A REVIEW OF REMOTE CHILD PROTECTION CASE MANAGEMENT CAPACITY BUILDING IN NORTH EAST SYRIA

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TABLE OF CONTENT

EXECUTIVE SUMMARY

Child protection case management (case management) is a life-saving service for children in Syria who are at risk of violence, including abuse, exploitation, and neglect. Because the nature and scale of violence in Syria overwhelmed existing child protection resources and capacity, case management is an approach used by child protection actors to provide social work type support. The aim of case management is to address the child protection needs of an individual child and his or her parents/caregivers in an appropriate, systematic, and timely manner[1].

Case management is an especially complex, risky, and technical area of child protection programming. As a result, it requires a particularly rigorous approach to capacity building, which is particularly challenging in North East Syria where there are access and security constraints, limited existing capacity, and a high volume of cases.

In June 2019 three local non-governmental organisations (NGOs) started implementing case management. The local NGOs did not have prior case management experiences and there were few services in the areas of implementation.

Just over a year later, this review was conducted to analyse the remote capacity building approach and understand what worked well and what could be improved and to develop practical recommendations for this and similar projects in the future. In light of the movement and gathering restrictions associated with the COVID-19 pandemic, the findings and recommendations are designed to be replicable in other remote capacity building contexts.

The methodology included a secondary data review focused on project monitoring data that could be used to measure changes in capacity, such as training records and supervision records. In addition, 18 key informant interviews were held with staff (12 female and 6 male) from the three local NGOs, an INGO, and other stakeholders operating in North East Syria. The purpose of the interviews was to triangulate project data and to gather detailed qualitative data on the experiences and recommendations of staff.

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[1] **Child Protection Working Group (CPWG). (2014b). Inter-Agency Guidelines for Case Management & Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers. Available online.**

1. Designing an approach to accommodate partners

Finding	Recommendation
1.1. Training records and capacity assessments indicate an increase in individual and organisational capacity.	Training pre- and post-tests and organisational and individual capacity assessments are a good way to tailor the capacity building approach and to document changes in capacity over time.
1.2. An INGO successfully adapted an approach to the profile of local NGOs and balanced the need for service provision against the risk of increasing caseworker responsibilities too soon.	Approaches to capacity building must always be adapted to the profile of recipients. Organisations and staff that are new to case management are likely to require a phased approach to capacity building, including supervision and coaching.
1.3. 721 children (327 girls and 394 boys) received case management support in locations where there were previously no case management services.	In similar contexts with no services and little capacity, replicating or adapting this phased approach to capacity building is advisable to ensure that children in affected communities are able to benefit from case management services in a safe and ethical manner.
1.4. External factors such as low levels of initial community acceptance and insufficient multi-sector services in the area were the main barriers to case management staff applying what they learnt.	In order to increase community acceptance, it is important to continue to strengthen the tools and guidance available for awareness-raising in North East Syria and to ensure that complementary services, such as Livelihoods, are available and clearly documented in up-to-date service mappings and referral pathways.

2. Investing in technical human resources

Finding	Recommendation
2.1. Allocating 70% of the time of an Arabic-speaking Child Protection Technical Advisor was critical to the implementation and success of the remote capacity building approach.	Remote case management capacity building requires consistent technical support, which may be reduced over time as capacity increases.
2.2. Mental health and wellbeing support is particularly important for case management staff and it is important that the support is accepted and easily accessible for staff.	The INGO should work with the local actors and the Staff Care Specialist to review current wellbeing provisions and develop additional measures in line with the INGO's duty of care.
2.3. Case Management Supervisors provided an essential role in capacity building and monitoring by implementing the Inter-Agency Supervision and Coaching Package[2].	Supervisors should continue to implement the Inter-Agency Supervision and Coaching Package and be provided with support to clearly document supervision practices and to receive additional learning and development opportunities.
2.4. Monitoring efforts relied on remote checking of partner reports and project data but, as the project evolves, a more robust approach is needed.	Additional monitoring measures are advisable, such as peer-to-peer monitoring, baseline/midline/endline reviews, and extra supervision measures.

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[2] **The Alliance for Child Protection in Humanitarian Action. (2019).**
Case Management Supervision and Coaching Package. Available online.

3. Adapting training materials to the remote context

Finding	Recommendation
3.1. The INGO took steps to adapt training packages for the context and for remote delivery, but there is room for further adaptation and contextualisation.	When feasible, the INGO should systematically review and revise training materials for the context and for remote delivery, with particular emphasis on identifying opportunities for interactive, experiential learning.
3.2. The quality and consistency of the Internet in North East Syria was a big challenge and largely outside the control of the INGO and the local NGOs.	Where internet connectivity challenges cannot be resolved, the focus should be on how to mitigate the risk of participants missing all or part of online training sessions. For instance, by developing content that can be downloaded and used offline (e.g. podcasts and videos) and by strengthening supporting materials that can be sent in advance (e.g. presentations and handouts).
3.3. Case management staff were not provided with sufficient IT assets, which made it difficult for them to properly participate in trainings and to complete their case management work.	Caseworkers and supervisors require their own laptop and phone (with credit) as a bare minimum to do their job. Remote capacity building requires additional equipment such as projector screens, tripods, and microphones.
3.4. The schedule of trainings was sometimes at inconvenient times and training sessions were perceived as too long.	In line with the Principles of Partnership,[3] the INGO should develop a capacity building schedule in collaboration with partners, which factors in dynamics such as existing workload, public holidays, and weather conditions etc.
3.5. Case management staff felt that they benefitted from trainings with other organisations and this should be continued.	Inter-agency trainings not only maximise human and financial resources across organisations, but also ensure that not all members of a team in one area are away from their duties for too long.

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[3] https://www.unicef.org/about/partnerships/index_60074.html

CONTEXT

With the crisis now in its ninth year, overwhelming levels of need persist for people throughout Syria. During 2019 and early 2020, escalations in North East Syria created an unstable environment both for host community members, internally displaced persons, and returnees to areas previously controlled by Islamic State. The UN estimates that 11.7 million people require multi-sector humanitarian assistance, of which 5 million are children who have severe and complex needs.[4] Depleted socio-economic resources have triggered harmful coping strategies within families, such as child marriage and child labour, including child labour in its worst forms such as recruitment in to armed groups (*ibid*).

For several years, the INGO has used remote capacity building approaches elsewhere in Syria. Building on that experience, in 2019 they started working with three local NGOs in areas of North East Syria that were previously inaccessible and without child protection services. The project was implemented in hard-to-reach communities that have endured and continue to experience some of the most significant child rights violations of the Syrian conflict.

PROGRAMME OVERVIEW

In June 2019, the INGO, with funding from external donor, set up an integrated child protection and education programme in five affected communities in North East Syria with severe needs and few service providers. Three local partners implemented the project and the INGO provided online capacity building and support from outside the country. The programme aimed to reach 840 children (420 girls and 420 boys) with case management services. Complementary programming included five safe spaces and mobile teams delivering: structured group psychosocial support; non-formal education; and awareness-raising focused on child protection issues and mine risk education.

STARTING-POINT

In humanitarian settings, establishing a case management workforce from scratch requires a significant investment in human resources and capacity building. As explained in the following quote from the Inter-Agency Guidelines for Case Management & Child Protection:

> *"Good case management practice is underpinned by well supervised, experienced, trained, and where possible, certified staff who have the time and resources to carry out their work".[5]*

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[4] **UN Office for the Coordination of Humanitarian Affairs. (2019). 2019 Humanitarian Needs Overview: Syrian Arab Republic. Available online.**

[5] Child Protection Working Group (CPWG). (2014b). Inter-Agency Guidelines for Case Management & Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers, p.41. Available online.

This project was implemented in an area with no existing case management or social work services. The local organisations that implemented the project had not engaged in case management work previously and most staff began with no case management experience. As a result, the approach to remote capacity building was adapted to the profile of the local NGOs and designed in phases, as shown in the following diagram.

Onboarding (6-8 weeks)	• Internal preparation (e.g. contextualise training materials). • Recruitment of caseworkers and supervisors. • Organisational assessments of partners. • Organisational capacity building plans. • Partner policies and procedures (e.g. safeguarding).
Initial capacity building phase (6-8 weeks)	• No active cases. • Foundational trainings, such as CPiE, Case Management, Child Protection Minimum Standards etc. • Service mapping and outreach workshops.
Intake of low and medium risk cases (16 weeks)	• Caseworkers begin managing low and medium risk cases. • Connect partner to Child Protection Coordination Mechanism directly or by relaying information. • High risk cases referred to CP coordination mechanism to be managed by nearby international NGOs. • Case discussions with Child Protection Technical Advisor.
Intake of high risk cases and supervison (ongoing)	• Caseworkers begin managing high risk and complex cases. • Supervision tools and practices are rolled-out.
Specialist trainings and cascade trainings (future)	• Specialist thematic trainings are provided, e.g. child marriage, UASC, GBV. • Supervisors start to become ToT trained. • Responsibilities of Supervisors increased to start cascading information and learning opportunities.

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[6] Within case management, risk criteria are used to prioritise cases. Caseworkers are taught to evaluate the child's entire situation and the potential harm to the child in the short, medium, and long-term. It is problematic for a new caseworker with little/no experience to handle high risk cases.

METHODOLOGY

The aim of this review was to measure the effectiveness of the INGO's remote approach to case management capacity building by answering the following three questions:

1. **To what extent did the programme achieve its stated aims?**

2. **What improvements could be made?**

3. **What practices should be replicated in other remote management contexts?**

The review was designed to maximise opportunities for engagement with key stakeholders, including the primary intended users, which are the INGO and the three local NGOs. In addition, other actors delivering case management in North East Syria were involved. For instance, consultations were made to shape the evaluation design and to review the findings and recommendations.

Mixed research methods were used, including a secondary data review. Project documentation was analysed to generate a clear picture of the project design and achievements, including establishing a baseline of organisational and individual capacity within the implementing organisations for comparison with current capacity.

Using purposive sampling, 18 key informant interviews were conducted with 9 Caseworkers (6 female and 3 male), 4 Case Management Supervisors or Senior Protection Officers (2 female and 2 male), and 5 staff from the INGO and the Child Protection Area of Responsibility (4 female and 1 male). Interviews were conducted in English or Arabic according to the interviewees' requirements.

ETHICAL CONSIDERATIONS

In relation to ethical considerations, given that most of the interviewees were employed at the INGO or local NGOs being funded by the INGO, a range of measures were taken to reduce the risk of social desirability bias.[7] Extra steps were taken to anonymise Personal Data and contributions from different interviewees. Before the interviews, an information sheet and consent form were drafted to emphasise voluntary participation in the interviews and to reinforce that there was no pressure or expectation to participate and that participants could opt out at any time. The participants' contact information was stored in a password-protected file, separate from their answers, which were coded with a pseudonym to ensure anonymity. Participants were not asked to provide personal or identifying information during the interviews. In addition, any identifiable information such as names of organisations or specific locations were anonymised during transcription. Lastly, the interviews were semi-structured and consisted of open-ended questions designed to encourage interviewees to reflect on their experiences with minimal influence from the interviewer.

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[7] 'Social desirability bias' is the risk that interviewees would respond in a way that portrayed the INGO favourably in order to continue receiving funding and other support.

LIMITATIONS

The main limitation of this review was conducting it remotely due to COVID -19 travel restrictions. This limited the opportunity to build the trust and rapport necessary to receive truly honest feedback. In addition, the schedule of the review was impacted by the need to translate quite large amounts of project data from Arabic to English. It is important to note that this review was not designed to generate measurable, statistically reliable findings. Instead, it was designed to provide interviewees with a space to express their experiences and suggestions. As a result, the findings are not representative, but are insightful nonetheless.

FINDINGS AND RECOMMENDATIONS

Key findings and recommendations are divided in to the following three sections: (1) Designing an approach to accommodate partners; (2) Investing in technical human resources; and (3) Adapting training materials to the remote context.

1. Designing an approach to accommodate partners

The project utilised a phased approach to capacity building to accommodate the profile of the local partners. As will be discussed below, this led to a documented increase in organisational capacity and in the capacity of individual caseworkers and supervisors. It also led to 721 children (327 girls and 394 boys) accessing case management services, in locations where no services were previously available. Rather than capacity, the biggest barrier to implementation was community acceptance.

1.1 A documented increase in organisational capacity

Importantly, the INGO used a number of tools to measure changes in capacity over time. This included individual and organisational capacity assessments, as well as tests before and after trainings. Along with wider partnership tools, organisational assessments of internal case management systems were conducted at the start and end of the project. The organisational assessment tool used a three-point scale (0 = not met, 1 = partially met, and 2 = met) as well as qualitative feedback to monitor progress against key system components. By the end of the project, all three local NGOs demonstrated significant progress from 0 (not met) to 2 (met) for most of the 23 components assessed. The overall scores for the assessments show an average increase of 62% across the three local NGOs from an average 14/46 points at the start of the project to 43/46 points at the end of the project.

Similarly, individual capacity assessments showed a consistent improvement in the attitudes, knowledge, and skills of caseworkers and supervisors. For example, caseworkers who initially exhibited attitudes not fully in line with child rights principles (e.g. blame for violence) scored better when reassessed at the end of the project. Similarly, caseworkers initially found it harder to list examples of case management skills such as showing empathy and dealing with anger, but were able to list more examples by the end of the project.

In addition, caseworkers and supervisors were asked to take an identical test before and after trainings to measure progress. Unusually, the test results from the initial capacity building phase only show a small increase in scores, which is surprising given that the staff began with no experience.[8] In contrast, the supervisors had significantly better post-test scores as shown in the table below.

Training	Average pre-training score	Average post-training score	% increase
Child Protection Minimum Standards	18 out of 25 (72%)	19 out of 25 (76%)	4%
Case Management	7 out of 11 (61%)	7.5 out of 11 (68%)	7%
Supervision and Coaching	12 out of 20 (59%)	19 out of 20 (93%)	34%

Nonetheless, overall the training tests show an increase in capacity, as do the individual capacity assessments, organisational assessments, and feedback from interviewed caseworkers and supervisors.

Recommendation:

When building the capacity of new case management staff, training pre- and post-tests and organisational and individual capacity assessments are a good way both to tailor the capacity building approach and to document and measure changes in capacity over time.

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[8] The limited increase is likely to be due to the format of the tests. For instance, true or false questions and questions that use an answer scale (e.g. strongly agree to strongly disagree) can easily be answered erroneously if the respondent misreads the question or marks the wrong box by accident. The test showed evidence of erroneous actions, such as respondents answering basic questions at the wrong end of a scale, which brought the overall % increase down.

1.2 The initial capacity building phase before casework began

The capacity building approach was designed to accommodate the profile of the local staff and organisations, including allowing for a period of time with no active cases, but with intense capacity building. This became the foundation for a successful, phased capacity building approach. Only two of the 9 caseworkers and 3 supervisors interviewed had previous protection experience. As noted by one member of staff at a local NGO:

"For sure I saw a very big improvement, especially that this is the first time we are doing case management. This is really very challenging for the team because it is their first time doing these activities and because it is the first time the community saw them doing these case management activities."

The caseworkers and supervisors interviewed appreciated the initial capacity building phase. As explained by one supervisor, the INGO were: *"patient with us in building our capacity gradually."* Over a period of six to eight weeks, a series of remote trainings were provided on foundational topics. For instance, all caseworkers and supervisors received a contextualised version of the inter-agency 'Child Protection Case Management Training for Caseworkers, Supervisors, and Managers' package, which was spread over 12 days.[9]

Several caseworkers described the trainings as *"good"* and reported feeling more *"confident"* and *"experienced".* The supervisors reported a dramatic change in caseworker capacity from not *"having a full picture"* of what case management is, to being able to not only identify and refer cases, but to apply vulnerability criteria and understand different levels of risk and respond appropriately.

It is important to note that this period of initial capacity building before starting to take on cases might not always be appropriate or feasible. This links to a debate within case management practice about how best to strike a balance between the risk of an organisation that is new to case management taking on too much responsibility too soon and the risks associated with delaying service provision to train staff. In this context, the INGO appears to have succeeded in striking the right balance by increasing responsibilities gradually. As explained by one member of staff at the INGO, it is *"ethically not right"* to ask caseworkers to take everything on at once.

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[9] CPWG. (2014a). *Child Protection Case Management Training for Caseworkers, Supervisors, and Managers.* Available online.

1.3 Access to services

The project enabled children and families in severely affected and under-served communities to access case management services where there were no or very few existing child protection services available previously. According to project data, 721 children (327 girls and 394 boys) were provided with case management services between June 2019 and June 2020. As a result, the existence of the project and presence of caseworkers on the ground is a marked improvement.

Total number of cases	High risk cases[10]	Medium risk cases	Low risk cases	Cases that received in-kind support	Cases referred to other service providers
721	62	544	115	120	816

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[10] Within case management, risk criteria are used to prioritise cases. Caseworkers are taught to evaluate the child's entire situation and the potential harm to the child in the short, medium, and long-term.

1.4 External challenges to applying learning

Caseworkers and supervisors generally reported finding it easy to apply what they had learnt in practice and they suggested that community acceptance was the biggest barrier to implementation. As explained by one supervisor, the affected community is *"very strict"* and did not want to *"accept an intervention from someone outside the family or people who are strangers to them."* Others explained that initially case management was not accepted because it was a new concept and service and because the community perceived it to be *"only word of mouth"* and talking, rather than providing assistance such as medicine or food.

Although levels of community acceptance improved, the caseworkers and supervisors interviewed explained that the community would be more likely to accept them and it would be easier for them to meet the full needs of the child if the multi-sector services in the area were sufficient. In addition, some caseworkers expressed particular concern about the lack of services for children with autism spectrum disorders, intellectual disabilities, and mental health issues. Several staff interviewed felt unable to meaningfully address child labour cases without being able to provide or refer to livelihood services as an alternative. The interviewees felt that an emphasis on awareness-raising, provision of in-kind support, and effective referrals were crucial to building community acceptance.

Recommendation:

- Local NGOs should continue to be provided with up-to-date, relevant awareness-raising messages and outreach tools to build trust and acceptance in the community;
- Integrating case management services with livelihood services, such as vocational training and income-generating activities for older adolescents and parents/caregivers would create more traction with communities and be a prevention measure in communities where poverty and lack of opportunity are drivers of violence against children; and Working with the child protection coordination mechanism in the area, an advocacy strategy is needed to increase the availability of multi-sector services in the most affected areas, including consideration of whether sufficient data is available on needs.

2. Investing in technical human resources

A strength of the project was the investment in the following three technical roles: a Child Protection Technical Advisor (TA); a Staff Care Specialist; and the three Case Management Supervisors. However, there is room for improvement in terms of monitoring project implementation so that technical staff can review and revise the approach to capacity building.

2.1 Child Protection Technical Advisor

During the project, 70% of the time of a Child Protection TA was budgeted to lead the capacity building approach. Importantly, the Child Protection TA was Arabic-speaking and available to provide remote support and advice by phone and messages when needed. The Child Protection TA provided four main trainings:

1. Child safeguarding
2. Child Protection Minimum Standards and Child Protection in Emergencies;
3. Service Mappings and Outreach; and
4. A contextualised version of the inter-agency 'Child Protection Case Management Training for Caseworkers, Supervisors, and Managers' package; [11]

In addition, the supervisors benefited from a workshop on the inter-agency 'Case Management Supervision and Coaching Package.'[12] One of the partners also received a one-day training about working with unaccompanied children because of the profile of children in their caseload. In particular, the caseworkers and supervisors interviewed really appreciated the availability and cooperativeness of the Child Protection TA. All three supervisors felt that they were able to ask for support whenever needed.

Recommendation:

- Remote capacity building of three teams of new caseworkers (2-4 per team) and new supervisors (1 per team) requires support from an experienced Child Protection TA or Case Management Specialist; and

- This technical support may be reduced over time as caseworkers, and especially supervisors, become more competent and independent in their work.

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[11] CPWG. (2014a). *Child Protection Case Management Training for Caseworkers, Supervisors, and Managers.* Available online.

[12] The Alliance for Child Protection in Humanitarian Action. (2019). *Case Management Supervision and Coaching Package.* Available online.

2.2 Staff Care Specialist

Case management staff inside Syria require consistent, diverse, culturally appropriate forms of mental health and wellbeing support. Due to the nature of the work, case management staff are exposed information about violence and to stressful and distressing events on a regular basis. UNICEF recognises that it is *"common knowledge"*[13] that caseworkers experience high stress levels for lots of reasons including low pay, lack of recognition, low job satisfaction, and lack of job security. In addition, case management staff under this project were from the affected community, meaning that they and their families and friends were likely to have experienced violence. According to two of the supervisors interviewed: *"the pressure of the work created a lot of psychological distress"* and there was *"a lot of pressure"*. Against that background, the wellbeing support provided as part of the capacity building approach needs to be reviewed and revised.

During the project, case management staff received psychosocial support through supervision and received the information about self-care that is included in two of the inter-agency training packages. Case management staff also took part in teambuilding sessions and staff care workshops throughout the project.

Case management staff were also provided with a number to call an Arabic-speaking Staff Care Specialist and with experience of working with NGO field staff. However, according to the INGO, that phone service was not used very significantly. One interviewee suggested that if it is left to staff to call the phone number, they will not, but if the Staff Care Specialist calls each member of staff once a month or at an appropriate frequency, the process will start to become normalised and staff might be more engaged. Another interviewee suggested that wellbeing and morale would be strengthened by improving the working environment (e.g. having an office space in the field), increasing equipment (e.g. number of laptops and dedicated transport for everyone instead of public transport for some staff), and reviewing benefits (e.g. salary scales and holidays). It remains to be seen what wellbeing measures would work best for the case management teams and solutions will be best developed through consultation with local actors.

Recommendation:

The INGO should work with the local actors and the Staff Care Specialist to review current wellbeing provisions and develop new measures based on the suggestions of the caseworkers and supervisors and to a standard commensurate to the INGO's duty of care.

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[13] UNICEF. (2019). *Guidelines to Strengthen the Social Service Workforce for Child Protection*. Available online.

2.3 Case Management Supervisors

All of the caseworkers interviewed had positive feedback about being provided with a dedicated supervisor and referred to the supervisors as: supportive (5 caseworkers); available (5 caseworkers); and knowledgeable (3 caseworkers). As explained by one caseworker:

> *"The supervisor has eased our work as much as s/he could. At first we had a lot of challenges in expertise in providing case management services, but the supervisor stood by our side and followed up with us case-by-case. S/he follows up with us rigorously. This has enhanced our work."*

Approximately halfway through the project, in December 2019, the inter-agency 'Case Management Supervision and Coaching Package' (*ibid)* was rolled out. As a result, the supervisors started using tools such as: case file checklist; group meeting record; individual capacity assessment; individual meeting record; observation tool; and the shadowing tool.

Caseworkers identified the opportunity to shadow their supervisor and individual meetings as particularly useful for professional growth and building confidence. As explained by one caseworker:

"The thing I find good is the individual meetings because it allows me time to express my feelings and ideas, what I've been though, and what I have achieved. It also allows me to talk about my challenges and allows me time to think about solutions for those."

Practice	Definition	Frequency	Purpose
Individual session	A regular, 1:1 session between Supervisor and Caseworker	Weekly for at least one hour	Address all 3 functions of Supervision
Case management meeting	Regular sessions between the Supervisor and the Team	Every 1-2 weeks at the same time for 60-90 minutes	Provide all three functions of technical supervision
Capacity assessment and plan	Examines a caseworker's skills, attitudes, and knowledge to perform effectively in the role	Upon recruitment and reviewed at least every 3-6 months	Identify and acknowledge strengths and address development needs on individual as well as team levels
Observation	Supervisor attends a face-to-face interaction between a caseworker and a child/caregiver	Every 2 weeks as a caseworker develops skills and confidence. At least every 2 months for experienced caseworkers	Observe caseworker's skills in order to provide feedback in individual sessions
Shadowing	A caseworker attends a face-to-face interaction between a senior caseworker and a child/caregiver	5-10 shadowing visits during the first 1-2 months of employment	To meet the caseworker's learning and development needs by modeling good practice
Case file checklist	Supervisor verifies a case file is being managed properly and that documentation and record-keeping meets standards	A supervisor should review 2-5 files for each caseworker on monthly basis	To meet administrative/accountability function. and identify any learning or development needs related to process
Case discussion	An in-depth discussion of a case in order to reflect, process, analyze, explore options and determine ways forward	Based on needs and agency standards	To support caseworkers with challenging or complex case

In relation to this project, there is room to improve the quality of supervision records because many of the records lacked detail and contained operational and administrative content, rather than a supervision focus. The COVID-19 pandemic has also impacted on the ability of supervisors to document supervision because it is harder to access office spaces with the necessary equipment to upload files. Only one of the three supervisors is based in the same location as their caseworkers, which emphasises the need for additional measures and equipment to enable a remote approach to supervision.

Moving forward, it will be important to continue to strengthen the capacity of the supervisors, not just in relation to documentation, but more broadly to build upon the initial supervision and coaching training provided. All of the supervisors asked to receive additional, technical trainings. The caseworkers also suggested that supervisors should receive separate, additional trainings, such as how to provide *"morale-boosting support",* self-care support, and *"how to deal with the caseworkers and how to improve the team and how to deal with cases from different perspectives."*

A key question in terms of the evolving role of the supervisors is how and when to involve them in delivering trainings to caseworkers. Several interviewees noted the role of supervisors in replicating training with caseworkers who did not attend or who did not understand the original session. However, at the start of the project, the supervisors were also completely new to case management. They required the same trainings as caseworkers, plus additional learning opportunities. If the supervisors are to start facilitating trainings then they also require learning opportunities related to adult learning methodologies and facilitation skills.

Recommendation:

- As the project evolves, supervisors require additional learning and development opportunities based on identified gaps in knowledge and supervision skills;

- In parallel, supervisors require robust monitoring and support to ensure that supervision practices are being conducted as scheduled and are being documented in a detailed and meaningful manner; and

- Supervisors should be trained as trainers before being asked to cascade trainings to their teams.

2.4 Monitoring

An entirely remote approach to partnership necessitates a particularly robust approach to monitoring. However, this proved difficult during the project because of security and operational constraints as well as COVID-19 related travel restrictions towards the end of the project. The INGO was only able to visit the area of implementation once and that visit focused on project management, rather than specifically on case management. For the same reasons, planned in-person third party monitoring was also not feasible. At the start of the project, a beneficiary satisfaction survey was planned, which included taking a sample of cases, reviewing care plans and actions taken, and interviews with children and parents/caregivers to receive feedback. However, the satisfaction survey did not occur because of the abovementioned challenges with community acceptance.

Instead, monitoring was limited to the INGO remotely conducting bi-weekly meetings with partners and reviewing reports, supervision files, and anonymised case management databases. This relatively low level of remote monitoring is problematic in relation to case management programming, where the need for quality interactions with and services for children and families is vital. The current level of monitoring makes it difficult to verify that the capacity building is translating in to quality interactions and services. As a result, there is a need for increased investment and creativity when it comes to opportunities for project monitoring, evaluation, accountability and learning.

These could include conducting an official baseline, mid-line, as well as endline evaluation. Options for in-person monitoring conducted by an organisation with a presence in or near the area could be explored. For instance, the inter-agency coordination mechanism presents opportunities for peer-to-peer monitoring and through case conferences and anonymised inter-agency case reviews. In addition, the abovementioned improvements to supervision documentation and support would support a strengthened approach, amongst other options. Attempts to monitor and evaluate quality by engaging children and families should be approached with caution, given levels of community acceptance and limited services in the area, which make it difficult to reduce risks and successfully close cases.

Recommendation:

- When providing remote support to case management, additional measures must be taken to monitor the quality of case management services, such as peer-to-peer monitoring, baseline/midline/endline reviews, and extra supervision measures etc.

3. Adapting trainings to the remote context

Efforts were made to adapt training materials both to the context and to a remote delivery modality. The biggest challenge to adaptation was mitigating the risks associated with unreliable internet and limited IT assets, as discussed in the findings below. The opportunities presented by inter-agency coordination and collaboration in relation to capacity building are also discussed.

3.1 Adapting course content and delivery methods

At the start of the project, the INGO contextualised existing training packages from elsewhere in Syria and from the global level. The main changes made were to names, locations, and some basic cultural elements. When time and resources are available, it would be beneficial to go through a more systematic process of contextualisation by reviewing and adapting the content in light of identified capacity gaps and in light of how that content would be best understood in the socio-cultural environment and experience of the learners.

In addition, the course content, which was originally designed to be delivered face-to-face, was adapted for remote, online delivery. Caseworkers liked being asked to record group role plays and sending it to the facilitator who would later provide group feedback. As explained by one supervisor, using the video *"can capture everything like gestures and facial expressions"* and the participants appreciated the flexible approach to giving them time to make and submit their videos on a later day. The INGO staff explained that, due to the political and security situation, participants were given a choice whether or not to record themselves; although no one opted out. They also explained that some colleagues do "feel afraid that these videos could reach someone who they don't want to see". For those reasons, participants were also given the option to record themselves from behind, but no one chose that option. The roleplays seem to have been the main opportunity for experiential learning. When feasible, the INGO should incorporate additional opportunities for interactive, experiential learning in to training materials.

Recommendation:

When feasible, the INGO should systematically review and revise training materials for the context and for remote delivery, with particular emphasis on identifying opportunities for interactive, experiential learning.

3.2 Mitigating Internet issues

Almost everyone interviewed commented on internet connection as one of the biggest obstacles to remote capacity building. One interviewee explained that it is the source of the internet, *"not the speed or availability"* because the internet is cut if there is instability, certain military activity, and for exams.

As the consistency and quality of the Internet is not something within the control of the INGO or local NGOs, emphasis must be placed on mitigating the risk that internet cuts pose to remote communication and overcoming other remote delivery challenges. For instance, during the project, online group chats were used and appreciated by staff who were able to leave written messages and voice messages on Skype, Whatsapp, and Telegram when they did have an internet connection. One caseworker requested that each training has a group to enable participants to post questions and consult the facilitator(s). The INGO should explore and more systematically use a platform where caseworkers and supervisors can interact before and after trainings.

In addition, in remote settings with low internet connectivity, visual capacity building resources are particularly important and should be strengthened. During the project, most of the trainings were delivered via Skype and, due to internet connectivity, it was often not possible for either the facilitator or participants to use video. Relying on audio to deliver trainings means taking extra steps to keep participants interested and engaged, such as diversifying and improving visual materials such as presentations and handouts.

Several caseworkers and supervisors remembered missing important parts of trainings because the internet cut out. One caseworker requested for training materials to be made available offline on a flashdrive or sent as downloadable files so that *"even if the internet connection is lost we would not face challenges in getting information."* When working with colleagues who are new to case management and who have internet connectivity challenges, it is advisable to provide pre-course materials such as a podcast or simple video or pre-recorded webinar that can be downloaded and listened to or watched before the main interactive sessions. Graduating the modules and sessions should both support learners with different capacity levels and learning styles and mitigate the risks associated with internet connectivity.

The supervisors also identified opportunities to follow-up after trainings with offline options. As explained by one supervisor, if the materials are available we can *"do open reflection and sit together and read it together and all of us re-explain and re-learn this section."* There is a potential role for supervisors in reinforcing learning through coaching and peer-to-peer sessions, as well as assisting any colleagues who missed part of a training entirely.

Recommendation:

- The INGO should analyse the best hybrid learning platform (with online and offline capabilities);

- If relying on audio, offline visual materials become more important and should be reviewed and revised;
Training sessions do not have to be completed all at once, but can be spread out before and after main trainings, such as through coaching refresher sessions or peer-to-peer sessions; and

- Training materials should be provided in file formats that can be downloaded and used offline.

3.3 IT assets

In general, during the project, case management staff inside Syria did not receive sufficient IT assets to benefit fully from remote capacity building. For instance, two of the supervisors interviewed said that they did not have a laptop for most of the project. Another said that they had one laptop for the team of supervisor and caseworkers. Limited IT assets meant that during some trainings, 10-12 participants had to crowd around one laptop. During interviews, it was noted that some colleagues do not *"feel comfortable"* with male and female staff having to be so close together.

Furthermore, the limited IT assets received were insufficient for a context where a lot of information is managed and stored online because hard copies present a data protection and security risk. The limited IT assets likely impacted on the ability of caseworkers to engage in much needed information management, such as completing case management forms and other paperwork. In addition, this is a factor in the low rates of documenting supervision practice. As explained by one caseworker:

> *"if we need to finish a task we need to take the supervisor laptop to make the minimum of work. If we had a laptop we can finish reports on time and be held responsible for our tasks better."*

As noted by another caseworker, they had to share the supervisor's laptop and it would have been much quicker and more secure to document cases directly on electronic devices, rather than on paper.

Recommendation:

- Caseworkers and supervisors require their own a laptop and a phone (with credit) as a bare minimum to do their job; and

- Recipients of remote capacity building also require equipment such as projector screens and tripods to be able to view and participate in trainings comfortably.

3.4 Joint capacity building schedule

Several caseworkers and supervisors requested that trainings be offered more frequently and at a *"more regular pace"*. For instance, one caseworker asked for training to *"be condensed and intermittent."* One caseworker felt that they had to *"wait three or four months"* between trainings. Several caseworkers complained of receiving invitations to trainings with too short notice and at inconvenient times. One caseworker felt that, because they have a lot of work and pressure, space should be given *"for everyone to discuss the schedule"* before the training. Similarly, supervisors requested *"more communication and discussion [...] about the timing and date of the training to be received."* Supervisors also reported being asked to attend long trainings whilst fasting during Ramadan or during the hottest part of the year (March onwards) in unsuitable office spaces.

Several caseworkers also requested that the trainings be not only more frequent, but also shorter. As explained by two supervisors, the trainings *"were very long".* One supervisor went on to say that the trainings tend to be *"more than the usual business day hours"* and suggested that trainings should be *"shorter in period so we don't get too much pressure or bored in the trainings."* Another supervisor recommended that rather than trying to cover all modules in a training package at once, the modules could be spread out over a longer period of time. It seems that the three local organisations were not included in planning the trainings and there is space for greater consultation and collaboration in scheduling.

Recommendation:

In line with the Principles of Partnership, the INGO should develop a capacity building schedule in collaboration with partners, which factors in dynamics such as public holidays and weather conditions.

3.5 Allocating inter-agency groups

To receive trainings, caseworkers and supervisors from one organisation tended to join together in a group. Several explained that they preferred receiving trainings with colleagues from other organisations. One caseworker remarked that *"this enriched the discussions and the ideas talked about in the training and created a diversity"*. Another noted that it resulted in *"rich discussions and conversations and there was a correction for the mistakes made."* Importantly, one supervisor noted that inter-agency trainings are preferable to inviting the whole team from one area to a training and interrupting service provision to children and families.

Inter-agency trainings provide an opportunity to maximise human and financial resources across organisations. In the second half of the project, the child protection coordination group for the area started providing opportunities for face-to-face trainings and other learning opportunities. Previously, there was not an inter-agency coordinator for the area, which interviewees referred to as *"a struggle"* and a *"challenge."* Several interviewees noted the importance of having an inter-agency coordinator to facilitate joint case management capacity building and to maximise human and financial resources, such as by making trainings available for participants from different organisations and by making technical experts from different organisations available to provide coaching and follow-up after trainings. In this part of Syria, the inter-agency coordinator is also crucial because they facilitate all the referrals between case management organisations due to security and organisational visibility restrictions.

Recommendation:

- Entire teams of caseworkers from one location should never be sent to a multi-day training if they have active cases and no one to cover for them; and

- Inter-agency trainings not only maximise human and financial resources across organisations, but also ensure that not all members of a team in one area are away from their duties for too long

Conclusion

The INGO and the three local NGOs succeeded in providing case management services where there were previously none. Although the phased approach took time, the gradual increase in responsibilities enabled case management staff to learn in a steady and consistent manner. This is an achievement, compared to alternative approaches such as starting all cases immediately or not allowing organisations that are new to case management to begin work at all.

Investment in technical human resources, such as an Arabic-speaking Child Protection TA and Case Management Supervisors was key to the success of the approach and particularly appreciated by caseworkers who require support from competent, available, supportive colleagues. Other strengths of the project include use of online messaging platforms to provide consistent advice and support, as well as attempts to adapt existing training materials for remote delivery, such as by asking participants to record role plays and send them for feedback the next day.

There is space to further adapt training materials both to the context and to additional, creative remote delivery methods. It is strongly recommended to provide the three local organisations with sufficient IT assets to participate properly in trainings and conduct day-to-day work. In addition, local NGOs should be consulted and allowed to make decisions in relation to the scheduling and logistics for trainings. As the project evolves, expanding the role of supervisors and strengthening monitoring mechanisms will make this a really strong approach to remote capacity building of case management staff.

List of references

The Alliance for Child Protection in Humanitarian Action. (2019). *Case Management Supervision and Coaching Package.*
Available online.

CPWG. (2014a). *Child Protection Case Management Training for Caseworkers, Supervisors, and Managers.*
Available online.

Child Protection Working Group (CPWG). (2014b). Inter-Agency Guidelines for Case Management & Child Protection:
The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers.
Available online.

UN Office for the Coordination of Humanitarian Affairs. (2019). *2019 Humanitarian Needs Overview: Syrian Arab Republic.*
Available online.

UNICEF. (2019). *Guidelines to Strengthen the Social Service Workforce for Child Protection.*
Available online.