



REVISED

INCEPTION REPORT:

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

March 2023

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GLOSSARY

Term	Definition
Case management	The process of helping children and their families through direct support, including the provision of social-work type services, as well as the information management around this service provision ¹
Child	According to the Convention on the Rights of the Child (1989), "a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." ²
Child protection	The prevention and response to negative actions against children, including abuse, neglect, exploitation, and violence. ³
Referral	A process of formally requesting services for a child or their family from another agency through an established procedure. ⁴

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¹ Interagency Guidelines for Child Protection and Case Management, 2014. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

² UN Convention on the Rights of the Child." § Art. (1989).

³ Interagency Guidelines for Child Protection and Case Management, 2014.

⁴ Ibid.

LIST OF ACRONYMS

COVID-19	Coronavirus Disease 2019
CM	Case Management
CO	Country Office
CPIMS	Child Protection Information Management System
CPP	Comprehensive Planning Process
CS	Case Study
CSO	Civil Society Organisation
EU	European Union
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GBVIMS	GBV Information Management System
IDI	In-depth Interview
IDP	Internally Displaced Person
KII	Key Informant Interview
MENA	Middle East and North Africa
MoE	Ministry of Education
MoH	Ministry of Health
Mol	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
NGO	Non-Governmental Organisation
NCCM	National Council for Childhood & Motherhood
NCFA	National Council for Family Affairs
OCAT	Organisational Capacity Assessment Tool
OECD DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
SOP	Standard Operating Procedure
TOR	Terms of Reference
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

1. INTRODUCTION

1.1 Background and rationale

Of the 166 million children who reside in the Middle East and North Africa (MENA) region, 61 million – more than one third – are in conflict-affected regions, subject to persistent conflicts and bloodshed. In a humanitarian context, adolescents and children are particularly vulnerable to child recruitment, child marriage, and child labour – and as such, require a regularised support system.

Case management (CM) is 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.⁵ This can be done through direct support and / or referrals and aligned with a project or programme’s objectives. In accordance with the best interests of the child, the individual case manager seeks to establish a trusting connection with the child and the family to foster their emotional and physical safety, enhance their care and protection, and contribute to their resilience.⁶

State funding for child safety programmes and services in the MENA region is insufficient. The human power and infrastructure for social services is constrained, frequently underfunded, and thus have limited capacity to provide high quality services on a nationwide basis.⁷ To address this gap, the UNICEF Country Offices (COs) in the MENA region are implementing support to case management systems, with approaches tailored to the varied contexts within the region. To do so, UNICEF COs are collaborating closely with governments, members of civil society, academic institutions, and other United Nations (UN) agencies. In addition to strengthening service delivery systems, supporting monitoring systems, and data generation for evidence-based interventions, UNICEF also provides technical and financial support for reforming national policies and laws to bring them into compliance with international standards.⁸

While the strategic and financial support provided by UNICEF’s Middle East and North Africa Regional Office (MENARO) has been substantial, these have yet to be thoroughly assessed. As such, this evaluation of the Child Protection Case Management Systems across UNICEF’s MENA COs will generate useful, context-specific evidence and best practices for future implementation.

1.2 Objectives

This evaluation will determine the relevance, efficiency, effectiveness, and sustainability of UNICEF’s case management system across the MENA region, enhancing its accountability, transparency, and evaluability. Focus will be on the target countries of **Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, and Syria**. Additionally, it will also provide recommendations on the way forward, and how to address issues of the case management system’s design through comparisons among countries with similar contexts and capacities.

The primary objective is to **understand and assess how UNICEF COs have supported case management systems in different contexts across the MENA region to support future programming**. This evaluation will:

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

1.3 Scope

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

⁵ Interagency Guidelines for Child Protection and Case Management, 2014. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

⁶ CP IMS Task Force. “Child Protection Information Management System 2018 Child Protection Case Management Information and Data Analysis Published by CP IMS Task Force 2019 2018 CPIMS TF Report 2,” 2019.

⁷ UNICEF. “Child Protection”, 2022. <https://www.unicef.org/mena/child-protection>.

⁸ *ibid*

Table 1. Scope of the evaluation

Timeframe	The evaluation will primarily consider recent case management interventions from between 2019-2022. However, in order to best understand the case management strategies and effectiveness over time, the evaluation will also consider UNICEF and partner actions prior to 2019 which have contributed to implementation and support phases.
Programming	While the work done by UNICEF’s implementing partners and other stakeholders will be considered throughout the evaluation, the focus will be on the work carried out by the varying UNICEF country offices.
Geographic	Egypt, Lebanon, Libya, Syria (remote); Iraq, Jordan, and Morocco (in-person)
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 will be included in the evaluation through various means, including data collection, validation workshops, and dissemination of the Evaluation Report.

1.4 Deliverables

The following outlines the deliverables for this evaluation, as per the Terms of Reference.

Table 2. Deliverables

Phase	Main deliverables	Description
1. Inception	Inception Report	The draft Inception Report underwent review by MENARO and the evaluation steering committee. The present final version incorporates feedback from UNICEF stakeholders. Samuel Hall will request the support of UNICEF colleagues to facilitate any required ethical clearances and will respond to all comments shared by the UNICEF team in this process. The inception report and methodological tools will undergo ethical review to ensure they are compliant with legal requirements and industry norms, and quality.
2. Fieldwork	Preliminary findings presentation	After the approval of the Inception Report, UNICEF Country Offices will identify stakeholders for Samuel Hall to meet with as per the sampling criteria. Completion of Phase 2 – data collection – will be followed by a debriefing session with UNICEF MENARO stakeholders from each country office to present data, nascent trends, and preliminary findings for feedback and recommendations.
3. Validation, reporting and dissemination	Final report, in English, summary infographics in Arabic and English	The Final Report (maximum 50 pages excluding annexes) will contain all evaluation findings, conclusions, and recommendations. Recommendations will be in line with the UNICEF Strategic Plan 2022-2025, the Child Protection Strategy 2021-2030, and the UNICEF Child Protection Systems Strengthening Benchmarks . The Evaluation’s structure, format, and overall quality will adhere to UNICEF’s Evaluation Report standards and the GEROS Quality Assessment System. Infographics summarising findings and recommendations will be developed by Samuel Hall according to UNICEF branding guidelines in Arabic and English.

2. CONTEXT

2.1 Overview

Case management, within child protection, is a preferred response to address multi-layered vulnerabilities and complex needs of children and their families. It focuses on the best interests of the child, should have detailed and thorough processes, involves the coordination of services and supports within a linked system, has systems for accountability, and is provided by key workers called caseworkers.⁹

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.¹⁰ This framework situates UNICEF's programming strategies and approaches. Country offices are operating within varied and challenging contexts and are free to develop their own approaches to child protection within this framework, which outlines responsibilities and accountabilities for other sector actors, advocates for the use of innovative technology in child protection (including Child Protection Information Management System (CPIMS+) Primero scale up), and a framework for strengthening the social service workforce for child protection. A snapshot of the strategic framework can be seen in Annex 7.

Though country offices are guided by this strategy and the [UNICEF 2022-2025 Strategic Plan](#), they develop individual approaches towards child protection, and as such, the countries have developed individual logic models fitting within national strategies. Child protection case management is at varying stages of implementation, and with differing levels of governmental support across the chosen countries for this evaluation.

In addition to a desk review to map the countries' case management systems, the evaluation team carried out interviews with representatives from each of the seven targeted UNICEF Country Offices to better understand the situation of case management within the countries. The overview below characterises the situation of each countries' child protection case management context; these are further expanded in Annex 7.3. Annex 7.4 provides an initial stakeholders mapping. For the purposes of this study, case management in the target countries has been categorised according to the following criteria: **development** and **humanitarian** contexts, and **level of development of case management systems**, outlined below.

Table 3. Case Management System Categorisation

Case Management System Categories	Countries
Development Contexts	Egypt, Jordan, Lebanon, Morocco
Humanitarian Contexts	Iraq, Libya, Syria
More Developed Case Management Systems	Jordan, Morocco, Iraq
Less Developed Case Management Systems	Libya, Syria, Lebanon, Egypt

With both **humanitarian** and **development** contexts across the region and within target countries, case management approaches range from ad hoc approaches to systematised approaches facilitated by relatively strong legislation and government oversight:

- **In humanitarian contexts** – Iraq, Libya, and Syria – UNICEF focuses on increasing capacity of existing case management systems through coordination with partners and other stakeholders to address quality standards.
- **In development contexts** – Egypt, Jordan, Lebanon, and Morocco – UNICEF often offers more technical support to governments and partners to develop, implement and increase coverage of the national case management systems.

The **level of development of countries' case management systems** presented above is based on a number of factors, including, but not limited to: the capacity and willingness of governments and/or the enabling environment for the management of case management, the development of standard operating procedures

⁹ European Social Network, "Integrated social services in Europe", 2016.

¹⁰ UNICEF, "Child Protection Strategy 2021-2030", 2021.

(SOPs) and child protection information management systems (CPIMS), the level of on-ground implementation of case management, the financial and human resources available, the coverage of the systems, and the availability of case workers.

2.3 Evaluation Scope

After an initial Inception Report was submitted to UNICEF (2 Dec. 2022), a revised Inception Report including multiple proposed options for varied depth and scope of investigation was requested by UNICEF staff, in line with country office requests for country-specific recommendations. Following Samuel Hall's submission (8 Feb. 2023) and review of this second Inception Report by the evaluation steering committee, the decision was made to focus this evaluation on a **contextual level analysis**, with broadly applicable regional-level recommendations, as per the original Terms of Reference for the evaluation.

The regional office has underlined their preference for a strategic, in-depth focus on **Jordan, Morocco, and Iraq**. For the purposes of this evaluation, the categorisation of **developed** and **less developed** case management systems will guide the selection of locations and sampling across the region. A focus will be placed on exploring the situation of more developed case management systems to provide an understanding of how countries have arrived at these more developed case management systems, good practices and lessons learned in doing so, and specifically unpack contextual factors that may contribute. To do this, the evaluation will be based on **in-person data collection in three countries** selected which are representative of **well-developed stages of implementation** in their case management approaches, including both humanitarian (Iraq) and development (Jordan, Morocco) contexts.

Remote data collection will take place in the remaining four countries for more comprehensive analysis and triangulation of findings, with a particular focus on barriers to implementation.

A detailed background will be provided for all countries. Research findings will be, however, structured at the contextual level, in line with the two classifications of case management level of development (**developed and less developed**). All aspects of case management, including the enabling environment, demand, and supply will be analysed across these two levels. Recommendations will be provided at a regional level (i.e. not particular for any country) though will be targeted specifically towards the two classifications provided.

3. METHODOLOGY

The approach confirmed during inception phase discussions— an in-depth, in-person evaluation of well-developed case management systems, alongside an overview examination of less-developed systems – will allow for a practical, implementation-oriented evaluation of child protection case management systems – the first of its kind in the region.

This section outlines the overall approach for the evaluation, including evaluation questions and sampling.

3.1 Evaluation framework

To address the evaluation objectives, the evaluation questions from within the TOR¹¹ are aligned with the broader objectives proposed for the study. These evaluation questions fit in line with the [OECD DAC criteria](#) of **relevance, efficiency, effectiveness, and sustainability**, and further consider **coordination and coverage**. The impact criterion was not chosen for this evaluation as the case management systems are at varying levels of implementation and impact is unable to be determined at this point.

Human rights, gender, and equity will be prioritised throughout the evaluation, and are included in the evaluation questions and evaluation tools. Furthermore, this evaluation will adopt the following lenses to ensure a final output more representative of the full range of case management system stakeholders:

- **Participatory approach:** The evaluation will employ a participatory approach to the extent possible within the research scope, to ensure that the most appropriate sources of data are collected across all stakeholder types while facilitating the participation of all critical stakeholders through the entire evaluation process. Special attention will be given to ensure adequate disaggregation of data by gender and other relevant groups, including refugees and displaced persons, although representative in person data collection is not planned. Samuel Hall also places an emphasis in working with children, youth, and their communities, as actors in our research. This serves to build children’s agency and gain a better understanding of elements not easily perceivable from an adult perspective; and to follow inclusive and not extractive research process procedures increasingly recognised as being most adapted to empirical action research. Children have a unique insight into their experiences and challenges. In the case of this particular evaluation, the perspectives of children on their experiences in the case management system will be sought to take into account their perspectives and lived experiences.
- **A culturally-, gender-, disability- and age-sensitive approach** to ensure that the voices of marginalised groups, women, children, and people with a disability are represented in the samples and findings given the importance of gendered differences in accessing education. We prioritise an age, gender, disability, and age-sensitive approach to ensure meaningful participation of persons of all backgrounds and bringing forth a diversity of views, both through our methodologies and by highlighting disaggregated findings for those groups. To allow for this in this particular research, we have proposed select qualitative research which will allow UNICEF to bring out these voices and contextualise the data collected appropriately.

The evaluation will conform to guidelines and standards set by the UN and UNICEF. The assessment will be guided by [UNICEF's revised Evaluation Policy](#) (2018), [UNEG Ethical Guidelines for Evaluation](#) (2020), [UN SWAP Evaluation Performance Indicator](#) (2018), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014), and [UNICEF-Adapted UNEG Evaluation Report Standards](#) (2017).

3.1.1 Evaluation Questions

The following evaluation questions and sub-questions are proposed for the evaluation. The evaluation questions are aligned with the original set in the evaluation TOR, which have been further refined by the evaluation team to ensure the necessary analytical depth, in line with the discussions around research scope and focus.

¹¹ UNICEF. “ANNEX B - UNICEF LRFP-2022-9176097.” 2022. (Internal document)

Table 4. OECD-DAC evaluation questions and sub-questions

Evaluation questions	Sub-questions
Relevance	
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?
	1.2 How have UNICEF-supportive systems adapted to the context (e.g., COVID-19 pandemic; security situation) to meet most pressing needs?
	1.3 How relevant are the UNICEF-supported case management systems to the needs of children requiring protection services?
Efficiency	
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?
	2.2 To what extent was UNICEF efficient in utilising financial and human resources during implementation of case management interventions?
	2.3 How well did the intervention modalities adapt to changing contexts over the course of the project and utilise lessons learned from implementation to inform adaptation?
Effectiveness	
EQ 3. 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?
	3.2 What, if any, were the unintended results of the interventions, both positive and negative?
	3.3 What were the major drivers and systemic and structural barriers influencing the achievement or non-achievement of the objectives and intended results?
EQ 4. 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?
	4.2 How have results contributed to UNICEF's overall goals of meeting the needs of vulnerable children?
Sustainability	
EQ 5. To what extent are the positive changes and benefits (institutional and individual) of the case management system interventions likely to continue?	5.1 How sustainable is the intervention considering capacity to sustain programme elements without UNICEF or external support?
	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?
	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?
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?
	6.2 To what extent are different stakeholders and policies coordinated and synergised in case management development, implementation, and monitoring across contexts?
	6.3 To what extent have UNICEF's efforts on coordination led to successful outcomes?

EQ 7. 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 has the case management design and implementation been coordinated with other interventions, both internal to UNICEF and external?
Coverage	7.2 To what extent have existing capacities being built on to achieve results?
EQ 8. 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?
Cross-cutting issues	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?
EQ 9. To what extent do case management interventions address gender, disability, and human rights?	9.1 To what degree have gender, disability, and human rights been reflected in the intervention, implementation, and monitoring?

3.2 Evaluation locations and sampling targets

3.2.1 Location selection

To adequately evaluate CM systems in the region, both remote and in person data collection will be conducted. In-person data collection will be conducted in **Jordan, Iraq, and Morocco**, as the three countries with **more developed case management systems** in the evaluation. This will allow the evaluation to consider different types of case management systems from a participant-based perspective. Engaging with those who have benefited from UNICEF-supported case management services can better identify cross-cutting issues or often overlooked nuances not captured in larger surveys and higher-level interviews.

Based on the reviews of each country context and interviews conducted with COs, these should be accessible for fieldwork, while close support from the COs will be necessary to facilitate fieldwork permissions and help assess security conditions of key locations of interest.

Tentatively, to support the overall analysis, in-person data collection will seek to explore the engagement of **refugees/migrants and host community members** with the case management system in **development contexts** (Jordan, Morocco), and in Iraq, a **humanitarian context**, explore the experiences of **IDPs, returnees and host community members**.

The locations of the profiles of interest vary by country; location selection will vary according to Samuel Hall's ability to access multiple profiles in any given location. In Iraq and Jordan, research will tentatively focus on **two locations** in each country in order to ensure access to all populations of interest. In Morocco, research will be conducted in **one location** only. While the initial plan for data collection called for one location only, the addition of limited additional data collection in a second location, if possible, will allow for a more fulsome understanding of the case management systems concerned from the perspective of users.

Further refinement of targeted locations will take place following confirmation of the broader research approach in coordination with the country offices.

3.2.2. Sampling targets

Section 3.3 provides a detailed discussion of the full set of tools proposed for this evaluation. The following tools will be used to better contextualise findings, providing more adapted recommendations to UNICEF. The tools thus aim to nuance and triangulate findings to better understand and assess the CM system in each context.

The focus of the in-person data collection will be of gathering a holistic understanding of the case management systems in each of these three countries which have developed case management systems. Specifically, locations (**tentatively, 2 locations in Iraq and Jordan, 1 location in Morocco**) will be selected, in coordination with UNICEF, to consider specific populations (refugees, IDPs, host communities), within both humanitarian and development contexts.

In each location we will conduct in-depth interviews (IDIs) with children/adolescents (aged 10-17)*, FGDs with parents/caregivers of those who received UNICEF case management services, and KIIs with case workers or other staff working for organisations involved in case management. For each of these tools, specific targets will be set at the locational level.

The following provides the outline of sampling approaches:

Table 5. Sampling approach

Tool	Target Group	Sampling	Total
Remote			
Desk review	A comprehensive review of previous evaluations / management responses, supply data, human resources data, financial data, performance monitoring data, progress reports, strategic documents, review, etc.	-	-
Regional and global KIIs	UNICEF staff, EU delegations, UN partners, Regional Cluster Heads, Desk Officers and Specialists at Donors' HQs and non-UN partners.	6-8	6-8 KIIs
Country-based KIIs	UNICEF stakeholders and key counterparts (NGOs and INGOs, CSOs, faith-based organisations, national partners, line ministries, academia, etc.) (Suggested sample: 2 government, 2 IP, 2 UNICEF staff)	6-8 per country	42-56 KIIs
Rapid OCAT e-survey	UNICEF implementing partners specifically with UNICEF's support (Suggested sample: IPs working in rural, urban, development, and humanitarian contexts, and across a cross-section of governorates/provinces)	10-12 per country ¹²	70-84 surveys
Remote stakeholder workshop	Key counterparts in-country, case management system stakeholders (Suggested participants: UNICEF, government at national and local levels, implementing partners, academia, case workers)	1 per country 8-12 participants each	7 workshops 56-84 participants
In-person			
In Jordan and Iraq , data collection will tentatively be conducted in 2 locations in each country. In Morocco , data collection will be conducted in 1 location			
Focus Group Discussions (FGDs)	FGDs with male parents/caregivers: Care will be taken to include parents/caregivers of children who face further exclusions/vulnerabilities, including children who are migrants, children with disabilities, and children who are not nationals of the country) FGDs with female parents/caregivers: Care will be taken to target parents/caregivers of children who face further exclusions/vulnerabilities, including children who are migrants, children with disabilities, and children who are not nationals of the country)	4 FGDs in Jordan (2 male, 2 female, 4-5 participants in each) 4 FGDs in Iraq , (2 male, 2 female, 4-5 participants in each) 2 FGDs in Morocco (1 male, 1 female, 4-5 participants in each)	10 FGDs
In-depth interviews (IDIs)	IDIs with children/adolescents: one female, one male (inclusive of children with disabilities if possible)	4 IDIs in Jordan (2 male participants, 2	10 IDIs

¹² This target will be contingent on UNICEF's support in coordinating responses with Ips, as well as response rate.

		<p>4 IDIs in Iraq (2 male participants, 2 female participants)</p> <p>2 IDIs in Morocco (1 male participants, 1 female)</p>	
Caseworker KIIs	KIIs with case workers: where possible, sampling will include case workers working with different profiles of interest in each location	2 KIIs per country	6 KIIs

**This age range has been selected in order to capture a range of voices—from children to adolescents. At the same time, the evaluation team, with UNICEF, will fully assess the appropriateness of interviews with children around potentially highly sensitive topics to avoid any potential harm to participants. These may be replaced with other target groups.*

In line with UNICEF standards¹³, the above sampling strategy has been developed to be aligned with the scope of the research while providing relevant data and keeping in mind the overall objectives of the research. The strategies proposed prioritise quality, in-depth data collection while ensuring samples are as representative of the targeted populations as possible. As such, samples build in opportunities for the consideration of gendered, marginalised, and otherwise excluded viewpoints, which is in line with a **Human Rights-Based Approach**.

For qualitative participants, the study will utilise a **targeted, purposive sampling** approach. The sampling approach is proposed to allow for engagement with a diverse set of participants and to purposively sample for highly relevant profiles or profiles of interest – for example, parents of children with different case management needs – within the sample.

Targeted respondents are selected, in careful coordination with UNICEF and local NGOs, who will support in the identification of participants while ensuring confidentiality. Ethical recruitment procedures will be rigorously followed to ensure participation is completely voluntary, and participants are fully aware of the purpose of the research. In all cases, the rights of vulnerable populations to participate are recognised and respected, with measures in place to protect individuals' participation rights.¹⁴

3.3 Evaluation tools

The tools have been developed in direct response to the EQs. The evaluation matrix (Annex 3) cross-references the tools with the questions. The full set of tools have been submitted along with this inception report. These may be slightly adapted upon discussion with the UNICEF Country Teams or the UNICEF Evaluation Steering Committee.

3.3.1 Desk and Literature Review

The in-depth Literature Review will provide an understanding and analysis of case management in the MENA region. Collected literature and data is being organised and systematically categorised for assessment using a Desk Review Matrix, designed during the Inception Phase in consultation with UNICEF teams, through which the evaluation team will identify key resources, organised by type, content, geographical location, theme, and focus, to facilitate the analysis, and will conduct preliminary analysis including assessing the strength and relevance of the body of evidence.¹⁵ This includes but not restricted to:

- Key programmatic documentation around case management in the MENA region (proposals, evaluations, rapid gender assessments, and more);
- Work plans, expenditure reports and other relevant documentation from UNICEF and its implementing partners;
- Strategic documentation at the country- and regional-level as related to case management;
- Grey literature (reports and data collected by international organisations – published and unpublished);
- State-of-the-art academic literature / external reports related to case management and child protection legal mechanisms in particular countries of interest; and

¹³ UNICEF. "Procedure for Ethical Standards in Research, Evaluation, Data Collection, and Analysis," 2015.

¹⁴ Ibid.

¹⁵ This approach is based on DFID's guidance for Assessing the Strength of Evidence (2014)

- Any previous relevant studies conducted / data collected by Samuel Hall in MENA.

Prior to the submission of the Inception Report, the evaluation team requested documentation from each UNICEF country team. A comprehensive set of documentation in line with the aims of the evaluation has been received from all countries, though additional literature may be requested from country offices throughout the evaluation. The initial desk review informed the Inception Phase of the study and enabled the evaluation team to define and sharpen the precise tools for the data collection process.

3.3.2 Key Informant Interviews (KIIs)

KIIs will inform the literature review in order to triangulate information and fill the identified gaps. Participants will be interviewed using semi-structured questionnaires and interviews will last a maximum of one hour. KIIs will be both in person and remotely four other countries. Phone or online video conferences may be used if the situation in country makes travel difficult or dangerous. This study seeks to represent as broad a mix of stakeholders as possible and will therefore strive to include the voices of various other actors with solid knowledge of the case management system on the ground, including community leaders, academics, and experts. This study will strive to achieve a balanced representation of female interlocutors among the KIIs. The following highlights potential KIIs.

Table 6. KII sampling across levels

Regional and global	Country-level	Community-level
<ul style="list-style-type: none"> • Internal and external case management and child protection specialists at the global/ regional level • UNICEF staff at HQ and MENARO Amman • EU delegations at capitol and Brussels-level • UN partners at HQ and regional levels • Regional Cluster Heads • INGO technical specialists • Desk Officers and Specialists at Donors' HQs • Non-UN partners 	<ul style="list-style-type: none"> • Civil servants / Government actors within relevant national line ministries and cabinets • Policy makers and other key stakeholders within the national protection ecosystem • UN officials at concerned agencies at the country-level, both humanitarian and development • INGOs, NGOs, CSOs, and academia • In-country donor representatives • Implementing partners 	<ul style="list-style-type: none"> • Local implementing partners (i.e., NGOs, CSOs) • Local humanitarian / development actors (i.e., local NGOs and CSOs) • Local government • Community leaders • Religious leaders • Case workers¹⁶

In preparation of this inception report, the evaluation team has already carried out remote KIIs with stakeholders from each UNICEF country office. In addition, one KII was carried out with a CPIMS specialist in Iraq to better understand the case management situation in the country, and one KII was carried out with a UNICEF HQ child protection specialist who is also a member of the evaluation steering committee to better understand UNICEF's child protection standards and priorities. See Annex 4 for list of Inception KIIs. **Each country team has provided the evaluation team with a list of suggested stakeholders to meet with, which will serve as the basis for the sampling for the stakeholder workshops, and in-country and regional/global KIIs (see Annex 5).**

3.3.3 Rapid OCAT e-survey

UNICEF country offices will identify IPs across the seven countries in the MENA region who have worked with the organisation in case management. In coordination with UNICEF, Samuel Hall will invite the IPs as well as relevant UNICEF staff to complete an e-survey, which will serve to develop a rapid organisational capacity assessment thereof, to understand better the degree to which the activities, capacities, mandates, and focuses of these organisations are adapted to the implementation and evaluation of case management systems. Based on this OCAT, the evaluation team will be able to comment on specific entry points for further support and synergies with UNICEF. Samuel Hall has broad experience in utilising the OCAT to map and produce baseline and midline reports for organisations. These evaluation exercises are based upon information gathered from literature and human sources, to develop criteria for measuring organisational capacity.

¹⁶ A limited number of caseworker KIIs will be conducted in-person in the three countries of focus (Iraq, Jordan, and Morocco).

3.3.4 Stakeholder Workshop

The virtual Stakeholder Workshops will bring together key counterparts in-country who are child protection case management system stakeholders. The Workshop(s) in each country will review the prevailing common assumptions about the case management system, what gaps there are and what actors are present, in addition to asking participants to think creatively and in small groups about real ways that the country's case management system can do a better job of protecting children and their families. The workshops will be scheduled at the end of the data collection phase and will serve to help validate and triangulate the existing data.

3.3.5 In-depth interviews (IDIs)

IDIs will be conducted with young people aged 10-17 who have benefited from UNICEF's case management services. To allow adolescents and youth to express themselves more openly, the IDIs will be designed in a child-friendly and interactive fashion, combining regular narrative questions with community mapping, an innovative tool which is strategically designed for the topic – with the assumption that traditional verbal communication is not necessarily the most common way for children to express themselves, especially for children who have gone through traumatic experiences.

Participants will describe how they have come to access case management systems and how they feel the case management systems function to protect them. To better understand the social environment in which these children live, this exercise will also include a mapping of key influencers and others with whom they come into contact in their day-to-day existence. IDIs will not take longer than 90 minutes and will be split with pauses and breaks every 15 minutes for younger children.

3.3.6 FGDs

FGDs will be conducted with parents/guardians who have benefited from UNICEF's case management services with the goal of understanding first-hand narratives and community perspectives.

FGDs will be 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 will lead the gender-separated groups in discussions to be conducted using the language participants feel most comfortable with.

3.4 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. As such, we have prepared and submitted all relevant ERB documentation to ensure we are in compliance with the most rigorous methods in ethical research standards.

This is of particular relevance for in-person field research during COVID-19, and considerations on how to undertake such research ethically, aligned with UNICEF's 'do no harm' approach, are central to our fieldwork planning and will be regularly re-evaluated given the rapidity with which the situation can evolve in the chosen fieldwork countries.

Ethical research in the time of COVID-19

Samuel Hall is committed to carrying out its research and analysis services within a comprehensive ethical framework and our values reflect this commitment. In undertaking any research project, Samuel Hall strives to do positive good and strictly abides by the 'Do No Harm' principle of humanitarian action and key principles of ethical research and action (Samuel Hall's relevant guidelines including child safeguarding and PSEA policies can be provided upon request.) In practice, this will mean ensuring that research design and field implementation do no harm – implementing and embedding guidelines for health and safety under COVID-19, such as provision and use of PPE, social distancing, limited interactions, and the consideration of ongoing impacts of COVID-19 on the research population. Samuel Hall has already begun utilising such measures in ongoing fieldwork. Samuel Hall will draw on its own ethical guidelines, as well as forthcoming and newly developed guidelines from academia and research, such as the UNICEF Innocenti Research Centre's Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic.¹⁷

3.4.1 Ethical challenges in research

There are a range of ethical issues that can be considered in relation to undertaking research in challenging contexts with potentially vulnerable participants. Three critical risk areas can be identified for this research, as detailed in the table below:

Table 7. Critical risks for this evaluation

Area of Concern	Description of Risk	Mitigation
Research during COVID-19	Research in-person presents risk of transmission of COVID-19 and subsequent illness or death.	The data collection will be subject to a risk assessment immediately prior to the start of fieldwork to understand levels of risk associated with in-person fieldwork. Mitigation strategies such as use of PPE, distancing during evaluation activities, outdoor research, and reduction of numbers of participants in group activities can be utilised to reduce risk. At the time of writing this risk is not expected as high for planned fieldwork locations.
Research with children	Research with children involves engaging with minors requiring additional safeguarding measures.	All evaluation activities will be designed in light of Samuel Hall's Safeguarding Policy, which can be shared on request. Evaluation activities undertaken with children will in all cases be adapted to the specific age group of those being interviewed. For all interviews with children, the informed consent of adult parents or guardians will be required prior to the interview, as will the assent of children themselves. Identifying information will not be shared and will be used only for verification purposes and deleted immediately following the data collection. Data security protocols will be applied during and after data collection. Teams will be thoroughly trained not only on the tool but appropriate safeguarding measures for research with children.
Research with vulnerable participants	Research with vulnerable participants may present risk of re-traumatisation, generate additional burdens on participants (time or financial), or result in backlash in some scenarios.	In all cases, informed consent must be given prior to participation, and participants must be fully briefed, in clear and appropriate language, on the purpose and use of research before consenting. Identifying information will not be shared and will be used only for verification purposes. Data security protocols will be applied during and after data collection. Research will take place in safe, private, and accessible locations, and will be conducted with the approval of UNICEF and local authorities. Food and drink will be provided for longer research sessions. The training offered prior to research to the enumerators will cover how to appropriately pose research questions, and ensure respondents are able to stop the interviews at any point in time.

These represent critical areas for the evaluation to address through design, methodology and implementation. As noted above, not only have these ethical considerations informed the design of the evaluation, but, as the

¹⁷ UNICEF IRC (2020). Ethical Considerations for Evidence Generation Involving Children on the COVID-19 Pandemic.

following section outlines, they will be addressed through a comprehensive internal risk assessment prior to fieldwork through our Comprehensive Planning Process (CPP). When completed, the CPP represents a documented plan of action that addresses all aspects of operations, while remaining dynamic and subject to change based on the situation.

3.4.2 Risk Assessment

Samuel Hall has a full internal risk management process and policy implemented across all projects and applying to fieldwork components, which assesses risk at various levels and for all actors involved, both research participants and evaluation staff. The table below presents an overview of the key risks and related mitigation measures considered.

Table 8. Risk matrix

Risk	Mitigation Strategies	
Organisational Risks		
Security situation deteriorates	1	A security assessment is conducted daily
	2	SH and partner teams maintain low profile
	3	SH and partner teams ensure local authorities' permission are received prior to any data collection
Fieldwork presents risk to research participants (including COVID-19 exposure)	1	Research is conducted only in locations identified to be safe and private.
	2	Safeguarding protocols are fully developed and employed to minimise any risk to children
	3	Informed consent including the purpose of the evaluation is required for all participants, and participants may at any time choose not to participate
	4	Partner field staff are trained to minimise risk to participants in terms of sensitivity in interviewing, working with children and vulnerable people
	5	COVID-19 protocols including distancing and use of PPE are integrated into all elements of field research – research will not be conducted when this is not possible
Participants are vulnerable to physical, psychological, social, economic, legal, political, employment, academic, religious, or other risk through research participation.	1	Informed consent/assent must be given prior to participation, and in all cases, participants are informed of potential risks and reminded of their right to withdraw at any time from interview without negative consequence.
	2	Data collection teams are required to have previous experience working with vulnerable populations as well as receive extensive safeguarding and child protection training to minimise risk to participants in terms of sensitivity in interviewing, working with children and vulnerable people.
	3	Safeguarding protocols are fully developed, tested, and employed to minimise any risk to children. Samuel Hall debriefs all data collection teams each day, and our staff remain vigilant to any report of abuse. This includes extensive training, trauma-informed research approaches, and familiarity with referral processes in all research contexts.
	4	The evaluation team, with UNICEF, will fully assess the appropriateness of interviews with everyone, but particularly with children, around potentially highly sensitive topics to avoid re-traumatisation. These may be replaced with other target groups.
Targeted population is impossible / hard to locate	1	Fieldwork is comprehensively prepared by testing participant lists to be provided with UNICEF prior to the start of data collection and liaising with local contacts around the non-participant data collection if waitlists are not made available.

	2	Partner governmental and NGO relationships are leveraged to facilitate the identification of appropriate research participants
Targeted population does not want to work with SH and partners	1	Additional training is given to enumerators to explain how the project can benefit communities and children
	2	UNICEF could conduct some brief sensitisation via text message to participants to support their willingness to engage.
Data is stolen, lost, or damaged	1	SH and partner test material before the fieldwork with pilot (surveys, material, phones, etc.)
	2	SH and partner store data securely
	3	Daily back-ups are done during fieldwork
	4	Phones and computers used are emptied of sensitive information (contacts, info, locations, security info, etc) minimising risk to staff or participants if lost or stolen
Local population or targeted population is displeased with evaluator or UNICEF's work	1	Staff are trained to act professionally and respectfully; staff are trained for child safeguarding practices; staff behaves culturally appropriately
	2	Goal and outcome of the study are carefully explained to potential research participants and community members
Safety and access risks related to chosen fieldwork locations	1	The political and general safety situation in the chosen fieldwork countries of Jordan, Morocco, and Iraq will be monitored on a daily basis to ensure evaluator and target informant safety. No data collection will take place if there are any anticipated security risks.
Individual Risks		
Illness or injury of staff	1	Partner staff are careful and carry first aid equipment and medication
	2	COVID-19 protocols including distancing and use of PPE will be integrated into all work
Staff cannot access research locations	1	Partners will have shared staff and car details with UNICEF to gain access permissions to target locations advance of field research.

3.4.3 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. Information will not be recorded in a way that links subject to responses with identifying information.

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 (DMS) 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 DMS will remain isolated from all other Samuel Hall systems by default. Protocols to the data collection include:

- Password protection of data collection tablets or phones
- Regular deletion of survey data from phones during fieldwork (once uploaded)
- Backing up of data
- Secure storage (physical or digital) of data collected, esp. where identifying information is included

As with electronic data collected for the quantitative research, the qualitative data collected and shared with Samuel Hall will be stored on Samuel Hall's secure servers and access to non-deidentified data restricted to the Samuel Hall team. In particular for paper-based data, it is suggested that paper outputs should be digitised by

scanning the original output and stored safely and / or deidentified. Paper-based outputs will then be redacted or disposed of securely once digital versions are created and stored. Note that this should not take place until the project has been completed, so that checks against originals can be made if needed for research or verification purposes.

3.4.4 Safeguarding Processes

Samuel Hall has developed a full set of contextualised safeguarding protocols governing not only research with children but including organisational level code of conduct and framework. These include guidelines for hiring, for interaction with children, and for mechanisms to ensure adherence and to support referrals as needed and involve training of all necessary staff including elements in training for research enumerators.

As part of this evaluation, children (defined here as those under 18) will be interviewed in order to gather information about their lives. Samuel Hall follows the ethical principles and considerations highlighted by UNICEF in its working paper *'What We Know about Ethical Research Involving Children in Humanitarian Settings: An overview of principles, the literature and case studies'*. All enumerators involved in the project will also receive orientation on UNICEF's specific safeguarding policies.

Samuel Hall & Child 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 as a whole.

In particular, for this study, working with vulnerable populations and with children, identifying ethical approaches is a key element of tool design. We will ensure that our evaluation approaches are aligned with UNICEF's guidelines on ethical evidence generation on children in the context of COVID-19. Further, we have submitted all required documentation for Ethics Review Board (ERB) approval.

3.5 Data analysis

After completion of the data collection, the Samuel Hall team will analyse and triangulate the diverse data collected from all tools and methods. We will disaggregate and analyse all data, as well as seek insights specific to gender, age, and particular locations or centres.

Qualitative analysis will be done with industry standard qualitative analysis software, such as Dedoose, utilising an inductive qualitative analysis approach to draw findings from collected data using thematic coding. Critically, qualitative analysis will draw on the evaluation questions, guided by the Evaluation Matrix.

Based on the evaluation questions, subject to refinement as results come in, the evaluation team will develop and internally pilot a codebook (tentatively structured around evaluation question) to ensure the relevance of the coding structure and consistent code application by the analysts. The team will refine the codebook and assess inter-coder reliability by having each team member code the same document. Code application will be compared and discussed to ensure high reliability, and the coding structure will be applied to all transcripts. Each code will be analysed to generate emergent themes through an inductive process. The team will use a collaborative process to compare emergent themes, triangulate across data sources and synthesise findings. Analyses of inter-coder reliability can be performed where necessary to ensure even application of coding during the analysis process.

Codebook development for the qualitative analysis will ensure that analysis is aligned with programmatic objectives and is actionable and targeted to the purposes of the evaluation. This codebook can then be added to with additional parent codes and child codes developed as part of the inductive / deductive coding process.

In accordance with the research approach described earlier, data analysis will be structured from a contextual perspective, seeking to understand less and more developed case management systems, and not at the country

level. Tentatively, this analysis will be presented in the findings section of the final evaluation structured by context (less/more developed case management systems) and key research questions. A final outline will be shared with UNICEF for approval once data analysis has been conducted.

3.6 Quality assurance

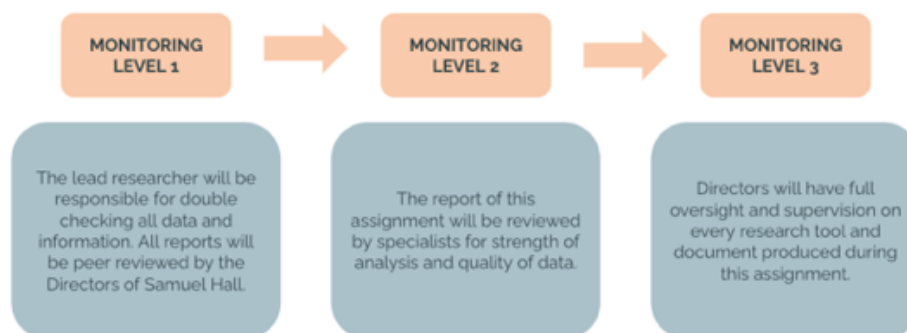
The evaluation has a number of quality assurance mechanisms and processes to ensure that it meets the needs and expectations of UNICEF. These include the evaluation being overseen by an evaluation Steering Committee which will guide the evaluation, including the endorsement of the inception and final reports. The direct management of the evaluation will be done by the regional evaluation specialist.

Further, all data collected will undergo a process of checks and validation to ensure that data collected is of the highest possible quality. Samuel Hall's standard Quality Assurance approach is in place to ensure that data quality is consistently high, and the data produced is reliable, actionable, and relevant. These measures can include:

- Additional data monitoring through dedicated staffing or development of project-specific data management databases, particularly for high-volume data collection
- The addition of further verification mechanisms such as call-backs in cases where data collection methods require an added level of triangulation
- Peer review or added rounds of client review, and internal review of data, as needed

The figure below gives an overview of the way we employ our monitoring and quality assurance processes to all our assignments. In our numerous years of operation, we have always successfully produced quality reports based on this step-by-step approach.

Figure 1. Samuel Hall's quality assurance approach



The project has been assigned a Project Lead who is responsible for the project's management while all deliverables go through a rigorous review process with technical experts, including a Research Manager and senior research staff. All deliverables are approved by Pillar Leads prior to sharing with clients to ensure quality.

3.7 Data validation

Samuel hall will hold a **preliminary findings presentation** with UNICEF MENARO counterparts. The presentation will be used as a forum to revise and provide recommendations on the draft report. Commenting on the draft report will be afforded to all institutional stakeholders interviewed during the primary data collection. Recommendations will be incorporated in the final report. Following the presentation, the initial draft of the final report will be revised with the goal of making it more relevant to the Regional and Country Office Child Protection team. Additional sectoral working groups and discussions of the evaluation's findings and recommendations might be necessary ahead of the final presentation of findings (distribution workshop) for those sections that require more robust engagement.

After the report is finalised, a dedicated distribution workshop will be facilitated to discuss the findings as well as to design the actions that will address the evaluation report. The Samuel Hall team will clearly describe what was achieved, compare actual results with expected ones, highlight findings with qualitative and quantitative data, explain the reasons for success and failures, if any; highlight unforeseen problems or opportunities and lessons

learnt – while providing useful and action-oriented recommendations to inform the design, redesign, or reform of its MENARO case management system. Samuel Hall will submit the final report in Arabic and English, as required in the ToR.

4. WORK PLAN AND STAFFING

4.1 Project Timeline

Written deliverables, including the Inception Report and Tools, Preliminary Findings presentation and the Final Report will be submitted to the UNICEF for their feedback in draft form. After a round of feedback by UNICEF and the evaluation Steering Committee, Samuel Hall will update deliverables based on UNICEF comments, and submit an updated Final version of the deliverable. All updates to the project timeline will be included as part of weekly updates provided to UNICEF.

The timelines for these reviews will be communicated to UNICEF on submission of deliverables. It should be noted that longer review periods or a second round of review will cause delays. UNICEF has agreed to lead on the research permissions process, however, any delays to research permissions could further jeopardise timelines. Samuel Hall will require written approval of submitted deliverables at the end of each evaluation phase in order to move forward with the following phase of the evaluation.

In addition, weekly written updates will be provided to the client summarising ongoing work and progress. Additional updates or meetings can be conducted as necessary based on the project's timeline and progress. The primary contacts for UNICEF will be the Project Lead. Reporting may be adjusted based on agreement between UNICEF and Samuel Hall during different evaluation phases, where additional or fewer meetings may be more useful to facilitate work on the study.

Timelines for the project have shifted due to extensive discussions during the inception phase around a potential expansion to the scope of research based on UNICEF Country Office feedback. This timeline further takes into account the likely impact of Ramadan on potential data collection activities, building in flexibility and planning for data analysis to begin on a rolling basis. The projected timelines account for ethical clearance processes and authorisation letters, data collection, feedback from UNICEF at each deliverable stage, and the creation of high-quality, publishable deliverables.

Table 8. Workplan

ACTIVITY / MONTHS	Nov. 22					Dec. 22				Jan. 23				Feb. 23				Mar. 23				Apr. 23				May 23				June 23				July 23				August 23				September 23					
WEEKS	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9	16	23	8	15	22	29	4	11	18	25
Phase 1 – Kick-off Phase																																															
Kick-off meeting																																															
Plan for Kick-off Phase																																															
Preliminary literature review																																															
Inception KIs																																															
Draft Inception Report																																															
Revised Inception Report #1																																															
Revised Inception Report #2																																															
Revised Inception Report #3																																															
Ethical and research approvals																																															
Phase 2 – Field-based Research																																															
Fieldwork preparation																																															
Desk review																																															
KIs (global, regional & national)																																															
OCAAT survey																																															
Country-based KIs																																															
IDI																																															
FGDs (parents/caregivers)																																															
Stakeholder Workshops																																															
Transcript translation and transcription																																															
Phase 3– Validation, reporting & dissemination																																															
Data analysis																																															
Preliminary findings presentation																																															
Draft Report writing																																															
Report revisions																																															
Final Evaluation Report presentation																																															
Translation of summary																																															
Infographic production																																															
Final Evaluation Report dissemination																																															

4.2 Staffing

For the purposes of the study, we established an evaluation team gathering thematic and geographic experts with extensive experience in data collection and analysis. To ensure quality and consistency of the evaluation, we will engage with national researchers to support data collection in countries selected for research. All selected enumerators have local languages as their mother tongue, very good command of English and experience with qualitative data collection. They will be responsible for fieldwork planning and training, management of data collection, logistical coordination, and quality control, while a research assistant will be responsible for monitoring data quality. Samuel Hall's staff will provide operational support, oversee the whole process and make sure that all collected data meet our standards.

Table 9. Team composition, roles, and responsibilities¹⁸

Position	Team Member	Role
Team Leader	Herve Nicole	Overseeing deliverables and project co-lead, technical review of research plan, analysis, and tools, expert review of approach and lead drafting of key deliverables
Technical Expert- Child protection	Marion Guillaume	Overseeing deliverables and project co-lead; technical review of evaluation plan, analysis, and tools; expert review of approach and lead drafting of key deliverables.
Evaluation Manager	Dr. Maureen Park	Review of evaluation design, expert review of tools and analysis; oversight, coordination, and project co-lead; expert review of approach, planning, and key deliverables.
Project Lead	David Lefor	Client liaison and managing key evaluation deliverables, including inception report; contributions to evaluation design; methodological tool development; lead high-level interviews with key informants.
Research Assistant	Jade Sainte-Rose	Research elements of deliverables including the draft and final report, coordinate the data collection processes, oversee relevant administrative tasks
National Researchers	TBC	Support to fieldwork management and monitoring of data collection, conduct high-level KIIs, conduct training with enumerators

5. PROPOSED OUTLINE OF FINAL REPORT

The tentative outline is subject to change depending on the findings of the data collection phase as well as the fieldwork / evaluation approach selected. It is solely intended to provide the main headings of the report and will be further detailed as fieldwork progresses.

Executive Summary

1. Introduction and Context
2. Methodology
 - a. Limitations
 - b. Ethical considerations
3. Summary overview of case management system status by country
4. Evaluation findings
 - a. The analysis will be presented using the contextual lens of CM systems level of development (less/more developed case management systems) aligned with key research questions
5. Lessons learned and good practices
6. Recommendations on ways forward (clustered around the two levels of CM implementation)
7. Annexes, including terms of reference, evaluation tools, records of data collection

¹⁸ Depending on the research approach selected, staffing may evolve.

6. REQUESTED INPUT AND SUPPORT

Elements of the evaluation methodology outlined in this Inception Report will critically require support from UNICEF to ensure most efficient and rapid progress possible. These include:

- Validation of the approach
- Timely feedback on submitted deliverables to maximum adherence to evaluation timelines
- Rapid progress on UNICEF's ethical clearance procedures
- Input on selection of key informants at the national level
- Additional documentation
- Support and facilitation of permission to access to fieldwork locations and letters of permission where required to meet with government stakeholders
- Provision of contact lists and coordination for all in-person and remote data collection

Please note that circumstances may require further support, and Samuel Hall appreciates the UNICEF ongoing support in this regard. The support provided by UNICEF counterparts on some of the above to date has been very helpful.

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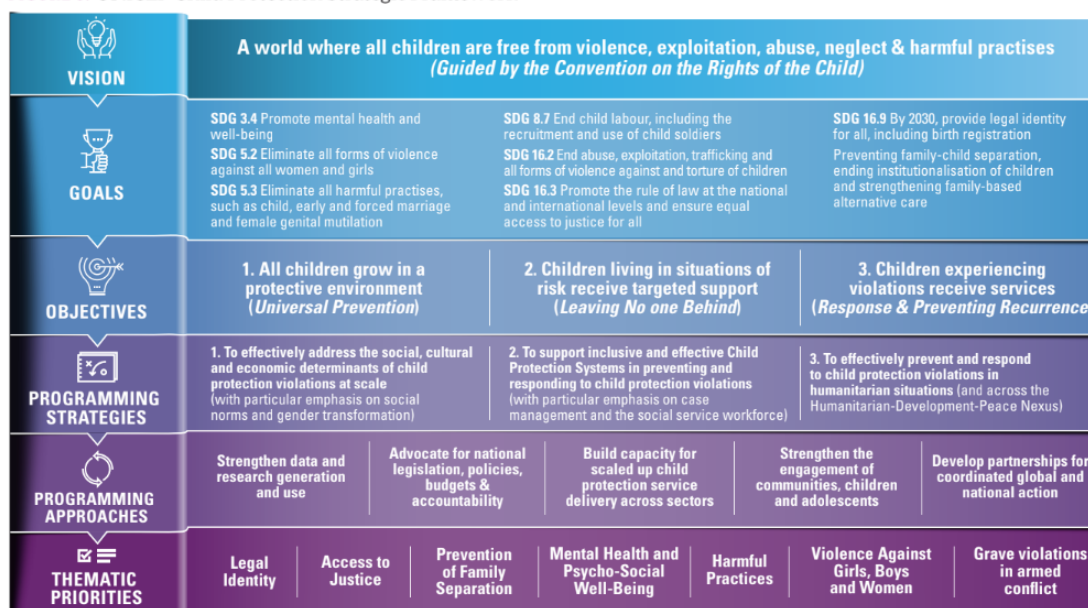
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7.2 UNICEF Child Protection Strategic Framework

STRATEGIC FRAMEWORK

FIGURE 5. UNICEF Child Protection Strategic Framework



Source: UNICEF. "Child Protection Strategy 2021-2030". 2021.

7.3 Key Country Characteristics

The following tables summarise key characteristics regarding child protection CM in each of the 7 target countries – **Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, and Syria**, including key priorities for UNICEF and fieldwork access concerns.

Egypt

Table 9: Summary of key characteristics related to child protection CM in Egypt

Caseload	13,000 children reached with case management services in 2021 ¹⁹
Population	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 UASC). ²⁰
Location	Central, Governorate and District governance levels
Key priorities	Creating a unified CM system; ²¹ defining roles and responsibilities and the modalities of the CM SYSTEM; ²² increasing workforce and building its capacity ²³ ; and legislative and policy reforms. ²⁴
Fieldwork	Access is challenging and will require support from UNICEF and the government

Iraq

Table 10: Summary of key characteristics related to child protection CM in Iraq

Caseload	37,576 children at risk were supported through child protection CM; ²⁵ 621,398 reached with UNICEF supported child protection and GBV prevention and response services in 2021 (57% females); ²⁶ 33 000 children (nearly 14,000 girls) were reached with specialised child protection services, alternative care, legal support, and referral services. ²⁷
Population	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. ²⁸
Location	16 Governorates ²⁹
Priorities	Improving legal, policy and institutional frameworks for child protection; ³⁰ increasing availability and quality of child protection services; ³¹ GBV case management capacity building; ³² scaling up social behavioural change ³³
Fieldwork access	Recommended fieldwork in Doho and Irbil where there is a high concentration of internal displaced persons (IDPs) and Minuar and Anbar to target returnees. Local organisations like STC and TDH Lausanne would be relevant to interview as they are pivotal in CM on the ground.

Jordan

Table 11: Summary of key characteristics related to child protection CM in Jordan

¹⁹ UNICEF, Country Office Annual Report, 2021.

²⁰ UNICEF, Country Office Annual Report, 2021.

²¹ KII Interview, Egypt, 2022.

²² UNICEF, "Child Protection in Egypt: Framework for a National Program", n.d.

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²⁴ NCCM, "Ending Violence Against Children in Egypt: National Strategic Framework", 2018.

²⁵ Ibid

²⁶ UNICEF, Iraq Country Office Annual Report, 2021.

²⁷ Ibid

²⁸ UNICEF, Iraq Country Office Annual Report, 2021.

²⁹ Child Protection Sub-Cluster, "Overview Child Protection Case Management in Iraq", 2022.

³⁰ Ibid

³¹ Child Protection Sub-Cluster, "Overview Child Protection Case Management in Iraq", 2022.

³² Ibid

³³ Ibid

Caseload	15,131 with child protection specialised services (5,575 girls, 7,797 boys and 1,759 women) in 2021. ³⁴
Population	Victims of abuse, violence, exploitation, or neglect including Palestinian and Syrian refugees (2.3 million and 1.4 million respectively) ³⁵ . Jordan has a young population (63% under the age of 30). ³⁶
Location	The family protection department has 16 sections in Jordan, including 2 in Syrian refugee camps. ³⁷
Priorities	Strengthening the national child protection legislative and policy framework to prevent and respond to violence against children; ³⁸ improving the quality of child protection services and developing clear minimum standards; ³⁹ changing negative social norms and behaviours; ⁴⁰ strengthening institutional capacity and coordination; ⁴¹ improving and strengthening the efficiency of the CM system on the ground. ⁴²
Fieldwork access	Recommended going to refugee camps. Access to camps requires a lot of documentation sent in advance (2 weeks minimum). ⁴³

Lebanon

Table 12: Summary of key characteristics related to child protection CM in Lebanon

Caseload	Around 60% case management cases are for adolescents ⁴⁴
Population	Victims of abuse, violence, exploitation, or neglect including Palestinian and Syrian refugees. Around 60% case management cases are for adolescents. ⁴⁵
Location	Urban and rural, including refugee camps
Priorities	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; prevention; SOPs ⁴⁶
Fieldwork access	Access and relationship with Ministries can be challenging; UNICEF would need to send an introductory letter and it requires the pre-approval from Ministers or acting Director General.

Libya

Table 13: Summary of key characteristics related to child protection CM in Libya

Caseload	44,042 people have been reached with child protection services, including 14,500 girls, 14,100 boys, and 10,000 women. Far fewer children have been referred for specialised services (8% of target, or 475 children) or are receiving case management services (10% of target, or 662 children) than targeted. ⁴⁷
Population	The majority (~70%) of people reached are non-displaced, though refugees, returnees, IDPs and migrants. ⁴⁸
Location	East, West, and South Libya are particular areas where child protection is most urgently required.

³⁴ UNICEF, Country Office Annual report, 2021.

³⁵ Ibid

³⁶ Ibid

³⁷ KII interview, Jordan, 2022

³⁸ Ibid

³⁹ KII interview, Jordan, 2022

⁴⁰ UNICEF, Country Programme Full Approved Report, 2021

⁴¹ KII interview, Jordan, 2022

⁴² KII interview, Jordan, 2022

⁴³ Ibid

⁴⁴ KII interview, Lebanon 2022.

⁴⁵ KII interview, Lebanon 2022.

⁴⁶ KII interview, Lebanon, 2022.

⁴⁷ Child Protection Libya Sub-sector., Libya Child Protection Response Monitoring Dashboard, 2022.

⁴⁸ UNICEF, Country Office Annual report, 2021.

Priorities	Government systems strengthening and the harmonisation of case management systems ⁴⁹ ; mapping of child protection actors; finalising SOPs and ensuring effective implementation ⁵⁰ ; investment in social workforce strengthening ⁵¹
Fieldwork access	Likely challenging, though possible with support from UNICEF and local authorities.

Morocco

Table 14: Summary of key characteristics related to child protection CM in Morocco

Caseload	13,830 child victims of violence (including 7,910 girls). ⁵²
Population	Child victims of abuse, violence, exploitation, or neglect; children in danger because of their situation of vulnerability, which includes migrants (most of them are under 6). ⁵³
Location	Urban and rural in 17 provinces. Most migrant children are in Tanger and Oujda, the 2 biggest sites out of 13. ⁵⁴
Priorities	Developing universal SOPs; improving coordination; ⁵⁵ establishment of the decentralised child protection systems. ⁵⁶
Fieldwork access	Access to the country for research is easy; UNICEF could facilitate respondent access.

Syria

Table 15: Summary of key characteristics related to child protection CM in Syria

Caseload	In 2021, 22,014 children (12,649 boys) benefited from case management with UNICEF; child protection interventions reached over 988,000 people. ⁵⁷ UNHCR case management benefitted 8,931 children between January and September 2022, with 184,081 people included in child protection services across the country.
Population	IDPs/returnees are the largest proportion receiving case management services (70%), with host communities and refugees also receiving services. ⁵⁸
Location	Country-wide (14 governorates), but North-West Syria is particularly challenging with grave human rights violations and persistent conflict. North-East Syria is also notably challenging with many unaccompanied and separated third country national children. ⁵⁹
Priorities	Scaling of CM system ⁶⁰ , strengthening the social workforce, improving the coordination of services, behavioural change. ⁶¹
Fieldwork access	The MoSAL needs to be informed and official requests will be shared with them (with the help of UNICEF)

⁴⁹ UNICEF, Strategy Note of the Child Protection Programme, 2022.

⁵⁰ 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.

⁵¹ KII Interview, Libya, 2022.

⁵² UNICEF, Country Office Annual Report, 2021.

⁵³ Ministère de l'Education Nationale, de la Formation Professionnelle de l'Enseignement Supérieur et de la Recherche Scientifique, "Elaboration d'une cartographie territoriale des enfants migrants, des intervenants/interventions en matière d'éducation et analyse des perceptions et des stéréotypes", Presentation, 2021

⁵⁴ Ministère de l'Education Nationale, de la Formation Professionnelle de l'Enseignement Supérieur et de la Recherche Scientifique, "Elaboration d'une cartographie territoriale des enfants migrants, des intervenants/interventions en matière d'éducation et analyse des perceptions et des stéréotypes", Presentation, 2021.

⁵⁵ KII Interview, Morocco, 2022.

⁵⁶ UNICEF, Country Office Annual Report, 2021.

⁵⁷ UNICEF, Syria Country Annual Report, 2021.

⁵⁸ Ibid

⁵⁹ Ibid

⁶⁰ KII Interview, Syria, 2022.

⁶¹ UNICEF, "Concept note: UNICEF Syria child protection", 2019.

7.4 Country case management stakeholder overview

	Egypt	Iraq	Jordan	Lebanon	Libya	Morocco	Syria
Government	Ministry of Social Solidarity (MOSS), Ministry of Local Development (MoLD), Ministry of Health and Population (MoHaP), the Ministry of Education (MoE); National Council for Childhood and Motherhood (NCCM)	Duhok Ministry of Labour and Social Affairs (DoLSA), Erbil DoLSA, Iraq Child Welfare Commission	MoE, MoH, Ministry of Social Development (MoSD), National Council for Family Affairs (NCFA), Family Protection and Juvenile Department (FPJD)	Ministry of Social Affairs (MoSA)	Ministry of Social Affairs (MoSA); Ministry of Interior (MoI); Social Solidarity Fund	Ministry of Justice (MoJ), Office of Prosecutor, High Council for Judges; Ministry of Youth, Culture and Communication (MoYCC), Ministry of Solidarity (MoS); Ministry of Public Education (MoPE); Ministry of Health (MoH); Supreme Council of Judicial power; Support Centers for Child Protection (CAPE); Child Protection Units (UPE)	Ministry of Social Affairs and Labour (MoSAL) Syrian Commission for Family Affairs and Population (SCFAP) And through the inter-ministerial committee: Ministry of Health (MoH), Ministry of Justice (MoJ), Ministry of the Interior (MoI), Ministry of Education (MoE), Ministry of Agriculture (MoA) Also, the Ministry of Information, Ministry of Religious Endowments (AWQAF) and any ministry or government institution are involved as per the draft SOPs on case management.
UN	UNICEF	UNICEF	UNICEF, UNFPA, UNHCR	UNICEF	UNICEF, UNFPA, UNHCR, IOM, UNODC, DRC, IRC	UNICEF	UNICEF, WHO, UNFPA

International NGOs and development agencies	Evangelical Fellowship in the Anglican Communion (EFAC), CARITAS	Terre des Hommes (TdH) Italy, Voice of older people (VOP), Better World Organisation (BWO)	International Medical Corps (IMC), Save the Children Jordan	Danish Refugee Council (DRC), Save the Children, TdH Italy, TdH Lausanne	Save the Children, International rescue committee (IRC), INTERSOS, CESVI, Agency for Technical Cooperation and Development, TdH Italy		
National NGOs	National Foundation for Family and Community Development (NFFCD)	Um Al Yateem Development Foundation (UDF), Public Aid organisation (PAO), Heartland alliance, Bent Al-Rafedain Organization (BROB), Sabe Sanabul Organization for Relief & Development (SSORD), Harikar	Jordan River Foundation (JRF), Noor Hussein Foundation/ Institute for Family Affairs (NHF/IFH), Rawad El Khair	Himaya, Mouvement Social, Upel, Amel, Rene Mouawad Foundation, Sawa, Kafa	ELSSAFA	La Fondation Amane Pour La Protection De l'Enfance (FAPE), Amane, Association Bayti, Fondation Mohammed VI pour la réinsertion des détenus, ligue marocaine pour la protection de l'enfance, Fondation Orient-Occident (FOO), Association chabiba pour personnes à besoins spécifiques et leurs amis, Association de la protection de l'enfance et sensibilisation de la famille.	Atamayouz for social care, Syrian Society for Social Development (SSSD), Syrian Arab Red Crescent (SARC), Quteifa, Inaash Alfakir

7.5 Evaluation matrix

Evaluation questions	Sub-questions	Indicator	Data sources	Tools
Relevance				
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
Efficiency				
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 changing contexts over the course of the project and utilise lessons learned from implementation to inform adaptation?	Frequency of lesson learned, and monitoring data used in adaptation Linkage between adaptation and	Case management reporting on security situations, COVID-19, and other issues	Desk review, country-based KIIs, stakeholder workshop, community level KIIs, case study, FGDs

		improved efficiency		(parents/caregivers), KIIs (case workers)
Effectiveness				
EQ 3. 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)
EQ 4. 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)

Sustainability				
EQ 5. To what extent are the positive changes and benefits (institutional and individual) of the case management system interventions likely to continue?	5.1 How sustainable is the intervention considering capacity to sustain programme elements without UNICEF or external support?	Increase in sustainable capacity with CM systems (measured as stakeholder assessment on increased capacity)	UNICEF ToC and intervention strategies and tracking documentation, stakeholders, policy	Desk review, regional and global KIIs, country-based KIIs, OCAT e-survey, stakeholder workshop, 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
EQ 7. To what extent did case management design and implementation of the systems	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

capitalise on coordination mechanisms, and existing capacities to achieve results?				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)
Coverage				
EQ 8. 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)
Cross-cutting issues				
EQ 9. To what extent do case management interventions address gender, disability, and human rights?	9.1 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)

7.6 Inception Klls

Country	Name(s)	Organisation	Date
Egypt	Amira Hussein, Child Protection Specialist Denise Apiyo, Leading Child Protection section Omneya Ragab, Child Protection Officer Salma Elmasry, Child Protection Officer Ibrahim Abu Gazia, Child Protection Officer Rana - Child protection Officer Iman Hani Mohamed, M&E for Child Protection	UNICEF Egypt	9/11/22
Iraq	Ali Shingaly, National System Administrator of the CPIMS+	CPIMS+ Iraq	22/11/22
	Asefa Tolessa Dano, Child Protection Focal Point for Iraq Diler Atrushi, Child Protection Sub-cluster	UNICEF Iraq Save the Children	7/11/22
Jordan	Suzan Kasht, Child Protection Specialist	UNICEF Jordan	21/11/22
Lebanon	Nisrine Tawily, Child Protection Specialist Myriam Samya, Child Protection Officer	UNICEF Lebanon	7/11/22
Libya	Yuko Osawa, Chief of Child Protection Joshua Orawo Onong No, Child Protection subsector coordinator	UNICEF Libya	11/11/22
Morocco	Malika El Atifi, Chief of Section Saadia Sifi, Child Protection Officer	UNICEF Morocco	11/11/22
Syria	Rula Koudsi, Child Protection Specialist Jihad Taha, Child Protection Specialist	UNICEF Syria	9/11/22
Global	Aniruddha Kulkarn, Child Protection Specialist	UNICEF HQ	22/11/22
MENA RO	Carlos Javier Aguilar, Regional Adviser, Child Protection	UNICEF MENA	25/10/22

7.7 Stakeholder lists

At the time of writing, stakeholder lists have been provided by UNICEF country teams in Libya, Jordan, Lebanon, Morocco, and Egypt. These stakeholders are presented below. The remaining lists (Iraq, Syria) will be provided to the evaluation team

	Name	Organisation
Libya		
1	Hafed Khalifa	Ministry of Social Affairs (MOSA)
2	Dr. Tawfi Ehresfa	Social Solidarity Fund
3	Elizabeth Wardle	Save the Children North Africa Migration Initiative
4	Andrea DeGaetani-Buttram Eliab Mulili	International Rescue Committee
5	Alessandra Caputo	INTERSOS
6	Remy Pigois	UNICEF covering the Maghreb
7	Ahlam Sofan Omer	GBV Programme Analyst GBV sub working group coordinator
8	Armine Karakhanyan Sofia Tekidou	UNHCR
9	Amanuel Mehari MC EVOY Niamh Mary	IOM
10	Astrid Leao	UNODC
11	Solenne Noga	CESVI

12	Violeta Momcilovic	CESVI
13	Angeliki Karydi	DRC
14	Yosra Benlamin	UNICEF
15	Rawia KHARRUBA	IOM
16	Winnie Banda	UNHCR
17	Asma Hamadi	ACTED
18	Samira Mohsen	INTERSOS
19	Johnson Ochan	IRC
20	Diana Abo Nakkoul	TDH – Italy
21	Dr. Saleh Elwig	ELSSAFA
Jordan		
1	Taghreed Badawi	Ministry of Education (MoE)
2	Bassam Alhababhbhe	
3	Wesam Abu Ali	Ministry of Health (MoH)
4	Ahmad Zabin	Ministry of Social Development (MoSD)
5	Sa'ed Al Khateeb	
6	Mouwiah Masadeh	
7	Dr. Mohammad Meqdady	National Council for Family Affairs (NCFA)
8	Hakam Mataalkhah	
9	Yara Deir	UNFPA
10	Belal Khalifa	UNHCR
11	Ahmad Bawaneh-Head of IMC	International Medical Corps (IMC)
12	Mohammad Abu Lawi	
13	Iman Aqrabawi	Jordan River Foundation (JRF)
14	Yara Musleh	
15	Dr. Ibrahim Aqel-Head of IFH	Noor Hussein Foundation/ Institute for Family Affairs (NHF/IFH)
16	Adnan abu haijah	
17	Haneen Mohamad	Rawad El Khair
18	Yasmine Ishtay	
19	Colonel Belal Awamleh -Head of FPD	Family Protection and Juvenile Department (FPJD)/Public Security Department
20	Mohammad Jabri	
21	Mohammad AlSa'eed	Save the Children Jordan
22	Rawan Ibrahim	Academia
23	Manal Tahtamouni	National Expert
24	Jeongjoo Woo	KOICA

25	Ala Mohammd Al-Boqai	
26	Sandra Oelke	KFW
27	Rahel Kroeker	
28	Rula Aldajani	Netherlands
29	Camilla Veerman	
30	Seren Shahin	Canada
31	Kholud Al Edwan	PRM
Lebanon		
1	Patricia El-Khoury	Himaya
2	Sarah Chreif	DRC
3	Charlotte Tanios	Mouvement Social
4	Hasna Mouawad	Rene Mouawad Foundation
5	Manal Kassem	Save the Children
6	Giulia Sobrero	Terre des Hommes Italia
7	Fatima Ardat	Terre des Hommes Lausanne
8	Amira Succar	Upel
9	Lama Ajrouch	Amel
10	Cherine Chemaly	Sawa
11	Celine El Kik	Kafa
12	TBD but constrained for now	Ministry of Social Affairs
13	Jamile El Khoury	USJ
Morocco		
1	ABDERRAZZAK ADNANI	Ministère de la solidarité, de l'Inclusion Sociale et de la Famille
2	AMINA OUFROUKHI	Présidence du Ministère Public
3	IMANE EL MALKI	Conseil Supérieur du Pouvoir Judiciaire
4	SOFANA BENYAHIA	Ministere de la Justice
5	M'HAMED AIT HALOUI	Ministere de la Jeunesse, de la Culture et de la Communication
6	ABDELLAH SOUSSI	Fondation Amane Pour la Protection des Enfants
7	AUDE SEDJE	Association Meilleur Avenir Pour nos Enfants
8	AMINA L'MALIH	Association Bayti
9	ABDELOUHED JAMALI	Fondation Mohammed vi Pour le Reinsertion des Detenus
10	BRAHIM YASSINE	Ligue Marocaine pour la Protection de l'enfance
11	Abdellah Soussi	Fondation Amane pour la Protection des Enfants

12	Nadia Tari	Foundation Orient Occident
13	Houriya Arrad	Association Chabiba pour Personnes à Besoins spécifiques et leurs amis
14	Faouzia El Mamoun	Association de la Protection de l'Enfance et Sensibilisation de la Famille
Egypt		
1	Magda Hassan	Head of Social Department for Social Care – Ministry of Social Solidarity (MOSS)
2	Ahmed Hanafy	Project manager, MOSS
3	Ahmed Zaki	NFFCD – partner NGO
4	Hany Hilal	EFAC – partner NGO
5	Amir Kamal	CARITAS – partner NGO
Syria		
Ministry of Social Affairs and Labour		
1	Mr. Yasser Al-Ahmed	Deputy Minister
2	Ms. Awatef Hasan	Director of Social Policy Department
3	Ms. Rula Aghbar	Director of International Relations Department
4	Ms. Hiba Aawar	Head of Protection Unit
5	Ms. Khadija Arsan	UNICEF Focal point at MOSAL
6	Ms. Afaf Mahmoud Mohamad	Director of MOSAL centre of case management
Inter-Ministerial Committee:		
7	Ms. Samar Sibai	Head of Syrian Commission of Family Affairs and Population, SCFAP, (leading the committee):
8	Ms. Rana Khleifawi,	Director of Department
9	Dr. Nizar Saddekni	Deputy Minister of Justice
10	Dr. Yaser Kalzi	Ministry of Interior
11	Dr. Arwa	Ministry of Health
12	Dr. Subeit Suleiman	Ministry of Education
13	Dr. Ayman Alsayed	Ministry of AWQAF
Implementing partners		
14		Atamayouz for social care NGO
15		SSSD NGO
16		SARC
17		Quteifa NGO
18		Inaash Alfakir NGO
UN Agencies		
19		UNHCR
20		WHO
21		UNFPA

7.8 Tools

See attached document with sampling guidance, informed consent protocols and qualitative tools.

7.9 Samuel Hall Child Safeguarding Policy

See full policy attached.

7.10 Samuel Hall Data Protection Policy

Lawful Data Collection

Samuel Hall-collected data will be collected and used in accordance with Data Protection legislation. This principle means that Samuel Hall staff and research participants will know who is collecting the research data, where it will be kept, and what will be done with it. Samuel Hall will thus include privacy notices on consent forms or associated documents with so all parties are aware of how data will be processed.

Important sections of Data Protection Legislation for research include:

- Six data protection principles that govern how personal data should be processed
- The lawful bases under which research data can be processed

Samuel Hall establishes a lawful basis for collecting research data through:

- Consent of participants, which must be unambiguous and can be withdrawn at any time;
- Contracts, which applies while conducting work with another organisation.

Secure Data Management Practices

Samuel Hall-collected 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.

Paper/hard media will be:

- Kept in lockable cabinets/cupboards when not in use.
- Kept in lockable offices if possible.
- Not left unattended for a considerable period.

Electronic data will:

- Be displayed where third parties cannot inadvertently see it.
- Not be shared with third parties electronically.
- Be kept on secure network drives or password protected/encrypted removable media.
- Be stored according to the data management system as described below.

When data is shared externally, further anonymisation exercises will be conducted, in particular for children (e.g., names removed, etc).

Samuel Hall Data Management System

To ensure the security and quality of its data, Samuel Hall utilises a dedicated data management system (DMS) 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 DMS will further remain isolated from all other Samuel Hall systems by default.

The system is composed of four parts:

1. Data collection nodes
2. Data aggregation node
3. Control and analytics engine
4. Data visualisation and distribution

The collection nodes are of two types: mobile and browser based. Mobile data is collected in the field using Android phones running ODK Collect, the industry standard in open-source mobile data collection. In addition to question responses, the software collects additional data, such as GPS location, beginning and ending times, and IMEI numbers, to assist in data quality monitoring. Kobo stores survey data on phones until a network connection allows data to be uploaded to the aggregation node in Germany. Data collected via phone interviews can be recorded on mobile phones or through any standard browser, should that prove more efficient. Browser based submissions are made through the Enketo platform, also based on Kobo and ODK standards. Enketo functions even in the absence of a reliable internet connection, by storing responses in the browser until the connection is restored.

The data aggregation node is a server running Kobo Toolbox, an open source-based submission server which distributes the survey tools to the collection nodes and accepts and stores corresponding data submissions over the course of the data collection. All data transmissions are encrypted end to end using SSL. By using a dedicated server, the DMS can issue individual credentials to every enumerator and mobile device, thus rendering suspicious or anomalous submissions fully traceable, and enforcing a high degree of data security.

The control and analytics engine performs three tasks: It performs automated administrative tasks on the aggregation nodes, such as adding or deleting enumerator credentials and adding or updating tool files; it maintains an up-to-date relational database of all submissions from all tools; and it performs periodic analyses of incremental and aggregate submissions, testing for suspicious or anomalous trends.

Data is distributed for analysis from a central database node running PostgreSQL. Data analytics can be performed directly on the database server through the PGAdmin front end, plugged in to any SQL compatible analytics package, such as Google Data Studio or RStudio, or downloaded in csv format if necessary.

7.11 Terms of Reference

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	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.^[1] 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^[2].

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.^[3]

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 wellknown 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.^[4] 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.^[5]

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 adhoc. 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

<ul style="list-style-type: none"> Country 	<ul style="list-style-type: none"> Status of case management and key achievements
<ul style="list-style-type: none"> Syria 	<ul style="list-style-type: none"> 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.⁶ 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. 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. The Syrian Government provides an oversight and coordination role in the implementation of these activities.
<ul style="list-style-type: none"> Libya 	<ul style="list-style-type: none"> 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. Investment in social workforce strengthening has been identified as a key aspect in order to increase access to quality services. In 2021, access to case management was expanded and referral to specialized PSS services. 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.

	<ul style="list-style-type: none"> UNICEF and partners are engaging the relevant government ministries and departments to ensure ownership and operationalization of the case management system.
<ul style="list-style-type: none"> Iraq 	<ul style="list-style-type: none"> 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. 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+. Over 33,000 children (nearly 14,000 girls) were reached with specialized child protection services, alternative care, legal support and referral services.

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"> 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.

⁶ [2016-PL7-Syrian Arab Republic CPD-ODS-EN.pdf \(unicef.org\)](#)

	<ul style="list-style-type: none"> 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. 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.
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	<ul style="list-style-type: none"> • 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 atrisk children, victims of violence and children in contact with the law. • 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.
Jordan	<ul style="list-style-type: none"> • 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.^[6] • 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. • 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.
Morocco	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> 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.
Lebanon	<ul style="list-style-type: none"> 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 are of work for UNICEF Lebanon. Special attention has been given to intersectoral case management and referral mechanisms. 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.

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • The extent to which the case management system has attained its stated objectives (at the outcome and output level). • The extent to which case management interventions contribute to strengthening existing child protection systems?
Efficiency	<ul style="list-style-type: none"> • Did the case management interventions use the resources in the most economical and timely manner to achieve or expected to achieve the objectives.
Sustainability	<ul style="list-style-type: none"> • To what extent are the positive changes and benefits (institutional and individual) of the case management system interventions likely to continue?

Coordination	<ul style="list-style-type: none"> • 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. • To what extent did case management design and implementation of the systems capitalize on coordination mechanisms, and existing capacities to achieve results?
Coverage	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • The extent to which case management interventions address gender, disability, and human rights.
Lessons learned	<ul style="list-style-type: none"> • 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, NonGovernmental 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
Kick off phase				0
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	
Inception report				10

	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)	
Fieldwork, Data Analysis and Preliminary Findings Presentation				30
	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	
Draft report				0
	Draft the evaluation report	12	Evaluation Team	
	Quality assurance	15	Evaluation Manager	
	Formal commenting process	16	Stakeholder	
Final report and other products				30
	Respond to comments from stakeholders and	19	Evaluation Team	

	adjust the report accordingly			
	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	

Payment schedule

40. The assignment is to be carried out between July 2022 and December 2022, for approximately 6 months. One month will be added for administrative and payment purposes. The payment schedule is provided in table 5 according to the billable deliverables outlined in table 4.

Table 5. Payment schedule

Main deliverable	Indicative timeline after contract signing (in weeks)	Payment schedule (%)
Inception report	3	20
Presentation of preliminary findings and recommendations	14	30
Final report (inclusive of summary of the findings and recommendations in form of infographics in both Arabic and English)	16	50

5. Official travel involved

41. Ideally the team of consultants will travel to the focus countries for the data collection. Travel will be under the responsibility of the contractor in accordance with UNICEF's rules and tariffs. All travel costs should be planned properly in the technical proposal and included in the financial proposal. Please note that if selected, the contract can be a supporting document to obtain entry visa (if necessary). UNICEF will be unable to secure travel visas. Flight costs will be covered at economy class rate as per UNICEF policies.

42. Travel costs should be included as a separate component on cost proposal and the contract and paid against actual travel undertaken. There could be a situation where is not possible due to the pandemic.

6. Desired qualifications, specialized knowledge or experience

43. The below sets out the tentative workload of the Team Leader and Education Specialist, as well as the required skills. The subject matter experts need to have a very good understanding of the case management in development and emergency context in MENA region. The team’s overall experience and qualifications are detailed below:

44. **Table 6. Team composition**

Evaluation team and estimated billable number of days	Desired qualification and experience
Team leader/Evaluation Specialist Estimated number of days (40)	<ul style="list-style-type: none"> • Relevant master’s degree (evaluation, development studies economics, social science, etc.) • Experience in leading evaluation teams in both humanitarian and development settings (at least 5) • Ability to conduct statistical analyses • Experience in managing evaluations in the United Nations system • Good understanding of the child rights and case management systems • Good understanding of integrating gender and human rights into evaluations • Strong interpersonal skills • Ability to work with senior officials • Cultural sensitivity • Fluency in English, French and Arabic.
Child Protection Specialist (development context) Estimated number of days (30)	<ul style="list-style-type: none"> • Relevant master’s degree (psychology, evaluation, development studies, social science, etc.) • Experience in conducting field interviews on sensitive topics • Internationally recognized expertise in ending violence against children as evidenced by a publication record. • Publication record on technical aspects relating to ending violence against children • 4 years of work in the child protection sector (including case management); including programming support and policy advice to national programmes in development settings • Good understanding of integrating gender, disability and human rights into interviewing practices • Strong interpersonal skills • Ability to work with senior officials • Cultural sensitivity • Fluency in English, French and Arabic.

<p>Child Protection Specialist (humanitarian context) Estimated number of days (30)</p>	<ul style="list-style-type: none"> • Relevant master’s degree (psychology, evaluation, development studies, social science, etc.) • Experience in conducting field interviews on sensitive topics • Internationally recognized expertise in ending violence against children as evidenced by a publication record. • Publication record on technical aspects relating to ending violence against children • 4 years of work in the child protection sector (including case management); including programming in humanitarian settings.
	<ul style="list-style-type: none"> • Good understanding of integrating gender, disability and human rights into interviewing practices • Strong interpersonal skills • Ability to work with senior officials • Cultural sensitivity • Fluency in English, French and Arabic.

7. Contract management

45. The evaluation will be guided by a Steering Committee that will discuss the terms of reference and endorse the inception report. It might also be guiding the evaluation should any unforeseen challenges. The direct management of the evaluation will be done by the regional evaluation specialist. The gender regional office advisor and the country offices part of this regional evaluation will ensure that all relevant documentation is available to the consultants and support the arrangement of meetings with relevant stakeholders (partners, UNICEF staff).

46. The team leader will coordinate the inputs of the team and be responsible for the quality of the deliverables. The company will support the evaluation team and backstop the team where required.

8. Performance indicators for the evaluation of results

47. All tasks have been delivered in a timely manner as indicated in the TOR/Contract. High quality of work and results achieved correspond to the specification of the TORs. Deliverables are submitted on time and the quality of work should be acceptable to UNICEF. Overall performance at the end of the contract will be evaluated against the following criteria: timeliness (as per the timelines agreed with UNICEF), responsibility, initiative, communication, and quality of the services delivered.

9. Frequency of performance reviews

48. A formal performance review will be performed at the end of the contract. The quality of the deliverables will be assessed, and when satisfactory installments will be paid.

10. Call for proposals

49. A two-stage procedure shall be utilized in assessing the proposals, with the assessment of the technical proposal being completed prior to any price proposal being compared. Applications shall therefore contain the following required documentation:

A. Technical proposal

50. Applicants shall prepare a proposal as an overall response to TOR ensuring that the purpose, objectives, and deliverables of the assignments are addressed. All proposals to include (but not limited to):

51. A technical proposal that includes a brief cover letter and understanding of the assignment is required.

52. Based on the proposed timetable laid down in the TOR, a proposal of the detailed methodology, tentative work plan and time schedule is required.

53. Updated profiles/ CVs of the team members listing similar experiences/assignments and highlighting those focused-on adolescents/youth budgeting, youth engagement and participation.

B. Financial Offer

54. A financial proposal with a breakdown of all costs that are to be charged to UNICEF and based on deliverables. This includes estimated number of working days, consultancy fees, all office administrative costs, international and local travel costs, as well as any additional requirements needed to complete project or that might have an impact on cost or delivery of products. Travel expenses should be based on the most direct route and economy fare. Quotations for business class fare will not be considered.

55. The Financial Proposal shall be submitted in a separate file, clearly named Financial Proposal. No financial information should be contained in the Technical Proposal.

C. Timetable (Schedule)

56. This section should include a proposed time/delivery schedule. An action plan specifying the timeframe with various milestones and activities should be included under this section.

11. UNICEF recourse in case of unsatisfactory performance

57. UNICEF reserves the right to withhold payment on each individual and consolidated output until the consultant provide satisfactory quality output as reviewed by the project supervisor. In case of unsatisfactory performance, misconduct, unacceptable quality, the payment will be withheld until quality deliverables are submitted and subsequently, the contract will be terminated, or contractual penalties shall apply in accordance with the General terms and conditions stated in the tender document if the contractor fails to deliver.

12. Evaluation and weighting criteria

58. Submitted proposals will be assessed using Cumulative Analysis Method. All proposal will be weighed according to the technical (70 points) and financial considerations (30 points). Financial proposals will be opened only for those application that attained 70% or above on the technical part. Below are the criteria and points for technical and financial proposals.

__70__% technical

__30__% financial

100% total

A. Technical Proposal

59. The technical proposal should only a brief description of the understanding of the assignment and suggested approach is required (maximum 10 pages), updated vitae of the proposed candidates (with an emphasis on demonstrated capacity to carry on this regional evaluation). Below is the distribution of points to each criteria:

1) Overall Response (10 points)

- General adherence to Terms of Reference and tender requirements (5)
- Elaborated and articulated understanding of scope, objectives, and overall assignment requirements. (5)

2) Team composition Personnel (30 points)

- Team member(s) meet academic requirements (5)
- Names and CVs of team members entailing their specific academic, and professional backgrounds and roles in the assignment for UNICEF review and approval. The Contractor should make a commitment to this effect, in order to avoid possible changes in the team members' composition after the start of the assignment. (20)
- Management approach (team leader, backstopping, quality assurance personnel) at the functional and the senior management levels. (5) 3) Proposed methodology and approach (30 points)
- Deliverables are addressed as per TOR (15)
- Proposed timelines are met (10)
- Quality assurance mechanism and risk mitigation measures (5)

60. Minimum technical score: 49 point out of 70 points

61. In addition, the institution should consider the following in the submission:

- A. Company profile (Company structure, team composition, organogram...etc)
- B. A complete copy latest audited financial statements with comparative figures for the two most recent years; preferably signed by Company's accounting firm/certified external auditor.
 - The financial statements are to include, but not limited to, the following:
 - The Balance Sheet (mandatory)
 - The Income Statement/Profit and Loss Statement (mandatory)
 - Statement of cash flows
- C. Company registration
- D. Previous evaluation work that has been done in the past 3 years that has been successfully completed and contact details of the managers for such assignments

B. Financial Offer

62. A separate Financial Offer detailing all activity expenses and logistics should be submitted under this section. The financial offer (this section) should be submitted on a separate page from the Technical Capability and Schedule information. Only those financial proposals will be opened which have been technically accepted according to the above criteria. The financial proposal will be weighted based on clarity and appropriateness.

Total Financial 30 points

63. The Contract shall be awarded to a bidder obtaining the highest combined technical and financial scores. Proposals not complying with the terms and conditions contained in this TOR, including the provision of all required information, may result in the Proposal being deemed nonresponsive and therefore not considered further.

13. Conditions

64. The contractor will work on its own computer(s) and use its own office resources and materials in the execution of this assignment. The contractor's fee shall be inclusive of all office administrative costs
65. Local travel and airport transfers (where applicable) will be covered in accordance with UNICEF's rules and tariffs.
66. Flight costs will be covered at economy class rate as per UNICEF policies.
67. Any air tickets for travel will be authorized by and paid for by UNICEF directly, and will be for the attendance of meetings and workshops.
68. Please also see UNICEF's Standard Terms and Conditions attached.

14. Enquiries

69. Please direct any enquiries to the below dedicated email address indicating the bid reference:
70. UNICEF Jordan procurement team: JCO-Procurement@unicef.org

15. Submission

71. Proposals with all supporting documents should be addressed separately to: UNICEF Jordan Bids : Jordanbids@unicef.org

[1] INTER AGENCY GUIDELINES FOR CASE MANAGEMENT & CHILD PROTECTION (2014)

[2] European Social Network (2016) Integrated social services in Europe

[3] Ref/

[4] Interagency guidelines 2014,

[5] C.f. UNICEF (2018) Comprehensive evaluation of the UNICEF-supported specialized child protection case management response in Jordan

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[6] EVAC evaluation, p.13