



Transforming Social Service Delivery through Case Management: Evaluating the Tamkeen Clinics Model in Saudi Arabia for Inclusive and Sustainable Development

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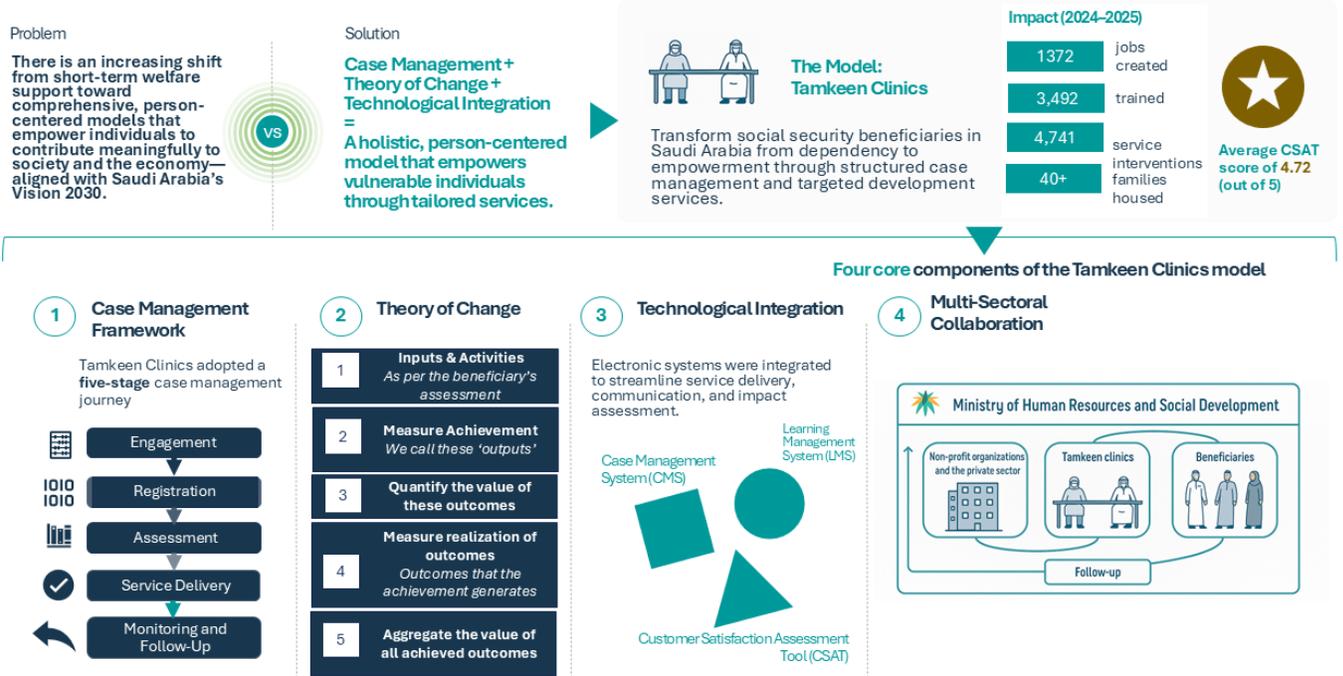
Abstract

This study evaluates the Tamkeen Clinics initiative, a case management-based model introduced by Saudi Arabia's Ministry of Human Resources and Social Development (HRSD) accompanied by Maximus KSA, designed to promote inclusive and sustainable social development. Grounded in a Theory of Change framework, the initiative targets social security beneficiaries across seven regions, aiming to transition individuals from welfare dependency to economic participation through tailored support pathways. These include three intervention tracks: career guidance, employment, and entrepreneurship. Using a mixed-methods approach, the research integrates survey data, administrative case reports, and qualitative feedback to assess both developmental and operational outcomes. Within six months, the program delivered over 4,700 targeted interventions, trained 3,492 individuals, and facilitated employment for 1,372 beneficiaries, contributing approximately 80 million riyals to the national economy annually. Additional support included legal counselling, mental health services, and housing for nearly 500 individuals. Digital innovations, such as an integrated Case Management System (CMS) and Learning Management System (LMS), enhanced service tracking and delivery. Findings underscore the model's replicability and effectiveness in fostering social empowerment, economic inclusion, and system-wide transformation. The study contributes to global discussions on case management in social service delivery, offering practical insights for policy innovation and scalable welfare reforms.

Keywords: *Case Management; Social Service Delivery; Theory of Change; Welfare-to-Work Programs; Program Evaluation; Digital Service Systems; Inclusive Development; Saudi Arabia*

Graphical Abstract

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Introduction

Case management is a foundational strategy in the design and delivery of social services. It offers structured, person-centered pathways for addressing complex socio-economic challenges such as poverty, unemployment, health disparities, and social exclusion (Vourlekis and Greene, 2017; Holosko, 2017). Through coordinated, individualized interventions, case management facilitates improved well-being, increased self-sufficiency, and social inclusion across diverse populations.

Globally, there is growing recognition of case management as a dynamic tool that bridges service fragmentation and enhances access to comprehensive support systems. It plays a pivotal role in pluralistic service environments, where government bodies, civil society organizations, and private sector actors co-deliver social interventions (Hudon et al., 2019; Cross et al., 2017). Practice-based studies in various national contexts further highlight the importance of evaluating community-based social service models to ensure contextual fit and service impact. For example, Zhang, Yao, and Whittam (2018) evaluated community initiatives in a deprived neighborhood in Scotland, emphasizing the need for locally grounded approaches to service accessibility and social outcomes. Similarly, Shier and Turpin (2017) proposed a multi-dimensional trauma-informed framework, underscoring the importance of aligning service delivery with complex client realities. Kipo-Sunyehti (2021) examined Ghana's national health insurance scheme, revealing how integrated policy design can improve access and equity for vulnerable populations.

Effective case management requires a holistic integration of infrastructure, digital systems, trained personnel, and community responsiveness, components that vary significantly across national contexts

(Hughes et al., 2018). In the Kingdom of Saudi Arabia (KSA), the government's Vision 2030 reform agenda has created a unique opportunity to embed innovative models of social support into public service frameworks. One such initiative, the Tamkeen (Empowerment) Clinics, represents a transformative model that operationalizes case management to transition beneficiaries of social security programs into economically active and socially empowered citizens.

This study evaluates the design and implementation of Tamkeen Clinics using the Theory of Change (ToC) framework. It draws on international best practices to propose a replicable model that incorporates digital tools, interdisciplinary collaboration, and measurable performance indicators. The goal is to offer practical and scalable recommendations that enhance case management in Saudi Arabia and provide transferable insights for inclusive development globally.

This study evaluates the Tamkeen Clinics using the Theory of Change (ToC) framework to examine their structure, impact, and replicability. By combining evidence from practice with international benchmarks, the paper aims to assess the effectiveness of integrated case management in addressing systemic social challenges, identify critical enablers of inclusive and sustainable social service delivery, and offer insights for adapting the model in other national and regional contexts. The study contributes to the global discourse on outcomes-based, inclusive social service innovation and responds to the urgent need for scalable, data-driven approaches that enhance equity, accessibility, and long-term social resilience.

Conceptual Background

Case management has evolved into a key methodology in social and health service delivery, allowing practitioners to deliver coordinated, client-centered, and timely support. Defined as a structured approach to assessing, planning, and monitoring services, it ensures that individuals and families receive tailored interventions to meet their diverse and complex needs. Recent research highlights the efficacy of appreciative case management, an approach grounded in social constructionism that focuses on clients' strengths and resources rather than problems and deficits (Cojocar, 2023). An experimental study demonstrated that appreciative case management produced more rapid and positive outcomes in preventing child abandonment compared to classical problem-centered methods. This strength-based orientation resonates with the empowerment goals of Tamkeen Clinics, emphasizing sustainable, client-centered social intervention.

The Tamkeen model strengthens holistic, sustainable solutions by aligning institutional and beneficiary goals and enabling collaboration between public, private, and non-profit sectors. Scholars such as Tuf faha (2005), O'Donnell (1999), and Pivorienė (2007) highlight case management's ability to streamline fragmented services through shared frameworks and designated case managers, who serve both as advocates and navigators for beneficiaries. McNatty (2017) applied Interpretative Phenomenological Analysis to assess the Wraparound Theory of Change, revealing how coordinated service "packages" and resource enhancement promote engagement and empowerment among vulnerable populations (Davis, 2023). These findings align with the objectives of Tamkeen Clinics to foster socio-economic independence through theory-informed case management.

In this study, case management is applied through Tamkeen Clinics, where services are coordinated across sectors to support economic independence and social empowerment. Social workers, acting as case managers, collaborate with the beneficiaries or their legal representatives to implement individualized action plans within defined timelines. This applied model bridges theoretical constructs with practical implementation, addressing the broader mission of inclusive human development.

Theoretical Framework: Theory of Change in Social Service Innovation

The Theory of Change (ToC) provides a powerful tool for structuring, implementing, and evaluating social interventions. By outlining logical pathways from inputs to long-term outcomes, ToC clarifies the assumptions and activities needed to achieve sustainable change. It promotes accountability, enhances stakeholder alignment, and supports evidence-based planning through measurable indicators. Recent applications in long-term care demonstrate how participatory ToC approaches foster community-centered solutions by involving stakeholders in co-designing interventions, ensuring relevance and sustainability (Ulla-Díez et al., 2024).

In the context of Tamkeen Clinics, ToC has been used to guide the design of a five-stage case management process, beginning with beneficiary registration and ending with post-intervention monitoring. The approach incorporates key inputs such as human capital, digital infrastructure, and cross-sectoral partnerships, all aimed at producing tangible social outcomes like employment, improved well-being, and reduced dependency on financial aid.

Benchmarking international models, from Singapore, Sweden, the UK, and others, strengthened the framework, ensuring relevance and scalability. These insights helped tailor Saudi Arabia's approach to include digital tools, service-level agreements, and personalized planning. The eight guiding principles articulate this integration of strategy, structure, and accountability.

Ultimately, the application of ToC within the Tamkeen program enhances clarity, consistency, and impact across service delivery. It also serves as a replicable model for nations seeking to operationalize inclusive welfare reforms through innovation and collaboration.

Challenges and Risks

While the Tamkeen Clinics model offers a transformative approach to social empowerment in Saudi Arabia, its implementation has surfaced several strategic and operational challenges. Pilot clinics in Riyadh, Jeddah, and Dammam revealed key risk areas impacting participation, service quality, and program sustainability. Key Challenges identified were:

- **Beneficiary Hesitation:** Many social security recipients fear that participating may lead to loss of financial support, leading to low initial engagement.
- **Partner Limitations:** Inconsistent availability of suitable partners delays or restricts access to needed services.
- **Service Gaps:** Limited geographic reach and specialization prevent uniform support delivery, particularly in underserved areas.
- **Digital Barriers:** Technological illiteracy and limited rural access hinder beneficiaries from engaging with digital case management systems.
- **Organizational Fragmentation:** Overlapping mandates among agencies and lack of data integration cause confusion and dilute program impact.
- **Rising Expectations and Demand:** As Tamkeen's reputation grows, so does pressure on capacity, risking service overload and quality decline.
- **Structural Changes and External Pressures:** Factors like inflation, migration, healthcare gaps, and youth unemployment further complicate service alignment.

To systematically address these challenges, the HRSD and Maximus SMEs conducted risk assessments informed by local findings and global frameworks (e.g., ISSA's 2016 global challenges report) (Table 1).

Table 1. Summary of Key Risks, Impacts, and Mitigation Strategies for Tamkeen Clinics.

#	Risk Description	Probable Impact	Proposed Mitigation Procedures
1	<p><u>Funding Fluctuations:</u> Continuing to rely on government or private sector funding can be risky if economic conditions change. For Example, CSR contributions decrease after two years of private funders due to economic conditions.</p>	<p>Strategic Impact: The cancellation or discontinuation of programs due to a lack of funding creates challenges in scaling up initiatives.</p> <p>Operational Impact: The limitation on the number of clinics that can be opened restricts regional reach and the services that can be offered. This, in turn, reduces the essential resources needed to operate effectively and serve beneficiaries.</p>	<p>Financial Solutions: Diversifying funding sources can include corporate social responsibility, private sector contributions, international grants, and philanthropy. Creation of a financial reserve or endowment fund to support essential activities. Tamkeen Clinics can be an essential source of data in all aspects of life, which can be monetized as an additional source of income to finance operations.</p>
2	<p><u>Miscellaneous needs:</u> Due to the varying needs of beneficiaries by age, gender, and region, the program's effectiveness may be diminished if beneficiaries (a) lack access to services or (b) if specialized interventions are available only in limited geographic areas.</p>	<p>Strategic impact: A one-size-fits-all approach may fail to meet specific needs, reducing impact.</p> <p>Operational impact: It is only possible to provide specialized intervention support to some beneficiaries through a single method, reducing the project's impact since it is available only in existing locations.</p>	<p>Continuous Improvement/Data Analysis: Conduct needs assessments to identify and segment beneficiaries and design programs that meet their needs. Provide a variety of software options that can accommodate different needs.</p>
3	<p><u>Access to technology:</u> Due to limited access to necessary technology, particularly in rural areas, program benefits may be delayed or hindered, and operational delivery costs may increase.</p>	<p>Strategic Impact: Beneficiaries in remote areas may be excluded from digital programs.</p> <p>Operational Impact: Beneficiaries are unable to access intervention or case management support. The potential consequences of not obtaining the necessary support could hinder the beneficiary's progress.</p>	<p>Technology: Provide offline or low-tech alternatives where possible. Partner with telecom service providers to improve access in underserved areas.</p> <p>Executive: Development of Mobile Service Offering: Feasibility Study of the Experiment. Develop and pilot a remote service model that identifies alternative support provided through various methods, such as call centers, application-based solutions, and face-to-face interactions.</p>

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- 4 **Digital illiteracy:** Digital illiteracy may hinder beneficiaries who are distant from the labor market or socially isolated from technology-based initiatives and the customer journey in technology-driven clinics.
- Strategic impact:** Limited digital skills can hinder beneficiaries' ability to utilize online resources fully.
- Operational impact:** Failure to obtain the necessary support may hinder the progress of the beneficiary.
- Training:** Include basic digital literacy training in all programs.
- Partnerships:** Provide ongoing support through appropriate partnerships or community centers.
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- 5 **Increased demand:** Due to the positive impact of Tamkeen Clinics, the demand for more clinics is rising, leading to increased access to services.
- Strategic impact:** Difficulty in achieving scalability in the program, because of the large financial and operational resources required. Failure to meet demand or low quality of service may tarnish Tamkeen Clinics' reputation.
- Operational impact:** Maintaining consistent quality across multiple locations presents several challenges. Current clinics may become overcrowded, resulting in a decline in service quality and longer wait times for patients. Furthermore, high workloads can lead to employee burnout and increased staff turnover. There is also a risk that services may be concentrated in urban areas, which could negatively impact rural populations that are already facing deprivation or disadvantage.
- Strategic planning for scalability:** Develop a gradual expansion plan to expand the scope of services sustainably. Use data analytics to prioritize locations and populations that need it most.
- Capacity Building:** Invest in training and hiring additional staff to prepare for growing demand. Use technology, such as telemedicine, to expand services without overburdening physical clinics.
- Resource mobilization:** Explore a variety of funding sources by establishing partnerships with private donors, international organizations, and government grant programs.
- Community Partnerships:** Work collaboratively with local institutions to improve access and share resources, partnering with regional NGO service providers to address surplus and ensure equitable access.
- Maintaining the quality of service:** Establish all Hayyak-certified Tamkeen clinics in every location to ensure consistent quality. Regularly monitor and evaluate the performance of the clinics to identify areas for improvement.
- Support and Awareness:** Advocate for policy support to incorporate Tamkeen Clinics into national initiatives.
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<p>6 Organizational Risks: One of the anticipated risks is access to the service regarding attendance, navigation of the technology, or the procurement of the service itself.</p>	<p>Operational impact: The unwillingness of the beneficiaries to join the program or the high level of ambition for entitlement justifies the low interest in obtaining the services of Tamkeen Clinics or qualifications to enter the labor market.</p>	<p>Expanding access programs for the Clinics such as (Wusool). Expanding the provision of services in the areas where the beneficiaries are concentrated through the presence of branches close to them.</p>
<p>7 Organizational Risks: Due to the existence of many departments, initiatives, and programs that deal with insurers and their families, this may be a challenge that will be an obstacle to the success of the objectives of Tamkeen Clinic.</p>	<p>Operational impact: The unwillingness of the beneficiaries to deal with the clinics because there is a rewarding alternative from their point of view. Lack or weakness of the data available at each entity dealing with beneficiaries. Distracting the beneficiaries' attention towards the programs and services of Tamkeen clinics because there is a lot of similarity between the services of the relevant authorities for this category. The lack of integration of roles between these entities with empowerment clinics directly affects the application of the developed social security standards in terms of eligibility for entitlement.</p>	<p>Integrating all services and programs into a unified electronic system will facilitate coordination and collaboration toward achieving the objectives and strategies aimed at empowering this group. Cooperation among the relevant authorities is essential.</p>

Methodology

This study employed a multi-method exploratory design to evaluate the design, implementation, and outcomes of the Tamkeen Clinics program, a case management-based social intervention targeting social security beneficiaries across Saudi Arabia. The research design integrated qualitative and quantitative methods, drawing on a combination of administrative data, survey instruments, and semi-structured interviews to ensure a comprehensive analysis.

Study Design and Data Sources

Data were collected between July 2024 and January 2025, primarily from seven operational Tamkeen Clinics located in Riyadh, Jeddah, Dammam, Abha, Jazan, Medina, and Najran. Primary data sources included internal reports from the Ministry of Human Resources and Social Development (HRSD), digital records from the Case Management System (CMS), and survey responses from beneficiaries and nonprofit partners. A randomized sample of beneficiaries was selected for outcome

tracking, while additional qualitative data were obtained through interviews with HRSD staff, case managers, and nonprofit representatives.

Digital Infrastructure and Tracking Systems

To facilitate data collection and service delivery monitoring, the Tamkeen program deployed several integrated digital systems. These included a Case Management System (CMS) for managing beneficiary profiles and interventions, a Learning Management System (LMS) for tracking skill-based training, and a Customer Satisfaction Assessment Tool (CSAT) to collect beneficiary feedback. Other tools included a centralized call center with ticketing capabilities and a QR-based Crowd Management System to manage clinic visits and service queues. These platforms ensured consistency, accuracy, and transparency in tracking service delivery and beneficiary outcomes (Table 2).

Table 2. Overview of Beneficiary Support Systems and Their Roles.

#	System	System Role
1	CSAT	A system to gather feedback from beneficiaries regarding their experiences with the provided services and their expectations through questionnaires.
2	Call Center	A dedicated call center for beneficiaries that is technically supported with a case management system with capabilities to book appointments, respond to inquiries, upload service ticket, and more.
3	Case Management System	The case management system offers several key functions, including: 1. Initial assessment and case management. 2. Booking appointments with case managers. 3. Conducting comprehensive assessments. 4. Making intervention recommendations. 5. Identifying suitable interventions for beneficiaries. Additionally, through the recruitment platform, the system can nominate beneficiaries for employment and provide support in examination preparation, interview coaching, and job applications.
4	LMS (Learning Management System)	A comprehensive learning management system integrated with a case management system to identify various training interventions for beneficiaries, whether in person or remotely, including classrooms, e-learning programs, tests, and certifications.
5	Crowd Management System	The system creates QR codes for appointments booked by beneficiaries with case managers. These QR codes can be scanned to update the system when beneficiaries arrive. Appointments can be scheduled using iPads, and once booked, a QR code is generated and assigned to the corresponding case manager.

Need Assessment and Baseline Research

Prior to full-scale implementation, a comprehensive needs assessment was conducted across pilot sites. This involved socio-demographic analysis, regional development indicators, and structured surveys administered to a representative beneficiary sample. The objective was to identify service gaps, understand regional challenges, and tailor interventions based on client needs and aspirations. The assessment informed the design of the three primary intervention tracks, career guidance, employment, and entrepreneurship, within the Tamkeen Beneficiary Journey framework.

Developmental Interventions and Services

Beneficiaries were enrolled into one of three tracks based on an initial assessment of their capabilities, interests, and barriers. Each track was structured into five development stages and included personalized support interventions, such as vocational training, financial counseling, legal aid, mental health services, and entrepreneurship coaching (Figure 1). Service duration and intensity were triaged into fast-track (1–2 weeks), medium-track (2–4 weeks), and intensive-track (4–10 weeks) pathways based on the number of required interventions.



Figure 1. Developmental interventions and services

Data Analysis

Quantitative data from the CMS, LMS, and CSAT systems were analysed using descriptive statistics to report outcomes such as employment placement, training completion, satisfaction scores, and intervention delivery counts. Qualitative data from interviews and open-ended survey responses were thematically coded using NVivo to identify common experiences, perceived barriers, and suggestions for improvement. These mixed methods allowed for triangulation and increased validity of the findings.

Results

The implementation of the Tamkeen Clinics model yielded significant developmental and operational outcomes. This demonstrated its capacity to advance inclusive, outcomes-oriented social service delivery across diverse regions in Saudi Arabia.

Geographic Deployment and Access Equity

Seven Tamkeen Clinics were strategically launched across Riyadh, Jeddah, Dammam, Abha, Jazan, Medina, and Najran. Site selection was based on socio-economic indicators, population density, and existing service gaps, ensuring geographic equity and access in both urban and rural areas. This

distribution supported the model’s scalability and provided a testing ground for diverse implementation conditions in preparation for national expansion.

Beneficiary Engagement and Intervention Delivery

Between July 2024 and January 2025, a total of 3,492 social security beneficiaries received individualized support services. Clients were triaged into one of three tracks, career guidance, employment, or entrepreneurship, based on initial assessments. Across these tracks, the clinics delivered 4,741 targeted interventions, including vocational training, legal counseling, mental health services, financial literacy programs, and entrepreneurial support.

Employment and Economic Outcomes

The program facilitated the employment of 1,372 beneficiaries, with reported average monthly incomes of approximately 5,000 SAR. This translated into an estimated 80 million SAR in annual economic contributions, reflecting a successful transition from dependency to workforce participation. In parallel, public sector training costs were reduced by 4.2 million SAR due to the use of tailored, skills-based interventions provided in partnership with nonprofit and private sector entities.

Social Protection and Housing Support

In collaboration with nonprofit partners contributing 2.7 million SAR in social investment, Tamkeen Clinics provided housing assistance to 40 families (approximately 500 individuals), alongside support in legal aid, psychological counseling, and health services. These wraparound interventions addressed multidimensional vulnerabilities and contributed to household stability and social integration.

Beneficiary Satisfaction and Quality Assurance

A standardized Quality Assurance Framework was used to evaluate beneficiary experiences at various stages of service delivery. The Customer Satisfaction Assessment Tool (CSAT) reported an average score of 4.72 out of 5 across 939 respondents, with 95% rating services as “satisfactory” or higher. Satisfaction was highest after the assessment phase (4.92), followed by contact center engagement (4.83) and post-intervention follow-up (4.41), indicating high service responsiveness and perceived value (Table 3).

Table 3. Beneficiary Satisfaction Survey Scores (CSAT)

Survey Stage	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	CSAT Score (/5)
Contact Center	86%	12%	1%	0%	0%	4.83
After Assessment	93%	6%	1%	0%	0%	4.92
After Intervention	62%	26%	9%	2%	1%	4.41
Overall CSAT	80%	15%	2%	2%	1%	4.72

Qualitative Outcomes: Well-being and Empowerment

Qualitative findings indicated significant improvements in beneficiaries’ psychological well-being, self-efficacy, and family relationships (Table 4). Approximately 91% of respondents reported enhanced emotional well-being, while 60% indicated personal and professional growth. Nearly 59% reported increased awareness of rights and opportunities, and 27% noted improvements in physical health. Participants also highlighted strengthened family bonds and greater motivation to engage in the labour market.

Table 4. Qualitative analysis of the Impact of Quality of Life

Domain	Key Findings
Self-Development	86% of beneficiaries enhanced personal, professional, and educational skills through training and hands-on experience.
Psychological Well-being	91% of beneficiaries reported significant improvements in psychological well-being, noting greater closeness, increased interaction, and a positive mindset.
Leisure	41% of beneficiaries reported participating in formal or family entertainment events, contributing to joy and active lifestyles.
Income	36% of beneficiaries experienced an increase in income. This rise supported greater self-reliance within a short period.
Family Bonds Strengthen	Over 45% reported stronger family bonds through increased communication, dialogue, and emotional engagement.
Awareness	59% reported increased awareness of their rights and empowerment opportunities, also benefiting those around them.
Family Stability	64% of beneficiaries experienced higher family stability after joining the program.
Decision Making	36% gained the ability to make significant personal decisions as a result of program services.
Economic Stability	55% received guidance that helped them feel calm, clear, and reassured about their financial situation.
Physical Health	27% reported physical health improvements due to clinical services, psychological support, and medical treatments.
Social Relations	55% improved social relationships and engaged in more meaningful social interactions due to better psychological well-being.

Stakeholder Engagement and Systems Integration

The success of the initiative was supported by structured partnerships between the Ministry of Human Resources and Social Development (HRSD), private sector actors, and nonprofit organizations (Figure 2). The use of integrated digital platforms, including the Case Management System (CMS), Learning Management System (LMS), and call center tools, enabled real-time data capture, case tracking, and coordinated service delivery across agencies. These systems enhanced transparency, reduced duplication, and ensured that beneficiaries received timely, customized support.

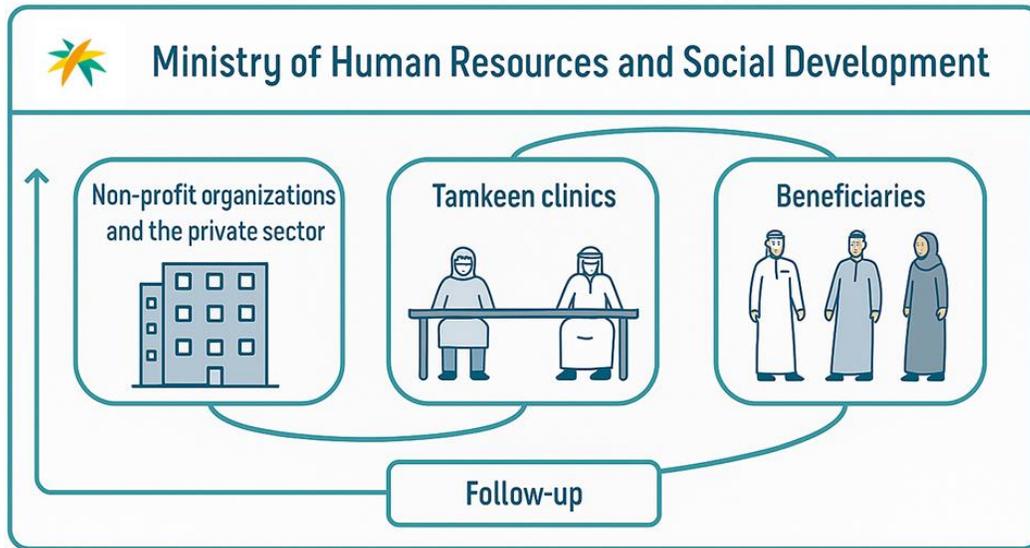


Figure 2. Tamkeen Clinics Partnership Workflow - Ministry of Human Resources and Social Development

Discussion

The findings of this study underscore the effectiveness of the Tamkeen Clinics as a strategic, outcomes-based model for transforming social service delivery in Saudi Arabia. Grounded in individualized case management and supported by digital infrastructure, the initiative reflects a broader shift from passive welfare provision to active, empowerment-driven intervention. Its early success in engaging over 3,000 beneficiaries, facilitating employment for more than 1,300 individuals, and delivering thousands of targeted services illustrates its capacity to foster inclusive, sustainable development.

This model aligns with global evidence that highlights the benefits of personalized, phased interventions in promoting social mobility and reducing dependency (Cattaneo and Chapman, 2010; Hudon et al., 2019). The integration of employment, entrepreneurship, and support services within a structured case management framework mirrors successful international approaches in countries such as the UK, Canada, and Australia, where tailored support pathways and cross-sector collaboration have enhanced client outcomes. Tamkeen's emphasis on holistic well-being, including legal aid, housing, and mental health, demonstrates the importance of addressing multidimensional barriers to self-sufficiency.

Additionally, the digital enablement of service delivery through a centralized Case Management System (CMS) and Learning Management System (LMS) reflects a growing global trend toward leveraging technology to improve responsiveness, accountability, and reach in public services (Akbar and Tufail, 2024). These systems enable adaptive governance by providing real-time data to inform decisions, streamline workflows, and track individual progress, critical features for large-scale, multi-region initiatives.

From a policy perspective, the Tamkeen Clinics align closely with Saudi Arabia's Vision 2030, contributing to strategic goals related to human capital development, poverty reduction, and enhanced public sector efficiency. The initiative illustrates how localized, data-driven case management systems

can advance national policy agendas while remaining sensitive to regional diversity and community needs.

To scale and sustain its impact, several strategic actions are recommended. These include the development of standardized outcome indicators across regions to ensure consistent benchmarking; the design of a national action plan to guide service delivery expansion; and the implementation of comprehensive, mixed-methods evaluations to capture both quantitative outcomes and qualitative experiences. Future research should also examine which components of the case management process yield the greatest impact and how variations in delivery affect outcomes across demographic groups and geographic areas. In sum, the Tamkeen Clinics provide a promising, replicable framework for case-managed social service delivery. By embedding empowerment and innovation into its core operations, the model offers valuable insights for governments and practitioners seeking to build inclusive, equitable, and resilient social systems in both national and global contexts.

Conclusion

The Tamkeen Clinics represent a transformative model for social service delivery in Saudi Arabia, advancing a shift from traditional welfare provision toward structured empowerment and economic inclusion. Rooted in the Theory of Change framework and implemented through personalized case management, the initiative successfully supported 3,492 beneficiaries within its first six months of operation, delivering 4,741 targeted interventions across employment, education, legal, financial, and mental health domains. Notably, the program facilitated employment for 1,372 individuals, generating an estimated 80 million SAR in annual economic contribution, while simultaneously reducing public training expenditures by 4.2 million SAR. Housing services reached nearly 500 individuals, and satisfaction scores across intervention stages averaged 4.72 out of 5, reflecting strong client engagement and perceived value. Supported by integrated digital systems and multi-sectoral partnerships, the clinics offer a scalable and replicable model for sustainable welfare transitions. Their alignment with Saudi Arabia's Vision 2030 underscores their strategic relevance, while their practical success provides evidence for broader policy application. As the program scales nationally, continuous evaluation, standardized performance indicators, and inclusive governance will be critical to maximizing its long-term impact. The Tamkeen model thus stands as both a national benchmark and a globally relevant framework for advancing inclusive, data-informed, and client-centered social service systems.

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