



**POLICY BRIEF**

# **Developing an investment case for strengthening the social service workforce for child protection**



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**Definition of Violence  
Against Children**

Violence against children (VAC) is an umbrella term that covers all forms of abuse, neglect and exploitation of children, whether physical, sexual or emotional.





# Introduction

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Children in Eastern and Southern Africa continue to experience various forms of violence, abuse, neglect and exploitation. To enable countries to prevent and respond to child protection issues, including harmful practices (such as child marriage and female genital mutilation), a well-qualified social service workforce is required to deliver a continuum of child protection services.

A strong social service workforce helps promote social justice, reduce discrimination, challenge and change harmful behaviours and social norms, and prevent and respond to violence, abuse, neglect, exploitation and harmful practices, and address family separation. It plays a pivotal role in providing child protection services and access to justice for child survivors and witnesses, as well as children in conflict with the law. The social service workforce is the backbone of a robust child protection system.

Child protection is inherently cross-sectoral, involving multiple cadres including government and non-government workers, paid and unpaid professionals and paraprofessionals. All these cadres work together to ensure the protection and well-being of children and their families. The practitioners who constitute the social service workforce vary from country to country, depending on the design of the child protection system and other aspects such as financial constraints and different levels of qualifications required. The nature of the social service workforce, and the degree to which it is planned, developed and supported, has a direct bearing on the efficient and effective delivery of child protection services.

However, across all countries in Eastern and Southern Africa, the social service workforce remains understaffed, underfunded, and undervalued, significantly hampering the ability to prevent and respond to social issues such as child abuse, neglect, and violence.

On average, there are 58 social service workers for every 100 000 children in the Eastern and Southern Africa region.<sup>1</sup> Country workforce ratios range from 2.02 workers per 100 000 children in Zimbabwe up to 23.26 in Namibia, 53.57 in Botswana, and as high as 80 social services workers per 100 000 children in South Africa.<sup>2</sup> This ratio depends on how narrow or broad the definition of the social service workforce is in a particular country.

The need to accurately define and count the social service workforce for child protection is highlighted by the following two country examples.

At the end of 2020, Kenya's ratio of social service workers was reported to be 14 per 100 000 children. This was based on the 4 181 social workers with active memberships with the Kenya National Association of Social Workers. However, not all members of the Association work on children's issues. In addition, not all social workers including children's officers under the government's Directorate of Children Services are necessarily active members of the Association.<sup>3</sup> Data from the Directorate of Children Services shows that, in July 2023, there were 4 social service workers per 100 000 children on the staff of the Directorate.

At the end of 2019, Zambia's ratio of social service workers was reported to be 54 per 100 000 children. This includes 1 620 government social workers, 130 employed in childcare facilities, and 2 300 social workers registered with the Zambia Childcare Workers Association. Of the estimated total of 4 020 social workers in the country, 3 600 are registered with the Social Workers Association of Zambia.<sup>4</sup> Data collected in September 2023 shows that there were 17.5 social service workers per 100 000 children working for the Ministry of Community Development and Social Services.<sup>5</sup>



The recent data clearly shows that the size of the workforce for child protection employed by the government in both these countries is significantly constrained.

## UNICEF's initiatives to strengthen the social service workforce

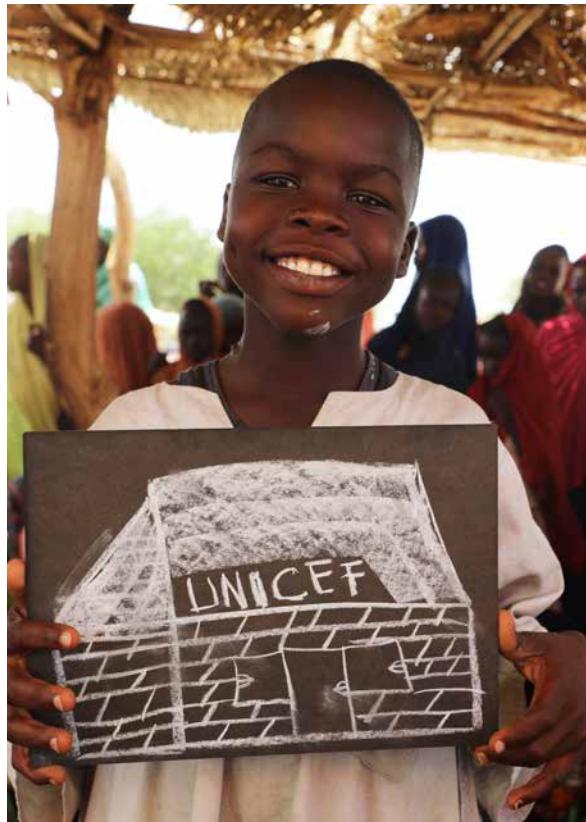
Globally, UNICEF has reinforced its commitment to supporting countries to strengthen the social service workforce, recognizing it as a critical element in enhancing child protection systems and improving the quality of services for vulnerable children. This is reflected in the focus and programming approaches of the UNICEF *Child Protection Strategy 2021-2030*.<sup>6</sup>

In 2019, UNICEF, working with the Global Social Service Workforce Alliance (GSSWA),<sup>7</sup> issued *Guidelines to strengthen the social service workforce for child protection*,<sup>8</sup> and in 2022, published the *Proposed guidance on developing minimum social service workforce ratios*<sup>9</sup> and the *Proposed guidance and tool for costing the social service workforce*.<sup>10</sup>

It is against this background that UNICEF Eastern and Southern Africa Regional Office (ESARO) is committed to supporting governments in Eastern and Southern Africa to strengthen their social service workforces. Among other actions, UNICEF ESARO is engaged in advocacy for the recruitment of more practitioners, supporting the development of regional and national frameworks for the licensing and registering of social service workforce practitioners, and strengthening the supervision and human resources management capacities of governments. UNICEF ESARO also seeks to assist governments to better define the workforce for child protection in each country to enable sound planning. Furthermore, UNICEF ESARO is engaging with regional bodies such as the African Union, the East African Community, Southern African Development Community, and the Intergovernmental Authority on Development to ensure their member states prioritize the recruitment, retention and continuous professional development of their respective social service workforces for child protection.

## Developing an investment case for strengthening the social service workforce

At the end of 2023, UNICEF ESARO, working with the UNICEF Kenya and UNICEF Zambia, commissioned Cornerstone Economic Research to propose an approach for developing an investment case for strengthening the social service workforce for child protection. The approach was tested in Kenya and Zambia. This Policy Brief provides an overview of the key lessons learned from this exercise, illustrated with examples from the Kenya and Zambia investment case studies.



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# Why develop an investment case for the SSW?

Governments and policymakers require strong, evidence-based justifications for increasing budget allocations for the social service workforce for child protection.

Investment cases explore the social and economic returns that can be achieved by investing in strengthening the social service workforce for child protection. As such, they seek to use economic arguments to influence national budget priorities and thereby mobilize budget funding for strengthening the social service workforce for child protection.

An investment case provides a clear assessment of the problem, including identifying gaps

in the workforce and their impact on child protection and social welfare. It offers a cost-benefit analysis of investing in the social service workforce versus the economic and social costs of inaction. Additionally, it describes scenarios for strengthening the workforce, and a costed roadmap for scaling up and strengthening the workforce effectively.

The Kenya and Zambia cases studies have shown that investing in the social service workforce is not just a moral imperative but also a sound economic and social investment that yields significant returns for individuals, the government and society.

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# Proposed elements of an investment case

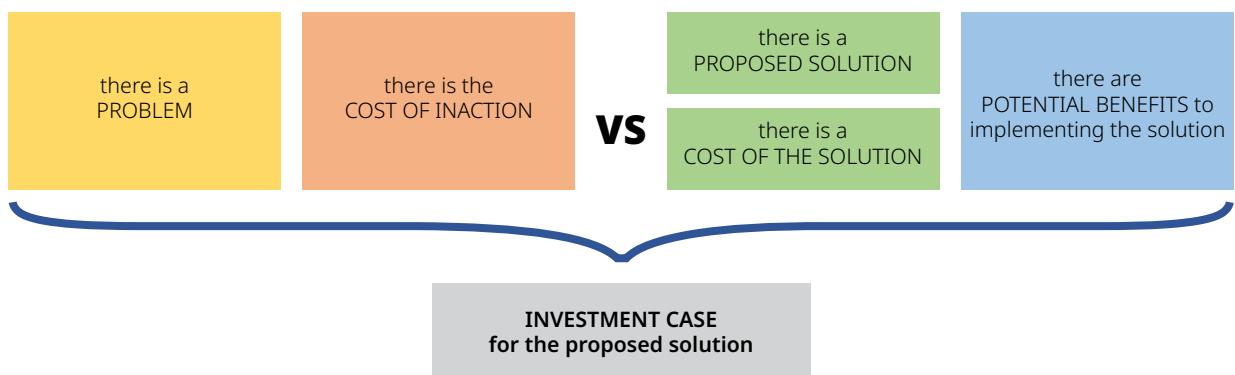
Developing a good investment case requires significant research. It is not a small undertaking, typically taking between 18 and 36 months depending on the size of the research team.

The methodology developed and tested in the Kenya and Zambia case studies seeks to gather and generate the kinds of information required to inform governments' prioritisation of funds in their budgets. The following figure shows the different types of information used to build a coherent, evidence-based investment case.

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## Elements of an investment case



**Source:** Cornerstone Economic Research, 2023. Inception Report: Developing an investment case for strengthening the social service workforce for child protection in Kenya and Zambia.

These different elements are described briefly below:

**1. Describe the problem:** The first step is to conduct a situation analysis describing the nature and prevalence of key child protection issues, stakeholders, existing initiatives, services, and funding mechanisms. This review should identify opportunities for strengthening existing interventions in terms of budgets, personnel, and processes.

**2. Do a mapping of the social service workforce:** Mapping the social service workforce identifies where the workforce needs to be strengthened by focussing on the roles, qualifications, distribution, and capacity gaps. The GSSWA Guidelines to strengthen the social service workforce for child protection focus attention on planning, developing and supporting the social service workforce in each context to fulfil their roles effectively.

**3. Current budget allocations:** Review current budgets and expenditures on the social service workforce to understand how much is spent, who spends it, and what it is spent on. The review may also cover spending by development partners and civil society organizations, depending on how the child protection system is structured in the country.

**4. Estimating the cost of inaction:** The absence of an adequately resourced social

service workforce has significant and measurable adverse effects, impinging on individuals' quality of life, reducing national health and productivity, placing additional pressure on already strained government services, undermining the government's investments in health, education and social protection, and inhibiting economic growth and development. A cost of inaction analysis involves calculating the extent of these negative consequences and expressing the results in monetary units, usually as a percent of GDP.

### 5. Proposing solution interventions:

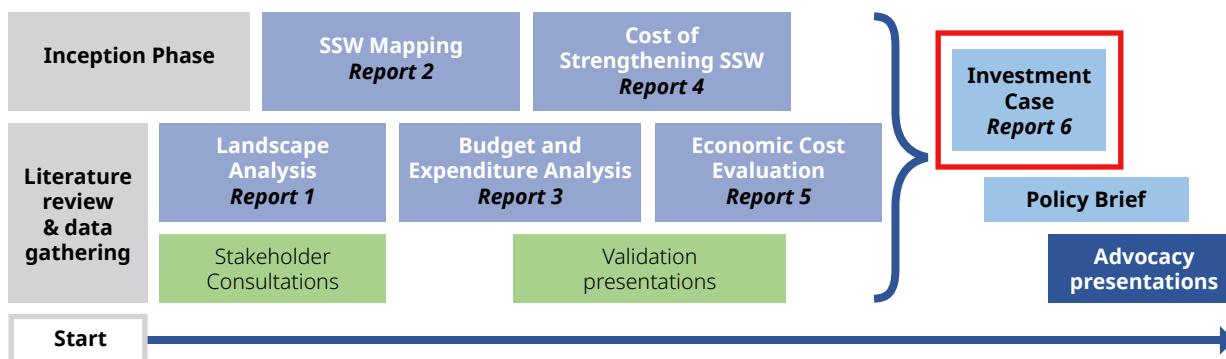
Identifying interventions for strengthening the social service workforce, such as reviewing the structure of the workforce, redefining roles and using different kinds of ratios to determine how many of each cadre are required. The solution scenarios should include interventions aimed at improving the planning, the developing and the supporting of the workforce.

**6. Costing the proposed solutions:** Costing involves estimating the resources needed to implement the solution scenarios. This involves developing a costing tool that uses institution-based costing to calculate the cost of increasing staff numbers and activity-based costing to provide for training programmes and continuing professional development.



The following figure provides a high-level overview of how a project aimed at developing an investment case project might be structured.

### The process for developing this investment case



**Source:** Cornerstone Economic Research, 2023. Inception Report: Developing an investment case for strengthening the social service workforce for child protection in Kenya and Zambia.

An investment case draws the key findings of these six reports together to build a strong argument for allocating budgets to strengthen the social service workforce for child protection.

#### Box 1: Zambia – The investment case for strengthening the SSW for child protection

The investment case for strengthening the social service workforce for child protection in Zambia is as follows:

- Children in Zambia continue to experience various forms of violence, abuse, neglect and exploitation. A detailed survey of VAC found that 50.3% of boys and 49.0% of girls experienced some form of violence prior to the age of 18 years. It is estimated that VAC costs the Zambian economy about 9.12% of GDP.
- In 2023, the government employed about 1 437 social workers and community development assistants to work on child protection issues. This equates to only 17.5 workers per 100 000 children, which is insufficient to address the demand for child protection services. This is confirmed by survey data, which indicate that only 4% of boys and 7% of girls who are victims of violence receive adequate support services. In 2023, the government allocated ZMK185 million, or 0.11% of the total government budget, to fund the social service workforce (mainly salaries).
- To strengthen the provision of child protection service, it is proposed the government should increase the size of the social service workforce to around 7 400 workers over an eight-year period. This will give 90 workers per 100 000 children.
- In the eighth year, the cost of employing the expanded social service workforce will be ZMK1.7 billion. This is 0.98% of the total 2023 government budget.
- If strengthening the social service workforce enables it to provide a 90-90 90 knowledge, usage and assistance service, it is estimated that the cost of VAC to the economy will drop to 4% of GDP, implying a violence prevention dividend of ZMK22.7 billion.

**Source:** Report 6: An investment case for strengthening the SSW for child protection – Zambia.

# Key innovations in the investment case methodology

Testing the investment case methodology in Kenya and Zambia provided an opportunity to innovate. The following sections describe five key innovations that emerged from this process.

## Defining the social service workforce for child protection

The GSSWA defines the social service workforce as: paid and unpaid, governmental and non-governmental, professionals and paraprofessionals, working to ensure the healthy development and well-being of children and families. The social service workforce focusses on preventive, responsive and promotive programmes that support families and children in communities by alleviating

poverty, reducing discrimination, facilitating access to services, promoting social justice, and preventing and responding to violence, abuse, exploitation, neglect and family separation. The allied social service workforce in child protection are those professionals and paraprofessionals involved in sectors such as education, health or justice, who have critical roles related to the care, support, empowerment of children, as well as the protection and promotion of the rights of children. They work closely alongside the core social service workforce, but are aligned with other professional groups, such as doctors, nurses, lawyers, judges, teachers, and police.<sup>11</sup>

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The policy and legislative framework of a country should outline the roles and responsibilities of the social service workforce for child protection, providing the mandate to safeguard children and promote their well-being. The structure and roles of different cadres within the social service workforce differ from country to country. It is therefore necessary to define the social service workforce in each country. The broad definition offered by the GSSWA is a useful starting point in countries

with limited policy and legal frameworks governing the social service workforce. Where such frameworks exist, they should be the point of departure for defining the social service workforce in the country.

The following table sets out a set of principles that were used in Kenya and Zambia to develop a working definition of the social service workforce as part of developing an investment case.

## Principles for developing a working definition of the SSW for child protection

| Organizing principle   | Organizing results   |
|--|--|
| Does the cadre work on child protection issues?                                  | Yes part of the social service workforce<br>No not part of the social service workforce  |
| Does the cadre work on child protection issues more than 50% of their time?      | Yes part of the core social service workforce<br>No part of the allied social service workforce  |
| Is a degree qualification required to be admitted to the cadre?                  | Yes part of the professional social service workforce<br>No part of the non-professional social service workforce  |
| Who employs the cadre?<br>If employed by government, at what level do they work? | National government <ul style="list-style-type: none"><li>• National level</li><li>• Regional level</li><li>• County level</li><li>• Sub-county level</li></ul> Province/county government<br>NGO<br>Volunteers (with or without stipends) |

Box 3 shows how the application of the above principles assists in developing a working definition of the social service workforce in a country.

### Box 2: Kenya - A working definition of the SSW for child protection

Stakeholders were in agreement that the social service workforce for child protection encompasses a diverse array of professionals, non-professionals and allied professionals, employed across government and non-government sectors, and operating at all administrative levels – national, county, sub-county and in communities. They also noted that there are different cadres of volunteers who work mainly at the sub-county, ward and community levels. Stakeholders agreed that the social service workforce should be divided up between the core social service workforce and the allied social service workforce, but there was extensive debate as to which cadres should be placed in which category. The principles outlined in Table 1 were useful for resolving these differences.



## Working definition of the core social service workforce for child protection in Kenya

| Level                  | Core national institutions   |  |                                    |
|------------------------|--|--|------------------------------------|
| Region                 | Core professionals   | Core paraprofessional  | Volunteers                         |
| Gov. of Kenya National | <p>Ministry of Labour &amp; Social Protection, State Department for Social Protection &amp; Senior Citizens Affairs:</p> <ul style="list-style-type: none"> <li>• Directorate Children Services</li> <li>• National Council for Children Services (NCCS)</li> <li>• Street Families Rehabilitation Trust Fund (SFRTF)</li> </ul> | <p>National Police Services: Kenya Police Service</p> <ul style="list-style-type: none"> <li>• Community Policing, Gender and Children services</li> </ul> <p>National Police Services, Directorate of Criminal Investigations</p> <ul style="list-style-type: none"> <li>• Anti-Human Trafficking and Child Protection Unit</li> </ul> <p>Office of the Director of Public Prosecution</p> <ul style="list-style-type: none"> <li>• Division of juvenile justice/child justice unit</li> </ul> <p>Ministry of Interior &amp; National Administration, State Department for Correctional Services: Kenya Prisons Service:</p> <ul style="list-style-type: none"> <li>• Borstal institutions</li> </ul> |                                    |
| County                 | <p>County Children's Officer</p> <p>Childcare institutions</p> <ul style="list-style-type: none"> <li>• Children's Officers</li> <li>• Teachers</li> </ul>   | <ul style="list-style-type: none"> <li>• Children assistants</li> <li>• Other staff</li> </ul>   |                                    |
|                        | <p>Rescue centres, remand homes and rehabilitation schools</p> <ul style="list-style-type: none"> <li>• Children's Officers</li> </ul> <p>Child Protection/GBV Units</p> <ul style="list-style-type: none"> <li>• Police Officers</li> </ul>   | <ul style="list-style-type: none"> <li>• Children assistants</li> <li>• Other staff</li> </ul>   |                                    |
|                        | <p>Children's Courts</p> <ul style="list-style-type: none"> <li>• Magistrates</li> <li>• Kadhis</li> <li>• Prosecutors</li> <li>• Curator ad litem</li> </ul>  | <ul style="list-style-type: none"> <li>• Children's assistants</li> <li>• Court Users</li> <li>• Committees</li> </ul>   |                                    |
| Sub-county             | <p>Children's officers</p> <p>County Children's Advisory Committees</p>  |  | Child Protection Volunteers (CPVs) |
| County government      | <p>Children Services / Child Protection</p> <ul style="list-style-type: none"> <li>• Welfare officers</li> </ul> <p>Health services</p> <ul style="list-style-type: none"> <li>• Medical social workers</li> </ul>   |  |                                    |
| NGOs                   | <p>Range of professional staff delivering prevention and response services</p> <p>Childcare institutions</p> <ul style="list-style-type: none"> <li>• Social workers,</li> <li>• Psychologists</li> <li>• Occupational therapists</li> </ul>   | <ul style="list-style-type: none"> <li>• Workers in NGOs</li> <li>• Children assistants</li> <li>• Other staff</li> </ul>  | Volunteers working with NGOs       |

**Source:** Report 4: Costing scenarios to strengthen the social service workforce for child protection – Kenya.



## The use of ratios in structuring the SSW for child protection

Many countries use a one-size-fits-all approach for allocating staff across subnational levels of government. This approach may seem equitable, but it fails to recognize differing levels of service demand due to varying population sizes, varying socio-economic and cultural contexts, travel times in sparsely populated regions, and possible humanitarian situations. Consequently, its outworking in practice is generally inequitable.

The *Proposed guidance on developing minimum social service workforce ratios*<sup>12</sup> notes that, “[u]nlike other sectors, there is currently no globally recommended benchmark for the ratio of social service workforce to a given population, just as there is no single set of globally accepted quality standards for social services.” The document then explores the different factors that need to be taken into consideration when developing minimum social service workforce ratios. It concludes:

**Planning the structure and composition of the social service workforce is a critical but complex task, made more challenging in many countries by a lack of clear definition of what roles and functions the workforce should include, and a lack of data about the extent and distribution of the workforce that currently exists. The success of the workforce planning process depends first, though, on a thorough assessment of the nature of the needs and issues to be addressed, which can inform planners how best to allocate and deploy limited resources.**

If these prerequisites are met, defining a target minimum ratio of the workforce required for the population in need can be a very useful tool in planning the social service workforce. However, there are still relatively few examples that illustrate how this can be done in a systematic way at national level, to facilitate the development of the social welfare system.

The cases studies in Kenya and Zambia explored how to use minimum social service workforce ratios for specifying the size of the required workforce, and for developing costings to strengthen the social service workforce for child protection. After some experimentation, we found that what works well is to use different kinds of ratios in combination to describe the structure of the social service workforce as follows:

- management staff were allocated according to administrative units (e.g. one senior manager per province, one manager per district).
- minimum staff-to-population ratios were used to specify the number of frontline workers per 100 000 children. Different ratios were used for different cadres of frontline staff, informed by their roles and responsibilities, their salaries or cost to government, and the availability of people with the required qualifications.
- minimum staff-to-staff ratios were used to calculate the number of supervisors to frontline workers (e.g. one senior social worker for ten social workers). This is particularly important for ensuring the overall staffing structure provides for proper oversight and supportive supervision.
- staff-to-staff ratios were used to calculate the number of junior staff required (e.g. two auxiliary social workers to one social worker).

Importantly, the results of all ratio calculations were “rounded up” to ensure the creation of full-time positions. In addition, minimum staffing levels were specified to ensure minimum levels of staff in areas with very small populations.



Using staff-to-staff ratios to specify the number of supervisory and junior staff to the number of frontline staff means that the entire staffing structure is driven by the core staff-to-population ratios for the frontline staff. This ensures that the structure of the social service workforce is aligned with proper management,

oversight and support considerations, and facilitates the building up of a balanced workforce as the number of frontline staff increases.

The following table summarises the key findings regarding the use of ratios.

## **Findings on the use of ratios in structuring the social service workforce for child protection**

|                                       |  |
|---------------------------------------|--|
| <b>The purpose of using ratios</b>    | <ul style="list-style-type: none"><li>• simplify the planning of the allocation of staff</li><li>• set benchmarks for the adequacy of staff numbers</li><li>• promote an equitable distribution of staff</li><li>• ensure the structure of the social service workforce promotes good management and the provision of supportive supervision</li></ul>   |
| <b>Levels at which ratios are set</b> | <p>Set a single national ratio for the whole social service workforce for child protection</p> <ul style="list-style-type: none"><li>• not useful for planning and costing the social service workforce, because it does not provide guidance on the structure of the social service workforce and social service workforce cadres to be appointed</li><li>• can be manipulated by appointing low-level cadres or volunteers</li><li>• useful for assessing the overall adequacy of the social service workforce</li></ul>   |
|                                       | <p>Set ratios for specific cadres of the social service workforce working in defined delivery units</p> <ul style="list-style-type: none"><li>• depends on the availability of suitably disaggregated data</li><li>• the ratio is linked to the function of the cadre and the population being served</li><li>• informs a more equitable distribution of the social service workforce across delivery units</li><li>• can be used to specify the structure of the social service workforce to provide for management and supportive supervision</li><li>• can be used directly in an social service workforce Costing Tool</li></ul> |
| <b>Kinds of ratios</b>                | <p>Uniform allocations of staff across institutions/offices</p> <ul style="list-style-type: none"><li>• one-size-fits-all approach</li><li>• 1 director per province/regional office</li></ul>   |
|                                       | <p>Staff-to-staff ratios</p> <ul style="list-style-type: none"><li>• useful for ensuring a sensible structure of the social service workforce</li><li>• 1 senior social worker for every 12 frontline social workers</li></ul>   |
|                                       | <p>Staff-to-population ratios</p> <ul style="list-style-type: none"><li>• useful for ensuring an equitable allocation of frontline staff</li><li>• 20 social workers per 100 000 children</li></ul>  |
|                                       | <p>Caseload benchmarks</p> <ul style="list-style-type: none"><li>• should be used in conjunction with staff-to-populations ratios to respond to workload demands and the varying nature of social work</li><li>• number of cases per children's officer</li></ul>  |



Box 3 shows how the application of the above principles assists in developing a working definition of the social service workforce in a country.

### Box 3: Zambia – Using ratios for structuring the social service workforce

The key findings and recommendations of the social service workforce Mapping emphasize the need to:

- provide clarity on the roles and responsibilities of the different cadres within the social service workforce to ensure a proper division of labour between professionals, paraprofessionals and administrators
- put management and supervisory arrangements in place
- provide systematic supportive supervision to social workers
- provide preventive and early intervention services to support families.

It was evident that the current rules for structuring the social service workforce and allocating staff across the provinces and districts were not serving these objectives.

| <b>Current rules for structuring the SSW at the provincial and district levels</b> |   | <b>Observations</b>  |
|--|---|--|
| Number of provincial SWOs per province   | 1 |  |
| Number of district SWOs per district   | 2 |  |
| Number of assistant SWOs per district  | 2 |  |
| Number of APOs per district  | 2 | <ul style="list-style-type: none"><li>• These rules adopt a one-size-fit-all approach. Consequently, they do not take population, socio-economic or humanitarian settings into account when allocating capacity.</li><li>• They do not distinguish between management and service delivery roles within districts</li><li>• They do not allocate dedicated capacity to manage social protection grants.</li><li>• They do not put adequate provincial capacity to provide supportive supervision in place.</li></ul> |

Therefore, a new set of rules for structuring the social service workforce was proposed, as follows:

| <b>Current rules for structuring the SSW at the provincial and district levels</b> |   | <b>Observations</b>  |
|--|---|--|
| Number of provincial SWOs per province   | 1   | Provide overall management and supervision of the SSW in province.   |
| Number of district SWOs and SWOs per senior SWO                                    | 5   | Provide supportive supervision to District SWOs and SWOs, as well as training to all members of the SSW and allied professionals in districts. |
| Number of District SWOs per district   | 1   | Provide overall management and supervision of the SSW, including CDAs, in the district.  |
| Number of SWOs per district  | Set by a ratio: staff per 100000 children | Deliver social welfare services.   |
| Number of CDAs per district  |   | Provide community development and prevention services, and supervise CWACs.  |
| Number of SPAs per district  |   | Administrate social protection grants.   |
| Number of assistant SWOs per district SWO and SWO                                  | 2   | Assist SWOs and provide prevention and family-strengthening services.  |



|   |     |  |
|---|-----|--|
| Minimum number of assistant SWOs per district | 2   | Ensure a minimum level of staffing in district with small populations. |
| Minimum number CDAs per district              | 4   | Ensure a minimum level of staffing in district with small populations. |
| Number of CWACs per Ward                      | 4.7 | Assumption to estimate the total number of CWACs.                      |
| Average number of members per CWAC            | 10  | Assumption to estimate the total number of CWAC members.               |

These rules are built into the social service workforce Costing Tool, and can be changed within the tool to explore the staffing and cost implications of different options for structuring the social service workforce.

**Source:** Report 4: Costing scenarios to strengthen the social service workforce for child protection – Zambia.

## Using MIDSS to allocate staff equitably across regions

Specifying a staff-to-population ratio takes into account differences in population across provinces, districts or counties, but it does not take into consideration other key factors that need to inform the distribution of staff, such as the prevalence of child protection issues, levels of poverty, geographic extent etc.

In the absence of country-specific sub-national demand profiles, it is important to identify risk factors that could predispose a sub-region to social service workforce need, to determine a demand profile for each sub-region. A literature review identified several social determinants of social service workforce need that could be used to determine demand profiles for sub-national areas:

- **Socio-economic dimensions** – poverty, inequality, unemployment
- **Household dimensions** – household size, household headedness (gender and age), water, sanitation, electricity, food security
- **Socio-cultural dimensions** – gender equity, female employment
- **Health dimensions** – HIV status, alcohol

abuse, drug abuse, child mortality, maternal mortality, nutrition

- **Geographic dimensions** – urbanization, population density
- **Child protection dimensions** – child abuse, child marriage, teenage pregnancy, harmful practices
- **Humanitarian crises** – armed conflict, natural disasters, internal displacement

Using some of these determinants of demand for the social service workforce (based on what data is available), a Multivariable Index of Demand for Social Services (MIDSS) was developed for Kenya and Zambia respectively. It provides a proxy for the relative demand for the social service workforce across provinces or counties. This was used to weight the target level of children per staff for each area to determine their respective staffing requirements. Doing these calculations at the lowest level again enables the structure of the social service workforce to be built from the bottom-up.

Box 4 shows the impact of using the MIDSS to allocated social welfare officials across districts in Zambia, illustrating how it ensures a more equitable allocation of staff.



#### Box 4: Zambia – Using MIDSS to allocate social welfare officials across districts

An MIDSS consisting of the following three components was calculated for Zambia:

- Socio-economic index (SEI): an index based on relevant socioeconomic indicators
- Geographic index (GI): an index based on the level of urbanization and population density
- Child protection index (CPI): an index based on the level of relevant child protection indicators

The resultant MIDSS for each of the provinces in Zambia is shown in the table. Assuming policy-makers agree that there should be 20 social welfare officers per 100 000 children, this gives a national average ratio of 5 000 children per social welfare officer. Columns C and D show the allocation of social welfare officers based on this average ratio, while columns A and B show the allocation of officers using this ratio, weighted by the MIDSS. The column showing the “Difference between the weighted and average allocations” highlights the distributional impact that the MIDSS has on the allocation of social welfare officers across provinces. The application of the MIDSS results in Western Province, for instance, being allocated 53% more social welfare officers compared to their average allocation.

#### Comparing average versus MIDSS-weighted allocations of staff across provinces

| Province        | Number of districts | Provincial child population | MIDSS     | A   | B   | C   | D  | Difference between weighted and average allocations |
|-----------------|---------------------|-----------------------------|-----------|---|---|---|--|---|
|                 |                     |                             |           | Weighted targets of children per Social Welfare Officer | Weighted allocations of Social Welfare Officers | Average Target of children per Social Welfare Officer | Average allocations of Social Welfare Officers |   |
| Eastern         | 15                  | 1 031 011                   | - 0,17704 | 5 885   | 169   | 5 000   | 200  | <b>-31</b>  |
| Muchinga        | 8                   | 385 684                     | 0,05357   | 4 732   | 77  | 5 000   | 73   | <b>4</b>  |
| North-Western   | 11                  | 533 412                     | 0,00903   | 4 955   | 103   | 5 000   | 101  | <b>2</b>  |
| Western         | 16                  | 572 678                     | 0,34108   | 3 295   | 167   | 5 000   | 109  | <b>58</b>   |
| Northern        | 12                  | 679 733                     | 0,09401   | 4 530   | 144   | 5 000   | 130  | <b>14</b>   |
| Luapula         | 12                  | 633 785                     | 0,07748   | 4 613   | 132   | 5 000   | 120  | <b>12</b>   |
| Copperbelt      | 10                  | 1 158 168                   | - 0,15495 | 5 775   | 195   | 5 000   | 226  | <b>-31</b>  |
| Central         | 11                  | 946 043                     | - 0,02983 | 5 149   | 180   | 5 000   | 184  | <b>-4</b>   |
| Southern        | 15                  | 1 000 326                   | - 0,05373 | 5 269   | 183   | 5 000   | 193  | <b>-10</b>  |
| Lusaka          | 6                   | 1 293 585                   | - 0,15962 | 5 798   | 219   | 5 000   | 256  | <b>-37</b>  |
| <b>National</b> | <b>116</b>          | <b>8 234 423</b>            | <b>-</b>  | <b>5 000</b>  | <b>1569</b>                                     | <b>5 000</b>  | <b>1592</b>                                    | <b>-23</b>  |

The difference between the total number of staff under the weighted versus the average calculations results from the rounding up of positions.

In the Zambia study, this methodology was used to allocate three cadres of frontline staff: social welfare officers, community development officers and social protection officers. The allocations to these cadres in turn determined the allocation of junior staff and supervisory staff through staff-to-staff ratios.

**Source:** Calculated using the social service workforce Costing Tool – Zambia.



## Exploring a wider range of costs of inaction

Experiencing violence during childhood, particularly in the absence of an adequately resourced social service workforce for child protection, has significant and measurable adverse effects on the individual victim, realized both in the immediate aftermath and throughout their life course. These adverse effects impinge on individuals' quality of life, reduce national health and productivity, place additional pressure on already strained government services, undermining investments in the social sectors, and inhibit economic growth and development.

A cost of inaction analysis involves calculating the impact of the government's under-investment in child protection by quantifying the negative consequences for individuals,

families, the government and the economy of not allocating sufficient resources to essential child protection services or, in this instance, to the social service workforce that provides them. Given the nature of the data required to perform these kinds of analyses, the costs of VAC were used as a proxy for the costs of an underfunded social service workforce for child protection in both the Kenya and Zambia cost of inaction studies.

For the Kenya and Zambia investment case studies, the economic costs of an underfunded SSW were estimated using a prevalence-based approach. This approach uses cross-sectional estimates of the total costs incurred during a time period – for instance, a year – attributable to a specific cause – in this instance, VAC.

The following figure provides an overview of three pathways through which the costs of an underfunded social service workforce manifest, and the types of costs and consequences that comprise each pathway.

### Framework for evaluating the cost of inaction on strengthening the social service workforce

| Impacts on the broader economy | Reduction in the productive capacity in the economy   | Reduction in labour market engagement and participation                                   | Reduction in macro-level measures of human development and human capital                | Impact on the achievement of relevant international development targets |
|--------------------------------|---|---|---|---|
| Impacts on government services | Increased use of health sector services; inpatient, outpatient equipment & medical supply costs | Increased engagement with justice sector, policing incarceration & legal proceeding costs | Increased engagement with social welfare services, case management, staff & admin costs |   |
| Impacts on the individual      | Higher incidence and underreporting of violence, abuse and neglect                              | Higher incidence of illness, injury, mortality and morbidity                              | Reductions in cognitive and human capital development; productivity losses              | Lower educational attainment; higher rates of absenteeism and dropout   |
| Cost of inaction scenario      | Inaction on strengthening of the child protection social services workforce (SSW)               |   |   |   |

**Source:** Cornerstone Economic Research, 2023. Inception Report: Developing an investment case for strengthening the social service workforce for child protection in Kenya and Zambia.



The core costs of VAC are borne by the individual victim, with higher incidence of risky health behaviours, self-harm and violence perpetration in response to VAC exposure, higher incidence of mortality and morbidity associated with VAC, and long-term impacts on individual human capital development, productivity and quality of life.

The impacts of VAC on the individual also cause subsequent costs to government, manifest through increased use of government services across the health, education, social welfare, justice and related sectors.

The third category of cost associated with VAC, and by extension an underfunded social service workforce for child protection, are those costs borne by the broader economy. Cumulative reductions in human capital development and labour market participation among individuals will result in increased rates of unemployment and lower wage rates; cumulative reductions in individual productive capacity will reduce overall productive capacity in the economy, resulting in broad productivity losses; cumulative impacts on individual human development and human capital will, similarly, impact on measures such as the Human Development Index and on the achievement of national and international development targets, such as the SDGs.

Box 5 sets out the results of the cost of inaction study showing the cost of VAC in Zambia, which serves as a proxy for the cost of an under-capacitated social service workforce for child protection.

### Box 5: Zambia – Summary of the economic cost of VAC analysis (2021)

The costs of an underfunded social service workforce for child protection in Zambia, using the costs of VAC as a proxy, are summarized using the framework presented in Figure 5.

| Cost of inaction               | Total Cost of VAC  |   |   |   |
|--------------------------------|--|---|---|---|
|                                | The total cost of VAC in Zambia in 2021 amounts to <b>ZMK40 362.9 million</b> , equivalent to <b>9.12% of Zambia's GDP</b> . |   |   |   |
| Impacts on the broader economy | Reduction in productive capacity in the economy  | Reduction in labour market engagement   | Reduction in macro-level measures of human development  | Impact on the achievement of development targets  |
|                                | Productivity loss attributable to VAC in Zambia in 2021 amounted to <b>ZMK5 398.2 million</b>                                | VAC-attributable education related income loss in Zambia in 2021 amounted to <b>ZMK1 280.9 million</b>  | In the absence of VAC, Zambia's HDI would <b>increase to 0.591</b> , an <b>increase of 3.63%</b>          | VAC negatively impacts on Zambia's potential achievement of <b>7 of the 17 SDGS</b>                 |
| Impacts on government services | Increased use of health sector services; inpatient, outpatient equipment & medical supply costs                              | Increased engagement with justice sector, policing incarceration & legal proceeding costs               | Increased engagement with social welfare services, case management, staff & admin costs                   |   |
|                                | The total health sector costs of VAC in Zambia in 2021 amount to <b>ZMK3 185.7 million</b>                                   | The justice sector costs associated with VAC in Zambia in 2021 amount to <b>ZMK136.1 million</b>        | The VAC-related costs in the child protection sector in Zambia in 2021 amounted to <b>ZMK51.4 million</b> |   |
| Impacts on the individual      | Higher incidence and underreporting of violence, abuse and neglect   | Higher incidence of illness, injury, mortality and morbidity  | Lower education attainment  | Reductions in human capital development   |
|                                | 50.3% of males and 49.0% females in Zambia experience violence prior to the age of 18 years                                  | In 2021, a total of 7 166 deaths and 72 948 years of healthy life lost in Zambia were attributed to VAC | In Zambia in 2021, 30 839 adult women had not completed secondary education due to VAC                    | VAC was responsible for the loss of 378 524 years of productive life among adults in Zambia in 2021 |
| Cost of inaction scenario      | Inaction on strengthening of the child protection social services workforce (SSW)  |   |   |   |

**Source:** Report 5: The socio-economic costs of underfunding the social service workforce for child protection – Zambia



## Estimating the benefits of strengthening the SSW for child protection

There is currently no established methodology for working out the benefits of strengthening the social services workforce. Therefore, the team proposed a methodology for modelling the potential positive impacts of reducing VAC that may result from strengthening the social service workforce for child protection. The method is based on assessing the potential impact of improvements in the VAC service cascade from the current levels of service to an ideal level of 90-90-90 in VAC services. This idea draws on the WHO's HIV treatment cascade, which seeks to eradicate HIV by ensuring that 90% of all individuals living with HIV are aware of their status, 90% of such status-aware individuals are on antiretroviral treatment (ART), and 90% of ART adherents are virally suppressed. Similarly, the VAC service cascade interrogates the services provided to child victims of VAC along a service cascade that includes:

- the proportion of child victims of VAC who are aware of the existence of support services;
- the proportion of service-aware victims who access the services; and
- the proportion of those accessing the services who receive adequate assistance.

Increasing the size and capacity of the social service workforce should, therefore, be seen as a priority for improving the VAC service cascade. Using the logic of the HIV treatment cascade, the approach explores the effect on the rates of VAC and associated costs of achieving a 90-90-90 target VAC service cascade – specifically:

- 90% of all victims of VAC are aware of the availability of services;
- 90% of those service-aware victims make use of the services; and

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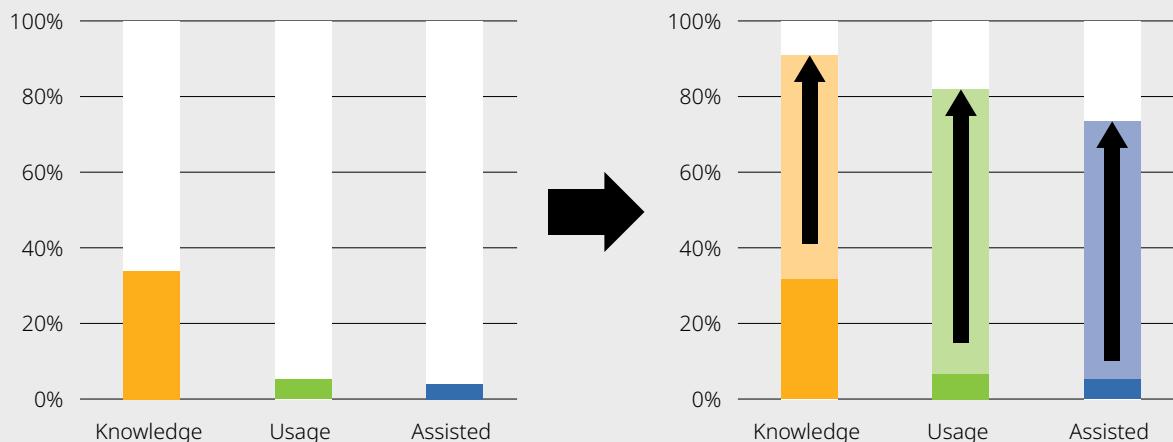
- 90% of those who made use of the services receive adequate help.

In the absence of studies interrogating the impact of a strengthened child protection social service workforce on VAC outcomes, intervention effects were drawn from the most recent WHO systematic review of the impacts of parenting interventions to prevent child abuse and maltreatment.<sup>13</sup> Specifically, the study makes use of data on the estimated effects, in lower- and middle-income countries (LMICs), of parenting interventions on child maltreatment, physical abuse, psychological abuse, and on children's internalizing and externalizing behaviours, to parameterize a model to estimate the potential impact of achievement of the 90-90-90 target.

## Box 6: Kenya – Economic benefits of a strengthened social service workforce (2021)

If strengthening the social service workforce were to result in the VAC service cascade improving from the current levels of service to an ideal level of 90-90-90 in VAC services, the changes would look as follows:

### The envisaged improvement in the VAC service cascade in Kenya



Modelling the impact of these service improvements shows reductions in the total health burden associated with self-harm (-36.1%), alcohol use (-30.4%), interpersonal violence (-24.8%), smoking (-10.7%), drug use (-8.5%) and mental disorders (-4.7%) among males; and reductions in the total health burden associated with interpersonal violence (-40.4%), mental disorders (-22.9%), self-harm (-15.6%) and STIs (-13.8%) among females.

The impact of these reductions in VAC prevalence, together with the associated health behaviours and outcomes, converts into reductions in the modelled economic costs of violence, as shown below.

### Modelled impact of 90-90-90 VAC service targets on the total cost of VAC (2021)

| Cost category            |             | Initial Cost       |              | Revised Cost       |              | Cost Reduction     |              |
|--------------------------|-------------|--------------------|--------------|--------------------|--------------|--------------------|--------------|
| Category                 | Type        | Total KES millions | % of GDP     | Total KES millions | % of GDP     | Total KES millions | % of GDP     |
| Direct                   | Medical     | 14 015.2           | 0.12%        | 6 841.8            | 0.06%        | 7 173.4            | 0.06%        |
|                          | Non-medical | 16 819.5           | 0.14%        | 8 971.6            | 0.07%        | 7 874.9            | 0.07%        |
| Indirect                 | Tangible    | 119 006.1          | 0.99%        | 59 926.7           | 0.50%        | 59 079.3           | 0.49%        |
|                          | Intangible  | 438 363.8          | 3.64%        | 203 981.5          | 1.70%        | 234 382.3          | 1.95%        |
| <b>Total cost of VAC</b> |             | <b>588 204.5</b>   | <b>4.89%</b> | <b>279 721.7</b>   | <b>2.33%</b> | <b>308 482.8</b>   | <b>2.56%</b> |

Under the modelled historical achievement of the 90-90-90 VAC service targets, the total economic cost of VAC for 2021 drops from KES588.2 billion, or 4.89% of GDP, to KES279.7 billion, or 2.33% of GDP. This is a total cost reduction of 52.4%, or KES308.5 billion, equivalent to 2.56% of GDP.

**Source:** Report 5: The socio-economic costs of underfunding the social service workforce for child protection – Kenya.



# Advocating for additional resources

Advocacy encompasses a wide range of activities, including research and information dissemination, awareness raising, capacity building and lobbying. It aims to influence government policies and allocations in the budget.

The entire process of developing the investment case should be seen as a series of successive advocacy opportunities. It is an opportunity to develop key stakeholders' knowledge of the social service workforce, child protection and VAC by getting them onto the project steering committee; an opportunity to draw ministries of finance, planning and budget into researching budget allocations for the social service workforce and child protection; an opportunity to get different sectors speaking to each other about how to co-ordinate better; an opportunity

to get government, business and civil society speaking about the impacts of VAC on the economy and society.

Those seeking to persuade governments to allocate more funds for strengthening the social service workforce need to develop an advocacy strategy. They also need to develop a set of advocacy materials that present the issues in ways that are accessible to the intended audiences. The materials should help people understand the problem, the proposed solutions, and how they can get involved.

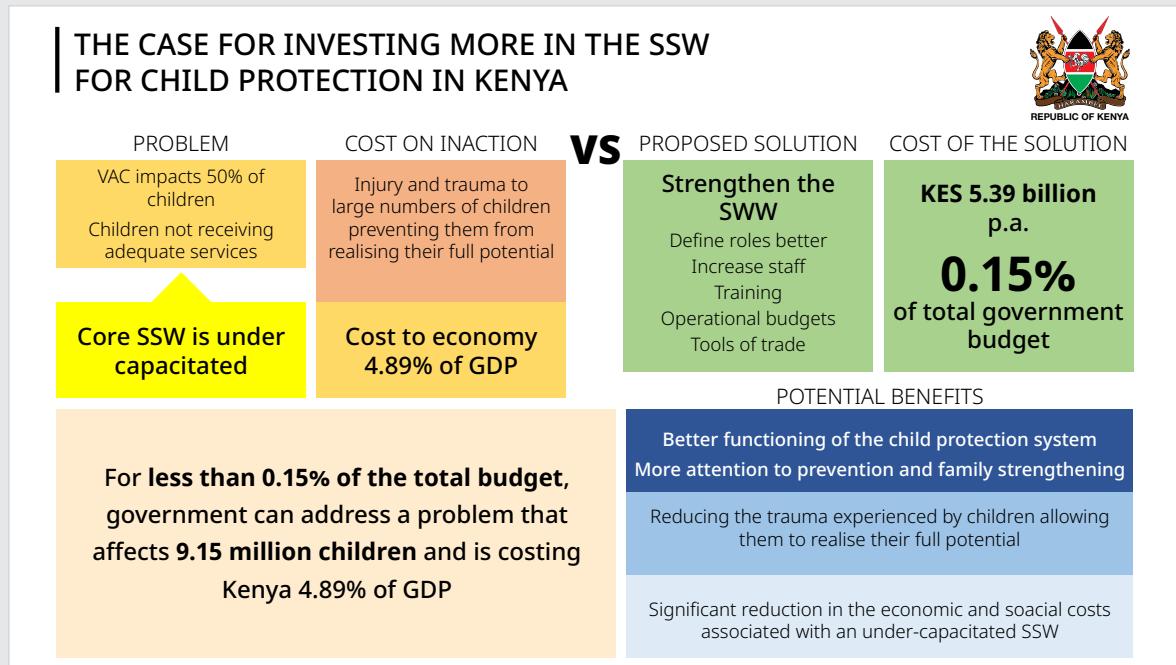
Box 7 presents examples of the infographics developed for Kenya and Zambia to present the core elements of the respective investment cases for strengthening the social service workforce for child protection in each country.

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## Box 7: Kenya – The investment case for strengthening the SSW for child protection

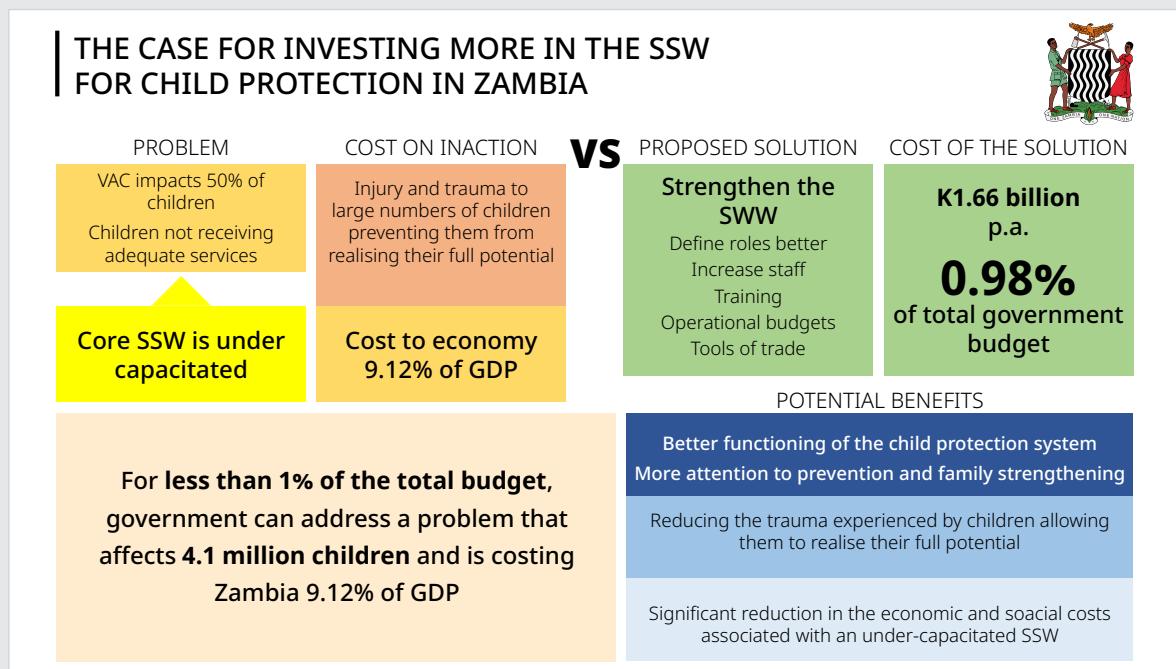
This is a summary infographic of the investment case for strengthening the social service workforce for child protection in Kenya. This is a key advocacy tool used to present the investment case.



**Source:** Cornerstone Economic Research, 2025. Presentation on Investing in Kenya's Children – the economic case for a well-planned, -supported and -resourced Social Service Workforce – Kenya.

## Zambia – The investment case for strengthening the SSW for child protection

This is a summary infographic of the investment case for strengthening the SSW for child protection in Zambia. This is a key advocacy tool used to present the investment case.



**Source:** Cornerstone Economic Research, 2024. Presentation on Investing in Zambia's Children – the economic case for a well-planned, -supported and -resourced Social Service Workforce (SSW) Zambia.



## End notes

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- 1 UNICEF database. ESA (i.e. across Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe). This needs to be read with a caution that these ratios are dependent on how narrow or broad the definition of the social service workforce is in a particular country. The purpose is to provide best indicative figures that demonstrate the limited number of the workforce.
- 2 Dhemba, J., and Nhapi, T., (undated). 'Navigating towards social work desired outcomes in resource constrained environment: Some Zimbabwean and Eswatini experiences'; Mukaro, G. (2013) 'Social service delivery system in Zimbabwe: The role of social workers in support to OVCs'.
- 3 UNICEF database.
- 4 UNICEF database.
- 5 DCS (2023). Staff registry and establishment SDSP; MS Excel worksheet provided by DCS in June 2023.
- 6 UNICEF (2021). UNICEF Child Protection Strategy 2021-2030. Retrieved from: <https://www.unicef.org/media/104416/file/Child-Protection-Strategy-2021.pdf>.
- 7 The Global Social Service Workforce Alliance (GSSWA) is a network of over 1 800 members in 125 countries, formed as a result of the Social Service Workforce Strengthening Summit held in 2010.
- 8 GSSWA/UNICEF (2019). Guidelines to strengthen the social service workforce for child protection. Retrieved from: <https://www.unicef.org/sites/default/files/2019-05/Guidelines-to-strengthen-social-service-for-child-protection-2019.pdf>.
- 9 See [Proposed Guidance on developing Minimum Social Service Workforce Ratios](#) | UNICEF.
- 10 See [Proposed Guidance and Tool for Costing the Social Service Workforce](#) | UNICEF.
- 11 GSSWA. Definition of the social service workforce. Retrieved from: <https://www.socialserviceworkforce.org/sites/default/files/uploads/Definition-Social-Service-Workforce.pdf>.
- 12 See [Proposed Guidance on developing Minimum Social Service Workforce Ratios](#) | UNICEF.
- 13 World Health Organization, *WHO Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent-Child Relationships with Children aged 0-17 Years*, WHO, Geneva, 2022.



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Nations Children's Fund (UNICEF), 2025.