

FORMATIVE EVALUATION OF UNICEF'S STRATEGY AND APPROACH TO CHILD PROTECTION SYSTEMS BUILDING: FINAL REPORT (VOLUME I)

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Formative Evaluation of UNICEF's Strategy and Approach to Child Protection Systems Building: Final Report (Volume I)

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This evaluation report was written by Professor Carolyn Hamilton, Elizabeth Yarrow and Kara Apland, on behalf of Coram International. Coram International is a department at the Coram Children's Legal Centre (CCLC), the UK's leading children's legal charity, committed to protecting and promoting children's rights in the UK and worldwide. The evaluation was commissioned by UNICEF and managed by a team lead by Erica Mattellone, Evaluation Specialist, and Chit Koko, Child Protection Specialist, with support provided by Aye Aye Kyuu, Child Protection Officer (Monitoring and Evaluation), and Sigrid Breddy, Planning, Monitoring and Evaluation Specialist.

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EXECUTIVE SUMMARY

In 2013, UNICEF underwent a significant reorientation of its Child Protection Programme in response to an extensive mid-term review (MTR) and changes in the political and social context of Myanmar. The opening of the country in 2012 and the significant push for reform by the Government created the space for UNICEF to shift the focus of its Child Protection Programme to target a systems building strategy and approach, to best address the multiple challenges hindering the provision of protection for children.

With this backdrop, in August 2013, UNICEF began to support the Department of Social Welfare (DSW) to undertake child protection case work in 27 townships across all regions and states in the country. In 19 of these, UNICEF funded Save the Children to work with local NGO partners (RMO, KMSS and YKBWA) to support DSW with 'non-statutory' child protection cases: those in which children were in need, but did not necessarily meet the legal threshold for requiring immediate care and protection of the state under Section 32 of the Child Law (1993). UNICEF also funded the Myanmar Red Cross Society (MRCS) to deliver awareness raising on a simple reporting and referral channel for communities in 950 villages where the CMS was operative, and engaged in extensive advocacy and coordination with Government partners to ensure buy-in and support for the case management system at the national, regional, state and townships levels.

Purpose, Objectives and Intended Audience: In April 2016, UNICEF contracted Coram International to assess the merit and worth of UNICEF's strategy and approach to child protection systems building, and in particular the development of the national, social work, case management system as a key entry point to protect children's rights in Myanmar. The evaluation, which covers the period from mid-2013 to August 2016, was intended to: provide rapid-feedback on the programme's strengths and weaknesses to improve the current programme; establish the evidence base needed to inform the design of a new five-year programme starting in 2018; and generate learning for advocacy on systems strengthening. Being a formative, learning-oriented, evaluation, the primary audience was the Child Protection section and senior management, within UNICEF. Other users included the Government, particularly DSW, key development partners and child protection actors working in Myanmar.

Evaluation Methodology: The evaluation was theory-based, reflecting its central purpose as a strategic learning opportunity. Mixed methods were used to gather data from 11 townships, selected purposively for diversity according to a number of demographic and programmatic criteria. The evaluation team conducted a total of: 102 key informant interviews with child protection stakeholders at national, district and townships levels; 37 case studies interviews with children who had received support from the case management system and their parents or care givers; 16 focus group discussions with community members in selected wards and villages; and 31 case file reviews. 55 structured surveys were also completed by case managers and officers in each township. Finally, the evaluation team conducted statistical analysis of raw case management data from all 27 townships in which the case management system has been established. The evaluation limited its focus on aspects of UNICEF's work related to the development of the case management system. Other areas of UNICEF's Child Protection Programme were considered in terms of their relevance towards supporting the development of the case management system. Strict ethical guidelines were followed at all stages of the data collection and analysis.

Main Findings and Conclusions: In only three years, *UNICEF has succeeded in establishing an emergent and functioning social work, case management system, in which DSW is playing an active role.* Between August 2014 and August 2016, the case management system had a total intake of 1,330 child protection cases. This figure is on the low side, comprising less than 0.05 per cent of the total population of children in the case management townships, however, the data reveals that the case load is increasing over time, particularly within DSW offices. Despite its infancy, the case management system was found to be facilitating a broad range of important child protection interventions across townships, filling a critical gap in services for children in need of protection. The value of these interventions was recognised by a diversity of respondents. Many children and parents said that they valued the social and emotional care provided by case officers, reporting that they felt calmer, stronger, and happier as a result of interventions. Clients also expressed gratitude for

the support that they had received in accessing or navigating the justice system and other government services.

Despite these positive aspects, the evaluation also identified some limitations. Not all clients had a positive experience with the case management system; and some noted that interventions had failed to result in any real change in their circumstances, particularly where poverty was an underlying driver of child protection concerns. Furthermore, the largest category of cases addressed by the case management system comprised cases of 'children in conflict with the law' and this was particularly true of DSW's caseload. In addition, the vast majority of cases involved older children, aged 14–16, with very few cases relating to children under nine years of age, indicating that cases involving young children are potentially being missed by the system. This highlights some of the system's current limitations; suggesting that the case management system is currently functioning primarily as a response to cases where children are perceived as a 'social problem', rather than delivering child protection interventions that support vulnerable families and safeguard children at risk of harm. This may be unsurprising given the nascent state of the case management system; but it raises the question of how to build more social work capacity within the system over time.

The effectiveness of the case management system was found to vary widely across different regions and townships, and this was found to be particularly the case within DSW offices. The system was found to be performing particularly well in the South East, most particularly in Mon and Kayin States, and less well in other areas, such as Rakhine and Shan. There were also significant indications that the case management system was functioning better in areas with an NGO partner supporting DSW with case management work and where MRCS were active in awareness raising.

DSW's current capacity to undertake social work with children and families was found to be hindered by a number of capacity gaps and bottlenecks. First, whilst non-governmental organisation (NGO) partners had full-time case-work staff, DSW staff were only part-time. Second, whilst DSW case managers were aware of the importance of multi-sector cooperation, working hard to collaborate with actors from different sectors, coordination with different government actors was found to be a challenge: stakeholders from other sectors, including health, education and justice, had limited knowledge of child protection and the social work role of DSW. Finally, hierarchical structures, administrative procedures and an overemphasis on paperwork were in many cases impeded the ability of DSW staff to undertake the practical business of social work with children and families. While processes and procedures contained within the standard operating procedures (SOPs) were being followed carefully by the case managers, at times evaluators observed an overemphasis on process, at the expense of a more substantive engagement with the practical aspects of addressing and resolving cases. In particular, some cases would have benefited from case managers engaging in a greater level of critical thinking and creative problem solving to correctly identify and meaningfully address underlying factors which place a child at risk. The evaluation identified a need for more 'practice' training and coaching, particularly in social work and communication skills.

The decision to re-orient the Child Protection Programme to focus on case management systems building was determined to have the potential to improve the efficiency and cost-effectiveness of UNICEF's child protection work in a number of ways. First, the new approach has made child protection activities more targeted, directing effort and resources towards those most in need; as well as increasing coverage of the system as a whole. Second, assigning case managers within DSW is building capacity and harnessing resources within Government, avoiding intensive resourcing requirements associated with funding NGOs to undertake service delivery. Third, the case management system approach is establishing a system of referrals across a network of social services, improving access to existing resources, and reducing fragmentation and duplication of efforts. Despite these positive aspects, a significantly higher level of investment, both financial and human, will be needed before the case management system can deliver real change for children. It is encouraging to note that UNICEF has already begun work with DSW on further reform, including the development of a defined case management budget, with provisions for full time case workers, travel and communication, training costs and others. If implemented, these reforms have the potential to improve the efficiency and performance of the case management system and strengthen opportunities for its sustainability.

The evaluation revealed broad consensus that UNICEF's new approach to child protection systems building is both relevant and appropriate within the Myanmar context. The reorientation of the Programme, and particularly the focus on building capacity within DSW, has the potential to make child protection work more systematic and promote its sustainability. DSW case managers were found to be more effective than NGOs in liaising with and influencing child protection duty bearers across different sectors, including in the justice sector, health, education and the General Administration Department, critical for the implementation of an effective child protection response.

In addition to directly supporting the development of the case management system, UNICEF has undertaken work across a number of other child protection streams which were found to be highly relevant to child protection systems building, and necessary to achieve and sustain effective case management work. First, UNICEF's efforts towards promoting the development of family-based alternative care are vital given the over-reliance on institutionalisation or family reunification as a default child protection response. Second, UNICEF's work towards legislative reform and development of child friendly justice institutions is highly relevant given that the inadequate response to child abuse cases in the justice system and insufficient focus on using alternatives to detention are serving to undermine the results of the child protection system. Whilst the CMS is playing an essential advocacy role in addressing child protection issues occurring within the justice system, sustainable change cannot be achieved without systemic reforms within the justice sector itself. Third, UNICEF's focus on protecting children from exploitation, including sexual exploitation, child labour and trafficking is essential to sustaining results realised through the CMS: findings from the evaluation suggest that (early) identification of child exploitation – especially trafficking – remains a challenge and that there is an urgent need to address the underlying vulnerabilities which place children at risk of ending up in exploitative labour arrangements. The case management system has a potential role to play in both areas and it is a particularly welcome development that UNICEF is supporting DSW social workers to integrate the trafficking guidelines and SOPs into the SOPs for case management. Finally, the significant child protection in emergencies component of the Child Protection Programme is both relevant and necessary given the persistence of ongoing humanitarian crises in border areas of the country, particularly in Rakhine State, and a lack of government legitimacy amongst marginalised ethnic minority communities. There is strong consensus amongst stakeholders for the need to strengthen links between UNICEF's emergency work – which remains community-based and largely administered through NGOs – and the new systems-based work, focused on partnerships with the Government and the establishment of the case management system; however, it is vital that UNICEF continues to acknowledge the risks associated with this approach in the short to medium terms.

There are significant positive indications of the sustainability of the case management system. UNICEF's advocacy efforts have been well targeted, building government commitment to developing a national child protection system. Additionally, there is evidence that progress is being made towards building trust in, and demand for, the case management system at the community level, further consolidating the system's long term viability. Nevertheless, a number of threats to sustainability remain. In particular, support and commitment to UNICEF's vision of the child protection system appears to be largely concentrated within DSW. Achieving support from other government departments, particularly within the justice, health and education sectors, remains a challenge. The need for greater financial investment is also critical as the case management system is brought to scale, particularly in the absence of NGO support.

The protection rights and needs of children have been clearly placed at the front and centre of the Child Protection Programme. The decision to build capacity within DSW to deliver the case management system recognises that the Government is a key duty bearer responsible for implementing children's rights within its jurisdiction, in accordance with Art. 3 and 4 of the Convention on the Rights of the Child. However, there are a number of cross-cutting concerns that were identified by the evaluation as requiring further consideration. These include: the need for greater attention to child participation, and ensuring that the view and wishes of children, especially adolescents, are fully incorporated into the case management system; the need for improved data collection systems disaggregated by demographic factors such as disability and ethnicity; and the need for greater attention to aspects of gender and vulnerability.

Lessons Learned: The evaluation helped identifying a number of key lessons from the findings and conclusions. First, **child protection case management is a time and resource intensive service**. It is essential to ensure that adequate human resources are made available, including full time social work staff, with a local presence, and effective and localised management structures. It is also essential that case management staff receive substantial training, including coaching on the more substantive elements of case management including critical thinking, creative problem solving, managing family dynamics and communication skills. Second, it was noted that **certain child protection cases are susceptible to being missed by the case management system**, which at present, is mainly picking up cases that have escalated to a crisis level, or where children are considered to be a 'social problem' and are engaged in criminal behaviour. More emphasis needs to be placed on early intervention in cases where children are at risk of harm, particularly during early childhood. Moreover, **child protection case management is a multi-disciplinary project**, which requires involvement from a number of government departments, particularly justice, law enforcement, health, education and local authorities, who need to understand and be committed to child protection, and work together with social welfare staff on referral and response to cases. Lastly, **well-targeted social welfare benefits and cash transfers are indispensable counterparts to a child protection case management system**, particularly where poverty and other forms of social vulnerability aggravate child protection concerns.

Main Recommendations: The following inter-connected and inter-related recommendations were validated in a series of validation workshops, and they are as follows:

- **Support the Government to develop a national child protection policy and strategic plan** for scaling up the delivery of child protection services through case management in the townships. In particular, the strategic plan should address: how to reform the case management system from a system that is essentially crisis management to a pro-active system which includes early intervention when a child is at risk; and short and long term strategic measures for the use of NGO input and capacity to strengthen local delivery whilst building capacity within DSW, particularly in Chin, and other expansion townships.
- Work with DSW to **reform administration of the case management system at township level** including: devolvement of decision-making on case work to a designated supervisor at township level; appointment of full time staff to focus exclusively on child protection case management; the appointment of a Director of Child Protection, ideally with professional social work experience, in each district; support of NGO staff to DSW case management teams to build the practice and professional capacity of DSW staff; reform of financial procedures to ensure adequate and advanced provision of expenses associated with case work; and establishment of a client fund including provisions for some limited material goods for children and families.
- **Develop referral mechanisms into the case management system** through secondary legislation, including joint working SOPs with health and education providers, the Police and prosecutors. Conduct outreach and capacity building with key referral bodies to ensure they have the skills and commitment to implement protocols. Engage DSW early childcare and development centres in identification and referral.
- **Scale up training and coaching programmes on social work skills**. In particular it is recommended that the training should focus on substantive aspects of social work practices including child development; family dynamics; managing challenging behaviour; positive parenting; the nature and recognition of addiction; identification of abuse, assessing children and meeting their needs. It is recommended that coaching programmes, whereby an experienced social worker work alongside case managers, providing guidance and feedback are made available. It may also be useful to scale up innovative capacity building initiatives such as that delivered by Point B.
- **Review and modify data collection systems** to ensure consistency of data and to include information on ethnicity, language and disability and other relevant demographic factors, in addition to age and gender (already included). It is also recommended to collect data on resources required to address each case, and to collect and compile data on the key outcomes of cases progressing through the system.

LIST OF ACRONYMS

CCLC	Coram Children's Legal Centre
CMS	case management system
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CTFMR	Country Task Force for Monitoring and Reporting
DAC	Development Assistance Committee
DSW	Department of Social Welfare (within the Ministry of Welfare, Relief and Resettlement)
KMSS	Karuna Myanmar Social Services
M&E	monitoring and evaluation
MTR	mid-term review
MRCS	Myanmar Red Cross Society
NGO	non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
NCRC	National Committee on the Rights of the Child
PCA	Partnership Coordination Agreement
PCR	programme component results
PO	Probation Officer
RMO	Ratana Metta Organisation
SOPs	standard operating procedures
TCRC	Township Child Rights Committee
TOC	theory of change
TOR	terms of reference
UN	United Nations
UNEG	United Nations Evaluation Group
UNICEF	United National Children's Fund
US\$	United States dollars
YKWBA	Yangon Kayin Women's Baptists Association

COUNTRY MAP

The below map displays the evaluation locations at district-level in Myanmar:

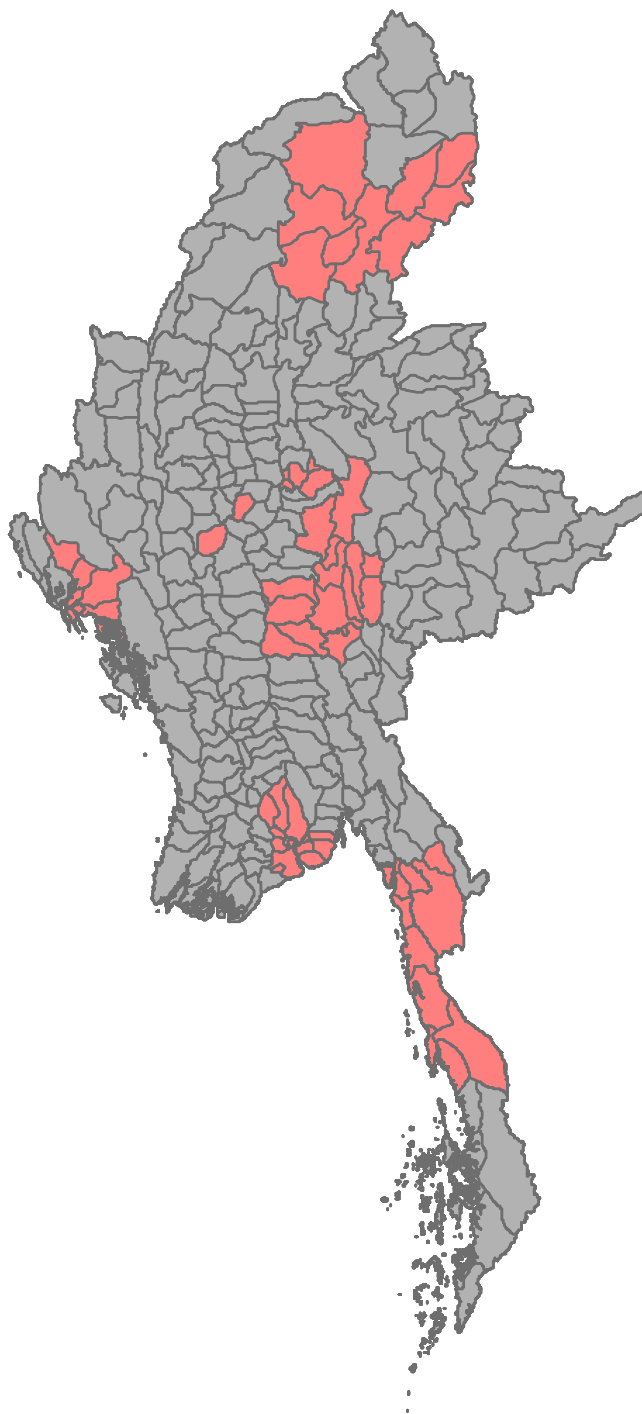


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1. INTRODUCTION

This independent evaluation, commissioned by UNICEF Myanmar¹ in April 2016 and undertaken by Coram International, sought to assess the merit and worth of the changes made to UNICEF's Child Protection Programme since mid-2013 and, in particular, the use of social work case management as a key point of entry to protect children's human rights.

UNICEF has been present and working in Myanmar for over 60 years. Child protection has been an important element of the cooperation agreement between UNICEF and the Government of Myanmar in both former and current country programmes. In 2013, UNICEF's Child Protection Section undertook a significant reorientation of its programming in response to an extensive mid-term review (MTR) and changes to the political and social context of the country.

As per terms of reference (TOR), the evaluation was intended to be improvement oriented: to provide rapid-feedback on the Programme's strengths and weaknesses; to establish the evidence base needed to inform the design of the new UNICEF's five-year programme starting in 2018; and generate learning to strengthen both the approach taken to child protection systems buildings as set out in the Programme's theory of change, as well as the strategies employed to implement that approach. The evaluation focused on the work undertaken by UNICEF to develop a national social work case management system for responding to child protection concerns in 27 townships across Myanmar, and it covered the period from mid-2013 to August 2016.

The evaluation report will be used by the Child Protection Section and senior management, within UNICEF. Other users include the Government, particularly the Department of Social Welfare (DSW), key development partners and child protection actors working in Myanmar.

2. BACKGROUND TO THE EVALUATION

This section chronicles the development of UNICEF's Child Protection Programme: 2013-2017. It sets out the reasoning behind strategic changes in UNICEF's approach to child protection, and the context in which they occurred, before explaining the purpose and objectives of the evaluation.

2.1 Context

Child protection is a key priority for UNICEF. Despite notable progress in recent years, children in Myanmar continue to face substantial risks to their health safety and wellbeing. Poverty and uneven wealth distribution, migration, cultural attitudes concerning the social position of children, gender inequality, HIV and AIDS, disability, ethnic conflict, displacement, climate change and natural disasters are all factors contributing to the vulnerability of children.

Myanmar has an estimated population of over 16 million children,² comprising 135 officially-recognised ethnic groups, speaking a total of 111 languages. It is estimated that over a quarter of children live in households with incomes below the national poverty line. The majority (around 70 per cent) live in rural areas, and this is particularly the case for ethnic minorities, who tend to dwell in geographically remote and economically marginalised border areas of the country, and face significant barriers to access to basic services including: education, health, water and sanitation. The economy is largely dependent on agriculture, vulnerable to climate change, and susceptible to extreme weather events.³

The Government ratified the United Nations Convention on the Rights of the Child (CRC) in 1991 and enacted the Child Law in 1993 to implement the CRC;⁴ underscoring the rights of children in Myanmar to be protected

¹ From this point forward, UNICEF Myanmar will simply be referred to as UNICEF.

² The 2014 Myanmar Population and Housing Census, Department of Population, Ministry of Immigration and Population, May 2015.

³ The 2014 Myanmar Population and Housing Census, Department of Population, Ministry of Immigration and Population, May 2015.

⁴ Although in its latest Concluding Observations to Myanmar in 2012 the CRC Committee expressed concern that all principles and provision of the Convention have not yet been fully incorporated into domestic law and that legal provisions contrary to the Convention remain in force. Poor enforcement of laws and lack of resources allocated to social services and social protection mechanisms also remain of concern.

from violence, abuse, exploitation and neglect. Other relevant laws include: the Anti-Trafficking in Persons Law 2005, the Legal Aid Law 2016 and the Promulgation of Orders prohibiting forced labour (1999 and 2000).

Notwithstanding these legal protections, the Government has yet to develop a fully functioning child protection system. The protection needs of children in Myanmar are complex and geographically variable, but there are a number of overriding issues of concern. These include: the numbers of children without appropriate care; the overuse of institutionalisation as a default protection response; the treatment of children in conflict with the law, as well as children who are victims and witness of crimes; the prevalence of child labour and trafficking; and (ongoing) conflict and communal violence, which has led to displacement, and restrictions on freedom of movement and access to services for minority groups.

These concerns are compounded by outdated legislation, which is not consistent with international standards and norms, a lack of a national policy or strategic framework on child protection, limited national budgets and, as a result, a lack of capacity in key ministries and departments to fulfil the obligations of the State under the CRC.

In its latest Concluding Observations to Myanmar (2012) the CRC Committee noted their concern about the widespread abuse of children and the level of violence, as well as the lack of appropriate measures, mechanisms and resources to respond to children at risk. The Committee recommended that the Government establish policy, programmes, monitoring and oversight systems required to protect children from all forms of violence.

The government body responsible for child protection is the Ministry of Social Welfare, Relief and Resettlement. Within the Ministry, DSW is responsible for the delivery of child protection services. It has departmental offices at state and regional city level, together with 12 district offices. The Ministry received just 0.08 percent of the national budget in 2014. It does not have established offices within townships and has had very little engagement at the township level. As a result, it has struggled to play a meaningful role in protecting the rights of children.

The Government has not, as yet, developed a stand-alone, child protection strategy, but a national Social Protection Strategy was developed by the Ministry of Social Welfare, Relief and Resettlement and adopted by the Government at the highest level in 2014. The strategy incorporates a strong focus on child protection and provides for integrated social protection services as a core intervention, and as a 'flagship' (or priority) programme. This includes the provision of a cadre of professional social workers trained on case management and referral practices, and equipped with resources needed to deliver effective support to those in need. A further prioritised programme is the introduction of cash transfers to women with children under the age of two, to lift children and their families out of poverty.

Despite a recent decision in March 2016 to significantly reduce the number of government ministries from 36 ministries to 21, the Ministry of Social Welfare has remained as a Ministry: a strong signal of a political commitment to promoting social welfare and the protection of vulnerable populations, including children.

2.2 The development of UNICEF's Child Protection Programme

The UNICEF Country Programme Document (CPD) 2011–2015, which was subsequently extended until 2017, between the Government of the Republic of the Union of Myanmar and UNICEF was devised in 2010 and was signed on 1st January 2011. The CPD included a significant child protection component, which focused on establishing child protection mechanisms in 25 townships, working in partnership with a range of non-governmental organisations (NGOs).⁵ Initial work included very little policy engagement with the Government. This was put down to the constricted political environment in Myanmar: prior to 2011 the political climate was not particularly conducive to influencing policy and legal systems, and planning and coordinating with government to formulate reform was difficult.

⁵ Overview of the Discussion, Key Points Agreed and Way Forward, Child Protection Section Retreat, July 10th-11th, 2013; UNICEF Myanmar Mid-Term Review of Child Protection 2011-2015, undated.

However, shortly after the Government signed the CPD, the political context in Myanmar began to change: elections in 2011 resulted in the establishment of a civil government, which in turn has led to administrative and social reforms including a political commitment to child protection, and as a result, a change in working environment for UNICEF.

2.2.1 The mid-term review

The mid-term review (MTR) of the CPD in 2013 (which was preceded by a number of internal UNICEF meetings)⁶ noted that there had been a fragmented approach to child protection, but that the changing social and political environment in Myanmar presented opportunities for building more holistic systems that could detect and respond to violence, abuse and exploitation of children. In light of the changing context in Myanmar (as well as a strategic shift of approach to child protection within international development at the global level), the MTR concluded that the Child Protection Programme needed reconceptualising and required a shift from supporting NGOs to provide child protection services to supporting the Government, especially DSW, in delivering these services. It was decided that UNICEF's support should be embedded in government plans and should focus on assisting the Government to develop policies, strategies and human resources to enable it to deliver child protection services. Specifically, the new Programme included a focus on the prevention of family separation, support for the development of DSW in-house child protection services and the expansion of DSW case management services.

The UNICEF Child Protection Section decided that case management should be the primary vehicle for building a comprehensive child protection system, especially as the Ministry of Social Welfare, Relief and Resettlement had already expressed a commitment to a case management approach in its Social Protection Strategy.⁷ A further reason for the decision was the view that it provided an opportunity for the Government to take the lead in ensuring that children are protected from violence, abuse, exploitation and neglect, an approach which is fundamental to an effective systems building approach.

2.2.2 UNICEF's approach to child protection systems building: development the case management system

This section describes the evolution and establishment of the child protection case management system (CMS) supported by UNICEF: the central object of this evaluation. It sets out the different components of the CMS, the populations it was intended to cover, the agencies and partners involved in its implementation and their various roles.

Previously, DSW had only very limited engagement with child protection at the township level (the local level of government). However, in 2014, as a result of UNICEF's advocacy, DSW made a commitment to establishing active statutory case management at the township level, starting with a pilot in 27 townships, as set out in Table 1. These townships were selected by DSW. However, UNICEF was able to influence the Government to include some locations deemed to be in particular need, for example, Rakhine. In each township DSW appointed 3 part-time case managers to undertake case work.

⁶ UNICEF Country Programme Action Plan 2011-2015, para. 2.

⁷ Overview of the Discussion, Key Points Agreed and Way Forward, Child Protection Section Retreat, July 10th-11th, 2013; UNICEF Myanmar Mid-Term Review of Child Protection 2011-2015, undated.

Table 1: List of case management townships

This table sets out the townships in which the CMS has been established, and the population size within each township that the CMS serves. The townships highlighted in pink are townships where DSW are working without NGO support: this is explained further below.

Region/State	Township ⁸	Population size	Sex ratio: no males per 100 females ⁹	Population of children (0-19 yrs.)
Ayeyarwaddy	Myaung Mya	298,637	96	117,035
	Patheingyi	287,071	92	106,616
	Pya Oon	187,343	96	76,543
Bago	Bago	491,434	92	202,014
	Pyaw	251,643	91	74,579
Chin	Hakka	48,352	91	22,867
	Min Dat	42,600	86	21,543
Kachin	Bhamo	135,877	96	56,583
	Myyittha	306,949	94	131,002
Kayah	Loileik	128,401	97	57,619
Kayah	Hpa-an	421,575	94	189,549
	Myawaddy	195,624	104	82,238
Magway	Magway	289,247	88	104,136
Mandalay	Mahlaing	241,113	94	82,247
	Myin Ma	276,096	82	96,139
	Nyaung U	198,185	86	65,974
Mon	Mawlaikine	289,388	92	111,720
Nay Pyi Taw	Pyin Ma Na	187,565	94	68,922
Rakhine	Kyaukse	165,352	91	62,143
	Sittoung	147,899	91	63,361
Sagaing	Sagaing	307,194	88	99,152
Shan	Kyaing Tong	171,620	105	69,574
	Lashio	323,405	96	136,104
	Taunggyi	381,639	95	157,045
Tanintharyi	Dawei	125,605	92	51,663
	Myeik	284,489	96	127,468
Yangon	Dala	172,857	96	63,825
Total population served by the CMS		6,357,160		2,497,661

Changes to the Partnership Cooperation Agreements

In light of the commitment by DSW, UNICEF made a number of amendments to its partnership agreements with NGOs and its child protection work more broadly. Up until 2014, UNICEF had Partnership Cooperation Agreements (PCAs) with six NGOs to identify and respond to child protection cases in 20 townships. In August 2014, a decision was made to consolidate all work into two PCAs, signed with Save the Children (for US\$ 1,179,856, of which US\$ 1,076,622 was to be provided by UNICEF), who would then sub-contract and manage national NGOs delivering social work services on the ground, and the Myanmar Red Cross Society (MRCS) (Kyats 592,251,735 or roughly US\$ 467,968), who would focus on raising awareness to promote referrals into the CMS. The intention was to move UNICEF away from direct oversight of community-based child protection services, and release capacity to provide technical and policy support to government. To provide a framework for the new CMS, UNICEF, together with Save the Children, developed standard operating procedures (SOPs)

⁸ Townships highlighted in pink are townships where only DSW is present (no supporting NGO).

⁹ The sex ratio is the number of males in the population for every 100 females in the population. As can be seen from these figures in most regions/states the number of males is less than females. However, these figures may not reflect the sex ratio amongst children (under 18), as this imbalance is likely to be explained by a longer life expectancy amongst females, as well as emigration of adult men.

(published in March 2015) for DSW case managers and the NGOs setting out the division of roles and responsibilities.

Role of DSW: Managing statutory cases

In the 27 townships summarised above, three DSW case managers, with financial and technical support from UNICEF, took responsibility for case management of 'statutory' child protection cases. Statutory cases consist of cases where there is a legal duty to respond under the section 32 of the Child Law. In practice, statutory cases have been understood by stakeholders to apply largely to cases involving children in conflict with the law, cases of sexual violence, serious physical violence and trafficking.

Role of NGOs: Managing non-statutory cases

In 19 of the 27 townships, national NGOs: RMO, KMSS¹⁰ and YKWBA, under the management and technical supervision of Save the Children, were to support DSW with the management of 'non-statutory' cases. These were to be defined as cases where children might be in need of services, but where there was no need for an immediate legal response, such as cases of emotional abuse, mild physical violence, domestic violence, children deprived of parental care, and other at-risk and vulnerable children. The continued involvement of NGOs was seen as an interim measure to assist DSW, reduce DSW's caseload, and ensure that the new statutory case managers were not overwhelmed.

Role of MRCS: Awareness raising & referrals

MRCS was funded to deliver awareness raising training and provide a simple reporting and referral channel for community members who wished to report child protection concerns. The awareness raising programme was to be delivered in 950 villages across the 19 townships. The programme was regarded as a pilot, with learning and review being an essential component.

Role of UNICEF field staff: Advocacy and coordination

UNICEF field officers, in the 8 UNICEF field offices, were to play a role, particularly in advocating for child protection at regional and state level, coordinating with township governance, supporting NGOs working in the pilot townships and providing technical support to DSW in the new townships. A task force was established, meeting monthly to support the liaison and collaboration with other key stakeholders and ministries at the national, regional and state levels.

Role of Maestral: Training & capacity building

In addition, recognising the pressing need to initiate pre-service and in-service training for newly recruited DSW case managers, UNICEF commissioned Maestral, a USA-based consultancy company, to develop a manual for training of DSW core trainers, including a curriculum for newly appointed case managers in townships and comprehensive coaching and mentoring packages. UNICEF invested a total of US\$ 2,438,502, in training, capacity building and curricula development over the period of the evaluation review.

The development of Township Child Rights Committees

Finally, as part of the programme, DSW case managers in the selected townships were to be assigned as the Secretary of the Township Child Rights Committee (TCRC), a multi-sectoral body established under the Child Law, comprising representatives of different government departments (including general administration, health, education, police, judiciary, etc.), to discuss and respond to child protection referrals. A number of proposals were also made regarding the function and responsibilities of the TCRC, including focusing work on coordination, collaboration, monitoring and general awareness raising about referral mechanisms within government departments, rather than discussing or managing individual cases. In order to bring about the changes, UNICEF agreed to support DSW to draft relevant wording on the TCRC to be inserted into the new Child Law.

¹⁰ KMSS partner decided to leave the case management project in February 2016 due to the work not fitting within their organizational strategy and interest. The seven townships were transferred to RMO and YKBWA based on geographical areas, and new staff recruited.

Summary of UNICEF's contribution

The total sum of UNICEF's contribution towards establishing the CMS in the period under review was US\$ 4,111,724. US\$ 546,761 of this constitutes UNICEF staffing costs, including costs for a Child Protection Specialist to undertake advocacy and policy development, capacity building, and systems strengthening.¹¹

2.3 UNICEF's Child Protection Programme: Theory of change

This section sets out the logical model underpinning UNICEF's Child Protection Programme, and provides a theoretical exposition of the focus on development of a case management system (described above) and its role within child protection systems building.

The overall goal of UNICEF's CDP 2011-2015 (then extended to 2016-2017) was to contribute towards the progressive realisation of the rights of the child to survival, development, protection and participation, with an emphasis on vulnerable children and the reduction of disparities.

Since the MTR, the Child Protection Programme was reoriented toward one key outcome to contribute to this goal:

Outcome: *Children in need of support, care and protection are identified by and have access to public social welfare systems.*

The strategy for achieving this outcome was rooted in the assumption that significant improvements in the protection of children would not occur unless the legislation, policy frameworks, regulations, human resource capacity (particularly in social work case management), and oversight of child protection service providers were in place and strengthened. In accordance with the Child Protection's theory of change (TOC), a three-pronged strategy was adopted for pursuing this outcome: improving the **enabling environment** (laws, policies, and coordination structures) for the operation of child protection services; increasing the **supply** of child protection services including in emergencies (social work managers, alternatives to institutional care, psychosocial support and life skills education for adolescents); and increasing **demand** for these services.

The logic that was applied was that:

If there is strengthened political commitment and national capacity to legislate, plan and budget for quality child protection systems; and child protection services are developed and promoted, including in emergency situations and with non-state actors; and communities are aware and engaged in the protection of their children and adolescents;

then the Myanmar Government would commit further resources to underfunded ministries and Departments, particularly in the area of social work; and engage in policy and legislative changes to support quality child protection systems and services, including in emergencies; and, in turn, communities would seek out and utilise these services and hold service providers accountable.

A multi-pronged programme was designed to address the multiple and nuanced challenges hindering the protection of children in Myanmar, and to achieve system-level change. Five outputs were developed (to realise the key outcome) as follows:

Output 1: Strengthened policy and programmatic decisions on alternative care for children;

Output 2: Increase social welfare system capacity to respond to child protection cases (through the development of a case management system as per the framework and activities described in section 2.2.2 above);

Output 3: Strengthened legislative and institutional capacity to provide adequate care to children in contact with the law;

Output 4: Increased efforts to protect children from exploitation, including child labour, trafficking and sexual exploitation – supported by increased capacity and coordination among actors, including government and the private sector;

¹¹ UNICEF Budget for Output 2, Programme Implementation Details by Grant.

Output 5: Implementation of national and international standards to prevent and respond to grave violations and contribute to ongoing peacebuilding, including in emergencies.

The underlying logic that connected the outputs to the outcome was that:

If UNICEF Child Protection focused on (2) increasing the capacity of the social welfare system to respond to child protection cases and this was supported by (3) strengthened legislation and institutional capacity within the justice sector to better support children as victims, witnesses and perpetrators; and if these efforts were supported by (1) stronger policy and programming around alternative care so that children were not moved from hazardous situations into dangerous orphanage care;

then the enabling environment would promote better protection for children. This would be matched by the supply of services delivered by institutions and service providers that have the knowledge, skills and resources to prevent and respond to key child protection concerns in an appropriate way that would serve the best interests of children.

And if the above was coupled with specific interventions (4) to protect children from commercial sexual exploitation, trafficking and the worst forms of child labour, and if in emergencies and armed conflict (5) there was a consistent implementation of international standards, including increased responsibility of duty bearers;

then persistent and emerging child protection issues would be targeted. This would then be supported by work in emergency and armed conflict to bridge both international obligations and those of national duty bearers, as well as national systems.

The TOC notes a number of assumptions that underwrite the logic model. A full list of these can be reviewed in the TOC which is included at Annex 6. Most assumptions relate to political will and commitment amongst key partners including the Government, DSW and the community, to take up actions related to each outcome.

3. PURPOSE AND OBJECTIVES OF THE EVALUATION

3.1 Evaluation purpose, objectives and intended audience

The purpose of this formative evaluation was to assess the merit and worth of the decision-making processes since the MTR in relation to the development of a child protection system in Myanmar. In particular, it assessed UNICEF's focus on social work case management as a key entry point to protect children's rights in Myanmar. The evaluation was intended to provide rapid-feedback on the Child Protection Programme's strengths and weaknesses to improve the current Programme, and provide the evidence base needed to inform the design of a new five-year programme (2018-22). The evaluation also aimed to generate learning for evidence-based advocacy on systems strengthening, targeting the Government, key development partners and child protection actors.

The evaluation was formative, improvement-oriented, in nature. Rather than focussing on the impact of the Child Protection Programme, it assessed the approach taken, the decisions made and the appropriateness of assumptions made in the TOC; seeking to determine whether and why activities and interventions are contributing to progress within the framework of the TOC. With this purpose in mind, and in consultation with evaluation users during the inception phase, the evaluation was designed to meet the following three specific objectives:

1. To determine the outcomes, relevance, effectiveness, efficiency, and sustainability of the systems-building approach the Child Protection Programme has taken, considering:
 - a) The roll-out of the national CMS in Myanmar and the extent to which the model has the capacity to go to scale in the current governance context;
 - b) The strength of the linkages made with the national CMS across other areas of the Child Protection Programme;

- c) The resources allocated to policy development and provision of technical assistance to revise legislation;
- d) The strength of the working relationship with Government and efforts to build capacity within key ministries to protect children;
- e) The strength of collaboration with key implementing partners.

2. To assess the effectiveness of programme monitoring and the integration of key organisational principles and approaches, namely equity, gender equality and human rights, in particular child rights, in child protection programme planning, implementation and monitoring.

3. To provide rapid-feedback and actionable recommendations of the refinement of the systems-building approach in the Myanmar context, focussing on;

- a) Needs for adjustment, increased investment and/or redesign of current activities;
- b) Opportunities and challenges in scaling up the CMS to national coverage;
- c) Strengthening linkages between the social welfare system, the justice sector and work in emergency areas;
- d) Targeting resources for the development of policy and legislation, including support for implementation;
- e) Lessons learned and innovations for building capacity of key government counterparts in child protection in countries in transition;
- f) Strengthening partner collaboration and programme coordination.

Being a formative, improvement-oriented evaluation, the primary audience for the evaluation is the Child Protection section and senior management within UNICEF. The Government of Myanmar, in particular DSW, key development partners and child protection actors working in Myanmar may also find the report useful in informing future systems strengthening work. Other users are the members of a reference group, consisting of key development partners and subject matter experts. Similarly, actors in the region may draw on these findings and apply learning in other contexts.

3.2 Evaluation criteria and scope

The evaluation was conducted with the Organization for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC) criteria in mind, considering the effectiveness, relevance, efficiency and sustainability of UNICEF's strategy and approach to child protection systems building. Given that the evaluation was formative, and the Programme is in the first years of its operation, the evaluation did not seek to assess the impact of the Child Protection Programme at this early stage in its programme implementation; however, the evaluation examined the outcome-level results achieved thus far.

As per TOR, the evaluation focused in particular on **Output 2**: the development of a national CMS, given that Output 2 was at the centre of UNICEF's TOC and was the focus of its Programme (for reasons explained above). The evaluation considered programme activities under the other four outputs only as are as they were relevant to both the CMS and child protection systems building more broadly. The following questions were developed to guide the implementation of the evaluation (these were also reviewed and revised in consultation with evaluation users during the inception phase of the evaluation):

1 Outcomes

- 1.1 What are the intended/unintended, positive/negative results achieved by the Child Protection Programme in relation to the systems building approach since the re-orientation of the Programme in 2013?
- 1.2 How satisfied are clients with the response that they have received?

2 Effectiveness

- 2.1 How well is the national CMS working to respond systematically to instances of violence, abuse, exploitation and/or neglect?

- 2.2 To what extent are awareness raising activities building the confidence of communities and individuals to engage with the social welfare and justice system?
- 2.3 To what extent do case managers and service providers have the capacity, resources and motivation to respond to child protection concerns appropriately?
- 2.4 What are the major gaps and bottlenecks in the system that are impacting on achieving the expected results?

3 Efficiency

- 3.1 To what extent has UNICEF's approach to systems building been cost-effective?
- 3.2 To what extent has the availability and use of resources enabled or constrained the performance of the CMS?
- 3.3 Have other resources been made available for similar activities and/or the same systems apart from UNICEF?

4 Relevance

- 4.1 To what extent are the decisions to re-orientate the Child Protection Programme to focus on systems building justified and appropriate?
- 4.2 Are UNICEF's advocacy and coordination efforts well targeted?
 - To what extent is the Government demonstrating support and interest in the work to implement a national child protection system
 - How well does the Government share the vision of what this child protection system is and what it should be?
- 4.3 How relevant is the current portfolio of activities under Output 2 for an effective case management system?
- 4.4 How well are the activities across the other four outputs helping to achieve and sustain the anticipated results?
- 4.5 How well is UNICEF targeting its support to revision of legislation and policy, and can this be justified in the context of other activities?

5 Sustainability

- 5.1 What would be the resource implications to scale up the CMS to reach national coverage, and is the current model appropriate?
- 5.2 Are there indicators that show ownership of the Government of the CMS, including activities, priorities, strategic development and budget allocation?
- 5.3 To what extent has the roll-out of the CMS contributed to the generation of sub-national and national capacity such that it will be sustainable, if UNICEF funding ceases?
- 5.4 How can awareness raising activities become effectively sustainable?

6 Cross-cutting issues

- 6.1 Have the protection needs of children and international/regional standards remained central to programme planning, design, implementation and monitoring, advocacy efforts, and in building capacity of Government and key partners?
- 6.2 How effectively has the Child Protection Programme integrated UNICEF's commitment to equity, gender equality and human rights?
- 6.3 To what extent have the distinct needs, vulnerability and capacities of girls and boys (including youth and adolescents) been identified and addressed in the planning, implementation and monitoring of the CMS?
- 6.4 Are sex and age-disaggregated data collected, monitored and analysed for gender equality to inform the programme?
- 6.5 How well is the programme using gender specific information and analysis to overcome any barriers to gender equality?

7 Lessons learned

- 7.1 What are the key measures required to improve the Child Protection Programme considering the changing needs and context of Myanmar?

4. METHODOLOGY

4.1 Overall approach

Evaluation questions and methods were designed to determine whether and to what extent UNICEF's approach to child protection systems building in Myanmar is on track to achieve the vision for change set out in the TOC. The methodology was intended to interrogate the mechanisms, assumptions, risks and (changes in) context that may have supported or hindered progress, and to verify the relevance and coherence of the approach throughout the process of analysis. Mixed methods were employed, incorporating quantitative and qualitative components; to gather data that was rich, accurate and measurable; and to improve the validity of results through triangulation.

4.2 Data sources

The evaluation drew upon a range of data sources to ensure the reliability of results, promote impartiality, reduce bias, and ensure that the evaluation was based on the most comprehensive and relevant information available.

4.2.1 Qualitative data sources and methods

Desk review

The evaluation began with a thorough review of project documents, including concept notes, quarterly narrative and financial reports, work plans, monitoring frameworks and other documents. In addition the review explored literature containing relevant contextual information concerning child protection in Myanmar, as well as best practice examples of child protection systems building in neighbouring countries, and/or comparable development contexts.

Key informant interviews

Semi-standardised key informant interviews were carried out with officials and practitioners engaged in child protection at central, district and township levels, including stakeholders from DSW, the justice sector, law enforcement, NGO partners, the General Administration Department (GAD), and others. The aim of these interviews was to obtain specific and detailed information from key informants with in-depth knowledge in a particular area relevant to the lines of enquiry. A total of **102 key informant interviews** were conducted across the 11 townships. A comprehensive list of key informants is included at Annex 2.

Case studies/life history interviews

Life history interviews were carried out with children, and their parents, whose cases had progressed through the CMS (as well as other UNICEF interventions) to learn about their experiences within the system and the outcomes of each case.¹² These interviews complemented information obtained through key informant interviews and file reviews, and provided the opportunity to beneficiaries of the CMS to tell their stories and share their experiences first hand. The purpose of this approach was to obtain a series of in-depth case studies to provide a multi-perspective understanding of how the CMS is working in practice. In particular, case studies provided insight into how the CMS is responding to individual cases: the pathways through which cases are referred, the levels of support received by children and families, the extent and quality of coordination between different practitioners and official's, and the outcomes of particular child cases. The sample included a total of **37 case studies**, including children and young people ages 9-21 years and their parents/care givers. 23 of these case studies involved interviewing children. 11 of the children were female, and 12 were male. The sample included 6 children ages 9-12 years, 11 children ages 13-15 years, 3 children ages 15-18 years, and 3 youth ages 19-21 years who were receiving support through the CMS as demobilised former child recruits from the Myanmar military.¹³

¹² Of course, interviews will only be conducted with these groups in cases where participants give informed consent.

¹³ Although these youth were over the age of 18 years they were included in the sample as they were receiving support from the CMS after being demobilised from the military as former child recruits.

Focus group discussions

Focus group discussions (FGDs) were conducted with adults and children in communities that had participated in MRCS awareness raising activities. The purpose of these discussions was to gain insight into the function, relevance, effectiveness and outcomes of the awareness raising component of UNICEF's Programme, as well as to gather community perceptions more broadly on child welfare and justice sectors services and governance mechanisms. FGDs provided a forum for community members to share their ideas stimulating discussion and debate. **16 FGDs were conducted** included 149 community members, ages 12 years old and above. Of these, 55 participants were male, and 94 were female.

Validation meetings

Finally, the feedback and comments obtained from key stakeholders during the consultation and validation of findings constituted a final source of data that has informed the development of this report. These discussions and meetings helped refine the accuracy and validity of evaluation findings, conclusions and recommendations.

4.2.2 Qualitative data sources and methods*Statistical analysis of case management data*

The evaluation team conducted a secondary analysis of raw case management data from August 2014 until August 2016. The purpose of this analysis was to gain comprehensive, descriptive and objective information concerning: the numbers of cases progressing through the system in each township; the sources of cases referred; the demographic characteristics of children receiving support, and the types of cases that are currently addressed; as well as any patterns concerning how these factors have changed over the course of two years (e.g., As the system has developed, has there been an increase in referrals? Have there been any changes in diversity of cases referred?)

Collection and collation of aggregate statistical data

Where available, existing statistical information and quantitative data relevant to the evaluation questions was also collected from secondary sources and collated for inclusion in the analysis and reporting phases of the evaluation including national child protection statistics collected by DSW, by courts or law enforcement, by NGOs, by the national statistics agency, etc.

Quantitative survey

A short survey was distributed to all NGO case workers, case supervisors, and DSW case managers in each township to collect standardised and objective information in relation to quantifiable indicators included in the evaluation framework. This survey was designed to gather data (amongst others) on the capacity and knowledge of staff within the case management concerning the SOPs, their reflections and perceptions of levels of training and support received, coordination and relationships with other actors and agencies and the local services available. In particular, the survey was useful for drawing out (quantifiable) difference in NGO and DSW responses and proved particularly helpful for answering questions related to the effectiveness of the programme. A total of **55 surveys** were completed (no refusals).

4.2.3 Mixed methods*File review*

In each township evaluators conducted a file review of case management files kept by both DSW and NGO case managers. This review was guided by a structured checklist and included reviewing (amongst others): the recording of details and information about the case, the number of visits and meetings conducted by staff in response to the case, and the outcomes of these; as well as the decisions, actions and outcomes of the case more broadly. This data provided researchers with a sense of the types of cases which were being taken by the CMS and the nature of the response.

Comparison study

Data was collected from townships included in the CMS, those that were not and townships with and without an NGO presence. This enabled a results to be compared across different townships and typologies, depending on whether or not they were targeted for intervention and the type of intervention that they received. The comparison process helped identify areas where the CMS was working most effectively and why, where UNICEF's support had added value, and its cost-effectiveness.

In summary, a total of **354 participants** took part in 241 FGDs, interviews, and surveys.

Table 2: Summary of sample

Method	Interactions/Sessions	Participants	Demographic features of sample
Key informant interview	102	168 ¹⁴	N/A
Case study interview	37	37	Case studies included 23 children ages 9-12 years, and 14 caregivers. Of the children 12 were female and 11 were male. 12 of the caregivers were female, and 2 were male.
Focus group discussion	16	149	55 male, 94 female.
File review	31	N/A	N/A
Survey	55	55	N/A
Total	241	354¹⁵	N/A

4.3 Sampling strategy

Data collection took place at national, state, district and township levels and encompassed all five of UNICEF's key programme outputs,

4.3.1 Selection of townships

Data collection took place in 11 townships, including one 'pilot'¹⁶ township. The sampling frame for selection of townships was the total population of townships in Myanmar: 330 townships. Sampled townships were selected purposefully on the basis of a number of criteria: the presence and type of case management programme available (comparison study); the geographic location of the township (variation sampling); and the ethnic, religious and cultural composition of the surrounding area (variation sampling). A table of townships included and their characteristics is included at Annex 8.

4.3.2 Selection of respondents for interviews and focus group discussions

The selection of participants for interviews and FGDs was also purposive and non-random. Participants for key-informant interviews were selected based on the position/role that they played in the implementation of the CMS or child protection at national, state, district, township or village levels. Participants for in-depth/case study interviews were selected based on 'typical case' sampling, with a view to achieving diversity in terms of both gender and age.

4.4 Data analysis

All qualitative data was transcribed, uploaded into Nvivo software and coded to identify key themes, patterns and relationships relevant to the research questions. Survey and case management data was uploaded into SPSS (Statistical Package for the Social Sciences) software, and basic statistical techniques were used to create a basic, descriptive profile of the results.

Qualitative and quantitative data findings were triangulated in light of one another in order to identify any inconsistencies in information. This helped evaluators overcome any biases or weaknesses. Where findings seemed incompatible or inconsistent, this was evaluated to indicate whether it might be a bias or inaccuracy in interpretation of data, or a complexity that required further exploration and analysis of the data.

¹⁴ Some key informant interviews included more than one person.

¹⁵ All participants who participated in the survey were also interviewed so have only been counted one.

¹⁶ The research instrument and tools were piloted prior to the main data collection in Dala township, Yangon.

The analytic process was highly consultative, engaging key stakeholders including the evaluation management team, the members of the reference group, UNICEF's Child Protection Section and government partners. Evaluators' initial findings, conclusions and recommendations were shared with partners in a series of validation workshops. Inputs and feedback were incorporated into the final report to refine and validate the accuracy and relevance of findings.

4.5 Equity, gender equality and human rights

The evaluation methodology, including the sampling strategy, development and design of data collection tools, analysis and reporting, incorporated UNICEF's general guiding principles on gender, equity and human rights at all times. A list of relevant international instruments and policies on human rights, in particular child rights, equity and gender equality guided the evaluation process and analysis of data. All data generated was disaggregated by sex, age and disability whenever this data was available.

4.6 Ethical considerations

Strict ethical guidelines were followed at all times by the evaluators, guided by the principles of independence, impartiality, credibility, conflicts of interest and accountability, as well as the 'do no harm' principle (ensuring safety and security of partners, participants and researchers at all times). A tailored ethical protocol to achieve this was developed to guide the evaluation and it is attached at Annex 7. The ethical protocol was developed in accordance with the United Nations Evaluation Group Ethical Guidelines, UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis, and Coram International's own Ethical Guidelines.¹⁷ It included procedures (amongst others) for obtaining informed consent, protecting anonymity and privacy of respondents, storage of data, and responding to child protection concerns.

4.7 Limitations and mitigation measures

Whilst the evaluators developed a number of quantifiable indicators in response to research questions (see Annex 3), the ability to interpret and assess this data was limited in the absence of a comprehensive baseline. However, a baseline report produced by Save the Children provides some relevant information, and wherever possible researchers asked respondents retrospective questions about the situation prior to implementation, to gather some qualitative impressions of the changes that had occurred.

Given the sensitive nature of the evaluation, and the fact that it involved evaluating professionals' work, it is likely that the evidence gathered is affected by a degree of reporting bias. Respondents may have been reluctant or unwilling to share sensitive and personal information either about traumatic events in their lives (children and adults) or about aspects of their professional experience which they may have feared might reflect badly either on them or on UNICEF (programme and case management implementing staff). To mitigate against reporting bias, evaluators took care to carefully explain the purpose of the evaluation (for constructive learning) to all respondents; as well as being sure to emphasise that their anonymity would be protected, and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively, and interactions were flexible and participatory, to allow for the most authentic, spontaneous and participant-led exchange.

In addition, given that the evaluation involved speaking with respondents about past experiences, it is likely that the evidence was also affected by recall bias. This may have led to some inaccuracies where respondents had forgotten or misremembered events that happened previously; and respondents' ideas about when, where, how and why such events took place may have been coloured by subsequent events. Evaluators were careful to consider the impact of recall bias in the analysis and interpretation of research data. Wherever possible evaluators sought to triangulate objective information through the assistance of other sources of information and documentation (e.g., files, reports, etc.) Furthermore, in many cases, respondents' subjective

¹⁷ UNEG, UNEG Ethical Guidelines for Evaluation, United Nations Evaluation Group, 2008; UNICEF, UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, UNICEF, 2015.

ideas contained findings and learning for use in answering evaluation questions, even if the objective truth of their statements could not be verified.

The evaluation was designed to focus on UNICEF's work under Output 2 of the Child Protection Programme, which is also at the centre of the Programme's TOC. Given this, the methodology was not designed to collect detailed information about the outcomes, effectiveness and efficiency of other outputs contained within the Programme. For example, although included within the review, the methodology comprised a more limited schedule of data collection in relation to case management within emergencies settings in Kachin, Rakhine and Shan. Work across the other four outputs is only considered in terms of its relevance to building and sustaining an effective child protection system in Myanmar.

Interviews and FGDs were led by Coram evaluators, with the assistance of two national consultants who also acted as interpreters. Inevitably this meant that some information was lost in the translation process, particularly with regard to complex, detailed and highly context specific information. Nevertheless, measures were put in place to guard against this limitation: first, national consultants who had strong English language skills, as well as expert technical knowledge in child protection were selected. Second, data collection tools were developed to guide discussions, and the translators familiarised themselves with the tools in advance. Finally, the evaluation team carried out a one-day pilot prior to commencing the main data collection, to familiarise themselves with the process of interpretation, and to address any issues or concerns that arose.

5. FINDINGS

5.1 Outcomes

While the evaluation was not designed to measure the impact of the Child Protection Programme; a basic understanding of the overall outcomes of the Programme was necessary in order to reach conclusions on the validity of the assumptions made in the TOC, as well as the effectiveness, relevance, efficiency and sustainability of its overall approach. This section draws upon the evaluation findings to identify the overall outcomes of the Child Protection Programme, including intended and unintended, and both positive and negative results. This section also reflects on clients' satisfaction with child protection outcomes.

Summary of findings: In only 3 years, the Child Protection Programme has succeeded in establishing a functioning social work CMS, in 27 diverse townships, in which DSW is playing an increasingly active role. The CMS is contributing to important child protection work, facilitating a broad range of child protection interventions. Clients, both children and parents, often expressed gratitude for the emotional and practical support that they had received from the CMS. Despite these positive aspects, some limitations were identified. Not all clients had a positive experience within the CMS; and some noted that interventions had failed to result in any real change in their circumstances, particularly where poverty was an underlying driver of child protection concerns. Furthermore, certain child protection cases appear to be being missed by the CMS. The majority of cases addressed by the CMS were cases of older children, particularly boys, found to be 'in conflict with the law', suggesting that at present, the system is mainly receiving referrals where the case is at crisis level, or where children are considered to be a 'social problem' and are engaged in criminal behaviour. More emphasis needs to be placed on early intervention in cases where children are at serious risk of harm, particularly during early childhood.

Over a period of three years, the Child Protection Programme has succeeded in establishing a functioning social work CMS in 27 diverse townships across Myanmar, in which DSW is already playing an active role. Despite being in its infancy, the CMS is already making a valuable contribution, filling a critical gap in services for children in need of protection. The value of interventions was widely recognised by respondents, including those who were clients of the CMS.

5.1.1 Overview of the objective results of the system

Intake of cases

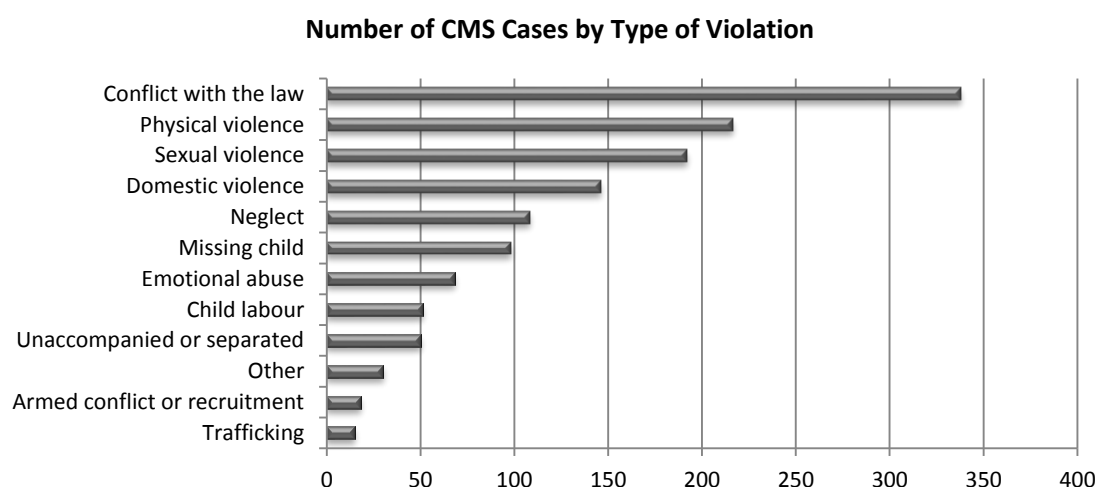
The CMS had a total intake of **1,330** child protection cases between August 2014 and August 2016 across townships. This figure is on the low side, comprising less than 0.05 per cent of the total population of children in the case management townships.¹⁸ To place this figure in context, global trends indicate that the proportion of children in need of child protection services is likely to stand at between 2-7 per cent.¹⁹ Nevertheless, given that the Programme has only been in operation for three years, and that in some townships case management only started within the last six months, this remains a commendable achievement. Furthermore, the data reveals a general upward trend in the intake of cases, particularly within DSW offices. A breakdown of the cases reported to the CMS each month demonstrates that the number of cases referred to, and addressed by, the CMS has increased steadily over time from under 20 cases a month in its initial months (August through December 2014), to over 100 cases in recent months (June and July 2016).

DSW started managing cases in August 2015, and have managed over 404 cases to date. Since DSW started managing cases, the proportion of cases handled by them has increased rapidly. Over 65 per cent of the total case load recorded in 2016 has been managed by DSW, suggesting that the Government is taking increasing responsibility and ownership over the CMS, in line with the central objectives of UNICEF's Child Protection Programme.

Types of cases

The majority of cases addressed by the CMS (n=388; 25.4 per cent) were found to be cases classified as children in conflict with the law; followed by cases of physical violence (n=216; 16.2 per cent), sexual violence, (n=192; 14.4 per cent) and domestic violence (n=146; 11.0 per cent).

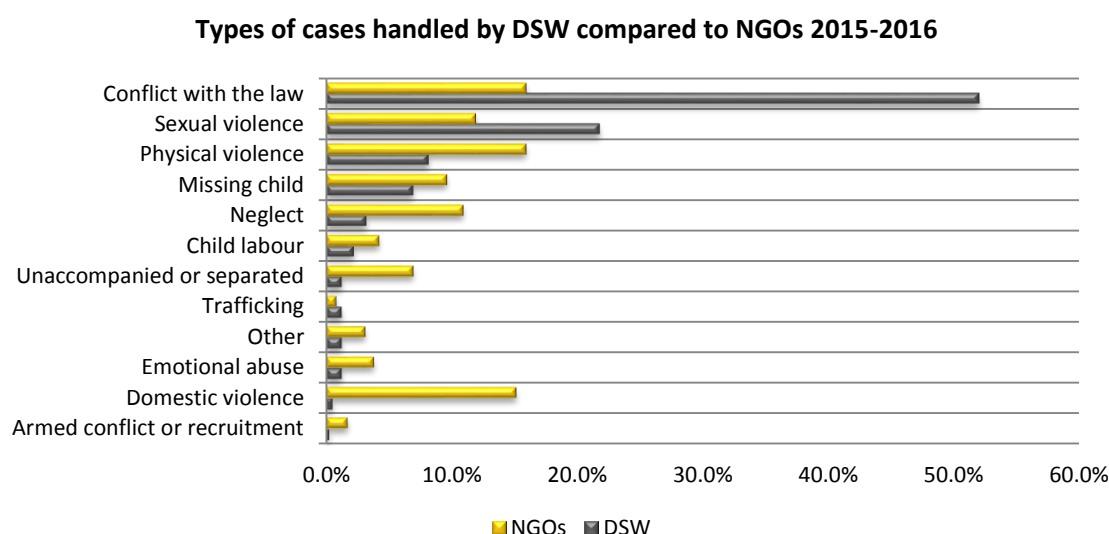
Chart 1: Cases within the CMS system by type of violence



In qualitative interviews DSW case managers emphasised that their caseloads consist primarily of cases of children accused of offending, and, to a lesser extent, children who are victims of sexual violence, while caseworkers from NGOs reporting handling a more diverse array of cases, including cases of physical violence, domestic violence and missing children, in addition to sexual violence and children accused of offending. These findings are triangulated by evidence from the case management data, as demonstrated by Chart 2.

¹⁸ According to the latest census data from 2014, the total population of children in case management townships ages 0-19 years was 2,407,660.

¹⁹ Munro, E., Manful, E., 'Safeguarding children: a comparison of England's data with that of Australia, Norway and the United States', In the UK, Department of Education, England and Wales, Research Report DFE-RR198. In 2015, 2.8 per cent of children were assessed to be in need of social care.

Chart 2: Types of cases within the CMS system by organisation²⁰

The data on the prevalence of different types of cases in the CMS highlights some of the system's current limitations. If cases of children in conflict with the law are discounted, only 194 cases managed by DSW to date have concerned children subject to violence, abuse, exploitation and neglect. This indicates that the case management system has not yet achieved its core purpose: to safeguard children at risk of harm, including within the home environment. The data suggests that DSW may be dealing with children who are regarded as a 'social problem', rather than children who are at risk of serious harm and in need of protection. This may be unsurprising given the nascent nature of the CMS; but it raises the question of how to ensure that the limited DSW resources are targeted at those most in need of protection. This is an issue which is discussed further in the effectiveness section of this report.

Demographics of children within the system

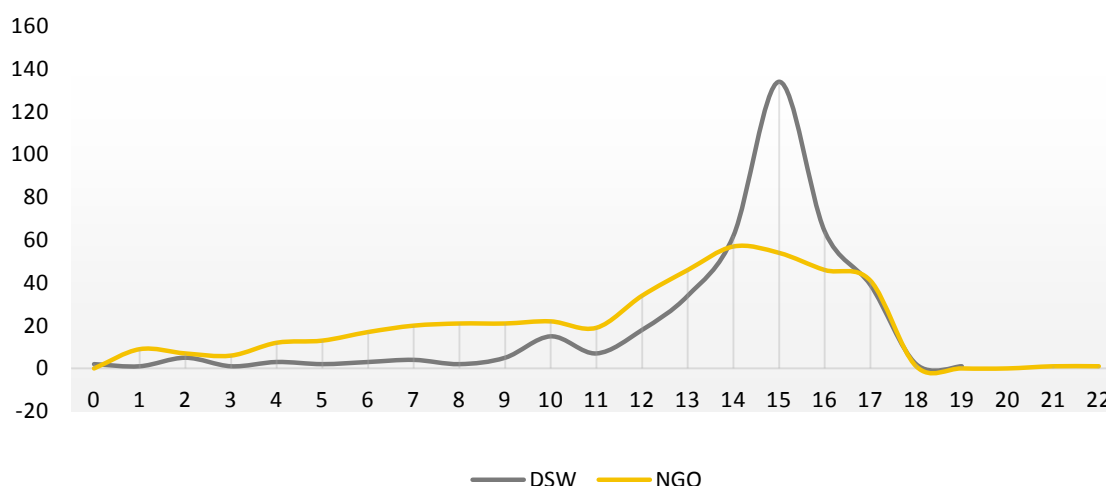
The concern expressed above in relation to targeting is further supported by evidence on the ages of children progressing through the CMS: the majority of cases involved children aged 14-16 years, with 53.3 per cent of all cases involving children over the age of 14.²¹ Only 6.9 per cent of cases handled by DSW have concerned children ages 9 years or younger. While NGOs are handling a higher proportion of cases concerning younger children than DSW (28.2 per cent of case load under 9 years) these still constitute a minority of cases.²² Child protection trends in states with more evolved social welfare systems generally show young children as forming a large percentage of the child protection caseload.²³ Of course it is important to recognise that the system in Myanmar has only recently been established, but the absence of younger children within the CMS may be indicative of a lack of awareness concerning child protection amongst those who work with or have contact with young children.

²⁰ This graph only considers referrals from the last year (2015-2016) as this was when both NGOs and DSW were receiving cases.

²¹ This finding is consistent with the fact that the majority of cases within the CMS comprise cases of children in conflict with the law (although the minimum age of criminal responsibility is 7 years in Myanmar, in practice most children who are charged with criminal offences are above the age of 14 years).

²² T-test, $p < 0.001$.

²³ For instance, data from the UK indicates that around 61 per cent of children in the child protection system in 2016 first entered the system under the age of 10 years old, with the majority under 5 years of age. See <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>, accessed October 2016.

Chart 3: Distribution of age of children within the CMS: 2015-2016²⁴

Disaggregating the data by gender also reveals that there are more boys in the CMS compared to girls; and this is particularly true of cases handled by DSW: 249 (61.6 per cent) of the cases managed by DSW to date have concerned boys, with only 155 (38.4 per cent) concerning girls. Some of the possible reasons for this are discussed in section 5.6 below; nonetheless, this data indicates a need to pay further attention to aspects of gender and vulnerability in the roll out of the CMS.

5.1.2 Subjective results of the system: client perceptions and experiences

Whilst the section above presents some of the objective results of the system (e.g., the numbers and types of cases that have entered the CMS), these results do not capture children's and caregivers' own views and experiences of the CMS. The following paragraphs consider some of the findings from the qualitative research on the outcomes of the CMS; through exploring clients' perspectives about the support that they received.

Client satisfaction with case management

The qualitative data on the outcomes of referred cases was found to be diverse, with clients reporting a wide variety of experiences and degrees of satisfaction. In many cases, it was clear that the CMS system was responding and resolving child protection cases, providing clients with a range of different types of support to address protection issues, including: emotional support and counselling; access to health and education services; access to employment and work opportunities; access to housing and shelter; and support to navigate legal and justice systems.

Case study 1: Achievements of the case management system

The assistance provided by DSW to a 14 year old girl severely injured by a mining accident serves as one of the best examples of support some children and families are receiving from the CMS. After the case was referred to DSW, case managers immediately took action on a range of matters. They helped the family access free medical services at the township's hospital and negotiated with monks at a monastery near the hospital to provide temporary shelter for the child and her mother whilst the girl was undergoing months of medical interventions and surgery. DSW also supported the family to take legal action against the child's employer, with the hope of winning badly needed financial compensation to pay the cost of medical expenses. Finally, case workers provided essential emotional and psychological support to the child, to help her to overcome the physical and mental trauma that she had experienced during the accident, including witnessing the death of her 15-year-old friend.

In a number of cases clients were effusive about the support that they had received. For example, one mother who had contacted RMO after her drunk husband had kidnapped their small children during a domestic row,

²⁴ This graph only considers referrals from the last year (2015-2016) as this was when both NGOs and DSW were receiving cases.

explained how case workers had helped locate her children, supported the re-unification of the family, provided counselling to her husband to reduce his drinking, and helped her youngest daughter to access school.

RMO came with me to the house where my husband and daughters were, to discuss with us how to reunify the family, and they got my husband to promise not to drink anymore. If they had not come, I do not know what would have happened to us. After RMO came, my husband promised to unify the family and to stop drinking.

So did your husband's behaviour change at all after that?

In the past when he was drunk he would talk and shout so much and I was upset and disappointed with his words and behaviour. But his behaviour when he is drunk has improved, and there has been less drinking up until now.

And has RMO provided your family with any other kind of support?

They came to follow up to support my youngest daughter to go to pre-school. They gave her a rucksack and some school materials. They gave her a backpack and water bottle, a lunch box and some exercise books, some crayons and a poem book.

Overall are you satisfied with the support you have received from RMO?

[She smiles and puts her hand on her heart] I am so happy and so grateful and so satisfied. Before they came we could not do anything to send our daughter to school.

Were there any limitations? Or anything more that could have been done that wasn't?

No. Everything was good. I am so happy with the help I have received.²⁵

In particular, clients who had been supported by NGO providers appeared to value the social and emotional support that they had received, with both children, and parents saying that they felt calmer, stronger, and happier after visitations by case officers.

They came daily to see me. They gave me drawing books and pens. They made me feel happy. I feel happier than before because they play with me and we are drawing together. And they are telling me stories.²⁶

Immediately after getting the information, RMO arrived at my house to inquire about the case. And since then they have been following up. They have provided school facilities, school uniforms, an umbrella, drawing books, crayons and a story book. They have also been providing psychological support to improve my daughter's happiness. [They come] about once a week. There's been a change – psychologically and physically. She has become happier than before. They treat my daughter like their own blood.²⁷

Whilst there were some examples of clients also expressing satisfaction with emotional support and counselling provided by DSW case managers ("they tell me not to be worried – not to be afraid; that I should concentrate on taking care of my baby and all will be well,"²⁸), clients whose cases were managed by DSW were more likely to express gratitude for the support that they had received in accessing or navigating the justice system:

I am happy with all the processes, but the happiest one is that the truth is coming out and the offender is now getting a punishment. Otherwise I would have had a bad image trying to get compensation. So the best thing is that the perpetrator is now in jail.²⁹

[DSW's help] was good because the other side gave some wrong information to the court. My nephew was not involved [in the crime]. So through DSW's help the court got the true information.³⁰

I would like to say thanks to DSW. They helped me not to get imprisoned and sent to jail.³¹

²⁵ Non-statutory case A, parent, 13th August 2016.

²⁶ Non-statutory case B, child, 9 years, 13th August 2016.

²⁷ Non-statutory case B, parent, 13th August 2016.

²⁸ Statutory case A, child, 15 years, 25th June 2016.

²⁹ Statutory case A, parent, 23rd June 2016.

³⁰ Statutory case B, uncle, 16th August 2016.

³¹ Statutory case B, child, 15 years, 16th August 2016.

These testimonies are consistent with evidence that indicates that NGO case workers and DSW case managers are currently undertaking different roles and responsibilities within the CMS. Whilst DSW's role appears to be primarily focused on liaising and negotiating with legal and government authorities, and producing the Probation Officer's (PO) (social inquiry) report for court trials in which the accused is a child, NGO partners are leading on most of the social work support with children and families. This division of roles, its causes, and consequences, is explored in the effectiveness section of the report.

Not all clients, however, reported having a positive experience within the CMS. File reviews, and interviews with staff and clients, sometimes revealed that interventions after intake into the CMS had been extremely minimal (for example, supporting a sexual violence victim to access a medical examination, but failing to provide any psychological support), irrelevant, or had entirely failed to address the issue at hand. In such cases, clients did not necessarily express dissatisfaction with the service, perhaps because they didn't hold any expectations about the support they were entitled to receive, but they appeared lacklustre and unenthused about the way that their case had been handled. In particular, clients often explained that lack of income, and access to other resources was at the root of their difficulties, but the CMS was able to provide very little in terms of material support. The following extracts are illustrative:

Honestly speaking we need more support. We have no shelter for housing and we are staying with a monk. We do not own any cooking pots and we have to borrow from other people for cooking. It is difficult to get a regular income. I am just going round to other places working for others.... But something is better than nothing and that's why I am satisfied for whatever DSW have been able to provide to us.³²

Finally, several respondents did express dissatisfaction and disappointment with the CMS, and noted that interventions had failed to result in any real change in their circumstances. Indeed, there were many situations in which case officers seemed unsure about how to resolve or close a case, or had misunderstood the nature or support that the child or their family required:

RMO cannot provide proper assistance – up until now they have not been able to help. The only thing that they have done is accompany me to the Police. It has not been so helpful at all.³³

I am not so satisfied with their support, because they are asking me to attend school. I am too old to attend school. They have not really helped – it has not been so satisfactory.³⁴

It is important to recognise that some clients' expectations for support, especially in relation to the provision of income or financial assistance, may have been unrealistic as this is not the main role of a child protection system. Nonetheless, there were many cases, where it was apparent that more could have been done for the client to address their protection needs. This is discussed further in the next section.

5.2 Effectiveness

This section considers the effectiveness of the CMS. It explores how well and why the CMS is currently working to respond to cases of violence, abuse, exploitation; and identifies and analyses the gaps and bottlenecks in the system which were found to be impacting on expected results.

Summary of findings: The effectiveness of the CMS varied widely across regions and townships, especially within DSW. The system is particularly strong in some areas, such as the South East. There are significant indications that the CMS functions more effectively in areas with an NGO partner supporting DSW with case management work, and where MRCS are active in awareness raising. DSW's case work primarily consists of the traditional work of the department: filling out the PO's report in court cases where the accused is a child containing recommendations to the judge for sentencing. NGOs are carrying out the bulk of social work with children and families. A number of gaps and bottlenecks were identified as impeding on DSW's capacity for taking on such a role, including challenges related to human resourcing, coordination, administration and procedure.

³² Statutory case B, parent, 23rd June 2016.

³³ Non-statutory Case B, 18th August 2016.

³⁴ Non-statutory case C, male youth, 21 years, 13th August 2016.

At times evaluators observed an overemphasis on paperwork and process at the expense of more substantive engagement with the practical aspects of addressing and resolving cases. Some cases would benefit from case managers applying a greater degree of critical thinking and creative problem solving to identify and respond to the root causes of child protection concerns. In particular, the evaluation revealed the need for more 'practice' training and coaching, particularly in social work and communication skills.

The effective functioning of the CMS was found to vary widely across different regions and townships, and particularly within DSW offices. In particular, triangulating findings from case management data, survey data, and qualitative interviews indicated that the system is performing particularly well in areas such as the South East, most particularly in Mon and Kayin States, and is less effective in other areas, such as Rakhine and Shan. Furthermore, there are significant indications that the CMS functions better in areas where there is an NGO partner supporting DSW with case management work; and where MRCS are active in awareness raising.

5.2.1 Comparison of different 'typology' townships & the role of NGOs

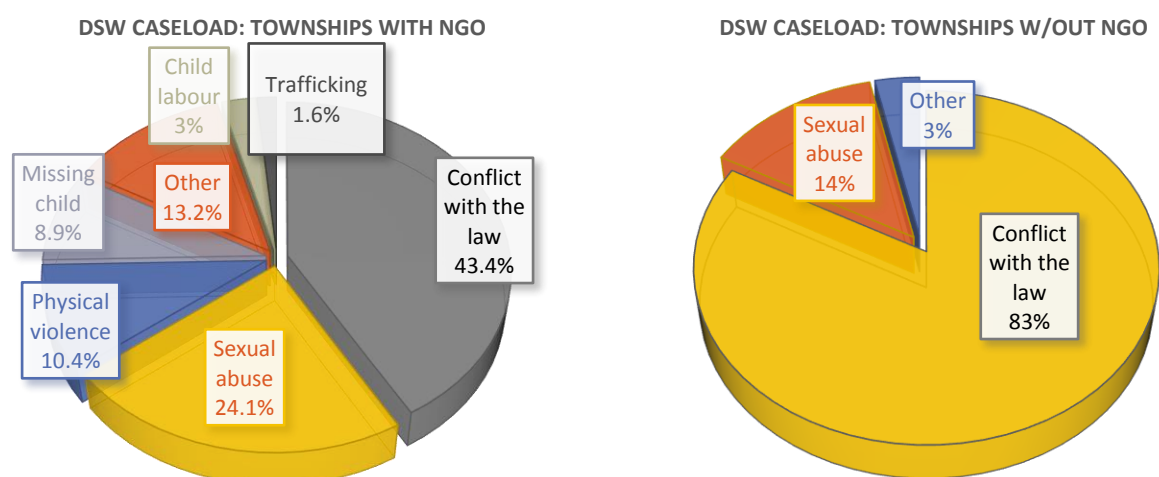
Analysis of the case management data revealed that the numbers of cases progressing through the CMS varies widely according to townships. Case management appears to be barely functional in townships such as Sittwe, Pya Pon, Myin Chan and Myaung Mya, with less than 10 cases received through the system to date. Other townships, such as Hpa'an, Dala, and Dawei, have an intake more than 10 times greater. The statistical variance³⁵ in the numbers of cases within the system was higher for DSW offices than for NGOs; a finding which is triangulated by evidence from file reviews, case studies, and qualitative interviews, which indicate that whilst NGOs are more consistent in their capacity across different areas, the functioning of different DSW offices is hugely divergent depending on location.

Significantly, three out of the four townships which have taken up the lowest number of cases to date (Pya Pon, Myin Chan and Myaung Mya) are all townships where there is no NGO presence, indicating that NGOs may be making an important contribution to the general functioning of the CMS at the current time, and, in particular, by referring cases to DSW. In regions and states where there are several CMS townships, including in Ayeyarwaddy and Mandalay, townships with an NGO presence appear to be considerably outperforming those where there is not, even within the same geographical area.

When looking at overall data on caseload it is important to bear in mind that case management started later in some townships than in others, and in all areas, casework started later in DSW offices than NGO partners. However, the variance in case load across townships cannot be explained by this factor alone. Nor can the variance in cases per townships be explained simply as an issue of 'man-power' (with NGO townships having twice as many case workers than those without). Looking *only* at the case load within DSW offices, and from the last year (2015-2016), the data still demonstrates significantly higher numbers of reported cases in areas where there is an NGO presence compared to where there is not, suggesting that DSW is more active in case management in those towns where NGOs are working with them.

Furthermore, and perhaps more significantly, the *types* of cases that are currently being dealt with by DSW were found to be significantly more diverse in those townships where there is an NGO presence compared to those where there is not:³⁶ as many as 83 per cent of all cases managed by DSW in townships without an NGO, were found to be cases involving children in conflict with the law. This suggests that in areas where there is no NGO presence, the case management work of DSW is largely limited to the traditional work of the department: namely, intervention in cases where children are undergoing court proceedings to produce the PO's report, containing recommendations to the judge for sentencing of the child. On the other hand, in townships with an NGO presence, less than half (43.4 per cent) the case load of the DSW offices was found to concern cases involving children in conflict with the law; the majority of cases concerned children who had fallen victim to a range of different types of violence, exploitation and abuse, including sexual and physical violence, exploitative labour and trafficking, and cases of missing children.

³⁵ Statistical measure of how far a set of numbers are spread out from the mean.

Chart 4: Types of cases handled by DSW offices 2015-2016

Data from the field research supports these findings. In all research sites, NGOs demonstrated strong commitment to case management, and have clearly developed their capacity through on-the-ground experience. In townships with an NGO presence, NGOs were found to be playing a vital role in supporting DSW, responding to current need and building the capacity of case managers. On the other hand, in the 'typology' township (selected for qualitative research) in which there was no NGO presence, evaluators observed that DSW staff seemed somewhat muddled and lost; they appeared to be facing difficulties conceptualising how case management should work, and had handled very few cases to date:

We have not had any cases reported from anywhere – only from the court! So we filled out the survey the best we could. The awareness raising just started, so then we hope cases come to us. We are also a bit weak in learning those SOPs. For example the follow up form – for that step we just put 'whatever we want to do'. We don't have any experience with cases.³⁷

Relationships between DSW and NGOs

In general, cooperation and relationships between DSW case managers and NGO staff appeared to be strong, with the different partners working together and assisting each other to respond to cases; as a DSW case manager in Dawei explained: *"we have a link with the NGOs, so if we do not have time to go immediately [to visit a child's family] we can ask the NGO staff if they can do that."*³⁸ In areas where DSW appeared to be functioning relatively more effectively, the role of NGOs was particularly likely to be characterised as helpful and supportive. For example, a DSW case manager told evaluators:

Sometimes if we have some difficulties handling a case we ask them to help us. We have a brother and sister relationship with YKBWA. So when they invite us [to attend a case with them] we try to go if we do not have other responsibilities, and if we do have other responsibilities in the week we try to go on the weekends.³⁹

On the other hand, in townships where DSW appeared less active the NGOs were sometimes perceived as a burden, causing nuisance and bother: pressurising DSW staff to take action and follow up on cases where they were not inclined to do so.

Sometimes RMO are asking us to rush too much. They are asking 'why aren't you going to the child to follow up?' But we thought that this case wasn't such a risky case – we didn't need to take action against the offender. It makes us upset. We feel that RMO pressurise us so much to do so and so action, but as DSW we are not mandated to interfere.⁴⁰

This highlights the important function that the NGOs are playing in supporting the development of the CMS; they are not only providing additional capacity and resource, they are also holding DSW offices accountable for fulfilling their new role within the emergent system.

³⁷ Group interview, DSW case managers, 1st July 2016.

³⁸ Group interview, DSW case managers, 25th June 2016.

³⁹ Group interview, DSW case managers, 25th June 2016.

⁴⁰ Group interview, DSW case managers, 10th August 2016.

Division of case load between DSW and NGOs: 'statutory' vs. 'non-statutory' cases

When asked to explain the distinction between 'statutory' and 'non-statutory' cases, DSW case managers and NGO caseworkers interviewed for the study, appeared to be generally familiar with the distinction as set out in the SOPs. On the other hand, analysis of the case management data suggests a degree of confusion on the classification of cases, with all types of violence sometimes being classified as statutory and other times non-statutory.⁴¹ This may be explained by the fact that, in practice, in many areas, and particularly in townships where DSW case management has only recently been established or is particularly weak, NGOs have continued to take primary responsibility for following up on statutory cases as a temporary measure while DSW develops its capacity. Indeed, according to the case management data, almost a third, 29.2 per cent of cases handled by NGOs after August 2015, were classified as 'statutory' cases (however, the data does not contain information about whether these cases were transferred to DSW).

The qualitative field research also found that in many circumstances, even when it was recognised that a case was 'statutory' and should have been handled by DSW, NGO partners followed up on the case and provided support to the child in practice, either because DSW requested the NGO for support or refused to accept the case, or because the NGO was concerned that DSW weren't taking appropriate action and they were worried about the child. For example, in one township a review of NGO files revealed that almost all cases being managed by the NGO were statutory cases that the case workers had attempted (and failed) to hand over to DSW staff. When asked about this in interview they explained:

In [one] sexual violence case, DSW only inquired at the police station, about the case against the offender. They did not do anything to provide support to the child. That's why we are concerned about the best interests of the child. The child really needs emotional and health support, so we are following up. We are discussing that case in coordination meetings and saying that we are willing to follow up on the case to provide the child with health support.⁴²

In practice, in all areas, and regardless of the nature of the case (whether statutory or non-statutory) NGOs appear to be taking greater responsibility for social work with children and families; whereas DSW's role appears to be primarily about liaising with administrative and legal authorities, and making referrals across government departments to support access to justice and services for children. This division of labour was found to be working effectively; drawing upon the particular, and distinct, strengths and capacities within DSW and NGO partners. NGOs tend to have more experience working at the community level and are more readily able to enter communities to provide counselling and support. DSW, on the other hand, have the authority to liaise with other government departments, and intervene in legal matters concerning children. A case worker described how responsibilities are divided in practice:

When I tried to hand over the case, DSW said: 'please go ahead with the case work and if you need us – for example for negotiating with other government departments, then please ask us and we will come help'.⁴³

Whilst this approach appears to be working relatively well at the current time, it remains a matter of concern, as it fails to build the necessary capacity within DSW. If NGOs were to suffer a loss of funding and could no longer operate, this would have significant repercussions for the child protection system.

Relationships with families and communities

The community have more trust in NGOs compared to government departments. So since the last Government, the NGOs have been going into communities to provide services and other things. The Government on the other had has never taken care of the community before. There is no response, or severe delays in getting support. But NGOs provide immediate support, so the community is happy with them.⁴⁴

File reviews revealed that NGOs across different townships are more likely than DSW to follow up on cases regularly and frequently as well as to visit children and families in their homes and communities. This

⁴¹ Group interview, NGO case workers, 13th August 2016.

⁴² Group interview, RMO case workers, 13th August 2016.

⁴³ Group interview, YKBWA case workers, 27th June 2016.

⁴⁴ Group interview, Plan, 17th August 2016.

contrasted with DSW staff who tended to call clients on the phone, or ask them to come to their offices. These findings were corroborated by qualitative interactions; as a group of NGO case workers explained:

When a case is referred to us we go to the location for intake of the case. After the intake if the case is statutory we refer it to DSW. So they accept the case. But they are not going to the child's location – they are asking children and parents to come to their office. So it is not in line with the SOPs.

Why do you think it is important to go visit a child's house?

In my opinion – for the assessment to be complete you need to go to the location. It is linked to good case planning. Without going to the location you can't get complete information about the child's situation – their environment, the family attitudes towards the child, as well as other information. That is why in my opinion it is important to go to their house.⁴⁵

There are a number of capacity gaps which are impeding on DSW's ability to follow up on cases compared to NGOs, which are explored further in section 5.2.3 on 'gaps and bottlenecks'. In addition, DSW case managers spoke of some of their concerns with undertaking community work, as a government department that has historically had very limited representation at local level:

We are worried about it – we do not have experience working in the community – a new job for us. Some people are a bit new. We are afraid they cannot understand their work. We are not local people here – we hope this gets easier with experience.⁴⁶

In the survey, case managers from DSW and NGO partners were asked to rate their relationships with a range of different actors: DSW were more likely than NGOs to give a stronger rating to their relationships with actors such as the Police and GAD offices. On the other hand, NGO workers, rated their relationships with children and communities most highly.

Perhaps most importantly, communities themselves tend to have stronger trust in NGO partners than DSW staff. Communities reported being familiar with NGOs, who have been working in their villages, wards and townships and providing services and support for some time. When asked about DSW, they sometimes appeared sceptical that the Government would be interested in responding to cases; and, consistent with evidence of dominant practice, they viewed DSW as primarily working to intervene on behalf of children in conflict with the law.

A caseworker who was primarily working for MRCS described how when she would instruct communities about the new possibility of referring cases to DSW, they often seemed hesitant or sceptical of the idea, saying "DSW can support us really? Are you sure?"⁴⁷ She explained:

At the moment, the community have more trust in NGOs. They have less trust in the Government. People are still very shy to come to a government office. It has been like that for a long, long time. DSW won't go to the community, and the community won't go to DSW. There is reluctance on both sides.⁴⁸

Analysis of the case management data supports these findings: revealing that NGOs are significantly more likely to receive referrals directly from community members or families; compared to DSW who receive most of their referrals from NGO partners (39.1 per cent) followed by the courts (31.9 per cent).⁴⁹

These findings underscore the importance of the awareness raising component of the Child Protection Programme, which is intended to build communities' knowledge, awareness and confidence in the new referral procedures, and the emerging role and work of DSW in child protection case management.

5.2.2 The role of MRCS

Given the infancy of the project, and the short time in which it has been operating, it is difficult to assess the impact of awareness raising on the functioning of the CMS at this point in time. Indeed, in some communities, awareness raising had only started a few months prior to the evaluation. Nevertheless, FGDs with community members and children who had participated in MRCS awareness raising sessions indicate that these activities

⁴⁵ Group interview, NGO case workers, 13th August 2016.

⁴⁶ Group interview, DSW case managers, 1st July 2016.

⁴⁷ Group interview, NGO case workers, 23th June 2016.

⁴⁸ Group interview, NGO case workers, 23th June 2016.

⁴⁹ Chi-square, $p < 0.001$.

are being received positively and enthusiastically by communities, and are building their knowledge and understanding of the CMS and, in particular, the role of DSW. For example:

We have attended awareness by MRCS. Previously we did not know who to inform if there was a problem in the community concerning child protection. Previously if anything happened [that] did not concern a child in our family we would think that is none of our business and we would keep quiet. Now we know that cases of labour exploitation and abuse can lead to trafficking, and in these kinds of cases we can inform YKBWA and DSW about the case.⁵⁰

Respondents were not only able to express their knowledge of when and where to report cases, they also articulated the view that this is a useful way of addressing problems of child abuse, suggesting that communities may be taking some ownership over MRCS's messages. For example, in a FGD a community group discussed how they would seek to help a child who was being sexually abused by a family member at home:

[Women] I would accept that girl to be with my daughter in our home, and we can provide food and shelter for her, and she can work in the home together with my children.

[Man] I would inform DSW.

Why?

If you inform DSW they can respond to the case from all angles, including getting action taken against the offender. If you bring the girl to your home, how long can you realistically take care of her for? And then one day she will go home and the perpetrator will do that again. So we need to inform DSW to take action on all sides. [Most agree].⁵¹

As this passage suggests, the strategic decision to invest in DSW capacity to undertake case management may indeed be building the confidence of communities to engage with government departments and seek a legal response to addressing cases of child abuse. Whilst communities have been traditionally suspicious and fearful of law enforcement, those communities that had participated in MRCS awareness raising did not appear to associate these concerns with DSW; as a group of parents explained:

Previously if any case happened we were not so willing to inform the Police. It might be an internal family problem. The parents might give a child to severe a punishment, but they would say: 'this is our job to discipline our children. Don't interfere.' Or alternatively if the perpetrator is our relative or our neighbour we also would not dare to inform the Police because of our relations. But now we know that this is a crime, but we don't have to go direct to the Police, we can inform privately [confidentially] by phone and it's like a social service, it is not like police so it is better.⁵²

Given the sensitive nature of the subject matter of the awareness raising sessions, and the potential clash with traditional cultural and social norms concerning the social position of children, these findings are particularly encouraging. Some of these results may have been affected by 'reporting bias': with respondents in FGDs wishing to provide evaluators with what they considered to be an appropriate, correct or pleasing response. Nonetheless, the way that respondents articulated and explained their ideas is indicative of a more than superficial engagement with the messages of awareness raising sessions. This may be down to pedagogical methods and strategies used by MRCS which were found to be context appropriate, and effective. For example, a member of MRCS staff described her methods:

Sometimes parents ask me 'shall we discipline our children by beating and hitting?' We are not saying – you must not do this, or you should do that. We are asking them to think about which form of discipline they use. Which is better – to hit or beat your children, or to use positive discipline? If you beat your children it can mentally and physically hurt the child, and it can affect their development. We are seeking to explain not to judge.⁵³

Despite these positive indications, the extent to which these sessions are likely to result in actual behaviour change – whether in terms of parenting practices, or in terms of community response to cases of violence and abuse of children – remains to be seen. Nevertheless, child protection actors and stakeholders were of the view that MRCS awareness sessions are encouraging referrals into the CMS, and will continue to do so; so much so, in fact, that case managers sometimes expressed concern that if too many more sessions are conducted, the CMS is at risk of becoming overwhelmed. In communities that were found to have low rates

⁵⁰ FGD, community receiving MRCS awareness, 26th June 2016.

⁵¹ FGD, community receiving MRCS awareness, 18th August 2016.

⁵² FGD, community receiving MRCS awareness, 26th June 2016.

⁵³ Group interview, MRCS staff, 27th June 2016.

of referral in the CMS stakeholders were of the view that this was because there had been no MRCS awareness raising, or MRCS had just started.

Respondents emphasised that the work MRCS are doing is both an opportunity and a risk. On the one hand communities are gaining trust to seek out and engage with social welfare and justice systems. On the other hand, if expectations are raised before DSW have the capacity and will to respond to cases when they are referred, these new-found hopes may be disappointed. The inability of DSW to deliver may have the potential to drive a further wedge between government agencies and the communities they serve, as well as potentially ruining relationships with NGOs involved in the CMS as well. One MRCS staff member expressed their concerns:

If the case is statutory we transfer it to DSW. Then – because we have a good relationship with the community, the community asks us – ‘What is happening next? Who is coming to support us to take action on the case?’ And we have limited information to respond to the community. We have to say that we transferred the case to DSW and that they will come. And the community will not be satisfied with that – if DSW do not come. To maintain the communities’ trust and cooperation, coordination between the different agencies working on child protection should be better, and DSW should go and respond to cases on time.⁵⁴

5.2.3 DSW: gaps and bottlenecks

I would like to talk about the real world. According to the SOP, DSW has responsibility for the statutory cases. But the problem is, DSW doesn’t have the capacity to do that yet.... They do not have the budget and they do not have the case forms.... We refer the case to DSW but as for the rest of the actions we take all of these steps ourselves.⁵⁵

A number of factors are hindering the capacity of DSW to take on more cases, and to undertake the kind of social work with families and communities currently being practiced by the NGO partners. In particular, case managers within DSW lack the budget, resources, and time to respond to cases that are referred to them.

When I tried to hand over the case they said they are too busy and have no allowance to handle the case.⁵⁶

Human resources

Whilst NGO partners have full time case workers designated to undertaking case management work, case managers within DSW are (at best) ‘part-time’. For DSW officers, case management is an additional role tacked on to a range of other departmental duties which already constitute a full time job, without any extra pay and minimal additional support.

I have my main departmental duties. There is lots of administration to do. I try to go and do the visits to children on the weekends. But I went to make visits six times this week! I have three cases to take care of. If I have too many other things to do, then I have to go on the weekends.⁵⁷

We have our own duties and so sometimes we have to do case management over lunch time. There are so many needs on both sides! We are at mid-level, so it is like a sandwich – everything comes up from below and everything comes down from above and lands on us. We are late every evening to go home, and then we bring work home with us.⁵⁸

As these quotes illustrate, almost all DSW case managers interviewed in the evaluation described having to make case management visits in their evenings, weekends, holidays or lunch breaks because of their heavy existing workloads. This was also noted by NGO case workers who cited this as the main reason why DSW are failing to implement the SOPs properly and to follow up on cases.

Given such constraints it is not surprising that many of the DSW case managers appeared to be lacking commitment and enthusiasm for case work, and most of them said that they were unhappy and frustrated in their roles: *“frankly speaking we are not so happy about being case workers. But we are DSW staff so we have to do what we are assigned.”⁵⁹* This compares to NGO case workers who, on the whole, said that they ‘loved’

⁵⁴ Group interview, RMO case workers, 13th August 2016.

⁵⁵ FGD, YKBWA case workers, 6th August 2016.

⁵⁶ Group interview, YKBWA case workers, 27th June 2016.

⁵⁷ Group interview, DSW case managers, 22nd June 2016.

⁵⁸ Group interview, DSW case managers, 3rd August 2016.

⁵⁹ Group interview, DSW case managers, 22nd June 2016.

their jobs, albeit acknowledging the stresses and challenges that they face: *"I am happy and I love my job. I am happy but sometimes we face big challenges. I get headaches, and how many of my hairs will become white! [She laughs]."*⁶⁰

The lack of time that DSW case managers have for undertaking case work was clearly found to have a direct impact on the quality of the services that they are able to provide. Indeed, the expectation that DSW case managers could provide the expected level of service while they are part-time appears wholly unrealistic, notwithstanding the personal commitment and dedication of many DSW case manager staff. This has serious implications for the future viability of the case management system.

Case study 2: Impact of other DSW departmental duties on case managers' capacity

Extract from an interview with DSW case managers: *"there was one case recently reported. It was a case of severe physical abuse, perpetrated by a business owner/manager on a 12 year old boy. The mother called us. Their place [the case location] was so far away. And I had to think – 'what can I do? How can I handle this situation?' I had to call the Police, and then to GAD. I was up until 11pm – 12am at night – at this time I was still working. It is the responsibility of us DSW staff to keep the child safe. I told the mother to take the child to the police station. I couldn't go to the place at midnight; there are no taxis on the road at that time.*

The next morning, I called the mother again and opened the case at the police station. I said [to the Police] please help to keep her safe because I could not go immediately as we had an important management workshop. In the evening, I called the mum back. The mum said that she had already settled the case at the police station. The perpetrator had paid some compensation. I was so unhappy that I could not go there. I told the mum that she shouldn't have settled the case in that way, and then she blamed me, and said: 'I called you and you are not coming to help me so don't complain about the outcome'.

I have already planned with my supervisor to go and visit the child and the mum next week. It is a case of child labour and physical abuse, so we really need to take some action. I am going to make a follow up visit. I want to go given advice to the mother and the child, and also talk to the business owner. I am going to advise that the child changes job. Next week we have to attend a workshop again, but before that I will make a visit."

The failure to assign full time staff at DSW to undertake case management was perhaps the most significant and consistently reiterated criticism of the CMS in its current form; and rectifying this one of the key recommendations for reform.

Bureaucracy and hierarchy

*This system is very good and it needs to be established in this country. But the problem is from DSW. They are a bit old and they are not interested in case management. They are not active; they are not the local people and do not know the local situation. It is difficult for government staff to work like NGO staff. NGO staff do good work, and are very active.*⁶¹

According to participants included in the evaluation, the sometimes bureaucratic and hierarchical procedures within DSW, and a lack of engaged management at township level, is another factor hindering the capacity of DSW to effectively undertake case management work. DSW case managers spoke of having to get permission from 'upper levels' (management) in order to undertake case work, to make home visits to follow up on cases, and when making decisions about actions needed to support a child. Respondents sometimes commented that their supervisors lack understanding about case management, that it is not always a priority within the department, and that they may have to 'negotiate' with them in order to carry out their work. These complaints were supported by conversations with NGO staff who were sympathetic to DSW case managers' predicaments. They explained that the case managers were often keen to follow up on cases referred to them, but said that their hands were tied by their management:

So during the transfer of the case from KMSS to YKBWA the case conference was conducted. DSW was invited to the case conference meeting. They did come once. I asked them to accompany us for a second meeting – the child is so isolated and lonely. I thought it was more effective for DSW to come. But they were not willing. Actually the

⁶⁰ Group interview, YKBWA case workers, 23th June 2016.

⁶¹ Group interview, 6th August 2016.

DSW case manager did want to come, but when she asked for permission from the upper level (of DSW) they would not allow her to go.⁶²

Other NGO staff noted that somewhat bureaucratic procedures, and an overemphasis on paperwork, is at times impeding the ability of DSW staff members to undertake the practical business of social work with children and families; and that sometimes staff had a tendency to use administrative rules as a barrier in order to avoid having to make difficult decisions or take action in cases. Interference by senior or management staff was also seen as impacting on the time available to case managers to carry out case work and their capacity to do so. In addition, senior level staff were also reported as interfering in decisions about what action should be taken in children's cases, despite their lack of knowledge and understanding of the situation on the ground. This was reportedly impacting of the quality of the decision-making process, and the services delivered to the child in practice.

There is admin pressure – pressure from the administrative structure – the senior level. So if that pressure comes here [to the field level] the things we would like to do are changed. This results in mistakes. [There are] some power threats – from central level – because of that field staff make mistakes.⁶³

Finally, a number of stakeholders noted that the interests and concerns of senior government staff are not always focused on the needs of children and families. In cases where children have been subject to violence or abuse, stakeholders noted that DSW's concern is largely centred around a criminal justice response: securing a punishment for the offender, rather than providing services and support to the child victim, the person most hurt and affected by the crime. Stakeholders explained that staff members are 'concerned with their promotion' and the 'prestige' of the office, which they explained is more likely to be gained by means of a demonstration of their power and authority as a department, through criminal punishment of offenders who target children. However, it is important to recognise that not all DSW staff had a negative view of supervision staff; there were some positive stories of management practices as well.

Do you have the necessary support you need from your director? Does she respect the case management work and your need to do the case management work?

She is supportive and she is also interested in the case management work. Even if we do not know where to go or what to do we get suggestions from her. Also at the TCRC she leads this process. She is responsible for the regional level, but she supports us at the township level. She even inputs to the PO's reports⁶⁴.

Importantly, supportive supervisors and senior staff tended to be in the areas where UNICEF had funded an organisation called Point B, a 'design thinking' consultancy supporting CMS capacity building in the South and South East. Point B conducts workshops with management staff within DSW, inviting them to think about the CMS, and to consider how it fits into the work of their department. In these areas, DSW management staff were found to have a stronger understanding of the CMS and appeared to be more comfortable with and supportive of case managers taking time out of other departmental duties to dedicate to case work. A MRCS staff member described the change:

Previously if case workers from DSW were going to be involved in responding or managing cases, either alone, or together with YKBWA, they needed to get permission from the upper level (management). Now they are assigned this duty: 'you are case manager, and another is a case supervisor'. So they have official duties and responsibilities as case managers, and they do not have to get permission from the upper level each time to manage a case, they have a clear job description and mandate to do case management after 2016.⁶⁵

The capacity building role of Point B is discussed further below.

Relationships with other actors: coordination and cooperation

Case management needs cooperation and collaboration with parents and with the education department as well.⁶⁶

⁶² Group interview, YKBWA case workers, 23th June 2016.

⁶³ Individual interview, DSW Director, 30th July 2016.

⁶⁴ Group interview, DSW case managers, 3rd August 2016.

⁶⁵ Group interview, MRCS staff, 27th June 2016.

⁶⁶ Individual interview, District Education Officer, 24th June 2016.

Participation of other government actors is a challenge – every department has responsibilities. It is also this way for adult cases! I wish we could have a workshop with other sectors so that they will know their role.⁶⁷

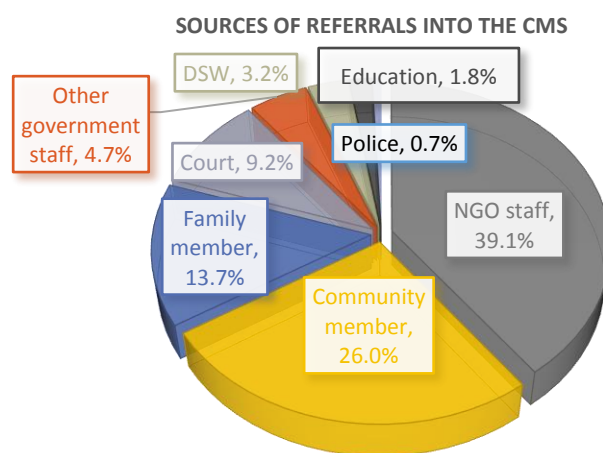
Coordination and cooperation with different government actors remains a challenge. Whilst, as discussed, DSW are at an advantage in this regard compared to NGOs, the data suggests that case managers are still facing some difficulties persuading other government departments to take an interest in the CMS. This is an issue of concern, as the convening of multidisciplinary teams across a range of departments, such as health, education, disability services, law enforcement and justice, is vital to effective child protection. Evidence shows that multi-disciplinary teams result in better case planning and problem solving, and can result in earlier, more effective and more efficient interventions.⁶⁸

The field research revealed that case officers, from both DSW and NGOs, are aware of the importance of multi-sector coordination and are working hard to collaborate with actors from different sectors. However, their capacity to do so effectively was found to be limited, particularly due to a lack of understanding of the CMS demonstrated by other actors.

The survey asked case managers to rank their relationships with a variety of different actors on a scale of 1-5. Respondents tended to rate their relationships with communities and township administrators most strongly. Relationships with other government departments, such as health, education, justice, and law enforcement were generally found to be weaker, especially for NGOs. These findings are corroborated by analysis of data concerning referrals into the CMS, which reveal very low rates of referrals into the system by government service providers; aside from cases of children in conflict with the law referred by courts.

Chart 5: Referrals into the case management system

The below chart describes referrals into the CMS. Contrary to expectations, referrals from police and schools are minimal. The data on which the chart is based does not indicate how many referrals are from health professionals or early years staff. It may be that these are included in 'other', which is once again, a small category.



These findings were also supported by evidence from the qualitative research. Stakeholders from health, education and justice sectors interviewed for the evaluation were found to have a very limited knowledge of child protection, social work and the role of DSW, aside from the traditional function of producing the PO report in court cases concerning children accused of committing criminal offences, and their role in running institutions including orphanages and training schools for children.

Case managers explained that they sometimes face difficulties negotiating with other government departments because they are perceived as interfering in matters over which they are thought to have no

⁶⁷ Group interview, DSW case managers, 22nd June 2016.

⁶⁸ Global Protection Cluster, Interagency guidelines for case management and child protection, January 2014, http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf accessed October 2016.

authority, legitimacy or mandate to intervene. This was found to be particularly the case in negotiations with justice sector stakeholders, but also with other departments such as health and education.

*Sometimes we need to meet senior staff from other departments such as education and health but my position is quite low to work with them – I lack the authority! As a TCRC member, I am the secretary but the members are the top person from each sector so I am the lowest one!*⁶⁹

In one research location, DSW were supporting a child victim to access justice against their employer for 'labour exploitation'. When DSW case managers tried to raise the case at the TCRC meetings, the law officers and the judge became angry and accused case managers of trying to access confidential information, and told them that they should not continue to ask further questions:

*The law officer blamed me for asking for so much information. We said that they did not need to provide us any confidential information, we were just asking for basic information to proceed with our work. It was not so smooth. The Law Officer said, 'it is not your duty to talk about it'. They said that we were interfering and disturbing them in their work.*⁷⁰

Of course, there will always be information concerning legal matters which is confidential and cannot be shared with other departments, but in relation to child protection these should be few. These findings highlight the need for further work developing and consolidating information sharing procedures and protocols, detailing what information about a child can (not) and must (not) be shared with whom, and in what circumstances.

Improved ability to collaborate with and influence other government departments is one of the major benefits to the UNICEF's change in approach: away from work with NGOs, to investing in DSW to build in-house child protection services. This is discussed more in the relevance section below. However, the findings presented above highlight the need to continue with policy and advocacy work aimed at promoting multi-sectorial collaboration in child protection, and awareness, knowledge and understanding of the CMS, in order to strengthen its effectiveness. In particular, further work with GAD was identified as being of particular importance.

*We would like to recommend that UNICEF work not only with DSW, but also to have a good relationship and good cooperation and good collaboration with the township GAD, because GAD is the most powerful department of the township, because that it is the administrative department which governs all the areas in the township. So to build the system UNICEF needs to cooperate with GAD rather than DSW only.*⁷¹

5.2.4 Social work capacity: skills and training

All case officers included in the survey reported that they had received formal training to prepare them for case management work. Consistent with UNICEF's approach, DSW case managers were found to have received considerably more extensive training than NGO case workers. The mean number of days training reportedly received by DSW case managers was 22 days, and for NGOs 4.7 days.

Respondents in the survey were asked to rate how well they felt that the training had prepared them for their work as a case manager/worker on a scale of 1-5, with 5 being the best score, and 1 being the worst score; respondents tended to score the training highly, with a mean score of 4.1, and a mode score of 4. Encouragingly, over 98 per cent of respondents gave the training a score of 3 or above.

Interestingly, despite the huge discrepancy in the number of days training received, there were no significant differences observed in the rating of the training given by NGO workers compared to DSW staff. Furthermore, despite having received less training, NGO case workers were significantly more likely than DSW case managers to answer the question on the survey which tested knowledge of the SOPs correctly, suggesting that length of training is not the only factor influencing capacity of case officers.⁷²

⁶⁹ Group interview, DSW case managers, 22nd June 2016.

⁷⁰ Group interview, DSW case managers, 25th June 2016.

⁷¹ Group interview, MRCS staff, 27th June 2016.

⁷² Chi-square, p<0.01.

Counselling and social work skills

An issue consistently identified by respondents as an aspect of their work for which they need more training was in relation to working with children, child development, counselling and communication skills, and the provision of psycho-social support and care to children and their families. For example:

At present the technical support is not so sufficient, it is for case management only. We need more training – like counselling training and providing psychosocial support. Like with our previous experience of the UNICEF training.⁷³

Although skills relating to working with children and counselling are included as an element of the training, given the nature and severity of cases that were found to be entering the case management system, which include a very broad range of different types of severe violence, exploitation and abuse, as well as the evident complexity of children's emotional and mental health needs, there is a need for considerably more investment in case workers' skills in this regard. This is particularly necessary as counselling and communication skills are at the heart of all successful social work.

Case study 3: Importance of psychosocial and counselling skills

The importance of counselling and social work skills to effective case management is illustrated by comparing the different handling of two sexual abuse cases. Whilst the facts and circumstances of the two cases were very similar, DSW's response was very different, and may have potentially influenced the different outcomes of the two cases.

The first case concerned a 17-year-old girl who became pregnant after she was raped by her stepfather. The abuse was discovered when the girl was found to be five months pregnant and the girl's aunt informed the ward administrator. (The stepfather was arrested but later absconded from police detention). The teenager progressed with her pregnancy; but she did not want to keep the baby, conceived through rape. She left the baby in the hospital after delivery.

The hospital staff did not know what to do with the infant, and eventually took him to the police station where he was temporarily cared for by an investigation officer, who, with assistance from the Myanmar Children and Women's Welfare Association, eventually succeeded in arranging for the adoption of the child by a couple in the community. No one appeared to have done any follow up on the baby's situation after the adoption, nor could they provide any information about the current circumstances or welfare of either the child or the mother.

Several stakeholders told evaluators about this case, and lamented that – although the case had been transferred to DSW – they had failed to provide any type of social, emotional or psychological assistance to the teenager. Stakeholders were of the view that this was a severe error and missed opportunity on the part of DSW. RMO staff, who had originally transferred the case to DSW, explained:

"Since the beginning of that case being referred, we told DSW – 'the girl needs psychosocial support before her delivery'."

And a member of MRCS also told evaluators:

"From the beginning of the case I said to DSW to provide psychological support to the pregnant girl, and support her before the delivery. But they did not do anything at all. They said that they will just send the girl to the DSW centre, and the baby can go to an orphanage. But if they could have provided her that support, before and during the delivery, it would not have needed to happen like that."

If they had done this, she would not have said that she did not want to look after her baby. They should have given her their time, instead of just sending the baby to residential care and sending the mother to the residential shelter. This is not the right answer."

⁷³ Group interview, RMO case managers, 13th August 2016.

Although it is impossible to say whether providing emotional and psychological support to the girl would have led to a different outcome in this case, it should at the very least have been one component of a holistic social work response.

This case stands in stark contrast to a similar case concerning a 15-year-old girl who became pregnant after being raped by her father. This case was handled by YKBWA (at the request of DSW) and it was clear from file review and interview, that the intervention provided had included extensive follow up, social, medical and psychological support and assistance to the child throughout her pregnancy as well as after delivery.

The assessment form filled out by case workers, immediately after referral of the case reads: 'The child has forgotten everything – she is disoriented and has poor personal skills. The child appears very distressed. She is pregnant and has poor nutrition, and a bad cough. The child is isolated, distressed and shy.'

After months of home visits, the provision of medical support, some material benefits, and counselling, the child's situation was found to have improved considerably. Like the other teenager, the girl had initially said that she did not intend to keep her baby; but she subsequently changed her mind, and the infant was under her care. The YKBWA case worker handling the case, whose commitment and care for the child and her baby was evident, explained:

"When the child was pregnant, she was so isolated and so young. I was following up once or twice a week. But after the baby was delivered I felt some happiness. The girl is not educated and she is so short in stature. I was so worried for successful delivery. The baby was late and I was so much worried. The girl was getting pains in the night, I was so worried – how can I get there quickly enough? I was so worried that I was not sleeping at night. I was present at the delivery. During the pregnancy the girl said that she did not want the baby – that she would give the baby away. But now she loves her baby girl. Now both are healthy and happy. It is so cute. The baby is currently two months old. She is breastfeeding."

The SOPs and creative problem solving

Overall, interview and file reviews at DSW and NGO office indicate that case officers have a strong understanding of the processes and procedures contained within the SOPs. Information management and record keeping procedures, although basic, were being implemented in the offices visited during the research (other than in Sittwe, Rakhine – where DSW case management has barely started to date) with case officers filling out the SOP forms appropriately, as well as including supporting documentation, such as court letters, medical certificates and others in their files.

Nevertheless, whilst procedures were being followed carefully, at times evaluators observed an overemphasis on process, at the expense of a more substantive engagement with the practical aspects of addressing and resolving cases. In particular, there appeared to be a need for critical thinking and creative problem solving to engage with and find solutions to some of the more complex, underlying and root causes of protection concerns; problems that may not be resolvable through simple actions, such as reporting a case to law enforcement, or supporting adolescents to access vocational training opportunities.

File reviews at case management offices revealed cases which had continued for many months without any apparent progress made in addressing the issues at hand; despite the diligent work of the case managers in filling out forms and paperwork, and progressing with the different steps contained within the SOPs. Often the same intervention – for example, an attempt to enrol a child in a vocational training programme – was pursued and failed repeatedly. When asked in interview how they intended to proceed case managers often seemed despondent about the situation, and at a loss about what to do next. For example:

The boy wants mechanic training, but there is none here. But we tried to link him to other things, [but] it is not helping. It is not enough for him, but we cannot find a way to support him. You know his mother is working from the morning until the night time. So there is only his father at home. His father is drunk and scolding and shouting at the child. So the son does not want to be with his father; he wants to stay with his mum, but mum is working the whole day so he is not getting appropriate parental care. The mother knows where he is but does not want to bring him back home, she believes after a day or two he will run away again.

So now what?

[They are looking blank and unhappy]. We are trying to find out the services for what the boy would like to do – so after getting it, we will go to mum and boy for providing service.⁷⁴

Case study 4: Following procedures vs. creative problem solving

In one location evaluators reviewed a file concerning a domestic violence case. The case continued for seven full months and included over 10 home visits to the child's home, where little progress was made or action taken, before the case was eventually closed with no apparent improvement or change in the child's situation. When asked about the case in interview, the case workers sounded at a loss for what they could do. They explained the case to evaluators:

"You know in the beginning – the child and the child's family came to the RMO office and reported the case as domestic violence. It was caused by drinking of the son and an internal conflict with another family staying in the same house, so it did not directly concern the girl. So slowly we learned that it is not really about her. We could not find out how to help them and the family could not explore their ideas and opinions – so finally the case was closed. The main constraint for us was that it was not so easy to access the family – there were three families living together in the house. Sometimes the girl was not home, so it was not so easy to handle the case. We suggested that it is not the RMO task [to resolve this], you should inform the Ward Administrator, or the Police."

Upon speaking with the child's mother and reviewing the file it appeared that the case workers had focused their response on trying to persuade the girl to return to school, or access some type of vocational educational opportunity, rather, than pursuing interventions to address the root cause of the problem: family violence, and alcohol abuse. It also appeared that there was a focus on trying to get the girl to come up with a plan for herself: to say what help she needed. After she proved unable or unwilling to do so, the case was dropped. Her mother explained:

"She came home: the RMO staff came and asked her what she wanted to do for her future, but she couldn't say. They were coming again and again, but they were not getting any idea about what she wanted to do. So [RMO] cannot do anything at all to help because they cannot get any of her ideas of what she wants for her."

The fact that this girl was unable to articulate her needs should not have constituted a barrier to providing her with assistance and support.

These examples illustrate how at times case managers appeared to have misunderstood or neglected the main purpose of child protection interventions and services: to ensure that a child is protected from suffering abuse, neglect, violence or exploitation or any further risk of such behaviour. Rather than focussing on addressing the family problems and helping the family to function well and protect and fulfil the needs of their children, emphasis was placed instead on practical solutions such as placing the child back in school or vocational training to the detriment of addressing the underlying causes of risk of harm and abuse.

The role of Point B

In circumstances where case managers were less narrowly focused on procedure, and demonstrated an ability to think creatively about how to solve a problem within the resources available, they were able to carry out more effective child protection work. It was in this regard that the work of Point B was found to be particularly effective. Point B is a design and training NGO, focused on rebuilding education systems and community governance, supporting with training of case managers and supervisors in the South and South East.

Fostering the development of creative, critical thinking skills is at the core of Point B's educational approach; a method that they term 'design-thinking':

Our primary purpose is design thinking. It is a creative problem solving process – identifying a challenge – learning – identifying opportunity areas – building new ideas.⁷⁵

⁷⁴ Group interview, RMO case workers, 18th August 2016.

⁷⁵ Group interview, Point B, 23rd June 2016.

The way that participants discussed their experiences of Point B workshops and training indicates that their methods do indeed provide a highly effective means of developing capacity within the system, and have the potential to substantially improve the ability of case managers to carry out effective case work. The participants' feedback on the training was that it was very practical and focused on the realities of undertaking case work on the ground. Case managers described finding it valuable to think about case management in practice, rather than only thinking about the theoretical or abstract aspects of their work. Tellingly, this was something that case managers, based in other areas of the country, who had not had the benefit of participating in Point B workshops, identified as lacking in their own training experience. For example:

This time – the technical support – they focussed more on theory rather than practice. It is difficult for us. We need practical support.⁷⁶

Case managers explained that in Point B workshops they are encouraged to think about the contexts in which they are positioned: their unique situations in the areas in which they are working. For example, one activity involved bringing different stakeholders together and getting them to map out all the different services currently available in the surrounding area. This provided opportunities for different stakeholders to share their knowledge and experience of different organisation working in the area, and generate ideas about to whom, where and in what circumstances referrals of children's cases in the CMS could be made. This is a highly effective means of maximising the benefit of existing services and resources on the ground, and ensuring collaboration and coordination across a range of different partners who have the potential to contribute to building an effective child protection system.

Participants reported that they really valued and appreciated the simple opportunity to sit down together; to discuss their work as a group, and think about their different roles and responsibilities within the system.

In the planning meeting we were discussing how we can better work together in the future, for example for case planning meetings. And we were discussing what challenges we have, and when and why we are referring cases to DSW.

Again, this was another recommendation constantly reiterated by staff who had not had the benefit of Point B training, highlighting the relevance and effectiveness of Point B's work:

I would like to raise a suggestion. I would like to request that twice a year we could all meet to share our experience. At the field level we are all working in different situations. Our situations are very lonely. I would like an experience sharing workshop – it is so important to do this.⁷⁷

5.3 Efficiency

This section examines whether UNICEF's approach to child protection systems building has been cost-effective, and whether, how and why, the resourcing of the CMS has enabled or constrained its performance and achievements.

Summary of findings: The decision to re-orient the Child Protection Programme to focus on case management systems building is efficient and cost-effective. The new approach has resulted in child protection activities being targeted to those in need, whilst simultaneously increasing coverage of response mechanisms and interventions. In addition, through establishing a system of referrals across a network of services the CMS has the potential to improve access to resources, and reduce fragmentation and duplication of efforts. Despite these positive aspects, the resources currently made available for undertaking case work were found to be inadequate and (at times) inefficiently administered. A significantly higher level of investment, both financial and human, especially within DSW, will be required before the CMS can be brought to scale and deliver real change for children.

5.3.1 Efficiency of the case management systems approach

UNICEF's decision to re-orient the Child Protection Programme to focus on case management and child protection systems building was found to have the potential to improve the efficiency and cost-effectiveness of UNICEF's child protection work in Myanmar in a number of ways. First, the new approach appears to have

⁷⁶ Group interview, MRCS, 6th August 2016.

⁷⁷ FGD, NGOs working in emergency case management in IDP camps, 19th August 2016.

made child protection activities more targeted, directing effort and resources towards those most in need; as well as increasing coverage of the system as a whole. Second, assigning case managers within DSW has the potential to harness capacity and resources within government services; and avoid some of the intensive resourcing requirements associated with funding NGOs to undertake service delivery. Third, the case management approach to child protection is highly efficient in the sense that it is oriented towards maximising use of available resources, through the establishment of a system of referrals across a network of social services (whether delivered by public or private actors) which improves access to existing service for those who need it most. This makes the system more efficient, increases the probability of access to services for vulnerable groups, and reduces fragmentation of the system and duplication of efforts;⁷⁸ as one key expert explained:

Case management does not have to be [costly]. There are a large number of NGOs [already] providing different services. Making sure that people have access to services is what has been lacking. Most service delivery has been community-based and community targeted. One person could access them all, but they do not all know about them [these services]. So the case management approach is building on what is already there on the ground.⁷⁹

Efficiency of the division of labour across agencies

The decision to streamline UNICEF's PCA agreements into just two PCAs, one signed with Save the Children (who in turn managed national NGOs delivering case management in the townships) and one with MRCS (to focus on awareness raising only, rather than responding to cases) was also found to be efficient. This has enabled the release of staff time and capacity within UNICEF to provide technical and policy support to government; the main objective of the shift in approach. A UNICEF staff member described:

The changes were very welcome. When I arrived in Myanmar there was a lot of downstream work in child protection – a lot of work, with a lot of NGOs. There were 20 PCAs. In my team alone we had 11. We spend a lot of time dealing with NGOs. It is half the size it was now.⁸⁰

Furthermore, the division of roles and responsibilities across the different organisations working in case management (i.e., between MRCS, DSW, Save the Children and implementing partners) has streamlined work, contributing to an increase in productivity within each partner in the fulfilment of their specialised and focused role. Stakeholders explained:

Previously we had too much to do – we were doing awareness and responding to cases as well. We had to link with other departments, and the community would complain that not much was happening in the cases that were being referred – there were delays and things like that. Now we are doing awareness raising only, and we have to refer cases to the others. Statutory cases are referred to DSW, and the non-statutory cases are referred to RMO. So now we can focus more on awareness raising, which is a good thing.⁸¹

5.3.2 Need for more investment

Despite these positive aspects, the research findings indicate that significantly higher investments will need to be made into the case management system before it can deliver real change for children. In particular, the resources currently made available to DSW are not sufficient to enable the department to manage statutory cases in an efficient and effective manner, and the system as a whole needs to expand and broaden its remit if there is to be an effective, fully functioning child protection system.

The failure to assign full-time staff within DSW to undertake case management work has already been discussed in the effectiveness section of the report. In addition, the sums of money made available to case managers to cover the expenses of case work (including travel) were found to be inadequate, as well as inefficiently administered. Furthermore, there is concern about whether the money that has been made available to case workers is reaching them in practice, and indeed there was some evidence from the research that this is not the case in some offices.

⁷⁸ Global Protection Cluster, Interagency guidelines for case management and child protection, January 2014, http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf accessed October 2016.

⁷⁹ FGD, Child Protection Section, UNICEF, Yangon, 20th June 2016.

⁸⁰ FGD, Child Protection Section, UNICEF, Yangon, 20th June 2016.

⁸¹ Group interview, MRCS staff, 18th August 2016.

Financing case work

Whilst NGO case workers have a budget of around Kyats 50,000 (around US\$ 36.4) per case (sometimes, reportedly up to Kyats 200,000) the amount of money available to DSW case managers is considerably less: at up to Kyats 18,000 Kyats (US\$ 13.1) per case in some offices, to as little as Kyats 6-7,000 Kyats (US\$ 6) in others.⁸² This money is almost exclusively used to cover transportation costs to and from case locations; and is often insufficient to cover even this:

Do you have any financial barriers to doing your work?

We can claim for our travel allowance – three visits per case – Kyats 6,000 back and forth. If we make more than three, we pay by ourselves. For stationary, we keep receipts and claim back. Our phone bill last year reached Kyats 10,000. This year there was no money for this. We also have costs for photocopies and meeting costs. The travel allowance – if we hire a taxi we cannot get this fare. There are some places where we need to stay the night. I have a (personal) motorbike, but there are three of us.⁸³

A number of stakeholders pointed out the practice of setting a fixed amount to spend per case is unhelpful given the wide variety of: contexts in which DSW officers are working, local economies, accessibility of locations in which children families are based, types and complexities of cases and children's and families' needs.

Case workers often spoke of having to spend their own money to travel to and from case locations as well as for covering other expenses associated with case work. In addition, there does not seem to be a procedure for giving expenses in advance, even when the expenses are likely to be great than usual. A further complaint was the time taken to reimburse case managers for expenses, sometimes placed a considerable financial burden on employees. These are all highly relevant concerns, both of principle (it cannot be assumed that case managers will have personal funds available for such purposes), and in terms of the practical implications that this has for the motivation, effectiveness and capacity of case managers.

In contrast to DSW case managers, NGO staff interviewed during the evaluation generally felt that they had a reasonable amount to spend per case: *"We have Kyats 50,000 for each. It is fine. We have had no problems as of yet"*, reporting to spend between Kyats 50,000-200,000 (US\$ 36-145.7) per case. In some cases, the significant disparities in resources available to DSW staff compared to NGOs were found to be affecting cooperation and causing some tension between agencies. Pay between NGO staff and DSW case managers is different, with NGO staff paid more; NGOs are also seen as having more knowledge, training, resources, better transportation and better salaries.

These factors were also found to affect client experiences of the CMS, and their perceptions of the competency of different agencies. As one stakeholder explained:

When client cases are handled by the NGO they get some money for stipends, transport; now there is this transition to DSW there is nothing in terms of support – they say why don't you give money like the NGO? The NGO have criteria for providing money. They have a client fund...⁸⁴

As a result, there were instances where families had protested the decision to transfer their case from an NGO partner to DSW once the case was determined to be statutory, and refused to have further contact with the system.

A number of DSW case managers noted that their capacity to help children in practice is inhibited by their inability to provide material support and benefits to families. In cases where support services are unavailable or limited, this was repeatedly viewed as a barrier to addressing the root causes of the protection issues. As discussed in the outcomes section of the report, this was also an issue raised by clients in discussions about their satisfaction with the support they had received through the CMS. Encouragingly, some limited provisions for social cash transfers are included in the Social Protection Strategy, and a number of stakeholders noted that there may be opportunities to link such schemes with the CMS. Others aptly pointed out, however, that

⁸² As mentioned, it may be that some of the funds made available for case work are not reaching case managers in practice.

⁸³ Group interview, MRCS staff, 18th August 2016.

⁸⁴ Group interview, STAKEHOLDER DETAILS WITHELD, 23rd June 2016.

such schemes come with a significant administrative burden, and to add this to the responsibilities of case management staff would significantly interfere with the social work function of the child protection system.

In sum, it is important to recognise that social work services are not cost free. As some stakeholders noted, there are risks associated with funnelling more money into DSW in the short term: it is unclear whether DSW currently have capacity to manage large funds, having dealt with relatively small budgets to date. There was also concern as to whether the appropriate financial and accountability procedures are in place. This concern is supported by evidence that the money that has been already been made available for case management work, may not be reaching the case managers. In one area, DSW case managers explained that their department's budget was small, because management were concerned that they would not be able to spend money given, and underspending would be penalised. Despite these risks, however, in the short term it may be advisable to consider more flexible financial management and reporting strategies to support DSW to deliver the case management system appropriately. Without further investment, it is unlikely that the embryonic system will be able to achieve the meaningful change and results needed to improve opportunities for its sustainability.

It is encouraging to note that UNICEF has already begun work on finance reform within DSW. Support is being provided by the Social Policy Section in close coordination with the Child Protection Section to DSW and the Ministry of Social Welfare on budget submissions to Planning and Finance. Within this process UNICEF are encouraging DSW to submit a defined case management budget, with provisions for full time case workers, travel and communication, training costs per social worker and a discretionary budget in addition. These reforms have the potential to significantly improve the efficiency and performance of the CMS.

5.4 Relevance

This section evaluates the relevance of UNICEF's Child Protection Programme to strengthening the child protection system within Myanmar. This section considers the extent to which the decision to re-orient the Child Protection Programme to focus on systems building was appropriate, both in general and in the Myanmar context. It also assesses the relevance of the particular activities implemented under Output 2 to the development of an effective CMS. Finally, drawing on findings from the evaluation, the section reflects on how, and how well, work streams under the Child Protection Programmes' other four outputs (alternative care, child justice, child exploitation and emergencies) are helping to achieve and sustain child protection systems building and the effectiveness of the CMS.

Summary of findings: The shift in UNICEF's approach – from community-based child protection activities, to upstream work with the Government – has the opportunity to make child protection work more systematic, improve coverage and ensure sustainability. UNICEF's alternative care programming was found to be highly relevant to child protection systems strengthening and to the development of an effective and sustainable CMS. Evaluation findings demonstrate that there is significant work to be done in strengthening alternative care options in Myanmar; at present, in light of a lack of viable alternatives, the CMS appears to be over reliant on institutionalisation and family reunification, including in cases where these options fail to promote the child's best interests. UNICEF's work towards legislative reform and development of child friendly justice institutions is highly relevant given that the inadequate response to child abuse cases in the justice system and insufficient focus on using alternatives to detention are serving to undermine the results of the child protection system. The CMS is playing an essential advocacy role in addressing child protection matters that occur within the justice system and demonstrating the need for multi-sectoral approaches; however, in order to be sustainable systemic reforms need to be initiated within the justice sector itself. UNICEF's programming to improve protection of children from exploitation is essential to achieving and sustaining results achieved through the CMS. Findings from the evaluation suggest that (early) identification of child exploitation (especially trafficking) remains a challenge and that there is an urgent need to address the underlying vulnerabilities that place children at risk of ending up in exploitative labour arrangements. The CMS has a potential role to play in both areas. It is a particularly welcome development that UNICEF is supporting DSW social workers to integrate trafficking guidelines and SOPs into the SOPs for case management. UNICEF's child protection in emergencies work stream includes a range of interventions and activities led by the largest team in the Child Protection Section.

This work is both relevant and necessary given the persistence of on-going humanitarian crises in border areas of the country, particularly in Rakhine State, and a lack of government legitimacy amongst marginalised ethnic minority communities. There is strong consensus among stakeholders for the need to strengthen links between UNICEF's emergency work (which remains community-based and largely administered through NGOs) and the new systems-based work focussed on partnerships with government and the establishment of the CMS.

5.4.1 Relevance of systems building approach

Evaluation findings indicate a strong consensus among stakeholders that building a sustainable child protection system in Myanmar, owned and implemented necessary undertaking. Government actors, NGO partners, UNICEF staff, and even communities themselves articulated the view that the shift in UNICEF's approach – from community-based child protection activities, to upstream work with the Government – has the opportunity to make child protection work more systematic, improve coverage and ensure sustainability.

Coverage

Prior to the MTR in 2013, UNICEF had made some important gains in establishing community-based support groups for child protection, and activating TCRCs (as prescribed in the Child Law) to strengthen awareness, knowledge, identification, prevention, monitoring and response to a range of protection issues and vulnerabilities. Despite this progress it was noted that UNICEF's work in child protection was fragmented and piecemeal and limited in scope. An evaluation conducted in 2011 noted that despite efforts made and significant investment of resources, as few as 0.6 per cent of villages and wards had been reached through UNICEF supported programmes.⁸⁵

Stakeholders noted that there were significant substantive benefits arising from the shift to the case management approach to child protection. In particular, there has been an increase in coverage of child protection services in the townships where case management has been established; and the new system is able to respond to cases throughout the township when they occur:

Previously the system just involved going to a community – urban areas only and focusing on awareness raising. There is more coverage in the present system: if any case happens we have to go and respond, regardless of the location, and the response is service focused – we link to service providers and more services can be provided to the child and the family. So the present system is stronger and children are getting more services.⁸⁶

It is important to acknowledge, however, that the number of townships in which the case management system is currently operated is still small: covering only 8 per cent of the 330 townships in Myanmar to date.

Response-oriented

As the extracts above illustrate, stakeholders consistently noted that the case management approach has increased responsiveness. While community-based work primarily consisted of prevention and awareness raising, the CMS is designed to provide an individualised response to child protection concerns, through the implementation of a structured and systematic procedure which identifies the needs of the child at risk, and ensures an appropriate response, including access to relevant services.

This shift was found to be highly relevant and important given the child protection context in Myanmar. Evidence from the field research, particularly in-depth interviews with children and parents, clearly demonstrated that child protection needs across the townships are multi-faceted and complex. Children at risk tend to be affected by a range of structural and interlocking factors, including poverty, poor parental practices, experiences of violence and abuse, learning and communication disabilities, mental health problems, social exclusion, drug and alcohol addiction, insecure housing and lack of access to education and other opportunities.

⁸⁵ O'Kain, C., Evaluation of UNICEF's Township and Community-based Child Protection Systems Building Programme and Capacity Analysis of Implementing Child Protection Partners, June 2009.

⁸⁶ Group interview, YKBWA case workers, 27th June 2016

In such a context, an approach that goes beyond promoting public awareness and understanding of child protection risks (although this is by no means unimportant), and focuses on a social work response, to address the individual circumstances and family contexts that underlie the particular child's vulnerability to harm, was found to be essential. Furthermore, given the complex, overlapping and interrelated nature of children's vulnerabilities, the CMS's holistic (rather than thematic) approach to child protection concerns appears to be an advantage.

As noted in the outcomes section of the report, however, while the CMS is successfully responding to cases once they reach crisis point, at present it is not identifying cases when warning signs first present. This reflects the need for further coordination between relevant actors and authorities to ensure that key referral actors, including police, education and health services all contribute to child protection. This in turn requires that staff members of these bodies are trained so that they are able to recognise different forms of abuse and make appropriate referrals.

In addition, as one stakeholder noted, it is important that community-focused, prevention oriented work is not lost in the new system:

Both systems have pros and cons, since 2005 we have been working together trying to establish a community-based child protection system, but in some places we are strong, but in some areas not. So we had to think about it and reflect on the approach and it was felt that the approach should be changed, and then the CMS was introduced. It is good in some senses, but in my view, the prevention measures are less, and responding measures are more in a case management systems approach, so I would like to recommend adding more prevention measures and prevention activities to balance preventing and responding to cases – it would be better.⁸⁷

Authority and legitimacy

Another advantage to the case management approach, and particularly to engaging government actors in the delivery of child protection services, is the authority that DSW case managers bring to a child protection response, and their ability to connect with other government departments. Respondents noted that DSW are much more effective in liaising with and influencing other government actors, including those in the justice sector, health, education, and GAD, and encouraging them to take appropriate action and respond to child cases, than NGOs.

Because DSW is a government department and linked with other government service providers, they are more powerful and more capable than the NGOs. So this is the right approach – this is good.⁸⁸

Evaluation findings suggest that this is an essential component of case management in the Myanmar context, particularly where justice sector officials, health and education service providers, and local authorities may make decisions and take actions that have a considerable impact on the welfare of a child. DSW's role in advocating on behalf of children was found to particularly important among law enforcement agencies and in the justice sector. In addition, case managers explained that they often negotiate with teachers and education authorities to ensure that vulnerable children are not excluded from school:

If a child needs education support – for example, if a child is raped and the child cannot continue their education because the teacher does not accept the child back – DSW needs to sort out the education for the child.

Does it happen often that a child who is raped is not allowed to attend school?

Yes – in the community if a child is raped, the school sees the child as something bad. So we think about the child's future and go to meet with the school teachers. The DSW staff support the child's side.⁸⁹

Limitations and risks

Despite these positive aspects, respondents were also keen to emphasise that the development of in-house child protection services within DSW should be seen as a long-term goal. Given the limited capacity of DSW to deliver the CMS (discussed in effectiveness, above), there are risks to the case management approach, particularly if too much responsibility is placed on DSW, too quickly. In the interim, the NGOs are playing a

⁸⁷ Individual interview, Save the Children, 27th June 2016.

⁸⁸ Individual interview, Save the Children, 27th June 2016.

⁸⁹ Interview with DSW District Officer and Assistant Director, 28th June 2016.

vital role: responding to current need, building capacity of DSW, and sometimes placing pressure on DSW to perform. Even while underscoring the importance of government taking responsibility for the child protection system, respondents acknowledged the risks of making the transition too quickly:

I totally agree that we need to build development capacity. The concern is how quickly UNICEF wants to do this, and whether the Government really has the capacity to follow through. Because to push this through too quickly is a major risk and a lot of people could be left behind.⁹⁰

It is theoretically good, but only if DSW can respond effectively. If they can fulfil their role properly, it would be so great for children.⁹¹

These concerns, however, do not undermine the validity of the decision to make changes in UNICEF's overall approach; they merely demonstrate the importance of developing a realistic timeline and strategy for implementing this approach. Evidence suggests that UNICEF's Child Protection Section is aware of these risks, has considered them thoroughly, and is doing its best to mitigate them effectively, for instance through the strategy of sharing responsibility for cases between NGOs and DSW: *"It could be too much for the system to cope with. We are trying not to burn DSW out with too many cases."*⁹²

A Relevant Role for UNICEF

Finally, in addition to expressing support for the decision to build DSW capacity to undertake case management, and child protection responsibilities more generally, many stakeholders emphasized that UNICEF is the appropriate and relevant actor to lead this process. When asked about their view on UNICEF's approach to child protection programming, key stakeholders and partners expressed the importance of UNICEF's work with the Government, and suggested that UNICEF is best placed to do this work:

That is the role of UNICEF – to be working with the Government; versus the role of the NGOs – which is different. That's what we look to UNICEF for – to bridge that gap with the Government. For all of us in our work we do see the potential in the future to work with DSW more. There are some constraints of course – some challenges. But this is the ideal future – that the Government fulfils this role.⁹³

The reorientation of the Child Protection Programme, and particularly the focus on building capacity within DSW to deliver social work case management, has the potential to make child protection work more systematic and promote its sustainability. Research findings suggest that the establishment of the CMS significantly expanded coverage of child protection services compared to the community-based approach, and made them more response oriented. DSW case managers were found to be more effective than NGOs in liaising with and influencing child protection duty bearers across different sectors, particularly within government departments.

5.4.2 Relevance of (targeting of) advocacy and coordination

UNICEF's systems building approach to child protection requires a supportive political environment, in order to be successful. Given this, it is important to consider whether UNICEF's advocacy and coordination work, particularly with DSW, has been relevant to achieving government support and inspiring a shared vision for the child protection system.

A national child protection system

UNICEF's decision to build child protection capacity within DSW was strategically timed given the Government's interest in developing a social protection system. Stakeholders, including government, NGOs and UNICEF's child protection team, explained that pitching the CMS as relevant to a broader social protection system was an effective advocacy strategy, particularly given the lack of a child protection policy in Myanmar:

The social protection strategy is in place, so there is a vision....⁹⁴

We are talking about social protection, which includes child protection... It is good because more people are talking about child protection. It is easier to advocate for social protection in general.⁹⁵

⁹⁰ FGD with NGOs working in camp settings, 19th August 2016.

⁹¹ Group interview, MRCS staff members, 18th August 2016.

⁹² FGD, Child Protection Section, UNICEF, Yangon, 15th May 2016.

⁹³ FGD, NGOs working in emergency case management in camps, 19th August 2016.

⁹⁴ FGD, Child Protection Section, UNICEF, Yangon, 15th May 2016.

⁹⁵ Interview with Deputy Director, Department of Social Welfare, 20th May 2016.

Indeed, UNICEF appears to have succeeded in achieving government support for the development of a national child protection system within DSW. Key stakeholders within DSW emphasised the importance of establishing national child protection services and expressed the view that case management is the right approach for doing so. UNICEF's staff also reported experiencing strong interest in and support for their child protection work within the Government: *"DSW are hugely willing to engage"*⁹⁶. They expressed optimism about the potential for building broader support for child protection under the new administration, noting that: *"there have been positive signs reflected by the new Government,"*⁹⁷ namely the survival of the Ministry of Social Welfare, Relief and Resettlement during a government restructuring in which several government ministries were dissolved. Basic advocacy achievements include DSW's commitment to recruit several thousand additional social workers, and to establish a CMS in 43 additional townships by the end of 2017.

Programme staff were careful to qualify achievements, emphasising that DSW is underdeveloped, generally weak, and spread extremely thin. It is clear that significant work will be required to strengthen its capacity to implement a national child protection system in Myanmar, and that this will be a long-term project. Yet given the fact, as it was put by several members of the Child Protection Section, that the social welfare system in Myanmar is 'embryonic', achieving political will to implement a child protection system through DSW suggests that UNICEF's advocacy has been well targeted.

Government's vision of Child Protection

Interviews with DSW leadership, at both central and district level, suggest that they share UNICEF's vision for the child protection system in Myanmar. In particular, DSW stakeholders recognised the need for, and practical importance of, DSW leadership in child protection, and identified advantages to the case management approach, including improved coverage, greater capacity to respond and long-term sustainability. It is promising that DSW staff have taken ownership of the case management approach to child protection, rather than seeing this approach as something imposed from outside. Interviews with key stakeholders demonstrate a broad consensus among them that the approach was necessary and taken at the right time:

*All the staff within DSW realise that this is an important thing. We were not pushed into it – we realise that this is the right way of doing things.... We all realised that the approach should be changed – to a system based approach to child protection.*⁹⁸

*According to my thinking – this decision was made based on agreement with all stakeholders – it was decided together.*⁹⁹

While DSW appears to be largely supportive of, and committed to, UNICEF's vision of the child protection system, achieving support from other government departments, particularly within the justice, health and education sectors, remains a challenge. Interviews with leadership across government departments demonstrate low awareness of and interest in case management: *"We do not know anything about case management."*¹⁰⁰ Several stakeholders emphasised the need for UNICEF to expand advocacy work across departments, including at central level: *"National TCRCs have not been functioning.... It really needs a command from the upper level of GAD in Nyi Pyi Daw."*¹⁰¹

Addressing this gap should be a priority given the essential roles that the justice, health and education sectors, as well as local government, should be playing in the implementation of case management. The failure to engage the health sector was demonstrated through interviews with health officials at district level:

Have you ever become concerned when examining a child – have you ever thought that child might be a victim of abuse?

We do not have that kind of case.

⁹⁶ Interview with Chief of Child Protection, UNICEF, Yangon, 15th May 2016.

⁹⁷ FGD, Child Protection Section, UNICEF, Yangon, 20th June 2016.

⁹⁸ Individual interview, district level DSW, 15th August 2016.

⁹⁹ Group interview with MRCS, 18th August 2016.

¹⁰⁰ Interview with Attorney General, Attorney General's Office, 19th May 2016.

¹⁰¹ FGD, Child Protection Section, UNICEF, Yangon, 15th May 2016.

Do you have a child protection reporting policy at the hospital?

We do not have a specific policy on child protection.¹⁰²

5.4.3 Relevance of activities under Output 2

The portfolio of activities under Output 2 are well equipped to support the development of an effective CMS: contributing to the demand and supply sides of the system, and supporting the development of capacity as well as political will for the establishment of in-house child protection services with DSW.

As summarised in USAID's toolkit for strengthening case management services in child welfare, core components of successful case management include: (1) support for the development of law and policy; (2) strengthening community perceptions, values and networks for responding to cases; (3) developing human resources and supervision structures; (4) assessment and screening of individual needs and measuring family functioning; (5) engagement of families and children for treatment and providing quality interventions.

The UNICEF's Programme addresses all of these factors, through interventions to develop legislation and policies on child protection and social welfare, including a cross-cutting child protection policy at national level to include a clear vision of the child protection system; a pre-service training package in social work case management; SOPs for DSW case managers and NGOs to guide intake, assessment, planning, follow up and response to cases; awareness raising activities in communities to build confidence in communities and strengthen referral pathways and networks, as well as actions to improve coordination and synergies across government ministries and departments concerned with the welfare of children.

Given the embryonic nature of the system, the strategy for dividing responsibilities between DSW case managers, NGO partners and MRCS was found to be particularly relevant and suited to the context. NGOs, supported and supervised by Save the Children, are currently undertaking most of the work with children and families, MRCS are playing a vital role in alerting communities to the new case management referral system, while the emergent DSW are playing a key role in liaising and negotiating with government authorities, making referrals, and supporting with legal processes. The benefits of this approach are discussed more in the effectiveness and efficiency sections of the report.

Findings from the evaluation suggest that the relevance of activities under Output 2 could be strengthened through the addition of several key elements. As noted in the effectiveness section, case managers' lack of social work and counselling skills has inhibited the ability of the case managers to address clients' needs. Several stakeholders, including case managers themselves, suggested that they could benefit from additional training and coaching on social work techniques, including family-based work:

I do not believe case managers have enough skills to manage this form of social technique [social work intervention].

How good are they at the assessment?

Probably not very good, because they are not trained to do it.¹⁰³

Vocational courses that focus on social work practice (rather than theory), together with coaching and on-going mentoring support has the potential to overcome this gap. Vocational courses at different levels need to be complemented by longer term investment in building a social work profession in Myanmar, and particularly those who can lead and manage DSW at local level. In particular, there is a need for more university departments to offer social work degrees that also incorporate periods of practical social work.

It is worth noting that UNICEF has already begun this process. Through linkages with Yangon University significant work has been undertaken over the past 12 months to revise the methodology of the mainstream social work diploma course which UNICEF has been supporting for the last 10 years. The course now has a practice placement, and it is slowly moving from being a theoretical course to including more relevant exposure and engagement with case management actors. This is to be welcomed, and has the potential to lead to significant improvements in social work skills capacity development amongst case workers. As

¹⁰² FGD with medical officers, public hospital, 29th June 2016.

¹⁰³ Interview with Deputy Director, Department of Social Welfare, 20th May 2016.

professional social work programmes are in the process of being strengthened, it may also be useful to scale up innovative capacity building initiatives, such as that delivered by Point B.

The portfolio of activities under Output 2 was found to be well equipped to supporting the development of an effective case management system. In particular, the strategy for dividing responsibilities between DSW case managers, NGO partners and MRCS was found to be particularly relevant and suited to the context. Findings suggest that case managers could benefit from additional practical training and coaching on social work techniques, including family-based work.

5.4.4 Relevance of alternative care programming (Output 1)

UNICEF's Child Protection Programme includes important efforts to strengthen policy and programmatic decisions around alternative care in Myanmar. Findings from the evaluation demonstrate an over-reliance on institutionalisation and family reunification as the default child protection response in Myanmar, due largely to the lack of viable alternative care options for children. Given this, UNICEF's Child Protection Programme under Output 1, particularly advocacy to promote deinstitutionalisation, and support of family-based care options, were found to be vital to strengthening the child protection system. They will also help to sustain and achieve effective case management.

Institutionalisation remains the Myanmar governments' primary response to alternative care in cases where family reunification is not possible. Government authorities, including DSW case managers, continue to refer children who are in need of alternative care services to institutions, primarily to DSW run training schools and, in some cases, to other forms of residential care such as pagoda based care.

Several DSW staff members interviewed for the evaluation did recognise the risks associated with institutionalisation;

"After sending the child to the boy's training school institution – what is next? After two years in the institution, what happens next? What will there be for his or her future? For his or her development in life? I am thinking about what we should do to develop the parents' situation, or the child's situation?"¹⁰⁴

While demonstrating concern about the outcomes of institutionalising children however, case managers tend to view institutional forms care as the best available option for children without parental care. Furthermore, respondents from a range of government institutions described a need to establish additional residential institutions for children who lack parental care, demonstrating a lack of knowledge about and appreciation for family-based alternative care options.

These findings suggest that UNICEF's advocacy efforts to discourage the reliance of the child protection system on institutional care are both relevant and necessary. UNICEF's 'Strategic Plan on Promoting Alternative Care in Myanmar' (2014) and 'White Paper on the Risks of Proliferation of Orphanage Care in Myanmar', recognise the need to raise awareness at both community and government levels about the harms associated with institutional care. In addition, UNICEF's 'National Forum on Prevention of Family Separation', held together with the Ministry of Social Welfare in May of 2014, resulted in high-level advocacy achievements, including a commitment from DSW not to register any additional orphanages, to develop supported kinship care and foster care, and to conduct systematic research into existing orphanages. As a follow up to the forum, several DSW staff attended a study tour in Cambodia in order to learn from the experience of the Cambodian government addressing institutionalisation of children and improving legislation and policy on alternative care. Additionally, UNICEF has inputted significantly on the Government's amendments to the Child Law, including the development of a chapter on adoption and alternative care, which will emphasise the importance of family-based alternative care options.

These outcomes suggest that UNICEF has achieved important engagement and commitments from government to support its Alternative Care Strategy. Achieving support for deinstitutionalisation and family-based care amongst government and communities are key building blocks of a child protection system that meets international standards. Evaluation findings also indicate, however, that only with the development of

¹⁰⁴ Group interview, DSW Case Managers, 16th August 2016.

family-based care options, as well as improved services to support children, can a reduction in institutionalisation of children be achieved.

Developing alternative care options

Evaluation findings demonstrate that, in the vast majority of cases addressed by the CMS, including cases handled by NGOs and DSW, the child remained with, or was returned to, the parents or caregiver. Supporting families to care for their children should be the first aim of a child protection system, and it is a positive result that the CMS was able to achieve this in many cases. In other cases, the CMS promoted family (re)unification even when problems in the family had not been effectively resolved and where the risk to the child remained. It is essential that case workers are better able to identify cases in which remaining with the birth parents or immediate family is not in the child's best interests and presents too great a risk of harm to the child. Yet the CMS's overemphasis on family reunification and preventing separation is also due to the fact that family-based alternative care services, including kinship and foster care, are unavailable, or not effectively linked to the CMS.

UNICEF's recent alternative care programming is highly relevant to filling these gaps. For instance, in August 2015, UNICEF signed a PCA with Terre des Hommes to implement 'Family-based Alternative Care for Children in Need of Care and Protection'. The project is targeting 14 wards in Dala township in Yangon, 6 wards in Maha Aung Myay Township in Mandalay, and three training schools, Kyaik Wine, Malikha and Htauk Kyant, and it is aimed at providing improved protection to children temporarily deprived of parental care through the provision of supported foster care services. It will also include an awareness raising component on prevention of family separation, and advocacy with DSW.

Establishing foster care services: A cautionary note

The establishment of foster-care services in Myanmar is a welcome development; however, interviews with DSW officials indicate that the establishment of foster care services in Myanmar will be a challenging task, particularly when it involves the transfer of children from institutions into a foster care setting: *"In Yangon there is an institution for orphans. [There is] a project [for orphans coming from the institution] – like family home, or mother home – it is based in the community, the children have to stay in the community. But the problem is the children are not familiar with the community, they are not from that community, so both sides have a problem. Both sides are suspicious of each other".*¹⁰⁵ The difficulty of integrating children from an institutional context into communities may be mitigated by ensuring that strong support mechanisms are in place for both foster children and their families, possibly delivered through the CMS.

Research findings suggest that various forms of family-based alternative care are practiced in Myanmar. In particular, kinship care and informal foster care were found to be occurring at the community level. Kinship based care arrangements are reached informally by families themselves, or are facilitated by village or ward administrators, who become involved particularly where there is a conflict or dispute within the family about what the care arrangement for the child should be. In addition, ward and village level administrators reported arranging temporary foster care for children. At present, however, these forms of care appear to be operating outside of/alongside the CMS. There remains a need for UNICEF's alternative care programme to strengthen linkages between existing family-based care options and the CMS.

It is important to acknowledge that kinship care can pose a risk to children, who may receive a lower level of care than other children within the family, may be risk of experiencing exploitation and may have restricted access to education. UNICEF should develop strategies for mitigating these risks by working with DSW and the NGOs to create a mechanism for the delivery of on-going oversight and support to kinship carers and foster families.

¹⁰⁵ Group interview, DSW Deputy Director, district level, 30th July 2016.

5.4.5 Relevance of justice programming (Output 3)

UNICEF's Child Protection Programme also has a significant justice component, which is currently focused on reform to the Child Law,¹⁰⁶ as well as supporting the two juvenile courts and building the capacity of judges and police to comply with child rights and implement child friendly procedures.¹⁰⁷ In addition, in an effort to promote collaboration and understanding between justice actors, UNICEF has collaborated with DSW to initiate workshops to discuss child protection and cross-sectoral approaches with police, judicial officers, judges and social work case managers in several townships. The research findings suggest that these are all important and highly relevant efforts. Progress in achieving the desired outcomes has, however, been slow and the reform initiatives have yet to come to fruition. In the meantime, systemic problems in the justice system are serving to undermine the results of the child protection system.

The problems with the criminal justice system in Myanmar are multi-faceted. Systemic problems identified by the evaluation include: impunity for adults who offend against children; a failure to provide diversion measures for children; a lack of services to address offending behaviour; a failure to consider whether children who enter the juvenile justice system are offending due to a lack of care and protection; a failure to ensure a fair trial for children, including ensuring child friendly legal procedures and free legal representation for children; deprivation of liberty especially pre-trial when this is neither a last resort or for the shortest appropriate period of time; a lack of non-custodial measures; the use of detention facilities which do not meet international standards in terms of regime, conditions and services and the lack of any form of after-care upon release from custody. Although the greatest number of cases taken by DSW under the case management system concern children in conflict with the law, their role, at present, appears largely to be limited to the provision of a PO report during investigation rather than continuing collaboration with the justice system in order to address child protection concerns and reduce reoffending risks.

It is sometimes argued that juvenile justice reform is not directly relevant to the development of case management. However, findings from the evaluation demonstrate that many of the children in conflict with the law in Myanmar are also in need of care and protection, as a result of neglect, abandonment or lack of parental care, or inadequate parental care. As a police officer succinctly summarised, *"Most street children are offenders, and most child offenders are children living on the street."*¹⁰⁸ Instead of being referred to child protection services, many children in need of care and protection are likely to find themselves entering the system through a juvenile justice doorway instead. The lack of a juvenile justice system that recognises and addresses the factors that cause children to offend and the equal lack of pre- and post-trial community-based rehabilitation and reintegration services for children in conflict with the law can be seen as illustrative of a lack of protection services for children in conflict with the law more broadly.

The lack of community-based pre-trial diversion and non-custodial sentencing measures, allied with the lack of social work support for children in conflict with the law, has also resulted in children without parental care who have offended being placed in detention in training schools, regardless of the severity of their offence. As another police officer explained, *"we have difficulties – with some child offenders we send them back to their parents or guardians, but for children who do not have parents or guardians we send them to the DSW institution."*¹⁰⁹

UNICEF and NGO partners have taken steps to address this issue through engaging in dialogue with relevant government officials on potential interventions to address the issue of street children. In particular, plans have been made to establish mobile social work teams, which include DSW social workers, as well as representatives from health, education, police and NGOs specialising in working with street children, to address cases through cases management. Changing the government's approach to the issue remains a challenge, however, as the dominant response among both the City Development Committee and local law

¹⁰⁶ Which covers both child protection and juvenile justice.

¹⁰⁷ 'Annex 2: Justice for Children: outputs, intermediate results and implementation strategies', UNICEF.

¹⁰⁸ Group interview with township police officers, 12th August, 2016.

¹⁰⁹ Interview with township police officer, 23rd June 2016.

enforcement appears to be the institutionalisation of street children, either in DSW training schools, or other shelters.

Child friendly justice processes and procedures

The evaluation engaged with stakeholders from the justice sector, including police, law officers and judicial officers. Most of the stakeholders in the evaluation townships demonstrated at least basic awareness of child rights principles, and, in most cases, appeared to be aware of some of the legal requirements that apply to their work based on the Child Law (1993). Many explained that they implement rudimentary 'child friendly' practices such as not wearing uniforms while interviewing children, and not placing children in pre-trial detention; a township judicial officer told evaluators, *"For a child offender we have special treatment because according to the child law we have to do the questioning in a separate place, in a special way – we do not wear our uniforms."*¹¹⁰

The study identified major limitations to the application of child friendly justice procedures, however, suggesting that government support for the implementation of child friendly practice remains limited. Interviews with justice sector officials suggest that their understanding of child friendly justice procedures is far from comprehensive:

*There are only two differences in handling child and adult cases. The first one is that we cannot put children in detention – they are allowed to stay with the police families. And the second is – no handcuffs for children. Other than these two, the investigation steps and procedures are the same for children as for adults, because the children are also offenders, so we have to ask them questions and investigate them the same as an adult.*¹¹¹

Furthermore, law enforcement and justice sector officials' engagement with and understanding of child friendly procedures often appeared superficial; they lacked a broader understanding of the purpose of these procedures, and a commitment to implementing them. For instance, when asked about challenges he faced dealing with children's cases, a police officer responded: *"When a child is accused of any case, we have to send them to the court within 24 hours. They should not be handcuffed, not be detained with adult offenders in police detention. There are such kinds of limitations – such kinds of rules and regulations. They give us a headache. There are so many child rights – do not threaten him, do not frighten him – but police have no rights at all."*¹¹² These findings indicate a need for UNICEF to continue to engage with law enforcement and justice officials, particularly at the township level, to improving practices and procedures.

Procedural and due process violations

Reports from respondents across townships indicate that the protections and procedural rights granted by the CRC are not always implemented.¹¹³ It was reported that children are held in administrative pre-trial detention without being brought before a judge within the 24 hours required by the Committee on the Rights of the Child under General Comment No. 10,¹¹⁴ the parents are not always informed of their arrest, children are interviewed without an adult present, are subjected to physical harm in police custody, and they are detained together with adults on a regular basis. The following excerpt, from an interview with a boy accused of offending, is illustrative of the types of abuse experienced by children in conflict with the law:

What happened after the Police arrested you?

After I was arrested they asked us why we were fighting. One of my friends did not respond so the Police beat him. After that they put us in detention and we stayed there 25 days. When the Police beat my friend, one police officer beat him with his shoes to the face – he only beat that one boy. He did not beat me.

Do you know if anyone contacted your family at this time?

The Police arrested me at home. My parents were not at home – my older sister told my parents about it.

Tell me about the detention centre – what was the building like? Who was in the room with you?

¹¹⁰ Group interview with township law and judicial officer, 23rd June 2016.

¹¹¹ Interview with township police officer, 12th August 2016.

¹¹² Interview with township police officer, 17th August 2016.

¹¹³ As contained in Art. 37 and 40 of the United Nations CRC.

¹¹⁴ CRC/C/GC10 para 83.

The room was the size of the DSW office where we are sitting now, but with bars on the windows. And there was an iron fence around the outside. Inside there were so many people – adults and children even younger than me. There were so many people – some there for murder, some for robbery. There were no beds at all – we just slept on the floor. It was just that one room.

Did you get to go outside at all?

No we spent our full time inside that room. We ate in that room. The bathroom was partitioned in the corner.¹¹⁵

Impunity granted to adults who commit offences against children, and even in some cases children who commit offences against children, is a matter of concern and violates the fundamental right of children to redress for crimes committed against them. Several case managers explained that police malpractice, particularly the practice of demanding money from a victim to continue an investigation, served as a barrier to accessing justice for children who were victims of criminal offences.¹¹⁶ In addition, there were reports that many cases concerning child victims are settled informally at the community level with a sum of money to compensate for the crime against the child, potentially leaving the same child or other children at risk of suffering further offences from the same offender, especially in cases of sexual abuse.

Interestingly, when asked about cases involving children, justice sector professionals interviewed for the study consistently replied that nearly all of the cases they received involved children accused of an offence rather than children who are victims of crimes. The response of a police officer in Dawei township (below), was echoed by many other participants from the justice sector:

Have you had any cases where children are victims of crimes committed by adults?

[He stops to think for a while]. I am just thinking for Dawei, and we have no experience of that.¹¹⁷

In addition to the difficulties in accessing justice, the judicial system fails to protect children who are victims or witnesses of a crime once an offender is prosecuted. The lack of special provisions for child victims and witnesses was raised by respondents as a gap in the justice system. A judge at the juvenile court in Mandalay was incredulous that children who are victims and witnesses are treated as adults within the system.¹¹⁸

The failure of the justice system to protect child victims also contributes to low levels of crime reporting. Stigma, powerlessness and a prevailing view that the offender is likely to pay off the Police and prevent a prosecution, or bribe the judge to prevent justice being done are all reasons for non-reporting.

A way forward

The CMS has important potential as an entry point for providing protection services to children in conflict with the law. At present, both NGOs and DSW play an essential advocacy role in addressing child protection issues arising from the current measures employed to deal with children in conflict with the law. However, it is unlikely that any sustainable change can be achieved without deep, systemic legal reforms.

A comprehensive juvenile justice system, which complies with the standards of the CRC and the UN Minimum Standards of Juvenile Justice, requires social work input to enable the child to reintegrate into society. In practice, it also requires a range of measures and services to address offending behaviour, including prevention measures, pre-trial diversion, supervision, bail fostering, etc. More practically, at the present time, reform of the way children are treated at the police station and in court are of the greatest importance together with the development of non-custodial sentencing measures. While UNICEF has engaged in sensitisation training of judges on CRC standards and the need for child friendly courts, and it has supported the establishment of juvenile courts, as well as to draft a new Child Law, there is still some way to go before a Convention-compliant system is in place.

As new Child Law is in the final stages of development by the Ministry of Social Welfare and the Legal Vetting Department of the Union Attorney General's Office, it is likely that many of these issues will be addressed. Once the Child Law is adopted, UNICEF should prioritise engagement on the development of preventive

¹¹⁵ Interview with boy involved in statutory case, DSW district office, 31st July, 2016.

¹¹⁶ Group interview with DSW case managers, DSW district office, 1st August, 2016.

¹¹⁷ Interview with Investigation Officer, 4th August 2016.

¹¹⁸ Interview with Juvenile Judge, Juvenile Court, 24th June 2016.

strategies, regulations on of pre-trial diversion, SOPs for the Police, inter-agency SOPs in response to child abuse cases, court rules, and post-trial reintegration. Doing so is not only highly relevant to the progressive development of a child protection system, but should be prioritised in order to ensure that the anticipated results of its overall child protection programme can be meaningfully achieved.

5.4.6 Relevance of programming on exploitation (Output 4)

UNICEF's Child Protection Programme includes a thematic focus on protecting children from exploitation, which is covered by Output 4 of the Child Protection Programme: increased efforts to protect children from exploitation including child labour, trafficking and sexual exploitation. The forms of exploitation addressed by Output 4 all constitute child protection risks, which fall within the jurisdiction of the CMS. The decision to create a separate programme stream for Output 4 is justified given that child labour, trafficking and sexual exploitation are significant (and growing) issues in the Myanmar context. Furthermore, a distinct set of programme activities under Output 4 are needed in order to engage with partners outside of DSW, such as law enforcement, on the issue.

UNICEF's programming under Output 4 is comprised of: efforts to strengthen legislation and improve its implementation; the provision of capacity support to civil society and government, including law enforcement, in trafficking prevention and response and; promoting social protection measures to suppress the demand for child labour by addressing underlying vulnerabilities.

Activities under Output 4 are essential to achieving and sustaining results through the case management system. Without a strong mechanism to identify cases of trafficking, child labour and sexual exploitation, such cases will never reach the CMS. Furthermore, programmes and services that provide rehabilitation and reintegration support to victims of exploitation, and address the underlying factors, which made them vulnerable in the first place, are essential for the CMS to achieve sustainable results in such cases. Finally, there is direct overlap between activities under Output 2 and Output 4. UNICEF programme staff explained that they are working with DSW social workers to integrate the trafficking guidelines and SOPs into the SOPs for case management: *"Now that there is more interplay – whatever materials we have for social workers is enriched with case studies on trafficking/procedural guidelines for trafficking.... We don't want case manager to have to deal with two systems. We are trying to bring them together"*.¹¹⁹

The role of Anti-Trafficking Police

The Anti-Trafficking in Person Division (ATIPD), a special unit established within the Myanmar Police Force with several outposts throughout the country, takes the lead on law enforcement in relation to trafficking, and child exploitation in Myanmar.¹²⁰ According to representatives of the ATIPD at central level, most trafficking of children occurs for the purposes of forced marriage, forced labour (including begging), and sexual exploitation.¹²¹ In the majority of cross border cases, children are trafficked to China, Malaysia and Thailand; the task force also responds to internal trafficking, which was reported to be a serious issue. Members of the task force readily acknowledged that trafficking cases often go undetected, especially cases involving children. Indeed, interviews with taskforce representatives at district level suggest that the taskforce responds to very few cases of child trafficking in practice: *"Child trafficking cases are very rare – in 2015 we had one case and in 2016 we had one case. For these two cases we did not refer them, we just dealt with them here."*¹²² At present, trafficking police across townships are failing to identify and address serious cases of child exploitation:

*I do not see a serious case of brokers who are focussed on trafficking children – just children begging on the street and sometimes I talk to children who are working on the tea shops. So it does not seem like a problem.*¹²³

This is due in part to the fact that trafficking often begins consensually in Myanmar, with children deceived into migrating for what they (and in some cases their parents) believe is an employment or educational

¹¹⁹ Interview with UNICEF staff, Output 3, Yangon, 15th May 2016.

¹²⁰ Their work is supported by a 'Child Protection Task Force' in Yangon, Mandalay and Nay Pyi Daw.

¹²¹ Interview with Anti-Trafficking police, 19th May 2017.

¹²² Interview with Anti-Trafficking Task Force, 24th June 2016.

¹²³ Interview with Anti-Trafficking Task Force, 5th August 2016.

opportunity, and are ultimately trafficked into exploitative labour or sex work. As a result, the majority of cases involving cross-border trafficking are identified once victims have managed to return to Myanmar on their own, and wish to report their employers. The task force appears to have very limited capacity to intervene once a child has been taken abroad and it is not clear how much liaison takes place between the Anti-Trafficking Police in Myanmar and similar forces in border states.

Coordination and the role of DSW

Anti-Trafficking Police across the country reported that they collaborate with DSW in practice, explaining that DSW plays a critical role by providing temporary shelter to trafficking victims, assisting with family tracing and reunification and conducting follow up to support each victim's reintegration into his or her community. Collaboration appears to be particularly effective in areas where DSW has a local presence, such as urban areas where a district office is based, and case management townships:

When the child is returned, an identification process is undertaken. If we identify the child as a trafficking victim, we send the child to the DSW shelter for protection and medical check-up, with consent of the victim. Then the child is prepared for family reintegration.

DSW do the family integration. As there are police everywhere in the country, the police work in cooperation with DSW to find the family. DSW arrange for the child to be sent back to the family and reintegration. They never investigate the family for child protection purposes, the DSW do this and are responsible for the family.... DSW is not present everywhere, but the police are – so sometimes case management is implemented by DSW – but if they are not there, in effect the police do it.

How well do the police work with DSW?

Normally good if they are in place in the township or cities – where they are not in place it is difficult, especially where there is a prosecution of the trafficker. In border areas victims would like to shorten the court process.¹²⁴

DSW staff elaborated on the specific support that they provide to trafficking victims and their families, which includes an assessment to ensure that reintegration is acceptable to both the child and the family. DSW staff also reportedly provide cash assistance up to US\$ 400 to support the child's reintegration, which may be used to fund education, vocational training, or other relevant support services for the child.¹²⁵

Results under Output 4: The need to address underlying vulnerabilities

DSW staff reported that they face difficulties achieving positive outcomes for children who are victims of exploitation, particularly where underlying protection issues, such as deprivation, neglect, or experiences of abuse at home led the child to leave home in the first place: *"In lots of cases we have a challenge [where we are unable to return the child to her family]. These are the challenges we face, if they have no way to go back to their family house, will just have to stay here at the shelter."*¹²⁶

Stakeholders explained that children often become victims of exploitation after seeking work to ameliorate poverty:

It is very rare that a parent consents to trafficking; usually the child is offered a job and the family agree.¹²⁷

Underlying vulnerabilities such as extreme poverty or an unsafe home environment undermine DSW's ability to reintegrate child victims, and place them at continued risk for exploitation. This points to the need for the development of social protection services in Myanmar, which can help to address the underlying vulnerabilities that put children at risk. The story of a 15 year old boy involved in a statutory case is particularly illustrative:

I left formal education when I was around 8 years old, when I was in the second grade. At that time my family did not have a good income so we had to move, so I left school and went to train at a Monastery.... My family were not in a good situation. I decided to go to the Thai border to work there. I asked my father's permission before I went, and then I went there to the border area.

¹²⁴ Interview with Anti-Trafficking Police, 19th May 2017.

¹²⁵ Meeting with Director of DSW Victim's Trafficking Centre, 27th June 2016.

¹²⁶ Meeting with Director of DSW Victim's Trafficking Centre, 27th June 2016.

¹²⁷ Interview with Anti-Trafficking Police, Nay Pyi Daw, 19th May 2017.

At the border I was trafficked. I was sold. A group of men asked me to come along with them to Myawaddy – on the Myanmar side of the Thai border. There were three of us who went together. They said that we would get a better job there. But it was not true. When we got there we were transferred to another man and that man took us to Thailand.

At that time I was 13 years old. The other two men were 18 years and 20 years. We were all from the same village.... We were brought far from the border and sent to the fishing boat to work on it. They did not give us any money whilst we were working there, but we were forced to work as fishing men. We were very new to the fishing boat so we did not know how to do thing properly so we were bullied by the elder fishermen on the boat.

1.5 years I had to work there. Finally – one of the men, together with me, we went together and decided to run away. We dove into the water and swam for an hour to shore. Eventually we reached the land. We were going around the town. One of the Thai ladies saw us with wet clothes on and in a bad condition. She brought us to a plastic recycling factory. There are some Myanmar speaking people there from Shan. So we could communicate with that lady and we got a job there.

At that place I was paid a salary for my work. After a few months I managed to save enough money to buy a phone. And finally after buying that phone I was able to get in contact with my mum with the help of the Myanmar people in the factory.

As soon as hearing from me, my mum said: 'please come back home'. So after collecting Baht 4,500 I was able to make my way back home. I had enough money to travel. So after arriving home I worked odd jobs in the village and finally I met with the DSW case manager.¹²⁸

DSW case workers supported the boys' participation in the trial of the broker who brought him to Thailand originally. They also conducted an assessment of his family situation and referred him to a vocational training programme so that he could learn a trade. These are welcome interventions, yet the case also demonstrates that more input is required to prevent trafficking and labour exploitation. UNICEF should continue to support the government to conduct public awareness raising campaigns about the risks associated with migration, and how to mitigate these risks.

5.4.7. Relevance of programming on child protection in emergencies (Output 5)

UNICEF's Child Protection Programme includes a significant 'child protection in emergencies' component, which falls under Output 5: Implementation of national and international standards to prevent and respond to grave violations and contribute to on-going peacebuilding, including in emergencies. Output 5 consists of a sizeable and diverse work stream, which includes a range of interventions and activities led by the largest team within the Child Protection Section. Several activities under Output 5 are relevant to the CMS; in particular, UNICEF is providing child protection services, including case management, to children and families within internally displaced persons camps (IDP camps). Additionally, the CMS has been engaged in responding to sudden onset emergencies. Finally, demobilised children who were conscripted by armed groups are being referred to the CMS for rehabilitation and reintegration services.

Case management services in IDP camps

Research findings demonstrate the importance of establishing child protection services within IDP camps due to the serious protection concerns that occur in camp settings, including extreme vulnerability, physical and sexual violence, child marriage, trafficking, etc. UNICEF is implementing case management as part of broader child protection programming in Kachin, Rhakine and Northern Shan State through a number of partner NGOs, including Save the Children, the Danish Refugee Council, Relief International, Plan (who focus on education services), and CFSI (in Northern Rhakine). The case management services provided in the camps are distinct from those provided in the townships: they are not provided by the NGOs implementing case management under Output 2 (YKWBA and RMO), and DSW is not involved in the delivery of case management services in IDP camps.

The decision to implement services in the IDP camps through NGO partners, rather than the Government, was made in part because DSW is sometimes reluctant, and often unable, to provide services in displaced communities:

¹²⁸ Interview with child involved in Statutory Case, DSW office, 25th June 2016.

In Rakhine, we need to ensure that DSW follows up. However, at present, the NGOs do all the work. The CMS is not working (i.e., statutory cases are not going to the DSW) because DSW will not go into the IDP camps.¹²⁹

It was also determined to be necessary to deliver child protection services through NGOs, due to lack of trust in and legitimacy of government authorities in the IDP camps:

There are still some cases that are not referred to a CMS owned by the Government, because of mistrust. In Rakhine State, where the survivor is from the Muslim community, for instance, there might be resistance from DSW to go to the camp or home, and resistance from the Muslim community to reporting to a Government entity.¹³⁰

The evaluation was not designed to provide a comprehensive evaluation of child protection services in the IDP camps. However, interviews with UNICEF and implementing partners suggest that case management in the camps is less coordinated than under the CMS system at the townships level, and does not always follow a standardised procedure. Case workers in the IDP camps did not report to have received the same training as case managers in the townships, and, largely due to the absence of DSW, are not addressing cases according to the SOPs; instead, NGOs appear to be implementing 'case management' alongside broader child protection programming:

We use partners to do case management – to respond to individual cases, and implement prevention and response measures. They are engaged in several activities: child friendly spaces, women's centres, men's engagement, children's clubs, awareness raising on child protection for parents and IDP camp committee members.¹³¹

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[Save the Children] It is slightly different – theoretically the approach we used is broadly the same. But you know the SOPs used by DSW etc. were developed in Yangon. Rakhine is a different situation.

[DRC] Our status is a little unclear – as we are not officially part of this project. What we have been doing is essentially gap filling for Save the Children. The provision of individual assistance packages should be seen as one tool of case management – but our work is focused on this. It consists of simple, basic provision of assistance, rather than using a case management approach.¹³²

Stakeholders reported that coordination is a challenge given the number of community-based organisations (CBOs) and NGOs working in the camps. And while, according to the Child Protection Section, UNICEF is beginning to encourage DSW to support the NGOs with statutory cases, in practice DSW is not involved in the provision of child protection services in the camps:

How is the work divided between your different organisations?

In theory it is a geographical split.... For high risk cases, on the ground level there is some duplication.... There are some camps where DRC has a child protection presence, as well as Save the Children. In theory, Save is responsible for the case management, but DRC also manages a protection group, so there are some overlaps, where we get a referral of a child's case through our community groups, and DRC also has a case management officer. In the end it's a small community – we all know each other. And there is room for improvement.

The functionality of case management services in camp settings also appears to be hampered by the fact that displaced populations are cut off from basic government services, due to lack of trust, control of movement, and in some cases refusal by Government to serve them at all. The absence of legitimate governance within camp settings, and particularly controlled movement of Muslim populations in Rhakine, creates significant barriers of access to the justice system and other basic services for displaced populations. This makes it difficult for case management in camps to refer cases to the relevant authorities. As case officers working in IDP camps in Rhakine explained:

How have you been seeking to resolve cases that require a justice response? Say a child rape case?

We provide medical support to the child and help them to get health services.... We discuss with the family and child for case planning. We discuss the support that the child needs.

What about the situation with the perpetrator?

¹²⁹ Group interview with Child Protection in Emergencies Team, UNICEF, Yangon, 18th May 2016.

¹³⁰ Group interview with Child Protection in Emergencies Team, UNICEF, Yangon, 18th May 2016.

¹³¹ Interview with Chief of Field Office, UNICEF, 23rd May 2015.

¹³² FGD with NGOs working in camp settings, 19th August 2016.

You know, communities in camps have a really difficult time getting money and earnings. Sometimes perpetrators try to give some money to the victim's family to settle the case. The parents are satisfied with this, and they settle the case amongst themselves.... Normally people are reluctant to inform the police about anything – they think that when they interact with the Government they have to give them something.¹³³

There is a strong consensus among stakeholders about the need to improve IDPs' access to government services, including child protection services provided by DSW. Recently, important progress has been made toward engaging DSW in camp settings in Sittwe: UNICEF, INGOs and DSW have developed a work plan, under which NGOs will support greater engagement by DSW in camp settings, DSW recently took part in a joint assessment of conflict-displaced populations in Rhakine, and the DSW Deputy Director in Sittwe submitted a request to open an office in Northern Townships of Rhakine. The increased engagement of DSW is a welcome development. However, it is important that UNICEF continue to acknowledge the risks associated with this approach. Particularly while the legitimacy and political will of the Government remain questionable/uncertain, it may be necessary to continue to supplement government services in camp settings:

Whilst there is a huge development need – to build the capacity of the Government – there are also humanitarian needs of a population that is not being taken care of by the Government. If then UNICEF moves towards supporting government and doing development work, and yet the humanitarian situation is not ending – and we have not yet seen what the plan is for how it will end, and this is hundreds of thousands of people who will be cut off without support.¹³⁴

Case management and sudden onset emergencies

The case management system has also been engaged in facilitating a humanitarian response in the context of sudden onset and environmental emergencies. For instance, following Cyclone Komen, DSW case managers were deployed to seven protection hubs in affected areas to coordinate the child protection response. The response was considered to be a success, so much so that DSW agreed to incorporate emergency response into DSW case managers' training and to maintain a roster of DSW case managers for deployment in the event of a future crisis. This is indicative of strong DSW support for case management, as well as of versatility/engagement by the CMS system:

There was political will for the change among the DSW. It was a good entry point – we did a crash course on child protection in emergencies, with lessons learned exercises. Now there is a module on child protection in emergencies in the DSW curriculum. We rolled it out two weeks ago.¹³⁵

5.5 Sustainability

This section considers the long-term viability of the CMS, and its opportunities for scale-up and sustainability.

Summary of findings: Results of the evaluation indicate that the Government is committed to building a national child protection system in Myanmar, implemented through the CMS. DSW has clearly demonstrated ownership of the CMS. Key stakeholders in DSW have expressed strong support for the CMS, and DSW has committed to expanding their presence at the township level, through establishing case management services in 10 additional townships in 2016, and 43 additional townships by the end of 2017. However, achieving support from other government departments, particularly within the justice, health and education sectors, remains a challenge. Evaluation findings also revealed a need for greater investment in the CMS, in both financial and human resources. Awareness raising is likely to remain essential, particularly in the short term in new communities where DSW doesn't have a legacy of operating.

¹³³ FGD in IDP camp, 19th August 2016.

¹³⁴ FGD with NGOs working in camp settings, 19th August 2016.

¹³⁵ FGD, Child Protection Section, UNICEF, Yangon, 20th June 2016.

Results of the evaluation indicate that the Government is committed to building a national child protection system in Myanmar, implemented through the CMS. DSW has clearly demonstrated ownership of the CMS. Key stakeholders in DSW have expressed strong support for the CMS, and DSW has committed to expanding their presence at the township level, through establishing case management services in 10 additional townships in 2016, and 43 additional townships by the end of 2017.

Scaling up and the need for greater investment

These are promising outcomes for UNICEF's child protection programming, and suggest that the CMS has the potential to result in the establishment of a comprehensive child protection system throughout Myanmar over the long term. Yet evaluation findings also revealed a need for greater investment in the CMS as discussed in section 5.3 concerning efficiency. While the CMS model is cost-effective in its use of existing resources, as demonstrated by an analysis of the efficiency of the service, it requires additional resourcing if it is to function effectively, target children in need of protective services and achieve its desired results. Additional resourcing in both financial and human resources is necessary, and strengthening of human resources will require the establishment of management and support personnel, particularly at the local level, in addition to the hiring of additional, full time case officers. As the CMS expands across a greater number of townships, and the number of cases increase, a decentralised management structure for the delivery of child protection services will be necessary to ensure that the system is effective, efficient and sustainable.

Additional financial resources will contribute to the sustainability of the CMS approach. While at present, the cost of CMS has been relatively low, because of the practice of drawing on existing resources, it is unlikely that existing local resources will be able to meet increasingly identified need; it is important that UNICEF demonstrates the need for greater investment and a realistic view of cost to government partners as the system is brought to scale. This is likely to be particularly critical as the government expands the CMS to townships where there is no available NGO support.

Evaluation findings clearly demonstrate the importance of the support NGOs currently provide to DSW in responding to child protection cases. Not only do NGOs fill gaps in DSW's ability to deliver case management services; they also play an important capacity building role, helping DSW case managers to acquire the practical skills to work with families and craft solutions when responding to cases. Indeed, the CMS was found to be much less effective in those townships included in the study where there was no NGO presence. Several stakeholders pointed out that without NGO support, it is unlikely that DSW would, at present, have the resources and capacity necessary to implement case management effectively:

Do you think the resources that UNICEF and other partners have dedicated to the CMS is enough?

[Laughs] I do not think so, it is not enough resources, DSW are doing this in 27 townships and they want to expand it to 10 more, but Save the Children is only working in 20 townships, so I am not sure in the other seven townships how they are managing the cases, and if the CMS is running well. For the next 10 township expansion as well, I am a bit worried about the technical capacity for case management. It should be well functioning in the first phase – in the first 27 townships – and after that it should be expanded to other townships, it is a government idea to expand, and this is a good idea, but it is not functioning so well in the first phase, and this should be considered. DSW are not so capable to manage their other departmental duties, so after assigning case managers for case management effectively, they should wait to expand, and manage current capacity first.¹³⁶

It is clear that as the CMS grows and spreads to new areas, it will be necessary for DSW to dedicate a greater level of resource, both financial and human, to the implementation of CMS, particularly where NGO support is either not available or is being reduced. In the short term, where possible, NGO support should be maintained, but in the medium term DSW will need a permanent CMS office in each township staffed by an adequate number of case managers, whose time is dedicated fully to child protection. A failure to address the need for full-time, dedicated staff, would risk undermining the value of the CMS approach and compromising its long-term viability.

¹³⁶ Individual interview, Save the Children, 27th June 2016.

A bridge between Government and communities: the sustainability of awareness raising

As discussed in the effectiveness section of this report, an important accomplishment of the CMS in the townships, where it is operational, is the contribution that it is making to building trust in government authorities. This result can be attributed in part to awareness raising activities conducted by MRCS and other NGO partners. Perhaps more importantly, trust in and demand for the CMS has resulted from communities' increasing familiarity with, and confidence in, DSW based on their experiences of the system. Indeed, several respondents emphasised that case management has contributed to building government legitimacy within communities. As explained by a case manager:

It is a significant benefit. Because of case management work, more community people know us [DSW] than before. Previously we could not touch the community. Now people know about us. It is a significant benefit to us. Previously, when we would go to communities to produce the PO reports in court cases the community would ask: 'What can you do for us? How can you help us?' They were only asking questions and not providing us with any concrete information that we needed for our report. But now when we are going to the community we contact the village administration and we give more support to the child so the community has more trust in us and they are more welcoming of us.¹³⁷

This is a promising finding, which will contribute to the long-term sustainability of the CMS. It also suggests that gradually the awareness raising role played by MRCS may become less essential. Awareness raising remains important in the short term, however, particularly in new communities where DSW doesn't have a history of operating. Given the legacy of weak government, legitimacy and accountability in Myanmar, community awareness and trust in the CMS is far from perfect. In the short term, confidence building needs to continue and engaging NGOs such as MRCS in awareness raising is likely to remain essential.

5.6 Cross-cutting issues

This section considers whether UNICEF's approach to child protection systems building in Myanmar has mainstreamed core principles and commitments towards equity, gender equality and human rights. It also considers how well the distinct needs and vulnerabilities of different groups of children have been incorporated into the Programme's design and activities.

Summary of findings: The CMS approach places the protection rights and needs of children at the centre by ensuring that individual girls and boys at risks of violence, abuse, neglect and exploitation are identified and receive appropriate support. In addition, the CMS reflects UNICEF's core principle of equity, promoting access to social welfare services for those who are most in need. There are, however, a number of cross-cutting concerns that emerge from findings. These include: (1) the need for greater attention to child participation, and guaranteeing that the view and wishes of children are fully incorporated, particularly amongst adolescents; (2) the need for more detailed data collection on the nature and outcomes of child protection cases progressing through the system, disaggregated by demographic factors such as disability and ethnicity; and (3) the need for greater attention to aspects of gender and vulnerability.

The priorities and strategies set out by UNICEF for the Child Protection Programme clearly place the protection rights and needs of children at the front and centre of their approach. The core aim of the establishment of a child protection system is to ensure that individual girls and boys at risks of violence, abuse, neglect and exploitation are identified and receive appropriate support (in a systematic and timely manner). This core purpose has remained central to all aspects of the design and implementation of the Child Protection Programme, which has focused on promoting the establishment of a system that is effective, well-coordinated and accountable, to promote children's access to public social welfare services, in accordance with internationally recognised core standards and guidelines concerning the principles and practices of case management work.¹³⁸ Furthermore, the decision to build capacity within DSW to deliver the CMS is fully compatible with a recognition that the Government of Myanmar is a key duty bearer responsible for realising children's rights, and as a State Party to the CRC has a legal obligation to take all administrative measures for

¹³⁷ Group interview, DSW Case Managers, 25th June 2016.

¹³⁸ Global Protection Cluster, Interagency guidelines for case management and child protection, January 2014, http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf, accessed October 2016.

the protection and care of children within its jurisdiction (to the maximum availability of its resources) in accordance with Art. 3 and 4 of United Nations CRC.

Importantly, the CMS approach to child protection additionally reflects UNICEF's core principle of equity. Establishing a case management system helps to direct and target support and assistance to those individual children who are most in need, promoting access to social welfare services for those children who have suffered the worst deprivations in society, and thus helping eliminate some of the factors that perpetuate structural causes of exclusion and inequality.

Despite these positive aspects there are a number of cross-cutting concerns that emerge from findings that may require further attention and consideration. These include: (1) the need for greater attention to child participation, and guaranteeing that the view and wishes of children are fully incorporated into the Programme, particularly amongst adolescents; (2) the need for more detailed data collection on the nature and outcomes of child protection cases progressing through the system, disaggregated by demographic factors such as disability and ethnicity; and (3) the need for greater attention to aspects of gender and vulnerability.

5.6.1 Child participation in the CMS

One of the key principles of the case management process is that children's and families' meaningful participation and empowerment should be guaranteed throughout.¹³⁹ This also helps ensure that decision making is properly child-centred and focuses is on the best interests and needs of the child concerned. Furthermore, helping children to participate in decision-making is an important part of the recovery process that builds their sense of control over their lives and helps them to develop natural resilience.

Although this principle is incorporated into UNICEF's approach to developing the CMS (for example, during the assessment stage of the SOPs, case workers are instructed to gather and record information on the views and wishes of the child), data gathered during the evaluation indicates that this principle is not always being implemented at the level of delivery of the CMS. File reviews revealed that sections of SOP forms, which required case workers to fill out information about the views and wishes of the child, were often left blank, or filled out with only very basic information, typically lacking in detail and substance. Furthermore, in case study interviews it became apparent that children, their parents, case workers, and other actors (justice, law enforcement etc.) often had wildly different and sometimes contradictory perspectives about a given case, and the best interests of the child concerned. This suggests that UNICEF's approach may need to consider further capacity building interventions, as well as monitoring and accountability procedures to promote and guarantee meaningful child participation within the CMS.

Case study 5: *Understanding the views and wishes of child clients*

In one non-statutory case study reviewed in the Mandalay region, a teenage girl was reintegrated back into her family after six months working in her uncle's tea shop. Reviewing the file and interviewing various actors, revealed very different perspectives on the situation.

RMO case workers considered this to be a case of child labour exploitation. They noted that the child had been working for six months at the shop, but had only been paid for two month's work and that the child was 'not happy' at the tea shop and would like to be reintegrated into her family home to live with her parents. They also considered that relations at home between different family members were 'good'. Following reintegration of the girl into her family, they considered the child to be safe and promptly closed the case.

Upon interviewing the mother, however, it became clear that the child's home life was very troubled.

¹³⁹ Global Protection Cluster, Interagency guidelines for case management and child protection, January 2014, http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf, accessed October 2016.

The child's mother explained that her husband was often drunk and violent: that he would regularly beat her until she had 'bloody injuries', so much so that at one point she had tried (and failed) to seek protection from the police. The mother shared the view of the case workers that her daughter was not happy in the tea shop, and that she wanted to come home, and noted her daughter had 'sores' on her hands from having to work so hard.

However, she also explained that the family were in significant amounts of debt and stated that it was for this reason that she needed her daughter to come home. In fact, the purpose of bringing her daughter home was to enlist her to work in a local construction site; as the mother explained: *"we cannot survive without me and my daughter working."*

When evaluators interviewed the child, she explained that she had been happy in the tea shop and that she had wanted to stay: *"I was happy to stay with my uncle. There were not any problems there. My uncle always made me happy. Everyone at the tea shop loved me. I had a good relationship with everyone"*. She explained that she had come home to help her mother. She also explained that she was now working in a construction site, and characterised it as the 'worst' job she had ever had: *"I am very tired. I carry bricks and it is very hot"*. She also described how, in addition to working, she is responsible for cooking rice, washing clothes, carrying water, and putting her six siblings to bed. She finally noted that lack of income at home causes her parents to quarrel which makes her feel upset.

When evaluators asked the girl what RMO had done to help her and her family, she responded that she *"did not know"*. Reviewing the file also revealed that whilst the mother's consent for the intake of the case had been received, the child's consent had not.

Adolescents

Discrepancies between case workers' ideas about children's best interests, and the views and wishes of children themselves, were found to be most common amongst older adolescents. Adolescents were also most likely to express dissatisfaction with the CMS processes and outcomes. These children tended to have a strong sense of the challenges that they were facing, and their own wishes and needs for support. Despite demonstrating the ability to articulate their views clearly, they explained that they felt ignored and side-lined in decision making processes. One youth described his frustration:

They have not really helped – it has not been satisfactory. I am not so satisfied. Since April, during the assessment with them, I had already spoken to them about my wishes – but for four months I have had no response. They want me to attend school, but I am too old. Training is the most important thing for me for my career. I have already been working as a clerk, so training would be good for me.¹⁴⁰

Guaranteeing child participation within CMS decision making is particularly important in cases concerning older adolescents. Art. 12 of the CRC makes it clear that children have a right to take part in decisions that affect their lives, and have their views taken into account, in line with their 'evolving capacities'. These findings indicate that there is greater need to incorporate the views and wishes of adolescents into the planning, design and implementation of the child protection system and other available support.

5.6.2 Gender

Data collected on gender is indicative of a need for greater attention to gender related issues, and gendered aspects of childhood vulnerability, in the development and delivery of the Child Protection Programme. As discussed in the outcomes section of this report, there is an imbalance of cases coming into the system concerning boys and girls; particularly within DSW, with boys over-represented and girl's underrepresented. However, it should be noted that this is a common trend in child protection systems across the globe.¹⁴¹

On the one hand, the over-representation of boys may be the result of the criminalisation of young boys. (Indeed, the majority of cases in the child protection system concern adolescent boys accused of committing criminal offences). When these findings are triangulated with findings and abuses within the child justice

¹⁴⁰ Non-statutory case C, male youth, 21 years, 13th August 2016.

¹⁴¹ E.g., see <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>, accessed October 2016.

system, and the excessive sentencing of children for non-violent crimes including theft and drug abuse (discussed in the section 5.4.5), this gives rise to some concern.

On the other hand, the under representation of girls within the CMS may be due to the relatively more hidden nature of forms of violence and abuse affecting girls; and the acute sensitivity of issues concerning forms of sexual and gender based violence. In FGDs community members consistently noted that sexual violence and rape are amongst the most sensitive and taboo of all forms of abuse perpetrated against children, and that it is the least likely form of violence to be disclosed by the family concerned. For example, a group of community leaders told evaluators about a case concerning a seven year old girl who was raped, and later died in hospital. They explained that there was a delay in reporting of the case because the family had tried to cover it up:

A seven year old girl was abused by her father's friend. This case was not disclosed by parents, because in the community we have very restricted practices and customs. If a girl – maybe a child or an adult – has been raped, it is not possible for them to marry with a man. So that is why parents do not want to spread the bad news to others – and especially to let the government departments and other organisations know about the bad news. In the local custom, there is so much value placed on the virgins. If a girl has sexual interaction with someone she is not a virgin – so she cannot get married in the future. It is a traditional custom and belief. In our custom, it is very important that the girl is a virgin.¹⁴²

Sexual violence may of course affect both boys and girls, although respondents in the evaluation tended to consider it to be a form of violence that is particularly directed against girls (and this is born out in the case management data, with 89.6 per cent of cases concerning sexual violence concerned with girls). Furthermore, ideas about gender, sexuality and violence expressed by participants were indicative of 'victim-blaming', whereby girls who have been subject to sexual violence (as well as their families) may be stigmatized, shunned and ostracised from their communities following the abuse. For example, in one location, a mother spoke of how her family were evicted from their property after a neighbour had raped their five year old daughter; a group of children explained why:

If many people know they will gossip or see her in a negative point of view. Boys her age will tease her. For her future life, it is like a black spot for her. At the age of marriage she will be in trouble because no man would like to marry that kind of girl. If she got married at all any problems will be blamed on that. Men look down on that kind of girl.¹⁴³

These findings highlight the continued need to consider and address issues related to gender and violence within the Child Protection Programme to ensure that the most culturally sensitive and hidden cases of violence are reported and addressed.

5.6.3 Data collection and monitoring

Overall the findings indicate that more attention needs to be paid to data collection and monitoring to ensure that the Child Protection Programme is fully integrating UNICEF's commitment to equity, gender equality and human rights, and that the distinct needs of particularly vulnerable groups are incorporated and protected. The data available on case management was found to be limited and lacking detail, there were also some inconsistencies observed between different data sets which raises doubts about the accuracy of some of the data. Of particular concern is the fact that whilst data is collected on the genders and ages of children in the CMS, there is no information on ethnicity, language and disability. This information is vital for tracking trends and identifying patterns that may be indicative of discrimination or marginalisation of particular groups, and addressing these. Information on ethnicity and language is particularly crucial in Myanmar, given the long history of ethnic conflict, and the diversity of different minority ethnicities, languages and cultures, across the country. Collecting information on disability is also crucially important given the ubiquitous and intense marginalisation of children living with disabilities across the globe, and the apparent dearth of services and support available for children living with disabilities in Myanmar.

¹⁴² FGD, ward administrative staff and community elders, 19th August 2016.

¹⁴³ FGD, children receiving MRCS awareness, 30th July 2016.

6. CONCLUSIONS AND LESSONS LEARNED

The evaluation found that the decision taken in 2013, to move from a programme which delivered child protection services through NGOs and the TCRCs to one where child protection became the responsibility of DSW with support from NGOs, was the correct and appropriate course of action to take. The redirection of the Programme has resulted in political support for the development of a national child protection system from the Ministry of Social Welfare, Relief and Resettlement and, in progressing towards that aim, has resulted in increased levels of protection for children across Myanmar.

All stakeholders agreed that it is valuable to have a child protection system owned and implemented by national government and that there were significant substantive benefits arising from the shift to the case management approach involving DSW in the delivery of child protection. In particular, the changes to the Programme following the MTR in 2013 have resulted in:

- Child protection work becoming more systematic;
- Improved coverage: case management is now present in 27 townships which will be scaled up to 65 townships by the end of 2017;
- Improved response measures for children suffering abuse, violence, exploitation and neglect;
- More access by children and families to existing social welfare services;
- More 'legitimacy' for case management/child protection.

In addition, the evaluation found that the decision to streamline UNICEF's PCA agreements with NGOs into just two PCA's, one with Save the Children and one with MRCS, was efficient. The decision has resulted in a release of time and capacity within UNICEF to focus on providing technical and policy support to Government; and has streamlined the work with NGOs and increased productivity.

Furthermore, UNICEF's approach of advocating that case management is relevant to a broader social protection system has been an effective advocacy strategy, particularly given the lack of a child protection policy in Myanmar. This is reflected in the commitment of DSW to recruiting several thousand more social workers and to establish a CMS in 43 additional townships by the end of 2017.

In sum, the CMS has succeeded in establishing the foundations upon which a national child protection system is now being built. However, while the achievements of the CMS are positive, there are also limitations in the current mode of delivery, which should be considered and addressed in order to improve the performance of the system as it expands and grows.

6.1 Legal framework

The legislative framework for both child protection and juvenile justice are contained in the Child Law, and contain a number of significant gaps; indeed, it was noted by the United Nations Committee on the Rights of the Child in their concluding observations in 2012 that the Child Law does not fully incorporate Convention provisions and that amendments to the Law should be considered.¹⁴⁴

In relation to child protection, the legal framework merely specifies which children are to be considered as being in need of care and protection, but does not contain sufficient detail on the steps to be taken to protect a child and it is not consistent with the CMS, the CRC, the United Nations Guidelines on Alternative Care or current understandings of good practice. In relation to juvenile justice there has been a lack of implementation of the Child Law, but the Child Law also needs to be amended to ensure that it meets the requirements of the United Nations Minimum Standards and Norms and the interpretation of the CRC provisions contained in the CRC Committee General Comment No. 10.

Given this, legal reform which incorporates international standards and norms and which sets out the framework for the child protection system in Myanmar is essential for its long term sustainability. Further work on legislative reform needs to be treated as a priority. It is understood that the Child Law has been

¹⁴⁴ CRC/C/MMR/CO/3-4, para 9.

revised and it will soon be presented to Parliament for adoption. As it has not been seen, no comments are made on the content. However, even if new primary legislation is adopted, there will still be a need for secondary legislation setting out the procedures to be applied in implementing the legislation and enforcement mechanisms.

Lessons learned: A strong legislative framework, at both primary and secondary level, which is consistent with international standards, and establishes a legal framework, duties and responsibilities of relevant bodies, procedures and enforcement mechanisms for child protection, is critical to the effective delivery of child protection case management services. It is also critical to the long-term sustainability of a case management system.

6.2 Strategic framework for child protection

The Government of Myanmar has not as yet, developed a strategic framework for child protection, though it is clear that the Government has decided to extend the case management to further townships. A child protection strategy should be a continued priority for advocacy moving forward. The lack of a child protection strategic framework is partly offset by the Government's Social Protection Strategy Plan which includes integrated social protection services as a core intervention and as a 'flagship' (or priority) programme; along with a cadre of professional social workers trained on case management and referral practices and equipped with resources needed to deliver effective support to those in need. However, this is not detailed enough or sufficient to cover child protection as a whole, and it is recommended that the Social Protection Strategy Plan should be used as a base and built upon when constructing a strategic framework on child protection.

A further priority programme in the Strategy Plan is the introduction of cash transfers to women with children under the age of two, to lift children and their families out of poverty. Part of the Plan, although we accept that this has not as yet been finalised, is to use GAD and health staff in the townships to deliver cash transfers and DSW case managers to support administrative functions. This proposal should be scrutinised carefully, as there is a risk that the time of DSW staff could be consumed by involvement in the administration of cash transfers, detracting from the time available to spend on child protection. There is a need to ensure that sufficient staff are employed to manage and deliver cash transfers.

Lessons learned: A strong social protection system, which includes social welfare cash transfers, is an essential complement to a child protection CMS, particularly where poverty and other forms of social vulnerability aggravate child protection concerns.

However, there is a need to ensure that an adequate number of staff are employed to deliver the cash transfer programme and that the burden of administration does not fall on child protection case managers as this is likely to detract from their ability to provide case management services.

6.3 Infrastructure of the delivery of the CMS

Whilst the evaluation found that DSW is playing an increasingly active role in child protection case management across all 27 townships where the CMS has currently been introduced, DSW themselves noted that the Department is still under-developed, generally weak and spread extremely thin.

The evaluation showed that NGOs played a vital role in supporting DSW in the 19 townships where they have a presence, responding to current needs and building the capacity of case managers. The NGOs also make an important contribution to funnelling cases to DSW and to the overall functioning of the CMS. Townships which have an NGO working together with DSW are considerably outperforming those where there is not: even within the same state/region. The data shows that in townships without a NGO presence, DSW take a lower number of cases and a narrower remit of cases than townships with NGOs.

In all areas, and regardless of the nature of the case (whether statutory or non-statutory), NGOs appear to be taking greater responsibility for undertaking social work with children and families; whereas DSW's role appears to be primarily about liaising with administrative and legal authorities, and making referrals across government departments to support access to justice and services for children.

The authors of the evaluation report consider, therefore, that at the present time, NGOs are essential to the effective and efficient functioning of the CMS. Given the current role of the NGOs, the effectiveness of the CMS system would undoubtedly be reduced if they were to withdraw from providing child protection services and taking an active part in the CMS.

There are essentially two problems: external funding of NGOs to provide child protection services in the existing townships is unlikely to continue beyond the short-term. Further, as CMS is extended to new townships, it is unlikely that a NGO will be present in each new CMS township to take on the role of managing non-statutory cases. The Government and, in particular, the Department of Social Welfare, will need to give careful thought as to how they will fill the gap in the current townships if the NGOs working there lose their funding and how to ensure a comprehensive child protection system under the CMS if there is no NGO presence in new townships. This is an issue that UNICEF will need to discuss with the Government. While in the short term, it may be possible to move existing NGOs resources into new areas, in the medium term the options are limited. DSW will need to increase its financial and human resources to enable it to cover the case load currently taken by NGOs, or NGOs will need to be funded by Government to continue in their present role and to work with DSW in the new CMS townships.

The input of MRCS and Point B have also contributed to the development of the CMS. MRCS have played an important role in building the confidence of communities to engage with DSW, while Point B has built the capacity and confidence of CMS townships in the South-East of the country enabling these townships to engage in creative problem solving. It is clear that the CMS would not have done nearly as well in terms of referral or delivery of service without them. While it may not be possible financially to provide these services to all the new townships, consideration needs to be given to how their services could be replicated. In the case of MRCS it would be possible to carry out some training of trainers who could deliver regionally. It may be more difficult to replicate the services that Point B have been offering and, given the extra value that they have contributed, it may be wise to seek further funding for this organisation to extend their programme to other areas of the country. UNICEF should also urgently discuss and advocate with the Government the possibility of DSW commissioning NGOs to work with DSW in the new townships to build DSW capacity.

Lessons learned: NGOs can play an important role in the development of a child protection case management system through providing support to government social workers, complementing their case management service delivery, strengthening capacity by example, raising awareness in communities and encouraging trust in Government.

While it is important to ensure that this supplementary role is ultimately fulfilled by government, and that the necessary resources and institutions are put in place in order to do so, it should be recognised that this is a medium to long-term goal.

6.4 DSW staffing and human resources

DSW staff allocated to case management have taken on these duties in addition to their existing tasks. The evaluation showed that some staff who are case management workers are conducting case management after normal working hours and on weekends. The evaluation found that this is leading to demotivation on the part of the case management workers and delays for the client. It is not realistic for DSW to continue with part-time case workers. If they are to deliver effective and efficient child protection services, which meets the needs of individual children, an adequate number of staff need to be employed full time on case management, without the distraction of other duties.

A further issue relates to the management and supervision of DSW staff involved in case management. At present, many of the decisions on case management are still taken at central government level by DSW staff far removed from the situation in the townships. This includes whether a referral may be taken. While this may have been acceptable when the case management system was new and only running in a few townships, it is unsustainable in the long term. Decision making on whether a child is in need of care and protection, and the appropriate decisions to ensure that the child is protected from further harm, need to take place at township level. This will require DSW to devolve some of its current decision making powers. We also conclude

that that DSW needs to appoint a director of child protection in each township to ensure the supervision of case management workers and the effective and efficient delivery of child protection services. The child protection director should have been trained in social work and have experience of case management. It is appreciated that there are very few trained and experienced social workers in Myanmar at present, and thus finding sufficient people to perform this role may be a challenge, but this should nevertheless be treated as a priority.

6.4.1 Staff capacity and training

There is continued need to invest in training and capacity building of DSW case management staff. Case management staff expressed the view that training has been too theoretical and not sufficiently practical. The work of Point B was found to have been particularly helpful in this regard in the South and South East. Further, there is need for more emphasis on coaching case managers to help them work effectively with children and families. DSW concern remains largely centred around a criminal justice response to child protection cases; securing a punishment for the offender rather than providing services and support to the child victim. In addition, at times, the evaluators observed an over-emphasis on procedural aspects of the case at the expense of addressing and resolving cases. Cases handled by both DSW and NGOs were sometimes allowed to drift over a period of months with no substantive input or strategy. In other cases too much focus was placed on slotting a child into an available service rather than finding a service that met the assessed needs of the child. Support is required for case managers to develop skills in child participation, family social work and decision making processes. At present there is one university course at masters level on social work. While this course should be encouraged, it is currently too academic although further consideration is currently being given to the incorporation of relevant practice experience. Further university courses need to be developed at undergraduate level with practice learning treated as an essential component.

Lessons learned: Case management, and particularly child protection case management, is a time and resource intensive service. It is essential to ensure that the necessary human resources are made available in order to implement effective case management. Staff need to be dedicated to children protection without the distraction of other duties and have a local presence with effective management structures. It is also essential that case management staff receive the necessary training, including both pre-service and on-going training. Case managers should receive training in practice and procedure, as well as coaching on more substantive elements of case management, including practical approaches to addressing and resolving cases, critical thinking, creative problem solving, and counselling and communication skills.

6.5 Data and targeting

Given its limited resources, it is important that the CMS focuses on children who are in need of protection from violence, abuse, neglect and exploitation. The statistical data on the numbers of cases addressed by the system suggests that the CMS may not be reaching the children at most risk or in most urgent need of protection.

The data demonstrates that the largest category of cases coming through the system to date have comprised cases of children in conflict with the law. While it is necessary to assess children in conflict with the law to determine whether they are in need of protective services, the fact that they are in conflict with the law does not necessarily mean that they are at risk of violence, abuse, neglect or exploitation. In total, over a two-year period, DSW only took 194 cases relating to children who were not in conflict with the law across the 27 townships.

It was not clear from the limited review of case files what services DSW provides to children in conflict with the law beyond the filing of a probation report with the Court, and thus how many were in need of child protection services. The disproportionate number of cases involving children in conflict with the law is clearly having an impact on the time and capacity of the very limited number of DSW CMS staff and it is probable that this is causing a detriment to other children who are in need of protective services. Comparative data on child protection from other contexts indicates that in a more comprehensive and functioning child protection

system it would be expected that cases of neglect and/or emotional abuse would ordinarily comprise the largest category of cases.

Furthermore, the CMS data indicates that 53.3 per cent of cases (counting both DSW and NGOs cases) involved children over the age of 14. Only 6.9 per cent of cases handled by DSW concerned children under the age of 9 (while 23.5 per cent of the children in cases handled by NGOs were under 9 years). The finding that the majority of children falling within CMS are aged between 14-16 year olds is undoubtedly due to the number of children who are in conflict with the law. However, even if the figures for children in conflict with the law are taken out, the age spread is still very different to that seen in developed countries, with very low numbers for small children. If one compares the age range of cases in the UK and Australia, there is a very clear correlation between age and referral: the rates of referral for child protection concerns decrease as the child's age increases (unlike the cases within the CMS). Sixty-one per cent of children are under the age of 10 when first referred to child protection services in the UK, while in Australia, children under the age of one were most likely to be referred followed by children aged 1-4 years.

Overall the findings suggest that the CMS may currently be functioning primarily to respond to cases where children present a 'social problem' rather than on those in need of child protection services. Further, the system was found to be reactive rather than pro-active: in other words, the system currently responds when family difficulties reach crisis level, and the child is already in trouble, rather than intervening when families are at risk.

Lessons learned: Certain child protection cases are susceptible to being missed by the CMS. In particular, cases are likely to be identified by/reported to the system because they are considered to be a social problem, or have escalated to a crisis level, rather than according to the child's need for protection services.

Given this, special emphasis should be placed on early intervention. Cases involving younger children may also be less likely to be picked up by the system.

6.6 Cooperation and coordination with other actors

The evaluation indicates that there is continued need for advocacy with multiple government departments, including justice, law enforcement, health, education and the GAD, in order to build understanding and support for the child protection system.

While DSW appears to be largely supportive of and committed to UNICEF's vision of the child protection system, achieving support from other government departments, and particularly justice, education and health, remains a challenge. These departments demonstrated low awareness and interest in case management, and were not always willing to work cooperatively with DSW, especially in the absence of a formal requirement for them to do so, and particularly on issues where DSW were seen as having 'no authority.' Furthermore, case management data indicates that referrals into the CMS from police, schools, and the health sector are minimal. The child protection system is reliant on these ministries playing their role, and the evaluators concluded that greater attention to training justice, education and health care professionals and practitioners is necessary to raise awareness and enable better and earlier identification and referral of children suffering from violence, abuse, neglect and exploitation.

Lessons learned: Child protection case management is a multi-disciplinary project, which requires involvement from a number of government departments. It is essential to engage stakeholders from relevant government agencies, particularly justice, law enforcement, health, education and local authorities, to ensure they understand and are committed to child protection. This may require the further development of existing SOPs to cover joint working. Service providers in health and education play an essential role in reporting cases to the CMS; channels for reporting should be developed and strengthened.

7. RECOMMENDATIONS

Recommendations have been developed based on findings presented throughout the evaluation report, and in particular, analysis of the outcomes, effectiveness, efficiency, relevance and sustainability of UNICEF's Child Protection Programme. They have been validated in a series of validation workshops, involving key evaluation users. No recommendation is made with regard to reform of the Child Law as it is understood that this is in hand and it is nearing completion. It is assumed that the reformed Child Law, to which UNICEF has made significant inputs, will include a comprehensive child protection and juvenile justice system.

Recommendations focus on the CMS, but are also made in relation to other outputs under the Child Protection Programme to the extent that these are essential to the delivery of the CMS. Further details on the recommendations and timelines are contained in the table below. As the recommendations are interconnected and inter-related, it has not been possible to prioritise them. However in section 7.7 below, a time frame for the different recommendations is set out.

7.1 Development of policy and strategy

It is recommended that UNICEF work with DSW to:

- Support the Government to develop a national child protection policy and strategic plan for scaling up the delivery of child protection services through case management in the townships.
- Assist the National Committee on the Rights of the Child (NCRC) to develop a vision, policy and strategy on child protection across Government.

7.2 Reform of administration

It is recommended that UNICEF work with DSW to:

- Undertake substantive reforms to the administration of the 'case management' at township level, covering staffing, funding and functionality.

7.3 Legal reforms

It is recommended that following the adoption of the Child Law currently before Parliament:

- UNICEF work with DSW, and Myanmar Police Force, Union Supreme Court, Union Attorney General's Office, Ministries of Education and Health to develop regulations and SOPs to implement the new Child Law. Regulations should also include secondary legislation on the role, responsibility and functions of the TCRC.
- UNICEF work with the Union Supreme Court to establish juvenile courts nationwide.

7.4 Service provision

It is recommended that UNICEF:

- Assist DSW to develop a commissioning system for NGOs to work in partnership with DSW in the townships to deliver child protection services.
- Continue to work with DSW and NGOs to plan for the progressive development of family support and alternative care services for children in need of protection;
- Continue to work with DSW to plan for the progressive development of specialist services, particularly for children who are in conflict with the law (diversion and community-based alternative sentencing schemes) and services for the victims of sexual abuse or trafficking.
- Work with the Ministry of Health to develop counselling and mental health services for children.
- Work with the police and the Union Supreme Court to develop a service to support children apprehended by the police. DSW should be encouraged to appoint a full time social worker to each of the juvenile courts to undertake work with children in conflict with the law.

- Continue to work with NGOs providing child protection services in line with the SOPs in IDP camps and conflict zones.

7.5 Training

UNICEF should assist DSW through the provision of technical assistance to develop and deliver training and coaching programmes, including:

- Vocational, in-service training for case management staff focussing on social work practice.
- A programme of mentoring and coaching using experienced social workers (which is likely to mean using NGO staff at the present time).
- An introduction on child protection for GAD and all professionals and practitioners working with children to familiarise them with the referral system for child protection cases and to enable them to identify cases of abuse.
- An introduction on child protection for professionals and practitioners working with children with an emphasis on the early years, education, health, law enforcement and justice sectors to familiarise them with the referral system for child protection cases and to enable them to identify cases of abuse.

UNICEF should work with the Ministry of Education to advocate, encourage and provide technical assistance on the establishment of university degree courses in social work, with a 'practicum' (periods spent working in a case management teams).

7.6 Data collection and monitoring

UNICEF should support DSW to review and modify data collection systems for case management to ensure consistency of data and to include information on ethnicity, language and disability and other relevant demographic factors, in addition to age and gender. It is also recommended to collect data on the resources required to address each case in order to facilitate improved planning, and to collect and compile data on the key 'outcomes' of cases progressing through the system.

7.7 Timetable for delivery of recommendations

The table below sets out a possible timetable for further action to progress the development of the child protection system.

Recommendation	Short-term (less than 2 years)	Medium-term (2-5 years)	Long-term (5 years plus)
1. Strategy and policy			
UNICEF should work with DSW to support the Government to develop a national child protection policy and strategic plan for the delivery of child protection services nation-wide.	Short-term strategic plan to set out: <ul style="list-style-type: none"> • What will be provided; • To whom it will be provided; • By whom it will be provided; • How it will be provided; and • Over what timeframe. • Involvement of other sectors, including education, health, justice and law enforcement. • The best strategic use of NGO input/capacity to strengthen local delivery until there is adequate capacity development in DSW. Publish strategic plan.	Strategic plan reviewed to: <ul style="list-style-type: none"> • Set new targets on expansion, management and delivery; • Extend cooperative working with education, health, justice and law enforcement; and • Include early intervention with families at risk of separation. Publish revised strategic plan.	Review strategic plan.

UNICEF to provide technical assistance and advice to the NCRC and the TCRCs in districts to enhance their capacity, knowledge and skills. UNICEF to assist NCRC to develop and ensure a vision, policy and strategy on child protection to be applied across central government and in townships.	UNICEF to provide technical assistance to develop the capacity of NCRC to enable it to develop policy and guidance on child protection to TCRCs.	Develop work plan for NCRC and TCRCs. NCRC to provide guidance on policy and practice to TCRCs on child protection issues.	NCRC continues to provide guidance to TCRCs on child protection policy and practice.
	UNICEF to undertake an assessment and evaluation of the work on the two existing juvenile courts with a view to establishing further juvenile courts in the country.		
2. Administration			
UNICEF should work in partnership with DSW to encourage DSW to reform the administration of the CMS system.	Advocate for the appointment of full time DSW staff to focus exclusively on child protection case management. Encourage DSW to embed or second staff to NGOs working on case management to build the practice and professional capacity of DSW staff. Work with DSW on finance reform for child protection at township level to ensure that adequate resources are available to cover transport and other related costs of case managers on a timely basis.	Advocate and assist DSW to devolve decision-making on case work down to township level. Appoint a Director of Child Protection in each township to manage the CMS. Change the term 'case management' to 'child protection service'.	DSW to be encouraged to establish a client fund to ensure funding available for township services to meet individual need to prevent separation of children from families.
3. Legal reform			
UNICEF should provide technical assistance to the DSW, Myanmar Policy Force, Union Supreme Court, and Union Attorney General's Office to develop secondary legislation to implement the new Child Law when adopted. UNICEF should work with the Union Supreme Court to establish juvenile courts nationwide.	UNICEF to provide technical assistance to assist with drafting of 'Regulations for implementation of the new Child Law', including Rules of Court, Child Protection Regulations and Juvenile Justice Regulations. DSW to develop (with technical assistance from UNICEF) SOPs with early years providers (and particularly Early Childhood Development Centres under DSW), the Ministry of Health and private or non-profit health providers, the Ministry of Education, private education facilities, the police and prosecutors.	Regulations for implementation of the new Child Law adopted by Government. SOPS with other relevant bodies agreed. Specialised juvenile units in the police established. Trained Juvenile judges appointed in all Courts hearing juvenile cases.	Union Supreme Court to establish juvenile courts in all areas of the country over a period of 10 years.
4. Service provision			
UNICEF to work with and assist DSW to plan for the progressive development of	UNICEF to provide technical assistance to DSW to develop a framework for family support,	Family support services to be progressively	Family support services to be progressively established nationally in

child protection services in the community.	fostering and domestic guardianship/adoption services for children in need of alternative care.	established in cooperation with the NGO sector. Fostering and other alternative care programmes to be progressively developed in cooperation with the NGO sector.	cooperation with the NGO sector. Fostering and other alternative care programmes to be progressively developed nationally in cooperation with the NGO sector.
UNICEF to work with and assist DSW to plan for the progressive development of specialist services.		UNICEF to provide technical assistance to DSW to enable districts to develop Children's Services Plans. Provide technical assistance and support for the development and enhancement of specialist services for: <ul style="list-style-type: none"> Children who are in conflict with the law (diversion and alternative sentencing programmes) (police and Union Supreme Court); and Children who are the victims of sexual abuse or trafficking (DSW, police and Union Supreme Court). 	Development of specialist mental health centres for children (Ministry of Health). Development of specialist centres for sexually abused and exploited children.
UNICEF to provide technical assistance to Government to bring the juvenile justice system into line with international standards.	UNICEF to work with DSW, the police and the Union Supreme Court to develop a service to improve the use of non-custodial options at pre-trial level, and support children who are apprehended and held at police stations.	Service to support children apprehended and held at police stations in place in pilot districts.	
Appointment of Court social workers.	Undertake assessment of DSW workload related to PO reports in relation to the enactment of the new Child Law, and develop options, including option of appointment of court social workers.	Each Juvenile Court or court hearing juvenile cases has a social worker attached to the court.	
UNICEF should assist DSW and NGOs progressively to offer CMS services and to apply the SOPs to children in the IDP camps and conflict zones.	UNICEF to continue to encourage NGOs in the camps to undertake child protection in line with SOPs. UNICEF to continue to encourage DSW to take on statutory cases from IDP camps. UNICEF to continue to provide training on child protection to NGOS working in IDP camps and conflict zones.	UNICEF to continue to encourage NGOs in the camps to undertake child protection in line with SOPs. UNICEF to continue to encourage DSW to take on statutory cases from IDP camps.	

5. Training			
UNICEF to provide technical assistance to DSW to develop (and improve existing) training and coaching programmes to improve skills and capacity of case managers.	<p>Develop improved vocational training courses and modules for in-service training of case managers covering child development; family dynamics; managing challenging behaviour; positive parenting; the nature and recognition of addiction; identification of abuse, assessing children and meeting their needs.</p> <p>Provide extra training to build up the capacity of a cadre of social work 'coaches' from existing experienced social workers to provide supervision and support to social workers.</p> <p>Assist DSW to develop programmes for GAD and all professionals and practitioners working with children to familiarise them with the referral system for child protection cases and to enable them to identify cases of abuse.</p> <p>Assist DSW to develop training programmes for early years providers, education, health, justice and law enforcement personnel working with children to familiarise them with the referral system for child protection cases and to enable them to identify cases of abuse.</p>	<p>Set requirements for in-service training for all existing case managers without a degree in social work.</p> <p>Work with universities to develop undergraduate social work degrees with requirement for practicums as part of the course.</p> <p>Support DSW to develop pre-service training courses in social work for case managers without a degree wishing to enter the profession.</p> <p>Deliver training of training to district teams who in turn provide training to early-years providers, education, health, justice and law enforcement professionals and practitioners working with children.</p>	<p>Set continuing education requirements for all case managers delivering child protection services.</p> <p>In service training requirements for all professionals and practitioners working with children to receive child protection training.</p>
6. Data collection and monitoring			
UNICEF to provide technical assistance to DSW to review and modify data collection systems.	DSW to develop new data collection systems to ensure data is collected on: ethnicity, language and disability and other relevant demographic factors, as well as the resources required to address each case and key outcomes for children.	Review the data system to ensure that all data needed is being collected.	