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# FINAL REPORT:

Multi-Country Evaluation of  
Child Protection Case  
Management Systems in the  
UNICEF MENA Region

SEPTEMBER 2023



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## ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CM	Case Management
CO	Country Office
CoTM	Children on The Move
COVID-19	Coronavirus Disease 2019
CP	Child Protection
CP AoR	Child Protection Area of Responsibility
CPDs	Country Programme Documents
CPHA	Child Protection Alliance in Humanitarian Action
CPIMS	Child Protection Information Management System
CPP	Comprehensive Planning Process
CPSS	Child Protection Systems Strengthening
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
CS	Case Study
CSO	Civil Society Organisation
DPIA	Data Protection Impact Assessment
DPISP	Data Protection and Information Sharing Protocol
EQs	Evaluation questions
eRPW	Digital Referral Pathway App
EU	European Union

FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
FPD	Family Protection Department
GAP	Gender Action Plan (2022-2025), UNICEF
GBV	Gender-Based Violence
GBVAoR	Gender Based Violence Area of Responsibility
GBVIMS	Gender Based Violence Information Management System
GEEW	Gender Equality and Empowerment of Women
ICM	Integrated Case Management
IDI	In-depth Interview
IDMC	Internal Displacement Monitoring Centre
IDP	Internally Displaced Person
IM4CM	Information Management for Case Management
IMS	Information Management System
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
KII	Key Informant Interviews
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MENA	Middle East and North Africa
MENA COs	Middle East and North Africa Country Offices
MENARO	Middle East and North Africa Regional Office
MoE	Ministry of Education
MoH	Ministry of Health
MoI	Ministry of the Interior
MoLSA	Ministry of Labour and Social Affairs
MoSA	Ministry of Social Affairs
MoSAL	Ministry of Social Affairs and Labour
MoSD	Ministry of Social Development
MoSS	Ministry of Social Solidarity
MoSSF	Ministry of Solidarity, Social Integration, and Family
NCCM	National Council for Childhood & Motherhood
NCFA	National Council for Family Affairs
NCM	National Commission for Minorities
NGO	Non-Governmental Organisation
OCAAT	Organisational Capacity Assessment Tool
OECD DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OOSC	Out of School Children
PF4C	Public Finance for Children
PSS	Psychosocial Support
SBCC	Social and Behavioural Change Communications
SDGs	Sustainable Development Goals
SGBV TF	Gender-Based Violence Technology-Facilitated
SOPs	Standard Operating Procedures
TOR	Terms of Reference
TOT	Training of Trainers
UASC	Unaccompanied Asylum-Seeking Children
UN	United Nations
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNICEF HQ	United Nations Children's Fund Headquarters
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene

## EXECUTIVE SUMMARY

Organisations wishing to support child protection in the Middle East and North Africa (MENA) region must grapple with a wide range of challenges, from humanitarian emergencies to long-standing practices violating child rights, as well as limited governmental funding and capacity for engagement.<sup>1</sup> An estimated 50 million children in the region need humanitarian assistance.<sup>2</sup> To meet the needs of these children, UNICEF's regional and country offices have been supporting country- and- regional level initiatives aiming at improving cross-sectoral coordination, reinforcing the social service workforce, strengthening case management and data collection systems, supporting the justice and law enforcement sectors, and promoting necessary policy and legal reforms.

This evaluation focuses on the work carried out by UNICEF to strengthen child protection case management systems. Case management, specifically, can be understood as "a way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and / or referrals, and in accordance with a project or programme's objectives."<sup>3</sup> In the MENA region, broadly, child protection delivery systems are still under development, with varying levels of established frameworks, policies, and governmental support. UNICEF has been involved in supporting case management system design and implementation.

While the strategic and financial support provided by UNICEF's Middle East and North Africa Regional Office (MENARO) has been substantial, this support has yet to be thoroughly assessed. Responding to this gap, UNICEF commissioned Samuel Hall to conduct an evaluation of UNICEF's support to child protection case management systems in targeted countries in the region, with the overall objective of **understanding and assessing how UNICEF country offices have supported case management systems in different contexts across the MENA region to support future programming.**

### Evaluation Objectives and Methodology

To address this objective, the overall goal of this evaluation is, aligned with selected OECD-DAC criteria, to assess the **relevance, efficiency, effectiveness, coordination, coverage, and sustainability** of UNICEF's support to case management systems across the MENA region, while also focusing on coordination, coverage, and cross-cutting issues, in order to support future programming. The study focused on the target countries of Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, and Syria, aiming to:

1. Assess country-level case management systems from the perspective of UNICEF's target population;
2. Document good practices and lessons learned across the region; and,
3. Provide recommendations to UNICEF MENARO to strengthen implementation of case management system programming across humanitarian and development contexts.

The primary intended audience of the evaluation is all case management system stakeholders in the target countries, including UNICEF and the other United Nations Country Teams (UNCTs), national and sub-national governments involved in case management, and non-governmental and civil society organisations (NGOs/CSOs) actively working on case management in the region. The secondary audience of the evaluation are actors working on child protection worldwide, including academia and other researchers.

This evaluation employed a mixed methods research approach with six main tools, namely a comprehensive **desk review**, ten in-person **focus group discussions (FGDs)** with male and female caregivers, 61 **key informant interviews (KIIs)** with global and regional case management and child protection experts, government stakeholders, United Nations Country Team (UNCT) members, NGO/CSO staff, and caseworkers working on case management, 82 **rapid Organisational Capacity Assessment Tool (OCAT) e-surveys** with UNICEF implementing partners, ten in-person **in-depth-interviews (IDIs)** with children/adolescents, and seven **online workshops** with key case management stakeholders in each country. In-person data was collected in Jordan, Morocco, and Iraq.

<sup>1</sup> OCHA, "Middle East and North Africa", Humanitarian Action, November 2022.

<sup>2</sup> UNICEF, "Middle East and North Africa Region", Humanitarian Action for Children, 2023.

<sup>3</sup> Child Protection Working Group, "Inter agency guidelines for case management and child protection", 2014. p.15.

The research took a regional approach whereby findings are systematically provided at the regional level rather than structuring the analysis at *less and more developed case management system levels*, as initially planned in the Inception Report at the outset of the study. The analysis also compared humanitarian and development contexts, and where appropriate, highlights particular successes or challenges at the country level.

## Key findings

### 1. Critical gaps exist between the legal and policy frameworks supporting case management and their implementation

Across the region, normative frameworks prioritise child protection case management systems. Stakeholders underlined the positive work led by UNICEF in the development of SOPs and frameworks to clarify and structure these, in line with child-specific needs in the region and countries. When it comes to the implementation of these frameworks and policies, case management activities and interventions are not well aligned to them. These are challenged by limited oversight, technical capacity, and financing for case management at the national level, along with a lack of integration of case management holistically across sectors. Across the board, critical gaps persist between case management interventions and the frameworks and policies which guide them.

### 2. UNICEF's support to case management systems has adapted rapidly to changing contexts

Countries across the region deal with continuing and evolving conflict situations as well as a global pandemic, and, more recently, a large-scale earthquake driving significant child protection needs in Syria. In addition to growing needs, such contextual evolutions place the continuity of children's case management services at risk. Although UNICEF interventions were delayed during COVID-19, country offices deployed relatively rapid and comprehensive adaptations, from remote approaches to developing emergency procedures. Both COVID-19 and contexts shifting from developing to humanitarian situation did highlight the limitations of existing processes, calling for a more proactive emergency planning approach by UNICEF and other child protection case management actors.

### 3. The range of implementation modalities employed by UNICEF allows for more efficient case management system strengthening, hampered by broader challenges

UNICEF has utilised a variety of means to support the strengthening of child protection case management systems in each context, working through governments, implementing partners, and direct service provision by UNICEF. From an efficiency perspective, across the means of implementations and all contexts studied, UNICEF support is limited by several challenges, in particular: (1) the short-term nature of programme contracts; (2) the weakness or absence of centralised data management systems; and (3) inconsistently developed and coordinated referral pathways.

### 4. Country level human resource and financial capacity for case management systems remains limited across the region, creating dependency on UNICEF support

Child protection case management is challenged by a lack of skilled and trained workers, an uneven distribution of human resources across countries, varied governmental technical capacity, high turnover rates, and a lack of accreditation/recognition for the social service workforce. With limited to non-existent governmental financial resources for child protection case management systems, stakeholders identified UNICEF as a 'strategic donor', meaning that case management systems across the region are, to a certain extent, dependent on UNICEF to function. Aside from UNICEF, the number of organisations that offer financial support to case management is limited. This overall funding shortfall has been further challenged by contextual changes including inflation, financial crises, and changes from humanitarian to development funding streams.

### 5. The evaluation finds positive results attributable to UNICEF's work on both prevention and response

UNICEF supports a range of preparedness and response initiatives which contribute to strengthened systems in the MENA region. Reporting against results underline UNICEF's strong leadership in actor coordination, referral strengthening, the development and costing of pilots to improve case management systems, and investments in information management systems, although these remain works in progress.

## 6. Existing case management system monitoring frameworks and guidance do not take quality into account

The measure of achievement in relation to results has until now primarily focused on the development of appropriate legal frameworks, cases handled, and people trained; the lack of a common understanding of what case management should look like translates into a lack of quality-focused monitoring. As such, evidence for extensive planning for or monitoring of case management explicitly concerned with child protection was not found, though UNICEF's recent reporting data show broadly positive results on indicators relevant to case management. However, these results are insufficient measures of actual achievement, and do not take into account the perspectives of children and their families sufficiently. a significant gap for systems strengthening.

## 7. Case management systems are likely to remain dependent on external support until challenges in transition to national ownership can be overcome

Many respondents identified government leadership as being the most important driver to a well-functioning case management system. While there is evidence of some success resulting from UNICEF-supported capacity building initiatives designed to strengthen the government's role and the capacity of local organisations, in general, there are challenges in sustainability among systems across the region: insufficient funding, low technical capacity, missing guidance on the transition from an emergency approach to a development approach, and limited planning for UNICEF and other actor departure are but a few. Capacity to sustain programmes is slightly higher in more developed case management systems, with regular training, more unified SOPs, and work to digitise and unify information management systems, but they have not yet reached the point of sustainability.

## 8. Coordination remains a significant challenge to all contexts

UNICEF's lead on coordination has been critical in helping country-level actors to develop frameworks and supporting existing coordination mechanisms. However, within the MENA region, most countries are focusing on basic levels of coordination, bringing child protection and child protection case management stakeholders together for the development and agreement on frameworks and coordination of planned initiatives. Broader discussions on information sharing and collaborations on referral processes are contributing to stronger outcomes but fully integrated, multi-sectoral programming approaches are not evidenced.

## 9. Case management coverage varies greatly between and within countries, and consistently have gaps at the sub-national level

Across the countries in the region, case management systems struggle to cover the entire country equally and disparities in geographical coverage are particularly high in less developed case management systems where there is limited access to and control of parts of the national territories. Drivers of uneven sub-national coverage include access limitations, human resource gaps, funding gaps, and uneven quality and prioritisation of services. UNICEF has been contributing to improvements in coverage of the case management systems at the sub-national level through several strands of work including broadening the evidence base through pilot programmes, decentralisation of case management, offering guidance to caseworkers, and engaging alternative access strategies to improve service delivery in remote areas.

## 10. While case management systems prioritise gender inclusivity, children with additional vulnerabilities may find themselves left out

UNICEF has done much to address the fact that girls in the region face differentiated child protection risks and case management system access limitations through intervention design and implementation, including the integration of gendered risks into frameworks, supporting access for girls and caregivers of girls, supporting training on gender and gender-based violence, and raising awareness. However, case management systems in the region lack the technical capacity to effectively support children with disabilities, as well as to ensure more broadly inclusive approaches, for example, in supporting the LGBTQI+ community explicitly. Countries with less developed case management systems, for example, commonly distinguish between national and non-national as a criterion for access to services and protection. Research participants raised issues of access, discrimination, racism, and exploitation in both more and less-developed contexts.

## Conclusions

In the period under consideration, UNICEF's interventions have contributed to strengthening child protection case management systems across the MENA region. While there are material differences between the current

case management systems between the more and less developed contexts on several key fronts, aligned with the Global Child Protection Strategy, UNICEF country offices have supported their own countries' case management systems in a contextualised manner. This support has generally followed a continuum of key benchmarks proposed by the UNICEF Child Protection Systems Strengthening Approach to ensure that child protection case management and referrals systems are developed according to best practices.

**The case management system enabling environments in the region now have needed building blocks for success, but the unequal implementation of frameworks hinders progress.** Frameworks and policies are in place for case management, into which gender has generally been well integrated – as it has in all UNICEF interventions. However, material gaps persist between these frameworks and structures and case management system implementation, driven by a range of structural, financial and other challenges. These are compounded by difficulties of transitioning to national ownership. UNICEF's convening power has the potential to enact greater, collaborative change to strengthen case management systems and make them more resilient.

**Case management services generally meet the needs of the children reached – but more is needed to ensure that children can access diversified, integrated services when required.** Beneficiaries agree that the case management services meet their child protection needs, but systems do not reach all those in need, nor are these services well-integrated with other sectors. Specific groups of children continue to face differentiated challenges to accessing case management services in an equitable manner, and the range of services offered excludes some key needs such as psycho-social support. The region's case management systems are held back by insufficient funding, low technical capacity, a lack of guidance on the transition from an emergency to development approach, and limited planning for UNICEF's departure. A re-think on how to increase access, services, develop capacity of the social service workforce, and shift funding towards national/sub-national budgets is called for to move case management systems forward across contexts.

**Monitoring and accountability improvements are required to strengthen these systems.** Positive reported levels of achievement towards child protection results present an incomplete picture, as they do not take into consideration quality, lack systematised data collection and monitoring system, and provide only limited opportunities for feedback from child and community stakeholders. These challenges require cross-sectoral coordination, with all system stakeholders will be responsible for the needed improvements.

## Recommendations

Five key recommendations have been identified to address the challenges laid out above:



# 1. INTRODUCTION

## 1.1 Overview

Organisations wishing to support child protection in the Middle East and North Africa (MENA) region must grapple with a wide range of challenges, from humanitarian emergencies to long-standing practices violating child rights, as well as limited governmental funding and capacity for engagement.<sup>4</sup> An estimated 50 million children in the region are in need of humanitarian assistance.<sup>5</sup>

To meet the needs of these children, UNICEF's regional and country offices in the MENA region have laid out six core areas of action to realise their protection commitments, in line with both the UNICEF *Child Protection Strategy 2021-2030* and relevant Sustainable Development Goals (SDGs). Among these core areas of action is "**Accelerating investment in national child protection delivery systems**, including through supporting country and regional level initiatives aiming at improving cross-sectoral coordination, reinforcing the social service workforce, strengthening case management and data collection systems, supporting the justice and law enforcement sectors, and promoting the necessary policy and legal reforms."<sup>6</sup> As country offices operate within varied contexts, they are free to develop their own approaches to this core area of action within the global Child Protection Strategy framework.

This evaluation focuses on the work carried out by UNICEF specifically to strengthen child protection case management systems. Case management can be understood as "a way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and / or referrals, and in accordance with a project or programme's objectives."<sup>7</sup> In the MENA region, broadly, child protection delivery systems are still under development, with varying levels of established frameworks, policies, and governmental support. UNICEF has been involved in supporting case management system design and implementation.

While the strategic and financial support provided by UNICEF's Middle East and North Africa Regional Office (MENARO) has been substantial, monitoring and learning around this support and case management systems in the region has been limited to date. Responding to this gap, UNICEF has commissioned Samuel Hall to conduct an evaluation of UNICEF's support to child protection case management systems in targeted countries in the region, with the overall objective of **understanding and assessing how UNICEF country offices (COs) have supported case management systems in different contexts across the MENA region to support future programming.**

## 1.2 Evaluation Objectives

To address this objective, the overall goal of this evaluation is, aligned with selected OECD-DAC criteria, to assess the **relevance, efficiency, effectiveness, coordination, coverage, and sustainability** of UNICEF's support to case management systems across the MENA region, in order to support future programming. The study focused on the target countries of Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, and Syria, aiming to:

1. Assess country-level case management systems from the perspective of UNICEF's target population;
2. Document good practices and lessons learned across the region; and,
3. Provide recommendations to UNICEF MENARO to strengthen implementation of case management system programming across humanitarian and development contexts.

Through these objectives, the evaluation is designed to allow primary users to refine and adapt case management systems strengthening approaches across the region.

<sup>4</sup> OCHA, "Middle East and North Africa", Humanitarian Action, November 2022

<sup>5</sup> UNICEF, "Middle East and North Africa Region", Humanitarian Action for Children, 2023f

<sup>6</sup> UNICEF, Child Protection (MENA), 2023. <https://www.unicef.org/mena/child-protection>

<sup>7</sup> Child Protection Working Group, "Inter agency guidelines for case management and child protection", 2014. p.15

The support needed to reinforce these - if any - varies based on context, from emergency specific targeted services, for example, which do not serve the general population, to developed countries with strong systems which might need action to reach particular sub-groups.

#### Box 1 – Evaluation and the SDGs

This evaluation is in alignment with the Revised UNICEF Evaluation Policy (2018), which calls for high-quality, timely, and reliable evaluations which are rigorously undertaken.<sup>8</sup> Evaluations also support the achievement of the Sustainable Development Goals (SDGs). Specifically, this evaluation supports Goals 5.1, 5.2, 5.3 (gender equality, violence against children [VAC], harmful practices), 8.7 (child labour, trafficking) and 16.2 (access to justice). In addition to these specific SDGs, child protection case management can also contribute to the achievement of other SDGs, such as SDG 1 (end poverty), SDG 3 (ensure healthy lives and promote well-being for all), and SDG 10 (reduce inequality).

### 1.3 Evaluation Scope

The scope of the study is elaborated in the table below:

Table 1 – Evaluation scope

Programming	While the work done by UNICEF’s implementing partners and other stakeholders was considered throughout the evaluation, the evaluation centred on the work carried out by the UNICEF country offices.
Geographic	Egypt, Lebanon, Libya, Syria (remote); Iraq, Jordan, and Morocco (in-person)
Time period covered	The Terms of Reference did not explicitly specify a time period. Discussions with the UNICEF Evaluation Manager focused temporal scope of the evaluation to recent years, 2019-2022. Where relevant for understanding this time period, the evaluation takes into account the years immediately preceding and following.
Key evaluation users	UNICEF country office teams within the MENA region and the UNICEF MENA regional team are the primary users of the evaluation, while governments and implementing partners of the seven countries included in the evaluation, donors, and academia are secondary users. Primary and secondary users have been included in the evaluation through various means, including data collection and validation workshops, and will be included in the dissemination of the Evaluation Report.

### 1.4 Report structure

The remainder of this report is structured as follows:

**Chapter 2** presents the methodology, including the final evaluation design, ethical considerations, and data quality assurances;

**Chapter 3** situates child protection within the broader context of case management and presents an overview of the status of the child protection case management system in each of the countries;

**Chapter 4** presents findings aligned with the OECD-DAC criteria as well as the additional evaluation themes of coverage and cross-cutting issues, followed by lessons learned;

**Chapter 5** proposes conclusions and recommendations structured to inform a comprehensive UNICEF strategy on child protection case management in the MENA region.

<sup>8</sup> United Nations Economic and Social Council, “Revised evaluation policy of UNICEF”, 2018. E/ICEF/2018/14

## 2. STUDY METHODOLOGY





This section summarises the final study design, including ethical considerations and data quality assurances. Limitations and challenges faced along with mitigation measures taken have been documented in Section 2.6.

### 2.1 Evaluation framework and design

Broadly, three types of child protection interventions can be identified: **primary prevention**, **secondary prevention**, and **tertiary responses**. Child protection case management systems are critical to the third type – enabling the effective delivery of appropriate support to children, within a structured framework and standard operating procedures (SOPs).

Considering how to assess these interventions underlines the varying levels of development and implementation at which case management systems can perform. The 2021 UNICEF *Child Protection Systems Strengthening Approach / Benchmarks / Interventions* lays out an understanding of the status of child protection case management and referrals systems across a spectrum of four phases of systems strengthening, detailed in Table 2:

Table 2 – Four phases of child protection case management and referrals systems strengthening.

	<b>System Building</b>	“There are no standardised child protection case management and referral SOPs; case workers are often trained on agency-specific SOPs for case management and referrals, and case management approach to service delivery is practised in an ad-hoc manner.
	<b>System enhancement</b>	Standard child protection case management SOPs have been established, but implementation of SOPs is weak/ad-hoc due to (a) absence of commonly agreed referral protocols between child protection/social welfare and other sectors (education, health, law enforcement, justice etc.) and (b) absence of a formal and nationally/sub-nationally adopted training and supervision system for case workers and supervisors.
	<b>System integration</b>	Gender responsive and inclusive SOPs for child protection case management as well as multisectoral referral systems have been established and formalised, and efforts are underway to train case workers and supervisors to increase the use of formal case management and referral systems across the country.
	<b>System maturity</b>	A formal child protection case management and referral system is fully implemented and integrated through national case information management systems.” <sup>9</sup>

The preliminary review of the status of case management and referrals systems in the seven target countries consisted of a literature review (building upon UNICEF CO internal CSI reporting data, within which the above phases are self-scored across a number of indicators on child protection) and inception-phase interviews with UNICEF staff members from each UNICEF MENA CO involved in the evaluation. This review underlined that none of the countries in this evaluation had reached system maturity against indicators within the Child Protection Systems Strengthening (CPSS) Benchmarks; the majority fell between system building and system enhancement. Additional analysis considered each along critical factors necessary for a strong case management system, among which: the capacity and willingness of governments and/or the enabling environment for the management of case management, the development of SOPs and child protection information management systems (CPIMS), the level of on-the-ground implementation of case management, the financial and human resources available, the coverage of the systems, and the availability of case workers.

Doing so classified the target countries as follows, confirmed with UNICEF regional staff during the inception phase:

<sup>9</sup> UNICEF, “Child Protection Systems Strengthening Approach / Benchmarks / Interventions”, 2021.

- **Countries with less developed case management systems:** Egypt, Lebanon, Libya, and Syria
- **Countries with more developed case management systems:** Jordan, Morocco, and Iraq

The evaluation was designed with a focus on data collection in countries identified as having more developed case management systems, with the aim of providing an understanding of how countries have arrived at these more developed case management systems, and unpacking contextual factors that might contribute. Additional in-person interviews were thus conducted in Iraq (representing a humanitarian context) and Jordan and Morocco (development contexts).

Undertaking the analysis, however, underlined the variance in progress and areas of development within each type of context (more or less developed case management systems), on topics ranging from policy implementation and use of a CPIMS to training and recognition of the social service workforce. Seeking to disaggregate findings according to this distinction consistently thus resulted in broad generalisations and consistent exceptions.

Similarly, the analysis considered disaggregation by humanitarian versus development contexts, with Egypt and Morocco recognised as primarily development contexts, Lebanon and Jordan more hybrid, and Syria, Libya, and Iraq as humanitarian.<sup>10</sup> While case management provision has the same foundations in both contexts, the focus of interventions evolves over the spectrum (c.f. Chapter 3). Although this contextual distinction offers a useful overall framework for understanding the challenges facing national governments and other child protection case management system stakeholders face, a closer analysis at the country level found material differences between them on a number of criteria even for countries falling in the same areas of the spectrum. Further, distinguishing where a country falls on the spectrum is not easy - as several face both emergency and development priorities, and the protracted nature of conflict in the region<sup>11</sup> means that both types of support may be relevant.

During the inception phase, multiple options to address the objectives of the evaluation were explored, considering both the above and differing geographical levels of focus. The UNICEF regional office selected a broader, more regional approach, engaging with country-level specificities to assess overall progress, but without the intent of providing country-level comparisons or recommendations.

In line with this, findings are systematically provided at the regional level rather than structuring the analysis at the levels of less and more developed systems, as initially planned. *Within* each evaluation theme, findings have been analysed according to the most relevant categorisations to identify trends:

- At the **more / less developed case management level**;
- Between humanitarian and development contexts;
- Between emergency vs. non-emergency support mechanisms; and,
- At the country level, particular successes, or challenges.

This structured analysis has allowed the evaluation to draw out the key trends more consistently from the data in responding to the evaluation questions detailed below. These are broadly aligned to the six OECD-DAC evaluation criteria (relevance, efficiency, effectiveness, sustainability, impact, and coherence),<sup>12</sup> with two exceptions. Firstly, impact has not been taken into account in this evaluation, on UNICEF's request. Secondly, rather than coherence, the evaluation has specifically focused on coordination and coverage separately as these are critical to case management system strengthening. Finally, an additional evaluation question was added to consider gender, disability, and human rights, and to allow gender equality and empowerment of women (GEEW) and human rights to be specifically considered.

<sup>10</sup> Classified as such in meetings with UNICEF Regional counterparts.

<sup>11</sup> OCHA, "Middle East and North Africa", 2022.

<sup>12</sup> OECD/DAC Network on Development Evaluation, "Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use", 2019.

#### Box 2 – Main evaluation questions

1. **Relevance:** To what extent did the UNICEF-supported case management systems objectives, design and interventions respond to the needs of governments and children requiring protection services in both humanitarian and development situations?
2. **Efficiency:** Did the case management interventions use resources in the most economical and timely manner to achieve or be on track to achieve the objectives?
3. **Effectiveness:** To what extent have the case management interventions attained their stated objectives (at the outcome and output levels)? To what extent do UNICEF’s case management interventions contribute to strengthening existing child protection systems?
4. **Sustainability:** To what extent are the positive changes and benefits (institutional and individual) of the case management system interventions likely to continue?
5. **Coordination:** How well coordinated are the different stakeholders including government departments and other UN agencies in case management development, implementation, and monitoring in both humanitarian and development situations? To what extent did the case management design and implementation of the systems capitalise on coordination mechanisms, and existing capacities to achieve results?
6. **Coverage:** Has UNICEF’s engagement with governments, civil society, and other stakeholders led to significant coverage of child protection case management at the sub-national level?
7. **Cross-cutting issues:** To what extent do case management interventions address gender, disability, and human rights?

## 2.2 Data collection tools and sampling

### Data collection tools

The inception report, endorsed by the UNICEF steering committee, presented the planned data collection tools and sampling approach. These are detailed below. The tools were designed in alignment with the evaluation matrix (see Annex 3) to allow for evaluation questions to be answered. The overall design was developed to allow for a primarily qualitative approach to targeting a range of stakeholders for the data collection (summarised in the sampling sections). These stakeholders are involved in a range of activities, from designing and funding interventions, to the governments with the responsibility for case management systems, implementing partners at various levels from the national to the community, and direct beneficiaries of support provided through the child protection case management system and their parents. All tools were reviewed by UNICEF and finalised accordingly. The IDI tool was additionally piloted in Iraq and Jordan, as it engaged with children.

- The **Literature Review** analysed a range of documentation, both provided by UNICEF and publicly available. All documents were systematically categorised in a Desk Review Matrix and assessed for strength and relevance of evidence. The subsequent analysis was used to better understand the context of each country’s case management system, refine the initially proposed evaluation framework and approach, and design the data collection tools. Key findings are integrated into this evaluation.
- **Key Informant Interviews (KIIs)** were conducted with respondents at three levels: regional and global stakeholders (UNICEF HQ, partners at the regional and global level, technical specialists), country-level stakeholders (government actors, country level UN and INGO / NGO / CSO stakeholders and implementing partners), and community-level stakeholders (case workers). These interviews included nine UNICEF staff.
- **Focus Group Discussions (FGDs)** engaged with male and female caregivers of children in the case management system. The discussions were based on an open-ended questionnaire, lasting approximately one and a half hours, and conducted by moderators with a group of approximately five respondents. A local researcher led gender-separated groups (where necessary) in discussions conducted using the language participants feel most comfortable with.
- **In-depth Interviews (IDIs)** targeted children/adolescents aged 10-17 who had benefited from UNICEF’s case management services. The IDIs were designed in a child-friendly and interactive fashion, centred

on a community mapping exercise to facilitate communication around potentially difficult experiences. They specifically targeted boys and girls to ensure that both could be heard in this evaluation.

- The **Rapid Organisational Capacity Assessment Tool (OCAT) e-survey** was given to UNICEF implementing partners to assess their capacity, mandates, and activities around case management.
- **Stakeholder workshops** with key child protection case management system stakeholders brought together counterparts from each country including staff from respective governments, United Nations Country Teams, academia, NGOs/CSOs, and caseworkers. These were carried out remotely and each lasted around half a day. The workshops reflected on each country's case management system, identifying key gaps, and sought to propose adapted recommendations to strengthen the case management systems in their own contexts.

All national researchers and enumerators participated in a training, which included quality-control procedures and evaluation ethics and safeguarding, with extensive opportunities for practice and a real-world pilot. All data were verified using audio recording. For details on research ethics and safeguarding, see Annex 4. Tools were translated into Arabic and French, as appropriate.

## Sampling

The evaluation took a purposive sampling approach to identifying stakeholders at all levels along the criteria detailed above. Both in-person and remote (all seven target countries and global-level interviews) data collection was conducted. See Annex 6 for more information on the demographics of the sample.



### Comprehensive literature review



**Ten in-person FGDs** with male and female caregivers; two in Morocco (one in Tangier, one in Rabat), four in Iraq (two in Baghdad and two Baharka IDP camp), four in Jordan (two in Amman and two in Za'atari refugee camp).



**61 KIIs** with global and regional case management and child protection experts, government stakeholders, United Nations Country Team (UNCT) members, NGO/CSO staff, caseworkers working on case management.



**82 Rapid OCAT e-surveys** with UNICEF implementing partners (targeted ten per country).



**Seven online stakeholder workshops** with key case management system stakeholders in each country.



**Ten in-person in-depth interviews** with children/adolescents receiving case management services (see breakdown below):

**In-person data collection was conducted in Jordan, Iraq, and Morocco**, as the three countries were initially found, through preliminary interviews with UNICEF staff and a comprehensive literature review, to have more developed case management systems. Engaging with those who have benefited from UNICEF-supported case management services helped to better identify cross-cutting issues or often overlooked nuances not captured in larger surveys and higher-level interviews.

In-person data collection also sought to explore the engagement of refugees/migrants and host community members with the case management system. In Iraq and Jordan, in-person research focused on two locations in each country (in Jordan, Amman and Za'atari refugee camp; in Iraq, Baghdad and Baharka IDP camp in Erbil) in order to ensure access to populations of interest. In Morocco, research was primarily carried out in Tangier, with one FGD taking place in Rabat. The evaluation team was also fortunate to have been invited to and attended the conference on the Hijra wa Himaya+ programme for durable solutions for children on the move in Skhirat, Morocco, attended by a large number of actors including the EU, the Moroccan government, international and local organisations, and UNICEF.

## 2.3 Analysis

The analytical framework used was aligned with the evaluation questions, informed by OECD DAC criteria. Qualitative analysis was done with industry standard qualitative analysis software, Dedoose, taking an inductive qualitative analysis approach to draw findings from collected data using thematic coding.<sup>13</sup> The evaluation team developed and internally piloted a codebook (including sub-codes for each research question) to ensure the relevance of the coding structure and consistent code application by the analysts (see Annex 5 for qualitative coding tree). Findings were disaggregated by country for the purposes of analysis.

## 2.4 Ethical considerations

The study was designed and carried out with ethics prioritised, ensuring a rights-based approach throughout. In particular, care was given towards respect for dignity and diversity, right to self-determination, fair representation, compliance with codes for vulnerable groups, confidentiality, and avoidance of harm, in line with UNICEF's core considerations in research. The evaluation also referenced and used the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of Persons with Disability in the development of the tools and methodology, ensuring a commitment to a rights-based approach to programming, to gender equality, and to equity.

In line with the [United Nations Evaluation Group \(UNEG\) ethical principles](#), the evaluation complies with the tenets of *independence, impartiality, credibility, conflicts of interest, and accountability*. Evaluation team members have signed UNEG pledges to ethical conduct in evaluation. This evaluation, in its engagement with children and young people, abided by ethical standards outlined in the [Ethical Research Involving Children guidance](#) and the [UNICEF Procedures for Ethical Research Involving Children](#) and by overall ethical standards in terms of study activities and interactions in more general terms, as well as by our Samuel Hall Safeguarding principles (see Box 3 below).

The study underwent a UNICEF-supported Ethics Review Board assessment through Health Media Lab, Inc. which further prioritised *respect, justice, and beneficence*. Additionally, research permissions for entrance into the Za'atari refugee camp in Jordan required additional clearance, which was facilitated by the UNICEF Jordan Country Office. For more information on how this study considered ethics throughout, please see Annex 4.

### Box 3 – Samuel Hall and safeguarding

Ensuring that the best interest of the child remains at the core of research conducted with children has been insufficiently acknowledged in the past, particularly in humanitarian contexts. A growing movement pushes for improved safeguarding processes in research. We have aligned our approach with the highest levels on this front. In 2019, Samuel Hall went through a full safeguarding assessment, supported by Child Safe Horizons, based on which we revised internal processes and policies, including around whistleblowing, hiring, risk management, governance and accountability, child-specific organisational safeguarding, and Code of Conduct (available on request). All staff are trained on this policy. We have committed to ongoing learning and monitoring specific to child safeguarding in projects, and our organisation.

Pseudonyms are used in place of participant names in this report to ensure anonymity, privacy, and security of the participants involved.

## 2.5 Limitations

The evaluation encountered several limitations:

Table 3 – Evaluation limitations and mitigation strategies

	Limitation	Mitigation strategies employed
1	<b>Fieldwork delays.</b> Fieldwork coincided with Ramadan, which led to delays in coordination with UNICEF and UNICEF's partners. This resulted in delayed provision	The evaluation team liaised with UNICEF counterparts throughout the data collection window; UNICEF teams supported the coordination efforts for all data collection by reaching out to informants.

<sup>13</sup> See Annex 8, where the qualitative codebook is outlined.

	of respondent content interviews and consequently delayed data collection.	
2	<b>Varied e-survey response rates.</b> OCAT e-survey responses were below target in Libya (n=5), Morocco (n=7) and Iraq (n=8), despite reaching out to more potential respondents than targeted.	All UNICEF COs provided the evaluation team with extensive lists of case management stakeholders to be surveyed. The survey software employed tracked engagement and the evaluation team sent three reminder emails to people with non-responses to give them additional opportunities to participate.
3	<b>Governmental participation.</b> In Syria, governmental counterparts targeted by UNICEF did not wish to be interviewed.	Despite numerous requests over 2.5 months by the UNICEF Syria team for their participation, and a number of meetings and correspondence between Samuel Hall and UNICEF Syria on the matter, government stakeholders declined to participate.
4	<b>Evolution of the analytical framework.</b> The analytical framework proposed for the evaluation in the Inception Report proved of limited usefulness given findings.	Section 2.1 details the rationale behind the evolution of the analytical framework. Thus, the initially intended comparisons between the 'more' and 'less' developed case management systems were limited given the breadth of trends identified in the analysis; the evaluation instead adopted a less prescriptive analytical presentation allowing for the identification of trends along several categorisations as appropriate.
5	<b>Limited number of interviews conducted with parents/caregivers and children engaged in case management systems</b>  Ten children and 31 parent/caregivers were engaged through the evaluation, which is a relatively low number. Additionally, the respondents were consulted only from the 'more developed' case management contexts of Iraq, Morocco, and Jordan.	During initial discussions with UNICEF on the evaluation scope, it was decided to limit the scope to a regional analysis which draws upon best practices to provide recommendations. It was then decided to have in-person fieldwork only in Iraq, Morocco, and Jordan. To strengthen the data, diverse fieldwork locations were chosen within Iraq and Jordan, ensuring that IDPs (Iraq) and refugees (Jordan) were included in the study. Interviews with parents/ caregivers and children engaged in case management systems were thus not intended to be representative of all children or caregivers across the region and rather to provide examples of individual experiences which could nuance research findings.

## 3. OVERVIEW OF CASE MANAGEMENT IN THE MENA REGION

### 3.1 Case management systems contexts in the MENA region

Organisations wishing to support child protection and case management systems in the region face a broad range of needs, prompted by “some of the world’s largest protracted conflicts, as well as frequent natural and human-made crises, pandemic outbreaks and climatic shocks,”<sup>14</sup> driving instability, economic difficulties, unemployment, and complicated by ongoing crises at the global level. These have further translated into political and social unrest.<sup>15</sup> Indeed, the 2022 UNICEF *Regional Office Annual Report* found that 50 million children in the MENA region need humanitarian services.<sup>16</sup> Women and children are disproportionately affected by both conflict and displacement.<sup>17</sup> UNICEF reports over 6.9 million IDP children and 6.4 million refugee children in the region as of December 2022.<sup>18</sup>

Specifically, children in the MENA region face a number of vulnerabilities related to child protection, including one of the world’s highest rates of violence against children,<sup>19</sup> significantly high levels of poverty (which exacerbates vulnerabilities to malnutrition, disease, and abuse while contributing to negative coping strategies including child labour and child marriage),<sup>20</sup> stressors relating to the impact of COVID-19, and more. With violence, abuse, exploitation, and neglect of children common in contexts of protracted conflict and displacement, the generally weak and under-resourced national child protection delivery systems are inadequate to support child protection.<sup>21</sup> Table 4 [Section 3.2] provides a rapid overview of the case management systems in each country; for more detailed information on each country context, see Annex 7.

At UNICEF, child protection case management sits within [UNICEF’s 2021–2030 global Child Protection Strategy](#), which outlines UNICEF’s vision, goals, objectives, programming strategies and approaches, and thematic priorities. Country offices operating within varied and challenging contexts are free to develop their own approaches to child protection within this framework and are guided by the [UNICEF 2022–2025 Strategic Plan](#).<sup>22</sup> The framework outlines responsibilities and accountabilities for other sector actors, advocates for the use of innovative technology in child protection (including CPIMS+ Primero scale up), and lays out a framework for strengthening the social service workforce for child protection. As such, countries have developed individual logic models fitting within national strategies, in line with the level of systemic development they have reached, and the challenges faced.

UNICEF is currently providing support to strengthen child protection case management systems along both humanitarian and development approaches. The type of context impacts decisions around the length of activities and programme cycles as well as the type of activity and stakeholders involved. As explained in a paper exploring the nexus,

The aims of humanitarian assistance are widely seen to save lives and alleviate suffering; while respecting the humanitarian principles of humanity, impartiality, neutrality, and independence. In practice these principles are often more fluid as organisations are forced to prioritise, are limited in their information and resources, or need to prove value for money towards donors. On the other hand, traditional development work is more concerned with structural changes and addressing causes of poverty or inequality (though it is not always capable of addressing the actual root causes) and broad -based promotion of local (civil or public) structures (KFW, 2016).<sup>23</sup>

This means that:

<sup>14</sup> UN OCHA, *Humanitarian Action Response Plans: Middle East and North Africa*, 2023.

<sup>15</sup> OCHA, “Middle East and North Africa”, 2022.

<sup>16</sup> UNICEF, “UNICEF Middle East and North Africa Regional Office Annual Report 2022”, 2021, p. 1.

<sup>17</sup> IDMC, “A decade of displacement in the Middle East and North Africa”, 2021, p. 14.

<sup>18</sup> UNICEF, “Humanitarian action for children in the Middle East and North Africa for 2023”, 2023.

<sup>19</sup> UNICEF, “A profile of violence against children and adolescents in the Middle East and North Africa”, 2017.

<sup>20</sup> Pereira, Karen Codazzi. Araújo, Fernando, “Integrating social protection and child protection services for better outcomes for children in the Middle East and North Africa”. UNICEF, International Policy Centre for Inclusive Growth, 2022.

<sup>21</sup> UNICEF, “Data on the situation of children in the Middle East and North Africa,” 2023. <https://www.unicef.org/mena/child-protection>

<sup>22</sup> Which specifically considers UNICEF’s contribution to child-focused SDGs.

<sup>23</sup> CARE, “Doing Nexus Differently: How can Humanitarian and Development Actors link or integrate humanitarian action, development, and peace?”, 2018.

- In **humanitarian contexts**, rapid responses may be the priority, and support to insufficient if not non-existent child protection systems most needed.<sup>24</sup>
- In **development contexts**, the focus is on a consultative process owned by relevant national stakeholders and offering primarily technical support to create a system of sustainable case management.<sup>25</sup>

The complexity of the context, and scale and diversity of challenges faced at the national and sub-national levels, calls for actors in the region to take an adaptive and resilient approach to case management, able to respond rapidly to sudden changes in needs driven by the above.

However, child protection case management systems in the region are at varying stages of implementation, ranging from ad hoc approaches to systematised approaches facilitated by relatively strong legislation and government oversight. None of these systems have reached a level of systems strengthening which would allow for this adaptive and resilient approach.

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<sup>24</sup> Global Child Protection Working Group, "Interagency guidelines for case management and child protection", 2014, p. 26-27.

<sup>25</sup> Ibid.

### 3.2 Rapid overview of case management systems in target countries

Table 4 provides a high-level overview of both the child protection case management system in place in each country targeted by this study, and current support offered, as well as the primary concerns and priority needs for the country’s case management systems. This overview underlines the range of challenges faced *within* the region, calling for flexibility and adaptability in addition to strong frameworks and processes. Beyond the child protection concerns outlined below, across the board stakeholders must grapple with basic needs (education, health, shelter), violence against children, and poverty.

Table 4 – Overview of case management systems by country

Country	System maturity <sup>26</sup>	Caseload	Population of concern	Primary child protection concerns	What is in place	Priority needs for systems strengthening
Egypt	System enhancement	14,291 children reached with case management services in 2021 (3,425 through NCCM, 4,346 through MoSS, 3,209 through CoTM, 3,311 through Justice). <sup>27</sup>  4,099 children in humanitarian contexts received UNICEF-supported case management services in 2022 (of a planned 15,000). <sup>28</sup>	Victims of abuse, violence, exploitation, or neglect including refugee and migrant children. As of November 2021, 269,926 refugees and asylum seekers were registered in Egypt (50% of which are Syrians, 38% are children and 4.2% are unaccompanied asylum-seeking children (UASC)).	Children on the move, in need of alternative care, early marriage, FGM, punitive criminal system for children and child labour as a result of poor economic conditions.	The case management system has a fragmented ownership, with several case management units and programmes on child protection being scattered across governmental actors. There is also a Plan of Action for the National Strategic Framework (2020–2030) to end violence against children and Standard Operating Procedures (SOPs) for different areas of child protection.	Creating a unified CM system, <sup>29</sup> defining roles and responsibilities and the modalities of the CM system, <sup>30</sup> increasing workforce and building its capacity, <sup>31</sup> legislative and policy reforms, <sup>32</sup> better resource mobilisation; strengthening crisis response, and the creation of case management mechanisms for children on the move, as well as specific services for children in alternative care settings.

<sup>26</sup> As scored in the 2022 UNICEF CSI reporting documentation under the 4 phases of child protection systems strengthening

<sup>27</sup> UNICEF, “Children’s Data 2021 (internal document)”, 2022.

<sup>28</sup> UNICEF, “CSI Data: Egypt”, 2023.

<sup>29</sup> Inception KII, Egypt, 2023.

<sup>30</sup> UNICEF, “Child Protection in Egypt: Framework for a National Program”, n.d.

<sup>31</sup> Ibid.

<sup>32</sup> NCCM, “Ending Violence Against Children in Egypt: National Strategic Framework”, 2018.

Country	System maturity <sup>26</sup>	Caseload	Population of concern	Primary child protection concerns	What is in place	Priority needs for systems strengthening
Iraq	System building/ system enhancement	37,576 children at risk were supported through child protection case management; 621,398 reached with UNICEF supported child protection and GBV prevention and response services in 2021 (57% females); 33,000 children (nearly 14,000 girls) were reached with specialised child protection services, alternative care, legal support, and referral services in 2022. <sup>33</sup>  20,196 children in humanitarian contexts received UNICEF-supported case management services (of a planned 15,680). <sup>34</sup>	Victims of abuse, violence, exploitation, or neglect including Syrian refugees and migrant children. In 2021, an estimated 1.7 million people needed child protection humanitarian assistance, and 1.32 million people (75% of women and adolescent girls) were at risk of GBV.	Violence against children, children on the move, affected by weather and natural disasters.	The legislative and institutional framework around these issues remains fragmented and so is the quality of the case management system and specialised services such as those for children without parental care, survivors of GBV, children associated with armed groups and children in conflict with the law.	Improving legal, policy, and institutional frameworks for child protection, <sup>35</sup> increasing the availability and quality of child protection services including the development of specialised social service workforce, <sup>36</sup> GBV case management capacity building, <sup>37</sup> scaling up social behavioural change, <sup>38</sup> increasing funding for case management initiatives; strengthening community awareness; and cluster or task forces to enhance case management oversight.
Jordan	System enhancement	9,732 children and women received case management services for child protection and GBV (3,898 girls, 4,707 boys, 1,127 women); 32,763 caregivers provided positive parenting training. <sup>39</sup>  8,036 children in humanitarian contexts received UNICEF-supported case management services in 2022 (of a planned 8,000). <sup>40</sup>	Victims of abuse, violence, exploitation, or neglect including Palestinian and Syrian refugees (2.3 million and 1.4 million respectively). Jordan has a young population (63% under the age of 30).	Discrimination impacting access to social services, violence against children, child labour, separation from families and detention-like conditions within camps.	There is a developed case management system which fits within the national framework for protection, focused on domestic violence, child protection, and gender issues.	Strengthening the national child protection legislative and policy framework, <sup>41</sup> improving the quality of child protection services and developing clear minimum standards, <sup>42</sup> changing negative social norms and behaviours, <sup>43</sup> strengthening institutional capacity and coordination, <sup>44</sup> and developing services for integration of refugees in host communities.

<sup>33</sup> UNICEF, "Child Protection Area of Responsibility - Iraq (internal document)", 2022.

<sup>34</sup> UNICEF, "CSI Data: Iraq", 2023.

<sup>35</sup> Ibid

<sup>36</sup> Child Protection Sub-Cluster, "Overview Child Protection Case Management in Iraq", 2022.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> UNICEF, "Country Office Annual Report 2022: Jordan", 2023.

<sup>40</sup> UNICEF, "CSI Data: Jordan", 2023.

<sup>41</sup> Ibid.

<sup>42</sup> KII22, UN.

<sup>43</sup> UNICEF, "Country Programme Full Approved Report", 2021.

<sup>44</sup> KII22, UN.

Country	System maturity <sup>26</sup>	Caseload	Population of concern	Primary child protection concerns	What is in place	Priority needs for systems strengthening
Lebanon	System building/ system enhancement	8,362 caregivers supported with positive parenting programmes; 5,472 children supported with case management services. <sup>45</sup>  5,022 children in humanitarian contexts received UNICEF-supported case management services in 2022 (of a planned 6,600). <sup>46</sup>	Victims of abuse, violence, exploitation, or neglect including Palestinian and Syrian refugees. Around 60% of case management cases are for adolescents. <sup>47</sup>	Detention-like conditions within camps, detention centres for juveniles, exploitation and physical abuse, neglect, sexual abuse, out of school children (OOSC) leading to street children and child labour.	Case management is primarily implemented by NGOs, and challenged by the overall funding decrease. The Lebanon Crisis Response Plan 2023 establishes case management as essential, and the Emergency Response Plan for Lebanon (2021–2022) addresses the financial and economic challenges in Lebanon, across inter-agency efforts (with UNICEF leading nutrition, WASH, education, and CP/GBV sectors). <sup>48</sup>	Strengthening public institutions, cooperation and intersectoral CM between ministries and NGOs, building capacity; looking at how to redirect referrals to the Ministry of Social Affairs; and prevention and SOPs. <sup>49</sup>
Libya	System building	17,494 children and parents/caregivers provided with community-based mental health and psychosocial support (MHPSS); 1,516 vulnerable children provided with case management services. <sup>50</sup>  1,503 children in humanitarian contexts received UNICEF-supported case management services in 2022 (of a planned 34,812). <sup>51</sup>	The majority (~70%) of people reached are non-displaced, while refugees, returnees, IDPs and migrants comprise the remaining 30%.	Refugees and asylum-seekers (including a high proportion of UASC), children (especially migrants) in detention, as well as sensitive cases such as human trafficking.	A child protection system is in place and responding to emergencies across the country, with case management primarily implemented through INGOs partnering with UNICEF. Libya lacks a harmonised case management system.	Government systems strengthening and the harmonisation of case management systems, <sup>52</sup> improved coordination and collaboration between local communities and international organisations, mapping of child protection actors, finalising SOPs and ensuring effective implementation, <sup>53</sup> and investment in social service workforce strengthening. <sup>54</sup>

<sup>45</sup> UNICEF, “Child Protection Programme”, 2023.

<sup>46</sup> UNICEF, “CSI Data: Lebanon”, 2023.

<sup>47</sup> Inception interview, UNICEF, Lebanon.

<sup>48</sup> UNICEF, Country Office Annual Report 2021: Lebanon. 2022.

<sup>49</sup> Inception KII, Lebanon, 2023.

<sup>50</sup> UNICEF, “Libya Humanitarian Situation Report No. 4”, 2023.

<sup>51</sup> UNICEF, “CSI Data: Libya”, 2023.

<sup>52</sup> UNICEF, “Strategy Note of the Child Protection Programme”, 2022.

<sup>53</sup> Family and Child Protection Sections of the Ministry of Interior, Standard Operating Procedures on Handling Cases involving Child Victims and Witnesses of Crimes (draft), 2022; KII Interview, Libya, 2022.

<sup>54</sup> Inception KII, Libya, 2023.

Country	System maturity <sup>26</sup>	Caseload	Population of concern	Primary child protection concerns	What is in place	Priority needs for systems strengthening
Morocco	System building, system enhancement, system integration, system maturity	21,555 child victims of violence received case management and referral services (including 7,786 through health services, 7,002 through social work/services, and 6,767 through justice/law enforcement services). <sup>55</sup>	Children victims of abuse, violence, exploitation or neglect; children in danger because of their situation of vulnerability, which includes migrants.	Migrant children requiring adaptation to case management system, child marriage, child abandonment and guardianship (including Kafala), child detention and juvenile justice, racism, as well as peacebuilding/integration between migrants and Moroccans.	National frameworks, including The National Public Policy for Child Protection (2015–2025), the <i>Politique Publique Intégrée de la Protection de l'Enfance au Maroc</i> (PPIPEM), and the <i>Programme national de mise en œuvre de la politique Publique Intégrée pour la Protection de l'Enfance 2016</i> (PNMO) support child protection case management. A circular of the head of government for the establishment of territorial child protection systems is currently being implemented in all provinces. SOPs for the care of migrant children have been developed by UNICEF with the support of national partners.	Developing universal SOPs, improving coordination, <sup>56</sup> establishing decentralised child protection systems. <sup>57</sup>
Syria	System building/ system enhancement	In 2021, 22,014 children benefited from case management with UNICEF; child protection interventions reached over 988,000. There are 184,081 people included in child protection services.  7,741 children in humanitarian contexts received UNICEF-supported case management services in 2022 (of a planned 18,300). <sup>58</sup>	IDPs/returnees are the largest proportion receiving case management services (70%), with host communities and refugees also receiving services	Child labour, domestic violence, early marriage (especially during war), bullying, as well as IDPs and returnees, exacerbated by the earthquake.	SoPs are currently being drafted to harmonise case management systems of different organisations / agencies. A task force for the harmonisation of case management has also been created by UNICEF.	Scaling of CM system, <sup>59</sup> strengthening the social service workforce, improving the coordination of services, behavioural change. <sup>60</sup>

<sup>55</sup> UNICEF Morocco, "Annual Report", UNICEF Morocco, 2022.

<sup>56</sup> Inception KII, Morocco, 2023.

<sup>57</sup> UNICEF, Country Office Annual Report, 2021.

<sup>58</sup> UNICEF, "CSI Data: Libya", 2023.

<sup>59</sup> Inception KII, Syria, 2023.

<sup>60</sup> UNICEF, "Concept note: UNICEF Syria child protection", 2019.

## 4. EVALUATION FINDINGS

The findings below are based on the primary and secondary data collected and analysed as part of this study. They are presented by key evaluation theme, aligned with the selected OECD DAC evaluation criteria as outlined in the evaluation methodology. Each theme is assessed at an overall based on these findings as **red** (requires improvement), **yellow** (in progress), **green** (on track). An overall summary can be seen in Table 5 below.

Table 5 – The summary findings using the adapted OECD DAC criteria

Relevance	Green
Efficiency	Yellow
Effectiveness	Yellow
Sustainability	Red
Coordination	Red
Coverage	Yellow
Cross-cutting issues	Red

### 4.1 Relevance

#### Rating: On track

Generally, the case management systems assessed are suited and adapted to their respective contexts and have made relevant adaptations to changing needs. UNICEF's assistance in the development of SOPs and frameworks to clarify and structure case management systems was well received by system stakeholders. However, there remain significant gaps between the frameworks and the activities and interventions being implemented. Beneficiaries agree that the design of the case management services meet their child protection needs, and the systems are relatively aligned to the critical needs of children requiring protection services. At present, the services provided under case management are insufficiently integrated into other sectors' work.

The momentum towards a systemic approach to case management for vulnerable children has been growing over the past decade, and ties closely to a "commitment to accountability to vulnerable children at all levels," as a systemic approach with clear roles and responsibilities which creates clear duty-bearers responsible for their own duties to vulnerable children in need of support.<sup>61</sup>

A systemic approach needs to be built over time and across stages of programming. As explained in the Sphere *Minimum Standards for Child Protection in Humanitarian Action*:

- "In a rapid-onset emergency, it may be appropriate to begin by establishing services that focus on specific issues (urgent, emergency-related issues such as family separation or release from armed forces or armed groups).
- Over time, child protection actors should develop more comprehensive case management services that address the full range of child protection issues.
- Use a phased approach when developing referral pathways and standard operating procedures (SOPs) based on adapted, globally endorsed templates and tools. Add detail over time as risks change, the response progresses, and capacities and resources are improved and strengthened."<sup>62</sup>

Providing such a systemic approach is easier said than done, especially in contexts which must address not just child protection concerns, generally, but shifting contexts between development and humanitarian priorities and sudden-onset emergencies.

Ensuring the relevance of UNICEF's interventions for children's protection needs requires frameworks for a consistent understanding of what constitutes child vulnerability. It further calls for the flexibility to adapt these rapidly, while remaining accountable to children, their families, and their communities.

<sup>61</sup> Keetie Roelen, Siân Long and Jerker Edström, "Pathways to protection – referral mechanisms and case management for vulnerable children in Eastern and Southern Africa", IDS, 2012

<sup>62</sup> Ibid.

#### 4.1.1 Relevance and consistency with governmental priorities and frameworks

Across the region, actors such as UNICEF must work to establish systems that respond to the evolving needs of populations across sudden emergencies, protracted humanitarian crises, and long-term development. These should align with both governmental priorities and country and sub-national level contexts. **Across the region, normative frameworks prioritise child protection case management systems.**

- All countries of this evaluation are signatories to the Convention on the Rights of the Child (CRC) and conform with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), UNICEF Child Protection Strategy (2021–2030), the Inter Agency Guidelines for Case Management and Child Protection and contribute to progress towards the United Nations Sustainable Development Cooperation Framework.
- On a country level, a range of frameworks and policies have been developed which specifically mention child protection case management, setting forth the legal avenues for case management to function effectively.
- UNICEF’s strategy, across countries, is in alignment with the global Child Protection Strategy (2021–2030), Regional Strategy to End Violence Against Children, and the SDGs, particularly 5, 8, and 16. In the countries, task forces/working groups/clusters have often introduced further and more specific policies with which to carry out case management. Government respondents in all countries noted the importance of having these policies in place.

**Governmental priorities in relation to case management in the MENA region focus on mitigating risks to which children are exposed, reducing violence against children, and addressing child-specific needs such as birth certificates.** In practice the wide range of governmental capacity impacts their priorities and framework interventions, and the support needed from UNICEF.

**UNICEF’s efforts in the region must adapt to the wide range of capacity among governmental partners,** with a clear difference between governments in terms of frameworks and policies, ministerial oversight, technical capacity, and financing for case management, resulting in a variety of approaches with different levels of success, including:

- Countries with **more developed case management frameworks** (in particular Jordan and Morocco), whose case management systems centre on regulatory frameworks which lay out clear roles and responsibilities for actors within the system, and in which stakeholders generally attest to the governments meeting expectations with regards to their ability to deliver results on case management.
- **Less developed contexts** in which governments are active in case management but lack the coordination and capacity to effectively carry it out nationwide.
  - In **Egypt**, the National Commission for Minorities (NCM), which is responsible for child protection and the development of strategies and policies related to childhood, *“...is not independent enough to criticise the entities that work in the field of child protection and provide recommendations to them and follow up on their implementation in order to be able to improve their performance”*<sup>63</sup>
  - **Lebanon** has a well-developed policy environment for the protection of children and national SOPs in place. These are being reviewed as not all actors are consistently using them.<sup>64</sup> Additionally, the country is actively finalising the amendments on Law 422/2002 on the protection of juveniles in conflict with the law and/or at risk in Lebanon, which is crucial to the articulation of case management pathways but has been stalled for a few years.<sup>65</sup> The government has the developed capacity among its workforce but is reported to have high rates of turnover and a lack of funding, affecting the ability for the government to effectively lead on case management.<sup>66</sup>
  - The governments in **Libya and Syria** are at this point unable to fully manage the case management system or integrate case management into relevant national policies and frameworks. Here too policies take a long-term, systems-strengthening approach. In Libya, *“UNICEF supported line ministries in the development of a five-year National Action Plan to End Violence against children. The national action plan is addressed to systems strengthening,*

<sup>63</sup> KII15, government.

<sup>64</sup> KII32, UN.

<sup>65</sup> Ibid.

<sup>66</sup> KII33, government; KII29, government; KII32, UN.

*development of procedures and process for children without appropriate care, children in contact with the law, and behavioural change. Supporting implementation and rollout of the national Action Plan is an essential priority.”<sup>67</sup>*

As a result, gaps persist across the system between case management interventions and the frameworks and policies which guide them. Without a strong governmental lead, organisations are more likely to focus on support where it is simplest for them to provide it.

*“Even international initiatives that involve Libya are not aligned with Libyan laws. Many individuals working in organisations lack knowledge of relevant laws and child protection measures. There is a need for significant technical work and local efforts to establish a coordinated system that is consistent with Libyan culture and laws.”<sup>68</sup>*

Jordan offers a positive example of UNICEF support while developing a stronger national system for the longer term, as a stakeholder explained: *“Ongoing efforts have been made to improve the child protection case management response for refugee and asylum-seeking children, and simultaneously strengthen the national system to create a coordinated, comprehensive and integrated response to protection violations that vulnerable children, regardless of origin, might face.”<sup>69</sup>* In Morocco, an integrated child protection policy has been developed with the support of UNICEF, which builds upon the positive work from the Hijra Wa Himaya+ project to integrate all vulnerable children, including migrants, into the child protection system. While coordination on this is not yet optimal, the trajectory for this type of work can have lasting and wide-reaching impact.<sup>70</sup>

Overall, the child protection case management system interventions put in place by UNICEF over this period were relevant to the priorities of governments and their policy frameworks. In each context, UNICEF collaborated with the government and other stakeholders to develop the system and its wider enabling environment, ensuring buy-in to their proposed approaches. For example, in Libya, UNICEF has supported the line ministries in the development of a five-year National Action Plan to End Violence Against Children, while also mapping the child protection system and supporting the development of the case management system itself. In Syria, UNICEF works with the Ministry of Labour and Social Affairs (MoSAL) in support of de-institutionalisation and reunification for children living in drop-in centres, while supporting the government to develop an academic programme for the social service workforce at graduate level and develop a national action plan for child protection. The evaluation did not find any examples of UNICEF interventions not in line with governmental priorities.

This support from UNICEF to counterparts has proven relevant while developing policies and legislation. At the same time, several respondents noted how this support could have better considered the contexts in which this support is being provided, addressing immediate gaps in frameworks as well as setting long-term SOPs. At the global level, one stakeholder explained, *“[UNICEF] wanted to be in line with the national system, they wanted to push for system strengthening, which is very, very good, I don’t disagree with that. But at the same time, let’s be practical. It takes years sometimes just to develop and validate a national SOP on child protection. So, in the meantime, you need not necessarily have a parallel system, but you need to develop something to [...] complement the national system.”<sup>71</sup>*

In short, in addition to theoretical alignment between government frameworks and UNICEF interventions and activities, stakeholders such as UNICEF must grapple with the realities of policy implementation and ensure that support provided is aligned with operational phases in which the government finds itself.

#### 4.1.2 Relevance of case management systems to children’s needs

*“Vulnerable children and families are entitled to efficient, comprehensive, and respectful assistance on multiple fronts set out in national and global policies, but are often faced with piecemeal, inadequate, and intrusive services, or are neglected all together. Services designed to protect children’s rights often function on their own, disconnected from other services that may also be needed if these rights are to*

<sup>67</sup> UNICEF, “Libya: Strategy Note of the Child Protection Programme”, 2022, p. 6.

<sup>68</sup> Workshop participant, Libya [15/05/2023].

<sup>69</sup> Economic Policy Research Institute, “Comprehensive evaluation of the UNICEF-supported specialized child protection case management response in Jordan 2013-2017”, 2018, p. 8.

<sup>70</sup> KII44, government; Workshop participant, Morocco [12/05/2023]

<sup>71</sup> KII1, donor.

*be protected and their needs met holistically. The results are often overlaps and gaps in services, negatively impacting those in need of services.*<sup>72</sup>

Child protection case management processes and pathways have been elaborated across the region to address the identified needs and vulnerabilities of children. However, there remains a gap between the strategies and laws and services provided, as stakeholders are often limited by staff capacity, funding, and more.

**In each of the countries evaluated, the case management systems are relatively aligned to the critical needs of children requiring protection services.** The systems have all been developed to address high-risk needs first, developing locally contextualised approaches and vulnerability criteria for identification and prioritisation in case management, in line with good practice.<sup>73</sup> Still, the systems are not always focused on the most immediate issues, owing largely to issues of coordination and coverage (see Sections 4.5 and 4.6). Positively, there have been recent improvements in the diversity of services offered, often developed in response to such trends in needs. These include among others, enhanced support for child migrants and child justice in Morocco, an alternative care pilot<sup>74</sup> and training of lawyers and security forces on child protection of children in contact with the law in Lebanon, and child protection and the prevention of gender-based violence in Syria.

Despite advances, participants highlighted key needs which are not consistently addressed: more support in education, psychosocial support (PSS), community awareness on the mechanisms with which to engage the child protection case management system, actions against bullying, healthcare, and financial aid. In Jordan, in particular, children and families highlighted social isolation and social integration challenges compounded by experiences of stigma and marginalisation of the refugee population. *The experience of two young boys interviewed for the evaluation are included in the Stories from the Field excerpt below.*

For all children in the region, feelings of not belonging impact not only access to education, but can have significant psychological impacts, further exacerbating their challenges in school. In Iraq, multiple respondents described frequent occurrences of abuse in schools, including by teachers as well as bullying and violence from other students.

**Despite the gaps evidenced, most beneficiaries – and their families – described case management as meeting their child protection needs, while highlighting continued needs across other sectors.** Continued social welfare needs are frequently high; case management efforts are generally relevant to address the child protection challenges which led to the referral, but there are still many basics, across all contexts, which are not being sufficiently addressed. This suggests that the multisectoral, holistic approach called for in the Sphere standards has yet to be adopted and implemented (see Sections 4.3 and 4.5). The Child Protection Minimum Standards Working Group has set an approach, but this has not yet translated into technical multisectoral collaboration.<sup>75</sup>

From an accountability perspective, in several contexts **UNICEF has also been working with beneficiaries and service providers for feedback to improve delivery.** In Lebanon, for example, children are being asked to provide feedback which is used to determine whether or not there is anything else which should have been asked or provided to them during the case management, leading to an adaptation to the tools over time.<sup>76</sup> In Iraq, problems identified within centres providing case management services are shared along with identified solutions with all other centres from a learning perspective.<sup>77</sup> These practices show a commitment from UNICEF to ensure interventions are aligned with the needs of beneficiaries. However, evidence of regularly capturing feedback from beneficiaries and service providers was limited, and feedback mechanisms are not regular features in all contexts.



### What do children say? Stories from the field

Hussein is a 13-year-old male and Syrian refugee living in Amman, Jordan. In the interview, he described an experience of xenophobia he encountered in Jordan: having left the mosque with his

<sup>72</sup> UNICEF, "Integrating Case Management for Vulnerable Children", 2017.

<sup>73</sup> Cf. for example this guidance for case workers working on child labour across contexts. Alliance CPHA, "Guidance for Child Protection Case Workers", n.d.

<sup>74</sup> For more information on alternative care in the region, see Annex 8.

<sup>75</sup> Child Protection Minimum Standards Working Group, "An Inter-Sectoral Framework for Advancing Children's Protection and Well-Being Through Humanitarian Standards", 2022.

<sup>76</sup> Workshop participant, Lebanon [15/05/2023].

<sup>77</sup> KII16, NGO/CSO.

brother one night, they were stopped by two people who asked if they were Syrian or Jordanian. When Hussein said that they were Syrian, the strangers said to each other, “this is a Syrian, slap him!”, while challenging Hussein and his brother. One of the aggressors then took out a small knife from his pocket and threatened to stab Hussein and his brother. When Hussein and his brother were pleading to be left alone, the strangers asked where they were living – thankfully, they were living with a Jordanian person who happened to be a relative of one of the strangers – and were then left alone.

Fadel is a 12-year-old male living in Baghdad, Iraq. He, along with his mother and brother, live in a small single-room house, and his father is in prison, living out his final days with failing kidneys. He receives support from a centre which he attends three days per week where he feels safe and is able to play and relax, noting that he has no games or fun things to do at home. The centre provides Fadel with feelings of comfort and happiness.

Fadel describes how school is important to him, but that it is also a scary place where teachers regularly beat students. He recalled a recent incident where his teacher beat his cousin with a water hose so badly that he has lasting marks on his body. Fadel also spoke of another time where he was beaten badly by his teacher. Fadel reported it to his case manager, who promised to come to school to deal with the matter, but never did.

### 4.1.3 Contextual adaptations to meet evolving needs

As worldwide, the COVID-19 pandemic challenged the child protection case management systems in the MENA region on two fronts: (1) the intensifying of the breadth and depth of child protection vulnerabilities, including increases in physical and psychological abuse, child labour, and early marriage, among others; and, (2) the limitations it imposed on the delivery of child protection services, including case management services. **The situation forced many children who were receiving case management services to have their services discontinued, interrupted, or delayed.** However, across the region, a range of methods were used to try to keep case management services on track. For example,

- In Egypt, the justice system shifted court sessions to virtual means while adding an online information system;
- In Jordan, online integration of services (linking multiple child protection services) was put in place and policies regarding remote/distance case management were developed;
- In Lebanon, the pandemic forced the case management actors to better prepare for emergency factors, and they developed and implemented alternative plans to provide services; and finally,
- In Morocco, NGOs/CSOs sought new mobile approaches to provide services, even going door to door to ensure services were uninterrupted where possible.

UNICEF interventions during COVID-19 were delayed, but the adaptations were fairly rapid and comprehensive, and addressed the exacerbated vulnerabilities the pandemic brought to light. Stakeholders noted that UNICEF worked with case management system actors to adjust to the realities present in each context during the pandemic, generally through inter-organisational collaboration on guidebooks/SOPs. For example, UNICEF Egypt reviewed and finalised the national case management SOPs while drafting emergency procedures for the system in light of COVID-19. Across the region, UNICEF supported a shift to remote case management. It also worked with actors to improve the systems’ resilience to emergencies through standardisation of procedures and policies, and capacity building.

*“COVID-19 was the moment to test the resilience of the child protection system. We realised that there is a lot to be done, particularly in terms of thinking about the service package, which can be functional and permanent, and which is not dependent on UNICEF funds.”<sup>78</sup>*

The 2023 earthquake which heavily impacted Turkey and Syria underlined the need for a more proactive emergency planning approach by UNICEF and other child protection case management actors. It rapidly exposed gaps in the case management system in Syria. While humanitarian situations were present there, the country was on the pathway to transition to a development context more generally. However, no plan was in place for emergency situations like the earthquake from a case management perspective – which meant that UNICEF, CSO/NGO, and government actors were unable to rapidly provide case management services to

<sup>78</sup> KII49, UN.

vulnerable children. Multiple respondents attested to the lack of planning, and the subsequent dissolution in coordination and effectiveness of the case management system.

*“Before the earthquake, we had hoped to reach development, but after the earthquake, we returned to the state of emergency [...] We weren’t prepared for such cases, and we will never be prepared if we continue on this path.”<sup>79</sup>*

UNICEF’s work is consistent with the principles of the humanitarian-development-peacebuilding nexus. Child protection in the humanitarian-development-peacebuilding nexus is in its infancy, with extremely limited documentation available on the topic. The operationalisation of a nexus approach in this field would be characterised by strong shared responsibility for child protection across the humanitarian, development, and peacebuilding actors in a country, along with operational and policy alignment between the actors.<sup>80</sup> While UNICEF’s case management work in the MENA region shows consistent alignment with the work of other case management actors across the nexus, and UNICEF acts in a convening role, bringing together the various actors on systems strengthening, there is much room to improve with regard to actor coordination (see Section 4.5).

## 4.2 Efficiency

### Rating: In progress

In the MENA region, case management systems are nearly entirely reliant on external funds, and UNICEF supports governments and partner-run case management. The efficiency of case management interventions is limited by short programme cycles, limitations in referral pathways, the absence or weaknesses of centralised data management systems, and funding variations. There are human resource gaps in the systems UNICEF is supporting, and the developed capacity of system stakeholders is relatively low. The transition from humanitarian to development case management system approaches is not particularly well planned for and leads to system inefficiencies.

**The child protection sector suffers from insufficient funding to address the vast scope of needs it faces.**<sup>81</sup> Child protection services are complex, requiring short- and long-term investments for the creation of sustainable systems. However, funding cycles – particularly in humanitarian settings – are optimised towards shorter-term support.<sup>82</sup> The resulting lack of resources is a crucial constraint in the implementation of referrals and case management, both at the overall financial level, and with the implication it carries for identifying, training, and maintaining the human resources needed to address the complex needs of the most vulnerable children. Investments in case management must consider both services and systems.

The evaluation found very limited budgetary and cost monitoring information from which to draw, but from existing documentation and interviews conducted has identified issues and positive practices around the efficiency of case management interventions in the region. To do so, this evaluation considered the implementation mechanisms selected, the use of human and financial resources, and how UNICEF’s activities adapted to and learned from changing contexts.

### 4.2.1 Implementation mechanisms

UNICEF has utilised a variety of means to support the strengthening of child protection case management systems in each context. Three general means of case management system service provision can be identified:

1. Government-run services;
2. Implementation partners; and
3. Through the direct service provision of services by UNICEF.

A previous evaluation of UNICEF’s interventions to eliminate violence against children in several countries in the region, for which similar modalities of implementation are used, found that insufficient data was tracked to assess

<sup>79</sup> KII55, NGO/CSO.

<sup>80</sup> The Alliance for Child Protection in Humanitarian Action, “Humanitarian-development nexus and child protection: Sharing responsibility for children’s protection – addressing risks and vulnerabilities through cohesive partnerships (Background paper), 2019.

<sup>81</sup> Save the Children, “The unprotected: Annual spotlight on child protection funding in humanitarian action 2021”, 2022.

<sup>82</sup> United Nations, “Gaps and Needs for the Successful Reintegration of Children Associated with Armed Groups or Armed”, 2020, p. 24.

the relative financial efficiency of each modality.<sup>83</sup> The challenge remains for the present evaluation; however, higher-level findings around implementation modalities can be drawn out based on the study conducted.<sup>84</sup>

- **The type of modality chosen is aligned with the realities of each country's case management implementation.** For example, in Egypt, UNICEF supports the delivery of case management through government-run facilities and NGOs step in to fill the gaps.<sup>85</sup>
- Within each modality, several efficiency challenges were identified:
  - **Coordination between government and NGOs on case management varies**, often affected by bureaucratic delays and a lack of trust between stakeholders across contexts.
  - **Implementation partners were more positive about the quality of SOPs in more developed countries**, with about 45% of those surveyed with the e-survey in more developed countries strongly agreeing that their organisation uses well designed and user-friendly SOPs to govern all activities and operations, against 23% of those interviewed in less developed countries.

The majority of UNICEF's work in the region is done through the first two modalities rather than the direct provision of services. As such, it focuses on capacity building, guidance on best practices, funding, and advocacy to push for the efficiency of the case management system and legal reforms. Child protection actors, including UNICEF, are targeting the roots of violence against children by working on prevention, community awareness, and behavioural change to model an environment that reduces risks of harm and releases pressure on the system – activities for which it is more challenging to prove that the intended impact is happening and which is harder to monitor – although it is clear caregivers need to be supported to avoid negative coping mechanisms.<sup>86</sup> For example, in cases of child labour, funding spent on case management without addressing the family's underlying economic situation will have limited impact.<sup>87</sup> In such cases, a caseworker from Jordan explained, they *"also enrol the mother in courses to benefit her, help her find a suitable job to acquire a good income through her work, whether as a cook or a seamstress, to help the family's economic situation,"* making children more likely to continue the case management process and stay at school.<sup>88</sup>

**UNICEF has supported the development of community-based approaches to implementing case management.** This includes activities to involve key members of the community who can contribute to spreading information by word of mouth on case management as well as in identifying cases of violence against children. Indeed, one of the main barriers to accessing services is the lack of information and awareness on supporting systems.<sup>89</sup> Such community-based support can also take the form of community centres like the Makani centres in Jordan and the Baity centres in Libya, both funded by UNICEF. These offer a wide range of services and have proven to be important platforms for outreach and case identification which provide child-friendly spaces with a wide range of multi-sectoral services that integrate case management.<sup>90</sup> However, the Baity centres highlight the impact of funding cycles on efficiency and implementation having suffered from cuts in fundings that interrupted their service provision.<sup>91</sup>

**From an efficiency perspective, UNICEF support is hampered by several factors, namely the short-term nature of programme contracts, the weakness or absence of centralised data management systems, and irregular levels of referral pathways.**

Firstly, the short period of project funding, which is sometimes as short as six months and often on less than one year, was presented as the main obstacle to the efficiency, quality, and sustainability of interventions. Once funding stops, cases are closed or referred to another organisation, and beneficiaries can end up with incomplete case management. In Lebanon and Jordan, several respondents revealed that case workers or organisations tend to continue their services out of their own resources after the withdrawal of funds so that

<sup>83</sup> IOD Parc, "Multi-country formative and summative evaluation of elimination of violence against children in Egypt, Jordan and Lebanon", 2021, p. 36.

<sup>84</sup> Additional precise budgetary information from all of the implementation partners as well as specific services provided accordingly would have been required; such large-scale financial analysis falls outside the scope of the present evaluation.

<sup>85</sup> KII11, NGO/CSO.

<sup>86</sup> CPMS, "Pillar 3, Standards to develop adequate strategies", n.d.

<sup>87</sup> KII50, NGO/CSO.

<sup>88</sup> Caseworker KII1 [Amman, Jordan].

<sup>89</sup> Alliance CPHA, "Guidance for Child Protection Case Workers", n.d.; Alliance CPHA, "Training of Facilitators on Engaging Community Volunteers in Case Management", 2023; Alliance CPHA, "A Reflective Field Guide: Community-level Approaches to Child Protection in Humanitarian Action", 2020.

<sup>90</sup> UNICEF, "Regional Office Annual Report", 2021, p. 70.

<sup>91</sup> UNICEF, "MHPSS in Libya: MENARO mission support", 2022, p. 14.

children can still receive services.<sup>92</sup> Such stopgaps put pressure on underpaid case workers. This short-term approach creates delays and unpredictability affecting the continuity of service implementation.<sup>93</sup> For example, contracting implementation partners is planned on an annual basis, which slows activities at the beginning of each contract cycle.<sup>94</sup>

Secondly, the weakness or absence of centralised data management systems limits the efficiency of coordination and adaptation to lessons learnt. It is through systems like Primero that child protection actors receive and refer cases, in addition to helpline or other outreach strategies. However, **centralised data management systems are still non-existent or at the inception phase in the region.**<sup>95</sup> Iraq shows the most advanced results in that regard with the widest use of CPIMS+, whilst Jordan is piloting a Case Management Automation System implemented by UNICEF and the National Council for Family Affairs (other organisations still use CPIMS, paper-based forms or other information systems).<sup>96</sup> While this piloting may result in long-term improvements, at the current point in time it is proving a challenge: the coexistence of several data management systems is a challenge for organisations. One respondent in Jordan explained: *“my team is working on four different systems. Why? I understand that this situation is exhausting for my team and creates a challenging environment for them, since international organisations like UNHCR requires partners to work within their systems exclusively, so my team has to change the entire system they are used to work with to work on cases of a partnership. There has to be a single data management system across all organisations.”*<sup>97</sup>

In the least developed case management system contexts (and in Morocco to some extent, with its discrete and unlinked IMS established across health and justice domains<sup>98</sup>), data management systems are significantly weaker.<sup>99</sup> Tied to the question of data management, the monitoring and evaluation of programmes is not fully developed across contexts, which limits opportunities to improve efficiency.<sup>100</sup>

Finally, clear functional referral pathways are critical to efficiently allocate children to service providers and avoid the duplication of services. At this point, referral pathways require strengthening, as they are weakened by a lack of coordination, poorly defined roles and responsibilities, insufficient complementary services, lack of capacity, as well as a shortage of investment in this area. Morocco, Libya, Egypt, and Syria still have no online information management systems to facilitate referrals. In Libya, a respondent shared that their NGO uses emails and physical documentation for referrals.<sup>101</sup> In other contexts, the use of multiple information management systems like CPIMS and FVPS in Jordan; the use of CPIMS+, RIMS, Microsoft Dynamics 365 and others in Lebanon; or the differentiated referral pathways between health and justice ministries and as well among NGOs in Morocco similarly creates problems with referrals due to overlap.<sup>102</sup> Some cases get lost between organisations.<sup>103</sup>

#### 4.2.2 Use of financial and human resources

With most respondents underlining that governmental resources for child protection case management systems are limited to non-existent, UNICEF was identified as a ‘strategic donor,’ meaning that case management systems across the region are, to a certain extent, dependent on UNICEF to function.<sup>104</sup> Aside from UNICEF, the number of organisations that offer financial support to case management is limited. A stakeholder in Lebanon explained, *“You have education, WASH, cholera. [...] These are easy to showcase and to show results for. But protection is invisible. For example, if you take a child in case management, we work with him for six months, but maybe this case will not show real impact until he is an adult. [...] The impact is really hard*

<sup>92</sup> KII23, government; KII31, NGO/CSO.

<sup>93</sup> KII32, UN; KII29, government; Workshop participant, Lebanon [15/05/2023]; KII9, NGO/CSO.

<sup>94</sup> UNICEF, “Regional Office Annual Report”, 2021, p. 41.

<sup>95</sup> Primero is an open-source software which has supported child protection actors and alliances in developing a standard inter-agency child protection information management system called [CPIMS+](#). CPIMS+ has been promoted by UNICEF, the International Rescue Committee, and Save the Children since 2005, but it requires investments, technically and financially, which not all countries are able to sustain.

<sup>96</sup> KII25, NGO/CSO; KII22, government; KII23, government.

<sup>97</sup> KII26, NGO/CSO.

<sup>98</sup> KII45, CSO; KII49, UN; There is an ongoing pilot of an integrated CPIMS system in Morocco, though limited evidence of its effectiveness or implementation were found in the evaluation.

<sup>99</sup> Of these, Lebanon shows the most success yet the biggest diversity of systems: KII31, NGO/CSO; KII30, NGO/CSO; KII32, Donor; KII28, NGO/CSO.

<sup>100</sup> KII54, UN.

<sup>101</sup> KII37, NGO/CSO.

<sup>102</sup> UNICEF, “Regional Office Annual Report”, 2021; KII5, NGO/CSO; KII32, UN; KII28, NGO/CSO.

<sup>103</sup> Caseworker KII1 [Amman, Jordan].

<sup>104</sup> KII26, NGO/CSO.

to prove. There is a protection crisis, but it's not a hot topic compared to other programmes, and this plays a negative role in terms of funding and prioritisation."<sup>105</sup> Available funding is generally reported as insufficient to cover all services and its shortage encourages caseworkers to prioritise high-risk cases, but this approach risks turning medium risk cases into high-risk ones.<sup>106</sup>

This overall funding shortfall has been further challenged by contextual changes in several countries, for example, Lebanon and Syria. Funding shrinkage in Lebanon as the crisis in the country deepened overall and inflation in Syria have caused a real-world reduction of the 'purchasing power' of the existing child protection budget by half.<sup>107</sup>

Given the limited nature of funding, ensuring that it is used efficiently is key. Several respondents flagged that UNICEF financial and procurement systems can result in delays.<sup>108</sup> A respondent from Egypt, for example, argued that the "UNICEF financial system needs to be changed as there are too many obstacles and challenges that delay funds."<sup>109</sup> A previous evaluation also confirmed that "UNICEF processes regarding human resources recruitment and procurement cause delays and impact the efficiency of programmes as noted by several programme staff."<sup>110</sup> Another difficulty raised was that of the appropriateness of targets to the resources provided — with one NGO in Libya, for example, explaining that "since the beginning of the project, we know that it will be impossible to cover the target asked by UNICEF with this amount, with these funds."<sup>111</sup>

The efficiency of UNICEF's support to the case management systems is threatened by human resource gaps among the partners it supports. In the child protection case management sector, the main human resources gaps are characterised by:

- **A shortage of case management actors and an uneven distribution of human resources across countries.** There is a lack of (qualified) employees in case management – including caseworkers, CP actors in ministries, psychologists – and an unequal distribution at the subnational level. As a respondent explained, "the number of cases does not align with the number of employees, so efficiency decreases as the number of cases requiring services increases along with a shortage of staff."<sup>112</sup>
- **High turnover rates.** There is a high turnover of caseworkers and middle management in NGOs and relevant government ministries and departments, resulting in inefficient training and tools which jeopardises consistency and sustainability.<sup>113</sup> One of the reasons for the high turnover is the work conditions. Across the region, caseworkers receive low salaries as well as low status and rewards for a high caseload that would require further incentives and prospects for professional development.<sup>114</sup> Respondents also emphasised the need for more investment in psychological support for caseworkers.<sup>115</sup>
- **Varied technical capacity.** Case management capacity varies from one organisation or government entity to the next.<sup>116</sup> Organisations would benefit from setting unified and clear criteria for hiring staff members to work on case management and working to promote relevant training courses at universities and more.<sup>117</sup> For example, a respondent explained that in Egypt, "the social work faculties teach the curricula that are from 20 and 30 years ago."<sup>118</sup>

To address the lack of capacity and technical skills that tend to affect the efficiency of case management, UNICEF has been particularly invested in capacity building. Most respondents emphasised the need to refine the abilities of caseworkers in certain areas and on the long-term benefits of regular trainings.<sup>119</sup> A respondent from an NGO in Syria shared that investment in trainings brought more funding, as members of staff become

<sup>105</sup> KII32, UN.

<sup>106</sup> KII30, NGO/CSO.

<sup>107</sup> KII50, NGO/CSO.

<sup>108</sup> KII10, government.

<sup>109</sup> Ibid.

<sup>110</sup> UNICEF, "Regional Office Annual Report", 2021, p. 41.

<sup>111</sup> KII9, NGO/CSO.

<sup>112</sup> KII23, government.

<sup>113</sup> KII3, NGO/CSO; KII9, NGO/CSO; Caseworker KII6 [Oujda, Morocco]; Workshop participant, Jordan [15/05/2023]; KII7, UN.

<sup>114</sup> Workshop participant, Egypt, 15/05/2023.

<sup>115</sup> Workshop participant, Egypt, 15/05/2023; KII31, NGO/CSO.

<sup>116</sup> KII9, NGO/CSO.

<sup>117</sup> Ibid.

<sup>118</sup> Workshop participant, Egypt [15/05/2023].

<sup>119</sup> KII41, government.

more efficient in finding and attracting funding. Several organisations in Syria, Lebanon, and Jordan commented on the positive impact that UNICEF trainings and coaching had on the efficiency of their interventions.<sup>120</sup>

However, some resources and efforts are spent on capacity building with limited tangible results. The reason being that *“beneficiaries of child protection training and capacity building activities are usually not the right candidates to benefit from child protection capacity building initiatives as they are usually selected on ad-hoc basis.”*<sup>121</sup> Therefore, even though investment in training is highly valued to improve the efficiency of intervention, it is not always distributed and targeted in the most efficient way.

### 4.2.3 Adaptation to changing contexts and lessons learnt

**Countries from the region have been following different approaches to case management depending on context.** These contexts drive the nature of service providers, funders, mechanisms, and the number of cases covered.<sup>122</sup> As detailed in Chapter 2, the countries under consideration in this assessment range from humanitarian to development approaches, with some in transition or experiencing multiple contexts. This has implications for case management, as the system is generally restructured during such transitions. For example, case management in Jordan is under a development approach, however, a parallel emergency system was set for the Syrian refugee crisis in 2010. Meanwhile, Iraq is in the early phase of the development approach, which means that its case management system is restructuring from the emergency system.<sup>123</sup>

**The transition from one approach to another affects the efficiency and predictability of existing case management.** One of the main detrimental effects of moving from an emergency setting to a development setting is the sudden decrease in the availability of funding. A caseworker explained that when Iraq came out of the emergency phase, it *“affected the performance of case management because many organisations withdrew their funds and projects ended.”*<sup>124</sup> Another effect of the transition in Iraq was the closing of the child protection sub-cluster that coordinated emergency interventions with the case management working group.<sup>125</sup> With the end of this coordination mechanism, new partnerships and referral pathways are developing on a smaller scale in different locations rather than at a macro-level.<sup>126</sup>

**When the two approaches are implemented simultaneously, like in Syria and Jordan, the emergency approach is more efficient to supporting individual children** as within a humanitarian setting, quicker and more practical approaches are prioritised – in a situation where a child is exposed to violence and risks, *“the intervention is direct without waiting for the approval process”*.<sup>127</sup> **As a result of the COVID-19 pandemic and at a time when violence against children increased, traditional mechanisms for the identification and addressing of child protection case management issues were no longer as viable, and existing means of implementation no longer efficient.**<sup>128</sup> Some services were interrupted or delayed while other services like PSS were conducted over the phone in Libya and Jordan or through online services in Lebanon and Morocco.<sup>129</sup> In Morocco, tablets were also distributed by local organisations. Such pivots had both positive and negative impacts on the efficiency of service provision. In some cases, in particular in less developed systems such as Libya, remote communication and follow ups were not as feasible, resulting in additional efforts expended for limited impact.<sup>130</sup> In others, remote services allowed for the continuation of case management services, at a lower cost and with broader access. Respondents in one FGD in Iraq highlighted the range of approaches that could be taken even in the same context, as some had case workers check on them in person, others received contact through WhatsApp, and yet others did not hear anything at all.<sup>131</sup>

**Across contexts, the lack of a strong and functioning monitoring and evaluation system, in particular when doing rapid adaptation, makes lessons learnt difficult to draw and integrate in future programming.** COVID-19 adaptations have opened up possibilities for actors who have seen the potential – along with the limitations – of

<sup>120</sup> Workshop participant, Jordan [15/05/2023]; Workshop participant, Syria [15/05/2023]; KII33 [Social Worker and Case Management Coordinator, government, Lebanon].

<sup>121</sup> UNICEF, “Capacity building for CP partners”, 2020.

<sup>122</sup> KII54, UN.

<sup>123</sup> Caseworker KII3 [Baghdad, Iraq]; KII19, donor.

<sup>124</sup> KII19, donor; KII17, NGO/CSO.

<sup>125</sup> KII17, CSO.

<sup>126</sup> KII19, donor.

<sup>127</sup> KII18, UN.

<sup>128</sup> Caseworker KII1 [Amman, Jordan]; KII31, NGO/CSO; KII17, NGO/CSO; Caseworker KII2 [Za’atari refugee camp, Jordan].

<sup>129</sup> KII31, NGO/CSO.

<sup>130</sup> KII41, government.

<sup>131</sup> FGD6 [Male parents/caregivers, Baharka IDP camp, Iraq].

remote case management, which could serve as a stopgap to address coverage issues and offer lower-cost means to provide case management support.<sup>132</sup>

## 4.3 Effectiveness

### Rating: In progress

UNICEF supports a range of preparedness and response initiatives which contribute to strengthened systems in the MENA region. UNICEF strategies do not currently have separate case management-specific results from child protection, which limits UNICEF's effectiveness overall. Although UNICEF country offices report mostly positive progress against child protection results these results do not yet measure the quality of the system. Building on this, monitoring and evaluation systems do not presently fully consider the perspective of children and their families and need to comprehensively measure the quality of services. Limited coordination, insufficient referral processes and certain cultural and societal norms can challenge effectiveness. The pilots led by UNICEF stand out as positive examples of UNICEF-driven change and opportunities for change, in particular when associated with costing exercises laying out a stronger foundation for planning.

### 4.3.1 Achievement of planned results

UNICEF country programmes in the MENA region have articulated their Child Protection strategies in internal *Programme Strategy Note documents*, which coordinate with other strategies at a country level as part of the larger Theory of Change embedded in the Country Programme Documents (CPDs).

However, **these strategies, and other country documents, do not propose case management-specific results separate from child protection in their planning.** Thus, while case management is clearly situated as a component of child protection, no granular targets for case management were shared as part of this evaluation, and data shared by UNICEF COs focused on child protection values rather than case management indicators. These included, for example, the number of children who access case management, and country office self-rating on the maturity of the child protection system. As such, a strict assessment of planned results will not be as pointed as for certain UNICEF projects. Although exact planned results in relation to case management were not clearly articulated across the region, at a high-level, assessing UNICEF's delivery against the goals laid out in the child protection strategies suggests that UNICEF has generally effectively delivered child protection results for children in line with their country programmes.

*"Again, case management definitely becomes a system that national governmental partners currently use in order to reach children, identify their needs, and provide services. However, it is not a national system yet, so it doesn't have a national target or nationally set milestones. The national milestones are related to child protection, and it is general and not specific to case management. So, we cannot talk about the results of national systems. However, if we talk about UNICEF's programming in reaching the milestones and targets that were planned, this has happened, and we had some lessons learned that we currently work on to include in future programming."*<sup>133</sup>

Data on the [UNICEF Transparency Portal](#) can be used to assess some of these case management relevant outputs and results under child protection. **2022 results show broadly positive results, excepting Syria** (aligned with qualitative data highlighting particular challenges to case management in Syria). All others either completely met these targets or, in Jordan and Morocco's case, all but one (for Jordan, Legislative and administrative frameworks, accountability; for Morocco, Child Rights Monitoring – output partially met).

UNICEF internal CSI reporting data provided 2022 values for case management including actual case management figures against planned numbers (caseload) for children in humanitarian contexts; *this data was available for all countries except Morocco*. The results show large discrepancies between contexts, and significantly, a strong difference between more and less developed contexts in terms of planned results in humanitarian contexts. In Iraq (20,196 [actual] of 15,680 planned) and Jordan (8,036 [actual] of 8000 planned), case management targets were reached and exceeded; Lebanon nearly reached the target (5,022 [actual] of 6,600 planned). In the other countries, case management targets were far from met, especially in Libya, where 1,503 of 35,812 targeted children received case management services [Egypt had 4,099 [actual] of 15,000 planned, Syria had 7,741 [actual] of 18,300 planned).

<sup>132</sup> IOD Parc, "Multi-country formative and summative evaluation of elimination of violence against children in Egypt, Jordan and Lebanon", 2021.

<sup>133</sup> KII14, UN.

When it comes to case management specifically, to date the measure of achievement and results thus has focused on the development of appropriate legal frameworks, cases handled and people trained; the lack of a common understanding of what case management should look like translates into a lack of quality-focused monitoring, meaning that COs cannot track progress against core case management principles. In short, while, as detailed in the Transparency Portal, **UNICEF country offices in the region report mostly positive progress against results; these results are insufficient measures of actual achievement, a significant gap for systems strengthening.**

*“Reporting indicators changed throughout the years, but across partners and years, the main indicator for the provision of case management was the number of children receiving case management, and for the capacity building component, the number of trainings/workshops delivered and the number of attendees. It is noteworthy that only a minority of partnership agreements included indicators on the quality of case management, for instance measured through satisfaction surveys to be completed by beneficiaries.”<sup>134</sup>*

**Preparedness.** UNICEF’s work on developing frameworks and guidelines represents a significant area of progress in the region. Key to an effective case management system is the development and implementation of national legislative frameworks and operational guides/SOPs for case management, highlighted by the *Child Protection Systems Strengthening* Framework as necessary to ensure the availability of child protection case management and referral systems.<sup>135</sup> UNICEF, in all countries, has supported the governments to produce these documents.<sup>136</sup> To do so, UNICEF provided technical support to their development. Across countries stakeholders expressed the importance of this work to strengthen the case management systems. This approach is in line with the CPMS case management standards, which lay out the adoption of contextually adapted globally endorsed case management processes and tools as a critical first phase to preparedness.<sup>137</sup>

*“They [UNICEF] have enhanced a lot, from systems, to laws to policies regarding children and families, to National frameworks to automation systems, all of these fall under enhancing protection systems.”<sup>138</sup>*

**Response.** In practice, the actual implementation of the frameworks and guidelines differs across contexts. While a general challenge, less developed case management contexts have found more limited success in translating plans and guidelines to action. Institutionalisation has been a challenge, especially in Syria, Libya, and Egypt, where governments have been slower to take on responsibility for case management. Various reasons contribute to this, among which:

- A fragmented case management system with actors hesitant to comply with the new guidelines;
- A significant (and commonly reported) lack of coordination among key actors;
- Government counterparts unable or unwilling to enforce accountability mechanisms in the system;
- Partner lack of capacity; and,
- Differing priorities between humanitarian and development contexts – even within the same country.

For instance, UNICEF has been conducting long-term work with the government of Syria to build capacity of public service providers through a TOT programme, develop draft SOPs, scale up the case management pilot, and integrate social work within university curricula, but the SOPs remain in draft form three years after being presented to the government. In Libya and Egypt, costed plans for the scale up and institutionalisation of case management were developed by UNICEF, yet the long-term plans for handover have not been articulated nor agreed upon by the governments. While UNICEF cannot force governments to make such significant decisions, clearer implementation strategies could be developed to ensure that these actions do not stagnate.

*“But in terms of case management, I don't see any progress in relation to what UNICEF is doing [...] The involvement is there. The awareness is there, but the problem is the obstacles, the blockage, especially at government level. The Ministry that is normally responsible for implementing case management is not ready, is not ready to implement case management...I think it's the lack of expertise. I think it's the lack of vision, and the lack of knowledge of how things work.”<sup>139</sup>*

<sup>134</sup> Economic Policy Research Institute, “Comprehensive evaluation of the UNICEF-supported specialized child protection case management response in Jordan 2013-2017”, 2018, p. 39-40.

<sup>135</sup> CPSS framework, UNICEF, p. 36

<sup>136</sup> Their exact content varies by country, c.f. Chapter 3.

<sup>137</sup> CPMS, “Pillar 3: Standards to develop adequate strategies”, n.d.

<sup>138</sup> KII26, NGO/CSO.

<sup>139</sup> KII47, CSO.

Even in Jordan, which is considered by some respondents as the most advanced and matured case management system in the region, a government spokesperson acknowledges, *“There are no clear roles, tasks, or accountability for the relevant parties. There is no monitoring or organisational knowledge about the progress of child labour cases. We do not know who worked on a specific file or who provided service to a particular case. The primary obstacle is the lack of implementation of the approach.”*<sup>140</sup>

**Monitoring.** The lack of distinct case management targets and indicators, such as those proposed by the *Minimum Standards for Child Protection in Humanitarian Action*, limits COs’ ability to assess the functionality of the case management system in a regular and systematic fashion.<sup>141</sup> Reporting on case management is further challenged by the lack of an agreed understanding of what quality case management means across the region, which would guide not just activity choice and modality but also monitoring. This results in limited indicators to give an understanding of programme quality. For example, referral systems may be an objectively verifiable indicator, but their existence does not equate to their use nor their appropriateness.

### 4.3.2 Strengthening of child protection systems

Given the range of challenges that may be faced in a single country (Chapter 3), it is critical to consider both immediate and long-term needs and adopt an approach suitable to different contexts within the same country.<sup>142</sup>

Comparing existing capacity between more and less developed case management systems underlines that while in both systems there are issues with staff turnover, limited coordination and high caseloads, organisational capacity is higher in the former, with case workers having a better understanding of processes and frameworks. Assessing UNICEF’s progress in both types of contexts underlines both achievements – and missed or future opportunities – with regards strengthening the overall child protection system.

*“We have established a strong collaboration with UNICEF, which began with the blueprint last year and has now evolved into a framework agreement. Our focus has been on child protection case management for refugee and asylum-seeking children. UNICEF has played a crucial role in utilising their resources, including human resources and time, to support and reach more children. They have been actively engaged in capacity building efforts, particularly in collaboration with the Ministry of Social Affairs, and have made significant progress in implementing case management SOPs, including the use of the CHIP interest assessment tool developed by UNHCR. While we acknowledge that there is still a long way to go, UNICEF’s efforts to strengthen the case management system and enhance child protection are commendable.”*<sup>143</sup>

#### Prevention and preparedness initiatives

**Community based actions.** UNICEF has deployed community-based actions to strengthen prevention of harm to children, ranging from awareness campaigns including Social and Behavioural Change Communications (SBCC) to work with role models within communities. For example, in Syria, the Girls Shine project, in collaboration with UNFPA, helps girls and community members to understand the risks of child marriage. In Jordan, UNICEF supported NGOs during the pandemic to raise awareness on case management through social media and carried out a large number of better parenting programmes. In Lebanon, UNICEF supported community-based PSS for 24,000 Palestinian out-of-school and vulnerable children and as well rolled out their Qudwa Strategy (the creation of role models in communities to address issues and change social behaviour around child labour, child marriage, and violence against children). Although prevention actions remain, according to many respondents, a gap in child protection programming, these initiatives provide potential examples from which to learn.

**Capacity building.** In all target countries, UNICEF’s efforts to build capacity of the social service workforce, and of key actors in the case management system spanning government, CSO/NGO, and international organisations, were significant. These led to both an increase in cases able to be managed across all countries, and an increase in the availability of specialised services, for example, on child marriage, GBV, and PSS. Further information is required on the quality of the capacity building efforts and their alignment to priority needs.

#### Response initiatives

<sup>140</sup> KII23, government.

<sup>141</sup> CPMS, “Pillar 3: Standards to develop adequate strategies”, n.d.

<sup>142</sup> Global Protection Cluster, “Inter Agency Guidelines for Case Management and Child Protection”, 2014.

<sup>143</sup> KII42, UN.

**Actor coordination.** In line with its mandate, UNICEF has taken a key coordinator role in working groups/clusters in Iraq and Syria and supported the implementation of legal barriers to harm in Morocco through advocacy and support leading to a doubling in the refusal rate for child marriage applications.<sup>144</sup> In Libya, UNICEF supported increasing local participation and understanding of case management principles through translation of all SOPs from English to Arabic.

**Referral strengthening.** Though progress remains to be made, UNICEF has been instrumental in improving referrals across contexts, for example, in connecting Foundation Orient Occident psychologists with local civil society organisations in Morocco, and in Lebanon, where UNICEF leads the working group including stakeholders from all governorates and providing them with common tools to facilitate referrals among them. In Libya, a stakeholder described UNICEF's importance in bringing together stakeholders for referrals, explaining "UNICEF collaborated with UNHCR to establish a unified approach to case management, ensuring consistency across all parties involved."<sup>145</sup> Doing so in a means that strengthens the overall system can be challenging as organisations are incentivised by funding structures to take on full cases rather than simply provide services under a referral, to increase numbers of beneficiaries reached that they can highlight.<sup>146</sup> However, strengthened referral systems help countries make progress towards the CPSS Benchmark 3 – "A continuum of services (spanning prevention and response)", as they move from System Building to System Maturity.<sup>147</sup>

**Piloting case management to address country-specific challenges.** UNICEF supported several pilots and initiatives which successfully tested approaches to addressing identifying challenges at the national level – but now require further scaling up and potential replication to ensure national coverage.

- In Egypt and Syria, smaller-scale case management pilots, which were generally viewed as highly effective actions by stakeholders, took place and UNICEF developed costed scale-up plans, in the hopes that governments could scale up unified and functioning case management, although these have not been adopted to date.
- In Iraq, mapping and clarifying the referral pathways, sharing an extremely clear mapping of providers and their role in the system with all actors, and trialling the CPIMS+ system.
- In Lebanon, UNICEF supported the development of a series of alternative care guidelines, on Family Preservation, Alternative Care, and Family Reunification.<sup>148</sup>
- In Libya, interventions relating to the protection of people with disabilities and child friendly spaces were piloted in 2021.<sup>149</sup> The UNICEF-supported Baity centres are similar to pilot projects as well, with the hopes that the Ministry of Social Welfare will scale up.
- In Morocco, MOSA is implementing the PPIPEM and setting up the decentralised pilots of the case management system.<sup>150</sup> Morocco demonstrates high government willingness to expand the case management system.
- In Jordan, the automation of case management through UNICEF's Case Management Automation System is in its pilot phase, prior to nationwide rollout. A UNICEF-supported tracking system is in pilot phase for case management stakeholders, overseen by the National Council for Family Affairs.

Where UNICEF offices have carried out costing exercises, valuable data has been produced on how case management systems could better function. The costing plans for the pilots in Egypt and Syria were extremely detailed and involved a demographic breakdown of child vulnerabilities in each area of the country, a mapping of the case management system actors, and costing by region, including options to address a varying number of vulnerabilities. These exercises are not only important for the government to consider, but for UNICEF and the wider case management system to be a part of: stakeholders expressed that the value of this was instrumental in having a deeper understanding of the system and how referrals can best be made, as well as in understanding the roles and responsibilities of all actors in the system.

*"For example, there was a costing exercise for the child protection system in Egypt and the case management system in Egypt that involved institutional mapping. To be able to do the costing, you have to identify the steps to be able to cost every step. To be able to do this, we started with*

<sup>144</sup> KII49, UN.

<sup>145</sup> KII36, government.

<sup>146</sup> ibid

<sup>147</sup> CPSS framework, UNICEF

<sup>148</sup> UNICEF Lebanon, "Lebanon alternative care pilot", 2022.

<sup>149</sup> KII8, NGO/CSO.

<sup>150</sup> KII47, CSO.

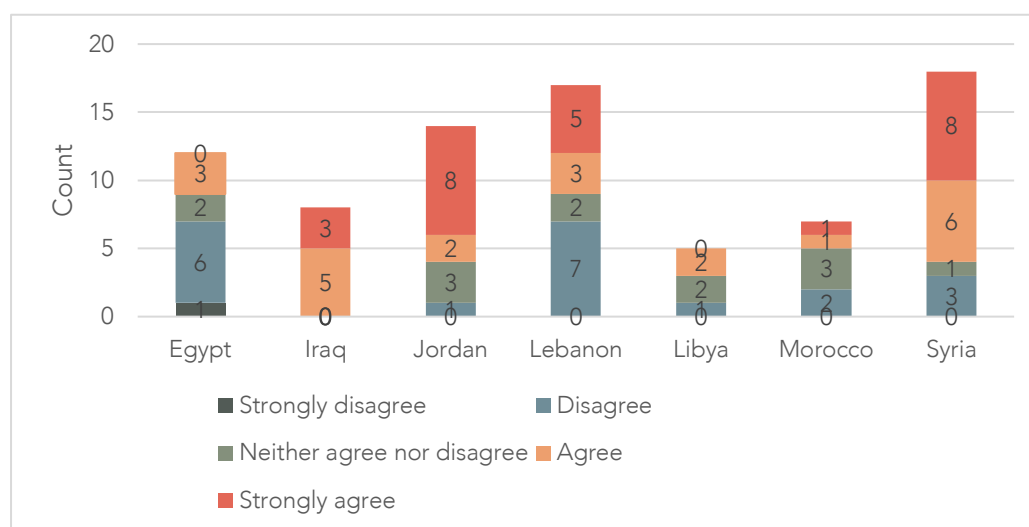
*institutional mapping, saying, 'okay, if the Ministry of Social Solidarity is responsible, then this step will cost this, and this step will cost that'. And we gave two or three scenarios, and we did the costing for those scenarios. It's a very useful document to see how things can develop in a couple of different ways.*"<sup>151</sup>

However, as reported by high-level stakeholders, these pilots have yet to result in government scale-up and adoption to date.<sup>152</sup>

**Information management systems (IMS).** These are beginning to be rolled out across the region: some form of IMS is being used in all countries, with 49 of 70 surveyed respondents noting the use of an IMS and being trained on it. UNICEF's CPIMS+ (part of its Primero) system, is being used to varying degrees in Iraq, Jordan, Lebanon, and Syria. In Libya and Morocco, UNICEF has notified NGOs about its future rollout, but the training and implementation has not happened yet (though a government system is now being developed in Morocco after the government refused to use Primero<sup>153</sup>). In Egypt, Primero was demoed but eventually pushed aside for other temporary solutions until a government-run service is rolled out.

In the countries where CPIMS+ is being used, respondents attest to its ability to improve coordination, facilitate referrals, analyse data by location and vulnerability, and store data anonymously. Key to the system's effectiveness is for all case management actors to use the same, linked system. Where actors are not using the system universally, the system's effectiveness decreases significantly. From the OCAT e-survey, about 40% of all organisations across contexts do not use a network-based IMS (see Figure 1).

Figure 1 – Survey responses to "Your organisation uses a network-based case management information system, such as CPIMS, Primero, or other, and all case managers have been trained on its use and actively use it for all cases" by country.



UNICEF has not been as effective as it could have been in the timely unification and rollout of IMS across the region. Within all countries which have adopted an IMS, there are a large number of actors, primarily outside of pilot regions or in rural areas, where the IMS is not being used. This leads to poor coordination between actors and fractured information management in the country. Delayed implementation could lead to missed opportunities for case management actions, and as well lead to a fractured system.

*"In Egypt, compared to other MENA region countries, still we are not automated, and we depend mainly on paper. Also, there are no online referral pathways that can be used to refer cases. Sometimes emails are used but still, there is no platform that unifies all entities in the same place."*<sup>154</sup>

**Monitoring.** UNICEF's partners perceive themselves to be working effectively on case management: 59 of 82 surveyed implementing partners working on case management report that their organisation provides high levels of services, while 70 of 82 surveyed report that their organisation has excellent indicators and mechanisms to track, monitor, and evaluate its activities and impact. This is in line with the qualitative data from beneficiaries and case management stakeholders which share a similar level of agreement on their effectiveness. However, the

<sup>151</sup> KII5, UN.

<sup>152</sup> KII1, donor; KII3, NGO/CSO; KII6, UN.

<sup>153</sup> Email correspondence, UNICEF, 3/8/23.

<sup>154</sup> Workshop participant, Egypt [15/05/2023].

data brought up to support this echo the monitoring limitations of UNICEF’s own planned results: high case closure rates were commonly brought up as proof of effective work on case management, with a number of actors noting how high successful case closure rates are indicative of a relatively strong (or well developing) system, but such quantitative measures on case management fail to consider the quality of the services.

*Box 4 – Accountability to children and their families*

This study applied a participatory approach, ensuring that the voices of children and youth were not only acknowledged but highlighted throughout. Across contexts, parents and children generally provided positive feedback on case management services, particularly in humanitarian contexts. These were described as ‘critically important’ for children who had fled war and conflict, as well as victims of violence and abuse. They further highlighted the benefit of awareness sessions as well as the provision of basic services.

**Children** frequently using certain services praised the friendliness and approachability of case managers. They accessed education and language courses, learned about bullying, and developed life and organisational skills, as well as healthcare services. Crucially, they could receive counselling and psychological or psychosocial support when needed. Almost all children, when treated, found these services extremely beneficial. However, these findings only represent those who could access the services, not including those in need but unable to access them. 13 of 82 surveyed stakeholders in both more and less developed case management contexts felt their organisation was failing to select or reach the most vulnerable, highlighting key system effectiveness gaps. There were instances where children noted the system’s failure to provide services when they were critically needed, causing emotional stress.

Overall, **caregivers** spoke well of the services provided, such as basic needs (like food baskets and rental stipends), healthcare, and awareness sessions. As one father in Iraq said, “They brought everything my son needs, including clothes, food, and study tools. They saw the shortage in our lives, they provided it without us asking, they called us several times to be reassured and to ask what we needed. They never fail us.”<sup>155</sup> However, caregivers also emphasised a general lack of awareness about existing services, underscoring the necessity for ongoing outreach and communication. They suggested a need for more diverse services, identifying gaps for improvement in the following areas: quality education, school bullying and violence, providing safe spaces for children, financial aid for families, improved access to healthcare and counselling.

The lack of follow-up on cases when children and their caregivers access services limits understanding of long-term effects. Additionally, despite 71 of 82 respondents in the e-survey noting that their organisation solicits feedback from the community and implements feedback, there is limited evidence of sought feedback from children or caregivers leading to improved services. Despite stakeholders across the region frequently stressing the need for follow-up and feedback in their monitoring mechanisms, they appear to be consistently implemented.

*“The thing that can be improved is the quality of services, for example, we do not have a tracking or follow-up system in our organisation to ensure the quality of the service provided regardless of the community group. Sometimes it is possible to conduct customer satisfaction surveys, but at the same time it must be ensured that the service was provided to the fullest, the service provider may be a nice person and get good feedback, but at the same time it is not possible to be certain of the quality of the service.”<sup>156</sup>*

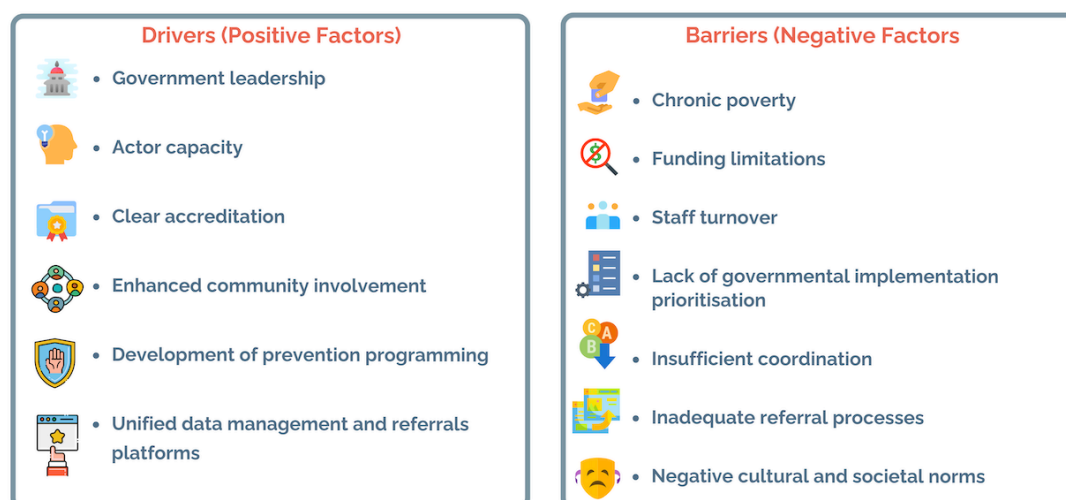
### 4.3.3 Systemic drivers and barriers affecting achievement

The below lays out some of the most common drivers and barriers affecting UNICEF’s work to strengthen child protection case management systems in the region. A summary of these is shown in Figure 2 below.

<sup>155</sup> FGD8 [Male parent/caregiver, Baghdad, Iraq].

<sup>156</sup> KII52, UN.

Figure 2 – Systemic drivers and barriers affecting achievement in case management



## Drivers

**Government leadership.** Most respondents identified government leadership as being the most important driver of a well-functioning case management system. When the normative framework (laws and policy) is not developed or implemented adequately, case management systems are weakened, as in Lebanon and Syria.

**Actor capacity.** Actor capacity at all levels is critical to case management system functionality. Many stakeholders noted government stakeholders as lacking in the technical capacity to drive a successful system. INGO staff reportedly tended to have greater built capacity, while local CSOs or NGOs required further specialised knowledge. Case managers themselves were noted to have varied levels of capacity based on whether they were public servants or NGO staff, with public servants said to lack the capacity to effectively work on cases with more enhanced vulnerabilities. UNICEF’s work to enhance the capacity of the social service workforce and other related actors within the CM system has contributed to building a foundation for stronger systems going forward:

*“The training I’ve been provided in my role has been very good. I cannot count the number of capacity building courses that I was invited to by UNICEF, UNHCR and other organisations[...] We (also) need to build the capacities of mothers, fathers, and teachers - not only case workers - because no matter how good a case worker is at their work, parents who don’t know how to deal with their child will have challenges.”<sup>157</sup>*

**Clear accreditation.** Nearly unanimously, respondents actively working on case management spoke about the need to ensure that case workers, as a part of the social service workforce (and particularly social workers, who are often working without accreditation in the region), be taught at local universities/colleges and provided an internationally-recognised curriculum to ensure consistent and high standards, which ideally lead to a well-established and clear pay scale.

**Enhanced community involvement.** Among the surveyed respondents, more developed systems have a significantly higher proportion of respondents who attest to their organisation actively and systematically involving all cohorts of the community, including in its staffing and representation, and offering training to the community to enhance their meaningful involvement in decision-making. These higher ratings were seen more in the more developed case management contexts (24/29), as opposed to the less developed contexts (38/53).

**Development of prevention programming.** Respondents recognise UNICEF’s work on prevention, namely, positive parenting programmes, social and behaviour change initiatives, etc. as drivers of success. While these programmes were not evaluated within the scope of this evaluation, respondents across all countries, including caregivers themselves, regularly pointed to community activities as strong indicators of success. Raising awareness of VAC, harmful cultural practices, or other protection issues within communities helps to strengthen a community’s resilience.

**Unified data management and referrals platform.** As detailed in the previous section, UNICEF has supported all countries, to some extent, to develop and implement an IMS. Stakeholders regularly testified to the fact that

<sup>157</sup> Caseworker K113 [Baghdad, Iraq].

linking all service providers through a comprehensive platform allows for streamlined referrals, better data management, enhanced coordination and collaboration among agencies, and better follow-up to help improve case quality.



### What do children say? Stories from the field

Amira is a 12-year-old female living in Baharka IDP camp. She was raised by her grandmother and aunt, though now lives with her mother, father, three sisters, and two brothers. Amira loves buying clothes and eating chocolate and other candies. She dreams to one day be a doctor and to buy a house for her and her family. The most important things for Amira are her home, her school, and the centre she receives support from.

She spends most of her free time in a centre where she receives psychosocial support services. She believes the centre benefits her a lot, having helped her over the past three years to grow in confidence, become more social, and to speak to adults who help her with her challenges.

She claims to have been extremely antisocial prior to attending the centre and she believes she's changed a lot, growing in strength and self-confidence. The centre provided her and her family awareness-raising sessions on women's rights and family violence, as well as bullying, and she believes she doesn't get bullied anymore because of the strength she has now as a result of the help she's received at the centre. To her, the centre is the place she feels most safe, and to which she believes is the most important place in her life, even more so than her home.

### Barriers

Case management in the MENA region faces a range of systemic barriers to achievement of results. The protracted crises and persistence of poverty in the region compound these, exacerbating vulnerabilities and limiting the amount of work which can be done by the actors involved.

*"Chronic poverty remains the biggest obstacle to meeting children's needs and protecting and promoting their rights. It must be addressed on all fronts, from the provision of basic social services. I have a lot of cases where the child is 13 and 14 and working here, the child is exposed to all forms of abuse, neglect, exploitation, and violence. If I do not provide him with a suitable environment and a source of livelihood, he cannot leave work and remains in child labour."*<sup>158</sup>

**Considerable funding limitations.** The most significant systemic barrier to the achievement of results is a lack of or low funding. As detailed in the Efficiency section, stakeholders from all sectors have noted funding as being a constraining factor to the strength of the system, and in the country-level workshops, all participants rated their funding situation as low, except for Iraq which rated it neither high nor insufficient. Multiple actors said that funding commonly decrease over time for case management, the perception being that as situations 'stabilise', donor funding reduces, but government funding has not increased accordingly.

**Staff turnover.** The high turnover rate of case workers and other actors working within the case management system, at least partially driven by low pay, is a significant barrier to the effective provision of services.

*"We have a severe shortage of specialists and also of (workers of) good calibre. We need to pay attention to the labour force due to the lack of hiring opportunities and the low salaries."*<sup>159</sup>

**Lack of governmental implementation prioritisation.** UNICEF has worked closely with governments on policy development and reform, and these successes laid the foundation for enhanced protection of children. However, governments across the region fall short on two main areas, which act as barriers to successful implementation of the case management systems: implementation of laws/policies and in cooperating with actors pushing forward progress on case management. The message has been clear across the region, even in the more developed contexts, that governments are typically willing to enact policies which are progressive in protecting children's rights but when it comes to the actual protection, there is a lack of funding, coordination, cross-sectoral collaboration, and leadership.

<sup>158</sup> Caseworker KI13 [Baghdad, Iraq].

<sup>159</sup> KI14, UN.

*“If we talk about legal policies, we must differentiate between the existence of the law and its implementation. Because the law can be available, but are the work mechanisms correct? And, whether they are applied or not?”<sup>160</sup>*

*“In order to properly implement the national framework, you need logistics and human resources for a part of it, but these two things are always lacking in governmental institutions, so this is a barrier in one way or the other, which affects the implementation of the national framework.”<sup>161</sup>*

This directly links with another significant barrier - the **limited coordination** found between governments and other actors within the case management system across all countries. This was explained as due to a number of factors, including apprehension to change, a lack of communication, a lack of leadership, a siloed nature within government ministries, government stakeholders in positions of power dominating decision-making while not making progressive decisions, and more. While UNICEF has worked well to try to develop the capacity of governments on case management, governments often fail to work in a coordinated manner to implement the policies they have developed, in contrast to the multi-sectoral approaches recommended by case management taskforces globally.

**Insufficient referral processes.** Despite UNICEF’s work to improve referrals, referrals remain a ‘pain point’ in the case management system, with challenges in referring cases through to receive other services. These challenges, according to respondents, result from issues including a lack of a unified system, unclear roles and responsibilities within the case management system, an unclear service map, and a lack of authoritative oversight, among other reasons. Referrals very often fail to work in more remote locations, as in Syria, where stakeholders noted that case management exists, but referrals for specialised services would require the person receiving services to be transported to Damascus, a cost not covered by case management, meaning that no services end up being accessed typically.

**Prevailing negative cultural and societal norms** remain material risks to children in the MENA region. UNICEF has been working in each country to try to shift societal norms in its prevention work. Increasing violence among families and within communities, which was exacerbated during the pandemic, contributes significantly to the risks children face, worsened when multisectoral approaches are not taken and household and community vulnerabilities therefore not addressed.

#### 4.3.4 Unintended Effects

The case management system initiatives have led to both positive and negative unintended effects.

**Positive effects.** Despite COVID-19 preventing many from accessing services, across many contexts it prompted a sector-wide effort which enhanced collaboration among actors to deal with the growing needs (see Section 4.1.3).

Case management also opens up opportunities for caseworkers to deepen the understanding of a child’s situation. In Iraq, PSS was provided to address a child labour situation. Through the sessions, the social worker discovered that the child lacked identification papers, and so through multi-agency cooperation, a committee from UNICEF, UNHCR, and IOM, in partnership with the Iraqi government, worked to solve the problem. This demonstrates how initial case management can evolve into complex cases which spark collaboration.

**Negative effects.** Multiple respondents reported that case management services for children involved in child labour – and with other needs – can be harmful to the child if services are discontinued or funding cannot be provided to compensate them for their withdrawal from work and prompt a return to child labour and a distrust of case management organisations.

*“When there is support from all aspects, the case succeeds, but when supporting a single aspect here [i.e., addressing vulnerabilities but not providing income] we face difficulties. Like, for example, the case of a child who was involved in labour - we were able to support him in school and studying, but we could not support him financially, and he returned to child labour.”<sup>162</sup>*

Mandatory reporting also carries with it potential unintended effect. In one example (see Box 5 below) an entire family dependent on the father’s income found itself destitute when his abuse was reported, but no plan was put

<sup>160</sup> Workshop participant, Iraq, 15/05/2023.

<sup>161</sup> KII26, CSO.

<sup>162</sup> KII18, UN.

in place to ensure the family's continued well-being without his income. In removing one source of trauma, an entire family found itself on the streets and distrusting the case management system.

Finally, case managers often are exposed to a wide range of traumas, along with a very high caseload. With this, there is tremendous pressure on the case managers, potentially leading to negative psychological effects. This is said to be a contributing factor to the high rates of turnover experienced in the profession.

*Box 5 – Case Study, Jordan: unintended effects of mandatory reporting<sup>163</sup>*

As part of this evaluation the evaluation team spoke with a social worker in Jordan, who recounted the unintended effects that child protection case management can have if an 'ecosystem' approach considering the household and community is not taken:

In one case, following an awareness-raising session conducted by the organisation, a child disclosed sexual harassment perpetrated by a close relative. The severity of the situation necessitated immediate action, as the perpetrator was a first-degree family member. Despite the absence of parental consent, the organisation adhered to mandatory reporting regulations, prioritising the safety and well-being of the minor. Upon reporting the case to the FPD, the mother was informed about the incident and reacted unexpectedly. Rather than directing blame towards the perpetrator, her husband, she shifted responsibility onto the child, accusing her of destroying their family dynamics. This response demonstrated a failure to address the gravity of the situation and protect the victim.

*"Once she (the mother) found out, she got very upset and angry, and everything turned upside down. (...) She started blaming the child, saying things like "How could you do this? You've ruined our family." She said this because the father was the breadwinner, and without him, they wouldn't get any income."*

Gradually, through ongoing awareness sessions, the mother began to acknowledge the reality and expressed a willingness to cooperate with the organisation's guidance. Taking immediate action, the organisation ensured that the perpetrator, the child's father, was promptly arrested. However, during a final conversation, the mother abruptly requested no further contact and promptly terminated the call, effectively closing off communication channels.

*"The mother didn't accept us afterward because she believed we were the reason behind all of this. It was a very difficult case."*

## 4.4 Sustainability

### Rating: Requires improvement

The sustainability of interventions to strengthen case management systems is limited, although more developed case management systems have increased sustainability, supported by staff capacity building, unified SOPs, and more coordinated systems; less-developed systems lack both the internal capacity and the structures to implement programmes without external support. The transition to national ownership remains a significant obstacle to overcome, and significant system strengthening is required for this to happen.

Previous assessments of UNICEF's broader Child Protection Systems Strengthening (CPSS) work have highlighted that "the most successful strategies employed by UNICEF to strengthen child protection systems were those usually associated with sustainability, namely: advocacy/building political commitment, research and evidence-generation, leveraging resources and capacity building."<sup>164</sup>

Case management specific recommendations call for "harmonising and integrating the activities of humanitarian actors with those of long-term, in-country social service workforce<sup>165</sup> and encouraging "a sense of ownership."<sup>166</sup>

UNICEF's support to case management systems strengthening in the region has, for the most part, taken these into account, but not all have been able to fully translate into actions, and fundamental challenges to sustainability persist.

<sup>163</sup> Caseworker KI11 [Amman, Jordan].

<sup>164</sup> UNICEF, "Child Protection Systems Strengthening", 2021, p. 45.

<sup>165</sup> CPMS, "Pillar 3, Standards to develop adequate strategies", Standard 8, n.d.

<sup>166</sup> Child Protection Working Group, "Inter agency guidelines for case management and child protection", 2014, p.27.

#### 4.4.1 Limited capacity to sustain programmes without external support

While there is evidence of some success resulting from UNICEF-supported capacity building initiatives designed to strengthen the government's role and the capacity of local organisations, in general, participants described multiple challenges preventing the development of sustainable case management systems, across the region. UNICEF trainings in child protection case management were assessed positively and considered key avenues to improve sustainability at the national level.<sup>167</sup> However, a range of critical challenges were identified to ensuring programme sustainability:

- **Insufficient funding.** Limited funding results in shortened project cycles, and this limited time limits sustainability. Furthermore, strong reliance on international funding threatens the survival of the local organisations and shifts their priorities according to funding opportunities, which hinders the design of programming and interventions for sustainability.<sup>168</sup>
- **Low technical capacity.** This is especially a challenge among government staff that tend to receive less training than international and local NGOs. Government staff are also subject to high staff turnover and job rotation which affects the sustainability of capacity-building activities.<sup>169</sup>
- **Lack of guidance on the transition from an emergency approach to a development approach.** Respondents from Iraq and Libya expressed the need for further support in capacity-building to adapt case management to new approach and context.<sup>170</sup>
- **Limited planning for UNICEF and other actor departure.** A previous evaluation in Lebanon highlighted that "the capacity-building is not based on a clear long-term strategy and does not prepare for complete independence".<sup>171</sup> In Iraq, a previous evaluation also noted the lack of an exit strategy which was compensated by an increasing focus on capacity building at the national and community level.<sup>172</sup>

Capacity to sustain programmes is slightly higher in more developed case management systems, with regular training, more unified SOPs, and work to digitise and unify information management systems, but they have not reached the point of sustainability. Hindering this are project cycles that are too short, limited monitoring and evaluation and follow-up opportunities.

*"Unfortunately, there is no culture of sustainability or factors that support relying on internal support. Of course, we need the support of UNICEF and other supporting organisations to continue our work and reach more cases. In addition to the required financial support, we need support in capacity building for workers."*<sup>173</sup>

In Jordan, technical and financial support is still required to move forward, and although digital systems, including CPIMS+ Primero are being used, these advances are not government-led. One caseworker explained in Jordan that the government is reluctant to adopt these new systems and prefers paper-based work over electronic systems.<sup>174</sup> In Iraq, the use of CPIMS+ has been centralised recently after the UNICEF pilot and shows some promising development in case management as highlighted by a respondent: *"the successful thing is the confidentiality and the absence of papers and documents. It facilitates the work of case managers and reminds them of some things because the program gives notifications. At the end of 2022, there were accounts by the organisations in Iraq at the time that the programme was slow, but now it has improved a lot. The programme is now in continuous development."*<sup>175</sup>

Most less-developed case management systems lack both the internal capacity and the structures to implement programmes without external support. While this is an expected challenge in humanitarian contexts like Libya and Syria, in other contexts, economic and political crises were cited as barriers preventing sustainability.

<sup>167</sup> Economic Policy Research Institute, "Comprehensive evaluation of the UNICEF-supported specialised child protection case management response in Jordan 2013-2017", 2018, p. 70.

<sup>168</sup> Ibid. p. 26.

<sup>169</sup> Ibid. p. 83.

<sup>170</sup> KII3, NGO/CSO.

<sup>171</sup> Economic Policy Research Institute, "Evaluation of the UNICEF Child Protection Programme for Vulnerable Children and Women in Lebanon (2013-2016)", 2017, p53.

<sup>172</sup> Ibid.

<sup>173</sup> Caseworker KII1 [Amman, Jordan].

<sup>174</sup> Caseworker KII2 [Za'atari refugee camp, Jordan].

<sup>175</sup> KII21, government.

#### Box 6 – Long-term benefits of current interventions

While full sustainability of interventions without external support has not been achieved, long-term benefits of existing programming can be identified, in particular in more developed case management systems. There, respondents evidenced the benefits of unified SOPs, work to develop stronger monitoring systems and clear coordination structures. Even these, however, also highlight opportunities for improvement: further follow-up on trainings in particular around quality to ensure long-term impacts, support to the implementation of the SOPs developed, and transition plans for coordination structures specifically to ensure their perpetuation.

The challenges to sustainability previously highlighted limit the further long-term impact of existing interventions. For example, in Libya, programmes ‘start and stop’ because of cuts in funding or short-term project cycles. In those conditions, the positive impacts of case management are reduced as case management is a long-term process which requires a progressive build of trust and progress until the case closure. The contextual environment in which children find themselves also has an impact on the sustainability of case management services. For example, the benefits of case management activities were less sustainable in cases of child labour, when the precarious economic situation of families was not considered. In those cases, a cross-sectoral approach involving the rest of the family unit was likelier to cause lasting impacts.

#### 4.4.2 Transition to national ownership: a major challenge

With the support of UNICEF, some steps towards national ownership have been taken on policy and legal frameworks, system strengthening and increased government leadership, with more promising results in countries with the more developed case management systems. In general, Morocco demonstrated the strongest child-friendly legislative framework as well as promising reforms, such as the recent government adoption of a law on social work that establishes licensing and accreditation, which in turn enables a strengthened coordination between the justice and social welfare sectors.<sup>176</sup> Furthermore, institutional arrangements for service delivery have an impact on national ownership, which places Egypt in a good position since its child protection case management is already fully embedded within its government institutions.<sup>177</sup> In Jordan, UNICEF worked with the Ministry of Social Development (MoSD) and the National Council for Family Affairs (NCFA) on the development of child rights law.<sup>178</sup> In addition, the government benefited from UNICEF’s cross-sectoral system strengthening that supported the Ministry of Education, Ministry of Justice, Ministry of Culture and the NCFA.<sup>179</sup> UNICEF also contributed to SOPs for case management in Lebanon, Morocco, Jordan and Syria.<sup>180</sup>

Nonetheless, the transition to national ownership remains one of the greatest challenges facing the strengthening of case management systems. Gaps were noted with regards to potential transitions across contexts. In Egypt, for example, participants noted the need to link cases to government services and the development of consistent monitoring and evaluation.<sup>181</sup> Finally the wide variety in monitoring systems used throughout the country act as a barrier to efficient collaborations. In more developed case management systems, governments in Jordan and Iraq are equally described as “not ready to take control” and supervise case management for not yet having the capacity, resources and authorities to do so.<sup>182</sup> For example, in Jordan, the government umbrella body that coordinates the entities working on child protection, the NCFA, “acknowledged it does not have any authority over ministries or other public institutions to enforce implementation’ of child protection activities.”<sup>183</sup>

*“During the humanitarian crisis, many of the challenges that arose were due to the absence of national institutions to take responsibility and care for children. These gaps have not yet been addressed. While we are transitioning towards a more developed infrastructure, vulnerabilities persist because the developmental structure hasn’t reached the point where necessary safeguards are in place and institutions are strengthened. Thus, the transition hasn’t resulted in a reduction of vulnerabilities yet.”*

<sup>176</sup> Ibid. p. 5.

<sup>177</sup> UNICEF, “MENA: Regional Office Annual Report”, 2021, p. 69.

<sup>178</sup> UNICEF, “Jordan: Country Office Annual report 2021”, 2021, p. 7.

<sup>179</sup> Ibid.

<sup>180</sup> UNICEF, “Morocco: Country Office Annual Report”, 2021.

<sup>181</sup> UNICEF, “Egypt: National Child Protection Information Management System”, n.d.

<sup>182</sup> Caseworker KI14 [Erbil, Iraq]; KI126, NGO/CSO; Workshop participant, Morocco [12/05/2023].

<sup>183</sup> UNICEF: “Regional Office Annual Report”, 2021, p. 68.

However, as we shift our focus more towards institution building, I believe it will yield more lasting results, especially in a post-crisis context.<sup>184</sup>

In considering sustainability, the primary points raised generally pointed towards governments' capacities or lack thereof. Expectations around transitions to national ownership must be guided and managed; such transitions cannot happen from one day to the next. The establishment of phased transition plans to which all relevant stakeholders could adhere could help to clarify and organise such transitions. No evidence of such plans was found during the evaluation process. To strengthen the sustainability of these transitions additional work could be done with other actors – community leaders and local government, for example – to create a stronger enabling environment for case management systems.

## 4.5 Coordination

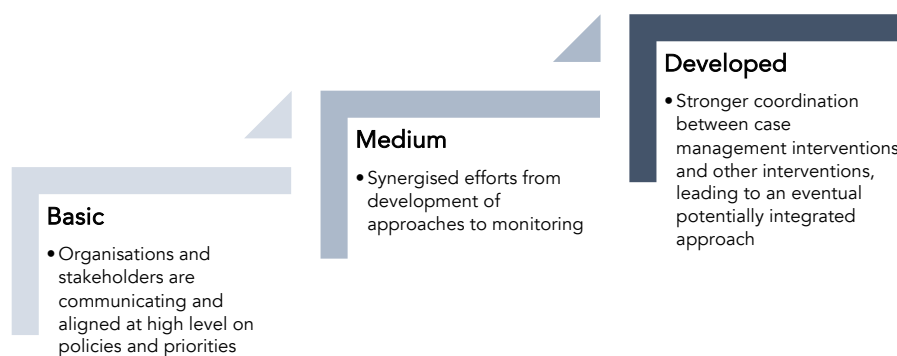
### Rating: Requires improvement

Coordination on case management is currently at a basic level, with inadequate information sharing, integrated services, and referral processes, leading a limited understanding of coordination beyond unified frameworks, definitions, information management systems and referrals among many actors in the systems; more integrated and multi-sectoral approaches are required. Coordination efforts also suffer from a lack of clear transition plans as country contexts change.

The *Minimum Standards for Child Protection in Humanitarian Action* explains that sectoral programming which does not account for child protection risks can lead to "inefficient use of resources; Additional harm or increased risks; and, Reduced results for children", whereas protection mainstreaming "uses child protection considerations to inform all aspects of humanitarian action helps to maximise the protective impact of all humanitarian assistance without contributing to or perpetuating risks to children."<sup>185</sup> Taking coordination and collaboration to the next level, an integrated or joint approach "involves deliberately designing and implementing programmes with child protection and one or more other sectors."<sup>186</sup>

When it comes to child protection case management systems, specifically, past studies have found that "meeting children's rights cannot be fully accomplished by working in one sector alone [...] at the case level, this type of service approach – known as the integrated case management (ICM) model – is increasingly recognised as a best practice."<sup>187</sup> Coordination between actors can thus be understood at a range of levels, as explained in Figure 3 below:

Figure 3 – Actor coordination



Within the MENA region, most countries are focusing on the 'initial' levels of coordination, bringing child protection and child protection case management stakeholders together for the development and agreement on frameworks and coordination of planned initiatives. **Broader discussions on information sharing and collaborations on referral processes are contributing to stronger outcomes but fully integrated, multi-sectoral programming approaches are not evidenced.**

### 4.5.1. Case management stakeholder coordination in the MENA region

<sup>184</sup> KII35, UN.

<sup>185</sup> CPMS, "Pillar 4: Standards to work across sectors", n.d.

<sup>186</sup> Ibid.

<sup>187</sup> UNICEF, "Integrating Case Management for Vulnerable Children", 2017, p. 1.

UNICEF's lead on coordination has been critical on frameworks and supporting existing coordination mechanisms. It has made efforts to establish aligned frameworks that governments and stakeholders can theoretically follow. These frameworks aim to provide guidance and standards for coordinated actions in various contexts (see Section 4.1.1). The actual implementation and adherence to these frameworks varies, depending on the willingness and commitment of governments and stakeholders involved. While global level guidance is focusing on the development of integrated approaches to case management, UNICEF is providing critical support at a much more basic level, developing more basic SOPs for case management implementation.

**Coordination focuses on joint meetings held between child protection actors and some case management subgroups, as well as referral mechanisms.** UNICEF was credited with playing an important role in convening key actors on child protection case management, in particular through the cluster system. In Iraq, for example, UNICEF's support through the case management working group contributed integrally to the humanitarian emergency response:

*"UNICEF support was mainly through the case management working group and child protection sub-cluster because UNICEF was part and also contributed to the humanitarian emergency and they were working very well."*<sup>188</sup>

Similarly, in Syria, strong coordination efforts were underlined by one key informant as UNICEF acting as a critical facilitator of case management discussions, bringing together actors for discussions, working groups, and more, and also to facilitate implementation by seeking to coordinate ministerial decisions in Damascus with planned work in other governorates. These coordination mechanisms are also critical as they allow NGOs and the government to work together to seek to address gaps in coverage by any one entity.

*"We go back to the main point that you mentioned, holding a single dialogue table that brings together all parties, at least between government agencies and non-governmental agencies. Governmental agencies have weaker access than non-governmental agencies due to the lack of services, mobile teams and other foundations that support this program (case management programme). Associations are supported by the UN and thus are able to reach more."*<sup>189</sup>

**The strengths of the cluster system come with one key weakness – the lack of clear transition when transferring responsibility away from it as countries shift from a humanitarian response modality.** While communication amongst different child protection actors is crucial, there is a risk of limiting such effort in having solely forums of discussion rather than a synergy of actions and actors across different sectors. The latter would encompass a systematic and holistic intervention, with clear roles and responsibilities integrated in a case management system encompassing different sectoral actors, to intervene in a more efficient, cost-effective, and more coordinated approach when addressing the needs of children. As the example of Syria showcases, agencies often collaborate during training sessions, but there seems to be a lack of concerted efforts when it comes to interventions that bring together the collective expertise of agencies in addressing specific issues.

Coordination meetings have allowed for improvement on referrals. This was highlighted in Egypt, along with the centralisation and electrification of the referrals system. With case management working across departments, each child should now have a single file within the system, avoiding duplication of efforts as well as children falling through the cracks.

*"Recently, there is great cooperation among the different entities that are concerned with child protection. Previously, when we (NCCM) were working with MoSS, we were sending written letters, and they may respond or not. Currently, there is a focal point in the ministry and in the future, there will be a system to refer the cases and follow up on them"*<sup>190</sup>

**Generally, there is a limited understanding of coordination beyond unified frameworks, definitions, information management systems and referrals.** Even though there may be some level of cooperation in training initiatives or through working groups and task forces, there is a lack of a more cohesive and integrated approach in case management to ensure that agencies work together effectively and maximise their impact.

#### 4.5.2. Capitalising on case management coordination mechanisms

<sup>188</sup> KII19, donor.

<sup>189</sup> *ibid.*

<sup>190</sup> KII15, government.

Despite the positive feedback, respondents in less-developed case management systems in particular flagged a range of coordination gaps to address, notably:

- **The need to bring together the full range of actors.** In Libya, coordination between the government and (I)NGOs is limited, with one key informant explaining *“The lack of cooperation between government and civil institutions remains a significant negative aspect that hampers progress.”*<sup>191</sup>
- **Disparities in technical capacity and support processes among actors.** Actors with fewer technical skills and resources may struggle to participate consistently in coordination mechanisms and react in a timely fashion to requests, while others may face challenges around decision-making driven by external actors. For example, in Libya a case was highlighted where support from a particular NGO was dictated by donor directives rather than agreed case management processes.<sup>192</sup>
- **Lack of coordination at the sub-national level.** In Lebanon a stakeholder interviewed noted, *“it is required to improve coordination at the sector level in different areas to make sure there is more gap coverage in the response.”*<sup>193</sup>

Challenges have equally been noticed amongst those in a development, rather than humanitarian, contexts. In Morocco, for example, challenges in coordination with key partners were raised, including the frequent turnover of focal points within organisations.<sup>194</sup> Challenges in coordination also exist between local and sub-national levels, limiting case management integration into the government mechanisms and exacerbated by a distinct lack of coverage at the sub-national level, and as well between the judicial protection and social protection components, though UNICEF is working to support greater coordination on these fronts.<sup>195</sup>

**Within coordination mechanisms, when policies, roles, responsibilities, and referral pathways are not clear, the risk of duplication is present,** as highlighted by respondents in Syria.<sup>196</sup> The presence of policies is not enough – they must be implemented consistently. In Lebanon, one stakeholder highlighted the value of Standard Operating Procedures which all stakeholders there have agreed to follow – but in practice, explained another stakeholder, different stakeholders apply case management in different ways.

*“If we are talking with NGOs and CSOs and they work with victims of violence, for example, they apply CM in a specific way. If we are talking about MOSS, the rule of CM is being applied in a specific scope while if we are talking about one of the children's Institutions (orphanages), they apply the case management according to their context.”*<sup>197</sup>

**Existing coordination mechanisms offer positive practices from which to learn.** Efforts to strengthen interagency referrals and analyse trends in child protection have also been supported by UNICEF.<sup>198</sup>

UNICEF's support has also resulted in focused attention on case management, including the provision of workshops and training for case workers and managers. Such collaborations with UNICEF have contributed to the development of standard operating procedures and effective management of children exposed to violence.<sup>199</sup>

#### Box 7 – Localising case management

Current discussions of case management system coordination in the MENA region have focused on the cluster system, national actors, (I)NGOs and larger CSOs. More broadly, however, *“The Global Protection Cluster, the Child Protection, and the Gender-Based Violence Areas of Responsibility and the Global Education Cluster envisage more inclusive and participatory coordination mechanisms as having huge potential for a system-wide shift. This is because in many countries, local actors constitute up to 75 per cent of coordination group members. In addition, local actors are usually the first responders and continue to operate when international agencies withdraw.”*<sup>200</sup>

<sup>191</sup> KII40, academia.

<sup>192</sup> KII36, NGO/CSO.

<sup>193</sup> KII28, NGO/CSO.

<sup>194</sup> Caseworker KII6 [Oujda, Morocco].

<sup>195</sup> Workshop, Morocco, 12/05/2023; Email correspondence, UNICEF, 03/08/23.

<sup>196</sup> KII53, UN.

<sup>197</sup> KII31, NGO/CSO.

<sup>198</sup> UNICEF, “CSI Data: Lebanon”, 2023.

<sup>199</sup> KII34, UN.

<sup>200</sup> Global Protection Cluster, “Framework for Strengthening the Institutional Capacity of National and Local Actors”, n.d.

Such localisation efforts offer a clear opportunity to strengthen the longer-term provision of case management services, in line with global child protection commitments to localisation.<sup>201</sup> Community volunteers and staff can have a stronger understanding of the very contexts in which they provide case management services, allowing them to adapt solutions to those contextually relevant. However, professionalising and integrating such actors into child protection case management systems requires a different type of support, and coordination, to that currently existing – focusing, for example, on longer-term skills building rather than one off training, and the development of mechanisms which can integrate such actors into coordination mechanisms effectively.<sup>202</sup>

*“The organisations specialising in case management and local organisations are the active parties in society. They work together through referrals, because if it were not for the organisations, the children of Iraq would have been forgotten because the government has no interest in this matter. Our clinic works directly with the UNHCR, as well as we receive referrals from UNICEF and other organisations”* Caseworker, NGO, Iraq

The more actors present, the more critical unified and clearly defined approaches are, to ensure children are supported systematically and without duplication of efforts.<sup>203</sup> Growing community-level capacity has equally resulted in some successes. For example, in Jordan, working with Syrian volunteers within their own communities, one key informant explained, *“sometimes, we would rely on them to visit certain cases and check on their well-being. If they reported signs of physical abuse or violence, we would then inform the Family Protection Department to take the necessary actions.”*<sup>204</sup>

## 4.6 Coverage

### Rating: In progress

Disparities in geographical coverage exist in all countries, and coverage is impacted by a wide range of interrelated factors. UNICEF has been key in seeking to improve coverage through pilot programmes, which lay the groundwork for better sub-national coverage. The COVID-19 pandemic prompted systemic adaptations to remote and mobile modalities which provided opportunities to address existing coverage gaps on a more immediate basis.

### 4.6.1 Coverage at the sub-national level

**Both more and less developed case management system contexts exhibit variations in coverage at the sub-national level**, though in less developed case management systems, there is generally less access in certain regions. For example, in Libya, only two organisations – IOM and INTERSOS – cover the Southern regions with child protection services, whilst other organisations prioritise other issues such as national dialogue.<sup>205</sup> Social workers from the Ministry of Social Affairs in the South have a difficult access to financial and human resources, which results in gaps in coverage.<sup>206</sup> Similarly, units in Egypt cover all governorates with case management, yet stakeholders at the workshop explained that *“some villages in some districts are not seen, the sub-unit could not reach their problems or design relevant interventions”*.<sup>207</sup> Likewise, in Lebanon there is a wide coverage in areas like Mount Lebanon but no coverage over some parts in the North like Hermel, Ersal and Wadi Khaled.<sup>208</sup> Finally, in Syria, the case management system is still being designed and tested by UNICEF and the government through pilots in the two small areas of the regions of Duma and Al-Ta, which leaves a large part of the territory missing most resources assigned to case management.<sup>209</sup>

**While the more developed case management systems generally have somewhat broader coverage at the national level, they too face challenges in providing consistent coverage at the sub-national level.** In Morocco, case management is firmly rooted in urban areas but is deficient in coverage in rural areas. A respondent

<sup>201</sup> Global Protection Cluster, “Localisation”, n.d.

<sup>202</sup> Global Protection Cluster, “Framework for Strengthening the Institutional Capacity of National and Local Actors”, n.d.

<sup>203</sup> KII18, UN.

<sup>204</sup> Caseworker KII2 [Za’atari refugee camp, Jordan].

<sup>205</sup> KII38, UN.

<sup>206</sup> KII9, NGO/CSO.

<sup>207</sup> Workshop participant, Egypt [15/05/2023].

<sup>208</sup> KII30, NGO/CSO.

<sup>209</sup> KII52, UN.

explained that “no one intervenes in rural areas”, if it is “an extreme case of vulnerability (...) the judicial system is triggered, not the social one, because there are no social workers.”<sup>210</sup> Another respondent noted that there are simply not enough services or centres for children across the country despite all actors being aware of the lack of coverage but unable to act on it, including government and child protection organisations.<sup>211</sup> In Iraq and Jordan, respondents also highlighted the lack of availability of some services in remote areas.<sup>212</sup>

A number of barriers contribute to this uneven coverage across both contexts:

- **Access.** All reported the barrier caused by transportation costs for both caseworkers and children.
- **Human resource capacity.** The lack of case management workers in rural areas is a recurring issue.
- **Uneven quality and distribution of services offered.** Across contexts, from one governorate or region to another, the level of technical skills of child protection actors differs and so is the availability of specialists. For example, even in more developed Jordan a respondent shared that “there is only one mental health hospital which is the National Centre for Mental Health (...) as far as I know. Many times, we contacted the National Centre, we found that the beds cannot accommodate additional clients”.<sup>213</sup>
- **Funding gaps.** These result in insufficient financing for well-distributed services, in turn leading to the prioritisation of urban areas.<sup>214</sup>
- **Lack of awareness regarding the availability of services.** Communities do not always have access to the information explaining support-systems for violence against children, especially if there is no protection centre nearby or poor internet coverage. Misunderstandings about case management or cultural belief systems can also restrain families from reporting abuse or giving consent for the participation of their children.

Less developed case management systems tend to suffer from the above to a greater degree, in particular when it comes to the uneven quality and distribution of services offered, with generally fewer services available, less coherent practices across actors and more limited use of referral pathways.

#### 4.6.2 UNICEF-supported improvements in coverage

UNICEF has been contributing to the improvement in coverage of the case management systems at the sub-national level through several strands of work.

- **Seeking to broaden coverage drawing on evidence from pilot programmes.** In Syria and Iraq UNICEF helped develop expansion plans for coverage at the sub-national level grounded in pilot programmes.
- **Supporting the decentralisation of child protection case management systems in development contexts.** UNICEF is supporting Morocco’s reform in territorial integration of its child protection system.<sup>215</sup> One of its pillars is the implementation of mechanisms and governance systems at the local level for territories to set their own child protection priorities.<sup>216</sup> In Egypt, UNICEF’s protection programme aims to “collect the pieces together in order to have a decentralised case management system that links beneficiaries to services.”<sup>217</sup>
- **Offering clarification and guidance on case management to increase the capacity of caseworkers, which in turn improves coverage:** this is particularly the case in less developed systems, whether they have been newly designed like in Syria or are in the process of being unified like in Egypt. A respondent from Syria explained this “at the beginning not everything was clear with regard to case management. We noticed that there was a blurry vision regarding some risks related to the child, but things were clarified by UNICEF after several discussions. I don’t think there are gaps now.”<sup>218</sup> Similarly, a caseworker in Lebanon shared that five coaches, including three funded by UNICEF, trained teams on the field on case management, which significantly helped the Ministry’s capacity to respond to cases.<sup>219</sup>
- **Utilising alternative access strategies to improve service delivery in remote areas.** This can include the use of mobile units. A previous evaluation highlighted that “in Lebanon, the use of mobile units to deliver GBV services to refugees in remote areas have increased the reach and efficiency of these

<sup>210</sup> KII49, UN.

<sup>211</sup> ibid

<sup>212</sup> Workshop participant, Jordan [15/05/2023]; KII16, NGO/CSO.

<sup>213</sup> KII28, government.

<sup>214</sup> KII31, NGO/CSO; KII28, NGO/CSO.

<sup>215</sup> UNICEF, “UNICEF: Morocco”, n.d.; KII2, Government.

<sup>216</sup> KII44, government.

<sup>217</sup> KII14, UN.

<sup>218</sup> KII55, CSO.

<sup>219</sup> KII29, government.

services.<sup>220</sup> In Syria, similar ‘mobile teams’ are the result of a partnership between UNICEF and associations. Those mobile teams allow for a greater coverage on top of the geographical areas for which they usually provide services.<sup>221</sup> Another remote access strategy is the use of online spaces as seen in Jordan through the digitalisation of content, the provision of internet data bundles, and the provision of support through social media.<sup>222</sup>

## 4.7 Cross-Cutting Issues

### Rating: Requires improvement

Gender, at a basic level, has been well-considered and integrated into all frameworks, and girls and boys can equally access the case management systems; it can be said that the approach taken by UNICEF is fairly gender responsive. However, human rights and disability are prioritised and integrated unevenly, if at all. Issues faced by migrants and refugees in accessing case management, as well as prevailing social and gender norms negatively impacting LGBTQI+ children, are insufficiently addressed within the systems.

### 4.7.1 Gender

UNICEF’s Gender Action Plan (GAP) 2022-2025 operationalises the Gender Policy 2021–2030 by clearly articulating how UNICEF should promote gender equality.<sup>223</sup> Additionally, **UNICEF’s case management interventions across the region have been relevant under the GAP’s programmatic priority Goal Areas 3 and 5**, which address violence against women and children and the establishment of gender-responsive social protection systems and care work. **UNICEF’s prevention and response measures have been relatively effective in contributing towards these goal areas**, including social and behavioural change actions at community level, positive parenting practice demonstrations, strengthening interagency partnerships (contributing to strengthened protection systems), the delivery of comprehensive and age-appropriate services, provision of social protection systems to directly or indirectly address gender inequality, and improving psychosocial and mental health outcomes. While this paints a broad picture of UNICEF’s gender approach, the below section provides a few concrete examples of UNICEF’s approach on gender in case management.

The literature on the MENA region, as well as stakeholder interviews, underlined that, while girls in the region face differentiated child protection risks and case management system access limitations, UNICEF and other stakeholders are seeking to address these challenges through intervention design and implementation.

#### Box 8 – Gender responsive case management interventions

Gender-responsive case management interventions:

1. Facilitate and advocate timely, coordinated, age- and gender- appropriate delivery of services to meet the various needs of girls and boys;
2. Promote joint practices, procedures, and agreements with the GBV sector;
3. Develop capacity of social workers, case managers and supervisors on gender sensitivity; and
4. Are developed through continued financial investment and technical expertise.

**UNICEF’s case management approach has been relatively gender-responsive and equitable, and girls and boys alike receive equal protection under the case management systems.** However, stronger investments into GBV training, and linking the GBV and child protection case management systems, actors, and actions will contribute to a strengthened case management system.

**Integration of gendered risks into frameworks.** Countries with less developed child protection systems also tend to have the weakest legal framework to support survivors of GBV. For example, in Libya, survivors of GBV are likely to encounter particular challenges in leaving their perpetrator due to lack of recourse to practical and legal support systems.<sup>224</sup> Social workers in Lebanon also face difficulty in removing children from their violent environment in the context of family disputes whilst navigating legal frameworks because the court system

<sup>220</sup> IOD Parc, “Multi-country formative and summative evaluation of elimination of violence against children in Egypt, Jordan and Lebanon”, 2021, p. 40

<sup>221</sup> Workshop participant, Egypt [15/05/2023].

<sup>222</sup> UNICEF, “Jordan: End of year results summary narrative 2020”, 2020, p. 4.

<sup>223</sup> United Nations Economic and Social Council, “UNICEF Gender Action Plan, 2022-2025”, E/ICEF/2021/31, 2021.

<sup>224</sup> KII9, NGO/CSO; UNICEF, “Libya: Programme Rationale for child protection”, 2021; UNICEF, “Libya: Programme Rationale for child protection”, 2021, p. 21.

reportedly lacks gender-sensitivity and reflects gender-biases.<sup>225</sup>

**Access.** As some of the most common child protection risks may come from practices which are supported by caregivers, affected girls, and boys, may be unlikely to report their case, and may not even realise that they could be seeking support. Access is further limited by restrictions on girls' mobility within society. For example, some families reportedly prevent their daughters from going to protection centres or from receiving caseworkers at home.<sup>226</sup> Security and gender role considerations contribute to this limited mobility. To counter this problem, in Iraq, UNICEF is in the process of creating a virtual safe space to provide girls, who cannot go to protection centres, with an online space for receiving support. Organisations also generally provide services to a range of people in need, improving access: the e-survey found that 73 of 82 respondents believe their organisation understands and cater to specific parts of the population, specifically youth, women, children, and children with disabilities, with no difference between less and more developed contexts.

**Importance of targeted skills development.** Case workers expressed the need to receive more trainings on GBV, and especially on negotiation skills to be better equipped to communicate with families around the risks associated with harmful practices such as child marriage.<sup>227</sup> Gender awareness and women's rights sessions have been appreciated by women and girls; respondents called for the extension of these services to men and boys to change perception and attitude on gender equality.<sup>228</sup> Some gender awareness sessions seemed to have targeted boys and showed positive results as expressed by a caregiver when she said "(they) teach them not to harass girls and respect them. My son has learned a lot from the awareness sessions. Now (...) if a friend of his is trying to harass a girl, he will say that she is like his sister and they need to respect her."<sup>229</sup> Finally, even though violence against women remains vastly underreported due to cultural and legal factors, as well as "a lack of trust in state institutions such as the police and the judiciary", some progress has been noted due to increased awareness on GBV.<sup>230</sup>

**Effective child protection systems accessed by both boys and girls.** The evaluation did not identify any gendered discrimination once children enter into the child protection systems, and efforts have been made to consider gender sensitivity within the implementation practices. For example, across the seven countries, male caseworkers are assigned to boys and female caseworkers are assigned to girls. In their CPDs, UNICEF COs explicitly prioritise gender equality in line with the GAP, though Egypt and Libya added gender equality only recently (Egypt: 2023-2027 and Libya: 2023-2025). However, some respondents argue that the prioritisation of gender equality can potentially have a *perceived* flipside of reducing young boys' access to services.<sup>231</sup> Such misconceptions suggest the potential need for stronger communications around equal access to services and reassurances of the continuation of a sustained level of access for boys.

**A key gap in this context remains support to children from the LGBTIQ+ community; their intersectional and specific needs remain unaddressed.**<sup>232</sup>

*Box 9 – Unaddressed needs of the LGBTIQ+ community*

Global guidance suggests that between one and four percent of the population in the MENA region might identify as LGBTIQ+.<sup>233</sup> **Case management systems in the region, however, are generally unable to explicitly address vulnerabilities relating to sexual orientation.** While case management actors frequently described how the systems are set up to protect all children, and in some cases, UNICEF implementing partners have established particular operating procedures for cases involving LGBTIQ+ protection issues,<sup>234</sup> generally, discussions around the vulnerabilities the LGBTIQ+ population are facing are not being held, and as such, there is inadequate planning and programming for these cases.

<sup>225</sup> Info Pro, "Assessment of Support Provided to Children in Contact with the Law by the three main UNICEF Justice Partners during the Last 2 years", 2022, p. 29.

<sup>226</sup> KII17, NGO/CSO; KII20, NGO/CSO.

<sup>227</sup> KII53, UN; KII13, NGO/CSO.

<sup>228</sup> FGD5 [Female parent/caregiver, Baharka IDP camp, Iraq].

<sup>229</sup> Ibid.

<sup>230</sup> Libya Child Protection Sub-Sector, "Desk Review: Social and Behaviour Change Strategy to Address Violence Against Children (VaC) and end Harmful Practices in Libya", 2022, p. 59; KII50 [Case management officer, CSO, Syria].

<sup>231</sup> KII26, NGO/CSO; KII8, NGO/CSO; KII7, UN.

<sup>232</sup> KII7, UN; Economic Policy Research Institute, "Evaluation of the UNICEF Child Protection Programme for Vulnerable Children and Women in Lebanon (2013-2016)", 2017, p. 26.

<sup>233</sup> USAID, "LGBTQI access to formal and informal health services in the MENA region", 2022.

<sup>234</sup> KII8, NGO/CSO.

*And if you expand the gender aspect to the LGBTQI+ community here, I think we are doing nothing and we are completely blind on that aspect. I don't know if it's because of UNICEF, or because of the local context.*

*And it's such a sensitive topic. For the MENA countries, for instance, I can share that raising that type of aspect or topic, the LGBTQ aspect would be a disaster. It would be a complete mess as soon as you raise concern, or you would make recommendations that this community needs to receive specific services. The door will close immediately from the government.<sup>235</sup>*

**Gender socialisation and work to support sexual orientation, gender expression, and identity has not been evidenced in this evaluation.** Additionally, UNICEF has not fully demonstrated actions to meet its key overarching principles and priorities in the Gender Action Plan 2022-2025, particularly in relation to UNICEF's explicit mandate to "seek to redress the underlying structural barriers to equality by addressing power dynamics and gender roles, norms and relations at all levels of society and across the life cycle; reinforcing positive norms that support equality and non-discrimination; and working with boys and men to embrace and take actions towards gender equality."<sup>236</sup> Gender socialisation as a priority area was not inherently visible in the case management systems as a whole, with respondents describing the limitations on working explicitly on, for example, child protection case management programmes for LGBTQI+ migrants.<sup>237</sup>

**Assessing progress is challenging due to inadequate reporting systems.** The lack of harmonisation in reporting systems and data in the less developed countries covered by this study limits the monitoring of service coverage by gender at the national and local levels as well as the impact of the programmes tackling GBV. In more developed systems and Lebanon, there is a relatively close collaboration through referrals between the GBV and the CP systems, whilst in less developed countries like Libya, even though more demand for trainings on GBV has been reported, the GBV system is not operational and face some resistance at the government and community level.<sup>238</sup>

#### 4.7.2 Limited integration of disability in case management and CP

UNICEF's 2017 *Guidance – Including Children with Disabilities in Humanitarian Action*, developed in collaboration with Handicap International, lays out guidance for the inclusion of children with disabilities in case management systems. These include recommendations for the identification, enrolment, monitoring, referrals, and assessment of home situation of children with disabilities, as well as further recommendations for training and adapted approaches for staff (case managers, social workers, and other professionals) to support children with disabilities.<sup>239</sup> These have, to a limited degree, been considered in the MENA region. Efforts have been made across all target countries to ensure the accessibility of case management systems to children with disabilities. Respondents reported, for example, home visits by caseworkers for children whose movements are restricted.

**However, case management systems in the region lack technical capacity to support children with disabilities, and contextual challenges, in particular COVID-19, have further restricted this.** A past evaluation in Lebanon concluded that "organisations do not have clear guidelines on how to ensure inclusion of people with disabilities, and that outreach staff and volunteers are often unaware of the need to include groups with disabilities. As such, no extra measures are put in place to ensure inclusion, and activities and spaces are poorly accessible to people with disabilities."<sup>240</sup> Children with disabilities also face a multitude of challenges within the justice system as a social worker explained "there are already no child friendly spaces in precincts, let alone spaces that cater to children's specific needs when they live with a disability. Officers and judges are not trained or specialised, and the law does not protect them specifically or through tailored provisions that cater to them directly."<sup>241</sup>

**Case management implementation partners recognised the need to build the capacity and skill sets of caseworkers to best include children with special needs into case management.** Organisations specialised in disability stressed that the case management system itself should be adapted because "the risks are different,

<sup>235</sup> K117, UN.

<sup>236</sup> United Nations Economic and Social Council, "UNICEF Gender Action Plan, 2022-2025", E/ICEF/2021/31, 2021. p. 5

<sup>237</sup> K118, NGO/CSO.

<sup>238</sup> K119, NGO/CSO.

<sup>239</sup> UNICEF, "Guidance - Including Children with Disabilities in Humanitarian Action", 2017, p. 57.

<sup>240</sup> Economic Policy Research Institute, "Evaluation of the UNICEF Child Protection Programme for Vulnerable Children and Women in Lebanon (2013-2016)", 2017, p. 20.

<sup>241</sup> Ibid. p. 26-27.

*the intervention plans are different and ultimately the nature and health of the child dictates what the intervention should be. Obstacles, existing data, and basic needs require specific types of intervention.*<sup>242</sup>

Several organisations further mentioned that they would benefit from receiving special trainings to improve their interventions as case workers are often inadequately trained to interact with individuals with disabilities.<sup>243</sup>

**Capacity gaps were specifically highlighted on two fronts:**

- A lack of specialised support for children with special needs such hearing and speech impairments.<sup>244</sup>
- A lack of accommodation for children with developmental and psycho-social disabilities directly within government systems.<sup>245</sup> Indeed, these cases are usually referred to other, more specialised organisations, but the number of such potential partners is limited and unevenly distributed, which can result in long waiting lists or the inability to meet particular needs.

**State support across contexts remains limited not just by capacity but also funding, resulting in support to children with disabilities being largely led by NGOs.**<sup>246</sup>

From a practical perspective, information systems do not allow for a precise recording of disability, challenging monitoring, and analysis around needs. For example, a respondent in Lebanon underlined that on CPIMS, disability is not an open-ended question but a yes or no question.<sup>247</sup> Finally, **COVID-19 reduced the in-person delivery of child protection services** – especially critical for children whose mobility is restricted.

### 4.7.3 Human Rights

The interagency guidelines for case management in child protection underline that all actions in case management must be based on a solid understanding of not just child development and child protection but also child rights.<sup>248</sup> Rights violations are particularly rife in situations of displacement. As emphasised by UNHCR, displaced children are at additional risk of sexual violence and exploitation, domestic violence, mental disorders and psychosocial distress, and further factors potentially requiring case management services.<sup>249</sup>

**A clear differentiation appears between less and more developed case management systems on this front.**

While IDPs in theory have access to their own countries' child protection case management systems, nationality remains a criterion for accessing child protection services, primarily in the less developed case management systems: Libya, Egypt and Lebanon are the countries with the weakest protection for refugee children at the national level, and varying degrees of restriction on access to services.<sup>250</sup>

- In Libya, the national child protection system targets Libyan nationals, meaning that by law, refugee children do not have access to it.<sup>251</sup> It has neither the capacity nor the resources to provide case management services to non-nationals.<sup>252</sup> However, non-government UNICEF partners specifically target refugee and migrant children, such as in the Bayti Centre model centres.
- In Egypt, a limited support is available to refugees and migrants. For example, they can receive case management and psychological services, but they do not have access to social protection programs or shelters.<sup>253</sup>
- In Lebanon, the government struggles to provide basic case management services to its own citizens due to multiple crises. A 2022 study noted that the intersectional needs of refugee and migrant children remain unaddressed, in particular for unaccompanied children who do not have the adequate registration, paperwork and identification.<sup>254</sup> Finally, although stateless children do have access to some

<sup>242</sup> KII55, NGO/CSO.

<sup>243</sup> KII22, government

<sup>244</sup> KII35, UN.

<sup>245</sup> KII10, government.

<sup>246</sup> KII31, NGO/CSO; KII29, government.

<sup>247</sup> KII28, NGO/CSO.

<sup>248</sup> Global Protection Cluster, "Interagency Guidelines for Case Management & Child Protection", 2014.

<sup>249</sup> UNHCR, "Child Protection", Emergency Handbook, 2022.

<sup>250</sup> Syria hosts far fewer refugees and asylum-seekers than the other three less developed case management system countries, just 18,700 in 2021 according to UNHCR. UNHCR, "Syria situation", Global Report 2022, 2022.

<sup>251</sup> KII35, UN; KII3, NGO/CSO

<sup>252</sup> Workshop participant, Libya [15/05/2023].

<sup>253</sup> KII15, government.

<sup>254</sup> Info Pro, "Assessment of Support Provided to Children in Contact with the Law by the three main UNICEF Justice Partners during the Last 2 years", 2022.

case management services, they are excluded from others and often not included enough in case management, an issue shared across the region.<sup>255</sup>

While countries with less developed case management systems more commonly use nationality as a criterion for access to services and protection, countries with more developed case management systems show a relatively better integration or at least protection across groups, although, international organisations and CSOs remain the primary service providers for these children. In Morocco, for example, special guidelines and SOPs have been developed for unaccompanied and separated children, as well as sensitisation on migrant rights, while in Jordan some services are specifically provided in refugee camps adapted to their child protection needs.<sup>256</sup> Refugee camps provide easy access to services, however case workers face difficulties when it comes to finding and guaranteeing privacy.<sup>257</sup>

## 4.8 Lessons learned

### Box 10 – Lessons learned

The following lessons learned emerge UNICEF's work on strengthening case management systems:

- **Stronger integrated intervention design and planning** is called for to ensure that the **case management systems can operate in a holistic fashion** both within UNICEF and with partners. These should specifically include plans for 'after' the integration – how can benefits be sustained after the funding is over? Such roadmaps, taking a phased approach recognising that transitions are not immediate, will help build more sustainable case management systems.
- As demonstrated in a recent UNICEF report covering Morocco, Iraq, and Egypt, a “systematic and integrated social policy, particularly delivered by the SSW, can improve the results and efficiency of both SP and CP, by enhancing cross-sectoral coordination, increasing the ability to respond to complex needs, and improving human resources efficiency.”<sup>258</sup> Greater **integration between social policy and child protection has been called for through a holistic approach** to “break the pattern of compounding and cumulative vulnerabilities facing children and their families. Social protection schemes that are integrated with child protection services could help address different dimensions of child poverty and deprivation, reducing vulnerability across the life cycle.”<sup>259</sup>
- Explicit **spaces for coordination and collaboration** among case management actors are critical to supporting strong case management systems in both humanitarian and development contexts. These can be through the cluster system or a replacement for it when they are phased out, or as has been successful in Egypt, Iraq, and Syria, the use of **case conferences**. Enhanced coordination and developing a common understanding among providers improves referral services, avoids duplication, and allows for the development of joint approaches.
- **Community involvement** is one of the strongest means to ensure that case management is holistic and effective, and that prevailing negative societal norms get addressed. From involving local actors to better understand the harms of child labour, raising awareness on disability, helping to promote peaceful coexistence with migrants, or establishing complaint or feedback mechanisms in communities, stakeholders in this evaluation have pointed out how unique community approaches have worked to significantly strengthen the case management systems.
- Efforts to **build stakeholder and human resource capacities** have been a positive element of UNICEF's interventions and can provide further self-sustaining positive impacts. Training on specialised capacity gaps is particularly needed to allow for inclusive case management systems. To maximise their long-term benefits, trainings require strong monitoring not just for outputs but also quality, ensuring that they are well-adapted to participating staff. Regular follow ups enhance learning.

<sup>255</sup> KII28, NGO/CSO.

<sup>256</sup> Workshop participant, Egypt [15/05/2023]; Caseworker KII5 [Oujda, Morocco]; KII22, government.

<sup>257</sup> KII22, government.

<sup>258</sup> UNICEF, “Integrating social protection and child protection services for better outcomes for children in the Middle East and North Africa”, 2022.

<sup>259</sup> Pereira, Karen, “Integrating social protection with child protection services towards better outcomes for children in the Middle East and North Africa”, International Policy Centre for Inclusive Growth, 2022.

- **Services mapping** has proven successful to improve efficiency and effectiveness. Through service mapping, organisations have a clear idea of the services and the resources available to them.
- **Monitoring and evaluation** are a critical to assess the quality of existing case management initiatives and allowing for regular adaptations based on findings, which would strengthen both efficiency and effectiveness of programming. This can also include stronger costing as has been done after pilot programmes to permit adapted financial planning. Building on the above, engaging children and their families in the case management process and actively collecting their feedback on case management is important from a programmatic standpoint while being essential from a monitoring and evaluation perspective to ensure quality case management services are being delivered.
- Finally, further **exchanges on good practices and experiences** both within and across contexts offer an opportunity for strengthening case management systems. This is especially needed in rapidly evolving contexts when adaptations taken by one organisation could benefit many. Respondents repeatedly discussed the importance on documenting and sharing good practice, and there is an imperative need for organisations to more frequently do so at sub-national, national, and regional levels.

## 5. CONCLUSIONS & RECOMMENDATIONS

### 5.1 Evaluation conclusions

In the period under consideration, UNICEF's interventions have contributed to strengthening child protection case management systems across the MENA region. While there are material differences between the current case management systems in the more and less developed contexts on several key fronts, aligned with the Global Child Protection Strategy, UNICEF country offices have supported their own countries' case management systems. This support has generally followed key benchmarks proposed by the UNICEF Child Protection Systems Strengthening Approach to ensure the availability of child protection case management and referrals systems. This has included the development of SOPs, strengthening of referrals mechanisms, conducting of training programmes, and unified case management systems. However, these approaches can be improved, and this evaluation underlines opportunities to rethink the modalities of some of UNICEF's support to better align with broader evolutions in the case management and child protection sector.

The conclusions are structured around key outcomes from the CPSS benchmark guide, bringing together findings from across the evaluation criteria as follows:

- i. Legal/regulatory framework (Outcome 1) and governance structures (Outcome 2);
- ii. A continuum of services (Outcome 3) with the needed human, financial, and infrastructural resources (Outcome 5); and,
- iii. Monitoring and accountability mechanisms (Outcome 4), mechanisms for child and community engagement (Outcome 6), and data collection and monitoring systems (Outcome 7).

**The case management system enabling environments in the region now have needed building blocks for success, but the unequal implementation of frameworks hinders progress.**

The case management systems themselves are broadly adapted to their respective contexts and have been able to shift when needed in response to changing needs. Frameworks and policies are in place for case management, into which gender has generally been well integrated – as it has in related UNICEF interventions.

However, material gaps persist between these frameworks and structures and case management system implementation, due to a range of issues, among which: ineffective governance structures and limited accountability processes to hold to the existing frameworks; the short-term nature of programme contracts; the weakness or absence of centralised data management systems; irregular levels of referral pathways; challenging transitions from humanitarian to development case management system approaches; and generally, 'basic' levels of coordination, with inadequate information sharing, integrated services, and referral processes, and a limited understanding of coordination beyond unified frameworks, definitions, information management systems and referrals among many actors in the systems.

UNICEF has been instrumental in helping to improve this and has led extensively on coordination, including case management subgroups, and as well as in developing referral mechanisms. The transition to national ownership

is one of the greatest challenges facing the strengthening of case management systems, particularly when it comes to coordination, and monitoring and evaluation. In the meantime, UNICEF's convening power has the potential to enact greater, collaborative change to strengthen the case management systems and make them more resilient.

**Case management services generally meet the needs of the children reached – but more is needed to ensure that children can access diversified, integrated services when required.**

While beneficiaries agree that the case management services meet their child protection needs, this does not consider whether or not the services are reaching all those in need, nor the integration of these services with other sectors to maximise their impact – both of which areas where key gaps are evidenced. Specific groups of children (i.e., migrants, refugees, children with disabilities, the LGBTQI+ community) face differentiated challenges to accessing case management services in an equitable manner. With significant gaps in terms of who is able to access the systems, children are being left behind and require immediate protection; otherwise, the well-documented vulnerabilities among these populations will continue to exist. More broadly, there are a wide range of services which are generally absent from case management, though needed by the beneficiary populations, including around prevention services: for example, education, PSS, community awareness-raising, etc. This points to a significant gap in developed capacity of the social service workforce, a consistent challenge across the region.

The region's case management systems are held back by insufficient funding, low technical capacity, a lack of guidance on the transition from an emergency to development approach, and limited planning for UNICEF's departure. Less-developed case management system contexts face exacerbated situations, lacking both the internal capacity and the structures to implement programmes without external support, and with more limited coverage of their national territories. A re-think on how to increase access, services, develop capacity of the social service workforce, and shift funding towards national/sub-national budgets is called for to move case management systems forward across contexts.

**Monitoring and accountability improvements are required to strengthen these systems.**

UNICEF country offices in the MENA region have reported high levels of achievement towards child protection results. However, these reports must be tempered on three fronts: the lack of a common understanding of quality in case management across the region, the lack of systematised data collection and monitoring systems to measure it, and the limited opportunities for feedback from child and community stakeholders.

Currently, UNICEF strategies, and other country documents, do not propose case management-specific results separate from child protection in their planning. This impacts degree two which results can be measured as the two tend to be amalgamated together, with results focused on the output level rather than the quality of outcomes – critical information to have to drive systemic improvement.

Children and families who have received prevention or response services generally do not yet have the means to engage with service providers or local governments / communities on the matter. In conjunction with the limited quality assessments of services, it is hard to judge the degree to which the support provided is contributing to stronger child protection results.

These challenges require cross-sectoral coordination driven by stakeholders across the system.

### Looking forward

Previous evaluations of child protection systems strengthening have concluded that *"after a decade of work in this area, conceptual clarity on child protection systems strengthening in UNICEF is still incomplete. While UNICEF has had considerable success in advancing the child protection systems agenda at the national level, this has not translated into adequate domestic investment in CPSS."*<sup>260</sup> This evaluation finds a similar story at the case management level.

Case management requires appropriate, systematic, and responsive approaches. This is stymied in the MENA region by the complex case management contexts and challenges which must be considered among and within countries at the sub-national level. The recommendations build on the findings and key lessons learned (see

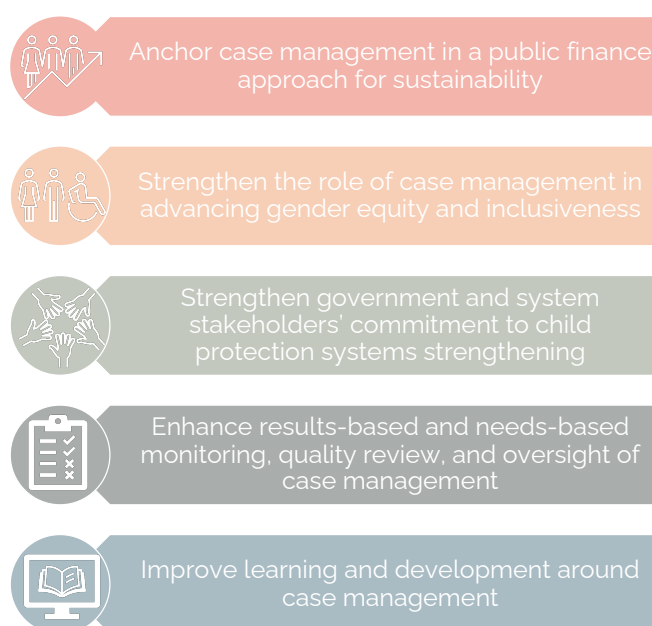
<sup>260</sup> As reported in UNICEF, "Child Protection Systems Strengthening", 2021, p. 6, <https://www.unicef.org/media/110876/file/Child%20Protection%20Systems%20Strengthening%20.pdf>

Section 5.8) to propose means to strengthen and promote flexible and adaptable approaches to case management systems able to operate within the fluid spectrum of case management faced within most of these countries.

## 5.2 Recommendations: reinforcing UNICEF's approach to child protection case management strengthening in the MENA region

This section proposes high-level recommendations and associated actions for each based on the findings of this evaluation. Preliminary recommendations were presented to UNICEF and other system stakeholders during a presentation of preliminary findings to help refine and clarify recommendations; this ensured a level of co-creation was included in the reporting process in addition to the formal commenting processes. Annex 9 further presents the country-specific recommendations developed by stakeholders present in the country workshops.<sup>261</sup> **Five key recommendations are proposed:**

Figure 4 – Recommendations overview



**Recommendation 1. Anchor case management in a public finance approach for sustainability.**

**Priority: High**

**Timeframe: Short to medium-term**

**Responsible: UNICEF MENARO and UNICEF MENA Country Offices (lead), government institutions (involved)**

Funding is a critical challenge for case management systems across context. To allow for sustainable case management systems, case management should be anchored in a Public Financing for Children (PF4C) approach, embedding it within government institutions accountabilities and services. The recommendations to do so have been grouped into three interrelated broad action areas:

- ❖ **Generate evidence to present solid economic arguments for investing in the case management system.** Building a robust investment (economic) case can contribute to policy advocacy efforts. Meanwhile, estimating the costs associated with all case management interventions can help to better understand the financial resource requirements and implications. A costing could be used as part of a resource mobilisation strategy, and

<sup>261</sup> These are presented to include country-level participants' voices and recommendations; NB that they have not been drawn directly from research findings which are not intended to be sufficiently granular for country-level recommendations.

engaging governments in the budget process will help influence allocation decisions and improve public spending performance.

- ❖ **Seek formal commitments on budget allocations from government institutions**, while consulting and advising on the required accountabilities and services as set out by national laws and policies. The economic case can be presented as a broader investment agenda with wide-ranging benefits for education, health, social welfare, economic development, etc. Advocacy efforts should aim at commitments to the recommendation from the Child Protection Alliance to resource child protection as a minimum of four percent of all humanitarian assistance. Especially where governments are unable to fully commit, but applicable across the region, UNICEF should deepen or establish strategic partnerships with public finance management decision makers, influencers (including development partners and CSOs), and banking institutions at country level.
- ❖ **Strengthen UNICEF country teams' understanding of PF4C** to increase confidence when discussing financing/funding issues with government partners. Developing a skillset (to speak the 'language of finance') will be critical in engagement in strategic policy dialogue on public finance and advocacy for more effective and adequate investments in children's services. Rolling out a short orientation course tailored to the needs of a country office could help equip programme teams to be effective communicators and conveners on public finance issues.

## Recommendation 2. Strengthen the role of case management in advancing gender equity and inclusiveness.

**Priority:** High

**Timeframe:** Medium to long-term

**Responsible:** UNICEF MENARO and UNICEF MENA Country Offices (lead); governments (involved)

Case management systems should **prioritise inclusive and equitable case management**, and case management can be used to advance gender equity and inclusiveness, particularly for children with disabilities, children on the move, and other marginalised groups. Actions under priority areas of gender, disability, and human rights which should be taken are:

- ❖ **Gender**
  - Conduct a gender analysis and develop specific interventions to address the impact of harmful social and gender norms, behaviours, and inequalities on social work. This can be done by: (i) assessing if existing quality frameworks provide sufficient guidance to the workforce on how to recognise and respond to harmful social and gender norms, behaviours, and inequalities in social work; (ii) identifying what kind of support social workers and supervisors need to increase their capacity to manage such challenges; and (iii) identifying and documenting social workers' and supervisors' best practices for doing so.
  - Enhance collaboration and intersectoral procedures where complex cases need to be handled jointly (i.e., GBV and CP) and to have clear operational procedures defining clearly who is doing what.
- ❖ **Disability**
  - In line with UNICEF DIPAS strategy and the framework for the strengthening of the social service workforce, promote and localise the regional/country level Disability Inclusive Child Protection Competency Framework for the Social Service Workforce. This should be accompanied by interventions aimed at working on the mindset, skills, supervision of social workers and promoting client feedback/agency.
- ❖ **Human Rights**
  - In collaboration with local governments, increase advocacy and policy development efforts to ensure case management systems are anchored in a strong human rights-based approach and equitable for all, inclusive of children on the move and other marginalised groups.
  - Develop awareness and sensitivity training for the social service workforce on the implementation of a human rights-based approach and the particular vulnerabilities and needs of migrants/refugees and the LGBTQI+ community.

### Recommendation 3. Strengthen government and system stakeholders' commitment to child protection systems strengthening.

Priority: High

Timeframe: Long-term

Responsible: UNICEF MENARO and UNICEF MENA Country Offices (lead); case management system stakeholders, including the social service workforce and governments (co-lead)

UNICEF should support all social service stakeholders, including governments, in strengthening their commitment to child protection systems strengthening. This should have a special focus on the social service workforce as the key precondition for a functional case management system. To do so, three key steps are suggested:

**Enhance cross-sectoral coordination and clarity around operational mandates** to ensure all system stakeholders are clear on case management pathways and to better establish singular and non-parallel referral systems.

- ❖ Understand the degrees of cooperation with the government, alternative delivery models where the state is not willing or involvement is low for other reasons, and implementation options with related risks and opportunities.
- ❖ Develop clear plans around how to include communities appropriately in case management, for example, with community volunteers, and as well in explaining the partnership between UNICEF and local actors, including communities, in regional and country level strategies.

**Reinforce the capacity and efficiency of the social service workforce.**

- ❖ Assess the capacity of the national social service workforce and key elements challenging the enhancement of a robust capacity building plan.
- ❖ Support local and governmental actors in establishing policies and formal curricula for training social service workers and government representatives on technical, managerial, and operational components related to child welfare and protection in both humanitarian and development contexts
- ❖ Build institutional and local actors' capacity in addressing the root causes of harm to children within a population or community to reduce the number of families and children in need of secondary and tertiary prevention services and response services
- ❖ Use the results of the assessment mentioned above, prioritise the training and deployment of specialist case management workers to areas of need.

**Develop action plans for national ownership.** In line with a call for financial commitments as in Recommendation 1, the social service workforce requires costed and actionable transition plans towards ownership, with formal commitments.

### Recommendation 4. Enhance results-based and needs-based monitoring, quality review, and oversight of case management.

Priority: Medium

Timeframe: Long-term

Responsible: UNICEF Country Offices (lead); UNICEF MENARO (hold lead accountable); local governments, NGOs/CSOs, and other actors (involved)

Building on the work towards national ownership in Recommendation 3, there is a distinct need for stronger results-based and needs-based monitoring, along with clarity on what quality case management looks like and a singular pathway for oversight. This can be addressed through the following actions:

**Improve the case management M&E framework:**

- ❖ In consultation with country offices develop and propose tools (M&E framework) for results-based, needs-based quality monitoring, with checklists and clear indicators and targets to monitor the overall quality of case management and specific elements such as caseworker competence, budget planning, and information management.
- ❖ Invest in understanding case management gaps, challenges and good practices from children's and caregivers' perspectives.

- ❖ Ensure that mechanisms are in place and accessible to all boys and girls and caregivers, so that they can be engaged throughout the case management process.
- ❖ Adopt an accountability and monitoring framework that reports children and caregivers' satisfaction with direct services received and their increase of wellbeing and protection following case management responses.
- ❖ Propose guidance on needed context analysis, vulnerability assessments concerning children, families, and communities and on the mandatory minimum standards to which case management should abide.

#### **Improve data information management system across all levels:**

- ❖ Create a strong understanding on the need to have robust referral and case management procedures and data information systems.
- ❖ Advance a unified monitoring mechanism to measure the quality, progress, and success of the system itself, by using quantitative and qualitative indicators which not only captures the number of registered and closed cases rather the satisfaction, the wellbeing of children and families.
- ❖ Assess and consider at what stage countries are in their process of strengthening case management and data management system and discuss alternatives.
- ❖ Firm up commitments from governments on their required oversight for the IMS in each country.

#### **Recommendation 5. Improve learning and development around case management.**

**Priority: Medium**

**Timeframe: Medium-term**

**Responsible: UNICEF MENARO (lead); UNICEF Country Offices (involved)**

Existing resources around case management are underutilised while actors call for additional learning and sharing to inform their approaches and implementation.

#### **At the individual level, UNICEF can work to reinforce learning and development around case management to improve capacity of the social service workforce and all system actors:**

- ❖ Create a joint (online) curriculum of training and resource centre for the social service workforce, accounting for different phases within the learning process ranging from foundations to advanced training taking into consideration nuances of each country context including different groups of affected children, families, and related vulnerabilities.
- ❖ Addressing gaps identified, include training to enhance/implement supervision and stress child rights and child development, creating a common agreement and understanding around the definition of a child, and what constitutes child rights violation.
- ❖ To maximise impact, link to existing capacity building initiatives from other experts such as UNFPA or UN Women for gender-related issues, UNHCR/IOM for migrant and refugees, and key members from the Child Protection Working Group and other clusters for other key themes interrelated with case management and child protection services.

**At the systemic level, UNICEF can lead the strengthening of case management systems' resilience** at country and regional level by documenting and sharing what works and what does not in the face of adversities, including systemic limitations and improvements required, as well as broader lessons learned, among both development and humanitarian actors. This is critical to developing future-looking proactive measures, investing in preparedness planning, and reducing the risks that can impact the case management system, along with solid contingency planning for service delivery, and could include:

- ❖ Developing prediction models of how much funding is needed when operating in crises or during recurrent shocks.
- ❖ Prioritise the funding stream towards local NGOs and CSOs, and local institutional bodies rather than operating only through INGOs.
- ❖ Clearly articulating the minimum standards for a quality case management system.
- ❖ Investing on alternative ways of delivering services under restricted funding or operational constraints.
- ❖ Engaging and training, as much as possible, communities in providing services and case management.

- ❖ Establishing different operational scenarios which include contingency planning and operation procedures with other relevant sectors.
- ❖ Investing heavily on prevention with other sectors and ensuring case management procedures and referrals are jointly established so that responsibility does not fall under a single actor in times of crises.

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## ANNEX 2. TOR

### TERMS OF REFERENCE FOR SERVICE CONTRACTING

Assignment	Multi country Evaluation of Child Protection Case Management Systems in UNICEF MENA region
Location	Remote + Onsite (Syria, Libya, Iraq, Egypt, Jordan, Morocco and Lebanon)
Duration	1 August to 31 December 2022
Estimated number of working days	70 days
Start date	August 2022
End date	December 2022
Reporting to	Evaluation Specialist

#### 1. Justification/background

##### Global background

1. The 2021 – 2027 UNICEF child protection strategy identifies support to the development and roll-out of case management and referral systems as a key area of work to support the development of inclusive and effective child protection systems in preventing and responding to child protection violations. Globally, UNICEF's work in child protection system strengthening often includes investment in case management.
2. In the Inter Agency Guidelines for Case Management and Child Protection, to which UNICEF has contributed, case management is defined as a way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or programme's objectives. Within child protection, case management is an often-preferred response to address multi-layered vulnerabilities and complex needs of children and their families. Case management allows for the integration of services from different sectors and collaboration between professional groups to meet children's and families' needs.
3. Case management is relevant for all thematic priorities – access to justice, prevention of family separation, mental health and psychosocial well-being, harmful practices, violence against children, protection from sexual exploitation of abuse, armed conflicts – as set forth in UNICEF's child protection strategy. Case management performs an important function in many child protection systems around the world by linking children and families at risks with services in many different welfare sectors. Prevention and adequate responses to violence and abuse against children often need to include intervention from several sectors, such as justice, health, education, and social welfare. Early detection and identification of children at risk require active collaboration between social services, the education system and health care sectors. Child friendly justice system requires child victims and their families to get psychosocial support along with legal advice throughout the legal process, especially if alleged perpetrators are found within the close family environment of the child. Victim rehabilitation might include a variety of services, ranging from psychosocial support to practical help with schoolwork and other measures supporting rehabilitation and reintegration.
4. The UNICEF Child Protection strategy acknowledges the need for future programming to establish links between social services and cash grants – also called the cash plus approach. Such work will put further emphasis on case management as the mechanism for adding social services to various forms of cash transfers in order to reduce poverty and address the social marginalization of children, families and communities.
5. UNICEF work on case management often includes a workforce element and partners have increasingly recognized the importance of a qualified and skilled workforce to operate the systems.
6. Case management systems include Standard Operating Procedures (SoP) and other forms of regulations for activities such as risk assessments, referrals, case conferencing and follow-up which are often accompanied by capacity building efforts of the workforce. Lack of a qualified and skilled workforce may be a significant challenge when implementing and scaling up case management systems.
7. The cross-sectoral element is at the core of most case management systems; design and implementation are not only a matter of child protection but for all welfare sectors. Integrating health and education systems and services into child protection case management systems are well-known challenges. It is not uncommon

that different public sectors to develop their own case management systems, which then makes the merging of different systems into one unified and comprehensive national case management system a difficult exercise despite a shared understanding of why this is needed.

8. On global level, UNICEF has contributed to the development and dissemination of international guidelines for child protection case management which are important tools for promoting quality standards across country and programme contexts. On a national and local level, UNICEF works in close collaboration with Governments, partners in operating, developing and implementing case management systems for specific country contexts. Such work may include the development of standard operation procedures (SOPs) for identification and assessment of cases, case planning and referrals, follow up and monitoring of cases, along with provision of training of the workforce operating case management systems to increase quality and coverage of system.
9. At a country level, UNICEF is engaged in child protection system design and implementation. UNICEF's work range from providing case management to technical support to governments and other stakeholders in countries in the development context, humanitarian and high-income countries. A key challenge in this work is how to support the transformation of Non Governmental Organisation (NGO) funded and operated case management systems, for instance targeting refugees, into government owned systems, as part of exit strategies and strengthening child protection systems.
1. UNICEF has provided a digital platform, such as the open-source system PRIMERO, for case management that could be adapted to various contexts and needs of Governments and other stakeholders. The system facilitates information sharing which is vital for successful referral and follow-up of services provided within the case management system.
2. Despite heavy investment in case management system design and implementation, comparatively few global evaluations can be found within the child protection field.

### Regional background

3. Except for Bahrain, all countries in the MENA region have child protection case management and referral procedures. In the 2021 Strategic Monitoring Questions (SMQ) report, most COs have given a score of two for their country's case management system, implying that case management SOPs and other policy documents have been developed and implementation is either weak or ad-hoc. Countries such as Lebanon, Jordan and the State of Palestine have given their national case management system a score of three, implying that multisectoral referral systems have been established and formalized combined with efforts to train case managers and supervisors.
4. Despite such ambitious goals and investments in case management, few accountability and learning activities, such as evaluations, have been conducted. One of the recommendations from an evaluation of Ending Violence Against Children (EVAC) which was conducted in 2021 covering Lebanon, Jordan and Egypt is an in depth analysis of referral, case resolution, coordination and the rollout of the Child Protection Management Information System (CPIMS). The report also identified some challenges with current case management systems which include a diversity of national information management systems resulting in difficulties in collaboration between sectors, lack of quality assurance system for social work, difficulty to follow-up training efforts and lack of resources to operate the system at a larger scale.
5. Other evaluations were conducted in Jordan and Oman on child protection case management system and pilot work in implementing case management modules respectively. These evaluations have provided useful evidence for programming case management systems. Despite being the case, these evaluations had limited scope such that several aspects of case management systems in different contexts have not been adequately covered.

### Description of case management system intervention

6. UNICEF Country Offices (CO) in MENA region are implementing case management in different contexts: development, humanitarian and high-income countries as such the approaches, activities and intensity vary. While contextual differences explain the variety of case management programming in the MENA region, there are also similarities as noted in the EVAC evaluation.

### Case management in emergency settings

7. Country Offices responding to humanitarian needs such as Syria, Libya and Iraq aim to increase the capacity of existing case management systems. In such settings, coordinating with partners and other stakeholders is paramount to ensure quality standards. Table 1 details country specific status of case management activities and achievements.

**Table 1. Status of case management intervention in selected countries in the humanitarian situation**

□ Country	□ Status of case management and key achievements
□ Syria	<ul style="list-style-type: none"> <li>□ In coordination with NGOs and implementing partners, UNICEF Syria provided support in the establishment of basic child protection case management and referral mechanisms which include family tracing and reunification systems in selected locations.</li> <li>□ UNICEF has been working closely with the Syrian Commission for Family Affairs and Population (SCFAP) and the Ministry of Labour and Social Affairs (MOSAL) since 2016 to lay the foundation for case management system. However, it was not until 2020 that the efforts started to yield tangible results through the rollout of a pilot in the Rural Damascus governorate.</li> <li>□ The pilot aims at strengthening the quality, consistency, and coordination of services through a unified, structured case management system. A total of 350 frontline workers underwent case management training which focused on introducing adapted tools to the caseworkers responding to the exploitation, abuse and neglect of children. Implementation of these activities has resulted in increased access to case management services, ensuring equity and provision of quality services.</li> <li>□ The Syrian Government provides an oversight and coordination role in the implementation of these activities.</li> </ul>
□ Libya	<ul style="list-style-type: none"> <li>□ UNICEF supports the development of case management systems, modeling and scale up of child protection response services and referral systems in schools and communities targeting the most vulnerable children.</li> <li>□ Investment in social workforce strengthening has been identified as a key aspect in order to increase access to quality services.</li> <li>□ In 2021, access to case management was expanded and referral to specialized PSS services.</li> <li>□ To adapt to the COVID-19 situation, UNICEF partnership with UNHCR and INTERSOS, has expanded the provision of mobile multi-sectoral services in some parts of the country.</li> <li>□ UNICEF and partners are engaging the relevant government ministries and departments to ensure ownership and operationalization of the case management system.</li> </ul>
□ Iraq	<ul style="list-style-type: none"> <li>□ UNICEF provides technical support on effective child protection and prevention, and case management and capacity building of social service workers on core child protection and Gender Based Violence (GBV) competencies and referral system.</li> <li>□ As an overarching strategy to build evidence and improve access to services, UNICEF Iraq has supported the rollout of GBV Information Management System (GBVIMS+) and CPIMS+.</li> <li>□ Over 33,000 children (nearly 14,000 girls) were reached with specialized child protection services, alternative care, legal support and referral services.</li> </ul>

### Case management in a development context

8. In the development context, such as Egypt, Jordan, Morocco and Lebanon, UNICEF’s work is typically focused on providing technical support to governments, and partners to develop, implement and increase coverage of the national case management systems.

9. Creating an integrated system for information sharing across welfare sectors is a key challenge in many of these countries. In this context, UNICEF engages NGOs in targeting specific groups such as marginalized,

vulnerable children and families by linking them to welfare services within public sectors such as health and education which are difficult to access for such groups. Table 2 details the status of case management intervention in a development context.

**Table 2. Status of case management interventions in a development context**

Country	Status of case management and key achievements
Egypt	<ul style="list-style-type: none"> <li data-bbox="384 383 1377 539">□ UNICEF has worked extensively on supporting the development and implementation of a case management system in the country for many years, particularly the development of standard operating procedures for case management and implementation which has resulted in the establishment of several case management units within the Government sector.</li> <li data-bbox="384 546 1377 645">□ Discussions are being held with Government partners on how to increase coverage of case management and include services specifically targeting children in alternative care settings.</li> <li data-bbox="384 651 1377 750">□ UNICEF engaged and provided technical support for secondary legislation decrees to operationalize the Child Law which resulted in a legal provision on the case management system being introduced in the by-laws.</li> <li data-bbox="384 757 1377 880">□ In 2021, capacity development for the social service workforce and other child protection (CP) stakeholders in different sectors namely justice, education and health were conducted resulting in the provision of improved case management services to more than 13,000 at-risk children, victims of violence and children in contact with the law.</li> <li data-bbox="384 887 1377 1205">□ The EVAC evaluation which was conducted in 2021 found that there is a unified case management system, however, the system is very fragmented in terms of ownership and information sharing across the sector is difficult because of confidentiality issues. The evaluation further found that UNICEF activities focused heavily on the development of Child Protection Committees (CPCs) at the governorate and district levels while also scaling up the Ministry of Social Solidarity (MoSS) case management systems. The evaluation also identified challenges concerning referrals from national helplines to local social services. The Egyptian context thus offers an opportunity for closer study of information sharing across sectors, organization of case management within the public sectors as well as capacity building efforts.</li> </ul>
Jordan	<ul style="list-style-type: none"> <li data-bbox="384 1211 1377 1406">□ UNICEF is supporting system strengthening and capacity development activities that are responding to violence against children and GBV. The support includes providing an integrated package of quality child protection services at the national and community level in which case management is a vital part. Activities include expansion and the use of a national CPIMS, case management SoPs, and capacity development of the workforce.</li> <li data-bbox="384 1413 1377 1574">□ In 2021, efforts to institutionalize case management resulted in the adoption and implementation of specific SoPs by key government partners such as the Ministries of Education and the Ministry of Health to improve case identification and response. In 2021, a total of 3,801 (2,266 women, 1,535 men) CP actors were trained on technical areas.</li> <li data-bbox="384 1581 1377 1742">□ According to the regional EVAC evaluation, there is currently more than one information management system in use to track Violence Against Children (VAC)/GBV cases in Jordan, demonstrating that a unified national information sharing system remains a challenge. It is well recognized that having competing systems is not sustainable in terms of costs, and efficient response.</li> </ul>
Morocco	<ul style="list-style-type: none"> <li data-bbox="384 1749 1377 1809">□ UNICEF supported the development of local child protection systems which aims to identify, refer and provide services to children at risk and those that are affected.</li> <li data-bbox="384 1816 1377 2036">□ Morocco is one of the most advanced countries in the MENA region in terms of regulation of social work. In 2021, in collaboration with the International Bureau of Children’s Rights, UNICEF supported the professionalization of social service workers by revising and rolling out child protection training programme. The training was rolled out to ensure the transfer of knowledge, skills and abilities required for the delivery of quality services in prevention, case management, and monitoring of children at risk or victims. Over, 400 social workers have benefited from the training.</li> </ul>

Lebanon	<ul style="list-style-type: none"> <li><input type="checkbox"/> UNICEF is providing technical and financial support to strengthen the national capacity and accountability of key government ministries such as the Ministry of Social Affairs, Ministry of Justice, Ministry of Education and Higher Education, Ministry of Public Health and the Higher Council for Childhood to address child protection issues is a key area of work for UNICEF Lebanon. Special attention has been given to intersectoral case management and referral mechanisms.</li> <li><input type="checkbox"/> In 2021, A total of 583 boys and girls referred from education benefitted from the country's child protection services. UNICEF has also been successful in providing GBV case management through several hotlines and a mobile approach.</li> </ul>
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## Purpose and Objectives

### Purpose

10. With the COVID-19 pandemic having affected UNICEF's work in both development context and humanitarian response, the evaluation is timely in looking at how selected COs in the region have implemented case management systems.
11. The evaluation will be used mainly for learning, advocacy and informing UNICEF's way forward in the development, implementation, and monitoring of case management systems interventions in development and humanitarian response.
12. The primary users of the evaluation are UNICEF COs participating in the evaluation, MENA Regional Office (MENARO), and other COs in the region, other UN agencies, donors, Governments, and other stakeholders.

### Objective

13. With limited accountability on implementation of case management systems in the region, the evaluation will add value by covering a variety of work UNICEF COs in the MENA region engage in as regards case management. The evaluation will also allow for the identification of different ways of addressing similar challenges regarding case management system design and implementation in addition to a comparison among countries with similar contexts and capacities.
14. The primary objectives of the evaluation are to:
  - Assess country level development, implementation and monitoring of case management systems in both humanitarian and development situations.
  - Document programmatic and operational lessons learned and opportunities in the development, implementation and monitoring of case management system activities in both development and humanitarian situations.

## 2. Scope of the work (Work assignment)

15. The evaluation will assess if case management systems in both humanitarian settings and development contexts are achieving or expected to achieve intended results. In addition to the intended results, the evaluation will also aim to identify unintended effects.
16. The evaluation will mainly focus on the interventions being supported and implemented by UNICEF through its implementing partners. The evaluation will further focus on the country's individual goals and objectives of case management system design and implementation, quality standards for the operation of case management systems, and outcomes of services provided to target groups.
17. Geographical scope: Egypt, Iraq, Libya, Lebanon, Jordan, Morocco and Syria.

## Evaluation criteria and key evaluation questions

18. The evaluation aims to follow a selected [OECD DAC evaluation criteria](#) in development namely relevance, efficiency, effectiveness, coherence, and sustainability in addition to coordination and coverage as part of the humanitarian criteria. The impact criteria will not be followed in this evaluation. In addition, it will also look at gender, human rights, and disability as cross cutting issues.

19. The evaluation is expected to answer key questions in table 3 which will be refined by the evaluation team and quality checked by the evaluation manager for endorsement by the steering committee during the inception phase.

Table 3. Criteria and key evaluation questions

Criteria	Key Evaluation Questions
Relevance	<input type="checkbox"/> To what extent did the UNICEF-supported case management systems objectives, design and interventions respond to the needs of governments and children requiring protection services in both humanitarian and development situations?
Effectiveness	<input type="checkbox"/> The extent to which the case management system has attained its stated objectives (at the outcome and output level). <input type="checkbox"/> The extent to which case management interventions contribute to strengthening existing child protection systems?
Efficiency	<input type="checkbox"/> Did the case management interventions use the resources in the most economical and timely manner to achieve or expected to achieve the objectives.
Sustainability	<input type="checkbox"/> To what extent are the positive changes and benefits (institutional and individual) of the case management system interventions likely to continue?
Coordination	<input type="checkbox"/> How well coordinated are the different stakeholders including government departments, other UN agencies in case management development, implementation, and monitoring in both humanitarian and development situations. <input type="checkbox"/> To what extent did case management design and implementation of the systems capitalize on coordination mechanisms, and existing capacities to achieve results?
Coverage	<input type="checkbox"/> Has UNICEF's engagement with governments, civil society and other stakeholders led to significant coverage of case management at the sub-national level?
Cross cutting issues (gender, disability, and human rights)	<input type="checkbox"/> The extent to which case management interventions address gender, disability, and human rights.
Lessons learned	<input type="checkbox"/> Document lessons learned (successes and failures) of case management system development, implementation and monitoring in humanitarian and development situations.

### 3. Methodology

20. The evaluation will be based on United Nations Evaluation Group (UNEG) Norms and Standards for evaluation and guided by relevant UNICEF evaluation guidance.

21. The evaluation will be as participatory as possible. Methodological rigor will be applied to ensure that the most appropriate sources of data, both qualitative and quantitative primary and secondary, are collected to answer the evaluation questions and objectives. Special attention will be given to the disaggregation of data by gender and other relevant groups, including refugees and displaced populations.

22. During the inception phase, the evaluation team will detail the methodology, which will include a detailed evaluation matrix, data collection tools for the chosen methodology, ethical considerations, and limitations.

#### Data sources

23. Both secondary and primary data will be collected and analyzed to answer the evaluation questions.

#### Secondary data

24. The evaluation team will be provided with existing documents: Standard Operating Procedures, standard forms, ISPs, training packages, partnership agreements, monitoring and progress reports, assessments already

done on the subject (or related to the subject), financial records, and other documents that may be requested and relevant to the scope of work as part of the desk review.

25. Monitoring data and previous evaluations are available for Jordan, Lebanon, Syria. The consultant(s) will need to determine the availability of such data by communicating with the relevant COs and Government partners.

26. The evaluation will use different information management systems and frameworks prepared by ICRC, UNHCR, and Jordan Child Protection Case Management Standards 2014

### Primary data collection

27. Primary data will be collected from UNICEF staff – At Regional Office: Regional Advisor Child Protection, Child Protection Specialists, At Country level: Representatives, Deputy Representatives, Child Protection Chiefs of Section, Child Protect Specialist, “beneficiaries”/clients/survivors, stakeholders such as Government, implementing partners, other UN agencies, donors, Non-Governmental Organisation (NGOs), and International Non-Government Organisation (INGOs), Civil Society Organisation (CSO), through various methods to ensure triangulation and verify the validity of the data before making a judgment.

28. Typically, such methods include Key Informant Interviews (KII), Focus Group Discussions (FDGs), observations, and perception surveys.

29. Specific FDGs with male and female parents/caregivers of children attending response activists, boys, and girls of different age groups.

30. The consulting team should propose either or both remote-based and face to data collection techniques to ensure that COVID-19 mitigation protocols are followed and adhered to.

### Data Analysis

31. The evaluation will during the inception phase propose methodologies and tools, with clear justifications, to analyse both qualitative and quantitative. The analysis methodology and tools should aim to examine if case management system development and implementation have met goals and objectives, and expenditure analysis of the reforms for a successful case management system.

### Dissemination

32. As part of the quality assurance processes and validation, the evaluation team will present preliminary findings and recommendations to relevant stakeholders towards the end of data collection. In the following discussion, stakeholders can reflect on the preliminary findings with the goal to make them more relevant to the Regional and Country Office Child Protection team.

33. Commenting on the draft report will be afforded to all institutional stakeholders interviewed during the primary data collection. After the report is finalized a dedicated distribution workshop will be facilitated to discuss the findings as well as to design the actions that will address the recommendations of the report. Additional sectoral working meetings and discussions of the findings and recommendations might be facilitated ahead of the distribution workshop for those sections that require more in-depth discussions.

34. In addition to the main report, the evaluation team will summarise the major findings and recommendations in form of infographics according to UNICEF standards. The summary will be in three languages: Arabic, French and English. The findings and recommendations of the evaluation will be disseminated to primary users to improve the ongoing implementation of case management activities in both development and humanitarian settings as well as advocacy with governments, donors and stakeholders. A series of dissemination events will be conducted. The events will draw programme participants, particularly child protection teams from MENA countries.

### Limitations

35. COVID-19 transmission prevention and control measures - in particular, social gathering restrictions resulting in person interviews, FDGs and observations may be discouraged. The evaluation team should mitigate this through a blended data collection methodology – remote and face-to-face interviews and use of secondary data as much as possible for triangulation.

36. Political instability in some of the MENA countries may limit or delay the data collection process resulting in delayed completion of the deliverables.

37. Limited documents and secondary data.

38. The evaluation team will further detail limitations and propose mitigating solutions to minimise the impact on the evaluation.

#### 4. Expected tasks and deliverables

39. The contract will have the following deliverables: Inception Report, Presentation of Preliminary Findings and Recommendations, Draft Report, Final Report, Response to the Comments Matrix. Table 4 details the preliminary timeline for deliverables and main tasks for the evaluation.

**Table 4. Estimated timeline and deliverables**

Deliverable	Tasks	Timeline (after contract signing) (in weeks)	Responsible person	Estimated billable time in days
<b>Kick off phase</b>				<b>0</b>
Between the Evaluation team and Evaluation Manager	Discuss timeline of activities, evaluation process, policies, guidelines, and tools at UNICEF	1	Evaluation Manager	
Between Evaluation team – Evaluation Manager and Client	Discuss expectations and timeline	1	Evaluation Manager	
	List respondents for inception interviews	1	Evaluation Manager and client	
	Document sharing	1	Evaluation Manager and Client	
<b>Inception report</b>				<b>10</b>
	Conduct inception interviews and desk review of the documents shared	2	Evaluation team	
	Draft Inception report and submission to UNICEF	4	Evaluation team	
	Quality review, ethical review, and endorsement of the Inception report	6	Evaluation Manager, Steering Committee and Ethical Review Board (ERB)	
<b>Fieldwork, Data Analysis and Preliminary Findings Presentation</b>				<b>30</b>
	Primary data collection and review of secondary data	7	Evaluation Team	
	Data analysis	7	Evaluation Team	
	Draft preliminary findings presentation	10	Evaluation Team	
	Quality Assurance (QA) of the Draft preliminary findings presentation	10	Evaluation manager	
	Present the preliminary findings to stakeholders	11	Evaluation team	
<b>Draft report</b>				<b>0</b>
	Draft the evaluation report	12	Evaluation Team	
	Quality assurance	15	Evaluation Manager	

	Formal commenting process	16	Stakeholder	
<b>Final report and other products</b>				<b>30</b>
	Respond to comments from stakeholders and adjust the report accordingly	19	Evaluation Team	
	Quality assurance and clear the report	19	Evaluation Manager	
	Develop infographics as per UNICEF guidelines	20	Evaluation Team	
	Dissemination of the summary of the evaluation findings through various channels.		Evaluation Manager and Client	

## ANNEX 3. EVALUATION MATRIX

Evaluation questions	Sub-questions	Indicator	Data sources	Tools
<b>Relevance</b>				
EQ 1. To what extent did the UNICEF-supported case management systems objectives, design and interventions respond to the needs of governments and children requiring protection services in both humanitarian and development situations?	1.1 To what extent are interventions, activities, and processes relevant and consistent with the priorities of governments and their relevant policy frameworks?	Level of alignment between interventions and government priorities	UNICEF, government, stakeholders, policy documents, reports	Desk review, country-based KIIs, regional and global KIIs, FGD case workers, stakeholder workshop
	1.2 How have UNICEF-supportive systems adapted to the context (e.g., COVID-19 pandemic; security situation) to meet most pressing needs?	Ramifications of adaptation (or non-adaptation) on service delivery; types of adaptation; rationale for adaptation; effects of adaptation	Reports, UNICEF, government	Desk review, regional and global KIIs, country-based KIIs, stakeholder workshop, community level KIIs, KIIs (case workers)
	1.3 How relevant are the UNICEF-supported case management systems to the needs of children requiring protection services?	Level alignment between identified needs of children and CM systems	Government reports, UNICEF reports, children and parents, all stakeholders	Country-based KIIs, community KIIs, FGDs, IDIs
<b>Efficiency</b>				
EQ 2. Did the case management interventions use resources in the most economical and timely manner to achieve or expected to achieve the objectives?	2.1 To what extent did the chosen implementation mechanisms (including choice of implementation modalities, entities, and contractual arrangements) conducive for achieving the expected results?	Attribution between results and implementation	National plans, stakeholders, UNICEF strategy	Desk review, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs, KIIs (case workers)
	2.2 To what extent was UNICEF efficient in utilising financial and human resources during implementation of case management interventions?	Appropriate team members to deliver interventions Level of budget allocation by priority area; budget spend rate	Financial reports, internal data on work carried out, performance evaluations, data from IPs	Desk review, regional and global KIIs, country-based KIIs
	2.3 How well did the intervention modalities adapt to	Frequency of lesson learned, and monitoring	Case management reporting on security situations, COVID-19, and other issues	Desk review, country-based KIIs, stakeholder workshop, community level KIIs, case

	changing contexts over the course of the project and utilise lessons learned from implementation to inform adaptation?	data used in adaptation Linkage between adaptation and improved efficiency		study, FGDs (parents/caregivers), KIIs (case workers)
<b>Effectiveness</b>				
<b>EQ 3.</b> To what extent have the case management interventions attained their stated objectives (at the outcome and output levels)?	3.1 To what extent have the planned results been achieved?	Original targets compared to results Level of quality of results based on stakeholder assessment (with an assumption the results are at output or outcome level)	UNICEF strategic notes, government plans, stakeholders	Desk review, country-based KIIs, stakeholder workshop, community level KIIs
	3.2 What, if any, were the unintended results of the interventions, both positive and negative?	Types of unintended positive and negative effects	Feedback from implementing partners/parents/children	Country-based KIIs, stakeholder workshop, community level KIIs, FGDs (parents/caregivers), KIIs (case workers)
	3.3 What were the major drivers and systemic and structural barriers influencing the achievement or non-achievement of the objectives and intended results?	Specific examples of factors leading to intervention success, gains, or lack of progress	UNICEF and IP documentation, stakeholders	Desk review, regional and global KIIs, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs, case study, FGDs (parents/caregivers), KIIs (case workers)
<b>EQ 4.</b> To what extent do UNICEF's case management interventions contribute to strengthening existing child protection systems?	4.1 To what extent has UNICEF interventions been effective in strengthening child protection systems?	Improvement in service delivery	Case management interviews, UNICEF planning and reporting	Desk review, country-based KIIs, stakeholder workshop, community level KIIs, KIIs (case workers)
	4.2 How have results contributed to UNICEF's overall goals of meeting the needs of vulnerable children?	Ability of CM systems to meet needs of vulnerable children	Annual reporting and stakeholder interviews	Desk review, regional and global KIIs, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs, IDIs, FGDs (parents/caregivers), KIIs (case workers)
<b>Sustainability</b>				
<b>EQ 5.</b> To what extent are the positive changes and benefits (institutional and individual) of the case management system	5.1 How sustainable is the intervention considering capacity to sustain programme elements without	Increase in sustainable capacity with CM systems (measured as	UNICEF ToC and intervention strategies and tracking documentation, stakeholders, policy	Desk review, regional and global KIIs, country-based KIIs, OCAT e-survey, stakeholder workshop,

interventions likely to continue?	UNICEF or external support?	stakeholder assessment on increased capacity)		community level KIIs, KIIs (case workers)
	5.2 To what extent have the interventions led to increased national ownership? Have any tangible efforts been made to leverage national partnerships, capacities, etc.? Has there been any motivation for continuity among national actors?	Level of commitments by governments and IPs, number of laws enacted, level of cooperation among partners	Stakeholders and commitment documentation (policy)	Desk review, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs
	5.3 To what extent are the benefits of the program likely to sustain in the long term? What are the main factors behind this?	Likelihood of continuation of progress (measured as stakeholder assessment on continuity)	Stakeholders and policy documentation	Desk review, regional and global KIIs, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs, KIIs (case workers)

### Coordination

EQ 6. How well coordinated are the different stakeholders including government departments, other UN agencies in case management development, implementation, and monitoring in both humanitarian and development situations?	6.1 To what extent is the intervention design aligned with the policies and priorities of its key development and humanitarian stakeholders? In terms of added value, how appropriate has UNICEF's positioning been, relative to its role?	Level of alignment with key policies and priorities	Planning documentation, stakeholders	Desk review, regional and global KIIs, country-based KIIs
	6.2 To what extent are different stakeholders and policies coordinated and synergised in case management development, implementation, and monitoring across contexts?	Level of synergy across policies and stakeholders (measured as level of stakeholder agreement on efficient CM coordination synergy)	National to local coordination plans or systems	Desk review, regional and global KIIs, country-based KIIs, stakeholder workshop, community level KIIs
	6.3 To what extent have UNICEF's efforts on coordination led to successful outcomes?	Linkage between UNICEF-led coordination leading to outcomes deemed successful by respondents.	UNICEF documentation; stakeholders.	Desk review, country-based KIIs, stakeholder workshop, community level KIIs

<b>EQ 7.</b> To what extent did case management design and implementation of the systems capitalise on coordination mechanisms, and existing capacities to achieve results?	7.1 How well was the case management design and implementation been coordinated with other interventions, both internal to UNICEF and external?	Potential and realised opportunities; type of opportunities used or not used	UNICEF documentation, stakeholders.	Desk review, regional and global KIIs, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs
	7.2 To what extent have existing capacities being built on to achieve results?	Nature of existing capacities; level of consideration and integration	Stakeholders, reporting	Desk review, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs, KIIs (case workers)
<b>Coverage</b>				
<b>EQ 8.</b> Has UNICEF's engagement with governments, civil society, and other stakeholders led to significant coverage of child protection case management at the sub-national level?	8.1 To what extent are case management systems at adequate levels of coverage at the sub-national level?	Level of case management coverage per area/population	Geographic coverage and population density	Desk review, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs, case study, FGDs (parents/caregivers), KIIs (case workers)
	8.2 What role has UNICEF played in improving the coverage of case management systems, and to what extent are they then reaching the most vulnerable?	Role of UNICEF in expansion of coverage; Levels of inclusivity in coverage as expressed by stakeholders at all levels	UNICEF and IP/government interviews, reporting; Stakeholders, reporting	Desk review, regional and global KIIs, country-based KIIs, stakeholder workshop, community level KIIs; OCAT e-survey, IDIs, FGDs (parents/caregivers), KIIs (case workers)
<b>Cross-cutting issues</b>				
<b>EQ 9.</b> To what extent do case management interventions address gender, disability, and human rights?	<b>9.1</b> To what degree have gender, disability, and human rights been reflected in the intervention, implementation, and monitoring?	Level of inclusivity of case management	Legal definitions, case management reporting on cross-cutting issues	Desk review, regional and global KIIs, country-based KIIs, OCAT e-survey, stakeholder workshop, community level KIIs, KIIs (case workers)

## ANNEX 4. ETHICAL CONSIDERATIONS

### Samuel Hall Ethics and Safeguarding

Ethics and safeguarding concerns are in all research a primary consideration. In this study, given the circumstances of risks related to COVID-19 and associated ethical challenges, as well as the involvement of children and youth in the data collection, these considerations must be at the forefront of decision making, planning and research development. As noted in the initial evaluation proposal, Samuel Hall upholds the highest possible ethical standards and embeds ethical considerations at all stages of research from design to field research and data handling.

This is of particular relevance for in-person field research during the COVID-19, and considerations on how to undertake such research ethically are central to our fieldwork planning and will be regularly re-evaluated given the rapidity with which the situation is evolving in each of the countries of focus (i.e., school closures).

These represent critical areas for research to address through design, methodology and implementation. As noted above, not only have these ethical considerations informed the design of research, but, as the following section outlines, they will be addressed through a comprehensive internal risk assessment prior to fieldwork.

### Confidentiality and Data Security

As per its internal data collection policy, data which is provided to Samuel Hall will be used in accordance with Data Protection legislation. This principle means that Samuel Hall staff and research participants will know who is collecting the evaluation data, where it will be kept, and what will be done with it. Privacy notices will be included on consent forms or associated documents so all parties are aware of how data will be processed. Data will be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction, or damage, using appropriate technical or organisational measures ('integrity and confidentiality'). Personal data will be kept securely so that no unauthorised access can occur. To ensure the security and quality of its data, Samuel Hall utilises a dedicated data management system on its own proprietary cloud, hosted on Google's cloud architecture. All Samuel Hall software and collected data reside in Frankfurt, Germany, subject to German and EU privacy laws. The data management system will further remain isolated from all other Samuel Hall systems by default. Samuel Hall's Data Protection Policy can be found in the Annex of the Inception Report. This includes:

- Regular deletion of data from phones during fieldwork (once uploaded)
- Backing up of data
- Secure storage (physical or digital) of data collected, in particular where identifying information is included

### Safeguarding and Child Protection

Samuel Hall believes that any form of child abuse and exploitation is unacceptable and will not be tolerated. The United Nations Convention on the Rights of the Child is the universal foundation for children's rights to protection. Samuel Hall's understanding of child safeguarding is centred on it.

- All children, without discrimination, have equal rights to be protected from all forms of violence, abuse, neglect, and exploitation
- Samuel Hall has zero tolerance for any form of sexual abuse and exploitation.
- It is our duty of care as an organisation to take reasonable steps to ensure that children and other vulnerable individuals in our program areas are safe from harm directly or indirectly linked to our work or staff. This concept is also called the principle of Do No Harm.
- At all times, the best interests of the child will be used to make decisions.

Safeguarding is the responsibility of all staff; all Samuel Hall staff and partners shall adhere to this policy. Samuel Hall as an entity commits to making sure that they are aware of their responsibilities. Samuel Hall will act in compliance with host country legislation related to child welfare, keeping in mind the Do No Harm approach and making decisions that are in the best interests of the child.

Requirements of this Child Safeguarding Policy operate in conjunction with any other applicable legal requirements, such as those provided by partners and donors.

Safeguarding should include training on ethical, child friendly and gender responsive approaches to data collection as well as informed consent and asset processes for minors (including married minors) and mechanisms to ensure the safety and security of data collection teams and respondents, including privacy for data collection via surveys or FGDs, community entry processes, and responses in case of an incident or report.

## ANNEX 5. QUALITATIVE CODING FRAMEWORK

### Coding tree used for qualitative analysis

- **Quotes**
- **Relevance of case management systems**
  - Adaptation of systems to context
  - Child protection service needs
  - Government/national priorities
- **Efficiency of case management systems**
  - Adaptation of intervention modalities to changing contexts
    - COVID-19
    - Conflict
    - Natural disaster
  - Financial and human resource usage during implementation
  - Implementation mechanisms
- **Effectiveness – achievement of results**
  - Achievement of results
  - Drivers and barriers influencing achievement
    - Drivers influencing achievement
    - Structural and systemic barriers affecting achievement
      - Monitoring and evaluation systems
  - Unintended effects
    - Negative
    - Positive
- **Effectiveness – systems strengthening (existing)**
  - Meeting needs of vulnerable children (towards UNICEF’s goals)
  - Strengthening child protection systems
- **Sustainability of case management systems**
  - Capacity to sustain without support
  - Factors supporting long-term sustainability
  - Long-term program benefits
  - National ownership, partnerships, and capacities
- **Coordination of case management systems**
  - Added value
  - Alignment with stakeholder priorities
  - Built capacities (existing)
  - Coordination between other interventions
    - Non-UNICEF (external)
    - UNICEF (internal)
  - Successful outcomes due to coordination efforts
  - Synergy between stakeholders
- **Coverage of case management systems**
  - Gaps in coverage
  - Sub-national level coverage
  - UNICEF’s role in improving coverage
- **Cross-cutting issues**
  - COVID-19
  - Disability
  - Gender
  - Human rights
- **Lessons learned/success stories**
- **Recommendation**

## ANNEX 6. SAMPLE DEMOGRAPHICS

Table 6 – Data collected by country

	Egypt	Iraq	Jordan	Lebanon	Libya	Morocco	Syria	Global	Total
KIIs	6 (n=2 female, 5 male)	6 (n=3 female, 5 male)	5 (n=4 female, 4 male)	7 (n=7 female)	9 (n=6 female, 3 male)	7 (n=6 female, 1 male)	6 (n=5 female, 1 male)	9 (n=5 female, 4 male)	55
FGDs		4 (n=16 female, 10 male)	4 (n=9 female, 6 male)			2 (n=6 female, 2 male)			10
IDIs		4 (n=2 female, 2 male)	4 (n=2 female, 2 male)			2 (n=1 female, 1 male)			10
Caseworker KIIs		2 (n=2 female)	2 (n=1 female, 1 male)			2 (n=1 female, 1 male)			6
OCAT e-survey <sup>262</sup>	12	8	14	18	5	7	18		82
Stakeholder workshops	1 (n=7 female, 3 male)	1 (n=4 female, 5 male)	1 (n=3 female, 3 male)	1 (n=12 female)	1 (n=4 female, 4 male)	1 (n=10 female, 9 male)	1 (n=8 female, 2 male)		7

Table 7 – KII sample characteristics

Interview code	Date	Stakeholder type	Organisation	Gender
KII1	18/04/2023	Donor	ECHO Amman	F
KII2	18/05/2023	UN	UNHCR	F
KII3	19/04/2023	NGO	Global Social Service Workforce Alliance	M
KII4	11/04/2023	Academia	National Immigration Law Center	F
KII5	27/04/2023	UN	UNICEF	M
KII6	13/04/2023	UN	UNICEF	M
KII7	11/04/2023	UN	UNICEF	M
KII8	17/04/2023	NGO	CESVI	F
KII9	02/05/2023	NGO	CESVI	F
KII10	13/04/2023	Government	NCCM	M
KII11	18/04/2023	NGO	CARITAS	M
KII12	20/04/2023	CSO	EFFAC	M
KII13	20/04/2023	CSO	NFFCD	M

<sup>262</sup> Disaggregated gender data unavailable for the OCAT survey as respondents answered on behalf of their respective organisation.

KII14	27/04/2023	UN	UNICEF	F&F
KII15	29/04/2023	Government	NCCM	M
KII16	05/04/2023	CSO	Public Aid Organization	F
KII17	05/04/2023	CSO	Um Alyateem – UDF	M&F
KII18	10/04/2023	UN	UNICEF	M
KII19	10/04/2023	Donor	TDH Italy	F
KII20	11/04/2023	NGO	VOP	M&M
KII21	12/04/2023	Government	DoLSA Duhok	M
KII22	27/04/2023	Government	Ministry of Education (MoE)	M&F
KII23	02/05/2023	Government	Ministry of Social Development (MoSD)	M&M
KII24	22/05/2023	Academia	Consultant in Child Protection & Alternative Care Systems/Academia	F
KII25	03/05/2023	NGO	International Medical Corps (IMC)	M&F
KII26	08/05/2023	CSO	Jordan River Foundation (JRF)	F
KII27	27/04/2023	CSO	Mouvement Social	F
KII28	10/04/2023	NGO	DRC Lebanon	F
KII29	12/04/2023	Government	Ministry of Social Affairs (MoSA)	F
KII30	20/04/2023	NGO	Himaya	F
KII31	02/05/2023	NGO	Rene Mouawad Foundation	F
KII32	12/04/2023	UN	UNICEF	F
KII33	10/05/2023	Government	Ministry of Social Affairs (MoSA)	F
KII34	06/04/2023	UN	UNFPA	M
KII35	12/04/2023	UN	IOM	M
KII36	26/04/2023	NGO	INTERSOS	F
KII37	03/05/2023	NGO	Acted	F
KII38	27/04/2023	UN	IOM	M
KII39	02/05/2023	NGO	CESVI	F
KII40	02/05/2023	Academia	SFF	F
KII41	07/05/2023	Government	MOSA-Benghazi	F
KII42	08/05/2023	UN	UNHCR	F
KII43	02/05/2023	Government	Présidence du Ministère Public	F

KII44	04/05/2023	Government	Ministère de la Solidarité, de l'Insertion Social et de la Famille	F
KII45	09/05/2023	CSO	Association de Protection de l'Enfance et de Sensibilisation de Famille	F
KII46	22/05/2023	CSO	AiBi - Associazione Amici dei Bambini	F
KII47	17/05/2023	CSO	Fondation Amane pour la Protection de l'Enfance	M
KII48	25/05/2023	CSO	Association Bayti	F
KII49	05/06/2023	UN	UNICEF	F
KII50	17/04/2023	CSO	Inaash Alfakir NGO	F
KII51	08/05/2023	UN	WHO	M
KII52	25/04/2023	UN	UNFPA	F
KII53	26/04/2023	UN	UNICEF	F
KII54	04/05/2023	UN	UNICEF	F
KII55	07/05/2023	CSO	Al Raja'a NGO	F

Table 8 – IDI sample characteristics

Interview code	Date	Participant gender	Age	Location	Nationality	Concern/treatment
IDI1	12/4/2023	Male child	13 years old	Amman, Jordan	Syrian	SGBV and bullying
IDI2	20/4/2023	Female child	15 years old	Amman, Jordan	Syrian	PSS, psychological support, PSS
IDI3	19/4/2023	Male child	17 years old	Za'atari refugee camp, Jordan	Syrian	Suicide prevention/PSS
IDI4	19/4/2023	Female child	12 years old	Za'atari refugee camp, Jordan	Syrian	PSS
IDI5	16/4/2023	Male child	14 years old	Baharka IDP camp, Iraq	Iraqi	Child abuse
IDI6	18/4/2023	Female child	16 years old	Baghdad, Iraq	Iraqi	Poverty and bullying
IDI7	27/4/2023	Female child	12 years old	Baharka IDP camp, Iraq	Iraqi	Bullying and PSS
IDI8	27/4/2023	Male child	12 years old	Baghdad, Iraq	Iraqi	Poverty
IDI9	10/05/2023	Female child	16 years old	Tangier, Morocco	Moroccan	School dropout
IDI10	10/05/2023	Male child	12 years old	Tangier, Morocco	Cameroonian	Poverty

Table 9 – FGD sample characteristics

Interview code	Date	Participant gender	Location
FGD1	10/4/2023	Female parents/caregivers	Amman, Jordan
FGD2	10/4/2023	Male parents/caregivers	Amman, Jordan
FGD3	18/04/2023	Female parents/caregivers	Za'atari refugee camp, Jordan
FGD4	18/04/2023	Male parents/caregivers	Za'atari refugee camp, Jordan
FGD5	16/4/2023	Female parents/caregivers	Baharka IDP camp, Iraq
FGD6	18/04/2023	Male parents/caregivers	Baharka IDP camp, Iraq
FGD7	27/4/2023	Female parents/caregivers	Baghdad, Iraq
FGD8	27/4/2023	Male parents/caregivers	Baghdad, Iraq
FGD9	10/05/2023	Mixed gender parents/caregivers	Tangiers, Morocco
FGD10	20/05/2023	Mixed gender parents/caregivers	Rabat, Morocco

Table 10 – Caseworker KII characteristics

Interview code	Date	Participant gender	Location
Caseworker KII1	20/4/2023	Female case worker	Amman, Jordan
Caseworker KII2	26/4/2023	Male case worker	Za'atari refugee camp, Jordan
Caseworker KII3	9/5/2023	Female case worker	Baghdad, Iraq
Caseworker KII4	27/5/2023	Female case worker	Erbil, Iraq
Caseworker KII5	10/05/2023	Female case worker	Tangier, Morocco
Caseworker KII6	12/05/2023	Male case worker	Oujda, Morocco

## ANNEX 7. OVERVIEW OF CASE MANAGEMENT IN EACH COUNTRY

Below, more depth is given to the rapid overview on the state of the case management system provided in Section 3 of the evaluation. The information is reported by country:

- In **Egypt**, the case management system must address both a wide range of needs among Egyptian children ranging from child labour and child marriage to female genital mutilation (FGM) and a punitive criminal system even for children, while at the same time being able to support over 102,000 registered refugee and asylum seeker children.<sup>263</sup> The current crisis in Sudan will result in further pressure on this system. The system suffers from fragmented ownership, with several case management units and programmes on child protection scattered within the government actors: the National Council for Childhood & Motherhood (NC case management), the Ministry of Social Solidarity (MoSS) with its Protection units, the Ministry of Local Development which oversee Committees and Subcommittees for Child Protection, The Child Prosecution Office, the Ministry of Health and Population and the Ministry of Education. There is a Plan of Action for the National Strategic Framework (2020-2030) to end violence against children, and SOPs including the National Standard Operating Procedures on Case Management for Children at Risk and the Standard Operating Procedures for the Protection and Assistance of Child Asylum Seekers, Refugees, and Victims of Migrant Smuggling and Trafficking in Persons, but roles and responsibilities remain unclear, the country lacks mechanisms of case management for children on the move, and lacks specific services for children in alternative care settings.
- In **Iraq**, 1,300,000 children are in acute need of humanitarian assistance, 990,500 children at risk of gender-based violence, and 699,000 are in need of child protection services.<sup>264</sup> Frequent asymmetric attacks are still conducted against civilians and past conflict related violence has had a long-term impact on children who are still suffering from widespread violence such as gender-based violence (GBV), harmful practices, sexual, physical, and psychological violence. The Ministry of Labor and Social Affairs (MoLSA) and the Child Welfare Commission are the main responsible institutions for existing child protection prevention and response services. However, the legislative and institutional framework around these issues remains fragmented and so is the quality of the case management system and specialised services such as those for children without parental care, survivors of GBV, children associated with armed groups and children in conflict with the law. Child protection legislation in Iraq is relatively nascent, with case management done without legislative support, and case management is implemented by 40 child protection partners, including MoLSA, in 16 governorates. Iraq is undergoing a transfer of responsibility from the child protection cluster to that of the government, who are set to take responsibility for case management from 2023.
- Jordan** has a well-developed case management system which fits within the national framework for protection, which is focused on domestic violence, child protection, and gender issues. UNICEF supports the national system on a variety of initiatives, including working on the inter-agency SOPs, national SOPs, and procedures for the National Council for Family Affairs (NCFA), the Ministry of Health (MoH), Ministry of Education (MoE), and the Ministry of Social Development (MoSD). However, the context it must address is far from simple: Jordan's own population is quite young (63% under the age of 30 in 2023)<sup>265</sup>, and to this must be added the additional challenges of the significant refugee population in Jordan, with over 343,000 refugee children registered by UNHCR as people of concern, the vast majority of whom are from Syria.<sup>266</sup> While laws, policies and standards are being developed, this has been done within a top-down governance structure, with implementation on the ground lagging.

<sup>263</sup> UNHCR, "Egypt: Global Focus", 2023.

<sup>264</sup> UNICEF, "Iraq: Humanitarian Action for Children", 2023.

<sup>265</sup> UNICEF, "Youth", 2023.

<sup>266</sup> UNHCR, "Jordan Situation Gender & Age Map", 2023.

- The government of **Lebanon** is confronted with a humanitarian, economic, financial, social and health crisis that limits access to basic social services and increases child poverty. The country further holds the highest number of displaced persons per capita in the world.<sup>267</sup> The 2020 Beirut explosion worsened an already deteriorating socio-economic situation and had tremendous impacts on mental health services required in the country.<sup>268</sup> The Lebanon Crisis Response Plan 2022-2023 lays out a joint plan between the Government and its national and international partners to support public institutions and infrastructures. This plan lays out case management as “the cornerstone for providing individual tailored support and protection to the most at-risk individuals to address violence, coercion, deliberate deprivation, abuse and neglect.”<sup>269</sup> Child protection in Lebanon follows two separate tracks: one is led by the Ministry of Social Affairs (MOSA), which works with specialised NGOs, UNHCR, and other partners, while the other is linked to the Ministry of Justice, which oversees the juvenile judicial system, working with juvenile courts and NGOs responsible for implementation of relevant laws. However, the government at this point, case management is primarily implemented by International and national NGOs, challenged by the overall funding decrease.<sup>270</sup>
- While **Libya** does not currently have a harmonised system for case management in place, a child protection system is in place and responding to emergencies across the country, with case management primarily implemented through INGOs partnering with UNICEF. The range of needs among Libyan children is broad, with 37.1% of Libyan children suffering from multidimensional poverty, and children on the move in Libya at particular risk of harm.<sup>271</sup> The World Bank underlines that while targeted humanitarian assistance needs are expected to go down in 2023, they will still concern 4% of the population, and the situation has yet to fully stabilise.<sup>272</sup>
- **Morocco** is one of the most advanced countries in the region when it comes to social work regulations, with its National Public Policy for Child Protection (2015-2025) as the strategic framework that aims at reinforcing and integrating existing case management actions and programmes at central, regional, and local levels, and whose implementation is supported by UNICEF. While significantly more stable than most countries in the region, Morocco continues to face challenges in child protection including child labour and marriage, with children on the move particularly vulnerable.<sup>273</sup>
- Finally, **Syria** has been experiencing conflict since 2011, and as of March 2023, over 15.3 million people were in need of humanitarian assistance, a figure exacerbated by the 2023 earthquake.<sup>274</sup> All of the agencies working on case management within this context of protracted crisis have their own systems for case management, challenging harmonisation of approaches targeted by the SoPs being drafted and the UNICEF created task force for the harmonisation of case management.

<sup>267</sup> International Labor Organization, “Lebanon”, 2023.

<sup>268</sup> World Food Programme, Beirut Port Explosion: Impact on Key Economic and Food Security Indicators, 2020.; The Tahrir Institute, “The Beirut Explosion’s Impact on Mental Health”, 2021. <https://timep.org/2021/02/11/the-beirut-explosions-impact-on-mental-health/#:~:text=Even%20in%20the%20months%20preceding.rate%20of%20over%2030%20percent%2C>.

<sup>269</sup> United Nations, “Lebanon Crisis: Response Plan”, 2023.

<sup>270</sup> The Ministry of Social Affairs, United Nations Children’s Fund (UNICEF), University of Saint Joseph-Lebanese School for Social Work, “Standard Operating Procedures for the Protection of Juveniles in Lebanon”, 2015.

<sup>271</sup> United Nations Development Programme, “Multidimensional Poverty Index 2022 (Libya)”, 2022.

<sup>272</sup> World Bank, “The World Bank in Libya”, 2023.

<sup>273</sup> UNICEF, “Morocco: Country Office Annual Report 2022.

<sup>274</sup> UNHCR, “Syria Emergency”, 2023.

## ANNEX 8. ALTERNATIVE CARE IN CASE MANAGEMENT

The table below briefly summarises alternative care in each country context. The findings, relevant to the overall evaluation, show how alternative care, a crucial intervention in case management, is being handled by relevant authorities and what UNICEF's contribution is to it.

### Box 11 – Alternative care in case management

The United Nations General Assembly set out mandates to states on the Alternative Care of Children in 2010, stating that children must be treated with dignity at all times and the "removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration."<sup>275</sup> In line with this, the countries in the MENA region have developed locally-contextualised measures to protect children through alternative care laws and policies, including the traditional presence of *kafala* – an alternative to adoption based on Islamic principles. A few examples of alternative care in the region are detailed below:

- In **Egypt**, UNICEF staff worked on a new alternative care law, moving it from two forms (families and institutions) to more than 10 types of alternative care, divided into three types (extended family, alternative family, and specialised families).<sup>276</sup> This was essential, because the law in Egypt doesn't allow adoption, and the existing institutions of the MoSS weren't meeting the needs of children.<sup>277</sup> This law was raised to the government as a way to limit unnecessary cases entering institutions while reducing the number of children in institutions – a win-win proposition for the government. It was adopted at the highest level of government and made the news for its strong potential impact.<sup>278</sup>
- In **Jordan**, alternative care is well developed. A manual has been developed for practitioners giving them a step-by-step approach and training on how to assess children and families, and how to best integrate a child into the alternative care system.<sup>279</sup> There has been uptake of this with the establishment of a unit within the MOSD along with SOPs, but the government was initially hesitant to reduce the institutionalisation of children. UNICEF helped mitigate this by putting forward a case demonstrating the cost effectiveness of foster care as opposed to residential care. To complement this system, a parallel system for Syrian refugees and others coming to Jordan was established in 2010, where alternative care options were developed depending on the child's situation (as assessed through a Best Interest Assessment).<sup>280</sup>
- **Lebanon** began working on alternative care in 2019 with UNICEF and the Ministry of Justice collaborating towards the development of alternative protection measures.<sup>281</sup> However, with a fragmented system (the MOSA and MOJ are said by respondents to not work effectively together), and a lack of foster families, challenges for children emerge. For example, "a child was placed for four months in a hospital because there was no institution to have him."<sup>282</sup>
- **Morocco** currently only has institutionalisation as a last resort after *kafala* - "the existing legislative arsenal does not provide any regulation for alternatives other than Kafala or institutionalisation. Children end up in hospitals, orphanages, homeless shelters, places for people with disability, child protection centres... Still, Morocco is called upon to develop alternatives adapted to its socio-cultural context."<sup>283</sup>
- In **Iraq**, alternative care is within the government's remit – the Iraqi Court and MoLSA make decisions on alternative care, including the removal of children from care arrangements where they

<sup>275</sup> United Nations General Assembly, 64/142. Guidelines for the Alternative Care of Children. 2010.

<sup>276</sup> KII14 [Child Protection Officer & Child Protection Officer, UN, Egypt].

<sup>277</sup> KII6 [Senior official, government, Egypt].

<sup>278</sup> KII5 [Child Protection Specialist, UN, high-level].

<sup>279</sup> KII24 [Consultant in Child Protection and Alternative Care, Jordan].

<sup>280</sup> Ibid.

<sup>281</sup> KII28 [Protection Manager, NGO/CSO, Lebanon]; KII32 [Child Protection Officer, UN, Lebanon].

<sup>282</sup> Workshop participant, Lebanon, 15/05/2023.

<sup>283</sup> UNICEF, Cartographie des enfants en institution au Maroc, 2021.

are at risk of harm and the placement of children in alternative care arrangements.<sup>284</sup> While the system appears to be well established, the existing limitations of coverage limit the effectiveness of alternative care.

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<sup>284</sup> Iraq Child Protection Sub-Cluster, Interagency standard operating procedures for child protection case management in central and south Iraq, 2019.

## ANNEX 9. STAKEHOLDER RECOMMENDATIONS AT THE COUNTRY LEVEL

During the stakeholder workshops in each context, participants were asked to propose key recommendations for actors at the national level. These are presented below.

	Short-term	Medium-term	Long-term
Egypt	Develop capacity of social workers; develop an integrated case management system; improve coordination between MoH, MoE, and others; develop system mapping and national digital case management service.	Train cadre of social workers; develop curricula/training packages in training schools and career progression paths and training for these; create coordination committee for case management on preventing risks and implementing interventions; improve networking; develop M&E system; Improve funding for the social service workforce.	Ensure mechanisms for coordination, follow-up, and monitoring are in place; develop needed specialised services.
Iraq	Consider NGO/CSO interventions as priority until the government is trained; begin training government workers on their roles; enhance the map of service providers and activate them for referrals.	Clarify the importance of case management to government and donors; strengthen financial support needs; create parliamentary support for case management; provide further training for government.	Increase government ownership with assigned case workers; increase specialisations; advocate for the government to allocate budget for child protection case management. In the long-term, organisations will be able to continue work with UNICEF if the government's capacity is built.
Jordan	Maintain case management at a development level; investigate costing for complementary services; standardise automation systems and unify data management; increase collaboration, across the UNCT, with local organisations; increase preventative services; capacity building for NGOs/CSOs.	Continue strengthening and expanding the automation system; increase community engagement; review and update national frameworks to serve actual needs on ground; roll out complementary services.	Initiate government preparedness to take over (requires intensive training), and the supervisory team needs developed capacity and expertise to aid their teams; evaluation and monitoring should be taken over by the government; government needs to budget for case management explicitly.
Lebanon	Finalise the amendments of law 422/2002 on the protection of juveniles exposed to danger or in conflict with the law; review national SOPs to include more vulnerable groups; MOSA to improve on prevention and inter-ministerial pathways; monitor detention centres.	Ensure budget from government for case management; rehabilitate children in the judicial system; develop national child helpline; coordinate GBP and CP sectors; re-evaluate alternative care services.	Build awareness of caregivers; MOSA to assume ownership of the case management system; government to provide budget, improve detention facilities and ensure universal schooling; UNICEF to play a coordinating, monitoring, advocacy, and education services role; UNCT to follow migration and at-risk cases legally; NGOs to coordinate referrals and increase coverage to remote communities.

Libya	Case management task force should regularly meet; MOSA needs to be more involved in facilitating access to laws, regulations, and internal regulations for civil society organisations to allow organisations to benefit from these resources; for UNICEF specifically, training needs to be improved across the country and the Bayti centres require a skilled workforce.	Establish an integrated national framework for child protection; develop an integrated plan for crises; develop capacity of local leaders and other actors in child protection case management.	UNICEF to work closely with local actors and community leaders in helping them to have greater ownership of the system; government to increase cooperation and collaboration with other actors; UNCT to support coordination improvement.
Morocco	Institutionalise emergency care; increase budget for case management; CP agencies need to make connections with specialised associations working on particular CP challenges (i.e. addiction, children in contact with the law, etc.); conduct a territorial diagnosis to create an action plan for child protection case management.	Develop a prevention strategy bringing together all actors; revise laws on social workers.	Integrate CP theme to national development programmes and policies and create data collection system and policy; government to drive social and financial protection and create an inter-ministerial programme for children's issues; UNICEF to strengthen collaboration and coordination; UNCT to lead on migrant protection and integration as well as research around CP needs; NGOs to create networks and develop capacity among them, further coordinating with the government.
Syria	Improve speed of case management (reducing bureaucracy); build capacity of all actors; involve local communities in case management.	Develop clear standard operating procedures and ensure nationwide usage of them; expand services (type and coverage).	Make case management a national system with community committees; further support the developed capacity of case management workers; improve ministerial (and inter-ministerial) coordination; UNICEF to increase training and capacity building.

## ABOUT SAMUEL HALL

Samuel Hall is a social enterprise that conducts research in countries affected by issues of migration and displacement. Our mandate is to produce research that delivers a contribution to knowledge with an impact on policies, programmes and people. With a rigorous approach and the inclusion of academic experts, field practitioners, and a vast network of national researchers, we access complex settings and gather accurate data.

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