



REPUBLIC OF ZAMBIA

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

RESEARCH BRIEF

Assessment of Case Management Systems for Improved Access to Basic Social Services for Vulnerable Children and Adolescents in Zambia



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This brief is a summary of a report that was produced by the Economic Policy Research Institute (EPRI) for the Government of Zambia in July 2018 with the support of UNICEF and USAID. The opinions and statements represented in this brief do not necessarily represent those of UNICEF, USAID and the Ministry of Community Development and Social Services.

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Background and justification

Children and adolescents living in Zambia are exposed to multi-dimensional risks and vulnerabilities, with a confluence of factors underpinning poverty and insecurity (see Table 1).

The Service Efficiency and Effectiveness for Vulnerable Children and Adolescents (SEEVCA) programme intends to develop a **national child and family welfare system** to reduce vulnerability and expand social protection for the most vulnerable and marginalised households. A key component to improved service delivery is **integrated case management**. Initially the focus is on the most vulnerable households, which are perceived to be those receiving social cash transfers (SCTs). SEEVCA therefore provides learning ground for 'cash plus' in Zambia.¹

Table 1: Selected vulnerability indicators for Zambia

Zambia ranks 139th out of 188 countries on the UNDP Human Development Index	64.4% of people live below the poverty line of USD 1.90 per day
44.5% primary school dropout rate	40% of children under age five ² are stunted
12% HIV/AIDS prevalence rate	16% of girls aged 15–19-years-old ³ are married

This study is one of three SEEVCA landscaping studies. The purpose of the assessment is (a) to review existing case management systems within and in relation to MCDSS and (b) make recommendations on how case management can be enhanced to ensure more efficient and effective service delivery to vulnerable children and adolescents.⁴ The assessment focused on the following six components of a holistic case management system:⁵



The SEEVCA programme was introduced in 2017 by the Government of Zambia (GRZ), through the Ministry of Community Development and Social Services (MCDSS), with technical and financial assistance from UNICEF and USAID. The SEEVCA programme will be implemented in 15 districts with high HIV prevalence in the Copperbelt and Lusaka provinces.



How was the study done?



Methods

A qualitative study design was used. A comprehensive literature review informed the study and data was collected through focus group discussions and interviews. A case study on an existing community-based case management model (ZamFam) was documented to elaborate on its potential for replication in Zambia.



Sample, sampling procedures and limitations

Purposive stratified sampling methods were used. Five districts were selected for fieldwork: Lusaka, Kafue and Rufunsa districts (Lusaka Province); and Kitwe and Mufulira districts (Copperbelt Province).⁶ Data was collected from a total of 92 people at national, district and sub-district levels, including 13 government officials from MCDSS (from both the Department of Social Welfare (DSW) and the Department of Community Development (DCD)) and the Zambia Police.

The main limitation of the study was the extent to which findings could be generalised given the relatively small number of participants and sampling methods used, namely purposive stratified sampling instead of random stratified sampling.

Box 1: Child and family welfare case management: Key Terms

- **Case management** is broadly defined as “the process of helping individual children and families through direct social-work type support, and information management”.⁷
- **Child and family welfare case management** includes the wider range of interventions aimed at prevention of and response to vulnerabilities and violations, as well as promotion of safer and more secure living environments.
- **Child protection case management** refers to more specific statutory functions around child abuse, violence, neglect, and/or legal proceedings involving children (e.g. adoption, foster care, children in conflict with the law).
- **Integrated case management** recognises that, at the individual case level, the rights and needs of vulnerable children who face multiple risks and deprivations are best addressed within a coordinated and integrated approach. Integrated case management requires a multi-sectoral collaborative process within shared goals, definitions and processes.⁸

Main findings

In less than 10 years the GRZ has recorded a number of accomplishments in strengthening national child and family welfare systems.

Legislative and policy framework

Laws, policies, regulations, national plans, strategies and standards that have been officially adopted at the national and ministerial level serve to provide legitimacy, support and guidance for developing and implementing case management services by all actors that have a role in promoting children's well-being.

Gaps and weaknesses:

- Policies, guidelines and legislation for child and family welfare services are strong on paper⁹ but implementation and institutional coordination remain a work in progress.
- There are no nationally approved standard operating procedures (SOPs) for child and family welfare case management, including for the management of statutory cases that require the coordination of services between social welfare, health, justice and the police.

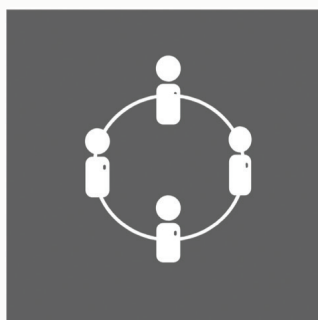
Barriers to coordination:

- The Ministry of Youth, Sport and Child Development (MYSCD) is responsible for the National Child Policy while the bulk of children's services fall within the mandate of the MCDSS, creating multiple role-players within the child and family welfare system.
- The National Child Policy calls on partners from various ministries, departments, agencies in the international community, NGOs, civil society, and the private sector to work together in protecting children from violations and vulnerabilities, but does not provide a robust framework that guides how such coordination should work.
- The Children's Code Bill 2013 establishes a National Child Protection Council and related provisions and would fall under MCDSS, but this has been in draft since 2013. The draft Community Development Policy, draft Community Volunteer Policy, draft Social Welfare Policy and accompanying Social Work Bill, Best Interest Determination (BID) guidelines, and piloting of the National Diversion Framework all signal efforts to strengthen key components of child and family welfare case management, however they fall short of creating a national framework for child and family welfare in Zambia.

Opportunities for improvement:

- Various efforts and initiatives are in place to enhance standardisation. For instance, pre-testing of SOPs and case management tools (e.g. forms for case intake, assessment of child status) – developed with the support of the Zambia Rising project – is taking place in selected District Social Welfare Offices from 2018. Close monitoring of the implementation of these SOPs can inform how best to implement and structure standardised SOPs for child and family case management in the future.
- Most actors maintain their own internal guidelines, processes and forms, while social assistance programmes like the SCT and Public Welfare Assistance Scheme (PWAS) have operational manuals on identification and eligibility criteria, programme actors' roles and responsibilities, monitoring and evaluation (M&E). Lessons learned from implementing these existing operating procedures could provide the basis for the development of standardised SOPs for child and family case management.





Implementation structures at national and subnational levels

These include formal and informal structures and stakeholders across civil and government services. The roles that each structure plays at the national, subnational and community levels in relation to the vulnerable child need to be clearly set out to help with integration amongst the various actors involved in case management.



Existing structures and good practices:

- **Multiple national and subnational implementation and coordination structures** that touch on child protection and case management issues are in place. Structures at district level and below concentrate on service delivery. The main actors are the District Development Coordination Committees (DDCC) with a mandate to monitor and report on progress in achieving multi-sectoral development outcomes; the District Child Protection Committees (DCPC), a multisectoral body of line ministries and NGOs involved in child protection; and Area Coordinating Committees (ACCs), Community Welfare Assistance Committees (CWACs) and District Welfare Assistance Committees (DWACs) which function as general coordination platforms for the DSW. A number of structures exist at national level, including the National Alternative Care Working Group and the National Child Committee.
- **Active and functional DCPCs, ACCs and CWACs** are contributing to better identification, response, referral and overall coordination in child and family welfare case management.



Main gaps and barriers to multi-sectoral coordination:

- While a good resource to child and family case management, DCPCs, ACCs and CWACs can be **at risk of falling inactive** especially in the absence of strong leadership or support. DCPCs are not present in every district and they do not have the GRZ mandate of structures like the DDCC and DWAC, which creates uncertainty for their continued existence.¹⁰
- **Some forums (e.g. DCPCs) are being used to discuss individual cases, which is inappropriate** and does not safeguard beneficiary privacy and right to confidentiality. Case conferences are more suitable for individual case discussions, but appear to be under-used.¹¹ Forums such as the DCPCs are more suitable for discussion of aggregate trends emerging from cases and issues around case management processes.
- **Downward communication channels** (i.e. from district to community) could be strengthened while more information-sharing in general between stakeholders could contribute to better planning and reduce duplication.
- There is **no national government-mandated, multi-sectoral structure for child and family welfare** in which case management services could be routinely overseen and coordinated within child and family welfare service delivery.
- The absence of protocols and defined practices on information-sharing on cases by subnational implementation structures can **endanger case confidentiality**.

Financial and material resources

Basic financial and material support needs to be in place for case management services to function and to ensure their sustainability. Social sector services also need sufficient appropriation and distribution of funding at national and subnational levels to ensure sufficient coverage and accessibility.

Main gaps and weaknesses:

- Social sector ministries in Zambia generally face **shortfalls and constraints in funding for activities**, leading to **gaps in coverage and availability of programmes and services**. NGOs, CBOs, FBOs, and donor-funded projects like ZamFam, Zambia Rising, and Keeping Girls in School provide vital, supplementary coverage and implementation of child and family welfare case management. Volunteers, like the ACCs, CWACs, and other CBVs, constitute an invaluable resource in collective efforts.
- While social services offered by the GRZ, NGOs, and CBOs were unanimously reported to be free of charge to beneficiaries; transport costs to access service providers represent a **financial burden for beneficiaries** potentially inhibiting people from seeking needed care. Members of the ACC and CWACs, CDAs, and ZamFam caregivers reported using their own money to cover transport to services as well as food and other basic needs for serious child protection cases.
- **Gaps were also noted in material resources for case management** including adequate storage space for keeping case files, without which confidentiality in case management is compromised, and transport for volunteers to carry out their work. The lack of dedicated office space for some officials (e.g. CDAs) can pose a challenge to holding interviews with sensitive cases and remaining accessible to the community in a known place.
- **Concerns were raised about the sustainability of donor-funded projects following close-out of funding, including disruptions to services**. For example, while CBOs and caregivers for ZamFam generally believe in the sustainability of the community-based care model beyond the lifespan of ZAMFAM (closed in December 2018), they expressed concern that the education assistance component would end. Or, in the case of a One Stop Centre (OSC) formerly funded by USAID, the end of donor funding meant less money for fuel for the OSC's vehicle, and the OSC faced constraints in transporting sensitive cases to and from its facility.

Opportunities for improvement:

- Initiatives and projects aimed at prevention, such as livelihoods and skills development, and/or capacitating community actors to do more sensitisation and early identification – can achieve cost-savings through averting the need for more involved and resource-intensive case management interventions.
- More robust efforts to facilitate alternative care (foster care and kinship care) can create opportunities for the re-allocation of resources spent to house children at Residential Child Care Facilities (RCCFs) to other programming such as outreach and empowerment.
- The allocation of some resources to sub-district level, volunteer-based structures, such as ACCs and/or CWACs, would create an easily accessible fund to cover transport costs and other immediate needs for urgent child protection cases.
- Consolidating service provision, as done in OSCs, reduces costs to beneficiaries, both financially, in terms of transport and as an opportunity cost, in terms of time spent going to different offices. However, the financial feasibility and overall sustainability of investing in more consolidated service provision models needs further investigation.
- Alternative sources of funding and in-kind resources (e.g. churches, the private sector, community leaders) for vulnerable children in need of assistance exist. Even if these sources cannot cover all those in need, advocacy and outreach to them can still make an impact.
- Closer coordination and sharing of information can help to ensure that limited resources reach as many vulnerable children as possible through reducing duplication.



"It's very expensive to take a child to the police, from there to the doctor. Because like issues of child defilement, here in the district there are only two doctors who can sign ... chances are that you go there and he's not there. So you either wait or you go back. By the time you are going there, the evidence will be erased, not so? So, I think ... if the resources are allowed, then these services, we can do them to the full scale."

KII, non-governmental stakeholder, district level





National and subnational workforce

Includes the formal and informal actors involved in case management. Workforce development involves strengthening the capacity of trained professionals and volunteers through pre- and in-service training, as well as through supervision, retention and accountability policies.

Current models and best practices

- A strong, community-based workforce (civil and government volunteers) plays an essential role in providing basic case management services through identifying, referring, and following up on cases.
- ZamFam caregivers represent a promising practice in non-government community-based case management through carrying out regular assessments of changes in child status, linking cases to service providers, and creating strong bonds with beneficiaries (see Box 2). The ZamFam model provides a good basis from which to strengthen the community-based case management workforce in Zambia.

Main actors involved in case management

- The main case management actors are all trained in their area of work, but some are in paid employment (professional) and some are contracted and given incentives such as bicycles, hats and umbrellas, but are not in paid employment (volunteers). The study provides a more detailed analysis of the roles of the following case management actors:
 - *District Social Welfare Officers (DSWOs) and Assistant SWOs* – professional
 - *District Community Development Officers, Assistant Community Development Officers and Community Development Officers* – professional
 - *Police* (Victim Support Unit and Child Protection Unit) – professional
 - *Judiciary officials* – professional
 - *Health workers* – professional
 - *One Stop Centre staff* – professional
 - *Teachers* – professional
 - *ACC members* – volunteers
 - *CWAC members* – volunteers
 - *Community Health Workers (CHWs)* – professional
 - *Neighbourhood Health Committees members* – volunteers
 - *Residential Child Care Facility (RCCFs) staff* – professional
 - *NGO, CBO and FBO staff* – professional and volunteers, including community caregivers (e.g. ZamFam)
 - *Community leaders* – play critical mobilisation, sensitisation and mediation roles.
- Professional social workers are limited to district level, with the result that child and family welfare services are heavily dependent on community-based volunteers (mainly in government programmes), who are recruited and coordinated by MCDSS in local areas.

Main gaps and weaknesses

- The provision of statutory and non-statutory services is the responsibility of the DSWO and Assistant SWO in DSW.¹² Most District Social Welfare Offices are staffed by one DSWO and two Assistant DSWOs (with additional support for the SCT provided by Programme Officers in some places). They have limited capacity to provide case management services, especially for non-statutory cases. As a result, the MCDSS relies heavily on the volunteer workforce cadre to provide basic case management services, specifically case identification, referral, and follow-up.

Case management services can be provided by volunteers, however they need to be properly capacitated, supervised and supported if they are to provide a quality service. They also need to adhere to a code of ethics to ensure that the rights of beneficiaries, such as the right to confidentiality, are consistently upheld.

- There are limited numbers of professional staff (government and non-government) to provide more specialised case management services at district level (e.g. for statutory cases and other high-risk cases).
- The volunteer workforce has limited capacity to provide direct services as part of their case management service, for example psychosocial support (PSS) counselling or other therapeutic services. This means they rely heavily on the availability and accessibility of other service providers to deliver these services.
- CDAs and community volunteers cover large areas, and a lack of transport can pose challenges to reaching cases. Timely follow-up on cases is an important responsibility for a caseworker so difficulties with reaching beneficiaries can impede the successful implementation of the case plan.

Main barriers to multi-sectoral coordination

- Outreach to and engagement with community-based actors from other sectors, such as CHWs, remains at a nascent level. This is a missed opportunity to maximise the available human resources in providing integrated case management services through a multi-disciplinary team approach.



Opportunities to strengthen the workforce

- The need for greater involvement from churches and religious leaders in child protection case management was highlighted. Churches bring together large groups of people and religious leaders enjoy widespread respect, so capitalising on their reach and influence could bolster awareness raising campaigns and behaviour change communication (BCC) efforts.
- CWAC members (volunteers) and CDAs (professional) perform basic case management services including identification, referral and follow-up of cases. They all expressed a desire to take on a larger role in child and family welfare case management but felt unable to do so, either because they lacked official authority and/or they lacked the capacity or expertise to do so. Given the CDAs' placement within communities and existing relationships with CWAC members and ACCs, stakeholders widely agree that they can become a bigger resource for child and family welfare case management.
- The social welfare workforce in Zambia would benefit from more professionalisation, including in the provision of case management services. University and graduate-level degrees are offered in social work at Zambian universities, though there is no official certification of any social work training programme in Zambia, leading to programmes of variable quality and rigour. The MCDSS is working with the University of Zambia to develop course material for case management, with child protection integrated in the curriculum.





Programmes and services

A range of prevention and response programmes and services (statutory, non-statutory, prevention and indigenous forms of support) are necessary to provide an effective and comprehensive child and family case management service. Barriers to services need to be identified and removed and quality of care assured.

Current models and best practices

- There is active engagement of community structures in the identification, initial assessment and referral to services. This helps to lessen the burden of work of district level structures to perform these duties.
- Outreach services help ensure that less-covered areas remain connected to service providers, while combining service providers in one location (such as OSCs) increases accessibility. A caseworker is responsible for coordinating services for the beneficiary as per the case plan. OSCs can help to facilitate this coordination, and outreach services can be used as a mechanism to keep in contact with beneficiaries through a multi-disciplinary team approach.
- The ZamFam Model of community-based case management has demonstrated benefits in reaching vulnerable children, providing follow-up, and installing trusted caseworkers in communities that contribute to prevention and response efforts (see Box 2).

Main gaps and weaknesses

- The identification of cases in need of services appears to outpace the availability of services to meet these needs. This could be attributed to limited financial, material and human resources, as well as inadequate planning of services. The implications for case management is that needs will be identified through assessment and case planning, but because there are limited opportunities for referrals to appropriate services, needs remain unmet.
- The need for more specialised response services was noted. There are gaps in services that target persons with mental health issues, including safe homes; rehabilitation programmes for those dealing with substance abuse; OSCs; and more high-level PSS services. The paucity of these services also creates challenges for caseworkers working with beneficiaries who need these specialised services but are unable to access them.

Main barriers

- While case identification and referral to services and programmes appear robust, referral and follow-up mechanisms remain largely informal and would benefit from more standardisation and documentation in order to better record and track follow-up to case referrals.

Box 2: ZamFam Model of Community Based Case Management

Volunteer caregivers use standardised tools to assess and register beneficiaries, link them to needed services (referrals), and monitor their progress. Through providing this service they are de facto caseworkers for children. Caregivers conduct regular home visits, offering a listening ear to children, providing advice on child rights and avoidance of high risk behaviour. Caregivers also work with parents and guardians on positive parenting skills, engage in community sensitisation to reduce stigma and discrimination against people living with HIV, and assist with the establishment of youth clubs and savings clubs.

While some positive results for children and caregivers have been reported, cross-sectional surveys conducted as part of a benchmark assessment on ZamFam beneficiaries revealed that children and caregivers continued to experience vulnerabilities across several dimensions, including economic and food insecurity, socio-emotional support, education levels, health, and nutrition. As such, beneficiary households may require further forms of support, such as economic strengthening and more intensive behaviour and communication change interventions to more substantially address the inter-related and underlying factors that influence vulnerability.

The lack of remuneration for caregivers – while making ZamFam a low-cost model for child and family welfare case management – could affect long-term sustainability, given that caregivers shoulder a significant amount of work and sometimes personally cover expenses to take beneficiaries to service providers. However, interviewed CBOs reported low levels of caregiver turnover, and caregivers themselves expressed feeling committed to the work.

Information flows, data management, monitoring and evaluation (M&E) within and across sectors

The systematic collection and interpretation of data is needed to enhance case management services. Systems to manage, use and store data to protect beneficiaries' privacy need to be in place. Information is needed for accountability purposes and evidence-generation for advocacy and programming.

Gaps and weaknesses:

- Case management actors in Zambia all identified the need to strengthen data management, information-sharing, and M&E, with electronic management information systems (MIS) seen as holding real potential for improving data collection and reporting. Currently **most information is collected manually and sharing between partners happens informally**.
- The **lack of standardised data collection tools and procedures contributes to inconsistencies in reported data** between partners, and a number of examples were mentioned.
- **Information-sharing protocols and data protection protocols across case management partners do not exist**, which can endanger case confidentiality, and the safe and ethical use of data. For example, the lack of lockable file cabinets poses a threat to ensuring confidentiality in child and family welfare case management.

Current models:

- The social cash transfer system is already using a MIS and a few child and family welfare case management actors use electronic MIS with some success. Previously, USAID supported the creation of the Zambia Orphan Management Information System (ZOMIS), a MIS housed in the MCDSS that would collect and store data on indicators such as OVC and guardians receiving support from different programmes and institutions, as well as numbers of OVC service providers, including volunteers. The ZOMIS could work offline and had an interface for receiving and sending data through cell phone text messaging. However at the time of this research the ZOMIS was not in use.



Information-sharing protocols

refer to agreements that stipulate the channels and procedures for exchanging information, while data protection protocols govern what information is collected, how it is stored and for how long, in line with domestic legal regulations.



"We've even had a situation in one of the districts...where one person said, 'Okay, we've identified 112 children that were testing HIV positive. But Ministry of Health you only reported that 70 of them were on drugs, treatment. So where are the others? Why are the numbers not correlating?'"

KII, national stakeholder



Legislative and policy frameworks

Recommendations for application of research findings

Develop a national framework/policy for child and family welfare services in Zambia

It is important to recognise that case management is not a stand-alone service, and does not have the potential to close service gaps. To be successful, case management needs to be combined with high quality social sector services available in the community. Providing good case management where the underlying services are not effective would be unlikely to lead to any benefits for vulnerable children, adolescents and their families.¹³

- **A national child and family welfare service framework/policy is needed** to provide guidance on the interplay between prevention and response services in addressing various child protection concerns and vulnerabilities, and improving overall child well-being. The role of case management as a mechanism to support the provision of some of these services should also be clearly articulated.
- **Standard Operating Procedures (SOP) for integrated child and family welfare case management**, particularly the management of child protection cases, should be developed within the context of the broader child and family welfare framework/policy (see Box 3). Examples from Malawi and Zimbabwe can provide insight into the development of these national case management SOPs.¹⁴

Box 3: Key elements of a unifying case management SOP for child and family welfare

- Guiding principles for child and family case management, including principles of ethical practice.
- Definitions/terminology e.g. definition of a 'case' – which could be an individual child or a family unit; community-based case management; intensive case management, etc.
- Types of cases that require basic case management versus cases that require intensive case management (e.g. cash plus cases versus statutory cases) – provide a common risk prioritisation framework with timeframes for responses to emergency, high-risk and low-risk cases.
- Roles and responsibilities of different actors in different organisations and structures in managing different types of cases e.g. DSWOs; Community Welfare Assistance Committee members; CDAs; and CBVs.
- The case management process with expected activities and relevant tools/forms.
- Referral pathways for different types of cases.
- Minimum competencies and capacity-building requirements for the different case management workers (professional, non-professional).
- Guidance on optimal caseloads for different categories of workers, types of cases and case 'unit' i.e. individual or household. Benchmarks can be obtained from ZamFam (average 19 cases per caregiver) and international guidelines (25 cases per case worker).
- Mechanisms for collaboration between service providers on individual cases (e.g. case consultations) and the broader coordination of case management services.
- Information-sharing protocols – ensuring confidentiality, 'need to know' principle.
- Case tracking systems - organizations providing case management services should, at the very least, maintain a case management register (manual and/or electronic) to enable the tracking of case progress and worker caseloads.
- Resources needed for case management ('tools of the trade') – financial, material.
- Case management supervision – role of the supervisor in ensuring adherence to procedures and protocols and the provision of quality services.

Ensure the representation of child and family welfare case management in existing coordination structures, specifically the DWAC

Considering the limited time and resources faced by child and family welfare case management actors, and hazards in setting up too many parallel structures for implementation, it is recommended that a **dedicated presence for case management on the DWAC be created**. This would help to capitalise on the DWACs current roles and responsibilities, and their current relationships with ACCs and CWACs, and help to streamline current coordination efforts in implementation. The membership of the DWAC already comprises key case management actors (all line ministries in a district, as well as from NGOs, CBOs, and FBOs) – many of whom sit on DCPCs – who oversee reporting and monitoring of child and family welfare case management.



Enhance multi-sectoral planning efforts for potential co-financing options

A recommendation to increase funding across the board for child and family welfare case management is neither realistic nor feasible. It is instead recommended that: The social sector line ministries¹⁵ explore ways to maximise available (limited) resources and minimise duplication and inefficiencies — to identify potentially overlapping target groups and activities. Stronger joint planning and budgeting exercises at national level could provide opportunities for more co-financing of programmes with overlapping objectives, and/or multi-sectoral impacts and benefits.



Invest in capacitating an expanded child and family welfare case management workforce at community/ grassroots level

- **Specify roles and responsibilities of different actors** (e.g. professional/non-professional, employed/volunteer; government and non-government/community settings) in an integrated child and family welfare case management system including DSWOs, DCDOs, CDAs, and CBVs. Explore possibilities for engaging with other community-based positions, like CHWs, on case management.
- **Explore opportunities for task shifting** between the different actors, as well as the role of non-professional workers in managing more specialised cases.
- **Prepare and train ward and community-level actors in various aspects of case management.** A stronger community-based workforce for child protection case management should include community, church and traditional leaders, particularly for the dissemination of key information on how to access services, and the sensitisation and mobilisation of communities on child rights and assistance to vulnerable children.
- **Consider developing a National Community Development Assistant (CDA) Strategy** to optimise the use of this cadre in community-based case management, similar to the National CHW Strategy developed in 2010 by the Ministry of Health. The investment in the CHW workforce has yielded some positive results including an increase in the volume of health services provided at district level.





Programmes
and services

Increase support for programmes and services targeting prevention and more specialised responses

A balance between prevention and response services is needed to address issues of violence, exploitation, and abuse against children and promote child well-being and healthy family functioning. Bolstering child protection at both sides of the spectrum – prevention and response – can help to prevent the most serious violations from occurring in the first place and ensure that the most vulnerable cases receive appropriate interventions for their needs.

- In terms of prevention, consideration should be given to:
 - **More livelihoods and skills-building programmes** to economically empower parents and caregivers, thus enhancing their ability to care for children better;
 - **Recreational facilities for adolescents** to provide a safe space and productive activities, preventing them from becoming idle and possibly turning to drugs, alcohol, and/or crime;
 - **More awareness raising, sensitisation, and capacity-building exercises** on positive parenting, child rights (e.g. early marriage, child abuse, child labour), and how to report violations;
 - **Greater engagement with churches in disseminating key messages** on child protection, accessing services, and behaviour and community change;
 - **Integrate community-level prevention and case management** services as a component of SCT plus complementary community interventions (see Box 4).
- A key response-based recommendation is to **strengthen support for alternative care, in particular foster care or kinship care**. More sensitisation efforts are needed to address cultural views towards alternative care as well as offering sufficient financial and/or material support to create more willingness amongst community members and relatives to sign up for foster care or kinship care.
- **More actors should be capacitated to deliver specialised services** such as more high-level PSS and therapeutic services for persons with mental illness or substance abuse issues.

Box 4: Examples of possible SCT cash plus complementary community level interventions implemented by CBVs/CDAs

Case management services:

- Conduct assessments of household needs and vulnerabilities and link cases to needed health, education, agricultural, or other services.
- Regular follow-up and assessment on household status across dimensions like livelihoods, health, education, protection, nutrition, and overall well-being.
- Become trusted confidants and role models for children and adolescents, providing advice on avoiding risky behaviours and child rights.

Community-based prevention services:

- Assist community members to set up Community Savings Groups, through which members would contribute money and borrow at minimal interest rates.
- Form youth clubs, drama clubs, sports clubs, and other social groups for children and adolescents provide another platform for offering positive and safe spaces in which participants can engage in constructive and healthy activities.



Formulate information-sharing protocols and data protection protocols across case management actors

Opportunities to make future recommendations on how to strengthen information flows and data management across case management actors will be evident from findings from the pre-testing of SOPs with standardised case management forms at selected District Social Welfare Offices.¹⁶ As such, this recommendation does not address what such standardised tools should contain but rather advocates for the development of information-sharing protocols and data protection protocols to better guide, encourage, and regulate information-sharing. The piloting of these standardised tools should be closely monitored to determine their potential for scale-up. Any future attempts to develop a case management MIS should reflect on lessons learnt from implementing these systems. The development of a national electronic MIS and data management system needs to take into account the constraints within which such a system would function. For example, rural areas in Zambia experience low levels of electrification – 3 per cent of the rural population has access to power – and constant internet access may prove cost-prohibitive for some service providers.

In the interim, it is recommended that: **information-sharing protocols and practices between case management actors are better defined to protect case confidentiality and uphold the principles of need to know and do-no-harm.**¹⁷ Such protocols could also specify in which forum types of cases can be presented: for instance, case conferences should handle sensitive cases like child abuse and defilement, while requests for education assistance could be handled in more general forums such as the DCPC. The proposed national child and family welfare framework/policy could include a dedicated protocol for information-sharing within child and family welfare services.



Information flows,
data management, M&E

Areas for on-going research

While case management is increasingly being recognized as a 'best practice' and investments in case management are growing across many sectors, notably health, HIV related services, care and child protection, a robust evidence base of case management models that result in positive outcomes and impacts on children and families has yet to be developed.¹⁸ The integrated child and family welfare case management system planned for the SEEVCA programme needs to clearly define the desired outcomes and monitor and evaluate what forms of case management work best and in which circumstances. In this way, the programme can contribute to building an evidence base for case management.





List of Acronyms

ACC	Area Coordination Committee
ASWO	Assistant Social Welfare Officer
BCC	Behaviour-change communication
CBO	Community-based organization
CBV	Community-based volunteer
CDA	Community Development Assistant
CHW	Community Health Worker
CWAC	Community Welfare Assistance Committee
DCD	Department of Community Development
DCDO	District Community Development Officer
DCPC	District Child Protection Committee
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
DWAC	District Welfare Assistance Committee
FBO	Faith-based organization
GRZ	Government of the Republic of Zambia
M&E	Monitoring and evaluation
MCDSS	Ministry of Community Development and Social Services
MIS	Management information system
NGO	Non-government organization
OSC	One Stop Centre
PWAS	Public welfare assistance scheme
RCCF	Residential child care facilities
SCT	Social cash transfer
SEEVCA	Service Efficiency and Effectiveness for Vulnerable Children and Adolescents
SOP	Standard operating procedure
ZOMIS	Zambia Orphan Management Information System

Endnotes

- 1 Conceptually, 'cash plus' entails the coupling of cash transfers with complementary interventions, such as training, health and/or education-related interventions, and the provision of agricultural inputs, among others, in order to maximise cross-sectoral outcomes for beneficiaries. The enhancement of child protection case management for SCT beneficiaries can work to address various types of vulnerabilities experienced by the entire household, thereby enacting wider-ranging changes to their socioeconomic, health, nutrition, and/or education status.
- 2 United Nations Development Programme, 2017.
- 3 Population Council, UNFPA, and Government of the Republic of Zambia, 2017.
- 4 This study, which is one of three foundational SEEVCA studies, was undertaken by the Economic Policy and Research Institute in consultation with the Technical Advisory Committee of SEEVCA. The research brief was undertaken by consultant, Theresa Wilson, in consultation with EPRI.
- 5 This framework is based on the six components of a holistic case management system as presented in 'Integrated Case Management for Vulnerable Children. A process guide for assessing and developing an integrated case management system in Eastern and Southern Africa'. UNICEF, Maestral. (2017).
- 6 Four of the districts visited during fieldwork – Kafue, Rufunsa, Mufulira and Kitwe – have been selected as pilot districts for ward level case management targeted at SCT beneficiaries and involving Community Development Assistants.
- 7 Child Protection Working Group. (2014). 'Inter-Agency Guidelines for Case Management and Child Protection'. Local Protection Cluster, European Union, USAID.
- 8 Technical sectors and respective ministries relevant to integrated case management: health, education, social protection, social welfare, community development, justice and police.
- 9 Notable documents include The National Child Policy (2006, revised in 2015); the Alternative Care Regulatory Framework ((2016); the National Minimum Standards of Care for Child Care Facilities (2015); and the National Social Protection Policy (2014).
- 10 Some stakeholders expressed concern that their DCPCs would fall inactive without the continued logistical and technical support from Zambia Rising (USAID funded programme, currently in close-out mode).
- 11 In case conferences only those actors directly involved in rendering services to the case should be part of these discussions. Case conferences are organised by the responsible caseworker.
- 12 The DSWO and Assistant SWO are also expected to lead inter-agency coordination structures concerning child protection (e.g. the DCPC) and social welfare programming (e.g. the DWAC). The workload of DSWOs has, in the past two years, absorbed the expansion and roll-out of SCTs and they are expected to cascade knowledge of the SCT to ACCs and CWACs.
- 13 Sartore, G., Harris, J., Macvean, M., Albers, B., and Mildon, R. (2015). 'Rapid evidence assessment of case management with vulnerable families. Report prepared by the Parenting Research Centre on behalf of NSW Department of Family and Community Services'. Accessed at: https://www.parentingrc.org.au/wp-content/uploads/2018/04/FACS_Case_Management_Report_March_2016.pdf.
- 14 In Malawi's case, the National Child Protection Strategy 2012-2016 identified the need to take case management to scale, operationalising this goal through piloting tools in selected districts, analysing the findings through multi-sectoral consultations, making revisions, and finally testing a set of new, more streamlined tools for case assessment and planning. While no child and family welfare framework exists in Zimbabwe, the path to launching the National Case Management System Framework and National Case Management Operations Manual in 2015 likewise started at pilot scale, through the Bantwana community-based case management model.
- 15 Ministry of Community Development and Social Services (MCDSS), Ministry of Youth, Sport and Child Development (MYSCD), Ministry of General Education (MoGE), Ministry of Health (MoH) and Ministry of Justice (MoJ).
- 16 Supported by the Zambia Rising project.
- 17 The concept of do-no-harm is originally rooted in the Hippocratic Oath, though this concept has entered into the design of international assistance and conflict resolution programmes as an overarching principle that programmes do not cause unintended harm to beneficiaries.
- 18 The UNICEF, Maestral, 2017 study (cited above) cites potential benefits of integrated case management, but notes that these benefits have "not been documented as yet, but have been made by a range of different stakeholders in the countries visited, backed up by emerging evidence about the efficiencies of integrated approaches documented in, for example: KPMG International, The Integration Imperative: Reshaping the delivery of human and social services, 2013". A 2015 review of case management models found that "On the whole, however, the evidence for case management was mixed as some studies were not sufficiently rigorous and some studies found no benefit for case management models. From the information available there is still not a clear indication of its effect on service processes or outcomes for vulnerable families. This is not to suggest that case management lacks merit; it simply lacks definitive evidence of benefit at this point...any attempt at applying a specific case management model or establishing a systematic case management work culture should be embedded in a structure of continuous quality improvement." Sartore, G. et al. (2015).



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