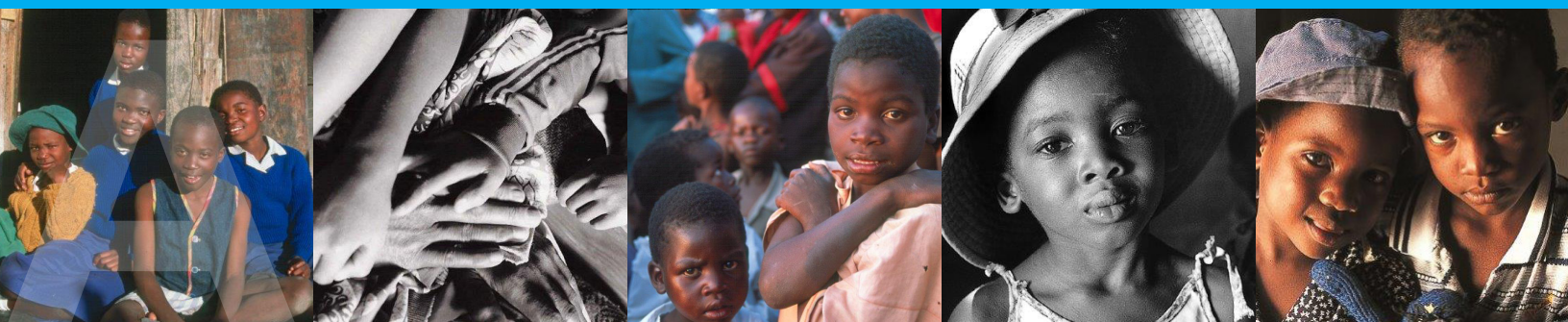# IMPLEMENTING AND IMPROVING

A National Case Management System For Child Protection In Zimbabwe

DECEMBER 2016

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Acknowledgements

Contents

Abbreviations

CCW	Community Case Worker
CMO	Case Management Officer
CPF	Child Protection Fund
HSCT	Harmonized Social Cash Transfer
MCI	Most Critical Intervention
MIS	Management Information System
MoPSLSW	Ministry of Public Service, Labour, and Social Welfare
NAP	National Action Plan for Children
NCMS	National Case Management System
NGO	Non-Governmental Organization
PoS	Programme of Support
PQ	Promising Quality
SI	Statutory Instrument
WEI	World Education Incorporated

1. Introduction

For many years UNICEF has engaged in child-sensitive social protection initiatives as a mechanism for strengthening the resilience of children, families, and communities, increasing equity, and supporting human and economic development. Recent concerns about global economic conditions and worsening inequities have increased the relevance of social protection programming and helped solidify political will to develop robust social protection programming around the world. By 2012, UNICEF was supporting more than 124 programs in 88 countries (UNICEF, 2012), including dozens of programs in Africa, and since then these numbers have continued to grow. In the context of this global effort, UNICEF, governments, and non-government actors have started to consolidate their learning about the benefits of social protection for children and how to achieve these.

Over the past five years, UNICEF Zimbabwe in partnership with the Ministry of Public Service, Labour, and Social Welfare (MoPSLSW), and non-governmental organizations (NGOs) have been engaged in the development of a social protection program that includes cash transfers targeted for poor households and a coordinated system for child protection case management. UNICEF Zimbabwe has developed this report to reflect on the evolution of the program so far, to document successes and challenges, to understand key lessons learned, and to refocus the agenda for the next five-year phase.

Implementing and Improving: A National Case Management System for Child Protection aims to chronicle a journey of dynamic programming in child protection in Zimbabwe. The first section is focused on the initial phases of program implementation, and describes the development of the harmonized social cash transfer (HSCT) program and the national case management system (NCMS), a cornerstone element of the child protection system, from background to inception to scale up. The second section is focused on how UNICEF Zimbabwe managed the process of improvement – the iterative cycles of planning, implementation, data collection and evidence generation, and change that took place once the program was implemented at scale.

The improvement process is a continuous one, and even after five years of programming there is still much to be learned and changed. This report does not aim to provide a set of comprehensive recommendations for child protection programming in Zimbabwe or any other context. Instead, it seeks to emphasize the vital role of evidence-based programming in child protection and social protection and to advocate for programmatic approaches that make the leap from implementation to improvement.

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2. A case management system for child protection

The first phase of the National Action Plan for Orphans and Vulnerable Children (NAP I) was approved in 2004 (Ministry of Public Service, Labour, and Social Welfare, 2004) and was aimed to address the needs of the large number of orphans and other highly vulnerable children in Zimbabwe. NAP I comprised seven activity areas:

- Coordination
- Child participation
- Birth registration
- Formal education
- Social services
- Extra-curricular education and livelihoods support, and
- Child protection

These activities were implemented via the Programme of Support (PoS), which was set up in 2006 to coordinate and scale up international financial support for NAP I.

An independent outcome assessment of the NAP activities funded through PoS (Jimat Development Consultants, 2010) concluded that the PoS was relevant and effective, reaching more than 410,000 OVC beneficiaries and providing education assistance to up to 560,000 OVC beneficiaries. However, a number of problems were noted:

- **Unclear targeting** due to multiple different definitions of OVC

- **Fragmented services**, resulting in a mean of 1.6 types of support per child

- **A focus on reach** (number of children served) rather than the quality of the service provided

- **Ineffective coordination** of decentralized services at provincial, district, and ward levels due to the limited capacity of the Department of Social Services (DSS)

- **Insufficient focus on lesson-learning** and sharing of good practices among all stakeholders

- **Delays in developing and sharing operations research** materials, which did not inform PoS management

- **Limited capacity development** for government structures

- **Overlooking poverty** as a key driver of vulnerability in NAP I

2.1 Addressing the need for integrated social protection

Based on learning from the PoS, the second phase of the National Action Plan for Orphans and Vulnerable Children (NAP II) was developed with the vision that by 2020 all children in Zimbabwe would live in a safe, secure, and supportive environment that is conducive to child growth and development. Similar to NAP I, NAP II was also supported by a multi-donor program called the Child Protection Fund (CPF).

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There were several key differences between the PoS and CPF, but the core conceptual and strategic change was a shift from narrow targeting based on HIV/AIDS status (i.e. OVC) to a child-sensitive social protection approach designed to address a broad range of deprivation and improve equity for the most vulnerable children and families, including those affected by HIV/AIDS (Figure 1). This new design was premised on a conceptual document on Child Sensitive Social Protection in Zimbabwe, produced with UNICEF support in 2010.

The objectives of the CPF comprised three main pillars, including a specific focus on addressing child protection issues:

1. **To reduce household poverty of approximately 55,000 extremely poor households** including those with orphans and other vulnerable children by implementing a national cash transfer mechanism thereby positively benefiting children and women's health and well-being.

2. **To enhance all vulnerable children's access to effective child protection services** including protective services (legal, welfare, judicial) to child survivors of violence, exploitation and abuse.

3. **To facilitate improved access to basic education** for poor orphans and other vulnerable children in Year 1.

2.2 Moving towards a systems approach

The most prominent operational component of the CPF was the harmonized social cash transfer (HSCT) program. HSCT aimed to deliver regular, reliable cash transfers and provide comprehensive child protection services – a "cash plus care" model of social protection. The cash transfer component targeted labor-constrained, food-poor households in Zimbabwe, including child-headed households, intergeneration care households and households with large numbers of dependents and/or chronically ill or disabled people, and would provide approximately 20% of per capita household consumption (range: USD$10-25) on a bimonthly basis.

The child protection component focused on the development of a national case management system (NCMS) as a core response to the need for stronger child protection system and services. The vision for the NCMS was that it would address the fragmentation, discoordination, and capacity limitations encountered in the child protection programming developed during the PoS and enable government social workers to help ensure that "needs [are] identified, referrals [are] made, and services [are] delivered". (Ministry of Public Service, Labour, and Social Welfare, 2011)

2.3 Developing a national case management system

CPF was launched in 2011. World Education Inc. (WEI) in consultation with UNICEF, MoPSLSW and other partners were responsible for the development of the NCMS. The pilot program took place in three wards in Umzingwane district. Scaling up was rapid, and in less than three years the NCMS was operating in 47 districts (Figure 2). In total, the program supported a workforce expansion to include 47 Case Management Officers (CMOs) in the MoPSLSW district offices and 9,365 community child care workers (CCWs). The CCWs are front-line, community-level volunteers trained to identify and refer children with child protection and care issues for assessment and services.

HSCT and NCMS implementation was evaluated based on a logical framework initially proposed in the CPF (Figure 3). One important element of the monitoring and evaluation plan was the Promising Quality (PQ) framework (UNICEF Zimbabwe, 2012). The PQ framework was developed by UNICEF Zimbabwe in 2012 in the context of the CPF as a response to the gap in quality metrics for child protection services identified in the PoS. This framework was designed to look beyond "reach" (i.e. the number of children affected) and goes on "to consider the overall quality of services and the difference these services are making in children's lives". It involved 4 specific monitoring and evaluation instruments that were developed using a participatory process involving UNICEF, government, NGO partners, and children.

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Figure 1: Learning from the Programme of Support.

Learning from the Programme of Support

Key lessons learned from this program, which were used to inform the scope and content of the NAP II and CPF:

Targeting vulnerable children together with their households is likely to be more effective than focusing on children alone. Under the PoS, many of the services for children could have been provided more cost-effectively by ensuring that their households had the funds needed to access government services.

Orphans and other vulnerable children suffer from a range of deprivations and a comprehensive approach is needed to address their needs. Under NAP I, OVC received on average, only 1.6 services each and follow-up with children to check on the quality of the service provided was weak. A more comprehensive approach, with effective follow-up, is needed.

It is important to focus on the number of children reached <u>and</u> on the quality of the services provided. Under NAP 1, the emphasis was on outputs (number of OVC reached) rather than the outcomes for vulnerable children. Quality standards and effective monitoring of implementation are essential if quality services are to be provided.

Household poverty is a major cause of child vulnerability in Zimbabwe, resulting in a lack of access to social services and increased protection risks for the poorest children.

Investments in government capacity building are essential to deliver national quality results benchmarked against quality standards.

PoS (2006-2010)	CPF (2011-2016)
Focus on the individual child	Focus on both the child and family
Fragmented approach, with children receiving less than 2 services	Comprehensive approach, which addresses all the needs of children
Support for coordination at national level	Support for coordination at national and sub-national levels
Focus on numbers of children reached	Focus on numbers reached, quality of services provided and results for children
HIV/AIDS focused	HIV/AIDS sensitive
Targeting focused on categories of OVC	Targeting focused on the most vulnerable children and their families with an emphasis on household poverty as key in identifying vulnerable children.
Emphasis on monitoring outputs	Emphasis on monitoring outputs and outcomes and assessing impact.
Capacity building of Government mostly at national level	Capacity building of Government at national and sub-national levels
Capacity building not integrated fully into the CPF and delivered late	Capacity building to be mainstreamed throughout the activity from the outset, including to: 1) Provide technical support to partners to follow up on individual organization capacity development action plans of 2009/2010; and 2) Build on recommendations of the DSS Capacity Audit 2010 for social work and social protection system strengthening.

Figure 2: NCMS implementation timeline. The early stages of NCMS programming were focused on implementation at scale. From 2012 to 2015, in less than 3 years, the NCMS was functioning in 47 districts. Colors represent regions supported by particular non-governmental organizations.
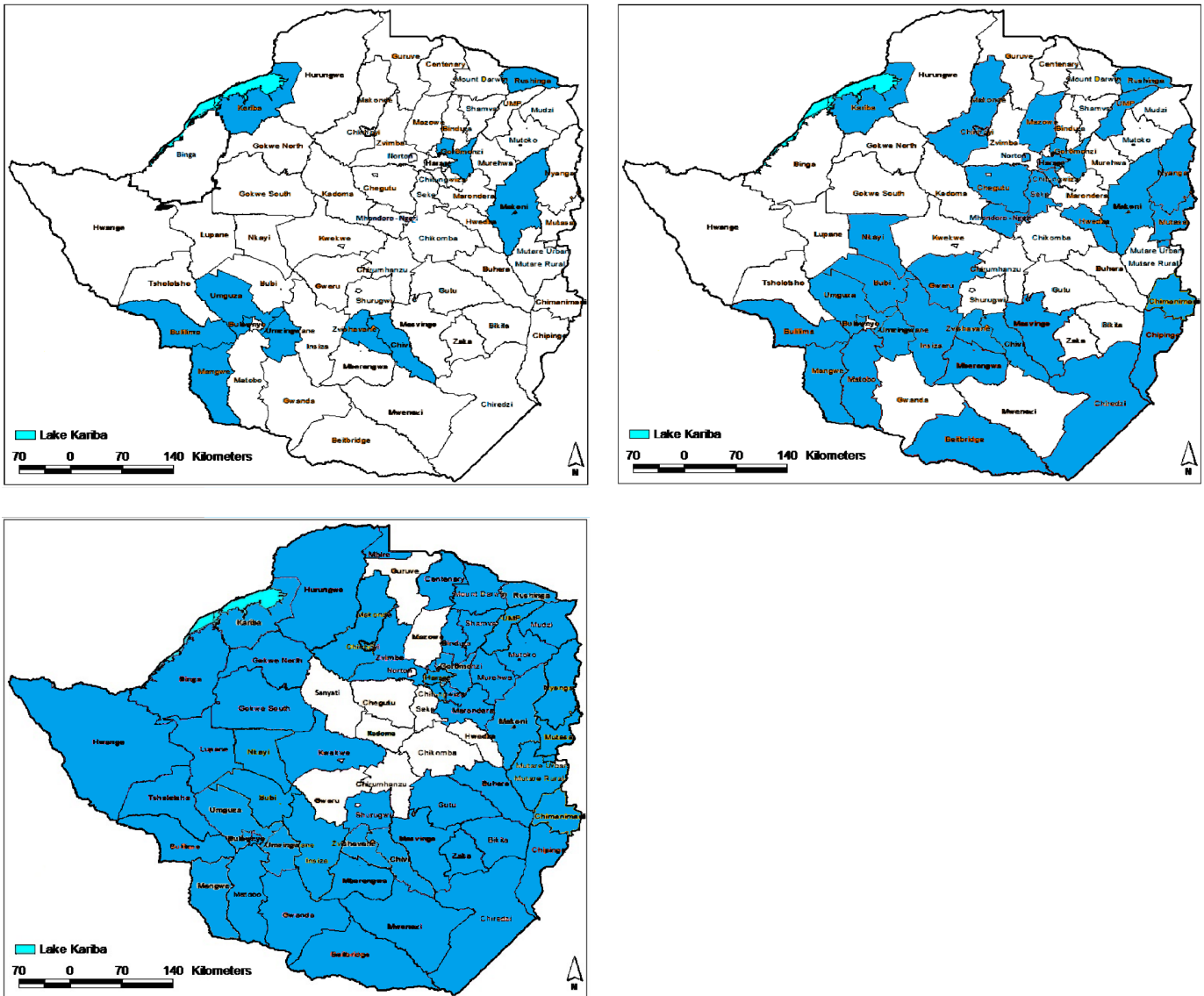
Figure 3: NCMS logical framework and PQ methodology.

Monitoring and evaluation for national case management
Key output indicators from the CPF logical framework
Output indicator 2.1: Number of girls/boys receiving CPF supported child protection services annually
Output indicator 2.3: Percentage of quality in case files meeting minimum national quality standards (as defined in Promising Quality) reported by CPF supported NGOs
Output indicator 4.1: Number and percentage of implementing partners (NGOs and private sector) reporting a) against quality reporting matrix and b) on time
The Promising Quality (PQ) framework: 4 tools for monitoring and evaluation
1. Most Critical Intervention (MCI): an intervention identified by each partner NGO that addresses a risk reduction (in their scope of practice) – to be self-monitored and self-reported by each partner NGO, e.g. for sexual violence, whether or if a case goes to court
2. Promise cards: a communication tool developed by each partner NGO to help children and caregivers understand who is helping them and what they can expect – provided to children and families
3. Ask the expert: a standard list of 15 psychosocial questions, including interpersonal, intrapersonal, safety, and social interaction domains – to be administered to children to assess psychosocial well-being
4. Quality case file checklist: a standard checklist of 20 case file and coordination standards – to be applied to case file review

2.4 Preliminary results from the NCMS

The first evaluation data from the NCMS showed success against the monitoring indicators. By July 2013, just 10 months into the second year of CPF programming, UNICEF reported reaching 69,118 children – 359% of the annual target. The program was also considered to be on track for meeting all major indicator targets including child well-being, coordination, and monitoring and evaluation systems that had been set out in the PQ Framework and the revised logical framework (Figure 4).

Table 4: Snapshot of all agency progress against planned results.

Progress statement	CPF in support of NAP II outcome	Annual Target CPF September 2013 milestone	Summary of Progress at July 2013 (Approx. 10 months of year 2 implementation)
✓ YES!	**Reach** Number of children reached with a service[21]	Baseline: 0 Target: 19,250	69,118 (all partners – majority of beneficiaries reached by CPF partner programmes) 60,453 (all partners) beneficiaries reached with service deemed **relevant and of quality** (77%)
✓ on track	**Wellbeing** Self-reported wellbeing of girls/boys[22]	Baseline: 0 Target: 50% [23]	76 % mean of improvement in self-reported wellbeing (in those programs using the Ask the Expert Tool)
✓ on track	**Coordination** % of case files meeting minimum quality standards[24]	Baseline: 0 Target: 50%	72% mean of case file check list scores (in those programs using the Tool)
✓ on track	**M&E Systems** A system to measure quality in place [25]	Baseline: 0 Target: 70%	93% of CPF partners are implementing 60% of all UNICEF partners are using PQ.
✓ on track	**Quality Overall** The Child Protection services being received by child survivors are of quality	No global target set	Most NGO programs demonstrate trends of improvement 53 (8) % of NGOs have Value for Money Scale that includes quality 77% delivery on Most Critical Intervention

Figure 4: NCMS progress vs. CPF targets – July 2013 (UNICEF Zimbabwe, 2013). The final report of the PQ assessment reported reaching or surpassing targets for all major output indicators. Footnotes 21-25 in the figure refer to data in the CPF for NAP II Revised Logical Framework, 2013.

3. From implementation to improvement

By 2014, with NCMS implementation and scale up largely complete, UNICEF Zimbabwe shifted their strategy to focus on system improvement. The improvement process aimed to review the goals of the program, describe progress so far, identify gaps, and ultimately catalyze changes in program design to maximize impact and value.

UNICEF Zimbabwe started by going back to reexamine the vision of NAP II and the CPF. The CPF was an initiative fundamentally rooted in social protection, which prescribed a broad-based, systems approach for addressing **deprivation and equity**. Within the CPF, the NCMS was designed to address these issues specifically from a child protection standpoint. Applying a social protection lens to historical child protection data from Zimbabwe in 2010 and 2011 underscored the extent of the issues.

One major issue was **low penetrance** of child protection services, which accounted for substantial gaps between the prevalence of child protection issues and the proportion of children receiving appropriate child protection services (Figure 5).

Furthermore, although there was evidence of better child protection outcomes over time, there was **inequitable improvement** in the situation for children based on factors like gender, location, poverty, and household structure (Figure 6).

UNICEF Zimbabwe set out to learn more about how the CPF was addressing these gaps. The monitoring and evaluation framework measured the overall number of children reached – a marker of program activity – and the reports indicated that huge numbers of children received services. But there were no specific metrics to help UNICEF Zimbabwe or CPF partners understand these measures in more detail. Was the case management system actually responding to the needs of vulnerable children? And how would we know?

Figure 5: Low penetrance of child protection services. Data from the National Baseline Survey on Life Experiences of Adolescents indicate that 32.5% of girls 13-24 years old have experienced sexual violence. Among girls 13-17 years old, 30% know where to access services and only 2% ever receive them.

For every 100 girls who experience sexual violence

30 know where to get professional support

3 seek support services
2 receive the services they need

Figure 6: Inequitable improvements in child protection outcomes. There are disparities in the incidence of child protection violations based on sociodemographic factors, such as household wealth and caregiver status. National survey data show improvement in child protection indicators over time, however, gains are higher in certain groups.

Median age at first marriage

	Poorest	Richest
DHS 2005/06	18.5	18.7
DHS 2010/11	20.5	21.3

Inequity: rich vs. poor

Improvement over time

Age (Years)

Percentage of children who have experienced sexual violence

	Not orphan	Single orphan	Double orphan
Male	5.7	4	5.3
Female	14.6	21.9	29.8

Inequity: male vs. female

Inequity: household status

Percent
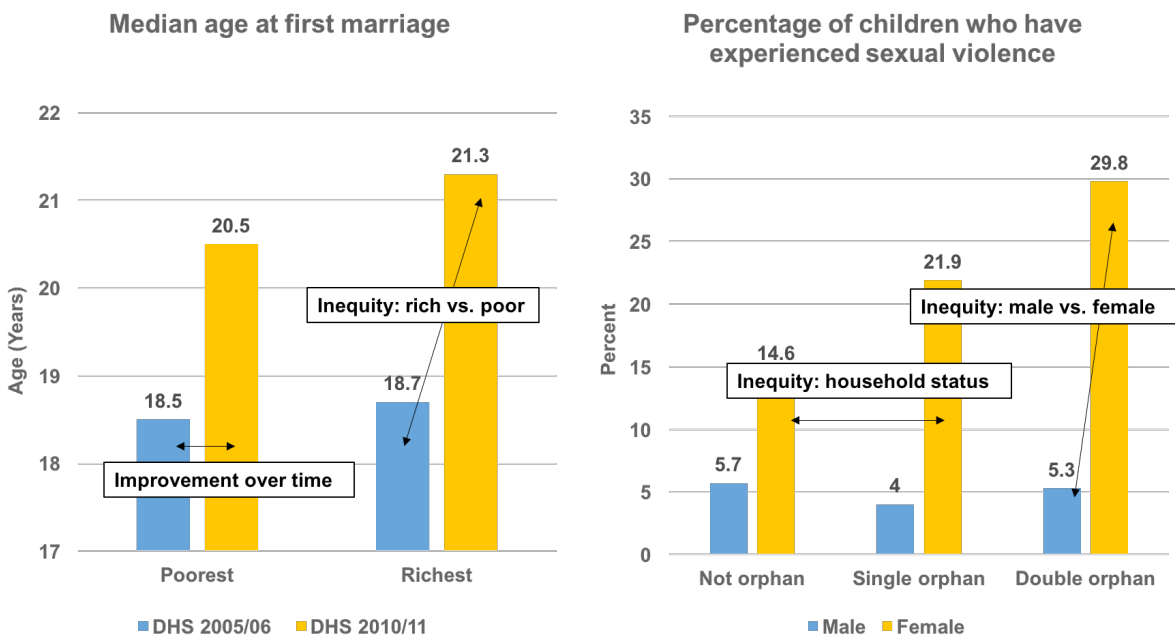
3.1 Making measurement meaningful

Understanding the caseload

The first step in UNICEF Zimbabwe's improvement work focused on drilling down into the NCMS reporting data. To start, UNICEF used data from WEI and MoPSLSW to disaggregate the child protection caseload and learn about case types – the "who" and "what" of the NCMS work.

The analysis confirmed that **the NCMS was reaching many children, but revealed that most cases were not related to critical child protection issues**. For example, annual data from 2014 showed 27,230 cases logged in the NCMS, but 65% of these were attributed to birth registration, living in extreme poverty, school non-attendance, and health issues. Only 17% of all cases were related to child protection concerns (Figure 7). Despite the high prevalence of violence against children reported in national survey data, there were only 170 recorded cases of domestic violence (1%) and no recorded cases of sexual violence. The findings were even more striking when analyzed from the sub-national level. In Kariba district, for example, data from 2014 showed that birth registration accounted for 89% of all cases. Emotional, physical, and sexual violence collectively accounted for only 1 case, less than 0.1% of the caseload.
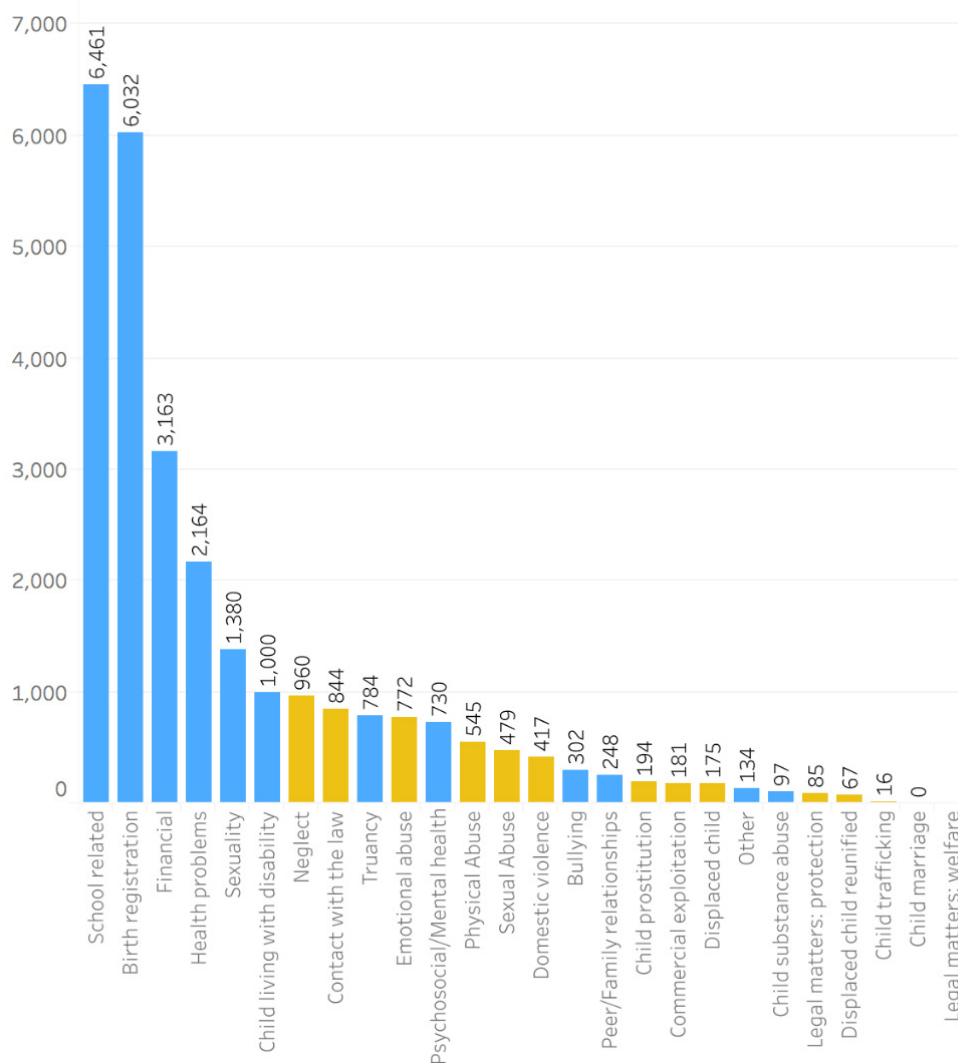

Figure 7: Disaggregating the NCMS caseload. Disaggregated caseload data from WEI and MoPSLSW in 2014 (n = 27,230) shows that cases were primarily related to social welfare issues (blue), such as birth registration, access to school, household financial concerns, and health issues. Child protection issues (orange) account for a minority of cases.

From a qualitative perspective, disaggregation of the caseload highlighted other concerns. The system for case classification did not appear to be standardized or systematically applied, with different categories observed in reports from the national, provincial, and district level. In turn, this raised questions about the process of data aggregation – how could caseload information obtained at district level be aggregated at national level if the system for case classification was different across districts?

Moreover, the disaggregated data highlighted broad misunderstanding about what constitutes a child protection case and a knowledge gap regarding the purpose and process of case management. In national data, for example, there were categories for some child protection violations (e.g. "child abuse"), but others were missing. Instead, there were categories for issues related to other aspects of social welfare (e.g. "living in extreme poverty"), health (e.g. "not adhering to medication"), and arbitrary determinations of vulnerability in general (e.g. "risk of abuse"). The classification also included standalone services (e.g. "pre-reunification counselling") that might be provided in the context of the case management process but do not constitute a "case". Similarly, although birth registration accounted for a large proportion of recorded cases, the provision of birth registration services alone does not typically benefit from entry into the formal case management process.

Learning about double counting

As all NGO partners started reporting disaggregated caseload data, new concerns about the quality of the case management system emerged. Disaggregation of the caseload by agency showed discrepancies between the total number of cases reported and the number of cases with an open case file. Discussion with partners revealed **a new pattern – double counting – that was inflating the caseload** statistics.

Double counting within the CPF context is a phenomenon that occurred when one agency/partner receives a case and referred it to another, and both agencies "counted" the case their

reporting statistics. When UNICEF Zimbabwe compiled the data for summary reports, the process involved simply adding the raw numbers. There was no mechanism to track a child who might have received multiple services, and so the child was counted as more than one case. For example, if a case of a sexual abuse is initially identified at Childline and subsequently referred to Family Support Trust for clinical management, but both agencies report the case, aggregate reports from UNICEF Zimbabwe indicate two separate children/cases rather than one (true) case (Figure 8).

In order to further assess the extent of this, UNICEF Zimbabwe reviewed referral pathways for children in the child protection system. A detailed case study supported by UNICEF Zimbabwe and Childline showed that the pathways are complex and often involve multiple agencies (The University of Edinburgh, 2016). Theoretically double counting is only the start: for more complicated cases, the case might be counted, three, four, or more times.

Addressing double counting

UNICEF Zimbabwe attempted to develop a basic model to account for double counting, based on information from each partner about referrals to and from the agency, as well as the number of open case files. Measures to account for additional (i.e. triple or more) counting was not included. The model estimated that approximately 16% of cases – 1 in every 6 cases – were double counted. Applied to the July 2013 monitoring data, which indicated 69,111 cases in 10 months, more than 10,000 cases may have been erroneously reported.

UNICEF's ongoing analysis soon indicated that this initial form of **double counting was just one of many layers of possible error in the system for case reporting and aggregation**. One additional source of error was identified in the system for case classification. The NCMS still classified cases based on type (of violation), however, vulnerable children often have multiple concurrent issues. There was no system to allocate a single, unique client identifier to each child. For example, a child who experienced emotional, physical, and sexual violence might
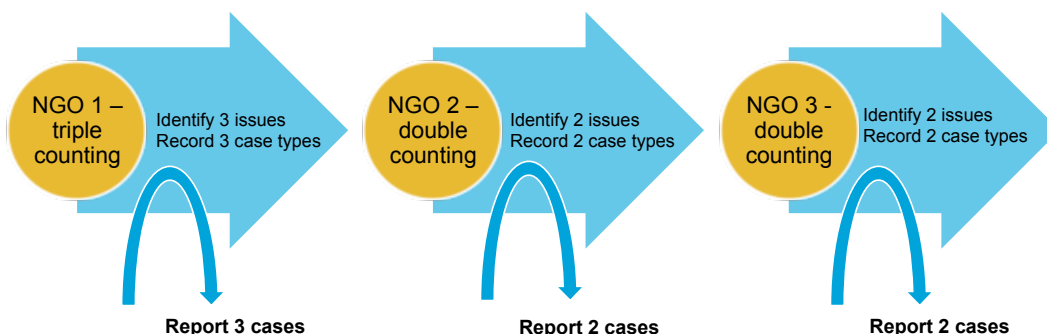
Figure 8: Measurement error: How 1 case becomes 7. Aggregate caseload figures were exaggerated by systematic errors, such as double counting. UNICEF Zimbabwe estimates that double counting accounts for approximately 16% of the reported caseload.

Double counting: How 1 case becomes 7

Step 1: NGOs partners count and report

A 10 year old girl with multiple issues:
- School exclusion
- Child labour
- Physical violence

NGO 1 – triple counting — Identify 3 issues, Record 3 case types — Report 3 cases

NGO 2 – double counting — Identify 2 issues, Record 2 case types — Report 2 cases

NGO 3 - double counting — Identify 2 issues, Record 2 case types — Report 2 cases

Step 2: UNICEF Zimbabwe collects reporting data from all partners

Step 3: UNICEF Zimbabwe collates reports: 3 cases + 2 cases + 2 cases = 7 cases

have been reported as one case or as three cases (i.e. one case of emotional violence, one case of physical violence, one case of sexual violence).

The layers of double counting are multipliers for the magnitude of the risk. These layers are especially prevalent for more complex cases, where children have multiple issues and multiple referrals for services.

3.2 identifying gaps in the case management process

Understanding case referral and management

Another issue emerging from disaggregated caseload data was the concern that **cases were being identified, but not appropriately referred or managed**. The caseload analysis showed that many cases – including many cases involving statutory violations – were never referred to the MoPSLSW. Instead, cases were often referred to and between CPF partners – for example, between Childline and FST. This was even an issue when cases were initially identified by government institutions, such as the police or a hospital. UNICEF Zimbabwe found that this was

due to a number of demand, supply, and system level factors, including weak referral mechanisms, lack of knowledge about the referral process, and limited capacity at district level to manage the volume of referred cases.

Incomplete referrals resulted in multiple risks. On an individual level, for critical child protection cases where statutory functions (e.g. removal from care) were required, MoPSLSW must be involved for these to occur. Without referral to MoPSLSW, no statutory actions could take place. More broadly, relying on alternative pathways for case management with no statutory power undermined accountability and confidence in the child protection system.

Using the buddy system

In order to address a critical government capacity gap and balance between service provision and meeting statutory requirements, UNICEF Zimbabwe supported an active "buddy system" for case management. The buddy system was utilized in situations where partners recognized and reported a critical child protection violation, but MoPSLSW lacked sufficient resources to respond

in a timely way. Since many partners had access to resources, but only government was able to perform statutory child protection functions, social workers from both groups would work side-by-side in teams, sharing transportation and other resources. An added benefit of the buddy system was that the social worker pairs were able to engage in peer support.

Related to this, another important gap that persists is the non-implementation of the 2013 Statutory Instrument (SI) on non-pubic service probation officers that allows the Minister of Public Service, Labour and Social Welfare to appoint non-civil servant Social Workers to handle statutory cases. This has the potential to significantly address the human resource and skills gap that is contributing to delays in meeting timelines for processing of statutory cases.

In addition to concerns about the referral process, there were also concerns about accountability for case management once the referral was complete. Although **there were clear statutory requirements for the timing of key case management events, there was no clear system to monitor compliance**. Partners were accountable for service quality through the PQ framework, but these tools were self-completed, non-standardized, and did not reflect the statutory requirements. With essentially no available data on the process or timing of case management, the extent of any potential issues was largely unknown. There were limited data on the rate of case closure, which showed that few, if any, cases were ever closed – but did not include data about other case management events or even the timing of case closure. This was in part due to a lack of clear definitions and operating procedures for key case management functions (such as case closure), so MoPSLSW and partners had limited means to ensure these functions occurred and/or track completion over time.

Reviewing the role of the management information system

Focusing on operational aspects of the child protection system prompted a review of the NCMS management information system (MIS). The development of a robust MIS for the HSCT and NCMS was a core feature of the CPF. At a

conceptual level, the MIS was articulated as a "harmonized" case management tool that would link the "cash" and "care" arms of the program. The MIS would function both to manage the process of delivering HSCT cash transfers and other social protection instruments as well as to support the identification and management of child protection violations (Figure 9). Data from the MIS would be used to support the development of accountability mechanisms for both cash transfer and case management processes.

In practice, although there was a single MIS intended for the HSCT and NCMS programs, the HSCT MIS was prioritized and developed first. This was driven in part by the need for robust accountability mechanisms for HSCT, where donors and implementing organizations were concerned about the substantial risk of a large cash transfer scheme. The HSCT MIS was designed by an external consultant concurrently with the HSCT manual, and to some extent determined the paper inputs required.

The MIS for NCMS was developed as a second MIS, and was designed internally by MoPSLSW information technology specialists. The NCMS manual was already established, and the MIS essentially digitized the NCMS paper tools.

By 2014 the NCMS MIS was completed and was presented to UNICEF Zimbabwe and government. The model was accepted and pilot implementation was initiated in five districts: Harare, Bindura, Bulawayo, Marondera, and Zvimba.

Review of the MIS pilot implementation in November 2015 showed the MIS was not being used. In Harare district, for example, only 13 cases had been entered into the system, even though thousands of cases had been reported on paper. According to government social workers, using the MIS required extra effort, but provided no extra value. The issue was that the case management MIS had not been designed with reference to the case management business process, and even if social workers used the MIS, they were still required to fill out paper forms and manually tabulate case management data for statutory reports – duplicating their efforts.

Figure 9. The NCMS MIS. Slides used with permission from MoPSLSW. The MIS was initially conceived as a single, unified system for HSCT and NCMS programs, with a broad range of operational and managerial functions for cash and care. There was an emphasis on early implementation.

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4. Interventions for improvement

Based on these observations and concerns, UNICEF Zimbabwe initiated a number of changes, starting at the end of 2014, to refocus CPF programming to specifically address key issues in the NCMS.

4.1 Priority 1: Shifting the focus to core child protection work

Reengaging all stakeholders about the importance of critical child protection issues

Review of the disaggregated caseload and NGO partner proposals revealed a scope that was predominantly social welfare based. There was limited appreciation for critical child protection issues, such as exploitation, abuse, and violence against children (Figure 10).

Similarly, the front-line workforce for the child protection system involved more than 9,000 paraprofessional CCWs who had basic training on issues affecting children. Multiple factors

related to their training and workflow contributed to a strong focus on social welfare aspects of child vulnerability, with less attention to critical child protection violations. Historically, the PoS emphasized access to education and health services. This was reinforced in the context of the HSCT and the push to "harmonize" access to other social protection instruments (e.g. Basic Education Assistance Module (BEAM), Assisted Medical Treatment Order (AMTO)) for vulnerable households. In addition, although there were deliberate efforts in the HSCT targeting process to capture information related to household-level child protection issues (Form 2), there was limited guidance about how to implement these tools, no structured questions to help focus on child protection issues. In practice, these tools captured mostly welfare rather than protection issues.

UNICEF Zimbabwe met with all partners to review the findings of the caseload analysis and discuss why more focused appreciation of child protection concerns would be better for children. MoPSLSW

social workers in turn relayed these messages to the CCWs, who were offered targeted training on how to identify and support children in the context of critical child protection violations. This paradigm shift was not easily embraced by partners and other stakeholders including government, forcing a long series of negotiations the complicated the change process. Most partners expressed concerns that a focus on child protection would mean that many children would fail to access important social welfare services, and that overall funding for partners would decrease.

Reinforcing the concept that childhood vulnerability is multidimensional

A key component of the reengagement process was to explore the concept of vulnerability and multidimensional risk. The drivers of social welfare and child protection issues are the same, and in many cases, vulnerable children face several forms of deprivation and violation. The approaches taken by NGO partner staff, CCWs and district level officers suggested that there was a limited appreciation for this. Case intake would often start and stop with a specific social welfare issue. All groups described incidents when they would work on the presenting issue i.e. a child welfare case but not explore for others, resulting in child protection issues that were missed.

Where are we now?

A renewed focus on core child protection work

Recognizing the mismatch between child protection needs and services helped realign programming to close the gap. From 2014 to 2016, data from CPF partners shows up to four-fold increases in the number of child protection cases (Figure 11a). This increase corresponds to a higher proportion of the caseload comprising child protection issues (Figure 11b). Overall, child protection cases still make up a minority of all cases (Figure 11c), although this proportion is steadily increasing.

4.2 Priority 2: Re-envisioning the monitoring and evaluation framework

Using caseload analysis as a foundation for monitoring and evaluation. The CPF monitoring and evaluation framework was initially focused on activity-level program outputs without attention to "higher-resolution" factors, such as case type, which are fundamental to understanding of program impact. Based on the findings of the first disaggregated caseload analysis, UNICEF Zimbabwe assisted the MoPSLSW to change the reporting tools to require case type information from all partners.

Figure 10. Re-engaging partners to refocus on child protection.

JF Kapnek Trust is one of the CPF partners that focuses primarily on supporting children with disabilities. In the initial phase of CPF programming, reports from JF Kapnek Trust about "reach" and "quality" indicated good success against targets. But what was really happening?

Towards the end of 2014, UNICEF Zimbabwe took a closer look at the data including caseload analysis. Based on this, much of JF Kapnek Trust's programming through the CPF was providing physical rehabilitation services for disabled children. Although these services were essential from a clinical perspective, in general they occurred in isolation – that is, without links to the child protection services that are critically relevant for this vulnerable group.

Ultimately UNICEF Zimbabwe engaged JF Kapnek Trust to shift their perspective to be better aligned with the child protection objectives set out in the CPF. At a programming level, JF Kapnek Trust adopted a broader approach to the social dimensions of disability and in particular high risk for serious child protection concerns including physical and sexual violence, exploitation, and neglect At the same time, UNICEF Zimbabwe helped link JF Kapnek Trust's physical rehabilitation program with stakeholders in the health sector as a means to help bolster their clinical work.

Figure 11. NCMS/MoPSLSW caseload, disaggregated by case type, 2014-2016.

Case load, selected child protection case types (2014-2016)
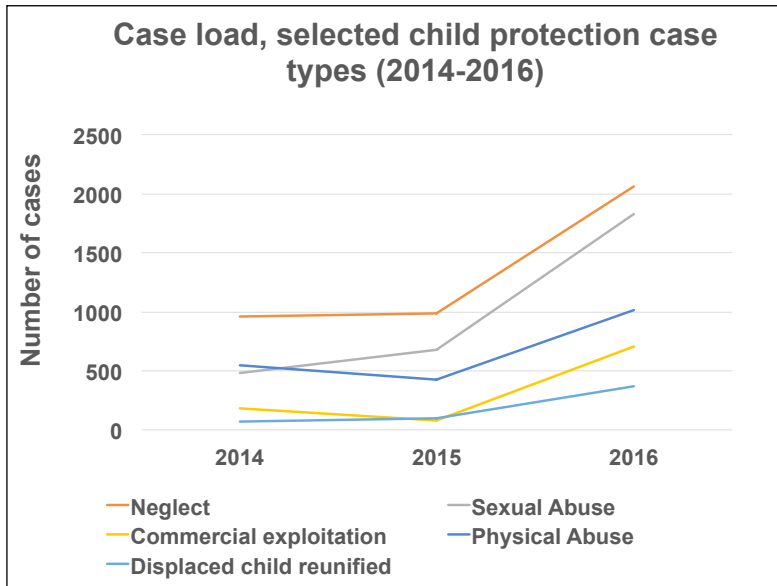
a) Number of cases, selected child protection case types, 2014-2016. There were increased overall numbers of child protection cases managed from 2014 to 2016, including 114% increase in the number of child neglect cases, 282% increase in the number of sexual abuse cases, and 292% increase in the number of commercial exploitation cases.

Child protection cases, proportion of total cases (2014-2016)
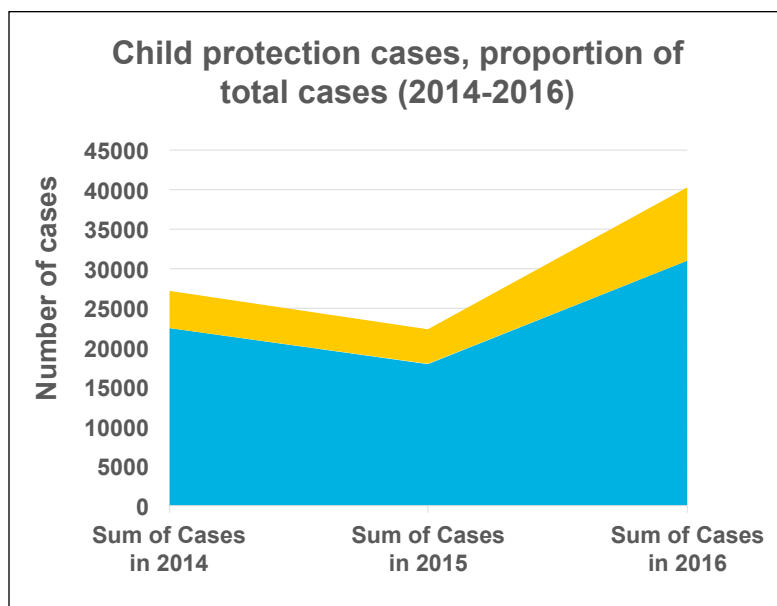
b) Number of child protection cases as a proportion of total cases, 2014-2016. WEI caseload data, disaggregated by case type, show an increased overall caseload, but also an increasing proportion of child protection (orange) vs. social welfare (blue) cases from 2014 to 2016.

Child protection cases, percentage of total cases (2014-2016)
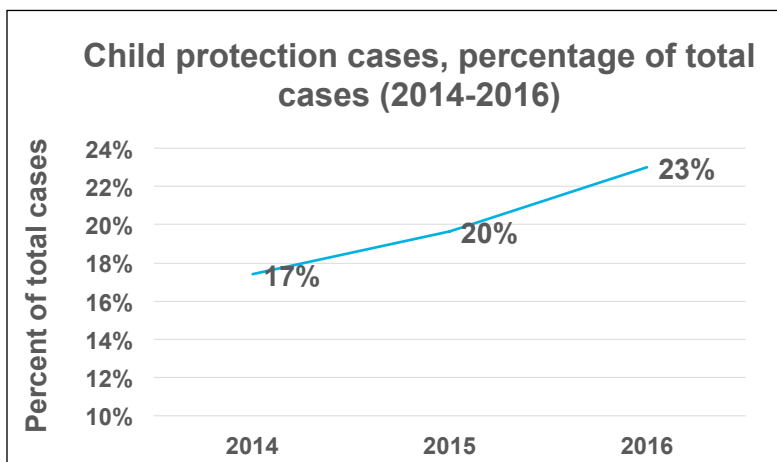
c) Child protection cases as a percentage of total cases, 2014-2016. The proportion of child protection cases is increasing over time, with child protection cases accounting for nearly ¼ cases overall.

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Part of the issue may have been the role of targets as incentives. In the CPF, the NGO partners were engaged in a direct service provision capacity, where ongoing partnership was to some extent contingent on achieving quantitative targets. Data on the caseload were self-reported as an aggregate figure. Clearly, however, not all cases are the same: social welfare cases are simpler and faster to manage than child protection cases, and the focus on targets without caseload analysis may have contributed to a shift in focus to the "low hanging" cases. The PQ framework attempted to address this by assessing the "quality" of the service, but **caseload disaggregation was fundamental to monitor and contextualize what types of cases entered the NCMS.**

In addition, there were multiple concerns about the way information was collected through the NCMS. One issue was the concern that some of the cases – particularly children with multiple issues – may have been incorrectly coded. For example, a case of child with issues related to school access and physical violence may have been coded as a school access case only. Similarly, using the same example, a case may have been coded as two separate cases.

One further issue was to start understanding the caseload in the context of the case-to-worker ratio. Because some cases naturally require more time and effort (e.g. probation, adoption), knowing case types could help with work allocation as well as evaluating work output at the individual level.

Reassessing the PQ framework – did PQ really promise quality? Multiple NGO partners raised concerns about the PQ framework and UNICEF and MoPSLSW sponsored an assessment of this (Ministry of Public Service, Labour, and Social Welfare, 2014). From a methodological perspective, there were significant concerns about the ability of the framework to assess or ensure accountability. The report identified multiple issues, including:

1. The need for meaningful data disaggregation for individual partners to support performance management, e.g. caseload analysis

2. The lack of standardization of the approach, tools, and results across agencies, resulting in difficulty in reliable comparison of results

across partners or at a systems level, e.g. inconsistencies in the rigor and application of the case file checklist tool across agencies

3. The inability of the PQ tools to track contributions to system strengthening efforts where there is indirect interaction with children, e.g. training, capacity building

4. The lack of linking to business process or national standards

5. Conflicts of interest at multiple levels in terms of application of the PQ tools

6. MCI: partners set indicators and self-measured/reported

   - Ask the expert: NGO staff surveyed children they worked with
   - Case file checklist: dependent on internal system at NGO partner, administered by NGO staff regardless of training/capacity, not linked to national standards

Where are we now?

Revising the framework for NCMS monitoring and evaluation

UNICEF Zimbabwe and MoPSLSW undertook a major effort to overhaul the monitoring and evaluation system beginning in November 2015. The scope of this work was to address in a broad sense the next phase of NAP programming (i.e. NAP III), including child protection and safeguarding (Pillar 3).

The revised monitoring and evaluation framework identified six key child protection outputs, as well as guidance to address key gaps in the NAP II/CPF monitoring and evaluation structure (Ministry of Public Service, Labour, and Social Welfare, 2016).

Key changes include:

- **National coordination and oversight** for the monitoring and evaluation process by the Working Party of Officials (WPO), and specific recommendations for dedicated a monitoring and evaluation unit within the MoPSLSW.

- For each pillar/outcome, multiple outputs and **specific output indicators, each with**

disaggregation parameters, data sources, responsibility for generating summary reports, and reporting structures (i.e. who reports to who) and frequency.

- For routine (monthly) data collection and reporting, a clear, **standardized approach to compiling and submitting data** at community, ward, partner, district, province, and national levels, including standardized reporting tools.

- **Storage and confidentiality guidelines** for all monitoring and evaluation data.

- **Specific provisions to address quality assurance** in data collection and analysis, including mandatory client-specific reporting (i.e. unique client identifiers, to avoid double counting) and an annex of guidelines for data analysis (to improve reporting accuracy and standardization).

- An **emphasis on improving capacity for data analysis** at all levels, using data, via presentation, sharing, and discussing to promote decision support and evidence-based program change.

- **Standalone systems strengthening assessment**, to be conducted by external experts at baseline, midline, and endline.

- **Measuring outcomes for children**, by looking beyond "reach" to capture information about the process of case management (e.g. the timing of social work assessments, care plan implementation, case review)

4.3 Priority 3: Putting value back in the MIS

Analyzing why the initial MIS failed. The NCMS MIS was identified as an important component of the CPF, however, the initial system was inefficient and ineffective. This was largely due to the way the MIS was developed: a process that was driven by technology and existing paper tools rather than value and without reference to the underlying business process.

In May 2016, UNICEF supported an independent case management business process analysis

(The Palladium Group, 2016) to assess the design and function of the initial MIS, and to guide steps towards improvement. The main conclusions of the analysis were:

- **The evolution of a robust MIS has the potential to improve case management and reporting.** There are many possible ways that the MIS can add value, both for individual case management as well as system-level business processes. The report provides a detailed list of recommendations to help achieve this, including better case identification, triage, allocation, and tracking mechanisms, standard data fields for coding, and integrated automatic reporting.

- **The purpose of the MIS must be clearly defined.** The MIS was designed for the purpose of individual case management, rather than business processes – i.e. to keep electronic case files and perform small summary analyses, but not to support accountability or decision making functions. The MIS did not function to produce mandatory reports, meaning that MIS users were still required to complete paper forms and reports. There was a strong recommendation to involve stakeholders in a process to clearly define the purpose of the MIS, including what the MIS will not do.

- **The success of the MIS relates functionality in context.** Successful implementation of the MIS depends critically on the value it can provide for users. The reporting process is already intensive and time-consuming and unless the MIS can improve this, there is a risk that the paper system will persist.

Where are we now?

UNICEF Zimbabwe has been using recommendations from the case management business process analysis to plan the development of a new case management MIS. The development of a robust MIS is critical for improving the NCMS and reducing risk. The main conceptual difference in the revised MIS is a fundamental understanding of the business processes involved in case management, and the

need for an MIS that can reflect and support these. Some of the key functions include:

- Supporting essential case management roles, such as identification, triage, allocation, tracking

- Improving efficiency through standardized data collection and automatic reporting

- Addressing systems risks at the individual case level (e.g. identify cases in need of review/lost to follow up) and system level (e.g. case type disaggregation, avoid double counting)

- Increasing accountability mechanisms by providing mechanisms to accurately monitor the timing and quality of key case management events

Government and NGO partners will be engaged from the inception phase to ensure the MIS functions add value in the context of the day-to-day case management workflow.

Another important consideration for the revised MIS is the implementation plan.

The initial case management MIS pilot received minimal support, and there was no plan or mechanism for early feedback about areas for improvement. As a result, the MIS pilot failure was recognized only many months into the implementation phase and the transition to a functional MIS was delayed.

The revised MIS will therefore include a carefully planned and monitored pilot approach to facilitate real-time troubleshooting and maximize the chance of success. Recognizing that issues with implementation may be context-specific, an intensive, decentralized monitoring/support approach (i.e. "level 3" monitoring) will be useful as the pilot moves to scale. Ultimately, the parameters of this approach depend on the MIS goals and design, but key principles to focus on include:

- **Ensuring inclusivity for children/cases and MIS users:** The MIS should capture all eligible children/cases from all MIS users. Process measures should include an assessment of total cases and MIS-captured

cases. Discrepancies should be reviewed, with discrimination to the individual social worker level. Factors that result in exclusion should be identified and addressed.

- **Establishing accurate child/case identification and tracking mechanisms:** There should be considerable care for establishing and maintaining a system of unique client identifiers. Barriers to this (e.g. no birth certificate) should be anticipated, and systems in place to a) account for these situations in the MIS and b) provide effective and efficient solutions for children (e.g. birth registration services). The accuracy of identification and case intake information is critical for robust system functioning and requires careful verification and monitoring in the implementation process.

- **Providing robust, relevant business process support:** There should be multiple process measures to evaluate MIS functions for accomplishing key case management business processes – in other words, to ensure that the MIS is working in the way it was intended. For example, once children enter the NCMS, the MIS should provide a mechanism to ensure cases are being allocated appropriately, or that cases progressing through the next steps of the case management process. The specific measures depend on the goals of the MIS.

- **Facilitating multi-agency support for complex cases:** Many cases involve multiple concurrent abuses that require cross-agency support and collaborative decision making. The NCMS requires that a case conference is convened for these cases to appropriately categorize and devise a well-coordinated case plan. The MIS can facilitate case identification and entry, as well as provide a platform to facilitate case analysis and planning across a multiple stakeholder group.

- **Assessing changes in workload, workflow, and efficiency:** The MIS implementation team should develop and monitor balancing measures to ensure that the MIS improves workload, workflow, and efficiency.

4.4 Priority 4: Promoting a systems strengthening approach

UNICEF recognized that NGO partners were using CPF funds primarily for direct service provision and that there was no viable plan for systems strengthening or sustainability. This was to some extent exacerbated by the PQ tools for monitoring and evaluation, which was designed to assess quality in direct service provision only. In response, UNICEF Zimbabwe led a push away from direct services to promote indirect services, which favored partners providing support for government institutions including MoPSLSW, with the goal of system wide capacity building.

- **Funding restructuring:** UNICEF Zimbabwe changed CPF funding allocation to shift a programming emphasis from direct service delivery by NGO partners to their support for government capacity building (i.e. indirect service provision) (Figure 12).

- **Partnership for capacity building:** UNICEF Zimbabwe acknowledged that management of statutory cases is done by MoPSLSW social workers. The buddy system was encouraged as a mechanism to support MoPSLSW social workers in expediting statutory cases, improve MoPSLSW-partner relationships, and facilitating peer learning and support.

- **Revising the monitoring and evaluation plan:** UNICEF Zimbabwe recognized a gap in monitoring mechanisms for evaluating indirect services, and therefore de-emphasized the role of the PQ framework in monitoring and evaluation activities. Instead, UNICEF Zimbabwe asked all partners to track referral information in a way that allowed disaggregation of direct and indirect services, which helped the partners demonstrate how their indirect work was contributing to the case management system.

Where are we now?

Disaggregated data for direct and indirect services was only available starting in 2015. Measuring and differentiating between direct and indirect services is one way to review in more detail what CPF

partners accomplish – specifically, to understand balance of direct service provision and systems-level work.

In order to help differentiate between direct and indirect services, UNICEF Zimbabwe revised key routine monitoring requirements to emphasize the difference between children who receive NGO services directly and children referred for services through MoPSLSW and other relevant government bodies. Changing the indicator has provided a mechanism to set targets and measure against these, and has helped facilitate a change in thinking at the partner-level about ensuring children receive appropriate referrals and that management of cases happens in collaboration with government.

There are still challenges, however, including significant concerns about quality assurance due to a lack of standard definitions for data collection and analysis. Similarly, at all levels there are insufficient resources to lead robust monitoring and evaluation activities, and neither UNICEF Zimbabwe nor MoPSLSW have started to collate the data to assess trends over time.

The revised monitoring and evaluation framework for NAP III includes provisions for a specific systems strengthening assessment as part of the evaluation plan. Although the NAP III output indicators do not explicitly differentiate between direct and indirect services, the use of unique client identifiers will enable more detailed analysis in this regard. Moreover, there are multiple measures in place in the new framework to improve the overall quality and accuracy of the data.

Multiple stakeholders suggest that collaboration between government and partners – the buddy system, or versions of it – are thriving in districts across the country. In Zimbabwe, human and financial resources in government institutions are often outstripped by the large volume of child protection cases. Effective case management therefore often depends on relationships between MoPSLSW, other government agencies, and partners that allow the groups to share resources, expertise, and community-level knowledge. For example, in some districts, MoPSLSW social

workers provide broad case management experience and statutory authority, partner social workers provide expertise on target issues and transportation, and together they work through the case management tasks. These connections between MoPSLSW and civil society reflect the early stages of child protection system building, and are a promising sign for the development of a robust, intersectoral response.

Despite the success of the buddy system, currently there is no formal accountability mechanism in place to help manage the relationship between government and civil society. Looking forward, it will be important to understand more about how these groups collaborate and how to facilitate and support linkages. UNICEF and MoPSLSW have initiated discussions about developing standard operating procedures that would address this gap.

Figure 12. Funding shift – a focus on systems strengthening. UNICEF Zimbabwe advocated for restructuring the funding and reporting scheme to promote government capacity building.

In the initial scheme, WEI received all program funding and MoPSLSW received only administrative funding. As a result, WEI was responsible for recruiting Case Management Officers (CMOs) who in turn had reporting responsibilities to WEI and to government.

In the revised scheme, program funding was shunted to MoPSLSW in addition to administrative funding. MoPSLSW was therefore responsible for recruiting social workers, who in turn had reporting responsibilities only to government. WEI received reduced program funding, with a focus on providing technical support to MoPSLSW for workforce training, case management, reporting, and caseload analysis.
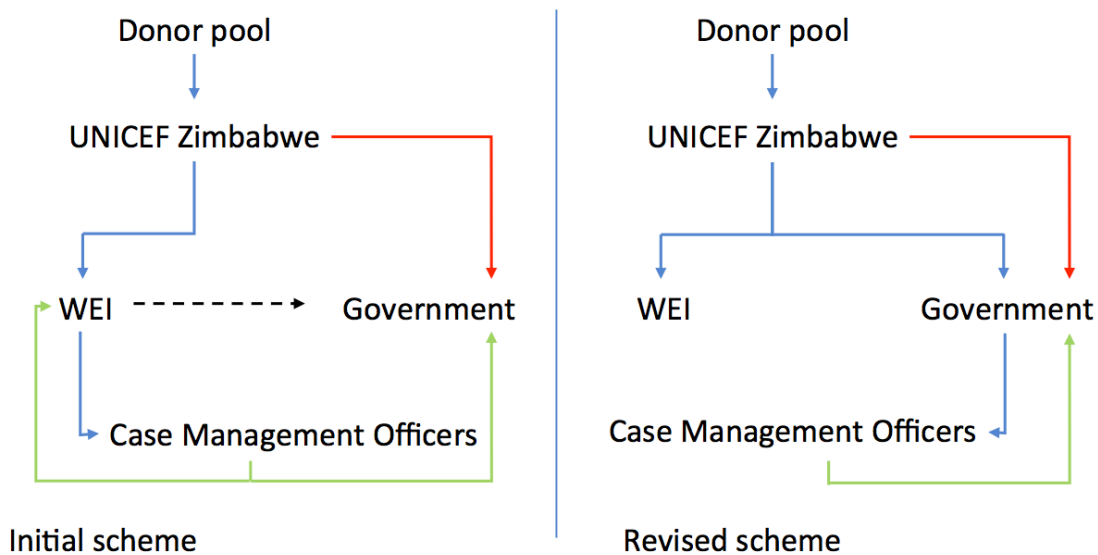
5. Future directions: Achieving harmony in child protection and social protection

The primary focus of this report has been to describe the way that UNICEF Zimbabwe generated and used evidence to inform a dynamic child protection program. But what comes next? Are there new kinds of evidence that can help inform even more innovative work?

In 2016 UNICEF Zimbabwe supported several data exploration initiatives targeted at understanding the drivers of key child protection issues in Zimbabwe. This research has the potential to help foster linkages between elements of the social protection program. For example, detailed household-level targeting data for HSCT could be evaluated for specific child protection risk factors, and help identify the highest risk families for early support and intervention. In Zimbabwe, this might involve using HSCT targeting information to identify child headed and generation-gap households, who could receive routine social work assessment and follow up. This kind of "push" based approach to social work support might be especially helpful for extremely vulnerable households and children who may not otherwise access the service.

From a child protection perspective, perhaps the most important aspect of "harmonization" involves ensuring that child protection remains a core component of the CPF and social protection agenda. Overall, the child protection system requires the same attention and rigor as the cash transfer program. The next steps for improving the child protection system are in some cases ones that happened already for cash transfers – systematic risk assessment, review of the monitoring and evaluation system, MIS development. Although there have been many valuable observations and changes in the child protection system, this still lags far behind.

Reflecting on the development of the NCMS and the child protection system in Zimbabwe shows that the past 5 years have been an important learning process, both in terms of how to implement a national system for case management at scale, and how to leverage a quality improvement process to make a better system over time. This is only the start of the improvement journey. Backed by several years of experience doing evidence-based work, and with many new initiatives already started, this is an exciting time for child protection in Zimbabwe – one that marks the push towards a true, more holistic, "cash plus care" approach to social protection for Zimbabwe's children and families.

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