support the efforts towards the empowerment of PwDs.

12) **Collecting and disseminating simplified CBR materials** (manuals, guide books, videos, posters, leaflets, etc) to help stakeholders and particularly CBR workers deepen their conceptual understanding, and learn from other people’s experiences of implementing the CBR approach. These materials need to be relevant to the Jordanian/ Palestinian context, easy-to-read/use, and available in Arabic as well as English – and they need to be effectively distributed across all CBRCs. This would also help better sharing and communication of information to families.

13) **Prioritizing resources allocation** through confining the financial support from UNRWA to promote the implementation of the CBR strategy, and specifically to support the community level volunteers - CBR workers, who will be instrumental in reaching all persons with disabilities. CBOs management should be also prioritise their resources towards the shifting back to community-based activities and approach. Possibly, UNRWA and CBRCs should explore the possibility of receiving all assistive devices needed by PwDs through the Jordanian government and to redirect the allocated funds to support the implementation of the recommendation of this review.

14) **Developing a monitoring system** in coherence with the CBR guidelines which would provide the management of both UNRWA and the CBOs with early signs for any drift from the social model and the CBR strategy.

15) **Accelerating the process of regulating** and clarifying the relationship between UNRWA and CBOs with clear strategic planning for future cooperation.
1. Introduction

1.1. Structure of this report

After a brief introduction to the conceptual framework, the project, and to the purpose and approach of the review, the report will present the results of the review. It first summarises key thematic observations made by the reviewer, and presents general recommendations for improving the CBR approach in the CBRCs. The report then reflects on the evidence in relation to the questions raised in the Terms of Reference. Finally the report offers some conclusions and a summary of recommendations.

1.2. Conceptual framework:

In such review we need to have a clear idea of how we are interpreting key concepts and how these are reflected in practices, attitudes and systems/mechanisms of work. This is particularly important in relation to the concepts related to the CBR approach in general and the concepts reflected in UNRWA documents related to this program. It is also very important for the readers of this report to be updated with the new development of the CBR approach as it is totally different from the traditional conventional approach of the 1980s and 1990s (which is currently the understanding of it among the CBOs and CBRCs management). In particular importance to this review, this understanding is providing the conceptual framework against which the ToR questions are assessed.

a) Disability:
Since early 1980s, the social model challenged the traditional conventional approach of the medical model which perceived disability as the problem of the individual, to be 'solved' via a cure or medical care. The social model redefines disability as a problem of society and the barriers that exclude persons with disabilities. The UN Convention on the Rights of Persons with Disabilities (CRPD) states that disability is an evolving concept that “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”

b) Inclusive Development
The concept of ‘inclusive development’ is highly emphasized in the new understanding of CBR and strongly reflected in many components of the CBR guidelines. The new trends in CBR is clearly now moving towards the application of the concept of inclusive development, namely reflected in inclusive education, inclusive health, inclusive livelihood, inclusive community development, etc. This a major trend in CBR to the extent that serious discussions are currently taking place at global level to change the name of CBR to ‘Community-based Inclusive Development – CBID’ or Community-based Inclusion – CBI).

Persons with disabilities are often excluded and marginalized within development initiatives and inclusive services. The Inclusive service approach is a long-term process of changing attitudes, policies and practices within the broader education, health, employment..etc system, and at the level of service provision at community level. It is not concerned only with services provision for people with disabilities, but instead seeks to improve the presence (access) participation and achievement of all persons (regardless of disability, age, gender, health, ethnicity, refugee status, religion or language, etc).

While inclusive services are not just concerned with people with disabilities, they are a primary target group. Inclusive services help promote a social model approach to disability – i.e. we understand that a person with disability is excluded because of barriers within the services
system (attitudes, practices, policies, resources, environment), and not because of ‘faults’ or
‘deficits’ within the person.

Therefore mainstreaming of disability issues into the development agenda is essential. A twin-
track approach is needed to focus both on removing barriers in development and specifically
targeting CwDs through identification and addressing any specific needs that individual
children may have. In addition, as all other members in their local communities, PwDs need to
be involved in all stages of the development process for development to be effective.

With the above understanding in mind, CBR programs/projects had made major shifts in their
strategic and working mechanisms during the last few years. Globally, this was reflected in the
shift of the role of CBR workers and volunteers from attempting to provide the services
towards supporting persons with disabilities to utilise existing public
mainstream services. For this approach to succeed, CBR programs/projects should provide
support to service providers to be more inclusive, welcoming and sensitive to the needs of
persons with disabilities.

c) The CBR approach
Key to this review and the interpretation of its findings is the right understanding and
interpretation of the CBR approach. The interpretation of CBR used by the reviewer and
recognised internationally is outlined in the annex #), which forms the framework for assessing
stakeholders’ understanding and implementation of the CBR approach. The ‘standards’ roles of
the CBR workers as well as the new roles of professionals and specialised centres in the CBR
strategy are presented here in the report to assess against them the current performances and
activities.

The Crucial Role of the CBR Workers in the CBR approach:
The CBR workers are considered the main element of the success of the CBR strategy. CBR
workers are the key carers and supporters to persons with disabilities. They have direct
contacts with the persons with disabilities and their families. They provide the links between
persons with disabilities and existing systems, regulations and services that fulfil their rights.
They are dealing with the context and environment the persons with disabilities are living in,
and attempt to remove all barriers and challenges facing their inclusion and independence. The
roles of CBR workers are perceived as ‘generic workers’, sometimes similarly to the roles of the
‘general practitioners’ physicians in the medical field. They are the front liners dealing with
various challenges, issues and problems facing persons with disabilities and providing basic
interventions and referring to specialists when needed.

CBR workers work on building positive attitudes towards persons with disabilities. They work on
introducing and nurturing measures and precautions to prevent disabilities. They are
instrumental in the early detection and early intervention in case of children with disabilities.
They conduct periodic home visits to persons with disabilities and their families; probably once
per week or every two weeks for at least an hour, to provide early intervention sessions, or offer
precise information to people with disabilities about what they can do to improve their abilities
to take care of themselves, to communicate, or to move around. The community worker is also
the person who provides information about services available outside the community, and acts
as liaison between the families of people with disabilities and the more specialised helpers or
services. Moreover, it is the community worker who provides information to people with
disabilities and their families, e.g. advice about basic functional rehabilitation activities,
utilization of simple assistive devices to improve independence in daily activities, use of sign
language, or use of a walking cane by a person who is blind. Concerning the education of
children with disabilities, CBR workers support their inclusion in early childhood programs,
kindergartens, primary and secondary education, informal education and even adult and
continuous education for adults with disabilities. Also CBR workers have crucial role in the economic empowerment of persons with disabilities, support their enrolment or the provision of proper vocational training with the aim of gaining employment in the open market or being self-employed. CBR workers could also guide persons with severe disabilities towards semi-sheltered family business which would secure income to the whole family and a productive role to the member with disability. Good practices in some countries showed that despite the generic nature of the CBR workers, some groups are specialised in certain activities, services, age groups or types of disabilities. For example, number of CBR workers could specialise to provide home based early intervention services, others into employment and job coaching..etc. Each of these groups could have extra training in their area of specialization.

Moreover, CBR workers support the fulfilment of the Rights-based Approach through helping the PWDS to get the needed services from the responsible governmental body. They can also support the provision of technical support to the service providers to become more inclusive through linking them with disability specialised services.

Most of the CBR workers are recruited on voluntary basis, sometimes with financial incentives that vary from a CBRC to to another.

**New Roles of Specialised Centers and Professionals in the CBR Strategy**

In case of the adoption of the CBR strategy, there is a need for specialized centers to cater for the needs of the persons with severe disabilities and those who would need highly specialized services that are normally a small fraction of the PwD population and not exceeding approximately 25% of their total numbers. Most of the services needed by the majority of PwDs, around 75% of the population with disability, are provided at community level through mainstream services and community-level activities.

However, in relation to the current CBRCs, it should be noted that the existence of these specialised centers should be perceived as complementing and even part of the CBR Strategy if conducting the below roles and responsibilities. Considerable evidence has been accumulated over decades of CBR practices that prove the need for specialised centers and professionals to adopt different roles and responsibilities, as outlined below, than their traditional conventional approach of confining their roles to the provision of specialised services to a limited number of children and persons with disabilities in their respective centres.

**Roles and Responsibilities of Specialised Centers in the CBR strategy:**

1. **Providing high-tech specialised services that** are not available and could not be provided at community level. In this context, these centres provide these highly specialised services to persons with profound and multiple disabilities through the provision of assessment and diagnostic service; guidance, counselling and therapeutic services, in addition to referral to other services whether at community or centre-based levels whenever needed.
2. **Simplification of technology** and making it available to people at local level. For example manufacturing walking or seating aids from local available materials.
3. **Producing simplified printed and audio-visual materials** for use at the local level. This could include teaching or awareness raising materials e.g. slides, video-films, posters, booklets, brochures, etc. This is in addition to the specialised printed and audio-visual material to address training needs and raise awareness amongst professionals, CBR workers, parents and various trainees. The centre should also work towards collection, dissemination and sharing of information and experiences.
4. **Training** of all relevant human resources to enable them to fulfil their new roles according to the new trends and understanding of the CBR approach, through refresher courses and in-
service training (teachers training, CBR workers, professionals to adopt new supportive roles..etc)

5. **Promoting multisectoral collaboration** and coordination especially between various UNRWA services, governmental organisations and NGOs, international, national and local organisations, as well as between different ministries involved in disability programmes. Creating links between local projects and district and national resources, as well as with referral services.

6. **Supporting and empowering persons with disabilities and parents of children with disabilities:**
   - Raising the awareness of persons with disability on their rights according to the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Informing persons with disabilities and their families on the services available, and facilitating their access to these services e.g. counselling, therapy, medical care, allowances, loans, pensions, grants, etc.
   - Setting up and supporting persons with disabilities or parent organisations, associations or groups at local, national and international level.
   - Empowering persons with disabilities access to information and providing various forms of training to persons with disabilities or parents of children with disabilities.
   - Linking the Disabled Peoples Organizations (DPOs) and parents associations with the policy and decision makers and making sure that representatives of national DPOs of various disabilities are effectively contributing whenever legislations, policies and strategies related to disability are under development.

7. **Changing the attitudes of the public and other professionals:**
   - Organising public awareness programmes and campaigns through media; International Day of Persons with Disabilities, special Olympics, marathons, festivals, school activities, special events, etc.
   - Encouraging and supporting other specialised centres and professionals to adopt similar roles and approaches to rehabilitation in their services.

8. **Conducting researches** and providing evidence for advocacy.

9. **Supporting the development of standards and accreditation systems** (and possibly conducting assessment and provide certifications)

10. **Advocating to improve legislations, policies, etc.** and contributing to the development of national strategies and plan of actions (as the case of the representation of two CBOs in the development of the National CBR Strategy of Jordan).

d) **CBR as a Strategy for Poverty Alleviation**

Among the other recent developments in the CBR strategy that is well emphasised in the CBR guidelines is the new emphasis of the CBR strategy to combat poverty. Evidences were accumulated globally over decades of CBR implementation that most of the persons with disabilities still have no jobs or income and present a burden to their families. Economic empowerment is becoming a main objective and component in the new CBR guidelines. Like people without disabilities the main aim of the persons with disabilities is to be productive and earn their lives through meaningful job. Hence, fighting poverty/ livelihood is becoming a core component of the CBR strategy. According to the CBR guidelines, CBR programs should support persons with disabilities to secure income through waged employment or self-employment either independently or through a family business. Support should be extended to cover issues related to grants, loans, dealing with banks, etc. Skills development should be well emphasised as a pre-requisite to be gained as early as possible in all CBR programs. The concerned booklet in the CBR guidelines gives excellent guide in that perspective and extends its coverage.
e) Empowerment of Persons with Disabilities & DPOs

Among the main developments that occurred during the last two decades on the CBR approach is the focus on the empowerment of persons with disabilities. Despite the major progress achieved since the inception of the CBR approach in the early 1980s, not enough efforts have been exerted towards the empowerment of persons with disabilities in the majority of CBR programs.

Globally it is recognised that most of the major progress that occurred during the last two decades in the field of disability is due to the strong lobby and pressures from the DPOs that culminated in the development of the UNCRPD. However, leading DPOs worldwide perceived the CBR approach as an approach that would render persons with disabilities passive receivers of services and have no say on the types and quality of services they receive. This position led many CBR reviews to recognise that weakness and on the same time identified the strengths and positive changes that could be brought about through the establishment, involvement and inclusion of DPOs in CBR programs.

Disabled people’s organisations (DPOs) are formal groups of people with disabilities whose philosophy is to promote self-representation, participation, equality of opportunities and integration of people with disabilities. In spite of the differences in origins and strategies, the DPOs and the CBR approach have similar rights-based goals: equality of opportunities and social integration of people with disabilities. It is thus important for these two movements to cooperate, engage in active partnership and reduce potential conflict areas, in order to meet the common goals.

DPOs have certain areas of expertise which can be of great use to CBR programmes. Persons with disabilities can express their problems better than anyone else. They can also function as activists, lobbying for other persons with disabilities. They can promote effective self-help groups to share their experiences and motivate others. They can mobilise communities and exert influence on decision makers and professionals, to enhance the participation of people with disabilities in society. DPOs can also help in research activities such as identification of the needs, problems and appropriate solutions for persons with disabilities.

1.3. Background and description of the Disability Programme

The Relief and Social Services Programme (hereafter RSSP) of UNRWA adopted a broader community empowerment initiative in 1982 by supporting the formation of community based organizations (CBOs) to target the most vulnerable Palestine refugees, including persons with disabilities, to help promote self-reliance and aid them in addressing their needs. CBOs provide a variety of services, including women's programmes ranging from rights awareness to practical skills training; legal advice; children and youth activities; community-based rehabilitation services for adults and children with disabilities, and micro-credit services. According to the records of UNRWA, 4768 persons with disabilities received services at the CBRCs in 2013 and 5940 in 2014.

The UNRWA Disability Program works toward achieving the following:

1- Empowerment of persons with disabilities to claim their rights on an equal basis with other people
2- Promote equal opportunity for Palestine refugees with disabilities to access and benefit from all UNRWA’s services
3- Ensure that persons with disabilities have opportunity to participate in an active and meaningful way in the planning, implementation, management and review mote the rights of persons with disabilities to work, on an equal basis with others.

More specifically, the objectives of the UNRWA Disability Program are as following:
1- Strengthen the capacity of CBRCs to deliver quality and social services through providing psychosocial support services for Palestine refugee with disabilities.
2- Facilitate and support Partnerships between CBRCs and external specialist institutions to improve the quality of services provided to persons with mental disabilities at CBRCs:
3- Promote the cross cutting issues within the Agency and community level.
4- Facilitate the CBRCs' work process.

According to its disability policy, the disability program is based on the following principles:
1) Recognition of the human rights and dignity of persons with disabilities on an equal basis with other persons
2) Understanding disability within the ‘social model’. This includes recognition that it is the attitudinal and environmental barriers in society that pose obstacles to full inclusion of persons with disabilities, rather than impairments themselves;
3) Recognition of the right to equality of opportunity for persons with disabilities, including their entitlement to equal access to services and facilities, and full participation in society. This includes a commitment to non-discrimination on the basis of personal status including disability as well as sex and age;
4) Respect for the individual autonomy and self determination of persons with disabilities and their right to participate fully in community life, with choices and opportunities equal to others;
5) Recognition of the skills, capacities and resources of persons with disabilities and their families, and their positive contribution to society;
6) Recognition of the value and importance of participatory relationships with persons with disabilities, and the need to engage with them in an active and meaningful manner in decision making processes that affect their lives;
7) Recognition of diversity amongst persons with disabilities, including the added protection and support needs of children; and multiple discrimination experienced by women and girls with disabilities.

The main aim in the UNRWA Program Cycle which related to the persons with disabilities is to remove and prevent the various social, economic and environmental barriers that restrict access to equal opportunities for people with disabilities.

UNRWA supports CBO partners with selected financial, logistic, capacity-building and other assistance. The 24 partner CBOs formed in Jordan under this initiative include 14 Women’s Programme Centres and 10 Community Based Rehabilitation Centres. 1

The 10 Community Based Rehabilitation Centres (CBRCs) adopt the Community Based Rehabilitation (CBR) approach which engages all stakeholders in the community in the rehabilitation, equalization of opportunities and social inclusion of refugees with disabilities. CBRCs are committed to raising awareness on the rights of people with disabilities, providing assistive devices and referral service and assisting adults with disabilities in securing appropriate technical training and employment. Furthermore, CBRCs provide a range of services that include home visits, home modifications, awareness and capacity building sessions, summer camps and mainstreaming of children with disabilities into schools.

Each CBRC is administrated through a Local Administrative Committee (LAC), which includes 7-9 community members. Two members of each LAC form the Coordinating Committee (CC) which coordinates and oversees the work of the 10 CBOs. All staff within the CBRCs are unpaid volunteers, receiving about 109USD2 as average monthly remuneration. The CBRCs

1Considering the impact of UNRWA’s Partner Community Based Organisations, 2011, p.8
2Considering the impact of UNRWA’s Partner Community Based Organisations, 2011, p.22
provide rehabilitation services through 6 specialists supporting all 10 CBRCs on a rotational basis. The 6 specialists, supervised by the CBOs Coordination Committee, include 2 Physiotherapists, 2 Special Educators and 2 Speech and Language therapist. They are responsible for detailed assessments of the clients and developing individual plans, and also building the capacity of the CBRC volunteers. UNRWA provides financial support to the 10 CBRCs and, in addition to that, technical support is provided through the Disability Programme Officer and the Community Development Social Workers (CDSWs) who oversee the work in all 10 CBRCs and provide technical and management support as needed. The Disability programme provided services to over 6,425 persons with disabilities in the last quarter of 2014 through the CBRCs. In 2014, the Disability Steering Committee (DSC) was formed to strengthen and coordinate the collaborative efforts of UNRWA and CBOs. It consists of one representative from the CBRCs in addition to a team from UNRWA representing the health, education, RSSP including the Disability Programme Officer, headed by the Deputy Chief of RSSP.

UNRWA is providing services to persons with disabilities mainly through the CBOs. While the CBRCs provide some rehabilitation and educational services to children with disabilities (hereafter CwDs), most of the health related services are provided through the UNRWA Health clinics which are well distributed all over the camps. This is not the case for the education services, as only a fraction of UNRWA schools are providing education services to a limited number of CwDs. In several schools the CBRCs have their volunteers running separate classes particularly for children with hearing impairments who need instruction in sign language.

Models adopted in service provision by CBRCs
Apart from the typical center-based model, run and managed by local volunteers, adopted in most the CBRCs, there are three unique models that are different to a great extent from this model.

The model provided by El Zarka' center relies totally on five professionals providing services on sessions basis (once or twice maximum a week) against fees which are relatively high but still lower than the average costs in Jordan. It is obvious that El Zarka’ center is moving towards the adoption of the typical privately run center in Jordan but with some limited community oriented activities rooted in the history of the center, and can never be described as adopting the CBR approach. This was mainly due to the huge funding received from the INGOs MPDL over many years without feasible and effective sustainable plan (noting that the model provided through the projects funded by MPDL was mainly relying on the provision of quality services and technical aids through qualified staffs supported by advanced equipment and technologies).

Another very unique model is the one provided by the Irbid CBRC. Due to the very special circumstances of Irbid area and extreme lack of job opportunities in the field of disability, all the 19 volunteer staffs of the center, except two, are certified professionals. The director is also considered as volunteer despite her various academic achievements in addition to completing her PhD studies in few months.

A third unique model is ‘partially’ provided by Jerash CBRC. Only two full time and one part time volunteers staff provide variety of services and conduct CBR activities to nearly 100 PwDs & their families. These three volunteers constitute a very small Unit within the structure of the centre called the ‘CBR Unit’. Mostly, they work outside the center and in the local communities.

Types of services/ interventions currently provided:

**PHYSICAL DISABILITIES**

The CBRCs provides physiotherapy, occupational therapy and assistive devices.
Physical Rehabilitation services are provided by all centers through the CBR Workers who are trained, supervised and guided by physiotherapists (except in Zarkaa centers where all staffs are professionals). Training takes two forms, mostly on-job training but sometimes through training courses whether in-house or by attending trainings in specialized rehabilitation centers. Under normal circumstances, all forms of assessments are made by the professional physiotherapists who develop the intervention plans and demonstrate how the exercises should be implemented whether at the center or at homes. All physiotherapy sessions are provided in the centers except very few ones at homes. Majority of services are free of charge. Most of the physiotherapy rooms are equipped with very basic equipments and some centers have some advanced equipments. Mothers attend the sessions, and in most of the centers they are taught how to work with their children at home. All physiotherapy services in the refugee camps are only provided by the CBRCs except a physiotherapy unit in one UNRWA health clinic.

Occupational therapy (OT): Professional OT services are only provided in Zarka center where an OT specialist is fully employed.

Assistive devices: Glasses, hearing aids, wheel chairs and walking aids are among the most assistive devices subsidized by UNRWA through the UNRWA Health Centers. All provided by specialized suppliers based on the assessment and prescriptions made by the physicians in UNRWA clinics or specialists in public hospitals. In addition, it should be noted that CBRCs provide assistive devices through two modalities; one directly given to PWDs and the other on loan basis.

SENSORY DISABILITIES

Hearing disabilities:
All centers provide services to children with hearing impairments and with total deafness. Services include hearing assessment, making ear moulds for the hearing aids and referrals to obtain them from good suppliers. This is followed by the provision of training on how to use and maintain the hearing devices, conducting day care and classes for children with hearing difficulties at school and pre-school ages, in addition to individual sessions. The latter are provided once or twice per week for 45 minutes each session. Services are provided by the rehabilitation workers and supervised by the hearing and speech specialists. Trained, but not specialized or licensed, rehabilitation workers are conducting the initial and periodical assessments using audiometers available in some centers and used in well isolated rooms.

Visual disabilities:
Services for children with blindness are almost non-existent among the CBRCs.

INTELLECTUAL DISABILITIES
All centers provide services to children with intellectual disabilities. They are first referred to medical centers for diagnosis, sometimes to the UNRWA Health Clinics (if not referred by them at first). Not all children are referred to the ‘Assessment and Diagnosis Centers’ which are established by the Jordanian government through the MoH to make sure that each child with disability is properly diagnosed. Then, children are assessed by special education specialists, who devise the individual intervention plans for the CBR workers to follow and implement the relevant activities. However, it is allowed in some cases for CBR workers to conduct themselves a very simple type of assessments using mainly developmental checklists to assess and decide for the intervention plans without consulting the specialists. Most of the interventions are made through classes grouping from 6-8 children with intellectual disabilities in the CBRCs.
EARLY DETECTION
Early detection of disabilities is not systematically or specially included in the routine health checkups. Apart from some basic hearing and visuals tests, the UNRWA health sector relies on the routine checkups, particularly the child growth monitoring to detect disabilities.

INCLUSIVE EDUCATION
Currently, the education program of UNRWA has developed and implemented a limited programme in its schools to promote better access to education opportunities for learners with Special Education Needs (SEN), including children with disabilities, but this cannot be called inclusive education. 30 schools (7 in Irbid area, 7 in North Amman area, 7 in South Amman area and 9 in Zarqa area) out of 173 in the Jordan Field Office have learning support centres (LSCs). The Education department runs these LSCs, with only some coordination with the Disability Programme, mainly to provide additional learning support to children with learning difficulties and slow learners. A limited number of children with disabilities are integrated in UNRWA schools after an initial preparatory phase in CBRCs. Some children with disabilities are enrolled in UNRWA schools but get their education in the CBRCs. In some other instances, the CBR workers come to school few days a week to run and support the integration of children with disabilities in classes. This service is provided to 38 schools, most of the students are with hearing impairments. Education for some children with disabilities is also provided in ‘special classes’ within UNRWA schools whereby the CBRs workers are teaching these classes. As a result, most of children with disabilities are primarily accessing education within the CBRCs and not in the mainstream schools.

RAISING AWARENESS
Raising awareness activities include seminars, meetings, lectures, community inclusive activities like festivals, celebrations, gatherings, exhibitions, etc. Few CBRCs have produced brochures and booklets.

VOCATIONAL TRAINING AND EMPLOYMENT
CBRCs provides referral service to vocational training centers. Limited number of youths with disabilities benefit from this service and gain employment in some nearby factories. Some established vocational workshops, such as in Jerash where a carpentry was established as an income generating project to secure income to the center as well as offering vocational training to a number of youths through basic, intermediate and advanced levels courses. Graduates are referred to an employment office to support their searches for jobs in the open market.

1.4. Purpose of the evaluation

Objective of the consultancy

The overall objective of the consultancy is to conduct a review of the service provision system regulated by UNRWA and provided by the 10 CBRCs in Jordan and their contribution in achieving rehabilitation, equalization of opportunities and inclusion of Palestine refugees with disabilities and identification of areas for investment in strengthening capacities to provide effective services.

Expected results of the consultancy

The review is expected to:
1. Assess the access to, the effectiveness and the quality of the services provided by each of the CBRCs as well as their ability to set up and manage referral mechanisms,
2. Assess the responsiveness and accountability of the services available at the CBRCs and their impact upon Palestine refugees with disabilities;
3. Review the technical capacities of the 10 CBRCs in providing quality services for persons with disabilities and their potential for further strengthening and development including UNRWA technical support system;

4. Review the capacities of the 10 CBRCs in managing the CBR process (organization, monitoring, and accountability) including UNRWA regulation and accountability role.

5. Provide recommendations for improving quality access to and the management of CBR services; and

6. Provide recommendations on the best possible ways forward for UNRWA’s efforts to address the needs and rights of persons with disabilities with required quality standards within CBR approach

2. Evaluation methodology

The Review Inception Report (see Appendix #) provides more detail on the thinking behind the methodology, so this section will just briefly summarise what was carried out and the limitation of the review.

The review involved the following activities:

- Literature review: A range of project documents were reviewed. See Appendix # for a full list.
- Interviews and focus group meetings were held with key CBRCs personnel.
- Interviews with key informants included the chief of the UNRWA Health and Education sectors as well as the Chief of the Evaluation UNIT at HQ and the Inclusive Education Adviser.
- Focus groups were held with CBRCs staffs/ volunteers, school/inclusive education committee members, children, parents and ZAPDD branch members (see Appendix 4 for a full list of locations).
- Interviews were held with two head teachers, and some teachers.
- Classroom/lesson observations were carried out
- Meetings with UNRWA RSSP staffs and the Social Community Development staffs.
- Review feedback meeting with senior UNRWA staffs members.

The locations for field work visits (schools and health centres) were selected by the UNRWA Social Services Team & Disability Advisor in coordination with the CBOs.

The focus was on gathering in-depth information from a smaller number of groups (not consistent in all centers), rather than rushing to visit all centers and all classes in details. The data from the current review, in the short time available, provides a very useful snap-shot both to guide the CBOs and UNRWA’s future engagement and to guide the next stages if the CBR strategy to be developed.

A validation workshop was held a month after the completion of the field works for approximately 30 participants from the various CBOs and UNRWA staffs and management in charge. The reviewer:

- presented the contextual framework of the CBR strategy that is guiding the review.
- presented initial findings/observations
- facilitated a discussion about the findings and agreement on the next steps to finalise the report.

The UNRWA Disability Officer and some of the Community Development Social Workers were present during most of the filed visits, interviews and focus groups. This could have led to
participants giving biased answers so as not to offend. However, the reviewer was satisfied that participants were giving open and honest answers (often very critical), and did not feel it necessary to withdraw the key personnel from the interviews/discussions. Indeed, it was very useful for her to be present, sometimes to fill information gaps for participants, and for the Disability Officer to hear directly what was being said during the review process which was an excellent training opportunity as well. The findings and analysis in this report will hopefully be easier to understand as a result.

Limitations and challenges:

- Some CBRCs were reluctant to share information and data. From one hand they were willing to participate and contribute to the review to strengthen the links with UNRWA and from the other hand some rejected the idea of being evaluated without enough preparation and agreement. The current ‘conflict’ remain to be a main barrier for collecting data and evidences. Some CBRCs were reluctant to share the data. For example, in one center the only data that were shared were the ones existing on a board with the claims that these were the only available data!
- Most of the centers have already started their summer vacations which presented a major challenge to the reviewer as some children were called for to attend that day for the purpose of the review.
- Most of the visits to the centers were concluded around 1 pm or 2 pm maximum, as per the normal working day for the staffs and management, which left very limited time to explore in-depth and investigate some issues and concerns.
- Despite the need to investigate inclusive education, as part of the new trends of the CBR strategy, it is far beyond the requirements of this review and would need a study on its own. In this report the reviewer is tackling only the connections between inclusive education and the CBRCs but not in-depth as this would require more analysis on the inclusive education approach and practices in general in UNRWA (Jordan) schools.

These major limitations and challenges affected to a great extent the methodologies suggested in the inception report. For example, the assessment checklists suggested in the inception report, were not used due to time constraints. It was thought during the planning of this review that each of the five components of the CBR matrix included in the new CBR guidelines could be assessed separately using a tool for each one. However, this approach was tested in the first CBRC visited and proved to be impossible to conduct within the very limited available time for each visit and the other major challenges explained above.

Moreover, the review Terms of Reference called for a “multi-stakeholder participatory approach mainly focus on qualitative methodology supported by quantitative data collection when possible, reality showed the scarcity of any data whether at the level of the CBRCs or UNRWA (Jordan) as explained in the report. Mapping and diagrams during group discussions were not used as well due to time constraints. Such focused participatory approaches are very valid but would need at least double the time allocated to meet each group. It was preferred to meet consistently the same target groups in each center but not necessarily asking the same questions as the reviewer was attempting to cover all aspects of the programs rather than comparing between the 10 CBRCs.
3. Evaluation findings

During the field work, the consultant recorded 100 pages of notes, which have been heavily condensed to illustrate this report. Every attempt has been made to ensure that key issues raised by stakeholders have been included, but the consultant apologises if any stakeholders feel their concerns are not represented.

3.1. Related to Conceptual Framework: Stakeholders’ understanding and practices in relation to main concepts related to ‘CBR’

There is no common understanding among the different stakeholders involved in the projects to be reviewed about key concepts related to disability, such as disability, rights-based approach, inclusive development, CBR and empowerment. This is a major concern given that such concepts are the cornerstone of a CBR programme. Integration is confused with inclusion. Empowerment is narrowly understood as entrepreneurship only, excluding the broader notions of advocacy, networking, lobbying, being empowered by knowledge, and so on. On a positive note, when the new concept of CBR, as reflected in the recent CBR guidelines, was explained during field visits, most stakeholders thought it could work if it was undertaken with commitment, integrity and technical know-how.

3.2. Analysis of relevance, effectiveness, efficiency, impact and sustainability of the CBRCs

3.2.1. Relevance

Relevance refers to the extent to which the CBRCs approach to services is consistent with beneficiaries priorities and needs. It also assess the extent the approach does fit into the UNRWA strategic framework. Relevance also consider the extent to which the regulatory framework (legal, monitoring and evaluation, accountability etc) developed by UNRWA in coherence with the World Health Organisation (WHO) CBR guidelines and UNRWA’s Disability Policy (and other relevant policies) and in accordance with the CRPD principles.

Response of the CBRCs to the needs of the refugee population

In general the CBRCs are partially responding to the needs of persons with disabilities and their families. This is mainly due to the current approach adopted by the CBRCs.

Despite the historical origin of the CBRCs and the major trends in early years to work mainly at the community level and to make the best use of the one or two small rooms available in each centre, the situation is now totally changed. The review witnessed a major drift towards a specialized center-based approach confining most of the activities and services to be delivered within the centers. The drift is not only to the location of the services but mainly in the understanding and attitudes towards the center-based approach against the CBR approach which has been adopted and promoted by UNRWA. No one realises that the name of their center is derived from and incline the adoption of the CBR strategy. When they refer to CBR activities they use the three letters in English (CBR), while the Arabic translation of CBR ‘Ta’heel Mogtamaii’ is only used for the name of the center but not refer to types of activities or strategy they adopt. Hence, and as a result, the CBRCs are now serving a limited fraction of the people with disabilities and not comprehensive in their services as suggested and implied by the CBR guidelines and explained elsewhere in the report.

In particular and specifically related to the social model to disability adopted by UNRWA, the CBR Strategy and UNCRPD, a comparison was made between the intensity of actions addressing barriers, attitudinal and environmental challenges, and actions and activities
focusing on ‘fixing’ the children with disabilities themselves. Findings, unfortunately, indicate a higher focus on the rehabilitation, therapy and education of CwDs which is merely a medical model to disability.

In an another point, according to the UN CRPD and the CBR strategy, PwDs and their families (as right holders) should monitor the quality of services and mechanisms for its provision. Currently, their representation in the Local Committees are symbolic in most of the CBRCs. Normally, in CBR projects, they should have active role in the local community management committee beside representatives from the mainstream service providers (such as health, educational, social..etc), in addition to representatives from the civil societies, community & religious leaders..etc.

In relation to poverty alleviation, when persons with disabilities were consulted during the review about their main priorities and needs livelihood was categorised in the top of the list while in reality only a small fraction of persons with disabilities were assisted through the CBRCs in this respect. It was noted that some CBRCs provide very limited livelihood services on ad hoc basis and only youths with physical and hearing disabilities are benefiting from them. Also in this concern, findings of the review reflected a general lack of awareness among PwDs and their families on the social protection schemes that the Jordanian government is providing, especially in relation to the ‘Jordanian National Aid Fund - (NAF)’

The Jordanian National Aid Fund (NAF) have two relevant programs to PwDs among its four as follows:
- Recurrent Financial Aid;
- Handicapped Care Aid (cash assistance for families with children with disabilities);
- Emergency Aid (cash assistance for special emergency);
- Physical rehabilitation Aid (cash assistance for purchasing physical aids).

NAF funds are targeting the elderly, PwDs, vulnerable women etc, but not the unemployed. The NAF is clear that Palestine refugees in Jordan with Jordanian citizenship (who constitutes the vast majority of the Palestinians living in Jordan) have exactly the same rights of access to services as indigenous Jordanians. It currently provides JD40 ($56) per person per month up to a maximum of JD180 ($252). The real poverty line is estimated to be somewhere around JD560, based on the 2006 Jordan poverty study.

To receive NAF funding, families must first visit one of 40 JNAF offices, bring initial papers and complete an application form at the office. It will be very interesting to know the exact number and who among the PwDs and their families in the camps who receive such aid and mobilise all other eligible to obtain it

Empowerment & DPOs
Despite that the UNCRPD and CBR guidelines are heavily emphasizing the need to empower persons with disabilities and involve them in all their concerns, not enough efforts have been exerted in this respect. Very few adults with disabilities in the 10 CBRCs were having any leading role or at least heavily involved in their activities. There is symbolic representation of PwDs in the LACs and none of them were really representing the voices and concerns of PwDs. It seems also that it is very challenging for PwDs to join the LACs with the current CBOs by-laws which mainly support an election process that would rarely lead to PwDs on board. This needs to be considered in the future.

Only small DPOs were established in El Bakaa camp but not related or supported by the local CBRC despite that the founder is an employed staff, wheel chair user, in charge of the IT and computers. None of the centres have even established informal groups of persons with disabilities - some have created parents groups but they only meet on occasion and in few training events. This was identified as a major gap in the review.
On a relevant issue, the review revealed that parents of CwDs, particularly mothers, were not mobilized or empowered enough by most of the CBRCs to play their role in the CBRCs activities and programs. The need to mobilize and empower mothers of children with disabilities to lead on community based activities and programmes are emphasized in the CBR guidelines and exist in most successful CBR programs around the globe. Training courses targeting parents were almost non-existent. Mothers have reported in most centres that they were called for very limited number of meetings and trainings each year, mainly in occasions or during special events. It is of course important to acknowledge that the mothers met may not represent all mothers and parents. On the other hand, it should be reported that the CBR workers and management insisted that these aspects are already well served so possibly it needs to be augmented and more emphasized. A very promising initiative whereby the first self-help mothers groups was established and facilitated by Disability Programme Officer of UNRWA. Such model of good practices could pave the roads for the establishment of similar groups in other camps.

Coherence of UNRWA and the CBRCs regulatory framework with international instruments

In this part of the report, the regulatory framework developed by UNRWA is examined vis a vis its coherence with the World Health Organisation (WHO) CBR guidelines and UNRWA’s Disability Policy and in accordance with the CRPD principles

Disability Policy Documents
The main document that regulates the UNRWA disability program is the ‘UNRWA Disability Policy’ and the ‘UNRWA Background Disability Paper’, both issued in September 2010 to complement each other and update the outdated disability policy paper of 2003. The UNRWA Disability Policy is a very summarised three-page document that contains statements of commitments, the objectives and principles of works. The Background Disability Paper that serves as another reference provides an overview of developments in understanding of disability internationally, the situation regarding disability in the region and UNRWA’s disability-related work. It highlights the current approaches, identify regional issues and shows the opportunity for a strengthening of UNRWA’s approach to disability. Despite the good efforts exerted into the development of these two documents they missed the most updated developments in CBR and the new international trends in disability which are clearly spelled out in the CBR Guidelines and described in the first part of this report.

Concerning the relevance of the regulatory framework that UNRWA follows to guide its disability program, the reviewer identified the ‘vagueness’ of the education component of the ‘UNRWA Disability Background Paper’ (which is considered the updated version of the UNRWA’s 93 Disability Policy). This has been overcome by the clear and strong UNRWA Inclusive Education Policy 2013 but, unfortunately, not yet fully rolled out. The materials for inclusive education were only finalized in end of 2014. Efforts are ongoing to mainstream its content across ongoing trainings. This presents a particular concern to the reviewer as
inclusive development, including inclusive education, became a fundamental issue and a main component of the CBR strategy clearly spelled out in the CBR guidelines and the UNCRPD.

On examining the infrastructure and **physical accessibility** to assess the extent of compliance with guidelines and standards regarding all UNRWA’s structures, facilities and shelters\(^3\), it was noticed that all the CBRCs and UNRWA buildings visited were accessible to great extent. Most CRBCs had ramps, of varying quality and appropriateness (some were steep or had broken surfaces so did not greatly improve access). Even some CBRCs had introduced lifts in their renovations and expansions, which is relatively very expensive but reflect a commitment to provide physical accessibility to all services. However, the reviewer did not notice any universal accessibility made for people with other disabilities or accessible information or communication. This might exist but the reviewer could not afford to explore other than physical accessibility in detail.

### 3.2.2. Effectiveness

This sector attempt to answer the main questions required by the ToR to assess the effectiveness of the disability services which were as follows: are the needs of men and women, children and adults being addressed by the CBRCs on an equal basis as well as the needs of all people with disabilities (cross impairment) alike? to which extent are people with disabilities able to access the services of the CBRC? are the technical capacities of the CBRC staff optimal for quality service delivery? are the technical guidelines, instructions or standards outlined for the operations of the CBRCs clear and effective in ensuring quality service delivery? are there any major gaps or failures at regulatory and accountability level and why did they occur? Are the 10 CBRCs fit for purpose, in terms of technical capacity and quality of the services, to UNRWA’s efforts to address the needs and rights of Palestine refugees with disabilities?

**Coverage and utilisation of services provided by the CBRCs**

The percentage of PwDs reached in comparison to those who should have been reached is not known due to problems related to the definition of disabilities, diagnosis, registration and detection system. However, if we can consider the minimum of the international estimates of disability which is revolving around 15% of the population we could realise that all CBRCs are only reaching a minor fraction of the likely total numbers of PwDs.

The question would be here whether the needs of men and women, children and adults being addressed by the CBRCs on an equal basis as well as the needs of all people with disabilities (cross impairment) alike. As briefly highlighted above, there are major variations of the types of services, types of disability served, number of beneficiaries and quality of services from one center to another.

- Visual disabilities, multiple disabilities and autism are the least served if not served at all.
- A major gap exists in the age range in the served population as the majority of the beneficiaries fall in the age range between 5 to 16 years old, while nearly no early intervention services are provided to the age group (0-3 Ys) and over 18 years. Some progress was made since the last CBR evaluation conducted in 2009 as limited attempts were made to develop early intervention services but mainly starting from the age of three or four years old, in addition to the introduction and development of pre vocational training and the establishments of vocational workshops mainly expanding the age range served from 15 to 18 years old. Services for adults with disabilities are extremely rare and confined to referring youth to vocational training and supporting their employment, as explained above in the report.

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\(^3\) UNRWA Headquarters Implementation Plan 2010- 2011 Infrastructure and Camp Improvement
Concerning gender variations, data from UNRWA and CBRCs indicate that both gender are equally served. However, it was noted when examining the annual plan of each center that the plan is worryingly vague about gender issues, to the point where it offers no specific activities or any measurable indicators. While UNRWA is making good progress on gender parity, that does not necessarily mean that gender inequality challenges are not still found in the disability program. The lack of gender equality focus is a major gap in the current plans, in addition to the total lack of any specific objective or program targeting specifically the empowerment of girls/women with disabilities who are always double discriminated based on gender and disability.

Access to services

It was clearly evidenced in this review that much of the activities and services of the CBRCs are provided within their premises and confined to children with disabilities who access the centers and rarely reaching out the unserved. As a result, only a small fraction of PwDs is able to access and benefit from the services while still the vast majority are not accessing due to various reasons, among them stand the severity of disabilities, extreme poverty and stigmatizations stand to be the main ones. This is mainly due to the center-based approach currently adopted by the CBRCs and the extreme limitation of the community-based services.

Access to mainstream services remain a main challenge to persons with disabilities. Very few persons with disabilities are included and benefiting from the UNRWA or governmental mainstream services. This challenge is aggravated by the fact that only one track of the twin-track approach (explained in the conceptual framework) is implemented, whereby the centers staffs are focusing on addressing the specific needs of children with disabilities without working on addressing the barriers hampering the utilization of PwDs of the mainstream services. Moreover, the CBRCs are sometimes providing services that should be normally provided by UNRWA (education, health..ect). CBRCs are running classes mostly for children with hearing impairments inside 38 schools instead of supporting UNRWA teachers to provide these services or to be more inclusive. The review has also gathered evidences that most of the CBRCs staffs are not supporting CwDs and their families to utilize and benefit from public services as indicated in the recent developments of the CBR approach. It was also noted that many of the pilot inclusive education programmes run by UNRWA schools were developed without the back up support or links with the CBR programmes. Inclusive education is perceived as a separate approach rather than being an integral component of CBR strategy.

Technical capacity and quality of services of the CBRCs

As clarified elsewhere in this report, there are major variations in the level and capacities of the CBRCs staff from one center to another.

For sure, the model provided by El Zarka’ center is very unique and special as it relies totally on five professionals providing services on sessions basis (once or twice maximum a week) against fees. If we consider the inputs against the outputs approach in assessing the overall services quality, it is evidenced that this model provides higher quality of services than all other centers, as evidenced by the individual plans examined during the review and high parent satisfaction, but for a very limited number of children with disabilities and with very high risk of service discontinuation if parents can’t afford the costs of the sessions for any reasons.

The existing model in Irbid CBRC, whereby nearly all volunteer staffs of the center, except two, are certified professionals provides additional evidences on the high quality of services when provided by professionals. Focus group discussions with parents and persons with disabilities who benefitted from the center reflected great satisfaction from the quality of services. However, despite the higher level of quality of services provided in this center in comparison to other CBRCs (except El Zarka’), technical assessment made by the consultant still found some gaps that most probably relate to the quality and content of the in-house training and academic
studies. The major weakness identified is the lack of the understanding and practices of the comprehensive CBR approach, as outlined elsewhere in this report, and the merely focus of the work is on ‘fixing’ the children with disabilities themselves with minimal involvement and training of parents (if compared with the CBR standards).

The third model of the CBR Unit of the Jerash CBRC managed by two staff members and reaching out more than 100 PwDs & their families is an excellent model of good practice implementing the CBR approach at the community level. This was evidenced by the number served, varieties of activities at the community level as well as the great satisfaction expressed by parents.

A quick assessment was made by the reviewer on the types of services provided by the CBRCs and revealed the followings:

Despite being provided by volunteers, except in Zarka, the Physiotherapy services are among the good services provided by the centers. However, the review collected some evidences that this is not always the case and some of the volunteers workers play the role of the professional physiotherapists which is not acceptable and might expose the clients to unnecessary harms even if in most of the cases the interventions are successful. The review confirmed that nearly all the physiotherapy sessions are provided in the centers except very few ones at homes. In general, services are adequate and of good quality. Despite the claims that Occupational therapy (OT) services are provided in some CBRCs the review reflects that this is false claim except in the case of Zarka center where an OT specialist is fully employed. Some rehabilitation workers received some training on OT and use some of its basic techniques while working with children with disabilities and their families but at a very superficial level.

Assistive devices: Despite this service in particular being highly appreciated by persons with disabilities and their families, the review detected a gap related to the missing follow up when it comes to the utilization, maintenance and repair of the assistive devices which can be considered as waste of resources. It was also noticed that, unnecessarily, some CBRCs provide assistive devices to certain persons with disabilities and cover the costs from private donations instead of allocating these donations to certain activities that can’t be covered by center budgets. According to high officials in the MoH, MoSS and HCDA the Jordanian government provides certain types of assistive devices free of charges while the rest on cost sharing basis to all except the Palestinians who don’t have the National Card.

Services provided to children with hearing impairments and those who are deaf are particularly good bearing in mind the limited available resources and the high costs of the needed equipment. Some of the CBRCs are more advanced and provide quality services to these children, such as Jarash, Wehdat, Irbid and Talbieh. The good quality of services provided by the CBRCs is mainly due to the long history of technical support received, since their establishment, from the Holy Land Institute for the Deaf and some very highly specialized professionals such as Professor Mahmoud El Massry and his team. However, it was noted that some of the audiometers are not working as the CBOs can’t afford the repairing costs. Through these quality services, the CBRCs secure some funding that contributes to the sustainability of the services by charging some fees but still less than the average in Jordan especially in areas where they are the only providers of these services. However, there was general agreement among all centers that these kinds of specialized services need to be backed up and supported by specialized centers or at least certified professional specialists.

Services for children with blindness are almost non-existent among the CBRCs. What was interesting noting in the review is that children with low vision or those who are blind are successfully enrolled in the public schools, day care centers and vocational training centers belonging to the Ministry of Education and Ministry of Social Development. People with
blindness met during the review reflected their great satisfaction from the level of services and support received from the Jordanian governments. However, it seems that that the majority preferred specialized services rather than inclusion in mainstream education as specialized services include daily transportation from and to the camps. It is also noted that they recognize the excellent role of the CBRCs in the detection and referrals to existing services but apparently nearly no connections exist since they were referred.

It was also evidenced in the review that services that are provided to children with intellectual disabilities need more attention and more inputs from specialized centers or experienced professionals. Observations confirmed many aspects of weakness, especially the way how hyperactive children with intellectual disabilities are treated, how classes are organised and the lack of teaching materials in some CBRCs. This was also confirmed from many focus group discussions with mothers who were appreciating the works of the CBRWs but when asked about specific interventions that are known to be successful in some cases, their answers were shocking as the reviewer realized that these interventions never took place. For example, a mother was complaining that her 5 years old child with Down Syndrome is still wet and can’t control himself. When asked about the interventions made or advice given the reviewer did not find any of the basic instructions that are normally given in such cases.

**Early detection services** are also inadequate. The number referred by the UNRWA health clinics at early age is also limited. the review identified many children with disabilities who went undetected except through the new school health assessments that UNRWA is now conducting in all schools and day care centers such as the CBRCs and the vision and hearing screening done at the 4th and 7th grade levels in schools. The health cards used do not contain comprehensive early detection tools. This is an area that definitely needs improvement in both the health clinics as well as the CBRCs

One of the worst drawbacks in nearly all CBRCs is the very limited early intervention services provided. This is mainly due to the lack of knowledge and skills needed, as well as a general feeling and understanding that these aspects are the sole responsibility of the health services and nothing can be done at the community level. Unfortunately, most of the children served in the CBRCs are in the school and preschool age groups. A very limited number of CwDs are under two or three years old. Even those who attend at early age receive only physiotherapy sessions and hearing/speech therapy. This a major area that needs lots of improvements whether the CBOs/ CBRCs management decided to continue providing the services in the centers or to shift back to the community-level. In general, it is more professional to provide early intervention services at home from the age 0-3 or 4 years old.

Despite the recognition that it is the society which ‘disables’ the person through the negative attitudes and lack of provision of equal opportunities, activities of the CBRCs on raising awareness to challenge these realities are limited. For most of the CBRCs management, the activities currently conducted are adequate considering the lack of staffs, high turnover, the numerous awareness raising activities provided before, etc. However, all respondents to the focus group discussions or personal interviews affirmed that negative attitudes are still dominating.

In the below part, the reviewer is sharing the findings related to the most important resources and corner stone in the CBR strategy who are the CBR workers. The quality of services rely to great extent on the quality of human resources who are providing these services especially when equipments are rarely used. This is typically true in the case of CBR services and activities.

**Training and capacity building of the CBRCs staffs**

The issue of technical capacities of the staffs of the CBRCs is crucial to this review as the CBRCs are almost relying solely on volunteers in services provision. The real problem lies in the gradual drift towards center-based specialized approach without adequate resources and
capacities, primarily the human resources. Worldwide, CBR programs are heavily relying on local volunteers and achieving great success due to the nature of the activities performed at the community-level by these volunteers. However, the reviewer has never encountered or found in the literature such major center-based services relying mostly on volunteers. Their performances would have been rated excellent if their tasks and responsibilities are confined to the community-level activities but when it comes to specialized center-based services lots of questions marks would be raised.

In connection to building capacities plans, there are major variations in the expertise and capacities of the staffs due to the variations in years of experience, educational background, technical and management inputs and support from one centre to another...etc. The evidence highlights various challenges with the current training approach. As most of the CBR programs globally rely as well on volunteers, these challenges are not unique to the UNRWA disability program/ CBRCs and do not indicate a failure of the work, rather they point to the need for ongoing support in continuing to improve the approach to, and content of, training.

One-off training courses
One-off, short courses are generally not sufficient, and this has been reiterated in various global workshops and conferences in recent years.

Most CBR workers mentioned receiving just two or three trainings (among them a two-weeks training in August 2014 organised by the CBOs Coordinating Committee). However, apparently during the following 18 months none received any training for unknown reasons. New CBR workers joining CBRCs mostly rely on ‘passed-on’ messages from colleagues, who have received minimal training and often don’t have the time or inclination to support colleagues intensively. CBR workers are not receiving regular opportunities to expand their knowledge and understanding except from the limited weekly support from a member of the professional team when he or she works directly with a child.

Training content
The training messages have successfully given the CBR workers a basic understanding of inclusion, rights and disability. However, they noted during the focus groups discussions that the training needs to be more practical and prepare them for the realities of a diverse capacities and needs of people with disabilities.

The training has a predominantly theoretical focus and without more guidance it can be hard for CBR workers to convert this into practical action. The reviewer realised during the assessment that most probably problems occur when training focuses on giving the CBR workers knowledge about specific disabilities, and doesn’t also develop their broader problem-solving, team-working or investigative skills. It is therefore of concern that the development of ‘reflective practitioner’ skills (to empower the CBR workers to become more innovative, independent and confident with solving various disability challenges) has not received priority.

Continuous learning for CBR workers
Opportunities for follow-up learning for CBR workers seem limited, and all groups of workers when met in the 10 CBRCs asked for more regular short courses. Inevitably, with its current capacity, the CBOs coordinating committee or UNRWA disability program have been unable to offer a programme of follow-up training, although some have worked to provide ad hoc advice and support.

Alternative methods for expanding CBR workers‘ learning have not been well explored. CBR workers lack access to written or multi-media resources (videos, etc) that could boost their conceptual understanding and demonstrate examples of practical implementation. This is a major gap knowing that hundreds of excellent simplified resource materials on each types of disabilities were produced during the last three decades and since the inception of the CBR
strategy and are currently widely utilised all over the world. While the CBR workers highlighted the missing of these materials as a major gap and need, managers of the CBRCs indicated that some of the materials were available but were not being used by the CBR workers. This could also be because the materials are not adapted to the learning needs of the CBR workers. There also appears to have been no allocation of funds for producing or translating key education materials for grassroots stakeholders, namely families of children with disabilities. These were highly demanded by mothers and were raised in many Focus Groups Discussions of parents during the review.

On another issue related to the learning processes, the CBR workers and managers agreed that rarely a centre benefits from the experiences and advancement of knowledge of another centre in certain aspects of the works. This reflects a lack of a more structured or facilitated process – for stakeholders to share with and learn from each other about the technicalities and approaches to various services and activities delivered through the CBRCs. This is a major gap especially that the review identified excellent models of good practices highlighted in this report.

**Effectiveness and gaps at regulatory and accountability level**

The approach adopted by UNRWA to deliver the social services for PWDs through a community-led approach, managed by the CBOs, is still widely unregulated and consequently affects the quality and range of services being delivered. Despite the relatively good regulatory and accountability systems of UNRWA they can’t be imposed on the CBOs who are self-autonomous and own all decisions pertaining their centres. Interviewing key staffs from the RSSP revealed that the team is fully aware of the deviation of the CBRCs towards the medical and rehabilitation model of disability, rather than the stated social model adopted by UNRWA in all its policy documents. However, there are no official agreement or protocols that regulate, govern and organise the relationship between UNRWA and the CBOs. A project based funding approach governing utilisation and implementation of UNRWA resources received by the CBRCs is yet to be fully rolled out. The UNRWA team has so far relied on good relationships to influence and regulate the works in the CBRCs. Financial contributions are also influential but not to these extents. However, it should be noted that UNRWA/JFO and CBOs have started to address these gaps in the regulatory framework through developing the MOU and the project agreements which scheduled to be signed this year.

On the other hand, it is evidenced that the financial system that control all CBOs incomes and expenditures is an excellent one. It helped in the detection of some malpractices and corruptions in two LACs which were immediately dealt with during the last couple of years. However, there are still many unsolved challenges facing the membership and performances of LACs, namely the lack of strong representation of persons with disabilities in the committees as well as the need to guarantee the rotation of its members and management to ensure pumping new blood and keeping the dynamic nature of the LACs. Among other challenges facing most of the LACs is the limited number of active members, normally around two, who manage and run the CBOs. This is in addition to major irregularity in holding the monthly meetings and number of attendees. On the other hand, these committees are crucial for the management, fund raising and sustainability of the CBOs as clarified in the ‘sustainability’ section in this report.

It was also noted that the by-laws, which govern the work of the Local Administrative Committees and the CBRCs unintentionally present a barrier to the inclusion of people with disabilities in management structure (it mainly supports an election process that would rarely bring PwDs on board). The active participation and inclusion of PwDs in the management of the disability programs at community level should be advocated for and monitored by the UNRWA’s RSSP team. Here it should be noted that UNRWA/JFO and CBOs have started to address these gaps in the regulatory framework through updating the CBO- bylaws to account for the participation of PWDs.
Documentation and Data Collection

Documentation, data collection and reporting in the CBOs in general are weak and very limited in comparison to the main items, elements and issues included in the UNCRPD and CBR guidelines. Possibly this is due to the fact that data is collected upon the request of the Community Development Social Workers (CDSWs) who are compiling and analysing the data mainly to develop the center’ report. The reviewer is under the impression that information is collected but with inadequate attention to what or who the information is collected for, how it will be consolidated and how it will be analyzed.

The record of the number of persons with disabilities receiving services is only available at UNRWA and could not be reached through the CBRCs. Each centre collect its own data disaggregated by sex, type of impairment etc but never shared or compiled with data from the other centres except through the UNRWA database. This shows the level and extent of dependence on UNRWA at the level of basic information collection and analysis. However, the reviewer failed to get the exact number of persons with disabilities served by the CBRCs from the beginning of the disability program in UNRWA as such information is not retained. This would have been very useful to know approximately the number of PwDs who have been served and graduated from the CBRCs to start the first steps towards the formation of DPOs, self-help groups or to identify who among them are best situated to support the CBRCs.

Monitoring & Evaluation Framework

Currently there is a common M&E framework for the disability works of UNRWA and the CBOS. The CBOs only collect information and data required by UNRWA and don’t have their own M&E system. It is left for each center to decide on the kinds of data it would require for its own purpose but this can’t be labeled as system. As explained above, the lack of strategic direction is also reflected in the ‘vagueness’ of the CBOs approach to M&E. If the trend now moved to specialized centers the monitoring scheme should reflect and support this move which is currently not the case.

In general, this framework is very basic and limited and not in coherence with the WHO CBR guidelines. As the nature of the CBR approach is very comprehensive, limited data collection would never serve the purpose of monitoring the extent the CBR approach is implemented. It is true that it will be extremely challenging for the UNRWA/ CBOS disability program to cover the 25 component of the CBR matrix of the guidelines, but if either the CBRCs or CBR disability program claims covering some components its monitoring scheme should include these components in order to assess the progress against plans as well as the impact. For example, 9 out of the 10 CBRCs claimed to work on economic empowerment of PwDs, but when reviewing the data sheet there was no indicators or relevant data on livelihood. To better explain this comprehensive approach to the M & E, the reviewer gives in the Annex 1 some suggested indicators for the livelihood and education components of the CBR Guidelines.

Annual Plans

Concerning the CBRCs annual plans and the M & E framework, the majority of the CBRCs lack the basic criteria for good plans. Key problems include:

- Many of the goals, expected results, activities and indicators are not specific enough or sufficiently appropriate enough to offer clear or accurate guidance to implementers.
- Most of the indicators are not SMART There is no clear distinction between process and result or impact indicators (i.e. indicators which measure if the project has carried out the activities; and activities which measure what has happened as a consequence).
- There is a lack of any clear M&E strategy in the annual work plans. The annual plans are based on the results and recommendations of the CAT assessment which was not appreciated by any of the CBRCs management. Managers of the CBRCs expressed their dissatisfaction from UNRWA pressure to build their annual plans on
the findings of the CAT assessment, which was weak from the technical aspects as per their description.

- The monitoring of impact is always hampered by the absence of “baseline” information, absence of good indicators of impact, and the limited use of routine monitoring to collect information on impact. ⁴
- Despite the importance of the documentation and sharing the models of good practices and learning between the CBRCs, apparently the M &E system doesn’t include any requirements to report and ‘capture’ case studies demonstrating evidence of outcome, innovation, models of good practices. The CDSWs and staffs of the CBRCs consequently do not routinely record and report this type of information.
- There are no tools, guidelines or instructions for reporting on more than activities (inputs). Staffs lack knowledge about M&E, and how to collect, consolidate, analyze and interpret data and transform it into information and knowledge

### 3.2.3. Efficiency

Efficiency measures how resources or inputs (budget, staff time, infrastructures..etc) are converted into results and outputs. The questions in the ToR that assess the efficiency of the disability program were whether the allocation of resources appropriate to achieve expected results? Can the services delivered be considered as adequate for the budget spent?

**Appropriateness of resource allocation to achieve expected results**

Nearly all findings related to the appropriateness of resource allocation to achieve expected results were presented earlier in this report.

The issue of technical capacities of the staffs of the CBRCs was crucial to this review as the CBRCs are almost relying solely on volunteers in services provision. The real problem lies in the gradual drift towards center-based specialized approach without adequate resources and capacities, primarily the human resources. Worldwide, CBR programs are heavily relying on local volunteers and achieving great success due to the nature of the activities performed at the community-level by these volunteers. It should be noted that the case of such major center-based services relying mostly on volunteer is very unique and unprecedented according to the knowledge and literature review conducted by the reviewer. Their performances and outputs would have been maximized if their tasks and responsibilities are confined to the community-level activities instead of working most of their times inside the centers.

In conclusion, the CBRCs staffs could have played major role in tackling most of the challenges facing persons with disabilities if the CBOs and CBRCs management would have adopted the CBR approach as explained above. While an average of 20 staffs members in a typical center-based CBRC serves approximately 60 to 80 children with disabilities, the CBR Unit in Jerash center serves more than 100 PwDs and their families through only two full time and one part time volunteers by conducting community level activities. Normally each staff members working at the community level is in charge of an average of 20 persons with disabilities. For mild disabilities and adults this rate could reach 1:50. The frequency of home visits and follow up varies according to the needs and surrounded challenges. If four home visits are made each day, 20 to 25 families could be served by a CBR worker each week. However, If these two staffs were working in a center-based model they would have served a maximum of 10-15 children with disabilities who are able to access the center. They would have lacked the

intensive communication and working with their families as per the case if they work at the community level.

On another issue, one of the main findings of this review is that the CBRCs are sometimes providing services that normally should be provided by mainstream services and they are not supporting CwDs and their families to utilize and benefit from public services as indicated in the recent developments of the CBR approach.

For many years, UNRWA used to support nearly 40% of the total annual budgets of the CBRCs. This amount has sharply declined during the last few years due to the financial challenges facing the Agency. This has resulted in decline in the support to the CBRCs to nearly 5 to 10% of the budget except for some centers, which face major financial problems, such as Waqqas, around 30% of the total annual budget. However, it was decided to not provide ‘general’ contribution but rather earmarked to a specific project that the CBRCs apply for. One of the main criteria for the provision of the fund was the extent the project can secure income or at least become independent.

However, the reviewer noticed that not all these funds were disbursed to the right projects. Better use of the funds might have been to allocate these funds to promote reaching the ‘unreached’ especially among the most disadvantaged groups of PwDs. In other words, to use limited resources to promote the CBR strategy and approach as will be clarified in the recommendations of this report.

On another note and to be fair to the projects, it should be mentioned that this review did not have the scope to conduct a detailed financial assessment (reviewing budgets and accounts, etc). The evidence gathered, however, suggests that on the whole activities – following what has been laid out in the annual work plans – are carried out efficiently.

What was really impressive is how most of the Local Administration Committees have utilized existing infrastructures and even made tremendous expansions. Walls were converted into stores to secure income through long term renting. Most of the infrastructures are very utilized as community centers and not only disability center. Some spaces are offered for renting to community members to celebrate various occasions. However, as noted elsewhere in the report, the huge CBRCs infrastructures and human resources could have been better used to serve larger number of persons with disabilities and their families if the centers staffs and management would have adopted the new roles of specialized center in the CBR strategy (as described above in the report).

In addition to the financial resources provided by UNRWA, nine Community Development Social Workers are allocated to supervise and support the CBRs. The CDSWs are in charge of collecting the data and developing the centers report. They are very motivated and willing to work closely with the CBRCs but sometimes they feel unwelcome and their work not appreciated. On the other hand, it should be noted that they received no training on disability since more than three years and their job descriptions does not include all what they are doing.

3.2.4. Impact

Impact of UNRWA & the CBRCs interventions on the lives of PwDs – How?

This is a difficult question to answer with just a two-week review. Effective monitoring of impact requires a strong M&E mechanism – ideally using participatory approaches so that evidence is gathered and documented from all stakeholders’ perspective – to be in place from day one of the initiative. As already seen, such a mechanism does not exist in this programme, making it challenging to determine or attribute impacts.
Changes in Attitudes, Inclusion & Participation
The interventions by UNRWA and the CBOS/ CBRCs over a relatively long period appear to have led to significant attitude change towards PwDs within the local communities and among parents in particular.

Each CBRC visited was able to provide at least one example of a previously excluded child in his family who has now been able to come to the center and who often had made significant social and/or academic achievements, as a result of CBR workers and/or parents developing more supportive attitudes towards their development and education. Many parents now believe in the potential of their children. They see the hope before the frustration. Most of the parents are more positive towards their children. At the community level and due to the raising awareness activities, local communities have better understanding of the situation of children with disabilities and issues that affect them, and have more proactive roles in the protection of children with disabilities.

Stakeholders referred to ongoing attitude challenges, with some children still facing stigma and exclusion and some parents still not supporting their children’s development and education. But the consensus was that ‘things are moving in the right direction’. However, it was noticed that these positive attitudes were not enough reflected in the creation of welcoming and inclusive society in these communities. The majority of CwDs are still treated and dealt with separately than children without disabilities. There is a strong believe that segregated specialised services is what CwDs need and local communities should contribute to make these services available. Most probably these attitudes are stemmed from the specialised approach to services adopted by the CBRCs and the minimal works at the community level.

The reviewer was keen to look at the precise methods used for changing attitudes. However, most respondents did not provide analysis beyond “we do awareness-raising activities”. Various stakeholders mentioned that awareness-raising activities (by CBR workers and by teachers/schools), mostly involve parents being called to a meeting (or visited at home) and told about disability, inclusion, rights and particularly the role of parents. However, it was noted that there is confusion between activities to raise the awareness of parents and building their capacities.

There seems to be little two-way discussion during these ‘sensitisation’/ training sessions, or recognition of parents’ existing knowledge/experiences. One parent commented that sometimes parents know more than CBR workers and teachers about certain children’s challenges and needs, but no one acknowledged this.

During various meetings and group discussions, parents were criticised for their attitudes: for resisting sending their children to school, for letting them drop out or not encouraging them to come to the centre, keep attending schools and working hard.

However, when one looks objectively at the reasons for such reluctance from parents, particularly in relation to financial constraints (stop sending children in centers/ schools if there are no buses) as well as teaching and learning experiences in schools, one starts to appreciate that parents may have valid reasons for deprioritising education.

Parents’ decisions may not always be based on ‘ignorance’ or ‘resistance’, but awareness-raising efforts don’t consider this sufficiently. The ‘push’ factors (e.g. poor quality education ‘pushing’ children out of school), were not widely acknowledged by stakeholders.

The presence of any ‘culture of blame’ within the CBRCs services or inclusive education (whether blaming CBR workers, parents or teachers) is potentially divisive and damaging. Changing attitudes is difficult and it takes time. If things are not progressing fast enough or in the right direction, this should not be seen as anyone’s ‘fault’, but rather as an indication that plans and activities need improving.
Changes in the lives of CWDs

Overall improvement was noticed by the parents and rehabilitation workers in the CBRCs in relation to children’s lives. The quality of lives of the majority of targeted children by the CBRCs, have somehow improved through gaining access to health, rehabilitation and education services in addition to the services provided in the CBRCs.

Despite the challenges mentioned in this report many of these children with disabilities would had never been medically assessed or diagnosed , and many would have never received any kind of support which shows the real need for the CBRCs to fill in these gaps and respond to their needs. This was reinforced to a great extent by the testimony of mothers who expressed great satisfaction with various services which never existed before the UNRWA disability program/ CBRCs. Evidence also shows in most of the CBRCs there is high demand even among families from nearby communities having heard about the quality services provided. However, the situation is not the same in certain centers as the case for El Waqqas and Husn where the demand is not that high and number of CwDs are decreasing.

3.2.5. Sustainability

Capacities and commitment of CBRCs to sustain the provision of quality CBR

Evidence generated during the review shows that the prospects for sustainability of the CBRCs cannot be considered without the active role of LACs. Due to the gradual drift of the CBRCs towards a center-based approach instead of the original community-based approach, local communities are perceived to be alienated from the provision of support to PwDs and their families, finding solutions for the challenges facing them at local level, and contributing towards the self-sustain of the CBRCs (except for few individuals who are constantly supporting the LACs). It was obvious that most of the local communities have not developed a sense of ownership over the CBRCs and rather perceive these centers as UNRWA ones.

On the other hand, it was impressive to see the efforts and capacities of most of the LACs to raise most of the necessary funds (nearly 80 to 90% of the total budget) not only to cover the running costs of the CBRCs but also for the establishment and introducing new services and providing the centers with the needed equipment. This reflects the strengths and capacities of the LACs in the management and raising funds, but not necessarily in the technicalities and strategic directions of the centers otherwise resources should have been allocated in more investment in human resources and building the capacities. Having said that, it was noted that not all the LACs have such capacities and three LACs in particular are still struggling to secure the running costs of the CBRCs. These are El Waqqas, Husn and Souf. Some others are very innovative in their fund raising strategies and have excellent long term ones, such as converting the walls into shops and stores for long term renting. Some others build extensions and halls that are rented as community halls for various occasions. Most of the costs of the buildings and construction were covered by donations from the Royal Family upon any visits of his majesty the king or a Prince to the centers.

The major advantage of the current system in managing the CBRCs is the total reliance on the volunteer rehabilitation workers which cuts the running costs dramatically. For sure this affects the quality of services. However, as said before there are no other options to sustain these centers even with the modest outputs except by keeping such minimal inputs of covering the costs of the monthly low per diem of the volunteers and move back to the provision of community based services

Despite the huge efforts exerted by the new committee, financial constraints remain to be the main challenge facing the center.
At the time of the review, sustainability was perhaps the biggest issue that most of the discussions with the LACs were focused on. All committees have major concerns on how the links with UNRWA will be regulated. According to LACs point of view, they feel the need of UNRWA support to apply for funding, receive funds or clear cheques for disbursement of funds. The coordinator of the coordination committee of the LACs communicated the availability of donations for half million US dollars from a donor waiting for a letter from UNRWA endorsing or guaranteeing the links UNRWA is having with the centers. LACs are more concerned about the withdrawal of UNRWA as the agency supporting the Palestinian refugees rather than the financial withdrawal of the Agency. They insisted that they don't have any official statues to act independently from UNRWA and the alternative of registering with the Ministry of Social Solidarity is not even an option due to political sensitivity.

It was also evidenced in the review that UNRWA has not developed a sustainability plan to support the independence of the CBRCs. There were no significant attempts to help the CBOs to act independently from UNRWA through improving the fundraising expertise and actions of the CBOs. All proposals were developed and written by the UNRWA Disability Programme Officer, who managed to develop several successful proposals but the know-how has never been transferred to the CBOs. No training programs were provided to the CBOs on fundraising and proposal writing in the last three years.

Moreover, only half of the CBRCs’ annual plans reviewed by the consultant had a target related to the sustainability of the centers. All were focused on the financial sustainability through increasing the income either through vocational workshops or fees against services.

On another issue, the reviewer was not sure about the effect of increasing poverty and the gradual decline of resources on the capacities of those who are not exempted, as special hardship cases, from paying the services fees. Even with most of the parents, mentioning that UNRWA services were significantly cheaper than those provided through the private sector, evidence showed in this review that many families discontinued receiving services for their CwDs as they can’t afford one or two dinars for the transportations or as fees for the sessions. It might be worth undertaking a review of fees charged for different services.

**Conclusion:**

Despite the historical origin of the CBRCs and the major trends in early years to work mainly at the community level, and the availability of one or two small rooms for each centre, the situation is now totally changed. The review witnessed a major drift towards confining most of the activities and services to be delivered within the centers. The drift is not only to the location of the services but mainly in the understanding and attitudes towards the center-based specialised approach against the CBR approach. This was true at all levels, starting from members of the CBOs, to the CBRC management to nearly all the staffs. This shift is viewed by the reviewer as quite normal and expected considering the continuous pressures from the parents to establish and ‘treat’ their children in specialised centers instead of the perceived ‘low quality’ home-based approach. One can understand the desire of the parents to send their children in daily care, as per the schools for the children without disabilities. Such programs when led by active community members are easily influenced by the stereotypes around disability, namely the need for specialised services as these people are ‘special’ and only through segregated services they can achieve their potentials. There is also no doubt that the volunteer CBR workers are influenced by these attitudes and prefer to work in a more relaxing comfortable atmosphere in the centres rather than the challenges confronted in the field. At least they can sense good progress with a limited number of CwDs rather than slow progress with the large targeted number at the community level. On the other hand, the limited role of UNRWA in guiding and support the CBRCs to keep their CBR approach led to the major drift of these centers towards the specialized center-based approach which in turn led to most of the drawbacks identified in this review.
The overall evidence points to a weak commitment to the CBR approach within the CBOs, the CBRCs management, and among their staffs due to past negative experiences and for reasons highlighted in this report. There were overt expressions of resistance to the concept of CBR during meetings or focus group discussions. Some refer to CBR as type of activities they used to do long time ago at the community level. El Baqa’a center established a Unit confined to the CBR activities outside the center (as an indication that this is not the strategy of the center). On the other hand, all who were met and interviewed agreed on the understanding and necessity of the social model to disability. However, this understanding is not reflected in the practical implementation and strategy of the work as evidenced in this report.

As explained above, findings of this review confirmed that the CBRCs are 'struggling for their identities'. They are somewhere on a line in a continuum with two ends, each represent a different strategic approach to disability. One end represents the community-level activities of the CBR strategy, and the other end represents the typical center-based specialised approach. Some CBRCs are falling somewhere in the middle, such as Jerash center, doing some CBR activities but can’t claim adopting and implementing the CBR strategy (as explained above), while others are located in the other extreme and most of their activities are falling under the typical segregated specialised services as the model adopted by El Zarqa center.

All these arguments reflect the major challenge, highlighted in this report, in relation to the lack of understanding and wrong perceptions about the conceptual framework of the CBR strategy. This was precipitated by the severe lack of proper training and building capacities, or perhaps the exposures to trainers and experts who have wrong perceptions or false understanding of the CBR strategy.

This lack of understanding impacted on the types of activities and services provided when reflected in the centres plans. Most of the annual plans, except few, do not appear to have been written or reviewed/critiqued by personnel with extensive understanding of the new CBR concepts. Another possibility is the rejection of adopting the CBR approach. This is not intended as criticism of the CBRCs management or the CBOS. They put together the skeleton of a good plan based on the extent of their existing knowledge and experience. However, they clearly needed technical support to fine-tune the plan according to UNRWA disability strategy, inclusive education policy and CBR guidelines. This is something that UNRWA, as main partner should have recognised and taken steps to support.

**Recommendations:**

**A- Promoting the CBR Approach:**

1) **Shifting towards community-based activities** and **raising awareness about the CBR Strategy** among the CBOs, CBRCs management and staffs about the meaning and strengths of the CBR strategy as well as the implication of the adoption of the CBR strategy on the type of activities and approaches to work.

2) **Updating the UNRWA Disability Policy** to reflect the recent developments and the new approach to CBR.

3) **Promoting the concept of inclusive development** and disability as a cross-cutting issue among UNRWA Health, Education and other sectors, as well as the CBOs management, and intensify their efforts in this regard. Despite the financial constraints, limited funding should be allocated in each sector to operationalize this recommendation.
4) Giving priority to poverty alleviation as a core component of the CBR strategy. This includes mapping various social protection schemes available and provided by the Jordanian government, such as the NAF funds, to make the best use of them.

5) Empowering persons with disabilities and establishing a Task Force, formed of PwDs, affiliated to the ‘CBOs Coordination Committee’ to be in charge of the empowerment as well as the creation and provision of support to networks of PwDs. The Task Force should ensure the involvement and active participation of PwDs in managing the CBRCs.

B- Improving the support framework for the CBRCs

7) Providing more technical support and supervision to the CBRCs through national and international consultants and perhaps specialised INGOs. The introduction of a technical ‘third party’ would also help to consolidate the learning accumulated over two decades of experience, expand and move to new areas of work.

8) Contracting highly specialised centers for each type of disability to be in charge of developing and monitoring the standards of services, provision of advanced training and most importantly building the capacities of the CBOs professional team who in turn will support the CBRCs.

9) Increasing the number of the professional team supporting the CBRCs from 6 to 10 specialists (including an OT, psychologists, early intervention specialists and special educator) and add 10 among the most experienced staffs to form a Central Training Team that would also establish a ‘Resource Center’ to be located in one of the CBRCs.

10) Provision of intensive training to the Community Development Social Workers on Case Management specifically for persons with disabilities, in addition to the basic modules related to the CBR strategy from the CBR Guidelines. This team could guide and support the CBR workers in all community-level activities particularly in home based intervention where they can apply a simplified version of the approach to Case Management.

11) Developing partnerships and provision of training should be seen as central to move forward. Budgets should be made available to enable senior and technical managers to engage in workshops and meetings, and to undergo much-needed training. Partnerships with UNICEF, UNDP, ILO as well as a number of INGOs would be useful to fill gaps in UNRWA’s and CBOs competencies, offering opportunities for external exposures, joining the Arab CBR Network, exchanging visits with model of good of practices, and namely through extensive dialogue and discussions with decision makers. Partnership with DPOs would be also recommended in this context to support the efforts towards the empowerment of PwDs.

12) Collecting and disseminating simplified CBR materials (manuals, guide books, videos, posters, leaflets, etc) to help stakeholders and particularly CBR workers deepen their conceptual understanding, and learn from other people’s experiences of implementing the CBR approach. These materials need to be relevant to the Jordanian/Palestinian context, easy-to-read/use, and available in Arabic as well as English – and they need to be effectively distributed across all CBRCs. This would also help better sharing and communication of information to families.

13) Prioritizing resources allocation through confining the financial support from UNRWA to promote the implementation of the CBR strategy, and specifically to support the community level volunteers - CBR workers, who will be instrumental in reaching all persons with disabilities. CBOs management should be also prioritise their resources towards the shifting back to community-based activities and approach. Possibly, UNRWA and CBRCs should
explore the possibility of receiving all assistive devices needed by PwDs through the Jordanian government and to redirect the allocated funds to support the implementation of the recommendation of this review.

14) **Developing a monitoring system** in coherence with the CBR guidelines which would provide the management of both UNRWA and the CBOs with early signs for any drift from the social model and the CBR strategy.

15) **Accelerating the process of regulating** and clarifying the relationship between UNRWA and CBOs with clear strategic planning for future cooperation
Annex 1

Suggested Monitoring Indicators

Some suggested indicators for the livelihood and education components of the CBR Guidelines.

According to the CBR guidelines, the livelihood component of the CBR programs could be monitored through the following data:

# & % of people with disabilities who are self-employed
# & % of people with disabilities who are working for wages or salary with an employer
# & % of people with disabilities who know how to access financial services (banks..etc)
# & % of people with disabilities who use financial services such as grants and loans
# & % of people with disabilities who know how to access social protection measures
# & % of people with disabilities who are covered by social protection programs
# & % of people with disabilities who are involved in developing inclusive policies and practices for equal participation in the labour sector.
# & % of people with disabilities who get to make decisions of how to use his/her money

The education component of the CBR programs could be monitored through these data:

# & % of children with disability age 36-59 months who are participating in early childhood education activities
# & % of people with disabilities who acquire basic education in mainstream education
# & % of people with disabilities who participate in learning opportunities that meet their needs
# & % of people with disabilities who have professional training
# & % of youth with disabilities who are attending secondary education
# & % of youth with disability that have completed secondary education before age 20
# & % of people with disabilities that have completed higher education
# & % of people with disabilities who are attending higher education
# & % of people with disabilities who have educational or vocational options after obtaining their educational certificate or degree
# & % of people with disabilities who use life-long learning opportunities to improve their life skills