

**QUALITY ASSURANCE TOOLS INTEGRATION IN SOCIAL WORK
PRACTICE IN LEBANON: CASE MANAGEMENT SERVICES**

Sahar Samhoun

PHD Student in South-West University “Neofit Rilski”

Sahar.samhoun@gmail.com

***Abstract:** In this paper, we will be exploring the knowledge of social workers working in NGO'S in Lebanon, specifically case managers, in service quality control and quality control tools, whether they are using standardized tools to measure the delivered service quality or lying on personal academic or self-developed resources in light of the quick evolution of humanitarian sector during the last 10 years due to the presence of thousands of Syrian refugee following the Syrian crisis , also followed by the economic crisis that affected most of the population from all living aspects leading to a very low level of life quality . International NGO's, European Union countries and embassies, UN agencies, Some Arab countries and international religious entities and institutions donate to support Lebanon in responding and managing the crisis. Along more than 10 years' donors and INGO's played also the role of technical supervisor and model in order to move the humanitarian sector to an advanced level of performance, on terms of financial and human resources management, development of technical materials for intervention and the most important part was the monitoring and evaluation system which will lead to more professionalism, better chances to reach financial and donation resources and sustainability of services provision. In addition to target achievements, data documentation and reporting, a more important aspect of evaluation is the Quality measurement and assurance of the provided services. In this article we are going to highlight the role of case managers in evaluating and measuring the quality of the service they provide and their knowledge in international quality*

assurance tools through a number of studies that reflect the topic importance, the methodology used to achieve expected results of the study followed by a set of deducted recommendation for future exploration of the topic.

Key words: *quality, quality control, case management, measurement, evaluation, NGO, tools.*

INTRODUCTION

During the last decade social work became one of the most popular and of high importance and prior in needs in our societies. Globalization came to the world with its mighty change in economy, technology and politics. It became a major subject of debate among academics, researchers, policy makers and NGO's, for its main impact and control over human kind lifestyle and needs.

Globalization advantages were promoted continuously for its achievements but negative aspects remain prevalent causing poverty, inequality in reaching resources, injustice and marginalization which are serious problems our societies are experiencing with sharp differences between "have" and "have not" after globalization shaping of lives. (Policy, 2010)

Globalization created economic and trade destructive competition, which also led to politics based on international benefits and wars became the most expediency for interests, more disasters and social distortion that required emergency response and relief on basic life needs, psycho-social level, sheltering mental health needs and social intervention strategies on the long term.

Quality is a multi-dimension, product and service oriented concept aiming to meet customer needs and satisfaction which cause a total impact on customer,

environment and society. *“Quality is hard to define or even notice. On the other hand, bad quality can be seen faraway”* (Ching-Chou-Yang, 2009)

In his book *“Quality: from Plato to Performance”*, Peter Dahler explain, that *“the concept of quality is one of the richest terms in our civilization, appears in varieties of meanings referring to properties of things and human beings (Dahler-Larsen, 2019). It can refer to a wide range of phenomena, such as artistic performance, taste, freshness, user satisfaction, durability; the concept is also quantified since there can be less or more quality and, can be based on absolute scores or some scales based on standards or responsive appreciation .”* (Stake, 2004)

Dahler mention that quality is the most commonly used term in our time according to observations summered in three main results: (Dahler-Larsen, 2019)

1- Quality is expected to occur not only in art and music but also in consumer goods and services provision, education, health sector, social work and even in interpersonal relationships and social interaction.

2- Industrial and service sectors are the major users of quality evaluation of services and goods with less or more quality statement, which make them the owners the quality measurement recipes how to measure and document quality, and hoe to adapt them throughout changes in time, geography, culture and political status that are considered actors in quality evaluation .For example basic health services provided in rural areas through community medical centers are evaluated as good or less good according to accessibility, medicine provision and amount of charge for consultation, but health services in multi professional medical centers are evaluated as per the diversity of services, quality of reception, quick accessibility to services with no need to wait for the consultation; same as medical services provided during natural, humanitarian and collective health crisis, that take form of relief and first AID services

, which is evaluated in terms of the current situation, availability of medical centers or provision through medical mobile units.

3- Quality is so important and needed so it involves the public sector services and performance and required in governments capacities as public institutions (schools, health commodities, social services) regulations, strategies, social policies.

Identifying the research methodology:

The researcher uses the mixed methodology, combining both qualitative and quantitative approaches to provide different perspectives of the topic and human aspects of the topic description through the qualitative approach, while the quantitative will present definitive facts figures. This methodology can produce a rich figure as it presents exact facts and being exploratory. This approach is used to understand peoples' perceptions about a phenomenon endorsed by numeric collected data to verify and draw conclusions about a fact and formulate recommendation to open new horizons for new researches.

To complete the research, the researcher adopted the following methodology steps:

- Gathering of different and available literature describing and discussing the core of the topic throw-out different time space, sectors and perspectives

- Developing a survey that responds to the studied problem and answer the following questions and conducting interviews with practitioners:

- 1- How do case workers in Lebanon measure their provided services quality?

- 2- What are the constraints and hinders that prevents achieving qualitative case management services?

- 3- Why quality control is important in social work sector

4- Do case managers have knowledge on quality control internationally adopted tools and techniques?

5- What are the basic suggested internationally adapted tools to measure quality control of case management?

- Extracting and analyzing results and relate with the literature about the topic of research

- Draw conclusions and recommendation required for to open up new horizons.

The sampling of the population was random, and the survey was designed to be answered only by interested practitioners of case management from different services sectors (mental health, child protection, Gender based Violence, elderlies protection)

The current state of Lebanon's humanitarian sector services

Mena region (Middle East and North Africa) are currently the most vulnerable countries due to systematic war, human and resources exhausting. There social work elaborated a fertile environment and NGO's set up for good to provide all needed services.

Lebanon has endured great burdens as a result of the Israeli wars and the displacement of the Palestinian people to Lebanon in 1948 and civil war in 1973, Civil society then only provided social services to people in need through untrained volunteers in the social service.

Despite all the evolution, NGO's in Lebanon couldn't reach the international level of NGO's, typically EU agencies in terms of quality of services, strategic planning and growth, since all of them were established based on civil advocacy, welfare services and religious background .The great change on the level of professional

practices in NGOs occurred at the beginning of the war in Syria in 2011 and the Syrian emigration to Lebanon the year after, in 2012 in large numbers under tough social, psychological and economic conditions. The Lebanese state was unable to allocate a sector to respond. International NGO's in partnership with UNHCR United Nations High Commission for Refugees installed arrived in mission of humanitarian response to support Lebanese NGOs in responding to this crisis through Funding according to each humanitarian sector responsible of part of the response, such education, relief, sheltering, protection, basic needs assistance... UN agencies and International NGO's provided technical trainings and build capacities of local NGO's especially in project management, reporting, monitoring and evaluating, budgeting in addition to the most important part that fulfill the final qualitative outcome desired by the donor and the community for the aimed change. When the call for funds was huge to respond to a huge humanitarian disaster , social work graduates weren't enough in numbers to fill all social workers vacancies due to the great need after Syrian immigration, for refugees and also for hosting communities, intensive and frequent technical trainings were designed and delivered to graduates of other humanitarian majors such psychology, social sciences, special education to be able to respond with basic, minimum knowledge in non-specialized and specialized services provision within the "Do no Harm" principal. (organizations, 2007)

SOP's (Standard operation Practices) in some sectors such as Mental health , Child protection and Gender Based Violence were developed based on both International standards adapted with local laws and culture , also Some Guiding principles which covers Code of Conduct and ethics during interventions were also developed in collaboration with local responders from NGO's , set in place and

mainstreamed along all local NGO who should be trained on, follow and practice in order to get funds from INGO's to proceed their response to the crisis (UNHCR, 2018).

It is also important to mention that Specialized services providers from local NGO's were after all able to build non specialized front liners capacities, those who play a big role in referring clients to available services and to promote humanitarian services, to respect the confidentiality, follow up after each referral and be part of social protection and cohesion. Government also had the chance to become the major stakeholder in the middle of the response strategies, planning, through each ministry the annual and five years' response plan for response, advocacy and policies modification. Government also hosted local NGOs in their community centers spread all over the country to be a holistic approach service provision station for protection, mental health and health. Community centers were trained to be partners in response through the local actors. (UNHCR, 2018)

International NGO's and UN agencies supported local NGO'S in developing coaching and monitoring systems within their bodies, introduced international standards in assuring quality delivery of the humanitarian services, in which supervision was a main function to maintain services quality and subsequently to maintain a long life funding system and to engage the governmental institution to be partners of the change and motivate them to take the responsivity being the major stakeholder and service provider of those services . Within that framework and elaborated system few local NGO's could elaborate a monitoring system and reached the requested rate to get direct funds from donors.

This notable evolution of social services was achieved in absence of the most important factor that protect, organize and monitor accountability, Social Work profession legislation in the absence of formal and active syndicate which can really

monitor and develop standards of Services provision quality, that should be mainstreamed and adapted by all active local NGO's.

Lebanon is a very small multicultural and multi political party governed country, that experienced civil war and external occupation, witnessed refuge from different countries mainly from Palestine, Iraq and Syria as mentioned above, with little resources and capacities for human disaster response. Wars, external politics, residues of occupation and mandate , geographical divisions in addition to diversity and conflicts between political and religious parties affected the government role in planning strategies , developing policies, improving civil laws that protect and provide social, health , education and legal direct services for its citizen and residents .The governmental gap in response lead to local social welfare, service centered organizations and institution emergence and growth to fill the gap in a society that was unable to access easily their basic needs and resources . Those NGO's , responded, relief and covered the basic and minimum needs with very restricted capacities from humanitarian and religious perspective, and starting evolution with academic development of social work schools .For advocacy aims, those non-governmental organizations coordinated and partnered with the government through specialized networks to advocate for human rights within the parliament and cooperate in creating specialized social services units within the governmental institutions. NGO's were lacking scientific approaches and organized management , where process of production (services provision) should be well organized, planned ,measured and evaluated , to be able to provide adequate feedback and outputs for donors , to reach international level and to move from welfare work to professionalism in social work , with high capacities, resources and accurate quantitative data that will ensure a stable and consolidate ground for human based rights advocacy that will turn back with

benefits to the people we serve .Finally and mostly important quality control on social services will enable NGO's to provide the government a vision of the strategic services provision and advocacy plan that should be integrated in different ministries programs.

As a summary of the above and of the importance of Quality management\control of social services is that the number and variety of services provided by an organization\social institution usually evolves and amplifies over time, as the organization consolidates itself and gains experience, recognition, and resourcefulness. (Ching-Chou-Yang, 2009)

QM and Excellence is important in the social sector or what is also known as third sector because:

(a) it reduces risks to the life and health of users resulting from service provision errors;

(b) it provides assurance to funders that resources are being well used;

(c) it is a competitive weapon towards other organizations via differentiation through quality;

(d) it provides assurance to users that their rights are respected.

Social work educational curriculums in Lebanon universities, within different schools (American, French and Canadian schools) teach social workers about professional ethics and type of intervention, basic documentation concepts without equipping them with practical or standardized tools that will later help them evaluate the intervention in a structure method and protect the client and their rights. Most social workers don't have enough knowledge on quality perception, roots and background. while passing the quick survey and doing some individual interviews, most of them were unconvinced that quality control process and quality assurance tools are common for all services and production sectors, considering the humanitarian services can't be

tangible and measured in the same way a mobile device or a box of cornflakes are measured. As long as we are not considering the social services as real products that need to be measured through user satisfaction whether the product (service) he received is up to his expectation or useful for him, the qualification of the service (product) itself whether it is a long term impact service, a material service and the organization profit from providing this service (product) , whether the donors are satisfied and willing to fund more programs ... etc.

Interviewed social workers stated that the elements of evaluating the service quality and to maintain it are:

1- The ethical code that usually controls their action towards clients and prevent the process from being harmful, respecting the client decisions, accepting the differences (culture, ethnics, religion, sexual and gender orientation ...), conserve a professional relationship with the clients and don't break confidentiality regarding shared personal information. Social workers suppose that adhering to the code of ethic of the profession is important and enough to ensure the service quality since it covers according to their understanding the elements of quality: respect the client needs and demand, make the client trust the service through confidentiality and acceptance in addition to the "do no harm" element which can control all the process and provide the qualitative aspect to the service.

2- The service provision process when applied in the appropriate way, engaging the client in each step, going through assessing needs, identifying resources, setting an action plan with clear objectives and providing the client with the knowledge and skills to participate in implementing the action plan are steps toward a qualitative service that is based on a scientific methodology. Final evaluation of the service quality is in meeting the set objectives by the client with the support of the case manager.

3- Case Manager evaluation: social workers also shared that they evaluate the service they are providing through their own performance in intervention with clients: which is an auto evaluation in most of the cases especially for case managers that work in NGO's that have less resources and knowledge in monitoring and evaluating this process. They reflect and seek for knowledge in books, internet, through colleagues and sometimes through technical supervisors that are in most cases overloaded due to lack of human resources which make the support very restricted, unstructured and superficial.

The process of auto evaluation is easily affected. Case managers are overloaded due to lack of resources according to the available funding, especially in the organization where monitoring and evaluation tools as well as data collection and analysis are poor or do not exist. Due to overload with cases, social workers spend their working hours doing interventions with short access to self-care means and methods with the denial of resources to receive or practice self-care especially when not organized and covered by the organization while a large number of case managers don't classify the self-care within the quality assurance elements and disclaim that social work is a job like any other job that ends by the end of day and begins next morning, and being unwell should be professionally separated from their daily duties.

Case manager self-evaluation is strictly related to (Salazar, 1999):

- knowledge and continuous capacities development which is not always covered and tracked in a continuous and constant way in lots of organizations due to the same reason and circumstances listed above.

- Self-awareness: self-awareness is usually acquired through long time of practice, experience and monitoring. Good monitor or supervisor is not only the one who is able to support technically, he\she is also someone who provides and safe space

for the case worker to discuss weaknesses, and to admit their mistakes to be able and fearless of the rectification. It also comes by passion. During Lebanon crisis and Syrian war crisis, with Syrian and Iraqi refuge to Lebanon, intensive interventions were needed with few human resources that were graduating. The situation led to recruit lots of social workers who are not passionate to make a career in social work, social workers that don't have experience in case management, and non-social workers staff recruited to act as case managers who need a job and financial support during the economic crisis that hit Lebanon recently, and the most important element for self-awareness is self-care that involve case managers in psychological individual or group support since they are secondary affected and traumatized while working with people subject of violence, negligence, mental illness and traumatized from war, torture , refuge and hunger. It also covers the capability of separating work from private life, profiting from vacations and daily self-care practices (reading, workout, hiking, cooking, practicing breathing techniques and socializing) especially those who are working in emergencies who must have a rotation plan among their colleagues to help everyone stay safe on emotional, physical and mental level.

As mentioned above, many case managers have no idea about the meaning of self-care, don't practice for reasons related to their organizations, and their inabilities and lack of skills in doing. Most of them didn't even relate their wellbeing to the quality of the service and couldn't define wellbeing concept

- Monitoring and evaluation system: the documentation of the process should be mainstreamed in each organization, to be able to evaluate it during and after closure. Steps, action plan, objectives, updates, resources and referrals should be clear and are part of the quality of the service. 54% of the interviewed case managers who stated SMART objectives, didn't know (didn't use it and didn't hear about through

supervisors or management) about KPI (key performance indicator) which refer to a tool of measuring specific objectives which also should be reflecting: the client satisfaction, the retention of the client, the growth of the service within the organization and accordingly the NGO growth and help evaluating the service, the process and develop them as per the client's needs.

Satisfactory surveys should be smart and appropriately conducted referring to the sensitivity of the process. Some case managers ask the clients to fill in the survey while others are conducted by the case worker line managers.

According to experts in monitoring and evaluation in many organizations, in addition to management team and colleagues connected to the case managers, the satisfactory process in humanitarian sector is very difficult and sensitive for the following reasons:

a- Clients are somehow connected emotionally to the case managers and feel ungrateful while mentioning gaps or dissatisfaction; satisfaction survey should be well directed and inducted to the client

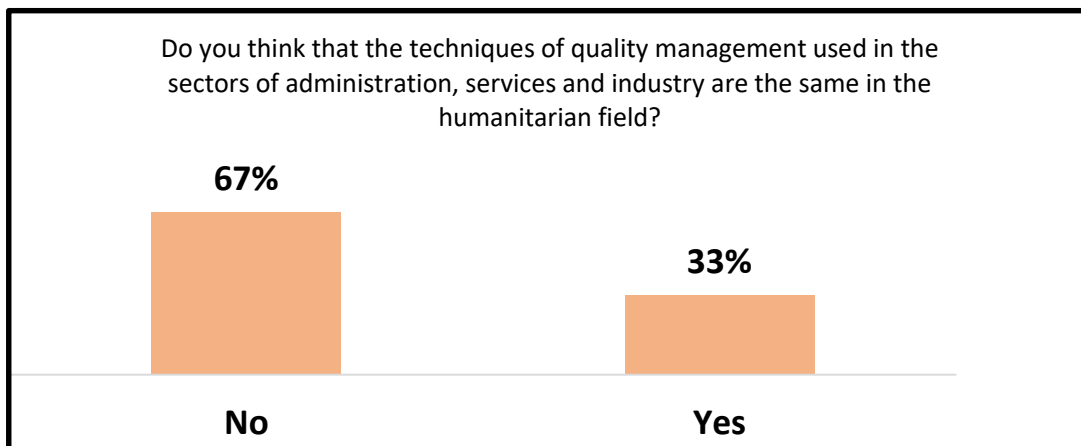
b- The evaluation process isn't clear for the clients, who should know that the service and the performance are the subject of evaluation and not the provider him\herself. the objectives of the satisfaction survey should be well explained and guided before starting the process of service provision, where the client knows that he\she is starting to receive a service and has the right to receive it in a proper way even if it is not paid , especially that people used to receive those services under charitable and religious associations during civil war and consecutive crisis's and they couldn't ask for better since that was the only response to their basic needs .

c- Client expectations affect the satisfaction survey when they are not met, thus, case managers should introduce clearly and with transparency the organization services and the objective of the requested service before starting the process

d- Clients have not been supported and well educated by the case manager on how to measure or evaluate their wellbeing and rate their quality of life, because, as per the interviews, case managers

don't master the concept and don't have the technical tools to use them for this purpose.

Looking to the whole process developed above, essential tools of measuring quality in the quality control process were not mentioned or listed directly or indirectly, which is related to the perception of the social workers in addition to their knowledge and acquired believe that tools used in industrial and service sectors are not adequate to be adapted by the humanitarian sector since services are not sold and are pure human.



The reason is also that the same 67% of the participating practitioners are not familiar and haven't been trained enough on how to measure wellbeing and how to connect the client wellbeing with the provided services such as, how are stress and

anger management sessions impacting a client with social anxiety's life, what are the aspects of this client life that might and are changing and promoted through those personal skills sessions.

This part of the service can be measured through a qualitative (from excellent to very weak) or quantitative scale (from 10 for the excellent impact to 0 for the weakest degree) and the social worker will support the client to state and determine the causes and assumptions of selecting a degree from the scale.

Deming cycle is also one of the most popular and transformative methods that can be used in case management to assure the quality of the process, that exists indirectly in the action planning and implementation of the case management, after assessing all the client needs, the case worker will engage the client in developing a clear action plan, with SMART objectives and activities that will help the client reach the objectives. (Aized, 2012)

The first implementation step, should definitely produce the need for re planning, re stating old or new objectives, to change some of the implementation activities according what the first experience with the client indicates. This process should be continuous until reaching the final goals, the overall process should be evaluated to be adapted as it is or with new modifications and best practices for future interventions. The tools used to evaluate each step according to Deming Cycle (Plan, Do, Check, Act) are also mainstreamed tools in all sectors such as : check sheets as weekly defect checking and fishbone (cause and effect diagram) that are simple to be use manually were stated as known only by 18% of the participants as per their perspective while all of them couldn't define them .

The table below clarify what the case worker consider as constraint in achieving qualitative services.

		Frequency	Percentage
Choose three main reasons that hinder achieving quality of case management service	expectations of the beneficiary of the service	29	48%
	Unavailability of the appropriate environment to provide the service	34	55%
	Absence of technical and logistical support from the organization (service tracking system, phenomena analysis system, technical supervision system, absence of computers and the adoption of primitive methods)	34	55%
	Absence of capacity building programs for case managers	25	41%
	Absence of capacity building for case managers	19	31%
	Absence of strategies who ensure quality within organizations	30	49%

Constraints encountered in the study

This paper falls under the title of my PHD studies “*quality control of case management services with families and individuals in NGO’s case of Lebanon*”. Lebanon is a country where social work is very essential for social development, cohesion and quality of life promotion and services are mostly provided by Non-Governmental Organizations who are taking the role of the government in ensuring those services for the population in need and the major is taught in the governmental university and other private schools and colleges. However, there is no legislation of the profession yet and the role of the syndicate is almost absent, which make it difficult to produce standardized tools for evaluating the quality of the social services in general and specifically case management services although the process is unified and clear. NGO’s are using different tools, internally developed or mainstreamed by the International NGO’s empowered by UN agencies. The mainly used tools were imported from other countries and weakly adapted within the Lebanese culture and social background. National Standardized tools are absent and NGO’s are adapting the tools differently which was a constraint in collecting opinions and data following a unified model. The practical differences between practitioners participating in the survey and the study were built on different evaluation and quality control models. The diversity of the used tools and quality control models and techniques affected somehow the accuracy of the experiment since participants have different levels and backgrounds; the impact of standardized tools wasn’t compared to a specific second model rather than specific different models that fall under study limitation.

View that NGO’s don’t function according to national standardized models in quality control , most of them aren’t ready to reveal internal practices and protocols and refuse to contribute and participate in the study which required the researcher to

move to a Plan B and conduct the survey with individuals from practitioners independently from the organizations they work with , and, for confidentiality reasons, not all and accurate information were shared and the analysis relied on restricted data as well as some of the interviewed practitioners and experts requested to be anonymous for job security since they are participating independently. the current economic and COVID-19 pandemic restriction and crisis in Lebanon affected the social sector who was the main responder to the resulting needs; as consequences, practitioners were dedicated to the crisis response which was a priority and had restrictions related to timing and availability for face to face focused group discussion or interviews. Few participants were willing to participate and share qualitative information and discussion on the topic, online, with a very weak network service and very short dedicated time from their side. The absence of mandatory affiliation to the social worker's syndicate which can usually reach practitioners and facilitate collecting wider data through wider sample, in addition to protect practitioners and researchers while participating and conducting the survey, is also an important element of the shared data accuracy.

CONCLUSION

This study presents a holistic image of the level of the reliability and consistency of the quality control models, applied in the NGO's in Lebanon. The expended readings and searching in literature implies the importance of the quality control management of the social services, being during the past 10 years considered as a production responding to people needs and quality measures are required by clients to aid them in their decisions and to contribute to the monitoring of aspects of performance of service providers.

Product/service quality refers to how well the service satisfies client needs, serves its purpose and meets professional standards. Ideally, the assessment of service quality should release outcomes for everyone involved either directly or indirectly in the social intervention, either the service provider, the client, the institution and environmental stakeholders. The prior evaluator of social service is the client being the direct user or beneficiary and the outcome of the service impact on his life is the purpose of the intervention. Despite discussions and paradoxical point of views regarding the full validity of the client evaluation of the service, his feedback is always considered as a very important and reliable reference whether the provided service is good or not, enough or not and the basic of service upgrade. This paper focuses on the other party point of view and evaluation, the service provider, case manager in the study frame. While the client satisfaction determines the efficacy of the service, the case manager performance is not of less importance, it is the starting point, the material and the process of the service production, the preliminary actor who will be changing the life of the client. In this frame, a survey was conducted to reveal case manager's knowledge and capacity of using quality control tools and techniques outside the box of traditional documentation tools used to extract and deduce the quality of a service. Junior and Senior case workers in Lebanon are not either not aware of international standard quality control tools and techniques or not convinced that Total Quality Management process is adaptable and tailored to serve the social and humanitarian sector, and report back their lack of knowledge to the absence of building their capacities in quality control and only considering the case management classical process master as excellency in providing qualitative service in addition to the support of the organizations their work with in developing quality control programs and put in use . Interviewed case workers explain that they are not taking even minor role in

evaluating their own intervention quality from an objective point of view and, accordingly are not able to amend their approaches to achieve real quality of the provided services or evaluate their capacities and areas of improvement which describes the quality of the provided service as incomplete and not accurate.

RECOMMENDATION:

Social and humanitarian sector in Lebanon is in need for more developed methods of services quality evaluation , based on international standards of quality management , and the change should be taken first to the field level, direct service providers especially in case management , to develop their skills and create the habits of using more scientific and more advanced tools that might appear for most of them very sophisticated and time consuming , while those tools will help anticipating defect in service provision process before reaching higher level of complicated failure in assuring qualitative services to the clients.

In order to design a standardized quality control system that fits the social sector, it is preferable that the syndicate handles the task in collaboration with academics, management schools and experts in social work, for accurate and adequate elaboration of specialized quality control system and adapting appropriate tools.

It is also necessary to make the program affordable and feasible with minimum cost and less needs resources taking into consideration the capacity of the NGO's in allocating a budget for the whole workshop. The best way to achieve, is to take practitioners recommendation, advise and conduct a needs assessment to be able to respond to the reality of the image on field and to be able to touch the basic ground for startup.

The system will not only enhance the quality of life of the clients seeking the service, but also the NGO service provision excellency which will definitely make a high positive impact to attract donors and funds for more services and more development of the quality control programs.

REFERENCES

- Aized, T. (2012). *total quality management and six sigma* . IN.Tech .
- Ching-Chou-Yang. (2009). Development of an integrated model of a business excellence system. *total quality management and business excellence* , 931-944.
- Dahler-Larsen, P. (2019). *Quality: From Plato to Performance*. springer .
- Dominelli, L. (2010). globalization, contemporary challenges and social work practice. *International social work* , 13.
- Nuno Filipe Melão, S. M. (2017). Quality Management and services in third sector. *total quality management and business excellence*.
- organizations, G. s. (2007). *Standard Operating Procedures for Gender-Based Violence Prevention and Response*. UNHCR .
- Policy, J. o. (2010). Social Work in a Globalizing World. *journal of social policy* , 869 - 871.
- Salazar, M. (1999). Evaluation of a Case management program. *SAGE*.
- Stake, R. E. (2004). *Standards-Based & Responsive Evaluation*. thousand oaks.
- UNHCR. (2018). *UNHCR Global Report 2018-Expanding Partnerships-OCHA services* . Retrieved from reliefweb.org.
- Yesenia, G. (2020). How globalization impact the practice of social work. *Luskin Global Public Affairs*, 2.