INCEPTION REPORT
Formative Evaluation of the Implementation of Ministry of Public Health and UNICEF Pilot Child Protection Joint Initiatives (Thailand)
2018-2021

October 2022

Evaluation carried out by:
Oxford Policy Management on behalf of UNICEF

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Acknowledgement

We extend our thanks for the invaluable support to UNICEF Thailand Country Office, in particular Oscar Huertas Diaz, Rafiq Khan and Nantaporn Ieumwananonthachai.

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List of abbreviations

CP	Child Protection
CPCM	Child Protection Case Management
CP-MIS	Child Protection Management Information System
CPSS	Child Protection Systems Strengthening
CRC	UN Convention on the Rights of the Child
CRPD	UN Convention on the Rights of Persons with Disabilities
ERB	Ethical Review Board
EMR	Electronic Medical Record
FGD	Focus Group Discussion
GDPR	General Data Protection Regulations
GBV	Gender-based violence
HMIS	Health Management Information System
ICT	Information and Communications Technology
IoT	Internet of Things
LoE	Level of Effort
MIS	Management Information System
MoI	Ministry of Interior
MoPH	Ministry of Public Health
MSDHS	Ministry of Social Development and Human Security
NDID	National Digital ID (Identification)
OECD	Organisation for Economic Cooperation and Development
OECD-DAC	OECD Development Assistance Committee
OpenHIE	Open Health Information Exchange
OPM	Oxford Policy Management
OSCC	One Stop Crisis Centre
PDD	Principles for Digital Development
PDPA	Personal Data Protection Act
PID	Personal ID (Identification)
PLH	Parenting for Lifelong Health
RCT	Randomised Control Trial
SES	Household Socio-Economic Survey
ToR	Terms of Reference
TRG	Technical Reference Group
UNEG	United Nations Evaluation Group

UNICEF	United Nations Children's Fund

Glossary

Best interests of the child. "The best interests of a child shall be a primary consideration when providing protection and care necessary of the child's well- being, taking into consideration the rights and duties of parents, legal guardians or other persons legally responsible for the child. The objective is to ensure the child's well-being and development, which includes their basic material, physical, educational, and emotional needs, as well as needs for affection and safety. Consideration of the child's safety must include protection against all forms of physical or mental violence, injury or abuse, sexual harassment, peer pressure, bullying, degrading treatment, as well as protection against sexual, economic and other exploitation, drugs, labour, armed conflict, etc."[1]

Caregiver. A person who is very closely attached to the child and responsible for their daily care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home. They also include carers outside the home, such as people working in organised day care.[2]

Child. Children, including children with disabilities are those persons under the age 18 as per the UN Convention on the Rights of the Child (CRC), ratified by Thailand in 1992.[3] All other persons aged 18 and over are considered as adults. This is important to establish because in some contexts, persons with disabilities, and particularly those with intellectual disabilities, are often incorrectly perceived and referred to as perennial children.

Child centred approach. A child centred approach means keeping the child in focus and including them, their family and support team in decision making; adjusting and tailoring activities towards all children's unique needs; and giving all children the same opportunity to access and participate in all parts of the service.

Child protection. Prevention and response interventions to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. (Article 19, CRC).

The Convention on the Rights of Persons with Disabilities (CRPD) ratified by Thailand in 2008, also refers to the right to protection for persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects (Article16, CRPD).

"Ensuring children are in social environments, whether in families, communities, educational institutions or other settings that children rely on and are part of, that are capable of providing care and development for children that meet the minimum standards prescribed under the Ministerial Regulations and protection against harms, whether physically, mentally or developmentally, and promoting good behaviors in children. (Sub-Committee on reviewing child rights-related laws in accordance with the Thai Constitution and the Convention on the Rights of the Child 2016)."[4]

Child protection system. Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children. A child protection system is generally agreed to be comprised of the relationships and interactions between and among several components and actors. It is the outcomes of these interactions that

[1] Department of Children and Youth (2017) Manual of Protocols and Procedures on the Protection and Responding to Children at Risk of Abuse, Neglect, Exploitation, and Violence. Department of Children and Youth: Bangkok. Page 10
[2] UNICEF (2020) Designing Parenting Programmes for Violence Prevention: A Guidance Note. UNICEF: New York. Page 5. https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf
[3] Office of the High Commission for Human Rights, UN Treaty Body Data Base, Ratification Status for Thailand https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=172&Lang=EN
[4] Department of Children and Youth (2017) Manual of Protocols and Procedures on the Protection and Responding to Children at Risk of Abuse, Neglect, Exploitation, and Violence. Department of Children and Youth: Bangkok. Page 5 The Manual also provides detailed definitions of abuse, neglect, exploitation, and violence

comprise the system.[5]

Gender-based violence. Gender-based violence (GBV) is an umbrella term for *any harmful act that is perpetrated against a person's will* and is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty.[6] For example, girls are more likely to experience sexual violence and boys more likely to experience physical violence. However it is usually recommended that special attention should be given to girls due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to social services. [7]

Parent A child's father or mother

Parenting. Interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care.[8]

Persons with disabilities. Persons with disabilities include children and adults who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Article 1, CRPD).

Prevention. Primary, secondary and tertiary prevention are public health approaches that aim to (1) prevent a phenomenon before it occurs (2) reduce the impact of a phenomenon that has already occurred (3) soften the impact of an on-going phenomenon that has long-lasting effects.[9]

Public health. "Public health is the science and art of preventing disease, prolonging life, and promoting health through the organized efforts of society".[10] Prevention is a key public health term that denotes action to avoid, forestall, or circumvent a happening, conclusion, or phenomenon, for example prevention of violence, abuse, neglect, and exploitation of children.

Social protection. A set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life-course, with a particular emphasis towards vulnerable groups.[11] This includes protection against economic vulnerability and to improve access to social services.

Social services. This can include (i) social work services that provide information and awareness, assessments, and referrals to other services, counselling and mediation; (ii) care services, provided by a range of specialists (in health, education and social care) (iii) other specialized services for specific groups and situations such as access to assistive products and technologies or legal aid.[12]

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[5] Adapted from UNICEF (2021) Child Protection Systems Strengthening. Approach. Benchmarks, Interventions. UNICEF: New York. https://www.unicef.org/documents/child-protection-systems-strengthening Page 8.

[6] IASC (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Reducing Risk, Promoting Resilience and Aiding Recovery. https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015 Page 5.

[7] UNICEF Gender Policy 2021-2030 https://www.unicef.org/reports/unicef-gender-policy-2021-2030

[8] UNICEF (2020) Designing Parenting Programmes for Violence Prevention: A Guidance Note. UNICEF: New York. Page 5. https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf

[9] Baumann, L.C., Karel, A. (2013). Prevention: Primary, Secondary, Tertiary. In: Gellman, M.D., Turner, J.R. (eds) Encyclopedia of Behavioral Medicine. Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1005-9_135

[10] Marks, L., Hunter, D.J. & Alderslade, R. (2011) Strengthening Public Health Capacity and Services in Europe A Concept Paper. Durham University and Word Health Organisation. https://www.euro.who.int/__data/assets/pdf_file/0007/152683/e95877.pdf Page 9.

[11] UNICEF (2019) Global Social Protection Framework. UNICEF: New York https://www.unicef.org/media/64601/file/Global-social-protection-programme-framework-2019.pdf

[12] Lindert, K., Karippacheril, T.G., Rodríguez Caillava, I. and Nishikawa Chávez, K. eds. (2020) Sourcebook on the Foundations of Social Protection Delivery Systems. Washington, DC: World Bank. doi:10.1596/978-1-4648-1577-5. License: Creative Commons Attribution CC BY 3.0 IGO. Available at https://openknowledge.worldbank.org/bitstream/handle/10986/34044/9781464815775.pdf?sequence=9&isAllowed=y

1 INTRODUCTION

1.1 Purpose of the inception report

The purpose of this Inception Report is to ensure that the Ministry of Public Health (MoPH), UNICEF Thailand and Oxford Policy Management have a mutually agreed understanding of the objectives, scope, plan of action and timeline for conducting the assignment "Formative Evaluation of the Implementation of the MoPH and UNICEF Child Protection Joint Initiatives".

As defined in the Terms of Reference (ToR) (Annex A) the formative evaluation focuses on the period 2018-2021[13] and on the specific activities:

1. **Child Shield**, a management information system that "utilizes big data and artificial intelligence in real-time for timely screening of at-risk children and families",[14] and **Primero**, "an information management platform supporting seamless child protection case management services",[15] and
2. **One Stop Crisis Centre** (OSCC) **capacity development** on case management and Parenting for Lifelong Health (PLH).

Child Shield, Primero and OSCC Capacity Development have been delivered in two phases of the UNICEF Thailand Child Protection (CP) Programme and are contributing activities for the achievement of the overall UNICEF Thailand Country Programme.

The action has been implemented in the seven provinces of Health Region 8, in North-Eastern Thailand.

1.2 Preparation of this inception report

The scope of the evaluation was finalised during a kick-off meeting on 19th September 2022 with UNICEF and the evaluation team.

A desk review followed, including a review of specific documents related to the implementation of Child Shield, Primero and OSCC Case Management and PLH, including those related to workflow, business processes and technical operational specifications for the management information systems (MISs).

A follow-up call between UNICEF and the evaluation team Data and Information Specialist was consequently programmed to clarify some of the details.

The document review is on-going throughout the evaluation and further discussions are planned in connection with primary data collection (Annex B).

The draft Inception Report was reviewed by UNICEF Thailand. In parallel it was under review by UNICEF's Ethical Review Board – ERB (Chapter 1.1.1). The comments and advice provided in (i) the Inception Report Quality Review Checklist, (ii) the ERB Review Checklist and (iii) in the body of the draft Inception Report have been incorporated into this present final Inception Report.

1.2.1 Ethical review

The evaluation applies the principles and standards described United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation.[16]

The draft Inception Report was assessed by the UNICEF ERB and the advice provided contributed to the

[13] The Terms of Reference indicates both 2019-2021 and 2018-2021 as the chronological scope; we propose 2018 as the start date since this corresponds with the beginning of some of the activities under this Joint Child Protection Initiative.
[14] Terms of Reference for this assignment page 1, and provided as Annex A.
[15] Ibid.
[16] United Nations Evaluation Group (2020) Ethical Guidelines for Evaluation. http://www.unevaluation.org/document/detail/2866

finalisation of the methodology, development of the ethical guidance for this evaluation and a standalone Research Guide (Annex C). Ethical Approval was received on 2nd November 2022 (Annex L).

1.2.2 Deliverables

Deliverable one. This present Draft Inception Report, presenting the formative evaluation methodology, will be key to confirming a mutual understanding of what is to be evaluated,

Deliverable two. The Final Inception Report, elaborating the final approach to the evaluation and timeline for delivery of each phase,

Deliverable three. Draft Evaluation Report, providing analysis of primary and secondary data and formulated 'way-forward' recommendations,

Deliverable four. Draft PowerPoint that presents the preliminary findings, and on-line workshop,

Deliverable five. Final Evaluation Report in English and Thai (maximum 40 pages[17] plus 5-page Executive Summary), final PowerPoint on findings and a reader-friendly evaluation brief.

The Final Report will conform to UNICEF's standard format,[18] and will be subject to quality review by an external firm to verify it complies with the Global Evaluation Reports Oversight System (GEROS) evaluation standards.[19]

1.3 Collaborating partners

1.3.1 Oxford Policy Management (OPM)

OPM provides the evaluation team and has significant experience in assessing the appropriateness and capacity of existing child protection systems as part of the wider social protection environment. We offer technical advice and support across social services development. This includes policy and strategy planning, building the capacity of state social care structures, and advising on the design of specific interventions. OPM will provide overall project management and administrative and logistical support and supervision of the core technical team.

The evaluation team comprises five international and Thai researchers, four of whom will undertake in-country data collection. Details of the skills and competencies of the team are provided at Chapter 7.3.

1.3.2 UNICEF

As described in detail in the Technical Proposal, in view of the tight deadlines for this assignment, we rely on good collaboration with the UNICEF team, and their support and assistance to ensure smooth and efficient delivery, particularly in relation to:

- Providing access to relevant documentation,
- Facilitating engagement with key national and sub-national stakeholders and management of relationships as the work proceeds – to access administrative data and observe management information systems (MISs) operations, and to convene and facilitate a Technical Reference Group with MoPH (which is relevant for the achievement of Specific Objective 2),
- Facilitation of efficient review and feedback processes with key stakeholders and timely provision of consolidated, moderated comments,
- Assistance for prioritisation of key informants,

[17] From the Terms of Reference, Page 7, "ideally 25 pages but not more than 40 plus Executive Summary (max 5 pages) and annexes."
[18] UNICEF Evaluation Office, June 2017, UNICEF-Adapted UNEG Evaluation Reports Standards. https://www.unicef.org/evaluation/media/816/file/UNICEF-Adapted-UNEG-Evaluation-Report-Standards.pdf
[19] https://www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros

- Support for organisation of field work and for organisation and costs of any unanticipated meetings and workshops.

1.3.3 MoPH-led Technical Reference Group

We suggest that a high level of engagement throughout the assignment can be achieved with a Technical Reference Group (TRG) led by MoPH, convened and facilitated by UNICEF and comprising relevant stakeholders. The purpose of the TRG is to meaningfully provide insight on the views of the several constituents at all stages of the assignment.

This TRG will (1) advise OPM (2) assist with identification of and connection to key informants, and (3) consult and interact with their constituents to ensure their views are canvassed and there is an appropriate and effective route for communication with the assignment Technical Team, MoPH and UNICEF.

1.4 Structure of this report

This report follows to the extent possible the structure of UNICEF's Evaluation Report Template, with small alterations as required by the nature of this inception phase. The remainder of this report is structured as follows:

- Chapter Two describes the Context of the evaluation including why the evaluation was commissioned
- Chapter Three describes the Object of the evaluation including a description of the programme, the Theory of Change and map of the intervention area
- Chapter Four describes the Purpose of the evaluation including purpose and specific objectives, key users of the assessment and intended uses
- Chapter Five describes the Scope of the evaluation including thematic, geographical and chronological scope
- Chapter Six describes the Evaluation criteria and questions
- Chapter Seven describes the Methodology including evaluation design and methods, data analysis and team composition and level of effort, and up-dated workplan.

There are several Annexes including the Terms of Reference and data collection instruments (Table 1).

Table 1: List of Annexes to the Inception Report

Annexes to the IR	Details
A	Terms of Reference for the evaluation
B	Document Review
C	Research Guide
D	Child Protection Concepts
E	Theory of Change and results chain
F	Evaluation Matrix
G	Semi-structured interview guide – professional
H	Focus Group Discussion Guide
I	Semi-structured Interview Guide – family member
J	Observation Guide
K	Quantitative Data Collection Instruments
L	Ethical Approval

2 CONTEXT OF THE EVALUATION

2.1 Global child protection context

Through Child Shield, Primero and OSCC Capacity Development on Case Management and Parenting for Lifelong Health the Government of Thailand and UNICEF are investing in components of the wider child protection system. Thus this formative evaluation is situated in globally applicable child protection concepts tailored to the context of Thailand. These are considered critical for the prevention and response to child violence and abuse. In particular the evaluation is shaped by considering how public health, case management, child protection MISs and parenting programmes contribute to the development of the wider child protection system (Annex D).

Since this is an evaluation of actions that intend to improve outcomes for children the assessment, analysis and recommendations will be situated in a child rights approach, and will consider gender equality and social inclusion principles as defined in UNICEF's global and country-level strategies, including:

- UNICEF Strategic Plan 2022-2025,[20]
- UNICEF Gender Policy 2021-2030,[21] and Gender Action Plan 2022-2025,[22]
- UNICEF Child Protection Strategy 2021-2030,[23]
- UNICEF Thailand Country Programme Document 2022-2026.[24]

2.2 Thailand's socio-economic context

Thailand is an upper-middle income country, with a population of around 71.7 million persons,[25] around 17% of whom are under 18 years old (12 million). The remarkable improvement in poverty reduction seen since 2015, has been negatively impacted by the COVID-19 pandemic and the current global phenomenon of rising energy and food prices.[26]

A 2021 analysis of policy and legislative framework, administrative data, and the 2019 Household Socio-Economic Survey (SES)[27] found that poverty is "concentrated in difficult-to-access pockets of geographically and socially marginalised groups" and particularly in "Southern region (13.7%), with rural poverty concentrated along the borders with Myanmar in the north and Malaysia in the south".[28] The regional disparities contribute to significantly worse development outcomes for children in these geographic locations, in particular stunting, wasting and education losses.[29] Girls, children with disabilities and children under-five are particularly limited in their access to health care and income security, and poor children and migrant children are more likely to be out of school.[30] As a result these children are more likely to be exposed to child protection risks.

[20] https://www.unicef.org/reports/unicef-strategic-plan-2022-2025
[21] https://www.unicef.org/reports/unicef-gender-policy-2021-2030
[22] https://www.unicef.org/gender-equality/gender-action-plan-2022-2025
[23] https://www.unicef.org/documents/child-protection-strategy
[24] https://www.unicef.org/executiveboard/documents/thailand-country-programme-document-frs-2022
[25] https://data.unicef.org/country/tha/
[26] World Bank, March 2022, Thailand Overview. https://www.worldbank.org/en/country/thailand/overview
[27] National Statistical Office of Thailand (2020a) The 2019 Household Socio-Economic Survey. NSO: Bangkok http://www.nso.go.th/sites/2014en/Survey/social/household/household/2019/FullReport_HSES_W.pdf
[28] Sammon, E., Silva-Leander, S. and Merttens, F. (2021) Thailand Social Protection Diagnostic Review. Summary report on child-sensitive social protection in Thailand. Oxford Policy Management: Oxford. Page 7
[29] UNICEF Thailand (2021) Annual Report. UNICEF: Bangkok. https://www.unicef.org/thailand/media/8571/file/UNICEF%20Thailand%20Annual%20Report%202021.pdf
[30] Ibid

2.3 Policy and legislative context for child protection in Thailand

Thailand ratified the CRC in 1992 and the CRPD in 2008, thus committing to uphold and protect the rights of children to be protected from violence and abuse, including children with disabilities; although with a reservation to Article 22 of the CRC on the rights of refugee and asylum seeking children. This has implications for non-Thai children's access to services; and impacts on birth registration of children born to migrants in Thailand which in turn affects their access to social services including education and health.[31]

Thailand is also a member of the Association of Southeast Asian Nations (ASEAN) and its Commission for the Promotion and Protection of the Rights of Women and Children (ACWC), and Intergovernmental Commission on Human Rights (AICHR). These two ASEAN bodies play important roles in the promotion and protection of children's rights in the ASEAN region, including the right of children to a life free from violence. Several ASEAN declarations and commitments have been adopted for action by its Member States including Thailand, such as:

- 2020 Ha Noi Declaration On Strengthening Social Work Towards Cohesive And Responsive ASEAN Community
- 2019 Declaration on the Protection of Children from all Forms of Online Exploitation and Abuse
- 2016 Commitment To The Elimination of all Forms of Violence Against Children in ASEAN Member States.

The principal Thai national legislation is the Child Protection Act (2003) which stipulates that those who are in charge of looking after children have the duty to notify or report incidents of child abuse. Through this Act, a National Child Protection Committee was also formed, chaired by the Minister of Social Development and Human Security (MSDHS). Following that, each province also established the same committee, chaired by the Governor. This committee is tasked with formulating guidelines, providing budget and monitoring and evaluating the implementation of child protection in their respective areas. Guided by the Child Protection Act UNICEF and the Ministry of Social Development and Human Security initiated the introduction of child protection case management for Local Administrative Organisations and Children and Family Centres, although standardisation across the country is considered underdeveloped.[32]

The Criminal Code (1956) provides that sexual intercourse with a person under the age of 15 years is an indictable offence. Thai law permits an individual to consent to sex from 15 years of age.[7] However, the Penal Code Amendment Act of 1997 outlines a number of amendments that ostensibly sets the Age of Consent at 18 years of age (Penal Code Amendment Act, 1997).[33] Family law is codified in the Civil and Commercial Code which defines the rights and duties of a parent and a child, as well as the rules on guardianship and adoption.

In the 20-year National Strategic Plan for Public Health, MoPH aims to achieve a proper development milestone of 100% children aged 0-5 year by 2036. To achieve this strategy, some measures are expected to be implemented, including increasing the quality standard of hospitals that provide care services for mother and child, and developing and improving data system, surveillance system, and referral system.[34]

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[31] UNICEF (2019) Closing the Gap. Feasibility Review for Withdrawal of Thailand's Reservation to Article 22 of the Convention on the Rights of the Child in Relation to Refugee and Asylum-Seeking Children. UNICEF : Bangkok https://www.unicef.org/thailand/media/8706/file/Closing%20the%20Gap:%20Feasibility%20Review%20for%20Withdrawal%20of%20Thailand%E2%80%99s%20Reservation%20to%20Art.%2022%20of%20the%20CRC.pdf

[32] Nutchanat Yuhanngoh and Jaturong Boonyarattanasoontorn (2018) Case management model for child protection in Thailand. Journal of Thai Interdisciplinary Research. Volume 13, Number 6, Pages 55 – 63

[33] Singh, J. & Chareka, S. (2018) Age of Consent: Legal, Ethical, Cultural and Social Review. Thailand Country Report. SRHR Africa Trust and UNICEF https://www.researchgate.net/publication/341542078_AGE_OF_CONSENT_LEGAL_ETHICAL_CULTURAL_AND_SOCIAL_REVIEW_-_THAILAND_COUNTRY_REPORT

[34] MoPH (2018). 20-Year National Strategic Plan for Public Health. Page 43.

Legislation specific to the development of information and communications technology (ICT) is discussed in Chapter 2.4.

A 2020 evidence review of the child protection system in Thailand described the situation as complex in part because frequent changes in government institutions made it difficult to obtain buy-in, and because of limitations on public awareness of children's right to protection.[35]

2.4 Thailand's ICT context

Thailand's information and communications technology (ICT) sector has developed rapidly over the past two decades with the private sector, Government agencies and households engaging in digital services and becoming more tech-savvy.[36]

One of the central themes for Thailand 4.0 – a model for economic development – is the progression of digital and technological engagement for the Thai society.[37] Thailand's Twenty-Year National Strategic Plan for Public Health (2017 – 2036) has been developed in line with the context of the Thailand 4.0 agenda and recognises technological advancements as a key factor and component for the development of the healthcare system.[38] This includes the development of data and information systems at health facilities across all levels and services to ensure continued program development and for the purposes of monitoring and evaluation (M&E).

Digital services and the development of interoperable digital ecosystems for various sectors have also been enabled by the two following digital enablers:

- **Digital literacy** of the Thai population has significantly increased, represented by increased utilisation of information and communications technology (ICT).[39] **Broadband Internet access** is considerable given that there are more than 47.5 million Internet users (according to a survey in 2019).[40] **Mobile penetration** is high in Thailand with over 90% of the adult population owning a mobile phone and thus able to access online services.[41] Agenda 2 of the Thailand 4.0 model: *Development of Technology Cluster and Future Industries* emphasises the use of digital tools and Internet of Things (IoT) as platforms to enhance productivity, quality and innovation across various economic activities within agriculture, industrial, service and education sectors.
- The **National ID and civil registration system** under the management of the Ministry of Interior (MoI) is well-established with near universal coverage on their population registry (just under 100 percent).[42] A Personal ID (PID) number is a unique 13-digit code provided to every child at Birth Registration and links the Birth Registration certificate with the National ID. The National Digital ID (NDID) was launched in 2019 enabling citizens to leverage third party digital identity and authentication providers to access digital transactions and services.
- The development of the **eHealth ecosystem is based on the OpenHIE** (Health Information Exchange) architecture and framework[43] that provides standards and best practice recommendations for the development of health systems – as modular components – that are accessible and interoperable to enable information sharing. There are numerous functional

[35] UNICEF (2020) Thailand Child Protection System: Evidence Review Notes INTERNAL DOCUMENT, not for external dissemination.
[36] Frost and Sullivan (2019) Thailand Digital Technology Forecast 2035. https://www.depa.or.th/storage/app/media/file/Second%20Deliverable%20RevVer%20EN%20V12%20140819%20FIN.pdf
[37] Source: https://thaiembdc.org/thailand-4-0-2/
[38] MoPH (2018). 20-Year National Strategic Plan for Public Health. Page 16 and 48.
[39] Ibid. Page 16.
[40] Source: Digital Government Development Plan of Thailand 2020 – 2022 (https://www.dga.or.th/)
[41] Ibid.
[42] World Bank Group (2021) Towards Social Protection 4.0 - An Assessment of Thailand's Social Protection and Labor Market Systems
[43] Kijsanayotin, Dr B, MD, PhD (2016) eHealth in Thailand: Interoperability and Health Information Standards. -- Nonthaburi: Thai Health Information Standards Development Center, Health Systems Research Institute

components recommended as part of the OpenHIE architecture, including patient level EMR (Electronic Medical Records) that are managed by Health Management Information Service (HMIS) and Client Registry, among others.

- The **Interoperability** within the eHealth systems are facilitated by the NDID and population registry that enables unique identifier to match the patient record across databases and systems. The level of interoperability possible was also evident during the Covid pandemic when the strength of the linkages between Government administrative databases enabled rapid selection and payment of relief payments to eligible citizens.
- The **MOH Prompt application**[44] has been developed to be Thailand's digital health platform and links health related data of the general public from more than 15,000 medical service units at all levels and establishments across Thailand, including public and private hospitals, clinics and pharmacies.[45]

Box 1: MOH Prompt Application

Dr. Sathit Pitutecha, Deputy Minister of Public Health:
(Ministry of Public Health, Nonthaburi, 25 July 2022)

> **"The Ministry of Public Health has a policy of supporting the use of digital technologies in the development of health service systems for enhanced quality and efficiency, which can thus be easily accessible to the target groups. We have therefore teamed with other public agencies and the private sector in upgrading the Moh Prompt application to be the digital health platform for Thai people. Until now, the application has offered services related to COVID-19 and its vaccinations. This cooperation aims to provide greater convenience to Thais, allowing them to gain improved access to health-related services. With the aim of elevating quality of life for all Thais, the 12 new features include linkage of treatment history, medical benefit checking service, physician appointment, telemedicine, digital medical certificate and health pass service, and online payment systems, with linkage to all health-related service units, thus effectively facilitating the work of medical personnel. Development of the application will be continuous for the benefit of Thai people. As of now, more than 32 million users have signed up for the Moh Prompt application. We believe that the improved accessibility of this application will make it easier and faster for all users, thus advancing the nation's healthcare system."**

Source: KASIKORNBANK (via Ministry of Public Health upgrades Moh Prompt application to be Thailand's digital health platform, https://www.thaipr.net/en/general_en/3216765

With the enabling environment for interoperability and digital services, there is significant additional risk for data protection and privacy issues with the storing of PIDs across different databases. Due care and consideration must be taken to protect the privacy of citizens, especially children, through system design, and safeguard their information and rights through the appropriate legal and regulatory frameworks. The Personal Data Protection Act (PDPA) is the first law in Thailand that governs data protection in the digital age and became enforceable in 2022[46]. The PDPA – comparable to the European Union's General Data Protection Regulation (GDPR) – sets out the requirements for data controllers and processers on how to obtain expressed consent when collecting, processing, storing and disclosing personal data.

[44] Website: https://mohpromt.moph.go.th/
[45] Source: KASIKORNBANK via website: https://www.thaipr.net/en/general_en/3216765
[46] Source: Thailand Personal Data Protection Act (https://www.trade.gov/market-intelligence/thailand-personal-data-protection-act)

2.5 Situation of children exposed to violence and abuse in Thailand

Violence and abuse can take different forms and manifest at different levels, but always harms a child's health, development and future opportunities. Violence can happen in any context, in any family no matter their socio-economic status. However, there is an overwhelming body of evidence that demonstrates a causal effect between a family's economic situation and child violence and abuse.[47]

It is important to also acknowledge that data can reflect the tip of the iceberg as violence and abuse may go unrecognised or unreported; for example, child sexual abuse and exploitation in Thailand is thought to be under-reported when compared to the rest of the world.[48]

It is also known that there is near universal social acceptance of violent discipline such that 58% of Thai children are subjected to psychological and physical punishment.[49] UNICEF report that more than 10,000 children are treated in hospital every year for injuries resulting from violence, mostly sexual abuse.[50] Child marriage prevalence by age 18 stands at 20%,[51] driven by gender inequalities related to level of education, adolescent pregnancy, poverty, traditional harmful practices, sexual violence against girls, and ethnicity.[52] At the same time 9% of internet-using children aged 12–17 in Thailand were victims of grave instances of online sexual exploitation and abuse.[53]

Globally, data on children with disabilities can be complex to collect and is therefore often underestimated. However, because of their disability they are considered at least one third more likely than their peers without disabilities to be subject to physical punishment.[54] In Thailand about 38% of children with disabilities are out of school; 27% do not have access to health promotion services and 4% do not have access to medical treatment when they are sick.[55] In addition, nearly half of children with disabilities are not registered with the government and do not receive a monthly disability grant.[56]

Thailand is home to more than 660,000 migrants, refugees and asylum seekers and stateless persons.[57] Many of the children within this marginalised population are vulnerable to child protection risk because they are out of school or have limited access to health and social services. For example, an estimated 200,000 migrant worker children are "legally entitled to free education under the 15-year Free Education Policy, [but] are de facto excluded because they face administrative barriers such as difficulties in obtaining the required documentation".[58] Access to health care is also limited to non-nationals or ethnic minorities who are the least likely to be protected through the Universal Health

[47] Bywaters, P. and Skinner, G. with Cooper, A., Kennedy, E. and Malik, A. (2022) The Relationship Between Poverty and Child Abuse and Neglect: New Evidence. University of Huddersfield and Nuffield Foundation. https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect_Report.pdf

[48] Trangkasombat, U. (2008). Sexual abuse in Thai children: A qualitative study. Journal of the Medical Association of Thailand = Chotmaihet thangphaet. 91. 1461-7.

[49] UNICEF, June 2021, Addressing the Gaps. Key Results from the Multiple Indicator Cluster Survey, Thailand 2019. UNICEF Office for Thailand: Bangkok. https://www.unicef.org/thailand/media/6726/file/Addressing%20the%20Gap%20(MICS6).pdf

[50] UNICEF (n.d.) Child Protection. https://www.unicef.org/thailand/what-we-do/child-protection

[51] National Statistical Office Thailand and UNICEF (2019) Multiple Indictor Cluster Survey (MICS). Thailand Survey Findings Report. https://www.unicef.org/thailand/media/5146/file/Multiple%20Indicator%20Cluster%20Survey%202019.pdf

[52] Girls Not Brides (n.d.) Thailand, Prevalence Rates and Key Statistics. https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/thailand/

[53] ECPAT, INTERPOL, and UNICEF (2022) Disrupting Harm in Thailand: Evidence on online child sexual exploitation and abuse. Global Partnership to End Violence against Children. https://www.end-violence.org/sites/default/files/2022-02/DH_Thailand_ONLINE_final.pdf

[54] UNICEF (2021) Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities, UNICEF, New York. https://data.unicef.org/resources/children-with-disabilities-report-2021/

[55] UNICEF, 2nd December 2021, New UNICEF report finds 240 million children with disabilities globally. In Thailand, nearly half of them do not receive disability grant and 38% of are out of school. Press Release. https://www.unicef.org/thailand/press-releases/new-unicef-report-finds-240-million-children-disabilities-globally

[56] Ibid.

[57] UNHCR, 31st March 2022, Thailand Fact Sheet. https://data.unhcr.org/en/documents/details/93917

[58] Sammon, E., Silva-Leander, S. and Merttens, F. (2021) Thailand Social Protection Diagnostic Review. Summary report on child-sensitive social protection in Thailand. Oxford Policy Management: Oxford. Page 17

Coverage (30.2 % of children in this group not covered, compared to 0.6 % of the Thai children population).[59]

2.6 Why the evaluation was commissioned

The MoPH-UNICEF Pilot Child Protection Joint Initiatives have been piloted in all seven (7) provinces of Health Region 8 during the period 2019-2021.

As described in the Terms of Reference UNICEF Thailand Country Office Child Protection (CP) section has commissioned this formative evaluation to generate evidence for advocacy towards national scale-up.

[59] *Ibid.* Page 15

3 OBJECT OF THE EVALUATION

3.1 Description of the programme

Table 2: Brief presentation of the object of the evaluation

Title of the project/program	Ministry of Public Health and UNICEF Pilot Child Protection Joint Initiatives
Country	Thailand
Sources of project funding	UNICEF, MoPH, University of Oxford
Total Budget	USD 750,000 (UNICEF USD 670,000)
Project duration	2018-2021
Main Objective	By 2026, more children, especially the most vulnerable, are better protected from violence, exploitation, neglect and abuse. (UNICEF Thailand Country Programme March 2022-December 2026 Outcome 4)
Components (axes, effects, products, etc.)	• Child Shield, a management information system that "utilizes big data and artificial intelligence in real-time for timely screening of at-risk children and families",60 and Primero, "an information management platform supporting seamless child protection case management services",61 and • One Stop Crisis Centre (OSCC) capacity development on case management and Parenting for Lifelong Health (PLH).
Expected beneficiaries	This a pilot project expects to create a prototype that will benefit all children in Thailand through later national scale up. The expected beneficiary numbers are not disaggregated by gender.
Partners (institutional, implementing agencies)	Ministry of Public Health

Child Shield I(2018-2019)	200	children being screened	
Child Shield II (2020-2021)	2000	children being screened	
Primero I (2020-2021)	30	children received services through Primero	
Primero II (2022)	120	children received services through Primero	
Case Mgt training (2018-2019)	70	practitioners being trained	
PLH (pilot) 2018-2020	120	children received services through PLH	
PLH scale (2020-2021)	300	children received services through PLH	
	180	trainers being trained	

UNICEF had identified that "The MoPH's capacity to deliver services would be enhanced with the provision of appropriate tools, staff capacity, and a comprehensive management information system. This will directly ensure timely prevention of violence, abuse and exploitation with the participation of all stakeholders".[62] Therefore, the MoPH and UNICEF Pilot Child Protection Joint Initiatives was designed with the following components:

- The development of management information systems that include "Child Shield", which utilizes big data and artificial intelligence in real-time for timely screening of at-risk children and families. This also includes a tracking system to monitor identified cases and link those cases to Primero. This information management platform supports seamless child protection case management services, and

[60] Terms of Reference for this assignment page 1, and provided as Annex A.
[61] Ibid.
[62] Annex A, Terms of Reference. Section 1. Page 1.

- The capacity development for health personnel at the sub-national level, especially staff of the OSCCs, to conduct case management, including risk assessment of cases identified through Child Shield, as well as services provision and referral; and the adaptation and delivery of Parenting for Lifelong Health (PLH) an evidence-based positive parenting intervention for at-risk family identified through the screening process.

These initiatives were implemented from 2018-to 2021 with financial support from UNICEF, with the following details:[63]

- **Child Shield**
  - UNICEF and MoPH: The development of a screening tool and management information system targeting children and women at risk of or being abused for health sector (Child Shield) Phase I March 2018-October 2019
  - UNICEF and MoPH: The development of a screening tool, and management information system targeting children and women at risk of or being abused for the health sector (Child Shield) Phase II. June 2020 – December 2021
- **Primero**
  - Contract with vendors through UNICEF HQ since March 2020 (ongoing) for the configuration, adaptation, and maintenance of software to Thailand's context
- **OSCC staff capacity development**
  - UNICEF and MOPH: The Development of curriculum and capacity on child protection for health personnel (Phase I) – PLH: March 2018 - October 2019
  - UNICEF and MOPH: The Development of curriculum and capacity on child protection for health personnel (Phase II) - PLH: June 2020 - January 2022
  - Programme Cooperation Agreement with The Chancellor, Master and Scholars of the University of Oxford on "Feasibility study on an evidence-informed parenting intervention to prevent violence against young children by parents and primary caregiver in Thailand" implemented from March 2018-April 2020.

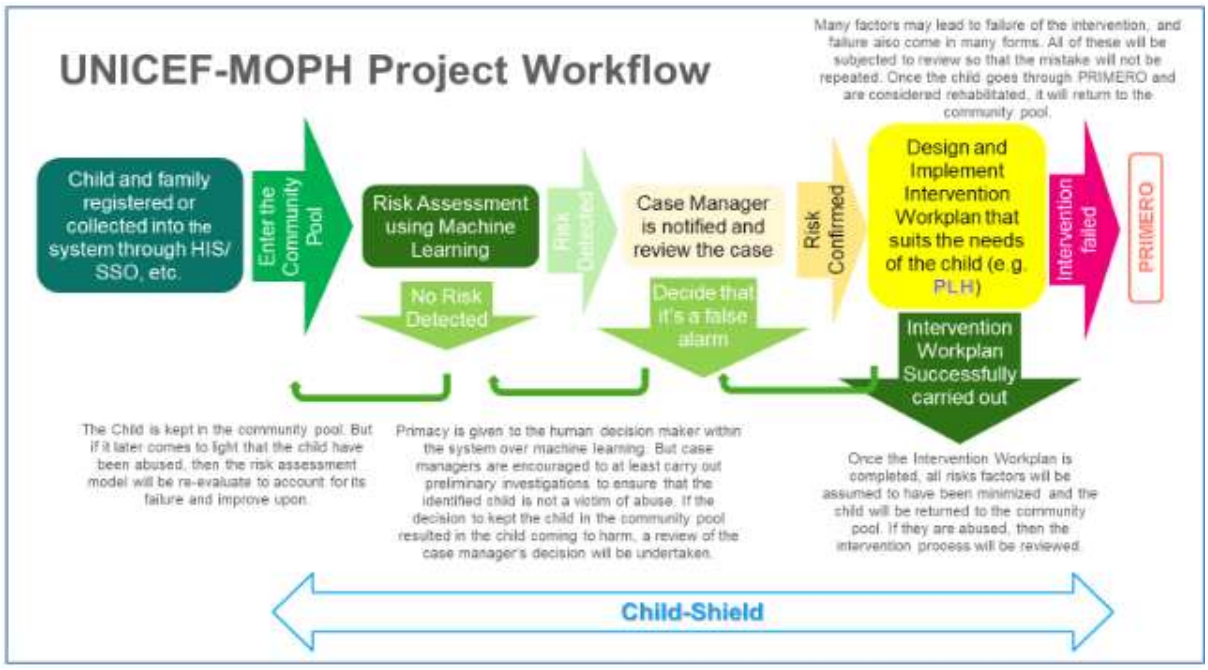
This evaluation will benefit a range of stakeholders, including children, families and communities, health personnel, social workers and most importantly the government of Thailand.

3.2 Theory of Change

The current Theory of Change, linking the three Pilot Child Protection Joint Initiatives is to an extent described in the Project Workflow Diagram (Figure 1).

[63] Annex A, Terms of Reference. Section 1. Pages 1 & 2

Figure 1: UNICEF-MoPH Project Workflow



Source: Evaluation TOR

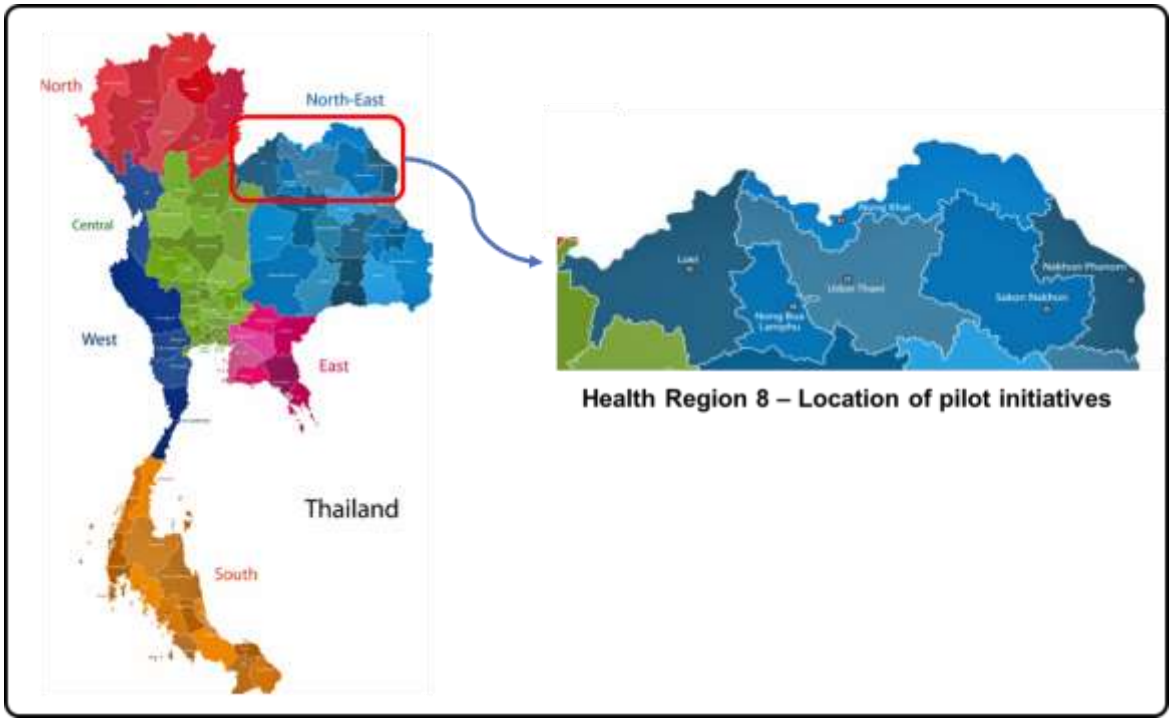
The current agreements between UNICEF and MoPH for Phase II of the Child Shield, Primero and OSCC Capacity Development map the specific objectives and activities of the individual components to the Results Framework for the UNICEF Child Protection Programme 2017-2021 and have been used to the extent possible to reconstruct the results chain for the individual initiatives (Annex E).

During the evaluation these will be validated and updated, and an integrated Theory of Change will be constructed that connects the three activities to the overall CP Programme Outcome 2022-2026. This will support future monitoring and evaluation of the individual components and their contribution to achievement of the CP Programme intended results.

3.3 The intervention area

The initiatives have been piloted in all seven (7) provinces under Health Region 8 – Udon Thani, Sakhon Nakhon, Nakhon Phanom, Loei, Nongkhai, Nongbualumpoo, and Bungkan (Figure 2)

Figure 2: The intervention area



4 PURPOSE OF THE EVALUATION

4.1 Purpose and specific objectives

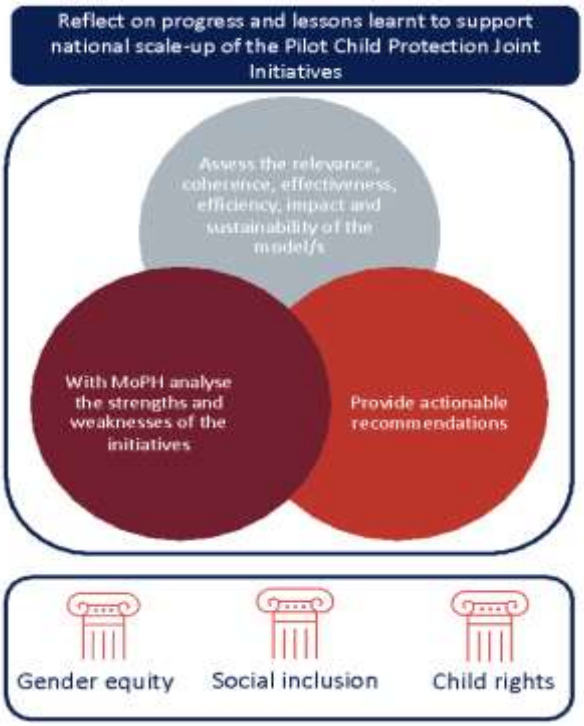
UNICEF's Global Evaluation Reports Oversight System (GEROS) asserts that most evaluations conducted by UNICEF have two purposes – accountability and learning.[64]

The overall purpose of this present formative evaluation is to support the national scale-up of the Pilot Child Protection Joint Initiatives by assisting MoPH and UNICEF to "reflect on progress and lessons learnt from these experiences, and document successes and identify areas needing improvement" (**Error! Reference source not found.**). [65]

The **specific objectives** of this formative evaluation are:

1. To assess the relevance, coherence, effectiveness, efficiency, impact and sustainability of the model/s,
2. To engage with the MoPH team in analyzing the strengths and weaknesses of the initiatives, to build on positive findings and enhance the child-centred approach, and course correct in case required,
3. To provide actionable recommendations for MoPH to feed into OSCC's upcoming plan for information system and services provision.

Figure 3: Formative evaluation of the Pilot Child Protection Joint Initiative



Source: Authors

4.2 Key users of the assessment and intended uses

The evidence generated through this evaluation is for use by UNICEF Thailand and MoPH for their policy level dialogue and advocacy in support of national scale-up of Child-Shield, Primero (integration and

[64] UNICEF Evaluation Office, June 2017, Global Evaluation Report Oversight System. Handbook for UNICEF Staff and Independent Assessors. Version 3.2. https://www.unicef.org/evaluation/media/1381/file/GEROS%20Handbook.pdf
[65] Annex A, Terms of Reference, Section 2. Page 2.

interoperability of these two) and OSCC Capacity Development.

The findings will also benefit the MoPH implementation teams including those at the Ministry responsible for scaling up and will contribute to improve effectiveness and efficiency.

UNICEF also anticipates that the findings will prove useful for country offices in the region and Primero Technical Team in HQ, to support adaptation of this innovative child protection model.

Aligning with the key principles of accountability and respect and we further note that feedback should be provided to respondents to the evaluation, including parents, other family members and caregivers, and propose a format for doing so in the evaluation methods (Chapter 7). Children's participation is a core principle of the CRC, and although we do not anticipate that children will be directly involved as respondents, we recommend that UNICEF determine a mechanism for disseminating the evaluation key findings and recommendations to these stakeholders. This can be particularly useful if a feedback mechanism is included (for example U-Report) to ensure that children have the opportunity to share their opinions on this important matter affecting them.

The evaluation will consider how the Pilot Child Protection Joint Initiatives are aligned with and contribute to relevant Government of Thailand's priorities as articulated in the National Child Protection Strategy 2017-2021 and the 20-year National Strategic Plan for Public Health. See Table 3 for more details on key users and use of the evaluation.

Table 3: Users and use of the evaluation

Evaluation Users	Uses of the evaluation (how the findings and recommendations will be used)
UNICEF and MoPH	UNICEF and the MoPH at the policy level will use the evaluation result for policy dialogue to advocate for further expansion of the model at the national level
MoPH	• Contribute to effective and efficient scaling-up of the pilot child protection initiatives • Provide data for MoPH to advocate for additional budget allocation and disbursement
Child Protection Section UNICEF Thailand Country Office	• For reviewing the theory of change and refining intervention strategies for scale-up • For developing a new advocacy strategy for greater engagement of national actors in child protection
Child Protection Section of the Regional Office and Headquarters	• Support adaptation of the innovative models for wider dissemination across similar contexts • Contribute to learning on interoperability of child protection MISs with particular reference to strengthening the Primero Case Management MIS • Strengthen high level advocacy and resource mobilization with donors in this area
MoPH Operations Team	• The operations team of the MoPH will use the evaluation result to improve the effectiveness and efficiency of the projects
Families and communities	• Provide feedback to communities and families in health region 8 to build confidence and trust in the new models and encourage continued support and involvement in child protection screening, case management and PLH
Children	• Disseminate the evaluation outcomes and recommendations in a child friendly-format incorporating a feedback mechanism that allows for children's opinions to be considered in future programme design
Vendors and developers	• Develop new intervention strategies

Evaluation Users	Uses of the evaluation (how the findings and recommendations will be used)
	• Become familiar with the approaches identified as successful by the evaluation and introduce them more systematically into operations. • Build on the lessons learned during the evaluation to strengthen their advocacy strategy with technical partners, territorial and devolved administrations.
Donors	To better define financial support for the prevention of child violence and abuse

5 SCOPE OF THE EVALUATION

5.1 Thematic scope

The UNICEF Thailand Country Office (TCO) Child Protection (CP) section has commissioned this formative evaluation of the "Pilot Child Protection Initiatives implemented jointly between MoPH and UNICEF during 2019–2021".[66]

"The TOR explicitly and clearly defines what will and will not be covered: thematically (pilot, including Primero, Child Shield, and OSCC Capacity Development and PLH implementation), chronologically (time period for each component during 2019-2021), geographically (the provinces in Health Region 8 that implemented the pilot project)".[67]

Early negotiations on the initial Technical Proposal, that was submitted in response to the Terms of Reference, resulted in adjustments to the scope to consider available resources (budget) and timeline. These several changes were confirmed during the Kick-off Meeting between UNICEF and OPM on 19th September 2022, as follows:

- Quantitative analysis will rely on secondary data that will be collected during the assignment with support from UNICEF and MoPH,
- The planned online survey is eliminated from the evaluation activities, and the assigned personnel has been removed,
- The number of days for the remaining international team has been reduced by 44% (39.5 days); and only one national consultant will now be involved in the evaluation. As a result of this reduction in the number of days and size of team,
    - the number of provinces included in the field data collection is reduced from three to two,
    - the number of key informant interviews, focus group discussions and observations is limited, and
    - evaluation questions are prioritised in line with available resources. For example, a rigorous cost-benefit analysis (as mentioned in the ToR) will require a separate study; instead this present evaluation will include a softer reflection on Value for Money in terms of investment and results, relevant for future discussion on scale-up.

5.2 Geographical scope

The geographical scope is the intervention area (Chapter 3.3). The literature review will cover all the sites covered by the assessment while the primary data collection will be carried out in two of the seven sites in Health Region 8, and with relevant stakeholders at national level in Bangkok.

Three options for selection of sites were identified. Two options initially, based on demographic data (Table 4), that is, poverty data, number of population, number of hospitals/medical establishments and number of registered social workers. Two other data – percentage of children aged under 18 and percentage of persons with disabilities – are not too distinct between these seven provinces. In response UNICEF proposed a third option based on the availability of province level case management teams to undertake comprehensive case work.

- Option 1: **Bueng Kan** that represents the province with the smallest population and the lowest number of social workers, and **Udon Thani** which is the capital city with the largest population and relatively good number of social workers.

[66] Annex A, Terms of Reference, Section 1, Page 2.
[67] Annex A, Terms of Reference, Section 3, Page 3.

- Option 2: **Nakhon Phanom** that represents the highest percentage of poor people with a good number of health facilities and social workers, and **Bueng Kan** which has relatively low poor people and relative low health facilities and social workers.
- Option 3: **Udon Thani** because Primero is currently only implemented in this province and **Sakhon Nakhon** because comprehensive case work for at risk cases identified by Child Shield is only implemented in Udonthani and Sakhon Nakhon.[68]

Selection of option three would allow the tracking of cases from Child Shield to Primero thus tracing the range of outcomes envisaged in the Theory of Change (Chapter 3.2). This option would also incorporate Udon Thani which is also included in option one. The final selection will be confirmed by UNICEF on approval of this Inception Report.

Table 4: Province demographic data

No	Province	# of Population (2021)	% people below poverty line of total population (2020)	# of hospital and medical establishment (2021)	% children of total pop (2021)	% PWDs of total population (2021)	# of social worker per 100,000 population
1	Bueng Kan	421,995	4.3%	8	23%	3.0%	3
2	Nang Bua Lamphu	509,001	8.7%	7	21%	4.0%	13
3	Udon Thani	1,566,510	9.3%	28	21%	2.9%	7
4	Loei	638,732	0.2%	16	21%	4.7%	6
5	Nong Khai	516,843	3.0%	12	21%	3.1%	13
6	Sakon Nakhon	1,146,286	6.5%	20	22%	3.4%	5
7	Nakhon Phanom	717,040	15.7%	13	22%	3.3%	6

Source: National Statistical Office Thailand, http://statbbi.nso.go.th/staticreport/page/sector/en/01.aspx

5.3 Chronological scope

The Terms of Reference defines the total chronological scope of the formative evaluation as the implementation period 2018-2021. Although the timing is described slightly differently for each component (Table 5). Further details will be confirmed during the data collection phase, for example for OSCC capacity development for case management.

Table 5: Chronological scope

Component	Phase I	Phase II
Child Shield	March 2018 - October 2019	June 2020 – December 2021
Primero	March 2020-current	
OSCC Capacity Development – case management	TBC	TBC
OSCC Capacity Development – PLH	March 2018 - October 2019	June 2020 - January 2022

[68] Written submission from UNICEF to the draft Inception Report, October 2022.

6 CRITERIA AND EVALUATION QUESTIONS

6.1 Evaluation criteria

As suggested by UNICEF, this evaluation uses the OECD-DAC criteria in examining the implementation of the pilot initiatives.[69] OECD asserts that this criterion is useful for supporting accountability (in terms of providing information to the public about the implementation of interventions), learning (through feedback loops that occur based on evaluation findings), as well as monitoring and strategic planning.[70] Introduced in 1991 these criteria have been revised over time, including recently adding the coherence criteria and refining the definition of each criterion (**Error! Reference source not found.**).

Box 2: OECD-DAC criteria and definition

- **Relevance**: is the intervention doing the right things? The extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies and priorities, and continue to do so if circumstances change.
- **Coherence**: how well does the intervention fit? The compatibility of the intervention with other interventions in a country, sector or institution.
- **Effectiveness**: is the intervention achieving its objectives? The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
- **Efficiency**: how well are resources being used? The extent to which the intervention delivers, or likely to deliver, results in an economic and timely way.
- **Impact**: what difference does the interventions make? The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
- **Sustainability**: will the benefits last? The extent to which the intervention continue or are likely to continue.

Source: Adapted from OECD (2019). Better Criteria for Better Evaluation. Revised Evaluation Criteria Definitions and Principles for USE. https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf

6.2 Evaluation questions

We will reference five of the six OECD-DAC criteria. UNICEF eliminated the criterion on impact from the Terms of Reference, which will not be examined in this evaluation. Since this is a formative evaluation, we agree that it is too early to assess the impact at this stage. However, changes or improvement that occur as a result of the pilot implementation can be discussed when we answer questions regarding 'effectiveness' criteria. We have refined the evaluation questions, reflecting on the context of pilot initiatives and the objectives of this evaluation. As we indicated in the proposal and during the kick-off meeting, we have simplified and prioritised so that this evaluation can focus on core and questions, while at the same time ensuring the evaluation meets its objectives (Table 6). More detailed questions previously listed in the ToR will be used to guide us during data collection process as evaluation sub-questions. The Evaluation Matrix (Annex F) describes the evaluation questions, sub-questions, indicators, methods of data collection, data sources and approach to data analysis.

Table 6: Evaluation questions

Criteria	Key questions
Relevance	To what extent do the objectives and design of the interventions respond to Thailand's context and environment? Do they align with the government's, especially MoPH policy framework and priorities; and to global standards and UNICEF priorities?
	Is there a clear intervention logic with sound theories of change?

[69] Annex A, Terms of Reference, Section 3. Page 3.
[70] OECD (2019). Better Criteria for Better Evaluation. Page 5

Criteria	Key questions
	Was the intervention designed in ways that respond to the needs of intended beneficiaries*?
	To what extent were gender and social inclusion considerations built into the design (e.g., for inclusion of women and children with disabilities, people from ethnic minorities, non-Thai)?
Coherence	To what extent are the synergies and interlinkages developed across the different joint initiatives (between Primero, Child Shield, and PLH)? Did these three initiatives complement each other?
	To what extent is the pilot implementation coherent with other government initiatives to achieve optimal utilization of available resources? Did the pilots include complementarity, harmonization, and coordination with others?
	How do MISs of Child Shield and Primero link to each other (OpenFn) and the broader health and child protection information management (CPIS) ecosystem at the regional and national level?
Effectiveness	To what extent have the initiatives achieved the expected results? What changes/ improvements have taken place as a result of pilot implementation?
	Which were the most decisive factors that determined the achievement or non-achievement of intended results?
	What was the user experience of Child Shield and Primero systems? Has their feedback led to any changes?
Efficiency	To what extent have the pilot initiatives been delivered in a financially responsible and timely manner?
	Are the MISs interoperable with each other and MoPH MISs, with capacity to generate standard and comparable disaggregated data (age, gender, disability, ethnicity, location)?
Sustainability	To what extend the pilot initiative activities can continue after UNICEF withdraws? What mechanisms are put in place to guarantee sustainability once this project support is over? What are the challenges that are being foreseen in sustaining the programme? Has MoPH been committed to these initiatives? Has MoPH also put resources to it? What follow up/support has been provided by MoPH? Is the support enough (both technical and financial)? they provided?
	What are the preconditions for scale-up? and what are the preconditions for sustainability?

Note: * there are two main direct beneficiaries in these pilot initiatives: a) children and women at risk of violence and abuse, and b) OSCC staff. This question will apply for both beneficiaries.

Source: TORs, OPM analysis

7 METHODOLOGY

7.1 Evaluation design and methods

7.1.1 Evaluation approach

The approach is designed to support ongoing learning and adaptation. It will identify the processes required to achieve the desired results (prevention of child violence and abuse), and observe whether those processes take place, and how. This evaluation will investigate the causal links between the processes include a mix of design features that take into account the objectives and methodological guidance as expressed in the ToR. Structured around the OECD-DAC criteria, the evaluation will use evidence gathered through a mixed method approach of qualitative and quantitative data collection and a multidisciplinary analytical perspective.

Mixed methods approach

We are using the mixed methods approach starting in the design phase of the evaluation, deciding within the framework of the evaluation matrix which method will be used to address which evaluation questions and collect data related to which outcomes. Quantitative and qualitative researchers will work together to ensure a comprehensive answer to each evaluation question in the Table 6 above, using the following methodology:

1. **Desk-based literature review** of Government of Thailand and UNICEF legal framework, policy documents and research, international literature on child protection system, including on data and information system.
2. **Secondary quantitative data review** of existing and available data or statistic from MoPH, Child Shield, Primero and OSCC initiatives, including data pertaining to child protection (including MICS and other relevant census data).
3. **Primary qualitative data collection** through in-country visit to conduct:
    - **Key Informant Interviews (KIIs)** with a wide range of stakeholders at the national and subnational levels, including UNICEF child protection staff at the country, regional, and headquarter levels, government officials from relevant departments (including MoPH but also a wider network of sectoral stakeholders), and other officials involved in the design and implementation of the pilot initiatives.
    - **Focus Group Discussions (FGDs)** is expected to be conducted mainly with community and family members who have accessed services from Child Shield, OSCC or PLH, as well as social workers, and health practitioners who provide the case management services and parenting training.
4. **Demo or direct observation** for MIS system and services provided at hospital or OSCC.

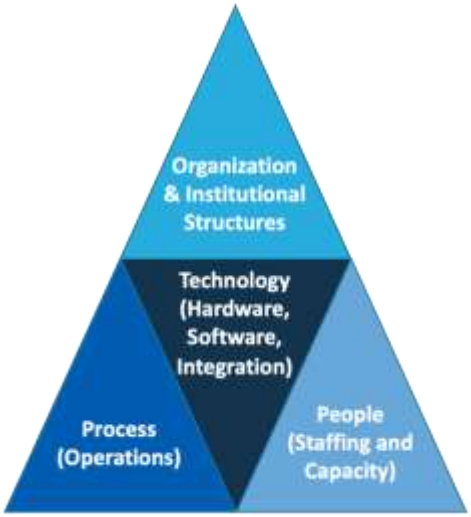
Target operating model approach – technology and systems evaluation

Within the mixed methods approach, the assessment of the Primero and Child Shield systems through the prescribed methodology will also employ a target operating model approach for the review of their effectiveness and efficiency to support the Child Protection processes, data integration and sharing requirements, and sustainability of the solutions. This approach enables the evaluation of the Child Shield and Primero to consider the entire operating model and not only consider the technology components in isolation.

As illustrated in Figure 4 the Target Operating Model, the data and systems assessment will consider four key areas:

5. The **institutional, administration and management** structures in place to support and govern the Primero and Child Shield systems, including the different external units and child protection services that interact with the systems
6. The **business processes** and operations required to manage the systems, including the reengineering or harmonisation of processes where required across different child protection services in different locations and administrative levels
7. The **resources – staffing and capacity** – required for the effective operations and sustainability of the systems, including additional support for scale up as required.
8. The **technology** (hardware, software, support tools, database, and integration) components of the systems will be evaluated on its ability to capture, process, distribute and report on information based on the child protection workflow and functional requirements of the programme and their stakeholders. The interoperability of the data for efficiency is a requirement, but a key consideration through the entire operating model will remain the integrity and security of the data to ensure privacy of children given the sensitive nature of the information being retained and shared. Additionally, the approach to design, development and the ongoing maintenance of the systems will be reviewed to advise on the continued sustainability of the solution to meet the programme's strategic objectives.

Figure 4: Target operating model approach



Technology remains a central cog of the assessment, but its evaluation alongside all components of the operating model enables us to review the 'As-Is' state and effectiveness of the child protection systems. This, in turn, will identify opportunities for improvement and associated gaps and challenges to better support child protection screening, case management and the overall information management and reporting requirements.

Multidisciplinary perspective

Since the Joint Child Protection Initiatives involve different fields of study, we will analyse the data and evidence using a multidisciplinary perspective. Not only related to child protection as the main theme of the joint initiatives carried out by UNICEF and MoPH, but also considering gender, equality and social inclusion (GESI) and analysis of data and information systems.

In particular, the focus on prevention (as operationalized using the Child Shield component) calls for a multi-disciplinary analysis, reflecting not only the child but the wider circles of support and harm within which a child is situated. The ecological system model is useful in understanding the circles of support the child may access. It can also show the child's potential exposure to abuse—that is, it can be in the

family, at school, or in the community.[71] Finally, it shows that both the support and risk to the child can be impacted by larger social factors such as policies and programmes available (or lacking) in the community and how social norms and cultural practices affect children.[72]

7.1.2 Inception

A kick-off meeting was held with UNICEF and OPM on 19th September 2022. The OPM team presented an overview of the evaluation and discussed and clarified several aspects including:

- Context and expectations relative to the assignment, including on the scope of evaluation particularly in conducting a soft reflection of value for money of the pilot initiatives rather than a robust cost benefit analysis,
- Work plan, including the agreed dates for inception report and in-country visits,
- Requirement for ethical review to be conducted internally, and
- Engagement with an MoPH-led Technical Reference Group for the review of evaluation outputs.

Following the kick-off meeting, the team began to review the documents shared by UNICEF and also conducted our own research on other documents. Our initial desk review is represented in Chapters Three, Four and Five.

In accordance with the work plan, the implementation of primary qualitative data collection is expected to take place late November and early December 2022.

7.1.3 Primary data collection

Face-to-face KIIs and FGDs will be conducted in Bangkok and the two selected provinces by the Team Leader, OPM Project Manager, Data and Information Specialist and Thai Qualitative Researcher. Additional KIIs will be conducted on-line.

Fieldwork location

Please see Chapter 5.2.

Respondents for interview and discussion

The range of KII and FGDs has been determined on the basis of efficiency and effectiveness. The sample size of KII and FGD participants is sufficient to balance the requirement for quality data that informs a valid analysis, as well as the timelines and available resources.

UNICEF will guide the purposeful selection of key government personnel at national and provincial level. The Thai researcher will liaise with government officials at provincial to purposefully select communities and households for the qualitative data collection.

There are different entry points for this research, the research team will introduce themselves at national, provincial, and community levels to make sure that local government authorities are aware of the evaluation.

Before carrying out any interviews we will provide an introduction explaining why we are there and what we are trying to learn about. We will talk about issues around confidentiality and ensuring there is informed consent for respondents to participate in this research.

In each selected province, we will identify KII and FGD respondents using a mix of purposeful and convenience sampling. That is selecting respondents based on their existing knowledge and experience

[71] UNICEF (2016). Violence Against Children in Education Settings in South Asia
[72] UNICEF (2018). Structural Violence Against Children in South Asia.

of the pilot implementation, and the ease with which they can be reached (geographic spread) to maximise efficiency. We will aim for a balanced gender profile where possible. A snowball sampling strategy will also be used to recruit other potential respondents based on a recommendation from an already identified respondent. The respondents will include the following:

- UNICEF Thailand Country Office child protection staff and involved in these pilot initiatives,
- Thailand Government Officials at national level, particularly MoPH staff from relevant department,
- Provincial Government staff, including Provincial Health Office and Provincial Child Protection Committee,
- Regional Health Office, hospital and OSCC staff,
- Child-Shield and Primero data administrators,
- Social Workers, and
- Community and family members (parents or primary caregiver).

We will appreciate UNICEF support in selecting and facilitating introductions to the appropriate respondents in each category before any data collection activities begin. We suggest this includes Dr. Chanvit Tharathep as an early key informant, because we have seen that he plays a key role. We also propose to discuss with Child Frontiers researchers who conducted the 2020 Thailand Child Protection System Evidence Review because they will have an overview on integration and coherence. **Error! Reference source not found.** below illustrates the indicative number of KIIs and FGDs that we will conduct during fieldwork.

We will seek to identify a selection of people who were screened by Child Shield but not selected for further intervention, as well as those screened and selected. We anticipate this will provide general feedback on the experience of interactions with the MoPH and consequent family outcomes (although we will not expect to evaluate impact at this early stage).

Contact details of communities and household members will be provided by programme operators from which a random selection will be invited to participate. The research team will not advise the programme operators who has been invited to participate. The researcher will advise the person how their information was obtained and that they have been randomly selected from a longer listing. They will also be advised of the confidentiality and consent procedures before they agree or disagree to participate. The Thai researcher contacting potential participants will advise the purpose of the interview or FGD and assure verbally that this will not affect receipt of services. This information will be repeated at the outset of any individual or key informant interview. We acknowledge that the geographic location issues may require an element of convenience sampling. However, the large number of people involved in the pilot initiatives suggests we will not have difficult identifying respondents.[73]

With regard to any snowball sampling that may occur, our experience is that a personal introduction by the original KI is more likely to yield results. Nevertheless, Government KIs who suggest others that should be included as interviewees will be asked to provide contact information, or to make the introduction or to pass on the researchers details as determined at the time is most appropriate given their position, relationship to the suggested KI and willingness to engage. We will disaggregate KII and FGD data by gender and age group (adult of working age 18; older person 65+) and across the range of functional difficulties per the Washington Group Short Set Questions.

[73] In the assignment TOR UNICEF report that “more than 1 million children have been screened by Child-Shield, in which more than a thousand children are being considered as "high risk", while hundreds of children and families have received PLH intervention on parenting, and a few cases have been referred to Primero for more intensive case management services”.

Table 7: Indicative number of KIIs and FGDs

Location	Indicative number of KIIs/FGDs and respondents	Estimated number of respondents	
		KIIs	FGDs
National level	• 2-3 KIIs with UNICEF TCO staff • 3 KIIs with national government staff	6	0
Provincial level	• KII with provincial health office = 2 people • KII with provincial child protection committee = 2 people • KII with regional health office = 2 • KII with hospital/OSCC staff = 2 • Vendor of Child Shield and/or government staff that manages the vendor = 2 (We assume at least 2 representatives will meet us in each interview) • FGD with social workers and health practitioners = 8	22 (11 x 2 provinces)	16 (8 x 2 provinces)
Community level	• 1 FGD with community = 8 • 2 FGDs with family members = 2 x 5 = 10 • Interviews with family members = 3	6 (3 x 2 provinces)	36 (18 x 2 provinces)
Sub-total		34	52
Total respondents		86	

We will seek to identify a selection of people who were screened by Child-Shield but not selected for further intervention, as well as those screened and selected. We anticipate this will provide general feedback on the experience of interactions with the MoPH and consequent family outcomes (although we will not expect to evaluate impact at this early stage).

Training/meeting on research instrument

The researchers have been selected based on their substantial experience of social policy evaluation, including the ethical considerations. All researchers have been involved in the evaluation and data collection design, including development of the Research Guide. This guide informs the pre-data collection training and refinement of instruments following field-testing. The team training will involve several meetings in Bangkok to review and discuss the fieldwork plan and instruments and refresh knowledge on the key principles and guidelines for qualitative research, including for informed consent. Acknowledging the significant research expertise within the team this is considered sufficient to assure quality and validity of data collection.

This training will be led by our Team Leader and will include:

- **Introduction to the evaluation and the context**, to provide an understanding of issue and challenges of child protection in Thailand and the UNICEF pilot initiative to overcome those challenges.
- **Training on research method and tools.** This will be the core agenda of the training, where we conduct a review of the method and tools to ensure that the team are familiar with the evaluation objectives and key questions that we need to address.
- **Ethical considerations and safeguarding policy.** This is to equip all team members with understanding that their work could impact the safety and wellbeing of children and vulnerable population and how to act responsibly around them.

- **Field training via pilot.** The last day of the training will be to test out the data collection instrument in a "real life" situation, which also be used to look at aspects that can be improved in the instruments and the way the team probe the questions.

Qualitative data collection instruments

Table 8 shows our suggested instruments which we believe will be best suited to answering the research questions. A more detailed elaboration of these instruments can be found in Annex G for Semi-structured interview guide - professional, Annex H for FGD Guide, Annex I for Semi-structured interview guide – family member, and Annex J for Observation Guide.

Table 8: Data collection instrument

Instrument	Description	Relevant respondents
Semi structure interview guide	The interview guide will be developed that correspond broadly to the evaluation matrix and tailored to the specific respondent.	UNICEF staff; MoPH staff at national and provincial; Hospital staff
FGD guide	There are two roles required to conduct a successful FGD: the facilitator and the notetaker. The FGD guide will be developed with the main purpose to encourage a productive discussion among participants.	Social workers/ health practitioners; Community or family member
Observation guide	This instrument can assist the team to understand and interpret the social, cultural and economic environment of the evaluation subject. In this evaluation, this tool can be used to observe how services are provided, for example by social workers on OSCC.	Hospital and OSCC office.

Quantitative data collection instrument

We anticipate examining quantitative data on Child Shield and Primero cases as well as OSCC capacity development. This will allow cross referencing across the three initiatives, as well as identification of data gaps that may be addressed during future scale-up.

For example, we will look at number of cases identified by Child Shield, as low, medium and high risk, and of these which were selected for intensive case management and transfer to Primero. We will also examine the personnel involved in supporting case management and PLH in terms of numbers qualification and experience, targeted training, level of effort (as part of overall job description), and access to necessary resources.

We will share the data collection templates (Annex K) with UNICEF for their assistance in completion, based on available data and where necessary through facilitation with local government counterparts. We will supplement where necessary during the fieldwork. Our data and information specialist will be responsible for working with local government officers to generate data reports on during his observation of the IT systems.

The documents reviewed during the inception phase already provide quantitative data of this type which suggests that generating this data will be possible, although timescales may be challenging. We will collaborate with UNICEF colleagues in-country for support.

7.2 Data analysis

We will approach data analysis as an iterative and reflexive process that begins as data are being collected rather than after data collection has concluded. We will combine the notes that are written

"in the field". We will also make use of notes taken in daily debrief sessions at the end of each day, which would have been the opportunity to discuss the findings from that day. We will take care not to over-generalise and disaggregate findings according to village and the respondent type (position, gender, disability status, male/female-headed household etc.). We will triangulate the data as much as possible to allow the reader to assess the strength of the finding.

We will use a simple coding matrix in excel that corresponds to the main thematic areas of interest. This will enable patterns underlying the data to be extracted. Datasets coded in this way will be useful as future reference points, and can be revisited, compared and reanalysed as required during the formative research and designing of the curriculum. This coding framework will not be too granular: each respondent will provide a varying opinion given the very different stances they come from.

Before writing up the draft mixed-method report the whole team will conduct a 'mixing workshop' led by the Team Leader in order to integrate the findings from the quantitative and the qualitative data. By doing this, quantitative and qualitative data then become interdependent in addressing the evaluation questions.

As described in the Research Guide (Annex C) we will ensure that confidentiality is maintained and personal information is protected.

7.3 Team composition and updated workplan

The OPM evaluation team comprises five researchers, four of whom will undertake in-country data collection.

Elayn M Sammon Team Leader, residing in Malta. Level of Effort (LoE) 35 days home-based and in-country.

Elayn has more than 20 years' results oriented international development experience in social policy (inclusive child protection systems, early childhood development, social protection, health, education) in low and middle- income countries, fragile states and humanitarian contexts (in-country).

Elayn is responsible for leading the team in designing overall evaluation method, ensuring that the deliverable is in accordance with the evaluation requirements set out in the ToR, including their compliance to UNICEF standards, responding to, and factoring in, stakeholder feedback in redrafting deliverables, leading on quality assurance throughout the process, assuring the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures, managing stakeholder engagement in this (gathering and collating feedback), and performance against TOR deliverables.

Revita Wahyudi, Evaluation Manager and Lead Qualitative Research Expert, residing in Indonesia. LoE 14 days home-based and in-country.

Revita has more than 20 years of experience working in development projects leading a broad set of work and engagement, covering social development, social protection and social research including survey, independent evaluation, monitoring and evaluation, and qualitative assessment (in-country).

Revita is responsible for developing the scope for the evaluation, setting out and updating the detailed workplan, day to day management and communication with UNICEF, ensuring deliverables are completed within agreed timeframes, budget, and quality standards, contributing technical inputs to all deliverables and helping ensure requirements and standards are met, day-to-day oversight and management of the evaluation process and budget, in coordination with other key stakeholders.

Shez Farooq Data and Information Systems Specialist, residing in Australia. LoE 25 days home-based and in-country.

Shez is a senior MIS specialist, business improvement strategist and digital solutions consultant with 22 years 'experience of bridging business strategy and requirements to technology enabled business solutions across various industry sectors and geographies.

Shez will apply his specialist expertise in information management solutions for the social protection sector to the formative evaluation of Child Shield and Primero including formulation of the evaluation questions, primary data collection and analysis, supporting the Team in their understanding of assessment, design and implementation of programme specific beneficiary administration and operations MIS, case management and social and integrated beneficiary registries.

Maheen Zahra Child Protection Specialist, residing in Pakistan. LoE 14 days home-based.

Maheen has more than 5 years of experience in comparative education policy, and poverty in comparative context, qualitative research on the effect of spaces on social interactions. She is currently providing technical input to improve the case management and referral system for the child protection system in Pakistan.

Maheen provides specialist and current technical expertise on operational case management systems for child protection.

Sirawitch (Mick) Rattanaprateeptong, residing in Thailand. LoE 28 days in-country.

Mick is an experienced qualitative researcher related to Thailand policy analysis, adolescent employability, rural economy, education and skills. He has comprehensive understanding of the policy context in Thailand and will provide support to the international team in delivering this assignment (in-country).

Mick will be responsible for contributing to the analysis of the national context and for contextualizing the results of the evaluation. He will also lead the interviews and group discussions during the qualitative data collection.

Table 9 describes our updated workplan with some key changes:

- The submission of the draft inception report shifted one week from the initial plan at the end of September in the proposal to the end of the first week of October. Following this submission, we expect UNICEF to provide consolidated feedback within two weeks to allow us to make revision to the draft and submit the final version of the inception report by end of October 2022,
- We plan to conduct primary data collection through in-country visit to Thailand from 28 November 2022 for around two weeks, after completing developing research instruments and on receipt of the Ethical Approval (Annex L),
- We need to reiterate that any delays in the above processes will affect our timeline.

Table 9: Updated workplan

No	Activities	2022																2023							
		September				October				November					December				January				Februari			
		W2	W3	W4	W5	W1	W2	W3	W4	W1	W2	W3	W4	W5	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
1	**Preparatory Phase**																									
0.0	Contract sign-off																									
1.1	Kick-off meeting with UNICEF																									
1.2	Desk review of key documents																									
1.3	Develop research design and prepare draft inception report																									
1.4	**Deliverable 1: Submission of draft inception report**					D1																				
1.5	Comments from UNICEF																									
1.6	Revision to the draft based on comments received																									
1.7	**Deliverable 2: Final Inception Report**								D2																	
2	**Field Data Collection Phase**																									
2.1	Develop research instruments/tools																									
2.2	Field work preparation (including ethical review process)																									
2.3	Training and piloting of the tools																									
2.4	Data collection: KIIs, FGDs, and MIS review													from 28 Nov												
2.5	Prepare summary of collected data (KIIs and MIS review)																									
3	**Data Analysis**																									
3.1	Analysis of primary data collection																									
3.2	Analysis of secondary quantitative data																									
3.3	Prepare the draft evaluation report																									
3.4	**Deliverable 3: Submission of draft evaluation report**																D3									
4	**Validation and Dissemination**																									
4.1	Prepare draft PPT on preliminary findings																									
4.2	Conduct online validation workshop																									
4.3	**Deliverable 4: Submission of draft PPT and online workshop**																				D4					
5	**Final reporting**																									
5.1	Comments from UNICEF on the draft report																									
5.2	Revision to the draft report based on comments received																									
5.3	Revision to the draft PPT																									
5.4	Translation of report into Thai																									
5.5	**Deliverable 5: Submission of final report (English/Thai)**																									D5
5.6	**Deliverable 5: Submission of final PPT**																									D6

Christmast and new year

7.4 Ethical consideration

The evaluation applies the principles and standards described United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation.[74] The evaluation data collection and analysis is subject to UNICEF's Ethical Review Board approval for which purpose we have developed the Research Guide (Annex C). Ethical Approval was issued on 2nd November 2022 (Annex L).

We have adhered to UNICEF and MoPH advice on ethical review conditions for this evaluation and acknowledge that the requirements may have implications for the work plan.

As discussed in the Technical Proposal, given the time and resource implications for establishing robust safeguarding policies and protocols, we will not engage with children directly.[75] Instead, we will identify parents or primary caregivers who will represent their experience of interaction with the public health system Child Shield screening, OSCC Case Management and PLH. We will not directly engage with participants to discuss traumatic life experiences. Although we presume negligible disclosure of individual incidents of child violence and abuse, we will have a protocol for reporting disclosure through the statutory channels should this occur.

We will also be attentive to the perspectives and concerns of health and social care services personnel and families and caregivers.

In line with UNEG Principles of Integrity, Accountability, Respect and Beneficence, we will ensure that all personnel under OPM's purview will adhere to fundamental standards:

[74] United Nations Evaluation Group (2020) Ethical Guidelines for Evaluation. http://www.unevaluation.org/document/detail/2866

[75] However we suggest that any future evaluations plan to take into the right to participation as defined in Article 12 of the CRC such that children's perspectives can be properly considered.

- **Respect for individual self-determination** – participants will make the decision to take part on a voluntary basis
- **Informed consent** – participants will be given as much information as possible about the evaluation and how the information they provide will be used. Data collectors will explain the research and its implications to the participants; and will make sure all participants are able to comprehend the proposed evaluation. In cases where a person has profound and complex dependency needs their assent to be included will be confirmed by obtaining the consent from a primary caregiver. All participants will be informed of their right to withdraw from the evaluation at any point. Written or verbal consent will be obtained prior to the start of any interview of discussion
- **Confidentiality and data protection** – participants will be assured that all data will be presented in such a way that they cannot be identified. All data collectors will be obliged to maintain data securely and in line with prevailing local legislation.
- **Participation of persons with disabilities** – the research will be attentive to the inclusion of persons with disabilities and make provision for impairment related requirements throughout; such reasonable accommodations can include conducting interviews and discussions in a place where participants feel most comfortable, provision of sign language interpreters, extending the timing of interviews for persons with communication difficulties, provision of transport, making sure that language and terminology is comprehensible
- **Safeguarding** – measures will be in place to make sure that individuals and communities participating in the research are not subject to harm by the actions of persons employed to participate in the data collection, analysis and reporting; this includes but is not limited to making sure all safeguarding is included in the training of all data collectors, that a procedure for reporting concerns to an evaluation supervisor and the evaluation team leader is followed, that data collectors operate in pairs and that female respondents are interviewed by female data collectors/ interviewers.

7.5 Limitation and constraints

Our ability to review various documents may face some constraint. For example, when assessing the 'coherence' criteria, we might face some challenges because not all relevant policies regarding child protection are clearly stated in the available legal framework and policy documents. We will update UNICEF regularly if this issue occurs during data collection and analysis.

The quantitative analysis for this assignment will depend on the availability and quality of data, including our access to those data. Even when data is available, the quality of data can often be low, making it difficult to validate the findings. We will seek the help of UNICEF in facilitating access to this data and information, so that we can ensure the comprehensiveness and rigour of the evaluation.

We note that the evaluation is intended to support on-going learning and adaptation in Thailand and for UNICEF more widely, and that therefore availability of documents in English translation is helpful monitoring and evaluation and for wider sharing. The evaluation contract envisages translation costs for research instruments (from English version to Thai version to be used during interview/FGDs) and final report (also from English to Thai language). Several of the background documents are only available in the Thai language. Although the OPM evaluation team includes a Thai researcher, they are not a child protection or MIS subject matter expert. Therefore, we cannot rely on them to assess the content. We therefore depend on availability of the main technical documents in English unless additional resources can be made available. Nevertheless, where UNICEF identify critical documents that are available in an appropriate format, we will run these through Google Translate to obtain an understanding.

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Annex A Terms of Reference

TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACTS

Requesting Section: Child Protection, UNICEF TCO

Formative evaluation of the implementation of UNICEF-MOPH pilot child protection joint initiatives
(Secondary Bidding under LTAS)

1. Background

Child protection as a field of work within UNICEF has a long tradition, dating back to the Declaration of the Rights of the Child in 1959 and cemented through the Convention on the Rights of the Child in 1990. This area of work relates primarily to children's right to be protected from violence, exploitation and abuse. Although the nature and extent of child protection problems and issues vary widely across various contexts, there is sufficient evidence to show that violations of children's rights to protection are widely prevalent.

The Child Protection Section of UNICEF TCO has worked closely with the Ministry of Public Health (MOPH). This ministry has been providing services to child and women victims/survivors of violence since 1999 through its One Stop Crisis Centers (OSCC) within the hospital setting. While OSCCs provide critical life-saving services for child and women victims and survivors of violence, they lack appropriate tools and data for practitioners at the community and services level. They also have limited capacity in the prevention and monitoring of service provision. The MOPH's capacity to deliver services would be enhanced with the provision of appropriate tools, staff capacity, and a comprehensive management information system. This will directly ensure timely prevention of violence, abuse and exploitation with the participation of all stakeholders.

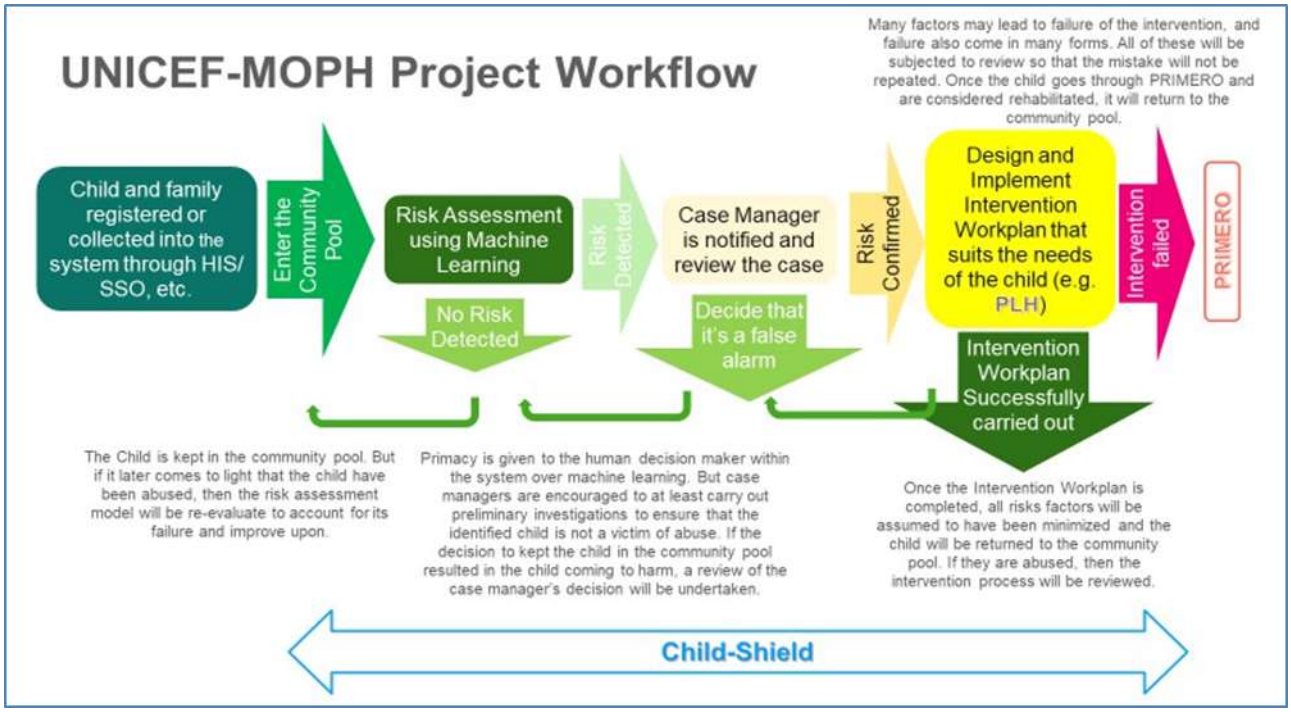
The UNICEF-MOPH child protection joint initiative has the following components: 1) The development of management information systems that include "Child-Shield", which utilizes big data and artificial intelligence in real-time for timely screening of at-risk children and families. This also includes a tracking system to monitor identified cases and link those cases to "Primero." This information management platform supports seamless child protection case management services. 2) The capacity development for health personnel at the sub-national level, especially staff of the OSCCs, to conduct case management, including risk assessment of cases identified through Child-Shield, as well as services provision and referral; and the adaptation and delivery of Parenting for Lifelong Health (PLH) an evidence-based positive parenting intervention for at-risk family identified through the screening process.

These initiatives were implemented from 2018-to 2021 with financial support from UNICEF, with the following details:

- Child Shield:
  - UNICEF and MOPH: The Development of a screening tool and management information system targeting children and women at risk of or being abused for health sector (Child Shield) Phase I. March 2018 - October 2019
  - UNICEF and MOPH: The Development of a screening tool, and management information system targeting children and women at risk of or being abused for the health sector (Child Shield) Phase II. June 2020 – December 2021
- Primero:

- Contract with vendors through UNICEF HQ since March 2020 (ongoing) for the configuration, adaptation, and maintenance of software to Thailand's context

- OSCC staff capacity development on case management and Parenting for Lifelong Health (PLH):
  - UNICEF and MOPH: The Development of curriculum and capacity on child protection for health personnel (Phase I) – PLH: March 2018 - October 2019
  - UNICEF and MOPH: The Development of curriculum and capacity on child protection for health personnel (Phase II) - PLH: June 2020 - January 2022
  - Programme Cooperation Agreement with The Chancellor, Master and Scholars of the University of Oxford on "Feasibility study on an evidence-informed parenting intervention to prevent violence against young children by parents and primary caregiver in Thailand" implemented from March 2018-April 2020



The initiatives have already been piloted in all seven (7) provinces under Health Region 8, including Udonthani, Sakhon Nakhon, Nakhon Phanom, Loei, Nongkhai, Nongbualumpoo, and Bungkan; with impressive results of more than 1 million children being screened by Child-Shield, in which more than a thousand children are being considered as "high risk", while hundreds of children and families have received PLH intervention on parenting, and a few cases have been referred to Primero for more intensive case management services.

The plan for these initiatives is to scale up in all MOPH hospitals across Thailand to help more children across the country receive efficient and comprehensive social services as well as care and protection.

Recognizing the importance of programme evaluation to help generate evidence and advocate in decision- making for national scale up, the Thailand Country Office (TCO) Child Protection (CP) section is planning to conduct a formative evaluation of the pilot child protection initiatives implemented jointly between MOPH and UNICEF during 2019–2021.

2. Objectives, Purpose & Expected results

This evaluative work aims to implement an evaluation of the pilot, including Primero, Child Shield and OSCC Capacity development and PLH implementation. The second phase of the pilot project has been completed, except for Primero, which is ongoing in terms of expanding the scopes and pilot sites, and it's a critical time to consider expanding the project to other health regions, with further expansion assessment for national scale up. The evaluation shall reflect on progress and lessons learnt from these experiences, and document successes and identify areas needing improvement. The evaluation should also factor in a cost-benefit analysis and required resources for the scale-up.

The evidence generated will be used by the following audiences:

- Primary audiences: UNICEF and the Ministry of Public Health at the policy level will use the evaluation result for policy dialogue to advocate for further expansion of the model at the national level.
- Secondary audience: Operation team of the Ministry of Public Health will use the evaluation result to improve the effectiveness and efficiency of the projects.

The primary objectives of the evaluation are:

- To assess the relevance, effectiveness, efficiency, coherence, and sustainability results on the implementation of the model;
- To engage MOPH team in analyzing the strengths and weaknesses of the projects, focusing on key aspects to enhance the child-centre approach that should be built on and what corrective actions should be taken;
- To provide actionable recommendations for MOPH to feed into OSCC's upcoming plan for information system and services provision.

3. Description of the assignment

The TOR explicitly and clearly defines what will and will not be covered: thematically (pilot, including Primero, Child Shield, and OSCC Capacity development and PLH implementation), chronologically (time period for each component during 2018-2021), geographically (the provinces in Health Region 8 that implemented the pilot project).

The OECD/DAC evaluation criteria of relevance, effectiveness, efficiency, coherence and sustainability will be prioritized to provide evidence-based analysis to answer a number of strategic questions. The evaluation criteria and questions will analyze the extent to which human rights, child rights, and gender equality and equity have been addressed within the program.

Some initial questions are suggested below. During the inception phase, the evaluation team will reconstruct ToC and review and confirm these questions' feasibility and appropriateness. The firm can propose alternative or refined questions that are meaningful and respond to the methodological approach, and the availability of data is finally agreed upon. As a general rule, the number of questions should be kept small to ensure the process is timely and rapid. The final list of questions will need to be part of the evaluation matrix within the inception report.

Relevance

- To what extent has Primero/ Child-Shield/ PLH proved adequate and aligned with national priorities and the context in Thailand?
- To what extent has Primero/ Child-Shield/ PLH been appropriate for the work and mandate of MOPH, especially OSCC?
- How adequate and robust are the pilots' designs? Is there a clear intervention logic with sound theories of change?

- Was the program design open and participatory?
- Has the Primero adoption been in line with the expectation of MOPH?
- Is the current configuration of Child Shield and Primero in line with the current needs of the OSCCs?

Coherence

- To what extent do the pilots develop synergies and interlinkages among the different joint initiatives (Primero/ Child-Shield/ PLH) with other Child Protection interventions carried out by the government?
- To what extent does the pilot implementation tie in with other government initiatives to achieve optimal utilization of available resources?
- Did the pilots involve all the key stakeholders during the design and implementation phases? Did the pilots include complementarity, harmonization, and coordination with others?
- To what extent are the pilots in line with UNICEF global standards and relevant international norms and standards?
- How do child shield and Primero link to each other and the broader health information management ecosystem at the regional and national level?

Effectiveness

- To what extent have the expected results been achieved?
- What changes have taken place as a result of pilot implementation? Has there been any change in the case management function? Is the data sharing between different units that utilized Child-Shield, and Primero now more or less efficient/ secure?
- Which were the most decisive factors that determined the achievement or non-achievement of intended results?
- What was the user experience of Child-Shield and Primero systems like? Whether their feedback have led to any changes?
- Has the implementation of Primero supported the coordination and cooperation among different stakeholders?
- Have at-risk children and families identified by Child-Shield received services to reduce their risk?
- Has OSCC capacity development and PLH helped improve the capacity of staff to prevent and respond to children and families?

Efficiency

- Has there been any delay in the program implementation? Specify the reason?
- What are extra resources required to implement the Primero/ Child-Shield/ PLH?
- What does the cost-benefit analysis of each project show; including an analysis in terms of value for money? What are the required resources for the scale-up?
- Does interoperability between HIS and Primero deliver value? How? What does this integration between systems mean in terms of results for children? Better services? More timely services? More confidential sharing of data, and therefore less associated risk?

Sustainability

- What mechanisms are put in place to guarantee sustainability once this project support is over?
- Can the activities continue after UNICEF withdraws? What are the challenges that are being foreseen in sustaining the program?
- What are the preconditions for scale-up? and what are the preconditions for sustainability? (Laws, policies, structures, staff, funding, procedures, monitoring and reporting systems, training etc). If not, what needs to be modified or strengthened to allow for a nationwide scale up (including institutional framework and political will)?

4. Methodology

The evaluation is proposed to be carried out using mix-method of qualitative and quantitative approaches. Based on the objectives of the evaluation, this section indicates broad guidelines on methods and processes for the evaluation. Methodological rigour will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology pre-offered in the TOR and improve on it or propose an approach they deem more appropriate to evaluate such pilot programmes.

Data collection and analysis methods with a range of stakeholders should be used to facilitate the triangulation of data. These should include document review (including progress reports), and semi-structured interviews with key stakeholders (most probably online interviews). Key stakeholders to be involved in the data collection should be selected from UNICEF, critical national government agencies, policymakers, implementing partners, CSOs, NGOs, and beneficiaries.

The evaluation team members will need to draw on available quantitative data from recent assessments, reviews, research, studies, progress reports, situation reports, national datasets, surveys, and other sources.

At a minimum, the assessment will draw on the following methods:

- Comprehensive desk review of available documentation – Project Documents, annual reports, mid-year and end-year reviews, datasets, government documents, publications, and studies.
- Review of data in the existing management information system, including Primero and Child-Shield
- Data from user acceptance tests from both child-shield and Primero
- Interviews and focus group discussion (online or offline – upon situation permit).
- The evaluation team shall conduct individual key informant interviews with staff representatives of UNICEF (country, regional and HQ), and government officials, and vendor support.
- A survey can also be launched to complement the evidence collected through the above- mentioned data collection tools and access stakeholders such as former staff.

Data collection and analysis should be human rights-based and gender sensitive. Any data collected should be disaggregated by age, gender, state/region, disability, etc., where possible. Data triangulation will be of crucial importance. Data analysis should also include aspects of gender, equity, and human rights into consideration.

A sampling strategy should be included in the Technical Proposal, setting out how institutions and organizations, and different stakeholder groups will be sampled. This applies to both quantitative and qualitative data collection.

The evaluation team members, and specifically the team lead, will be expected to conform to guidelines and standards set by the UN and UNICEF. The team will be guided by UNICEF's revised Evaluation Policy (2018), the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016), UNEG Code of Conduct for Evaluation in the UN system (2008), 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)

Ethical considerations

The bidder will set out how they expect the evaluation process to be designed and undertaken in accordance with ethical guidelines as set out in UNEG Ethical Guidelines for Evaluation (2020) and the UNICEF Procedure for Ethical Standards and Research, Evaluation, and Data Collection and Analysis (2015). During the evaluation process, full compliance with all UNEG and UNICEF ethical guidelines will be required. All informants should be granted full confidentiality for all methods used, informed

consent procedures shall be observed, and risks/benefits shall be disclosed with informants. Dissemination or exposure of results and any interim products must follow the rules agreed upon in the contract. In general, unauthorized disclosure is prohibited. Any sensitive issues or concerns should be raised as soon as they are identified with the evaluation management team.

All evaluations shall have ethical clearance issued either by an external board of review or by an internal one. In 2015 the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis was issued to guide UNICEF's evidence generation activities and to support the integrity of UNICEF's evidence base to ensure that UNICEF's programmes, policy and advocacy activities are grounded in ethical principles and practices. Under the UNICEF Procedure for Ethical Standards (2015) all proposals involving research, evaluations or data collection and analysis covered by this procedure and meeting one or more of the following criteria must go through a relevant external ethical review board or panel:

- Evidence generation that involves vulnerable cohorts whose personal agency is limited due to age, situation or capabilities and for whom an additional duty of care is required. (includes all evidence generation involving children).
- Evidence generation involving primary data collection that has the potential to result in direct harm to the participant during the course of the programme
- Evidence generation that has the potential to compromise the privacy of subjects and the confidentiality of data
- Evidence generation that has the potential to compromise the safety and well-being of individuals in their context
- Evidence generation that involves non-universal distribution of resources (ie. RCTs involving the provision of cash transfers, or other goods and services, to one group and not to another group)

Where not required by National law or a partner institution to utilize a National or Institutional Review Board/Ethics Review Committee, the use of a private ethics review vendor can be considered.

5. Reporting Requirements and Deliverables

- **An inception report** (English): Building on the Terms of Reference, the desk review and preliminary interviews, the evaluation team will produce an inception report (using UNICEF's standard Format that will be shared with the evaluation team after the contract has been signed) which will present the detailed evaluation methodology. The report will be structured as follows:
  - Introduction presenting the object of the evaluation, its purpose, scope and objectives;
  - Preliminary results of the documentary review summarized in the evaluation context section;
  - Evaluation criteria and questions refined through the desk review and preliminary interviews;
  - A detailed description of the evaluation methodology, including relevant data collection methods that will allow answering evaluation questions and sampling strategy;
  - Evaluation Matrix: The Evaluation Matrix forms the 'spine' of the evaluation. It will provide the main analytical framework against which data will be gathered and analyzed. It will be shaped around the evaluation questions and embed the criteria above. All other enquiry tools, such as interview guides and the field study template, will be geared towards it. The Evaluation Matrix, including the evaluation criteria and associated questions, indicators and prescribed data gathering tools and methods, will be developed by the evaluation team leader and cleared by the evaluation reference group before the start of fieldwork as part of the inception report. Criteria for success should be agreed upon at the inception phase and included in the Inception Report.
  - Methods of data analysis and presentation of Analytical Framework to be used;

- Limitations of the evaluation and section on ethics and ethical considerations;
- Work Plan; and
- Appendices: List of the main documents reviewed; Proposed data collection tools; Initial listof key informants.

The Inception Report will be key in confirming a mutual understanding of what is to be assessed, including additional insights into executing the consultancy. No field will be undertaken prior to the approval of the inception report. At this stage, the evaluation team will refine and verify evaluation questions, confirm the scope of the assignment, and further improve on the methodology proposed in the TOR to strengthen its rigor.

- **A PowerPoint presentation with preliminary findings, conclusions, and recommendations** (English/ Thai). After the data collection process, the evaluation team leader shall present the preliminary findings, conclusions, and recommendations that can feed into future initiatives.
- **Draft and final report** (Thai and English) of ideally 25 pages but not more than 40 plus executive Summary (max 5 pages) and annexes that will be revised until approved by UNICEF. The draft, subsequent versions and the final report must be submitted using UNICEF's standard evaluation report format that will be shared with the evaluation team after the contract has been signed.
- Draft evaluation report integrating the stakeholders' observations during the debriefings (this deliverable will be shared with the ERG members for comments).
- To be approved, the draft report shall have a quality review by an external firm to verify it complies with the **GEROS** evaluation standards (https://www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros)
- Full final evaluation report integrating all comments provided by the ERG members. This report should be submitted to UNICEF for final approval. Therefore, the team should make sure to indicate in their proposal what strategies they will use to meet the deadline. The full final report shall be structured as follows:
  - Table of Contents including List of Tables and List of Figures
  - Executive Summary (covering all main sections of the report: background, methodology and process, main findings and recommendations, lessons learnt – not more than five pages)
  - Acknowledgements (all who supported the evaluation and provided strong cooperation and collaboration during the process)
  - List of abbreviations and acronyms
  - Introduction (object of the evaluation, evaluation purpose, objective, scope, indented uses and users)
  - Evaluation context
  - Methodology, including sampling strategy and data analysis methods
  - Key findings (by criterion – each question will need to be answered) + Preliminary
  - Conclusions (given that all findings will be numbered, each conclusion will need to indicate these specific findings and corresponding paragraph numbers which it is based on)
  - Conclusions
  - Lessons Learnt
  - Recommendations (strategic and operational, maximum five priority recommendations)
  - Appendices (ToRs; List of persons interviewed and sites visited; List of documents consulted; More details on methodology, such as data collection instruments, including details of their

reliability and validity; Evaluators biodata and justification of team composition; Evaluation matrix; Results framework)

- **Raw data**: All raw data, code books and complete transcripts from primary data collection will be delivered to UNICEF. All original research instruments with their recorded field data, transcripts, and copies of all excel files/databases used for data analysis will be delivered to UNICEF to validate the analyses. UNICEF shall be entitled to all property rights, including but not limited to patents, copyrights, trademarks, and materials that bear a direct relation to or are made in consequence of the services provided. At the request of UNICEF, the evaluation team shall assist in securing such property rights and transferring them to UNICEF in compliance with the requirement as is applicable
- **Final Presentation/Webinar and a reader-friendly evaluation brief** that summarizes the key findings, conclusions and recommendations of the evaluation needs to be produced. The agency can choose the format, but it is expected that innovative formats will be used for enhanced readability. UNICEF withholds the right to alter this evaluation brief upon dissemination.

Note: All reports as part of the deliverables (such as inception report, draft report and final report) must meet the standards of quality assurance by UNICEF.

- Methodological rigor will be given significant consideration in the assessment of the quality of deliverables. In the domain of ethical compliance, the research should be guided by **UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis** and when relevant the approval of an ethical review board will be a prerequisite for the research. (https://www.unicef.org/evaluation/documents/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis)
- Reports as part of the deliverables (including both Inception Report and Final Report) must meet the standards of quality assurance by UNICEF in line with **UNICEF Standard Operating Procedures for Research Studies and Evaluations**. The Final Report will need to be rated as satisfactory or above by UNICEF's quality assurance review facility. (https://www.unicef-irc.org/files/upload/documents/UNICEF-%20Quality-Assurance-Research.pdf)

6. Location and Duration / Timeline

One or more members of the evaluation team will be based in Thailand during the primary data collection phase and will work remotely (in their home country) during the rest of the assignment when physical presence in the country is not required. Field visits are expected for this assignment to different provinces in Health Region 8.

It is expected that the team would travel to Thailand (if located outside), including areas outside Bangkok, for fieldwork as per the methodology and tools finalized for this assessment. All international and domestic travel costs should be budgeted for and included in the total lump sum value and described in the financial proposal. The selected institution will be responsible for making its own travel arrangements. When relevant and necessary, UNICEF may facilitate the logistics arrangement for field visits in coordination with the relevant government counterparts. Please note that if selected, UNICEF will issue supporting documents to obtain an entry visa (if necessary). UNICEF will be unable to secure travel visas. The evaluation team will not be entitled to payment of overtime. All remuneration must be within the contract agreement. No field visits can take place before the approval of the inception report.

The consultancy will be four months in duration between July to October 2022 and will consist of three main phases as described below in the table. The evaluation team is expected to propose a detailed work plan indicating the roles and responsibilities of each team member in the technical proposal. Please note that the final revised evaluation reports will need to be submitted to UNICEF Thailand Country Office by October 30,

2022. Therefore, the interested bidders are strongly encouraged to take that into account

Phase	Tasks and Deliverable	Timeline
Preparatory phase	Kick off telecon / video conference with UNICEF staff	As soon as possible after the ET is contracted
	Desk review – Development of the draft inception report (Deliverable 1)	Two weeks after kick-off
	Comments and Q&A on inception report draft	One week after the draft submitted
	Final inception report (Deliverable 2)	One week after the comments
Field data collection phase	Pilot testing of the tools in the field	One month and a half after the inception report
	Data collection: KIIs and MIS review	One month and a half after the inception report
Data analysis, report writing, validation and dissemination	Draft evaluation report - English/Thai (Deliverable 3), Draft PPT with preliminary findings (Deliverable 4) and online validation workshop	Two weeks after data collection is finalized
	Comments and QA on draft	Two weeks after submission of draft
	Final report produced – Eng/Thai (Deliverable 5) and final PPT with findings and recommendations (Deliverable 6)	Two weeks after comments

7. Mandatory and Desirable Qualification Requirements

This contract will be awarded to an institution and not to an individual or team of individuals not sponsored by an institution. A consortium of 2 or more institutions may make a joint bid. In this case, there must be a lead institution named that will be the sole point of contact with UNICEF for contract management purposes. The firm must have a history of working in Thailand. If a consortium, at least one partner must have a history of working in Thailand.

The institution should have experience in designing, planning, organizing, managing and conducting evaluations. Demonstrated expertise in research design, methodologies, data validation and data quality assurance. Previous experience with UN agencies, large NGOs and Government. Very strong communication and presentation skills of team members with government and community members. Demonstrated experience in collecting data in the field on tablets using online platforms, telephonically, and other non- face-to-face modalities

The team should have a good knowledge of the country-specific context of Thailand, as well as of the child protection country programmes. The team will work closely together to develop and implement an appropriate methodology and approach to address the evaluation questions and achieve the expected results of the evaluation.

The evaluation team:

It is desirable that team members have extensive experience both at the national and international level. The bidder should propose a minimum of two technical team members/ personnel and at least one of the team members has to be national of Thailand and fluent in Thai with skills in facilitation of participatory processes in Thai languages. Firms committed to achieving workforce diversity in terms of gender, nationality and culture are encouraged to apply.

Evaluation Team leader:

The Team Leader will coordinate the evaluation team and ensure the design of the evaluation, the management of the evaluation process, the quality assurance and the delivery of the expected products in close collaboration with the other team members. She/He shall conduct the evaluation applying an approach that is conducive to the transfer of competencies to the national members of the evaluation team. She/He should have the following profile:

- Advanced university degree in evaluation, child protection, public health, social science research or another relevant field;
- Must be familiar with child protection programming and evaluation approaches;
- More than ten years of experience in programme evaluation for child protection, including evaluation of child protection interventions with a focus on prevention and response to violence against children, and must have completed at least three high-quality programme/project evaluations in that period (a copy of an evaluation report in which the Team Leader has been a primary author will need to be submitted as a part of the application);
- Knowledge about the overall governance of the child protection system in Thailand, including the delivery of social welfare services and child protection services through the health sector by the sub-national structures, case management, CP-MIS, child protection capacity development, and decentralization.
- Strong statistical and analytical, quantitative and qualitative research skills: Have a perfect command of quantitative and qualitative methods of research and evaluation methods based on equity, human rights and gender;
- Substantive, relevant experience in Thailand and knowledge of the social, political and economic environment of the region.
- Have excellent oral and written communication skills in English as well as skills in facilitation of participatory processes;
- Good knowledge of UNICEF approaches and evaluation standards, including UNICEF-Adopted UNEG Evaluation Report Standards
- Good knowledge of results-based programme management.

Other Evaluation team member

Evaluation team member will participate in all stages of the evaluation process and will be primarily responsible for collecting and analyzing the data that will be used to establish the evaluative judgment. The team will also contribute to the analysis of the national context and to contextualize the results of the evaluation. This will involve both secondary data analysis and primary data collection with beneficiary communities and key stakeholders involved in the implementation of the programmes. This evaluation team should consist of at least one expert besides the Team Leader; the detailed composition is to be proposed by the evaluation team leader. The evaluation may also require the employment of local translators. The proposal will need to indicate how the fieldwork will be organized clearly. However, it is expected that all international team members to travel to Thailand at least once

Data and information systems specialist

- IMS specialist with 8+ years of professional experience as a system designer/system architect for system development projects of similar nature and scale as this consultancy.
- Has at least an advanced university degree in data and information management
- Experience and knowledge of open source platforms and development environments is mandatory.
- Experience on MIS, CP-MIS, will be considered a big advantage.
- Prior experience in the systems and technology for managing social welfare and health-related services is highly desirable.

8. Evaluation of offers and contract award process (secondary bidding under LTAS)

This is a secondary tender under existing framework agreements (LTAS). The UNICEF evaluation panel will first review each response for compliance with the mandatory requirements of these TOR. Failure to comply with any of the terms and conditions contained in this tender, including provision of all required information, could result in a response or proposal being disqualified from further consideration.

Each valid proposal will be assessed by an evaluation panel first on its technical merits and subsequently on its price. The weight allocated to the technical proposal is 70 % (i.e. 70 out of 100 points). To be further considered for the financial evaluation a minimum score of 49 points is required. Only proposals with a score of 49 or more points in the technical evaluation will be financially evaluated (i.e. the financial proposal will be opened). For further details and the distribution of points kindly refer to **table 1** below.

The weight allocated to the financial proposal is 30 % as per the following: the maximum number of 30 points will be allotted to the lowest technically compliant proposal. All other price proposals will receive points in inverse proportion to the lowest price. Commercial proposals should be submitted on an all-inclusive basis for providing the contracted deliverables as described in the TOR.

The proposal(s) obtaining the overall highest score after adding the scores for the technical and financial proposals is the proposal that offers best value for money and will be recommended for award of the contract.

Table 1: Evaluation Criteria and distribution of points

#	Assessment criteria	Sub-criteria	Score	Total score
1	Understanding of ToRs	Understanding of TOR (according to the value-added of the technical proposal)	10	10
2	Methodology	Methodological reference framework to address evaluation questions (according to the relevance of the methodological framework for answering evaluation	10	25
		The quality and robustness of proposed data collection and sampling methods for answering the evaluation	10	
		Data analysis methods (according to the relevance and consistency of the proposal for answering the evaluation questions)	5	
3	The organizational capacity of the evaluation team to execute the mandate	Evaluation Work Plan (according to the relevance of the proposed timeline for the delivery of expected	7	10
		Roles and Responsibilities of the Evaluation Team members (according to the appropriateness of the distribution of roles and responsibilities for the achievement of expected results within the required time)	3	
4	Expertise and experience of the Team Leader	The expertise of the Team Leader (according to the conformity with the required profile and the expertise evaluation in general and in equity-focused and gender and human rights-based evaluations)	5	10
		Experience of the Team Leader (according to the quality of the evaluation report submitted as part of the proposal and the team's experience in evaluations)	5	

5	Expertise and experience of the Evaluation team members	The expertise of the team member (according to the conformity with the required profile, the expertise in the targeted thematic area, knowledge of the national context and evaluation and research methods in general and in the targeted thematic area in particular and as an evaluation team	8	15
		Experience of the team members (*according to* the experience in evaluation in general and in the thematic targeted area)	7	
Total Score attributed to the technical proposal (passing score = 49 points)				**70**
6	Financial Proposal	Full marks are allocated to the lowest priced proposal. The financial scores of the other proposals will be in inverse proportion to the lowest price.		**30**
TOTAL POINTS				**100**

9. Administrative issues and responses to be submitted

- Bidders are requested to provide a detailed technical proposal in the provided **Technical response form**. The technical proposal must include all information needed to fully evaluate the proposal against the requirements and evaluation criteria outlined in sections 7 and 8 of this TOR.
- Bidders are requested to provide a detailed cost proposal in the provided **Financial response form**, factoring in all cost implications for the required services.
- The financial proposal must be based on the agreed LTAS unit / daily rates. A special discount or lower rates can be offered for this specific assignment, if applicable.
- If the bidder wishes to include additional or optional elements outside the defined deliverables as per this TOR, these should be clearly marked as such in both, the technical and financial proposal.
- The bidder is required to include the estimate cost of travel in the financial proposal noting that i) travel cost shall be calculated based on the most direct route and economy class travel, regardless of the length of travel and ii) costs for accommodation, meal and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, depending on the location, as promulgated by the International Civil Service Commission (https://icsc.un.org/).
- Unexpected travels shall be treated as above.

The technical proposal (maximum 30 pages) should cover the following aspects:

- Understanding of the terms of reference (including the nature of this evaluation)
- Evaluation methodology
  - Methodological reference framework to address evaluation questions
  - Special consideration will be given to the capacity of the firm to conduct this evaluation and deliver the final evaluation report by Sept 2022
- Data collection and analysis methods
- The organizational capacity of the evaluation team to execute the mandate:
  - Evaluation work plan
  - Roles and responsibilities of evaluation team members
- Expertise and experience of the proposed evaluation team (CV of no more than 3 pages per person)
  - Expertise and experience of the Team Leader
  - Expertise and experience of other team member

Links or QR codes of two evaluation reports produced by the Team Leader during the last 5 years should be shared as part of the application.

The Financial Proposal should include but not be limited to the following:

- **Resource Costs:** Daily rate multiplied by number of days of the experts involved in the evaluation.
- **Travel Costs:** All travel costs should be included as a lump sum fixed cost. For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lumpsum travel costs should be provided in the financial proposal.
- **Any Other Costs (if any):** Indicate nature and breakdown.

The IT and communication equipment necessary for the proper implementation of the evaluation will be the responsibility of the Evaluation team. It should be noted that UNICEF will bear the costs of organizing meetings or technical workshops.

10. Payment Schedule

Payments will be made, as follows:

- Deliverable 1: Upon submission of draft Inception Report: 20%
- Deliverable 2: Upon approval of Final Inception Report: 20%
- Deliverables 3 and 4: Upon submission of Draft Report and PowerPoint with Preliminary findings, and Online Validation workshop: 40%
- Deliverables 5 and 6: Upon approval of Final Report and Final Presentation/ briefs with findings, conclusions, and recommendations: 20%

The payment schedule must be based on completed deliverables. If the bidder wishes to propose an alternative payment schedule, it must be included in the financial proposal. The final payment schedule is to be reviewed and agreed with UNICEF. Payment terms 30 days net upon receipt of approved invoice.

11. Any other Information

Governance

The following summaries set out the main roles and responsibilities of those involved in the evaluation.

The Evaluation Team Leader

Leading role and responsibilities include:

- Delivering against the evaluation requirements set out in the TOR and ensuring these are compliant with UNICEF standards
- Ensuring deliverables (see above) are completed within agreed timeframes, budget, and quality standards
- Responding to, and factoring in, stakeholder feedback in redrafting deliverables
- Team Members
- Contributing technical inputs to all deliverables and helping ensure requirements & standards are met
- Assuming lead role in specific technical and / or cross-cutting areas as assigned by the team leader, and contributing analysis on these areas

The Evaluation Manager

This role would be taken up by the Multi-Country Evaluation Specialist. Primary responsibilities include:

- Help develop scoping for the evaluation
- Set out and update a detailed plan for the process, and day to day management and communication of this process with stakeholders
- Leads on recruitment of the Evaluation Team, and provides supervision and support to the ET
- Day-to-day oversight and management of the evaluation process and budget, in coordination with other key stakeholders. Leading on quality assurance throughout the process, assuring the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures, managing stakeholder engagement in this (gathering and collating feedback), and ET performance against TOR deliverables

The Evaluation Reference Group (ERG)

An Evaluation Reference Group (ERG) should be set up and comprise a small group of key UNICEF internal stakeholders led by the TCO Deputy Representative, and including the in-country Planning, Monitoring and Reporting Specialist, the Multi-Country Evaluation Specialist, members of the Child Protection section; and Government counterparts.

Primary responsibilities include:

- Make decisions on scope, timing and resourcing of the evaluation
- Conduct consultations with Government and partners as appropriate
- Contributions to, and approval of, the TOR (signed off by the Deputy)
- Ensuring lists of contacts, data and information is prepared for the ET, the in-country introduction of the evaluation team, arranging interviews, briefings, meetings
- Providing logistical and admin support
- Contributing to Quality Assurance through comments and feedback on draft deliverables
- Develop the Evaluation Management Response in consultation with stakeholders, with the Representative signing off on this and monitoring progress in the coming two years

Quality Assurance

Quality assurance through the process will be undertaken by:

- The Evaluation Team will ensure the quality of the evaluation through assurance mechanisms, including the triangulation of data, etc.
- The Evaluation Manager, leading on quality assurance of all deliverables, will provide quality assurance in line with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures checking that the evaluation methodologies, findings and conclusions are relevant and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response. S/he will review the initial deliverables (such as draft inception report, first draft of the final report) and work with ET on necessary revisions to ensure the deliverables meet minimum quality standards. Once the minimum standards are met, the Evaluation Manager requests feedback from stakeholders, consolidates all comments from Reference Group, Regional Evaluation Advisor and other RO staff and key stakeholders on a response matrix and requests the ET to indicate actions taken against each comment in the production of the penultimate, and final draft.

- ERG provides provide comments and substantive feedback to ensure the quality – from a technical point of view – of key evaluation deliverables including the inception report and draft report.
- Regional advisors from each sectoral discipline will provide quality assurance inputs on technical areas of the evaluation
- The Deputy Representative is responsible for final quality assurance checking and final sign off on all deliverables of the evaluation

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At the request of UNICEF, the contractor will submit all the necessary deliverables on a standard format which will be shared with the contractor upon the signing of the contract.

Annex B Document Review

Documents provided to the evaluation team during the inception phase (Table 10). See also Bibliography of the Inception Report Formative Evaluation of Joint Child Protection Initiatives for additional documents consulted.

Table 10: Documents provided to the evaluation team

Description	Type of Document	Language	Author, date	Key Issues
Primero Implementation Plan			UNICEF, up-dated October 2021, Primero Implementation Plan, Thailand Roll-out 2020-2021	Includes advice to follow Primero CPIMS+ Workplan which has not been up-dated since October 2020
Primero/CPIMS+ Workplan			2019 & 2020	Complete up until 10/19/20 with some outstanding actions
Primero THA Workplan Child-Shield Interoperability				
CPMIS+ Roll-out Guidelines			not dated; https://www.cpims.org/introduction	
CPIMS+ Rollout Guidelines Part 11: Configuration Promotion Process YouTube Video			26 July 2021; https://www.youtube.com/watch?v=K4Ukn_GfXTU	
Key Documentation - Link in Primero Implementation Plan Section 1.2				Contains links to Google Docs with several folders and documents containing detailed technical information and specs.
SOPs for Case Management - Link in Primero Implementation Plan Section 1.3				Link to UNICEF Share Point is not accessible by the evaluation team
CPIMS+ Programmatic and Technical Assessment - Link in Primero Implementation Plan Section 1.5				Link to UNICEF Share Point is not accessible by the evaluation team
Thailand Requirements for Configuration - Link in Primero Implementation Plan Section 1.6				Includes system requirements checklist, service mapping, user mapping
OpenFn security, compliance, and terms of service - Link in Primero Implementation Plan Section 1.6			https://www.openfn.org/trust https://www.openfn.org/compliance https://www.openfn.org/terms	Platform to create interoperability with external systems
Manual of Protocols and Procedures. PROTECTING AND RESPONDING TO CHILDREN AT RISK OF ABUSE, NEGLECT, EXPLOITATION, AND VIOLENCE	PDF	English	Department of Children and Youth, January 2017	This manual contains the procedures that agencies and staff with responsibilities to protect children must follow when working with children at risk and their families. Does not appear to be endorsed by MoPH
Executive Summary National Child Protection Strategy	PDF	English	Author not cited; report not dated;	Provides a series of recommendations

Description	Type of Document	Language	Author, date	Key Issues
				including connecting database of Department of Children and Youth to other child protection MISs
Review of Research Evidence; Evidence base for national child protection vision development	Power Point	English	DCY / MSDHS, UNICEF Thailand, Child Frontiers, December 2020	Does not reference CP Screening, neither Child Shield, Primero or OSCC; authors could be potential KI
Thailand Child Protection System: Evidence Review Notes; INTERNAL DOCUMENT, not for external dissemination; Data directly inserted from original referenced sources	PDF	English	No author, no date, [possibly connected to above?]	As above
Twenty-Year National Strategic Plan for Public Health (2017-2036) First Revision 2018	PDF	English	Ministry of Public Health	Does not explicity reference violence prevention; nor screening for child violence prevention and response; NB UNICEF suggest MoPH is planning to categorise child violence as an Non-communicable disease in further revisions to this strategy which is incorrect
Final CP PSN 2022-2026	PDF	English	UNICEF, not-dated	PSN - programme strategy note?References scale-up of Primero "after which interoperability with Department of Children and Youth databases will be sought" (page 12);
Draft Strategic Note Child Protection 2017-2021	PDF	English	UNICEF, not-dated	Does not reference Child Shield, Primero, OSCC or screening
National Health Act 2007	PDF	Mixed Thai&English		Legislation governing the health system
Kingdom of Thailand Health System Review	PDF	English	Asia Pacific Observatory on Health Systems and Policies, 2015	Detailed description of Thai health system and of policy initiatives in progress or development; does not include violence prevention
Health Care System and Health Care Policy	Power Point	Mixed Thai & English	Chanodom Piankusol, January 11th 2021	Presentation without explanatory notes
eHealth in Thailand: Interoperability and Health Information Standards	PDF	English	Thai Health Information Standards Development Center (THIS), Health Systems Research Institute (HSRI), 2016	General knowledge about eHealth, interoperability and health information standards. The second part describes health information standards development in Thailand and the Thai Health

Description	Type of Document	Language	Author, date	Key Issues
				Information Standards Development Center (THIS)
Primero Implementation Plan Thailand Roll-Out (2020-2021)	PDF	English	UNICEF (?) October 2021	Refers to interoperability with Hospital Information System but not to Child Shield (which is not mentioned)
UNICEF Thailand Country Programme 2022-2026	PDF	English	UNICEF, July 2022	Building on achievements from piloting Primero and data from the surveillance system 'Child Shield', UNICEF will support MSDHS and the Ministry of Public Health (MOPH) in quality improvement of the data system and national level scale up. The aim is for Primero to be scaled up nationally, after which interoperability with the DCY system will be sought.
UNICEF [Monitoring] Reports for years 2019, 2020 & 2021	Other	English		3 x Excel spreadsheets with CP monitoring data; Outcome Statement for 2021 refers to 21 cases in Primero Output level statement for 2021 refers to 15 hospital staff trained in use of Primero & "The platform will be integrated with the UNICEF supported Child-Shield surveillance and information system and Parenting for Lifelong Health (PLH) interventions"
Child Violence Management Framework in 8th Region	Power Point	Mixed Thai & English	Chanvit Tharathep, 2019	Presentation, no notes, unclear
New Business Model: Digital Transformation for Child Protection	Power Point	Mixed Thai & English	Chanvit Tharathep, 20th August 2021	Presentation, no notes, unclear
Briefing Child Shield	PDF	Mixed Thai & English	UNICEF (?) 2021	Includes data on Child Shield Achievements
Child Shield Briefing	PDF	Thai	No author, undated	Comprises 23 pages
CHILD-SHIELD PROJECT: The first stages implementation, Thailand experience	Word	English	Sun Tharathep, Chanvit Tharathep, undated [possibly "as of July 2020"	Draft journal article? Describes the design and early implementation of Child Shield
Child Shield Specification	Word	English	No author, undated	
INSPIRE Child Shield Thailand	Power Point	Mixed Thai &	UNICEF (?) undated	Presentation, no notes, unclear

Description	Type of Document	Language	Author, date	Key Issues
		English		
Presentation Steering Committee	Power Point	Mixed Thai & English	No author, 1st March 2022	Presentation, no notes, unclear
Result Child Shield	Power Point	Thai	No author, undated	Presentation, no notes, unclear
Review of Project Proposal Child Shield signed	PDF	English	UNICEF, June 2021	Recommendation to finance a project proposal submitted by MoPH to expand Child Shield
Review of Project Proposal on OSCC Capacity Development signed	PDF	English	UNICEF, June 2021	Recommendation to finance a project for expansion of OSCC capacity development
Risk Factors and Intervention	Power Point	Mixed Thai & English	No author, undated	Presentation, limited notes, unclear
Thailand Child Shield for Global CP Bulletin	Word	English	No author, undated	1 x page article: THAILAND: DEVELOPMENT OF A CHILD PROTECTION SURVEILLANCE AND CASE MANAGEMENT INFORMATION SYSTEM IN HEALTH SECTOR
ความคืบหน้าโครงการประเมินความเสี่ยงเด็ก [Child Risk Assessment Project Progress]	PDF	Thai	No author, undated	
โครงการคัดกรอง และ IT [Screening and IT Projects]	PDF	Thai	No author, undated	
ประชุมคณะกรรมการ24 ก.ย.2562 Board of Directors Meeting 24 Sep 2019	Power Point	Thai	No author, undated	
สรุปผลการวิเคราะห์ข้อมูลผู้ที่ถูกกระทำรุนแรงเพื่อหาปัจจัยเสี่ยง Summary of data analysis of victims of violence to determine risk factors	PDF	Thai	Office of Inspector General, Health District 8, Office of Health District 8, Government Inspectorate, 2018	
01ขอหน่วยกิจนักสังคมสงเคราะห์ ฉบับแก้ไข01Ask for the Social Welfare Unit, revised edition	PDF	Thai		Scanned on Government [?] letterhead; request for capacity development for PLH
02รายงานการประชุม คกก.Parent Education 25 พย 63 02Minutes of the meeting of the Parent Education Committee 25 Nov 63	PDF	Thai	25th November 2020	Scanned PDF
สรุปผลการดำเนินงานโครงการเพื่อพัฒนาระบบการเฝ?าระวัง ติดตาม และบำบัดรักษาผู?ที่ถูกกระทำรุนแรง ระยะที่สอง Summary of project results to develop surveillance, monitoring and treatment systems The victims of violence, the second phase	PDF	Thai	No author, undated	
Minutes of the Meeting of the Parent Education Committee	PDF	Thai	23rd July 2021	Scanned PDF

Description	Type of Document	Language	Author, date	Key Issues
Briefing PLH-YC 2021	PDF	Thai	UNICEF & University of Oxford	2 x page briefing in Thai
Evaluation of an evidence-based parenting intervention for violence prevention embedded within the Thai public health system	Power Point	English	UNICEF & University of Oxford	PowerPoint in PDF format presenting results of evaluation
INSPIRE Digital Transform of Parenting for Lifelong Health (PLH) for Young Children	Power Point	English	Chanvit Tharatep, undated	Introduces e-PLH as a digital platform that is part of Child Shield to deliver Parenting for Lifelong Health during Covid-19
Designing Parenting Programmes for Violence Prevention: A Guidance Note	PDF	English	UNICEF, May 2020	Global guidance
Parenting for lifelong health for young children (PLH-YC) in Thailand	PDF	English	MoPH, UNICEF & University of Oxford Draft 3rd August 2020	Brochure; evidence of effectiveness 3 months after the end of the programme
Parenting for lifelong health for young children (PLH-YC) in Thailand	PDF	Thai	MoPH, UNICEF & University of Oxford Draft 3rd August 2020	Brochure; evidence of effectiveness 3 months after the end of the programme
Parenting for lifelong health for young children (PLH-YC) in Thailand: Policy Brief	PDF	English	UNICEF & University of Oxford, Draft 22nd July 2020	
Parenting for lifelong health for young children (PLH-YC) in Thailand: Policy Brief	PDF	Thai	UNICEF & University of Oxford, Draft 22nd July 2020	
PREVENTING VIOLENCE AGAINST CHILDREN IN THE HOME: SUMMARY OF THE LESSONS LEARNED FROM POSITIVE PARENTING PROGRAMMES IN EAST ASIA AND THE PACIFIC	PDF	English	UNICEF EAPRO, 2019	Regional evidence paper
Scale-up Planning Workshop PLH-YC	Power Point	Thai	UNICEF & University of Oxford 29th April 2020	
Briefing Primero 2021	PDF	Thai	No author, undated	1 x page
INSPIRE Primero	Power Point	Mixed Thai& English		Presentation on Primero business process
MoPH Request for Primero Support	PDF	Thai	MoPH, November 2018	Scanned PDF on Government letterhead
Open Fn Platform & Security	Power Point	English	No author, undated	Technical briefing
องคค์วามรูใ้นการทางานของศูนยพ์ัง่ไ้(OSCC) กระทรวงสาธารณสุขKnowledge of the work of Ng Dai Center (OSCC), Ministry of Public Health	Power Point	Thai	Worapat Saengkaew Pathum Thani Hospital	
Primero Innovation Case Study	PDF	English	UNICEF, November 2019	The innovation case examined in this report concerns the development of Primero as a strong example of UNICEF

Description	Type of Document	Language	Author, date	Key Issues
				leveraging its unique position in the market as a facilitator to foster inter-agency coordination and collaboration that was essential to enable improvements of case management for child protection services globally
Signed Primero Agreement Health Region 8	PDF	Mixed Thai & English	MoPH and UNICEF, December 2021	

Annex C Research Guide

The Research Guide is an annex to both this present Inception Report and the Ethical Review Board submission. It is provided in a separate file.

Annex D Child Protection Concepts

Through Child-Shield, Primero and OSCC Capacity Development on Case Management and Parenting for Lifelong Health the Government of Thailand and UNICEF are investing in components of the wider child protection system. Here we briefly describe our understanding of how public health, case management, child protection MISs and parenting programmes – foundational child protection concepts – contribute to the development of the child protection system.

Child protection systems

The emphasis on developing and strengthening child protection systems marks a shift away from issue-based programming. The child protection systems strengthening (CPSS) approach seeks to protect all children across the humanitarian-development-peace nexus. In contrast to fragmentation resulting from an issue-based approach to child protection, a systems approach can be more "efficient, comprehensive, inclusive, and sustainable"[76].

Defined originally as a "set of laws, policies, regulations and services needed across all social sectors…to support prevention and response to protection-related risks"[77], UNICEF expanded the concept of child protection systems in 2012 to include "certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children[78]."

The child protection system categorises services into three types:

- Primary prevention
- Secondary prevention
- Tertiary response

The tertiary response often includes specialised services, necessitating legislative and policy mandates and adequately resourced and monitored services.

A child protection system comprises seven components as identified in UNICEF's latest Child Protection Strategy (Figure 6).[79] For any child protection system to work effectively, each part and its relation to other components requires strengthening.

[76] UNICEF (2021) Child Protection Systems Strengthening Approach. UNICEF: New York.
[77] UNICEF (2008) Child Protection Strategy. UNICEF: New York. https://sites.unicef.org/tdad/unicefcpstrategyjune08.pdf
[78] UNICEF (2012) Child Protection Strategy. UNICEF: New York.
[79] UNICEF (2021) Child Protection Strategy. UNICEF: New York. https://www.unicef.org/documents/child-protection-strategy

Figure 5: Components of a Child Protection System

The role of public health in child protection systems

Prevention and response to child violence and abuse has traditionally been seen as the responsibility of social services and the justice system. However, if we view violence as a disease, the harm to victims when they are children and the lasting effects into adulthood, can also be considered a public health emergency. A May 2016 World Health Assembly resolution endorsed the first ever WHO Global plan of action on strengthening the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.[80]

Health professionals are first responders when violence occurs but are also in a unique position in that they have regular and continued access to children and families, especially during the early years. And there is emerging evidence that screening for childhood abuse in primary care settings is an effective mechanism to prevent and respond to child protection risk.[81, 82, 83] Screening is the application of a test to all individuals in a defined population to find cases and offer interventions.[84] Screening can also contribute to surveillance, by monitoring incidence and prevalence data that can be useful for resource allocation. Although, quality of screening tools for child protection surveillance have yet to be conclusively evaluated including for discrimination and bias based on ethnicity, gender and disability.[85]

Screening programmes can incorporate big-data analytics to contribute to public health prevention programmes. 'Big-data' is increasingly being used in the health sector to make faster and more

[80] World Health Organisation (2016) Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. https://www.who.int/publications/i/item/9789241511537

[81] Shakil, A., Day, P.G., Chu, J., Woods,S.B. and Bridges, K. (2018) PedHITSS: A Screening Tool to Detect Childhood Abuse in Clinical Settings. *Family medicine*, *50*(10), 763–769. https://doi.org/10.22454/FamMed.2018.778329

[82] Ellonen, N., Rantanen, H., Lepistö, S., Helminen, M., & Paavilainen, E. (2019). The use of the Brief Child Abuse Potential Inventory in the general population in Finland. *Scandinavian journal of primary health care*, *37*(1), 128–134. https://doi.org/10.1080/02813432.2019.1571002

[83] Chen, C-J., Chen, Y-W., Chang, H-Y. And Feng, J-Y. (2022) Screening Tools for Child Abuse Used by Healthcare Providers: A Systematic Review. Journal of Nursing Research: February 2022, Volume 30, Issue 1-p e193 DOI: 10.1097/JNR.0000000000000475

[84]

[85] *Ibid.* Abstract. Para 5.

informed decisions (Box 1). Although this is not without challenges.[86] There are conflicting views on how big-data predictive analytics, can effectively contribute to identification of risk without bias. Predictive models can be subject to human bias that translates into algorithmic and analysis bias because of what data is chosen and how it is used. There is also a risk when previous marginalisation serves as a proxy for future risk, and this can perpetuate long-standing inequities. Social bias in algorithms has resulted in discrimination against vulnerable groups.[87]

Despite this, screening in public health programmes is a valuable paradigm for prevention and for targeted response.

Box 3: What is big data?

A collection of data that is huge in volume, yet expanding at a steady and rapid rate, that can be mined for information. Big data is used by medical researchers to identify disease signs and risk factors and by doctors to help diagnose illnesses and medical conditions in patients. Big data is now being used to amass information regarding child behaviour, living situation, reports, and investigations to predict the risk of future and recurring abuse.

Child protection case management

Child Protection Case Management (CPCM) is the process of helping individual children and families through direct social-work type support, and information management. CPCM focuses on the child needing protection from violence, abuse, neglect, and exploitation. Thus, the purpose of CPCM is to provide children with an optimal response "at the time of their greatest vulnerability"[88].

Case management systems are guided by several critical principles:

- Do no harm
- Prioritize the best interests of the child
- Ensure non-discrimination
- Adherence to ethical standards
- Seek informed consent and/or informed assent
- Respect confidentiality
- Ensure accountability
- Empower children and families to build upon their strengths (strengths-based approach)
- Base all actions on sound knowledge of child development, rights and protection
- Facilitate meaningful participation of children
- Provide culturally appropriate processes and services
- Coordinate and collaborate among agencies
- Maintain professional boundaries and address conflicts of interest, and
- Observe mandatory reporting laws and policies.

While the Ministry of Social Development and Human Security (MSDHS) plays a lead role in the child protection system in Thailand, professionals and service providers in various fields have an equally

[86] Ma, K. S. K. (2022). Screening programs incorporating big data analytics. *Big Data Analytics for Healthcare*, 313-327. https://doi.org/10.1016/B978-0-323-91907-4.00023-6

[87] Norori, N., Hu, Q., Aellen, F. M., Faraci, F. D., & Tzovara, A. (2021). Addressing bias in big data and AI for health care: A call for open science. *Patterns*, *2*(10), 100347. https://doi.org/10.1016/j.patter.2021.100347

[88] Department of Children and Youth (2017). Manual of Protocols and Procedure: Protecting and responding to children at risk of abuse, neglect, exploitation, and violence. Thailand.

crucial role to play in Thailand's child protection system. A multi-sectoral approach to case management allows for individualized assessment and tailored referrals to required services outside of the leading case management agency. The competent officer managing a case thus leverages the services of key professionals for the child. This also allows for the added benefit of collaboration, shared communication, and case conferencing.

The case management process consists of sequential steps being taken when providing case management services. A robust case management system is essential, but equally important is the mechanisms of identification. At present, child protection cases in Thailand are identified via two broad channels: OSCC and Ministry of Social Development and Human Security MSDHS (Children's Reception Homes and Hotline 1300). Evidence suggests that only the most severe cases get reported at these levels.

In Thailand, case management steps include:

1. Intake (registration)
2. Facts finding and assessment
3. Case planning
4. Plan implementation, and referrals to services
5. Follow-up
6. Case closure

These steps are implemented by the Competent Officer appointed under Thailand's Child Protection Act of 2003. CPCM is intended for *all* children in need, regardless of their nationality and availability of civil registration documents.

Child protection management information systems

The management of information and the use of technology has provided considerable benefit and improvements to the delivery of social development programmes. The ability to use innovative approaches to collect, process, analyse, report, and integrate data result in efficiency, effectiveness, accountability and transparency for child protection systems and is facilitated by a child protection management information system (CP-MIS) that can range from a largely paper-based system to a highly digital solution. Although the CP-MIS does not need to be fully computerized – there are many child protection systems that rely on paper and excel based processes[89] – the more digital or computerized it is, the higher the chance that the system is more transparent, contains more checks-and-balances, and is more efficient.

An effective CP-MIS aspire to have the following key attributes:

- **Process centric**. The CP-MIS should be designed based on the operational processes of the programme, including the case management steps and workflow functionality to deliver the CPCM (see section 3.3 above). The CP-MIS user interface and experience should correspond (seamlessly mimic where possible) with the operational delivery processes and provide a guiding template of the tasks required by system users and enable tracking the workflow status of the case record. In other words, the system should be driven by clear processes and events, rather than simply by reporting requirements.
- **End-to-end data integration and audit**. Information systems that handle large amounts of management information are best served through the digitization of end-to-end processes to maintain data integrity. For information systems supporting child protection, integration with the digital health ecosystem and identification systems provide an opportunity to validate and authenticate individual child details where appropriate and necessary. For example, data would be

[89] An example can be found through the case management forms for the programme: Integrated Social Protection Services, managed by the Department of Social Welfare, Myanmar.

collected and validated through an automated process based on the channels from which the child protection case has originated from. Once the data is entered into the CP-MIS – automatically or by manual data entry – there should be an audit record of any changes made to the data items. Some solutions that require interoperability between systems take data offline for validation, deduplication, aggregation, or other transformation (i.e., to process database changes). This mechanism inadvertently exposes the MIS and programme to errors, risks, and data integrity issues.

- **Robust security model and a tiered access architecture**. Standards and protocols for data security, protection and privacy are imperative for information systems supporting child protection due to the sensitive nature of the information maintained for child protection cases. CP-MIS solutions should provide a tiered security and role-based access for users, including responsibility based and position (data ownership) based rules for secured data access[90]. It is also imperative that data is secure (i.e., encrypted) during transmission when integrating the CP-MIS with external systems and databases.
- **Scalability through parameterisation**. Many social programmes start with pilot interventions before scaling up for additional coverage and interventions and associated functionality. The CP-MIS should be able to scale up with limited supported from the IT application software development team. A good level of parameterisation of the administrative and reference data items enables the CP-MIS administrators to support expansion of the programme.
- **Principles for Digital Development**. UNICEF has endorsed the Principles for Digital Development (PDD) as a guidance framework for applying digital technologies to development programmes, including for CP-MIS. UNICEF was in fact a part of the stakeholder group that founded the PDD and the principles have also been informed by UNICEF's Innovation Principles of 2009.[91], [92] Table 3 presents some key highlights for the PDD's potential application to information systems supporting child protection.

Table 11: Principles for Digital Development (PDD) application to child protection MISs

Principle	CP-MIS context
Design with the user	Develop context-appropriate solutions informed by users' priorities and needs, including ensuring that the design is sensitive to and considers the needs of the vulnerable and marginalised children of Thailand, including those with disabilities, and those affected by conflict and disaster.
Understand the existing ecosystem	Ensure that the CP-MIS solutions align with existing technological, legal and regulatory policies and coordinate with other relevant actors working on the same issues, including the National ID system, the Health Information Systems (HIS), and how information management is decentralised to sub-national administrative levels.
Design for scale	Plan and design for scale from the start, especially when first implementing a pilot of the systems. Scalability options and opportunities should be considered through the operating model, including a consideration for technology choices, funding model, institutional setup and strengthening of capacities.
Build for sustainability	CP-MIS solutions looking to implement a sustainable model should invest in local information technology providers, engage local governments and integrate with national systems and strategies into programming.
Be data-driven	Design the CP-MIS to ensure the child protection case record can be analysed and measured for impact. Create a data-use and assessment culture through capacity

[90] CRM workflow rules can be applied, whereby "responsibility-based access" rules specify the functional modules / views that a user will have access to, based on their assigned role within the CP-MIS. Additionally, "position-based access" rules determine the data records available for view or action based on the team hierarchy or geographic jurisdiction.
[91] Source: https://digitalprinciples.org/about/
[92] Extensive guidance for design and development of digital solutions by applying the PDD is available at https://digitalprinciples.org/

Principle	CP-MIS context
	building of data analytics efforts.
Use Open Standards, Open Data, Open Source, and Open Innovation	Adopt and apply open standards for data integration and case management programming. Share non-sensitive data – once data privacy needs are addressed – to enable innovation. Avoid proprietary software in favor of open-source software the emphasizes portability. Choose appropriate service providers, to prevent vendor lock-in and promote local adoption of the solution.
Reuse and improve	The use of Primero as an existing technology platform for CP-MIS that can be adapted to the local context demonstrates the use of existing technology solutions. The integration of the National ID system and data sharing with the HIS also reuses the data and framework being used in the local geography and context. The CP-MIS should be developed with modular and interoperable design approaches as opposed to stand-alone solutions.
Address privacy and security	The CP-MIS needs to keep the best interests of the child and associated stakeholders whose data are collected. Informed and customised data consent will need to be designed and obtained before the data is collected. Primero adheres to the Privacy by Design principles that prioritize the rights of data subjects throughout the product development life cycle.
Be collaborative	The CP-MIS processes and data cuts across stakeholders from Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Interior, Ministry of Justice, UNICEF, among various others. The design and development of the CP-MIS should engage and work across sector silos to foster more coordinated and holistic approaches.

Parenting programmes for child protection

"Parenting programmes are broadly defined as a set of activities or services aimed at improving how parents approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviours, and practices".[93]

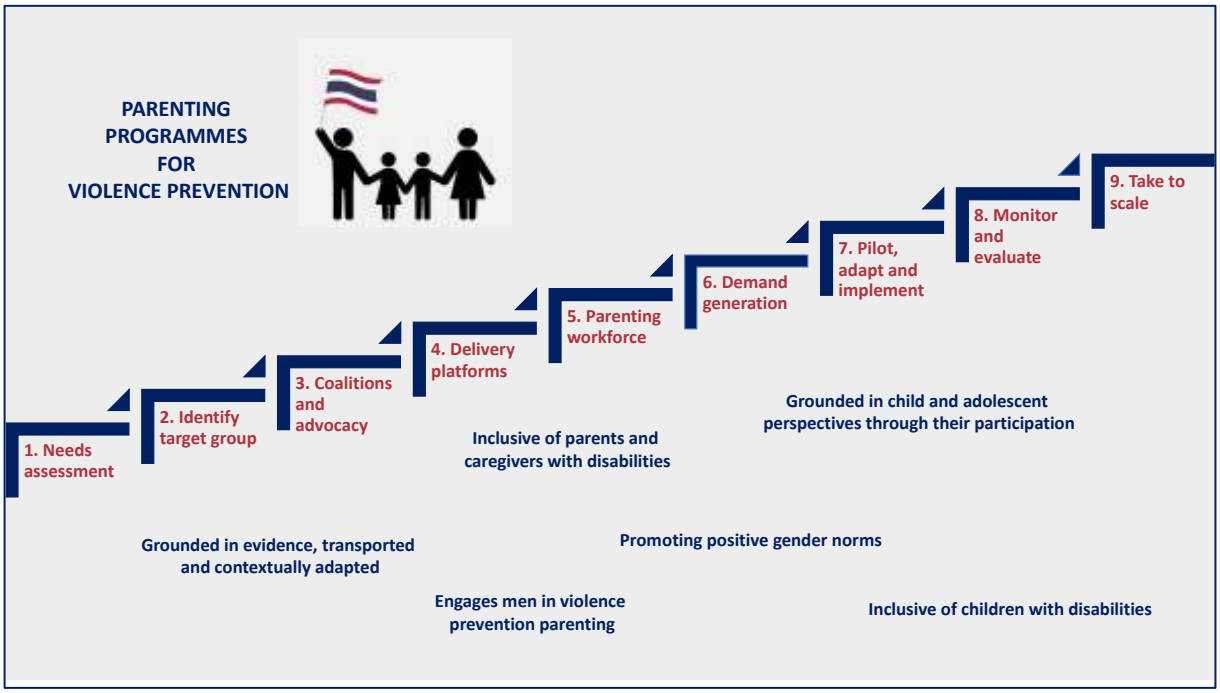
The widely endorsed INSPIRE package, seven strategies for ending violence against children, [94] describes how parenting programmes that support parents and caregivers to reduce harsh parenting practices can comprise several types of group and individual approaches:

- Community interventions that target all parents and contribute to changing social norms and societal support for non-violent discipline
- Programmes focused on children in families where risk of violence or actual violence is identified
- Home-visiting programmes for parents of infants and young children
- Multi-layered approaches involving one or more interventions.

Drawing on a wide range of global evidence, UNICEF describes nine steps in designing and implementing a parenting programme for violence prevention, that requires designers to be aware of several underpinning focus areas (Figure 6).[95]

[93] UNICEF (2020) Designing Parenting Programmes for Violence Prevention: A Guidance Note. UNICEF: New York. Page 10. https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf
[94] World Health Organisation (2018) INSPIRE Handbook: action for implementing the seven strategies for ending violence against children. WHO: Geneva. https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children
[95] UNICEF (2020) Designing Parenting Programmes for Violence Prevention: A Guidance Note. UNICEF: New York. https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf

Figure 6: Designing and delivering effective violence prevention parenting programmes



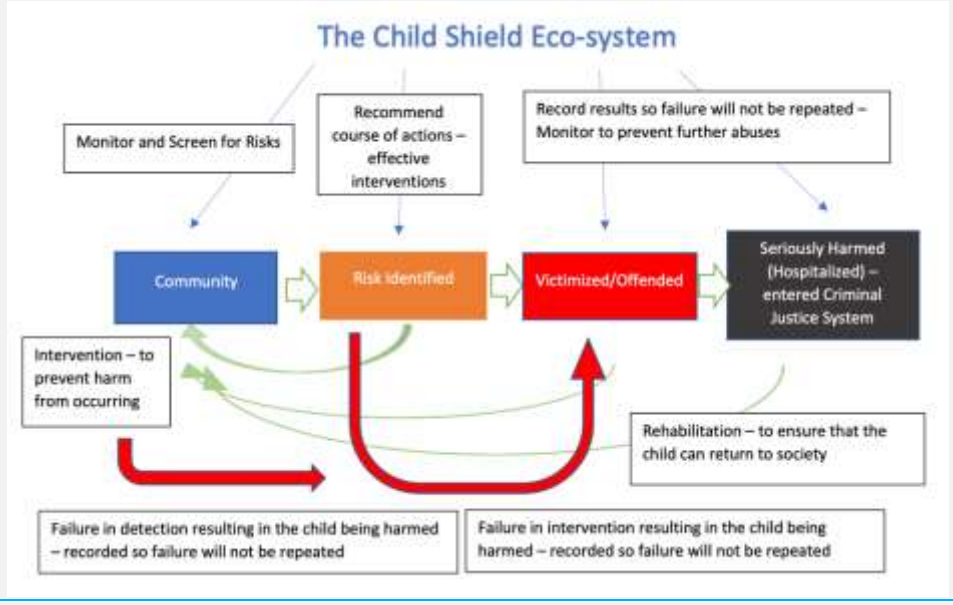
Source: Authors, adapted from UNICEF (2020) Designing Parenting Programmes for Violence Prevention: A Guidance Note. UNICEF: New York.

Annex E Theory of Change and results chain

Child-Shield

A review of the existing documentation for the CP initiatives provides an overview of the current state operating model for Child-Shield (Table 11).[96]

Table 12: Operating model for Child Shield

Current state review: Child-Shield	
Objective	To implement a surveillance and primary and secondary prevention system for child protection. The Child-Shield system was designed to screen and track children and families at risk of violence, exploitation, abuse, and neglect to organize preventative action.
Coverage / Rollout	Health region 8 – Provinces: • Udon Thani (Phase 1 rollout – all hospitals) • Sakon Nakhon (Phase 1 rollout – all hospitals) • Remaining provinces rolled out in 2nd phase (2020-2021), for data screening but limited case management function
Process overview diagram	

Functional components	**Component A: Child-focused Database and Data Integration**
	This component will maintain the data and integration services for Child-Shield.
	• Database**:** MongoDB (a noSQL database program)
	  ○ Database entity of personal child data records
	• Integration:
	  ○ Health services (Hospital Information System): API (real-time) with NodeJS scripts
	  ○ Child-Shield Application component: The Central MongoDB database to facilitate integration via webservices.
	Component B: Child-Shield Application
	The information system is the central application and functionality layer for surveillance, monitoring and prevention of at-risk children on violence.

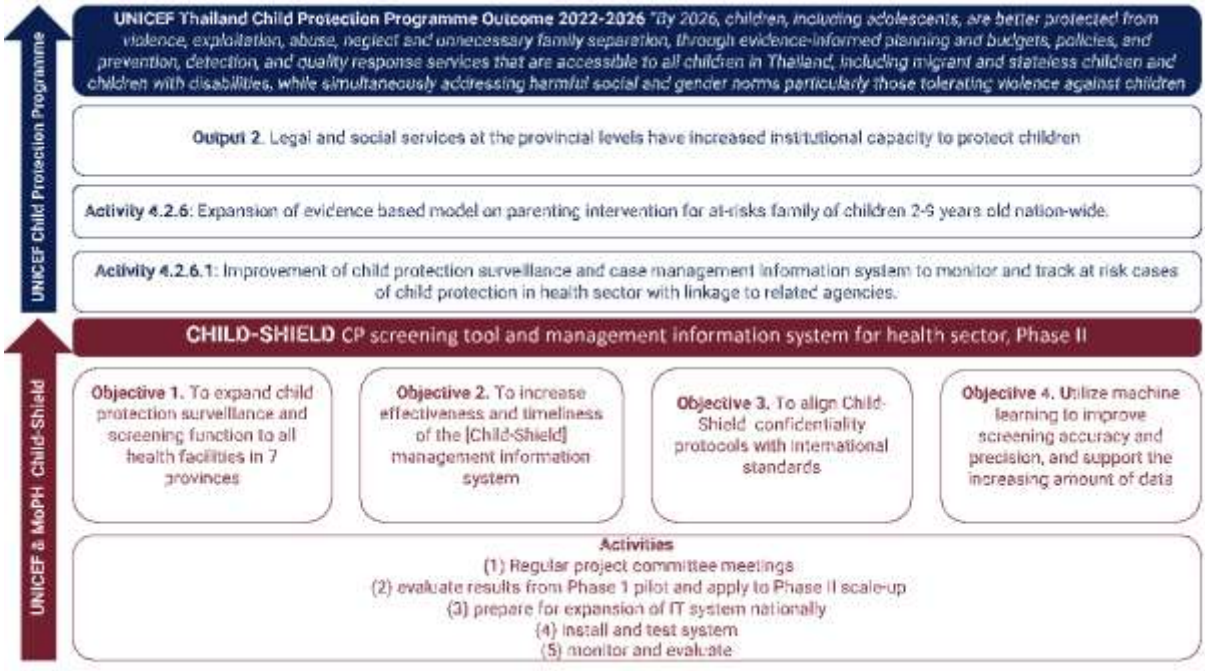
[96] Source: A. Tharathep, S., Tharathep C. (2021-2022) CHILD-SHIELD PROJECT: The first stages implementation, Thailand experience, Documentation provided by UNICEF. B. ChildShield Specifications ENG.doc Documentation provided by UNICEF

Current state review: Child-Shield	

	• Key Functions / Modules:
	  ○ Child and Family Focus
	  ○ Case Manager and Team (Professional view for ChildShield2)
	  ○ Support Parent Education Support
	Component C: Risk Case Predictive System
	Employs Machine Learning concepts to improve accuracy of the screening model to identify children at low, medium and high-risk and support linkages back to the Child-Shield application for surveillance, monitoring and prevention of children at risk of violence
	Machine Learning concepts and functions generally use one or more of the following categories of rules-based algorithms to perform computational tasks at scale:
	• **Recommendation:** Data entities are selected based on past examples with similar characteristics where a successful selection was made.
	• **Matching:** Data entities are selected based on a set of characteristic or value matches through the review of the dataset
	• **Scoring:** Data entities are selected based on a percentage tolerance or congruence with a set of matching characteristics or values.
	It is currently unclear what the method of machine learning algorithms are applied by the Risk Case Predictive System

Infrastructure	**Application Hosting:** Regional Centre Cloud Server
Resourcing and capacity	To be reviewed and expanded upon during the project

Figure 7: Reconstructed results chain for Child Shield



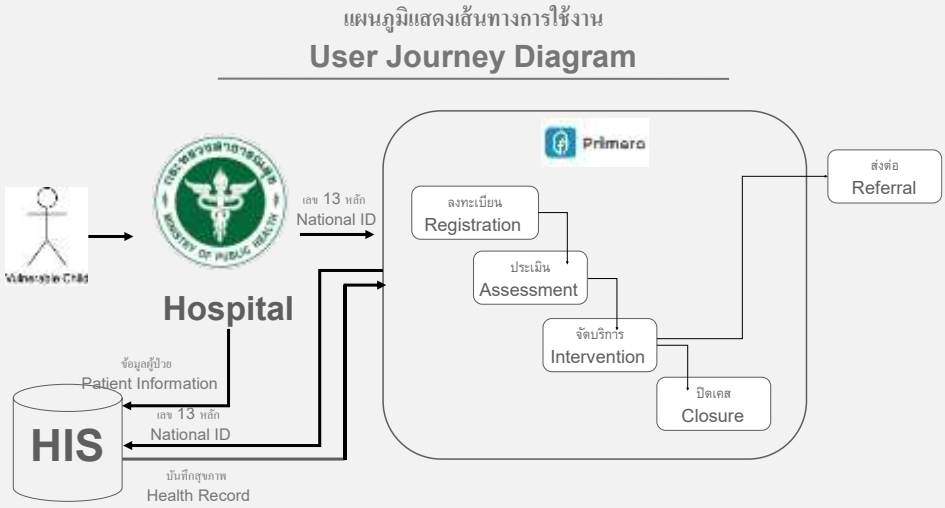
Source: Author

Primero

UNICEF has supported the adaptation and implementation of the CPIMS+/Primero platform for the Ministry of Public Health with case management services for the child protection response. Project implementation documentation has been provided for review and informs the following high-level

summary of the Primero solution (**Error! Reference source not found.**).[97]

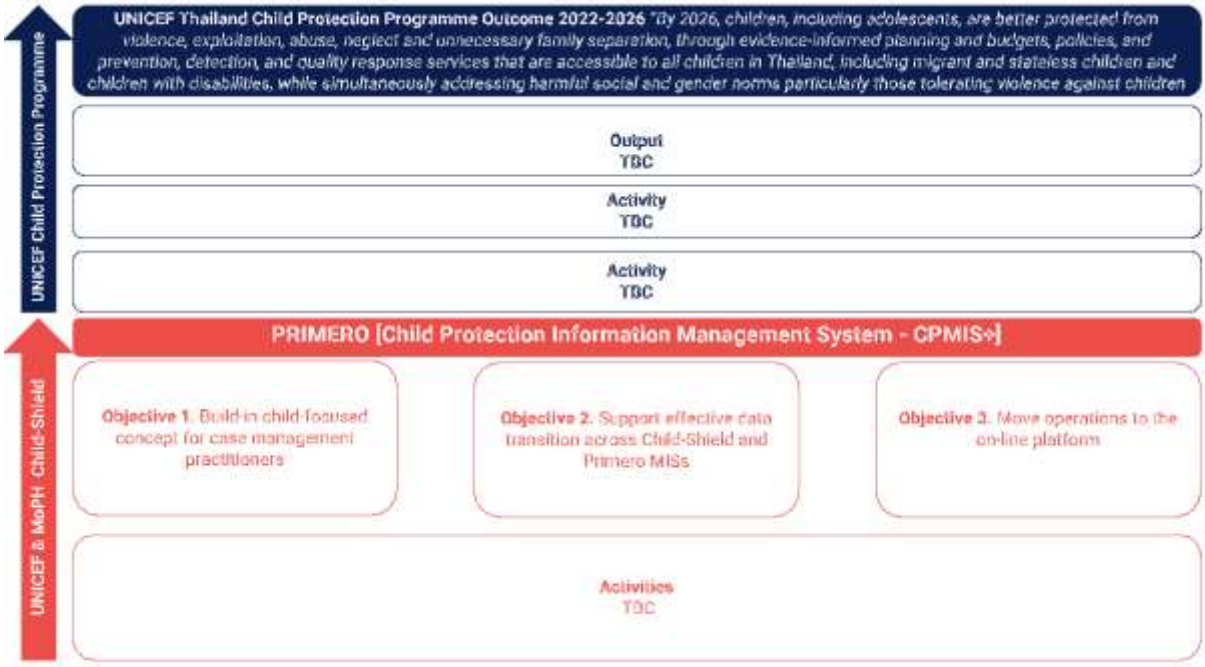
Table 13: Operating model for Primero

Current state review: Primero	
Objective	To digitize and implement child-focused case management for the child protection response system. Primero is a health-centric child protection case management system to manage registration, assessment, interventions, referrals and closure. Primero also manages interoperability with Child Shield to provide case management services for identified at-risk children. Primero facilitates interoperability with the Hospital Information System for the exchange of patient data.
Coverage / rollout	Initial pilot phase (2021): 1 hospital: Udonthani Hospital in Udonthani 2nd phase (2022): 2 hospitals: Ban-Dung Hospital and Nong-Han Hospital (both in Udonthani) Further expansion to extend to other hospitals in Health Region 8 (as per Child-Shield coverage)
Process overview diagram	
Functional components	**Module: Case Management** This module will enable the management of the case workflow and to create a new case. Key information areas include: • Case Record: Identifies the case and status • Registration: Consent; Patient Identification; Patient Education and Career; Department Identification; Perpetrator Details; Incident Details • Assessment: Preliminary Assessment; Physical Assessment; Health Assessment; Social Assessment: Unexpected Pregnancy; Age Evaluation; Conclusion • Case Plan • Follow Up • Transfer and Refer cases to internal and external cases • Referral of cases to the Competent Officer in compliance of the Child Protection Act 2003 • Child-Shield Information • Case Closure **User Types:** • Case Worker

[97] Source: Primero Implementation Plan – Thailand Rollout (2020 – 2021). Documentation provided by UNICEF

Current state review: Primero	
	• Child Protection Manager / Coordinator • National Administrator Dashboard monitoring and reporting
Infrastructure	**Local Infrastructure Hosting**: Government Data Centre and Cloud Server
Resourcing and capacity	Current plan for 30 end-users to support the rollout within 1 province. Primero System Administrators (MOPH): 2 users UNICEF In-Country Deployment Support: 2 Focal Points / Analysts + 3 Deployment Leads **Training materials:** • Case Worker & Supervisor User Guide • System Administrator User Guide • System Administrator Configuration Guide Training videos

Figure 8: Restructured results chain for Primero



Source: Author

Key project activities / tasks undertaken for the design, testing and implementation of the Child Shield and Primero systems as an integrated CPIMS solution include[98]:

1. Identifying risk factors for child abuse / neglect / exploitation
2. Develop a predictive analytic module by using the identified risk factor together with the risk score
3. Create standard dataset to integrate data from different HIS into the Primero data model
4. Testing for accuracy of the predictive analytic module with the integrated data and adjusting the model
5. Building capacity of OSCC personnel to identify and manage cases identified as at-risk, and use of Child Shield to track case progress
6. Develop PLH inputs module within Child Shield MIS to collect information and monitor results of PLH provision to parents – leading to machine learning of cases based on successful or failed results

[98] Source: UNICEF project team via feedback on the Inception Report

7. Linking Child-shield with Primero through interoperability, to share cases information to improve quality of services, as well as accuracy of predictive analytics

OSCC capacity development

Child protection is identified as one of five focus areas under UNICEF Thailand's Country Program (2022-2026). Acknowledging the inadequacy of the available social service workforce capacity, the program seeks to strengthen the workforce using data and evidence. The social service workforce includes "paid and unpaid, governmental and non-governmental, professionals and para-professionals, working to ensure the healthy development and well-being of children and families."[99] Capacity-building is key for strengthening the social service workforce, particularly in the "prevention, detection and referral capacities of caregivers, children and communities."[100]

Parenting for Lifelong Health (PLH) is an initiative led by the WHO, UNICEF, Universities of Oxford, Bangor, Cape Town, and Stellenbosch. It focuses on positive parenting for low-income and at-risk families identified through a screening process. The PLH approach seeks to develop and test "a suite of effective, freely available, culturally relevant, and scalable parenting programmes to reduce the risk of violence against children and improve child wellbeing in low- and middle-income countries[101]".

The initiative on OSCC capacity development on case management and PLH addresses Outputs 4.2 and 4.4 respectively of the 2017-2021 Strategic Note for Child Protection[102].

> **Output 4.2:** Legal and social services at the provincial levels have increased institutional capacity to protect children.
>
> **Output 4.4:** Families have increased awareness of the risks and consequences of violence, abuse, neglect, and exploitation of children and of existing services.

Under the UNICEF-MoPH joint initiatives, capacity building has been targeted towards health personnel at the sub-national level, in particular the staff at the OSCCs. Staff are trained on case management, adaptation, and delivery of the PLH intervention. These initiatives have been implemented between 2018 and 2021, in all seven provinces under Health Region 8. Key activities have included:

- March 2018 – October 2019: Development of curriculum and capacity on child protection for health personnel (Phase 1)
- June 2020 – January 2022: Development of curriculum and capacity on child protection for health personnel (Phase 2)
- March 2018 – April 2020: Feasibility study on an evidence-informed parenting intervention to prevent violence against young children by parents and primary caregivers in Thailand

The feasibility study was managed by the Department of Social Policy and Intervention at the University of Oxford and the Mahidol-Oxford Tropical Medicine Research Unit in Bangkok, in partnership with the MoPH and Udon Thani Provincial Public Health Office. PLH focuses on families with children between two and nine years of age, with curriculum delivered across eight sessions. The study was conducted in three steps:

1. Formative evaluation based on interviews and focus group discussions (FGDs) with 26 respondents.

[99] UNICEF (2019). Guidelines to strengthen social service for child protection. Retrieved from: Guidelines to strengthen social service for child protection 2019.pdf (unicef.org).
[100] UNICEF (2022) Country Program Document: Thailand. UNICEF: New York. https://undocs.org/E/ICEF/2022/1
[101] UNICEF and University of Oxford (2020) Parenting for Lifelong Health for Young Children (PLH-YC) in Thailand: Promoting lifelong wellbeing and preventing violence against children through evidence-based parenting skills. University of Oxford: UK.
[102] UNICEF (2017) Strategic Note for Child Protection. UNICEF: Thailand.

2. Feasibility pilot with 60 low-income families (including interviews with eleven parents/caregivers, and eight FGDs with facilitators between November 2018 – April 2019); and
3. Randomized Controlled Trial (RCT) between May 2019 and January 2020, with 120 participating families.

The feasibility pilot was delivered by eight facilitators from the public health sector, over a span of eight weeks, and showed promising results including reductions in overall abuse. The RCT reflected was delivered at four health promotion hospitals and used follow up assessments at the three- and six-month post-intervention mark to draw its conclusions. Results showed a reduction in child maltreatment by 58%, abusive and harsh parenting by 44%, parent mental health problems by 40%, and child behaviour problems by 60%.

Figure 9: Reconstructed results chain for OSCC Capacity Development

Source: Author

During the field data collection phase we will collaborate with UNICEF on the construction of a single ToC that links the joint child protection initiatives. This will incorporate both CP programme outcomes, Country Programme outcomes, and will refer to the global ToC for child protection case management.[103]

[103] mHelp/Health Enabled (2016) information and communication technology for child protection case management in emergencies: a framework for design, implementation, and evaluation. http://healthenabled.org/wordpress/wp-content/uploads/2017/09/ICTs_for_Child_Protection_Case_Management_Research_HealthEnabled-1.pdf

Annex F Evaluation Matrix

Criteria	Evaluation Questions	Sub-questions*	Indicators	Methods of data collection	Data sources	Approach to data analysis
Relevance	To what extent do the objectives and design of the interventions respond to Thailand's context and environment? Do they align with the government's, especially MoPH policy framework and priorities; and to global standards and UNICEF priorities?	• What is the main challenge and issue currently faced by Thailand society regarding child protection? • What is the evidence underlying the design of the pilot? • Why were these pilot initiatives designed and implemented? • Were the objectives of the pilot initiatives (Child Shield/Primero/PLH) in line with the challenges/problems faced?	The pilot initiatives are aligned with the policy and priorities of Thailand government as well as with global standard and UNICEF priorities.	• Project document review • Interviews with national stakeholder	• Project documents • Thailand government policies and priorities • Global standard and UNICEF priorities • Evaluation respondents (Interview notes)	Qualitative data analysis
	Is there a clear intervention logic with sound theories of change?	• How was the theory of change followed or used during the pilot implementation? • Did the given input produce the planned output? • Did deviation/variation occur? Why?	Input, activity and output in the program logic are clearly arranged, interconnected and easy to follow.	• Project document review • Interviews with national and sub-national stakeholders	• Project documents • Evaluation respondents (Interview notes)	Qualitative data analysis
	Was the intervention designed in ways that respond to the needs of intended beneficiaries?	• Did the design of intervention address the needs of children and women at risk of violence and abuse? How? • Did the design of intervention also address the needs of OSCC staff in terms of building their capacity? How?	Pilot initiatives are designed based on the needs of intended beneficiaries.	• Project document review • Interviews with national and sub-national stakeholders • Interviews and FGDs with community and family members	• Project documents • Evaluation respondents (Interview and FGD notes)	Qualitative data analysis

Criteria	Evaluation Questions	Sub-questions*	Indicators	Methods of data collection	Data sources	Approach to data analysis
		• Is Primero configured and adapted according to the Thailand context?				
	To what extent were gender and social inclusion considerations built into the design (e.g., for inclusion of women and children with disabilities, people from ethnic minorities, non-Thai)?	• Did the pilot design take into account gender and social inclusion? • How did the pilot design for that inclusion to realise? • Have barriers to inclusion been overcome? If so, have they been permanently removed or are they likely to return? • Was there any clear process and procedure to ensure inclusion?	Gender and social inclusion are well explained in the pilot design, with clear process and procedures.	• Project document review • Interviews with national and sub-national stakeholders Interviews and FGDs with community and family members	• Project documents Evaluation respondents (Interview and FGDs notes)	Qualitative data analysis
Coherence	To what extent are the synergies and interlinkages developed across the different joint initiatives (between Primero, Child Shield, and PLH)?	• How did the synergy between initiatives take place? • Did the three initiatives connected to each other? • Did these three initiatives complement each other? In what way? • Did it overlap or duplicate other initiatives? • How do MISs of Child Shield and Primero link to each other (OpenFn) and the broader health and child protection information management (CPIS) ecosystem at the regional and national level?	There are synergies and linkages between the three initiatives implemented.	• Project document review • Interviews with national and sub-national stakeholders • Observation	• Project documents • Project data • Evaluation respondents (Interview notes)	Mixed method analysis
	To what extent is the pilot implementation coherent with other government initiatives to achieve	• Are there other initiatives that have the same objectives as this pilot initiative, in terms of using	The pilot initiative is carried out through coordination and	• Project document review	• Project documents • Project data	Mixed method analysis

Criteria	Evaluation Questions	Sub-questions*	Indicators	Methods of data collection	Data sources	Approach to data analysis
	optimal utilization of available resources?	tools and monitoring services for children and women at risk? • Did the pilots include complementarity, harmonization, and coordination with others? • Was there a shared use of resources? How? • Can data sharing across multiple systems be carried out properly?	harmonization with other government initiatives.	• Interviews with national and sub-national stakeholders • Observation	• Evaluation respondents (Interview notes)	
Effectiveness	To what extent have the initiatives achieved the expected results?	• What are the targets to be achieved in the pilot? • What benefit has the pilot provided to children, women and families? What benefit for social workers? • What changes/ improvements have taken place as a result of pilot implementation? • Have at-risk children and families identified by Child-Shield received services to reduce their risk? • Has OSCC capacity development and PLH helped improve the capacity of staff to prevent and respond to children and families?	• Pilot targets achieved • Improved situation of children and women at risk of violence and abuse • Improved capacity of social workers	• Project document review • Interview with national and subnational stakeholders • Interviews and FGDs with community and family member • FGD with social workers	• Project documents • Project data, such as target of CP screening, cases recorded, case management timeline, # of training, # of parent attending PLH, etc. • Evaluation respondents (Interview and FGD notes)	Mixed method analysis
	Which were the most decisive factors that determined the achievement or non-achievement of intended results?	• What are the factors that influence the successful implementation of the pilot? • What are the factors hindering pilot implementation? • Is it related to human resources, time or cost/budget? Are all	Pilots can take advantage of supporting factors to ensure the implementation of its activities	• Project document review • Interview with national and subnational stakeholders	• Project documents • Project data • Evaluation respondents (Interview notes)	Mixed method analysis

Criteria	Evaluation Questions	Sub-questions*	Indicators	Methods of data collection	Data sources	Approach to data analysis
		these resources available adequately? • What is the quality and utility of the resources used under the pilot?		•		
	What was the user experience of Child Shield and Primero systems? Has their feedback led to any changes?	• Did the Child Shield/Primero system make it easier to identify children and women at risk? • Was the system easy to use by the parties involved? • What % of cases can be better recorded with the Child Shield / Primero System? Was there an improvement compared to without the Child Shield/Primero system? • Did this also speed up the process of providing case management to affected people?	Child Shield or Primero data and information system facilitates improvement of screening and case management.	• Project data and documents • Interviews with subnational stakeholders • Observation of Child Shield/ Primero MIS	• Project documents • Project data • Evaluation respondents (Interview and observation notes)	Mixed method analysis
Efficiency	To what extent have the pilot initiatives been delivered in a financially responsible and timely manner?	• How well are inputs being converted into outputs? • Who are involved in the pilot implementation at each level and in particular on the ground? • How much funds were allocated for the pilot? Was it adequate? • Were the pilot initiatives (or specific activities) worth the money spent? • Has there been any delay in the program implementation?	Pilots maximise resources spent to improve situation of children and women at risk	• Project data and documents • Interviews with subnational stakeholders	• Project documents • Project data • Evaluation respondents (Interview and observation notes)	Mixed method analysis

Criteria	Evaluation Questions	Sub-questions*	Indicators	Methods of data collection	Data sources	Approach to data analysis
	Are the MISs interoperable with each other and MoPH MISs, with capacity to generate standard and comparable disaggregated data (age, gender, disability, ethnicity, location)?	• How did the child data collected and tracked through HIS, Child Shield, Primero, OSCC operations? • How did integration between systems take place? • Is the data in the system disaggregated?	The data and information systems used in the pilot are interoperable with each other and also with the MIS in the government	• Project data and documents • Interviews with subnational stakeholders • Observation of Child Shield/ Primero MIS	• Project documents • Project data • Evaluation respondents (Interview and observation notes)	Mixed method analysis
Sustainability	To what extent the activities can continue after UNICEF withdraws	• What mechanisms are put in place to guarantee sustainability once this project support is over? • What are the challenges that are being foreseen in sustaining the programme? • Has MoPH been committed to these initiatives? • Has MoPH also put resources to it? • What follow up/support has been provided by MoPH? Is the support enough (both technical and financial)? they provided?	Child Shield, Primero and PLH activities can sustain even without support from UNICEF	• Project data and documents • Interviews with national and subnational stakeholders	• Project documents • Project data • Evaluation respondents (Interview notes)	Mixed method analysis
	To what extent the activities can be scaled-up to other areas	• What are the preconditions for scale-up? (Laws, policies, structures, staff, funding, procedures, monitoring and reporting systems, training etc) • What are the preconditions for sustainability? • Can this be provided by the Thai government?	Child Shield, Primero and PLH activities can be scaled-up to other areas	• Project data and documents • Interviews with national and subnational stakeholders	• Project documents • Project data • Evaluation respondents (Interview notes)	Mixed method analysis

Criteria	Evaluation Questions	Sub-questions*	Indicators	Methods of data collection	Data sources	Approach to data analysis
		• What needs to be modified or strengthened to allow for a nationwide scale up (including institutional framework and political will)?				

Note: Please also see Annex G, Annex H, Annex I and Annex J for some more sub-questions that we will ask during data collection.

Annex G Semi structure interview guide – professional

For each interview with national and provincial stakeholders, we will start with providing consent using the below text.

Hello, my name is_____. My colleagues name is _____. We are part of a Team conducting a series of interviews on behalf of UNICEF and the Ministry of Public Health to find out more about the Pilot Joint Child Protection Initiatives – Child-Shield, Primero and OSCC Case Management and Parenting for Lifelong Health.

This is important to make sure that the initiatives are ready for scale-up so that more children and families can benefit. We have assessed that there is minimal risk to you for participating.

Thank you for agreeing to take part in this interview. Before proceeding we want to make sure that you understand there is no obligation for anyone to speak to us if they do not want to, and you may freely choose not to answer questions or end the interview at any time you wish. Your personal contributions and views will not be shared with anyone else in a way that can identify you. In other words, everything you discuss today will be treated in complete confidence. When the evaluation is finalised, we will transfer the data in an anonymised form to UNICEF (no names or geographic location), and we will delete it from all our devices.

However, if during an interview a person discloses that they or someone else has been subject to harm or abuse (physical, mental or sexual), mandatory reporting is required in line with Thailand's Child Protection Act Section 29. We understand that local social workers involved in the pilot initiatives are trained to respond to appropriately to reports of child protection violations in a manner that should not expose you or the other person/ child to further risk. This applies to all the respondents that we meet with.

With your permission we will make written notes and may record the discussion so that we can summarize in writing after the meeting. The audio will be deleted after the evaluation is completed and only the anonymised summary will be saved.

It is also our intention to cause minimum disruption to your day and we will do everything we can not to interfere with normal activities. The discussion should take between 30 minutes to one hour. We may also request any documents you think will help to improve our understanding of the situation.

We will ask you to give your verbal consent to proceed. We will also give you a copy of this Informed Consent to take away with you. It will have the contact details of a researcher in case you have any questions.

Do you have any questions for me? Is it ok to proceed?

Verbal consent provided: Yes/No

We will also record data of each respondent in the following format.

UNICEF, National and Provincial Government, Primero Vendor (or government supervisors) etc.									
Location:		Date:		Name of interviewers:			Method (on-line, phone, face-to-face):		
KI Name	KI Designation	KI Gender (Male; Female; Non-binary; Prefer not to answer)	Age 18-64, 65+	Does the KI have a disability/ difficulty functioning?					
				Vision	Hearing	Mobility	Cognition	Self-care	Communication

Note for researchers: The questions below should guide your interview. Your role as interviewer is important as you will have to ensure that only relevant questions are asked (for example, if the interviewee is a Primero data administrator you may not ask questions related to underlying design etc.) and that follow-up questions and probes are asked based on the answers provided by the respondent. The guide identifies the key questions for each type of respondent, which may be adjusted.

Criteria	Question list	UNICEF	Nat Government	Prov Government	Vendors
Relevance	Alignment with the policy framework/priorities: • What is the main challenge and issue currently faced by Thailand society regarding child protection? • What is the evidence underlying the design of the pilot? • Why were these pilot initiatives designed and implemented? • Were the objectives of the pilot initiatives (Child Shield/Primero/PLH) in line with the challenges/problems faced? • Is there an overarching programme log frame for the three initiatives with defined activities, outputs, outcomes and detailed indicators, baseline and targets?	X	X		
	Respond to the needs of intended beneficiaries: • Did the design of intervention address the needs of children and women at risk of violence and abuse? How? • Did the design of intervention also address the needs of OSCC staff in terms of building their capacity? How? • How was the theory of change followed or used during the pilot implementation?			X	
	Considerations built into the design: • How was the Child Shield algorithm developed and by whom? What criteria does it rely on? What are the cut off points for low, medium and high risk cases? • How was inclusion of certain groups (including women and children with disabilities, people from ethnic minorities, migrants and non-Thai) considered in the design of pilot initiatives?	X			X
Coherence	Compatibility of pilot initiatives: • Did the pilots develop synergies and interlinkages between the different joint initiatives (between Primero, Child-Shield, and PLH) and with the case management system for child protection developed by Ministry for Social Development and Human Security (for local administrative organisations and Child and Family Centres? • Did these three initiatives complement each other? Were there any inconsistencies?	X	X	X	
	Linkages with other government initiatives: • Were there any program/project/initiative similar to this pilot? Is there a possibility of duplication?	X	X	X	

Criteria	Question list	UNICEF	Nat Government	Prov Government	Vendors
	• Were there any programs/projects that can be used to support this pilot implementation? Did the pilots include complementarity, harmonization, and coordination with these other programs/projects? • How do MISs of Child Shield and Primero link to each other and the broader health and child protection information management ecosystem at the regional and national level?				
Effectiveness	Achievement of the expected results: • How many cases have been opened and closed? What it the median length of time for a case to remain open? What is the average caseload for an OSCC social worker? • How do communities and families perceive Child Shield? Is it a good thing, why? Is it a bad thing, why? • How responsive is the child protection system? How long does it take for the case to be identified and interoperable across systems? • Have at-risk children and families identified by Child-Shield received services to reduce their risk? How? • How has OSCC capacity development/training and PLH helped improve the capacity of staff to prevent and respond to children and families? • What capacity factors influence the achievement of outcomes – availability of appropriately qualified and experienced personnel, delivery of training and mentoring programmes, access to adequate infrastructure and resources (equipped office including ICT, working internet, transport etc.) • Is there any unintended effect from the implementation of the pilot? Was this identified at the time of design? • In your opinion, what is considered to be the success of the pilot implementation?	X		X	
	Influencing factors: • What has been challenging during the implementation of the pilot? How did the pilot overcome this? • Were there any changes in implementation from the plan? Why did these changes occur? Were these changes recorded? Where and how were they recorded? • Which were the most decisive factors that determined the achievement or non-achievement of intended results? • What was the user experience of Child-Shield and Primero systems like? Whether their feedback have led to any changes?	X		X	X
Efficiency	Economic/financial efficiency: • What inputs (funds, expertise, time, etc) have been spent for this pilot implementation? • Were the human and financial resources used as planned and appropriately and fully utilised (or were resources misallocated, budgets underspent/overspent)? • Were resources redirected as needs changed? Were risks managed? • Were decisions taken which helped to enhance efficiency in response to new information?	X			

Criteria	Question list	UNICEF	Nat Government	Prov Government	Vendors
	• Can the desired results be achieved within the expected timeframe? Were there any delay?				
	Capacity and inclusion: • Does interoperability between HIS and Primero deliver value? Are the system MISs interoperable with capacity to generate standard and comparable disaggregated data? Are the personal details stored and shared in the different systems appropriately secured and in line with the Personal Data Protection Act? • If the pilot commits to reaching specific groups (including women and children with disabilities, people from ethnic minorities, migrant and non-Thai), are sufficient resources allocated and justified to do this successfully?	X		X	X
Sustainability	Enabling environment: • What mechanisms are put in place to guarantee sustainability once this project support is over? • What are the challenges that are being foreseen in sustaining the programme?	X	X		
	Scale up: • Can the pilot initiatives be scaled to other provinces outside Region Health 8? • What are the preconditions for doing so? Are there sufficient human and technological resources to enable the Government of Thailand to maintain, adapt, enhance and scale the child protection systems • Are the different initiatives designed and developed based on standardised approaches to ensure a consistent approach and service? Are the current information management functions and services appropriately documented and transparent to ensure they can be replicated?	X	X		
	Continuity and sustainability • In your opinion, is the pilot initiatives likely to continue after UNICEF withdraws? • What needs to be prepared by you or other institutions so that this can continue to be implemented?	X	X	X	

Annex H FGD Guide

H.1 FGD guide – strength and weakness analysis

Objective:

- To understand the real needs of social workers and challenge faced in providing services to children and women at risk or being abused.
- To understand their experience and perspective about capacity building programs provided to them from the pilot initiatives.
- To understand their experience and perspective about Child Shield, Primero, PLH system

Participants: OSSC staff and social workers

Method: Strength and weakness analysis. This is a quick icebreaker to familiarize the pilot program staff and social workers with the research and the evaluation matrix as well as ask them to score their program on its strengths and weakness and to reflect on what went well and what didn't. This scoring will enable the researcher to ask further probing questions about the strengths of the pilot program and what the challenges that led to its weakness were.

Materials required: A medium size table and 6-8 chairs (according to number of participants). Chart paper and marker to draw the strength-weakness line. Card or post-it for participants to write their opinion. A notebook and pen will be needed to for the note-taker to record the discussion during its development.

Time required: 1-1.5 hours

Description of the activity

Step 1. Setting the activity: Facilitator asks participants to sit around a table and places the materials in the table.

Step 2. Introduction. The consent and research objective are introduced (using the format below). The activity of FGD is explained, that is to understand from the participants point of view the strengths and weaknesses of the pilot initiatives. After the introduction, the role of the researcher is minimal, with research participants taking a leading role in the discussion. The researcher will facilitate discussion and ensure that one person does not dominate the discussion.

Hello, my name is_____. My colleagues name are _____. We are part of a Team conducting a series of discussions on behalf of UNICEF and the Ministry of Public Health to find out more about the Pilot Joint Child Protection Initiatives – Child-Shield, Primero and OSCC Case Management and Parenting for Lifelong Health.

This is important to make sure that the initiatives are ready for scale-up so that more children and families can benefit. We have assessed that there is minimal risk to you for participating.

Thank you for agreeing to take part in this discussion.

Before proceeding we want to make sure that you understand there is no obligation for anyone to speak to us if they do not want to, and you may freely choose not to answer questions or end the interview at any time you wish. Your personal contributions and views will not be shared with anyone else in a way that can identify you. In other words, everything you discuss today will be treated in complete confidence. When the evaluation is finalised, we will transfer the data in an anonymised form to UNICEF (no names or geographic location), and we will delete it form all our devices. We also ask that you don't share anything that is discussed today with people who haven't been part of the group.

However, if during the discussion a person discloses that they or someone else has been subject to harm or abuse (physical, mental or sexual), mandatory reporting is required in line with Thailand's Child Protection Act Section 29. We understand that local social workers involved in the pilot initiatives are trained to respond to appropriately to reports of child protection violations in a manner that should not expose you or the other

person child to further risk. This applies to all the respondents that we meet with.

With your permission we will make written notes and may record the discussion so that we can summarize in writing after the meeting. The audio will be deleted after the evaluation is completed and only the anonymised summary will be saved.

It is also our intention to cause minimum disruption to your day and we will do everything we can not to interfere with normal activities. The discussion should take between 30 minutes to one hour.

We will ask you to give your verbal consent to proceed. We will also give you a copy of this Informed Consent to take away with you. It will have the contact details of a researcher in case you have any questions.

Do you have any questions for me? Is it ok to proceed?

Verbal consent provided: Yes/No (please record above).

Step 3. Ask participants to introduce themselves and note taker to record it in the following format.

Name of FGD Facilitator:			**Date of FGD:**			**Location:**			
FGD Respondent #	Gender (Female, Male, Non-binary, Prefer not to answer)	Age 18-64, 65+	Verbal Consent Y/ N	Does the respondent have a disability/ difficulty functioning?					
				Vision	Hearing	Mobility	Cognition	Self-care	Communication
1									
2									
3									
4									
5									
7									
8									
Method of FGD (on-line, phone, face-to-face):									

Step 4. Exercise. Draw a line from one end of the chart paper to the other. With STRENGTHS written on one end and WEAKNESS written on the other. OSCC staff/social workers are asked to write their opinion in card/post-it and place it on the chart paper with the stronger cards closer to the left and weaker cards closer to the right. The majority must agree on the final arrangement. If there are disagreements, this should be noted.

Arrange cards given along different points on this continuum. Example of the strength and weakness line:

Step 5. Once participants have arranged the cards, the researcher must ask them to justify their arrangement, with the note-taker taking notes during the conversation. Ask the team why they may have scored certain criteria as strong and others as weak. Go over each of the criteria and ask the questions below. Please note that the questions serve as a guide, and that the process of arranging the cards should help facilitate discussions and answer most of these questions. Step 1-4 needs to be completed in around 30-45 minutes to allow to move to discussion using the follow up questions

below.

Step 6. Follow-up questions after exercise.

- What are the challenges you face in carrying out your child protection duties as OSCC staff /social workers? Understanding the process & forms, enough time, no feedback, how to close a case, enough resources, access to transport, other?
- What evidence was the pilot based on? How was it designed to address this need?
- What written documentation on planning and implementation does the program have? Did you find this useful or not – why?
- Were you involved in designing the pilot program or training program? If yes, in what way?
- How has OSCC capacity development/training and PLH helped improve the capacity of staff to prevent and respond to children and families?
- How did the program work and engage with the community? Who were the elements of the community engaged?
- Did you receive support from or engage with other institutions/parties in implementing pilot activities to support the community, family member and affected children/women? Who are they and what are their roles?
- How did the program work and engage with the government? Which government institution/department were engaged?
- In your opinion, what is considered to be the success of the pilot implementation?
- What plans does the program have for scale-up?
- What plans does the program have in place for it to continue after UNICEF support is over?
- Have the pilot activities been replicated? How?
- Has the pilot activities proved to be effective in different contexts (geography, society, etc.?)

H.2 FGD Guide – matrix scoring exercise

Objective:

- To understand their experience and perceive challenge or barrier in raising children
- To understand their experience and perceive benefit from the pilot initiative

Participants: community or family members, organised separately

Method: Matrix scoring exercise, to understand the opinion of community and family member by asking them in a group to score the program/activities against the various indicators

Materials required: A chart paper with matrix scoring format given below. Marker for the group to mark a score. You can also use pebbles to indicate the score. A notebook and pen will be needed to for the note-taker to record the discussion during its development

Time required: 1-1.5 hours

Description of the activity

Step 1. Setting the activity: Facilitator asks participants to sit in circle in casual setting.

Step 2. Introduction. The consent and research objective are introduced (using the format below). The activity in FGD is explained that is to understand from the participants point of view their challenge,

barrier and experience in raising their children and their participation in the pilot implementation. Facilitator may need to explain the detail about the pilot implementation. The researcher will facilitate discussion and ensure that one person does not dominate the discussion.

Hello, my name is_____. My colleagues name are _____. We are part of a Team conducting a series of discussions on behalf of UNICEF and the Ministry of Public Health to find out more about the Pilot Joint Child Protection Initiatives – Child-Shield, Primero and OSCC Case Management and Parenting for Lifelong Health.

This is important to make sure that the initiatives are ready for scale-up so that more children and families can benefit. We have assessed that there is minimal risk to you for participating.

Thank you for agreeing to take part in this discussion.

Before proceeding we want to make sure that you understand there is no obligation for anyone to speak to us if they do not want to, and you may freely choose not to answer questions or end the interview at any time you wish. Your personal contributions and views will not be shared with anyone else in a way that can identify you. In other words, everything you discuss today will be treated in complete confidence. When the evaluation is finalised, we will transfer the data in an anonymised form to UNICEF (no names or geographic location), and we will delete it form all our devices. We also ask that you don't share anything that is discussed today with people who haven't been part of the group.

However, if during the discussion a person discloses that they or someone else has been subject to harm or abuse (physical, mental or sexual), mandatory reporting is required in line with Thailand's Child Protection Act Section 29. We understand that local social workers involved in the pilot initiatives are trained to respond to appropriately to reports of child protection violations in a manner that should not expose you or the other person child to further risk. This applies to all the respondents that we meet with.

With your permission we will make written notes and may record the discussion so that we can summarize in writing after the meeting. The audio will be deleted after the evaluation is completed and only the anonymised summary will be saved.

It is also our intention to cause minimum disruption to your day and we will do everything we can not to interfere with normal activities. The discussion should take between 30 minutes to one hour.

We will ask you to give your verbal consent to proceed. We will also give you a copy of this Informed Consent to take away with you. It will have the contact details of a researcher in case you have any questions.

Do you have any questions for me? Is it ok to proceed?

Verbal consent provided: Yes/No (please record above).

Step 3. Ask participants to introduce themselves and note taker to record it in the following format.

Name of FGD Facilitator:			**Date of FGD:**			**Location:**					
FGD Respondent #	Gender (Female, Male, Non-binary, Prefer not to answer)	Age 18-64, 65+	Verbal Consent Y/ N	Does the respondent have a disability/ difficulty functioning?							
				Vision	Hearing	Mobility	Cognition	Self-care	Communication		
1											
2											
3											
4											
5											
7											
8											
Method of FGD (on-line, phone, face-to-face):											

Step 4. Matrix scoring exercise 1. The exercise 1 starts with jointly listing what factors make it difficult

for parents to raise children. The facilitator writes each factor on a coloured card and puts it on a flipchart. (It is allowed for the facilitator to mention a factor that has emerged during previous FDGs but that is not yet mentioned here.) The participants can then decide if they find it relevant or not. If at least one person finds it relevant, it should be added. There will probably be around 10 factors mentioned. Then write the factors down on a flip chart that already has a matrix and put it down on the ground or on a table. Give each participant in the group a number of pebbles or other small items (same number of pebbles as factors are listed) and ask them to divide them over the factors that apply most to them.

Step 5. Discussion on the scoring. Count the pebbles and discuss one by one the three factors that have received most pebbles.

- Why are they important? What happens exactly?
- What did they do if they find that difficulty – for example if children break the rules, what did they do and why?
- What do they really need to solve the problem?

Step 6. Matrix scoring exercise 2. The exercise then continues to discuss what participants considered to have changed/improved after being involved in PLH or case management activities. The facilitator does the same as Step 3 above: writes down the changes in the matrix and distributes the pebble according to the number of identified changes. Ask participant to divide the pebble over the changes that apply most to them.

Step 7. Discussion on the scoring. Count the pebbles and discuss one by one the three factors that have received most pebbles.

- Why are they important? What happens exactly after they involve in PLH or case management?
- What benefits do they feel the most?
- Will this affect their child-rearing process?
- What, if anything, do they think could be done better?

Annex I Semi-structured interview guide – family member

For each interview with family member, we will start with providing consent using the below text.

Hello, my name is_____. My colleagues name are _____. We are part of a Team conducting a series of discussions on behalf of UNICEF and the Ministry of Public Health to find out more about the Pilot Joint Child Protection Initiatives – Child-Shield, Primero and OSCC Case Management and Parenting for Lifelong Health.

This is important to make sure that the initiatives are ready for scale-up so that more children and families can benefit. We have assessed that there is minimal risk to you for participating.

Thank you for agreeing to take part in this discussion.

Before proceeding we want to make sure that you understand there is no obligation for anyone to speak to us if they do not want to, and you may freely choose not to answer questions or end the interview at any time you wish. Your personal contributions and views will not be shared with anyone else in a way that can identify you. In other words, everything you discuss today will be treated in complete confidence. When the evaluation is finalised, we will transfer the data in an anonymised form to UNICEF (no names or geographic location), and we will delete it form all our devices. We also ask that you don't share anything that is discussed today with people who haven't been part of the group.

However, if during the discussion a person discloses that they or someone else has been subject to harm or abuse (physical, mental or sexual), mandatory reporting is required in line with Thailand's Child Protection Act Section 29. We understand that local social workers involved in the pilot initiatives are trained to respond to appropriately to reports of child protection violations in a manner that should not expose you or the other person child to further risk. This applies to all the respondents that we meet with.

With your permission we will make written notes and may record the discussion so that we can summarize in writing after the meeting. The audio will be deleted after the evaluation is completed and only the anonymised summary will be saved.

It is also our intention to cause minimum disruption to your day and we will do everything we can not to interfere with normal activities. The discussion should take between 30 minutes to one hour.

We will ask you to give your verbal consent to proceed. We will also give you a copy of this Informed Consent to take away with you. It will have the contact details of a researcher in case you have any questions.

Do you have any questions for me? Is it ok to proceed?

Verbal consent provided: Yes/No (please record above).

Respondent data will be recorded in the following format.

Family member							
Location:	Date:	Name of interviewers:			Method (on-line, phone, face-to-face):		
KI Gender: (Male, Female, Non-binary, Prefer not to answer)	Age: 18-64, 65+	Does the KI have a disability/ difficulty functioning?					
		Vision	Hearing	Mobility	Cognition	Self-care	Communication

Through the indepth interview with family member, we will ask the following question:

- Tell us about your experience of the Child Shield/ PLH? How did you hear about it? How well was it explained? Did you have a chance to say no/ refuse to participate?
- What happened after the Child Shield screening? Were you selected for more interventions? What were these interventions (case management, PLH, other?) Were you told why you were selected? Did you get the services that you were selected for?
- If you weren't selected for more interventions after the screening, were you told why your weren't selected?
- From your personal point of view what part of being involved was most positive for you and your child/ children?
- From your personal point of view what was the part of being involved that could have been done better?
- Is there anything else you would like to tell us that would help make Child Shield/ PLH experience better for other families in the future?

Annex J Observation Guide

Observation will start with consent as below.

Hello, my name is_____. My colleagues name are _____. We are part of a Team conducting a series of discussions on behalf of UNICEF and the Ministry of Public Health to find out more about the Pilot Joint Child Protection Initiatives – Child-Shield, Primero and OSCC Case Management and Parenting for Lifelong Health.

This is important to make sure that the initiatives are ready for scale-up so that more children and families can benefit. We have assessed that there is minimal risk to you for participating.

Thank you for agreeing to take part in this discussion.

Before proceeding we want to make sure that you understand there is no obligation for anyone to speak to us if they do not want to, and you may freely choose not to answer questions or end the interview at any time you wish. Your personal contributions and views will not be shared with anyone else in a way that can identify you. In other words, everything you discuss today will be treated in complete confidence. When the evaluation is finalised, we will transfer the data in an anonymised form to UNICEF (no names or geographic location), and we will delete it form all our devices. We also ask that you don't share anything that is discussed today with people who haven't been part of the group.

However, if during the discussion a person discloses that they or someone else has been subject to harm or abuse (physical, mental or sexual), mandatory reporting is required in line with Thailand's Child Protection Act Section 29. We understand that local social workers involved in the pilot initiatives are trained to respond to appropriately to reports of child protection violations in a manner that should not expose you or the other person child to further risk. This applies to all the respondents that we meet with.

With your permission we will make written notes and may record the discussion so that we can summarize in writing after the meeting. The audio will be deleted after the evaluation is completed and only the anonymised summary will be saved.

It is also our intention to cause minimum disruption to your day and we will do everything we can not to interfere with normal activities. The discussion should take between 30 minutes to one hour.

We will ask you to give your verbal consent to proceed. We will also give you a copy of this Informed Consent to take away with you. It will have the contact details of a researcher in case you have any questions.

Do you have any questions for me? Is it ok to proceed?

Verbal consent provided: Yes/No (please record above).

Systems assessment

Observation Guide – Information systems to support Child Protection in Thaiiland

The operating model for health-centric child protection case management require the capture, processing, sharing and reporting of sensitive data across multiple systems and stakeholders and analysis to facilitate the end-to-end operational objectives. The following guiding questions and the adjacent observation notes will assess the efficiency and effectiveness of the digital solutions, processes, capacity and the central and local level operating models.

Introduce yourself and the reason for the demo or meeting / Explain the aims of the assessment (to understand more about their operational processes supported by digital solutions for Child Protection) / Explain that the session should take 30 - 40 minutes / Explain that you will be writing-recording answers so you can analyse everyone's answers / Ask if they have questions before you start...

A. Stakeholder details

Name:

Designation:

Institution:

Contact details: Email / Telephone...

Date: _____

Time: _____

Conducted by : _____ (initials)

Sections to complete: _____

Institution Type and Administrative Level:

- ☐ Government Health Facility / Hospital
- ☐ Non-Government Organization / Private
- ☐ Other Government
- ☐ Donors / Development Partners
- ☐ National level
- ☐ Provincial Level
- ☐ Hospital or Community Location
- ☐ Other: _____

Overview and background details of current role / operations / programme:

Scope of work / team details...
Operational objectives...

How do you engage with and support child protection in your role? Specifically, how do you engage with children and their data?

Geographic coverage:

Systems assessment

B. Operations Focus

This section is to be completed for users that operate child protection systems at the local level (i.e., OSCC / hospital).

1. Systems used :

Please also detail any Government systems that they use for other purposes (outside of child protection)

2. Operational processes:

Services provided / target group:
Do they explain the different risks types / severity?

- ☐ **Child Shield**
- ☐ **Primero**
- ☐ **HIS**

End to end processes:
Ask them to list processes and keep a record to correspond with demo
Delivery mechanism for services (incl. who, how, frequency, etc.)

- ☐ **View / manage cases**
- ☐ **Supervisory role**

Does it follow the child protection ACT and other regulatory policies?

Is the system inclusive and responsive for all cases? Are there scenarios where the system does not process the case and thus must be managed offline / manually?

3. Demo Observations

- ☐ **Demonstrate a thorough understanding of the end-to-end workflow processes?**
- ☐ **Demonstrate a thorough understanding of the different risk scenarios?**

STATUS (or other key category/identifier role) values: _____
Are there appropriate STATUS values for each record?

What are the supervisory and approvals processes and mechanisms?

☐ **Exceptions handling** ☐ **Process overrides** ☐ **Flag and alert supervisors**

Does the user receive notifications/alerts when required to work on a case?

☐ **Can refer a case (where: _____)**

Once Referred:
- **What information is recorded: _____**
- **How are case updates and progress (status) maintained: _____**

What are the expected timelines based on risk category or other criteria?

☐ **Can prioritise work** ☐ **Delegate** ☐ **Delay alerts/notification** ☐ **Lock case** ☐ **Stop-Archive**

Are process events are auto-scheduled (pre-defined process rules)? If Yes:
_____

Can they create a Child Care Plan (or similar intervention)?

What worked well: _____ **Challenges / Gaps: _____**

4. Recording personal details:

Do you record individual child details? What is recorded?

Purpose?

What consent is taken?:

5. Documentation:

Standard Operating Procedures (SOP) document readily available?
Has it been signed off?
Follows the above answers and demo observations?

Are business processes documented? Do they refer to them OR were they part of training provided

Do they include an operations manual? Can we get a copy?

Systems assessment

B. Operations focus – continued (data and systems detail)

This section is to be completed for users that operate child protection systems at the local level (i.e., OSCC / hospital).

1. Infrastructure / digital literacy:

Please describe the different infrastructure and facilities being utilized and the stakeholders involved?

_____. Owned / operated / shared by _____

_____. Owned / operated / shared by _____

_____. Owned / operated / shared by _____

What is the setup of local service offices?
Are mobile devices used? BYOD? Computers? What software? Print and Scan? Storage? Internet?

Any issues with electricity? How is information stored (filing cabinets or c drive or server)?

If mobile devices used, are they personal or issued by the organization?

Were they trained on using the device?
What other use do they have for the mobile devices?
Would they be able to use Tablets for data collection?

3. Managing / processing information:

How is information / records maintained for the child protection system? (Offline processes?)

Are there any verification processes? For case type, risk level, identity of family? What supporting documents or records are used?

What grievances do the child or family member or other have? Are they captured / acted upon?

Are there any potential benefit/opportunities for interoperability with other systems?

What are the key challenges to use the systems and complete your tasks / role / function?

How do you think other systems should interact with your current processes / functions?
What benefits do you envision?

4. Reporting:

How is information sent to the national / central level? ☐ Yes ☐ No

Transfer mechanism: ☐ MIS ☐ Paper-based ☐ Storage devices (i.e. USB) ☐ Other: _____

What information reporting is sent?
- ☐ About number of children engaged
- ☐ About predictive risk levels
- ☐ About workflow status
- ☐ About referrals
- ☐ About trends in category, risk levels:

How is the data stored locally?
- ☐ Printed and stored in cabinets
- ☐ Electronically on computer/mobile/tablet
- ☐ No information is kept

What is the format of the information sent:
- ☐ Pre-defined electronic format (i.e. mobile/tablet)
- ☐ Paper format
- ☐ Other: _____

Frequency:
☐ Daily ☐ Weekly ☐ Monthly
☐ Quarterly ☐ Twice a year ☐ Annually

Level of disaggregation (totals vs screened risk vs referred): _____

5. Capacity:

Is there adequate capacity at this level to operate the systems and handle case load?
What capacity plans and measures are important to have in place for effective administration?

Describe the training provided?
Are there training manuals? What do you refer to?

6. Data security and privacy

Describe the security and visibility rules for this case? training provided?

Do they understand the security rules and the need for them?

Describe the user types / roles?
How many users?
Are there appropriate segregation of duties?

☐ **Anonymised data – when they don't need to see something?**

- ☐ **Individual logins**
- ☐ **Password change policy**
- ☐ **Data encryption**
- ☐ **Segregation of duties**
- ☐ **Data edit vs view only**
- ☐ **Data visibility of their own jurisdiction**

Systems assessment

C. Information Management Focus

This section is to be completed for system users that manage child protection information at either the central or local levels.

1. Information management systems:

What system are you using to manage child protection?
Name of the system? How long has it been used? Is it effective?

How did you learn to use the system?

2. Data identifier:

How is the child or carer/family member identification verified?

What case details are maintained to enable follow-ups / reviews?

Are there any issues for beneficiaries to satisfy identity requirement? Alternatives? Migrants / Non-Thai citizens?

ID numbers / formats:

- ☐ **National ID** format _____
- ☐ **Hospital ID** format _____
- ☐ **Other:** _____ format _____

3. Interoperability:

How is the child data collected and tracked through HIS – Child Shield – Primero – OSCC Operations

How effective is the integration?

- ☐ **Able to demo data across systems**
- ☐ **Audit log and tracking**
- ☐ **Summary of case view**

What interaction is there with other childcare services / systems:

- ☐ **Ability to export / share data**

4. Case data analytics

Can data be organised for analytics and reporting? Is the data disaggregated for quantitative analysis?
Self-generating OR pre-build standard reporting

Are they aggregated across systems? In real-time or based on 1 day delay to copy data into a reporting database?

Do you have the data to analyse the lifecycle of the case?

- ☐ **Causes for delay coded and able to be analysed?**

Can they review the data pipeline from Child Shield through to current workflow status

Causes for delay coded and able to be analysed?

Is there a reporting dashboard? Can reports be shared? Who completes and shares the reports?

- ☐ **Number of cases per screening risk level**
- ☐ **Number of cases per risk category**
- ☐ **Number of cases per source**
- ☐ **Number of cases per [period (e.g. day)]**
- ☐ **Number of cases per workflow status**
- ☐ **Per category:** _____
- ☐ **Per category:** _____

5. Data quality and integrity:

How to measure and optimise the predictive risk screening? What is the evidence of the predictive risk analysis being improved over time?
Trends for risk rating / scoring over time? How has the trend impacted?

What is the level of data quality on the program? Any data quality or integrity concerns?
Risk mitigation processes in place for data quality concerns?...

6. MoPH reporting:

Does the MoPH receive updates/reports ? ☐ **Yes** ☐ **No [*go to next section*]**

Transfer mechanism: ☐ **MIS** ☐ **Paper-based** ☐ **Storage devices (i.e. USB)** ☐ **Other:** _____

What information reporting is received?

- ☐ **About number of children engaged**
- ☐ **About predictive risk levels**
- ☐ **About workflow status**
- ☐ **About referrals**
- ☐ **About trends in category, risk levels:**

_____

What is the format of the information received:

- ☐ **Pre-defined electronic format**
- ☐ **Paper format**
- ☐ **Other:** _____

Frequency:

☐ **Daily** ☐ **Weekly** ☐ **Monthly**
☐ **Quarterly** ☐ **Twice a year** ☐ **Annually**

Systems assessment

D. Systems implementation and support

This section is to be completed for system owners or administrators at the central level.

1. How customised are the Thailand from existing Primero case management workflows accessible?

Has Primero been suitably customised / localised for the local context (language / date-time settings / colour and branding / documentation and links?

Can the administrators / users create their own reports and update the monitoring and reporting dashboards

2. What changes can be made by Govt Admin users? What requires IT Dev teams?

Who are the vendors implementing / managing the system?

Is the technology appropriate for being maintained and enhanced locally?

3. Quality Assurance details

Test activities / cycles?

Backup-restore (Disaster Recovery) Testing? ☐ Yes ☐ No

Performance Testing? ☐ Yes ☐ No **Details:** _____

Security (Penetration) or Independent Sec. Audit? ☐ Yes ☐ No

How was test data created and purged during the test cycles?

4. Maintenance and support

Describe the support model in place?

SLAs: ☐ Yes ☐ No **Details:** _____

Network Monitoring: ☐ Yes ☐ No **Details:** _____

Tech design doc: ☐ Yes ☐ No **Details:** _____

Data breach protocols and remediation: ☐ Yes ☐ No

5. What changes / enhancements can be Government administrator led?

Any planned enhancements / additional integration points?

Expansion plan? (Who does what?)
For new provinces / hospital integrations:

Creation of new reports and update the monitoring and reporting dashboards?

Additional Feedback / Notes:

Risks and Challenges?

Wishlists?

Follow up required?

Annex K Quantitative data collection instrument

No. of Child Shield and Primero Cases											
Province	# Total children screened by end December 2021	Total # cases Child Shield			Total # high-risk Child Shield cases involving children with different characteristics				Total # Child Shield Cases Actively Case Managed	Total # Child Shield actively case managed cases closed	Total # Child Shield cases transferred to Primero case management
		Low-risk	Medium-risk	High-risk	Girls	Boys	Child with a disability	Child with an ethnic minority background			
Udon Thani											
Sakhon Nakhon											
Nakhon Phanom											
Loei											
Nongkhai											
Nongbualumpo											
Bungkan											

Parents and caregivers involved in Parenting for Lifelong Health Programme									
Province	Total # parents (primary caregivers) attending PLH		Total # parents attending PLH who self-identify as having a disability		Total # parents attending PLH with an ethnic minority background		Total # parents attending PLH by identified Child Shield screening risk		
	Female	Male	Female	Male	Female	Male	Low	Medium	High
Udon Thani									
Sakhon Nakhon									
Nakhon Phanom									
Loei									
Nongkhai									
Nongbualumpo									
Bungkan									

Capacity for delivery of Child Shield, Primero, and Case Management for Child Protection															
Province	Total # MoPH personnel involved in active case management	Total # MoPH personnel involved in active case management by qualification								% level of effort for CP case management of total job role (estimated)	Total # health personnel attended case management training	Total # health personnel attended PLH training	Total # vehicles available for case management per province	Total # Child Shield compatible IT devices per province	Total # Primero compatible devices per province
		Social worker (Bachelor's)	Social worker (other)	Nurse	Doctor	Psychologist	Sociologist	Therapist (physio, speech etc.	Other health personnel						
Udon Thani															
Sakhon Nakhon															
Nakhon Phanom															
Loei															
Nongkhai															
Nongbualumpo															
Bungkan															

Annex L Ethical Approval

unicef | for every child

Research Ethics Approval

2 November 2022

Revita Wahyudi
Oxford Policy Management
Clarendon House, Level 3
52 Cornmarket Street
Oxford, OX1 3HJ United Kingdom

RE: Ethics Review Board findings for: *Formative Evaluation of the Implementation of Ministry of Public Health and UNICEF Pilot Child Protection Joint Initiatives (Thailand)*
(HML IRB Review #632THAI22)

Dear Revita Wahyudi,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 10 October – 02 November 2022. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval.**

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Catalina Salazar Silva, Koorosh Raffii, Wassana Kulpisitthicharoen, Oscar Ernesto Huertas Diaz, Penelope Lantz, JD

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