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MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES



RESEARCH REPORT

ASSESSMENT OF CASE MANAGEMENT SYSTEMS FOR IMPROVED ACCESS TO BASIC SOCIAL SERVICES FOR VULNERABLE CHILDREN AND ADOLESCENTS IN ZAMBIA

Department of Social Welfare
Community House, Sadzu Road
PO Box 31958, Lusaka

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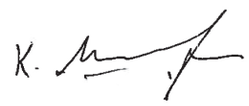
FOREWORD

The need to strengthen case management has been one of the priority areas for Zambia with the increasing number of services provided. In the past, managing cases involving children and adolescents, and families had been a challenge. Although through the Ministry of Community Development and Social Services efforts were made in strengthening Child and Family Welfare case management to respond to the needs of the families, there was still need for a more systematic and coherent case management system in Zambia.

Case management is simply interventions during or following investigations or initial case management and involves working with families to establish goals, creating plans to achieve the goals, providing services to meet needs identified in assessments, monitoring progress towards achievement of the goals and closing cases when the goals have been achieved.

This case management report based on improved access to basic social services for vulnerable children and adolescents in Zambia focused on ways of promoting the use of research to improve programming and coordination within child welfare in ways that would benefit the most vulnerable children and families. This study was done through desk review of relevant reports, guidelines and evaluations, key informant interviews and focus group discussions.

The collective aim of case management is to create a protective environment in which children and adolescents are safe from all forms of violence and exploitation in society. There must be concerted efforts to protect the rights of children and adolescents to expand the opportunities they need to reach their full potential. Accessing services which lean on their right to education, health, clean and safe drinking water, and food, and a safe environment in families are essential and the country should endeavour to reach these benchmarks.



Hon. Kampamba Mulenga Chewe, MP
MINISTER OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

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These include: Ministry of Youth, Sports and Child Development (Department of Child Development); Ministry of Gender; Ministry of General Education; Ministry of Home Affairs; Ministry of Health; International Organization for Migration; UNICEF; USAID; and ZAMFAM.

I also wish to thank members of staff of the Ministry of Community Development and Social Services for tirelessly coordinating the process that led to the successful undertaking of research on case management in child development and protection. It is thanks to such commitment that I am confident of the successful implementation of case management in Zambia.

Pamela Chibonga Kabamba (Mrs.)
Permanent Secretary
MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES



EXECUTIVE SUMMARY

Background

Children and adolescents in Zambia are exposed to multi-dimensional risks and vulnerabilities, with a confluence of factors underpinning poverty, insecurity, and diminished human capital development. In less than 10 years, however, the Government of the Republic of Zambia (GRZ) has recorded a number of accomplishments in strengthening national child and family welfare systems, at both the national and grassroots levels. The Ministry of Child Development and Social Services (MCDSS) is the responsible line ministry for implementation of the National Child Policy, and its Department of Social Welfare (DSW) has the mandate to provide statutory and non-statutory services for child and family welfare case management. Robust implementation suffers from several gaps, related to insufficient numbers of DSW staff at district level; limited accessibility to and availability of some services, more especially in rural areas; a lack of standardisation in guidelines and practices for service provision, which affects coordination and follow-up within case management; and general resource constraints. Moreover, disconnected and/or weak data management systems can complicate cross-sectoral data collection and information-sharing.

It is against this background that the GRZ and its partners are endeavouring to strengthen child and family welfare case management to better respond to and alleviate child vulnerabilities related to health, education, nutrition, gender, and protection. In particular, the Service Efficiency and Effectiveness for Vulnerable Children and Adolescents (SEEVCA) project marks a positive step forward in this process. Under the leadership of the MCDSS and with funding and technical assistance from UNICEF and the United States Agency for International Development (USAID), SEEVCA aims to produce a sustainable approach to case management for vulnerable children and adolescents (VCA) living in households receiving SCTs, as well as other households facing multiple vulnerabilities. As part of optimising outcomes from the SEEVCA project, the following assessment of child and family welfare case management systems in Zambia was undertaken to create a comprehensive landscaping of their current state, identify entry points through which to strengthen case management, and formulate recommendations for future efforts under SEEVCA.

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

Research design

The purpose of the assessment is to review existing case management systems within, and in relation to, social service providers in Lusaka and Copperbelt provinces, the two provinces covered under SEEVCA, with the objective being to provide insights and specific references to existing and potential avenues within statutes, policies, and practices for strengthened child and family welfare case management in Zambia. An assessment framework based on the six components of a holistic case management system was constructed to organise and better contextualise the assessment's results. These six components are: 1) legislative and policy framework; 2) implementation structures at national and subnational levels; 3) financial and material resources; 4) national and subnational workforce; 5) programmes and services; and 6) information flows, data management, monitoring and evaluation (M&E) within and across sectors.

Main Findings

Legislative and policy framework

- Actors reported that existing legislative and policy frameworks for child and family welfare are strong on paper, though fully realised implementation remains a challenge. Moreover, the absence of overarching, cross-sectoral SOPs or guidelines for case management adversely affects more standardised and formalised referral pathways, service provision, and feedback on cases.
- While roles and responsibilities for case management actors are generally clear, the range of statutory and non-statutory services delegated to District Social Welfare Offices proves difficult to accomplish at times.
- Forthcoming policies and legislation on social work, community volunteers, and community development may serve as an opportunity to realign roles and responsibilities within case management, formalise multi-sectoral coordination, standardise service delivery and quality, and/or provide additional workforce for case management.

Implementation structures at national and subnational levels

- Active and functional District Child Protection Committees (DCPCs), Area Coordinating Committees (ACCs), and Community Welfare Assistance Committees (CWACs) – which are the main coordinating structures at subnational level – are contributing to stronger identification, response, referral, and overall coordination in child protection and child and family welfare case management.
- Downward communication channels (i.e. from district to community level) could be strengthened, while more information-sharing in general between stakeholders can contribute to better planning and reduce duplication of efforts.

Financial and material resources

- Child and family welfare case management experiences constraints to both financial and material resources vis-à-vis service provision. Alternative sources of funding and in-kind resources (e.g. from churches, the private sector, community leaders) for vulnerable children in need of assistance do exist and can serve as additional means for expanding coverage.
- Initiatives and projects aimed at prevention in child protection can achieve cost-savings through averting the need for more involved and resource-intensive case management interventions.
- Transport costs to access service providers, either paid for by volunteers or clients themselves, represent a financial burden, potentially inhibiting cases from seeking out needed care and undermining volunteers' commitment to their work. Consolidating service providers, as done in one stop centres (OSCs), can reduce transport costs.

Methodology

The assessment relied on qualitative research methods through a combination of primary and secondary data collection and analysis. Apart from a thorough desk review of relevant reports, guidelines, and evaluations, key informant interviews (KIIs) and focus group discussions (FGDs) with relevant actors and structures within child and family welfare case management were carried out during four weeks of in-country, primary research. The assessment used purposive stratified sampling, and the sampling of provinces and districts started from the two provinces (Lusaka and Copperbelt) covered under the SEEVCA project; it was based on feedback from UNICEF and other partners vis-à-vis districts featuring the implementation of relevant programming, the existence of coordination structures, NGO-led interventions, and the proposed sites for future case management pilots.

Main Findings

National and subnational workforce

- The main case management actors are those from the DSW and Department of Community Development (DCD), police, judiciary, doctors, OSC staff, teachers, ACC members, CWAC members, Community Development Assistants (CDAs), and other governmental actors; and Residential Child Care Facilities (RCCFs), NGOs, CBOs, community leaders, and community volunteers from the non-governmental side.
- There are limited numbers of professional staff to provide services at district level. However, a strong, community-based workforce plays an essential role in identifying, referring, and following up on cases.

Programmes and services

- The DSW, DCD, police, health clinics, schools, NGOs, and other civil society actors deliver the bulk of programmes and services, though the amount of available services does not match the level of demand.
- While case identification and referral to services and programmes appear robust, referral and follow-up mechanisms remain largely informal and would benefit from more standardisation and documentation, in order to better track and record case referrals.
- Service providers are concentrated more in urban areas, which can render services and programmes less accessible to hard-to-reach, rural areas.

Information flows, data management, and monitoring and evaluation

- Overall, research participants identified data collection and management as the weakest component of case management. In particular, the need for standardised data collection tools and harmonised data management systems was cited.
- Emerging efforts in piloting standardised tools and a harmonised management information system (MIS) for case management can contribute to better reporting and planning for child and family welfare case management, and results from these pilots should be closely monitored.

Recommendations and conclusions

Based upon the assessment's main findings and upcoming plans for child and family welfare case management in Zambia, a set of six recommendations – one per component – was formulated:

COMPONENT	RECOMMENDATION
Legislative and Policy Framework	Develop a national framework for child and family welfare in Zambia
Implementation Structures at National and Subnational Levels	Ensure the representation of child and family welfare case management within coordination structures
Financial and Material Resources	Enhance multi-sectoral planning efforts for potential co-financing opportunities
National and Subnational Workforce	Invest in capacitating an expanded child and family welfare case management workforce at the grassroots level
Programmes and Services	Increase support for programmes and services targeting prevention and more specialised responses
Information Flows, Data Management, M&E within and across Sectors	Formulate information-sharing protocols and data protection protocols across case management actors

Case management in Zambia will continue to evolve and transition in the coming years, and will hopefully see a continuation of more community involvement and leadership in various aspects of case management, more standardised tools for service provision, more integrated data management systems, and stronger levels of cross-sectoral coordination in service provision. Despite such positive trends, challenges to expanding child and family welfare case management persist. Some of the most significant gaps in the current landscape relate to information flows and data management, multi-sectoral planning efforts, access to programmes and services, and financial and material resources. Sustainably addressing these and other issues will not only be vital for case management's future, but for achieving Zambia's goals to reduce poverty and vulnerability, decrease gender and income inequality, and improve developmental outcomes across health, education, food security and nutrition.

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ACRONYMS AND

ACC	Area Coordinating Committee
BCC	Behaviour change communication
BID	Best Interests Determination
CBO	Community-based organization
CBV	Community-based volunteer
CDA	Community Development Assistant
CHA	Community Health Assistant
CPU	Child Protection Unit (Zambia Police)
CRC	United Nations Convention on the Rights of the Child
CSI	Child Status Index
CWAC	Community Welfare Assistance Committee
DCDO	District Community Development Officer
DCPC	District Child Protection Committee
DDCC	District Development Coordinating Committee
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
DWAC	District Welfare Assistance Committee
ECR	Expanded Church Response
FBO	Faith-based organization
FGD	Focus group discussion
FSP	Food Security Pack
GRZ	Government of the Republic of Zambia
ICM	Integrated case management
IOM	International Organization for Migration
ISP	Information-sharing protocol
KGS	Keeping Girls In School
KII	Key informant interview
M&E	Monitoring and evaluation
MCDSS	Ministry of Community Development and Social Services

ABBREVIATIONS

MDA	Ministry, department, or agency
MIS	Management information system
MoG	Ministry of Gender
MoGE	Ministry of General Education
MoH	Ministry of Health
MYSCD	Ministry of Youth, Sport and Child Development
NGO	Non-governmental organization
NHC	Neighbourhood Health Committee
NRM	National Referral Mechanism
NSPP	National Social Protection Policy
OSC	One stop centre
OVC	Orphans and vulnerable children
PDCC	Provincial Development Coordinating Committee
PSS	Psycho-social support
PWAS	Public Welfare Assistance Scheme
RCCF	Residential child care facility
SCT	Social Cash Transfer
SEEVCA	Service Efficiency and Effectiveness for Vulnerable Children and Adolescents
SGBV	Sexual and gender-based violence
SOPs	Standard operating procedures
SWO	Social Welfare Officer
ToC	Theory of Change
UASC	Unaccompanied and separated children
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCA	Vulnerable Children and Adolescents
VSU	Victims Support Unit (Zambia Police)
ZamFam	Zambia Family programme



1. CHILD AND FAMILY WELFARE CASE MANAGEMENT IN ZAMBIA

Children and adolescents living in Zambia are exposed to multi-dimensional risks and vulnerabilities, with a confluence of factors underpinning poverty, insecurity, and diminished human capital development. Internationally, Zambia performs poorly on human development indicators, currently ranking 139th on the United Nations Development Programme's (UNDP) Human Development Index. Contributing to this low ranking are a high percentage of people living below the poverty line of USD 1.90 per day (64.4 per cent); weak performance on education indicators, such as a 44.5 per cent primary school dropout rate; and concerning health outcomes, including prevalence rates of 40 per cent[1] for stunting of children under age five.[2] Although the rates of HIV/AIDS prevalence and child marriage in Zambia are decreasing, both remain high, at 12 per cent prevalence rate for HIV/AIDS and over 16 per cent marriage rate for

[1] This rate was informed by the 2013-14 ZDHS. The preliminary findings from the 2018 DHS, which were available July 2019, indicate a drop in stunting to 35 percent. The full 2018 DHS report will be available March 2020.

[2] United Nations Development Programme, 2017.

girls aged 15–19-years-old.[3] And child labour in Zambia, which disproportionally affects boys, comprises of some of its worst forms, including tobacco production and sexual exploitation, often as a result of trafficking.[4]

In less than 10 years, however, the Government of the Republic of Zambia (GRZ) has recorded a number of accomplishments in strengthening national child protection systems, both at the national and grassroots levels. Complementary support from partners, such as multi-lateral and bi-lateral donor agencies, United Nations (UN) agencies, international organizations, non-governmental organizations (NGOs), and community-based volunteers (CBVs) have further augmented these advances through the provision of capacity building exercises, technical advice in developing policies and guidelines, and programme implementation. Although the GRZ already maintained various pieces of legislation that affirmed the rights of children and obligations of the State to protect them – including the Constitution, Education Act, Juveniles Act, and others – the last decade has given rise to a number of documents pertinent to child and family welfare case management and general child well-being, such as the National Child Policy and the National Social Protection Policy (NSPP).[5]

The Ministry of Child Development and Social Services (MCDSS) is the responsible line ministry for implementation under the NSPP and National Child Policy, and others, all of which entail a wide array of roles and obligations vis-à-vis programme implementation and service delivery. The functions of the MCDSS are split between two departments: the Department of Community Development (DCD), which has the mandate for general community empowerment; and the Department of Social Welfare (DSW), which has the mandate to provide the following statutory[6] and non-statutory services:

- **Statutory services:** correctional services, adoption, foster care, anti-human trafficking and sexual and gender-based violence (SGBV);
- **Non-statutory services**: Public Welfare Assistance Scheme (PWAS), social cash transfers (SCTs), Care for Older Persons, and Places of Safety.

In line with the GRZ's Decentralisation Policy (2013), much of the day-to-day provision of statutory and non-statutory services falls on the District Social Welfare Offices, typically staffed by one District Social Welfare Officer (DSWO) and two Assistant Social Welfare Officers (SWOs); the District Social Welfare Offices in Lusaka, Ndola, Kitwe, and Livingstone are exceptions and feature larger numbers of staff.

Despite a relatively robust policy and legal environment in Zambia for child protection and child welfare, equally robust implementation suffers from several gaps, particularly resource-wise. As demonstrated above, the district-level workforce covers multiple roles and responsibilities across statutory and non-statutory services, and the progressive scale-up of the SCT over the past few years has increased their share of time spent attending to that particular programme. Furthermore, not only does the DSWO have the responsibility for statutory services, but she/he is gazetted to do so, meaning that other positions cannot fill in for the DSWO if she/he is unavailable. Ward and community-level actors, such as Community Welfare Assistance Committees (CWACs), Area Coordinating Committees (ACCs), and other CBVs, do contribute to identification, referral, and follow-up of vulnerable cases, though constraints to access and availability of services – especially in rural areas – inhibit the wider coverage of child and family welfare case management.

The lack of standardisation within case management, especially cross-sectorally, can also lead to gaps in coordination and follow-up between the various case management actors from MCDSS, health, education, the

[3] Population Council, UNFPA, and Government of the Republic of Zambia, 2017.

[4] United States Department of Labor, 2016.

[5] Other key documents include the National Guidelines and Standards for Services and Programmes for OVC (2016), National Diversion Framework (2016), National Guidelines for Adolescent Friendly Health Services (2011), the National Strategy on Ending Child Marriage in Zambia (2015), and the National Guidelines for the Multi-Disciplinary Management of Survivors of GBV in Zambia (2011).

[6] The statutes governing the DSW's programming are the Juveniles Act, Adoption Act, Probation of Offenders Act, Affiliation and Maintenance Orders Act, Anti-Human Trafficking, and Anti-Gender Based Violence (Ministry of Community Development and Social Services, no date).

police, the judiciary, NGOs, residential child care facilities (RCCFs), community-based organizations (CBOs), faith-based organizations (FBOs), and other structures. For example, no overarching case management standard operating procedures (SOPs) or tools exist, nor are there information-sharing protocols (ISPs) in place between different service providers. And although a harmonised management information system (MIS) captures information on SCT beneficiaries, disconnected and/or weak data management systems for other social service providers can complicate cross-sectoral data collection and sharing, as well as joint planning exercises for child and family welfare case management.

It is against this background of limited resources, gaps in data collection, and low levels of standardisation that the GRZ and its partners are endeavouring to strengthen child and family welfare case management to better respond to and alleviate child vulnerabilities related to health, education, nutrition, gender, and protection. However, short of a large injection of financial and material resources, identifying feasible and reasonable pathways through which to enhance service delivery, coverage, and coordination will be key to case management's future success. Plus, the variety of programmes implemented by partners within the past few years and plans to pilot new case management approaches put Zambia at an exciting juncture in child and family welfare case management. The main question will be how the GRZ and its partners can translate different programme designs into a workable and sustainable model for a national child and family welfare case management system, applicable to different contexts.

In particular, the Service Efficiency and Effectiveness for Vulnerable Children and Adolescents (SEEVCA) project,[7] marks a positive step forward in this process. Under the leadership of the MCDSS and with funding and technical assistance from UNICEF and the United States Agency for International Development (USAID), SEEVCA aims to produce a sustainable approach to case management for vulnerable children and adolescents (VCA) living in households receiving SCTs, as well as other households facing multiple vulnerabilities. Key to the project is a component that seeks to strengthen government systems for integrated case management (ICM) and improved service delivery so as to expand access to quality social protection and basic care services for vulnerable children and adolescents, an objective with inextricable linkages to a platform of cross-sectoral preventative actions that enhance VCA's well-being. Going forward, SEEVCA will be integral to the strengthening of the national child and family welfare system and will be programmed through responsible GRZ structures (national, provincial, district, ward, community) with uniform systems and standards across 15 districts[8] in the Copperbelt and Lusaka provinces.

In pursuit of the above, the production of a solid evidence base on existing child and family welfare case management systems, service provision, and community perceptions will further inform SEEVCA's efforts.

[7] The SEEVCA Theory of Change (ToC) is outlined in Annex 1.

[8] The 15 SEEVCA districts are: Chililabomwe, Chingola, Kalulushi, Kitwe, Luanshya, Mufulira, Ndola, Chilanga, Chirundu, Chongwe, Kafue, Luangwa, Lusaka, Rufunsa, and Shibuyunji.



RESEARCH DESIGN

2.

2.1 Purpose and objectives of the assessment

The purpose of the assessment is to review existing case management systems within, and in relation to, social service providers in Lusaka and Copperbelt provinces, the two provinces covered under SEEVCA. It is important to note that this is not an assessment of the SEEVCA project itself but rather serves to support SEEVCA's future planning and efforts. More specifically, the assessment focuses on current child protection services and entry points for strengthening these, exploring case management systems that address child protection issues and directly serve children. The finalised purpose of the assessment is therefore two-fold:

1. What exists in terms of coordination among different technical sectors and how they ensure that identified children's needs for care, protection, support, and professional services are met?
2. How are case management services targeting children currently being delivered, and what are the mechanisms in place for ensuring accountability of service providers, overseeing quality, and financing services?

The objective of this assignment is to provide insights and specific references to existing and potential avenues within statutes, policies and practices for strengthened child and family welfare case management in Zambia. Since statutes and policies are nationally relevant, part of the assessment focuses on pathways for strengthened case management at the national level, while the statutes and policies in practice focus on the Copperbelt and Lusaka provinces. Given time constraints, conducting field research in all 15 SEEVCA districts was not feasible and thus only a sample of districts was visited for primary research; see section 3.1 for more details on sampling.

2.2 Finalised assessment questions and assessment framework

In line with the SEEVCA project's ToC, the overarching research question for the assessment is, "How can existing case management systems be enhanced to ensure more efficient and effective services for vulnerable children and adolescents that ultimately safeguard their well-being?" Sub-questions target specific components under the main research question, thus elaborating a more thorough picture of the main opportunities, gaps, strengths, and weaknesses for the present and future of child and family welfare case management in Zambia:

Table 1 Assessment research question and sub-questions

Main Research Question	How can existing case management systems be enhanced to ensure more efficient and effective services for vulnerable children and adolescents that ultimately safeguard their well-being?
Sub-Questions	What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?
	Who are the main actors, governmental and non-governmental, involved in case management?
	What are the main gaps and weaknesses within child and family welfare case management?
	What are the main barriers to more multi-sectoral coordination in child and family welfare case management?
	What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?

While the above research question and sub-questions are sufficiently broad to encompass many aspects of child and family welfare case management, an assessment framework for the research was constructed to organize and better contextualise the results. For the purposes of this assessment, the framework is based on the six components of a holistic case management system as presented in *Integrated Case Management for Vulnerable Children. A process guide for assessing and developing an integrated case management system in Eastern and Southern Africa*.[9]

1. Legislative and policy framework;
2. Implementation structures at national and subnational levels;
3. Financial and material resources;
4. National and subnational workforce;
5. Programmes and services; and
6. Information flows, data management, monitoring and evaluation (M&E) within and across sectors.

Referencing these six components also underscores the systems perspective adopted by this assessment, which recognises that services are nested within established processes, strategies and policies at each administrative level. As such, the components represent cross-cutting considerations for the main research question and its sub-questions, with the entire framework presented in **Table 2** below.

[9] UNICEF, Maestral, 2017.

Table 2 Full research framework

How can the existing case management systems be enhanced to ensure a more efficient and effective service for vulnerable children and adolescents that ultimately safeguards their well-being?			
#	Component	Component description	Sub-questions captured
1	*Legislative and policy framework*	Laws,[10] policies, regulations, national plans, strategies, and SOPs that have been officially adopted and that serve to provide legitimacy for working cross- and intra-sectorally; guidance on roles and responsibilities of various actors in government and civil society; and support in implementation processes and monitoring mechanisms. Of relevance in this component of the assessment is the GRZ's decentralisation framework and the short-, medium-, and long-term implications of this policy.	What are the main gaps and weaknesses within child and family welfare case management?
			What are the main barriers to more multi-sectoral coordination in child and family welfare case management?
			What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?
2	*Implementation structures at national and subnational levels*	Ministerial and departmental affiliation and accountability of the structures, their respective roles and institutional arrangements, their translation of polices into strategies and implementable action plans for an integrated response, and the cross-sectoral approach to the services they provide. An analysis of this component will include an exploration of national and subnational coordination mechanisms and inter-sectoral forums.	What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?
			What are the main barriers to more multi-sectoral coordination in child and family welfare case management?
			Who are the main actors, governmental and non-governmental, involved in case management?
			What are the main gaps and weaknesses within child and family welfare case management?
			What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?
3	*Financial and material resources*	Financial allocations for case management at national and subnational levels. Coordination requires dedicated funding for streamlining services and collaborative planning, monitoring and evaluations. Resources also include buildings/ physical space from which they operate, and which can potentially be shared across sectors, guidelines, forms, and tools.	What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?

[10] These should include at a minimum the Constitution, Educating our Future, Education Act, Child Policy, Alternative Care Regularity Framework, Social Protection Policy, Public Health Act, Regulatory Framework for Maternal, Newborn and Child Health and Nutrition, Juveniles Act, Anti-Gender-Based Violence Act, National Food and Nutrition Policy, National Guidelines for Adolescent Friendly Health Services.

4	*National and subnational workforce*	Namely, who is responsible for case management in each sector, specifically the division of labour between professionally employed personnel and volunteers and what functions each perform, and the caseload for staff.	What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?
			Who are the main actors, governmental and non-governmental, involved in case management?
			What are the main gaps and weaknesses within child and family welfare case management?
			What are the main barriers to more multi-sectoral coordination in child and family welfare case management?
			What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?
5	*Programmes and services*	Case management services per sector, which sectors are providing services, what points of referral exist/potentially exist, and to what vulnerability categories are services currently responding. Voluntary services are often the first point of contact for vulnerable members of the community and should therefore be included in this analysis of identification and referral of children and adolescents.	What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?
			Who are the main actors, governmental and non-governmental, involved in case management?
			What are the main gaps and weaknesses within child and family welfare case management?
			What are the main barriers to more multi-sectoral coordination in child and family welfare case management?
			What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?
6	*Information flows, data management, monitoring and evaluation within and across sectors*	Where and how are data collected, stored, used and shared professionally for case management, service delivery, planning, and advocacy; the existence of ISPs across actors, and tracking systems and MIS for case management.	What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?
			What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?



METHODOLOGY

3.

The assessment relied on qualitative research methods through a combination of primary and secondary data collection and analysis to answer the aforementioned research questions. In addition to a thorough desk review of relevant reports, guidelines and evaluations, key informant interviews (KIIs) and focus group discussions (FGDs) with the following child and family welfare case management actors and structures were carried out to substantiate the results of the desk review and secondary data analysis as well as to add more context and depth to them. **Table 5** in section 3.2 indicates the numbers of KIIs and FGDs per actor carried out during primary research.

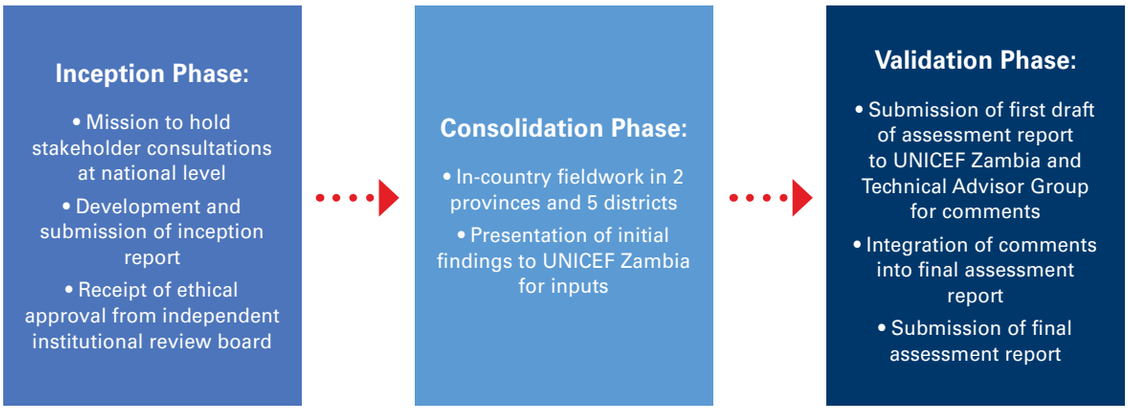
Table 3 Overview of KII and FGD subjects

Activity	Actor/Structure
Key informant interview	National stakeholders from the GRZ, international organizations, and national NGOs
Key informant interview	Department of Social Welfare: DSWOs and/or Assistant SWOs
Key informant interview	VSU officers
Key informant interview	OSC staff
Key informant interview	RCCF staff
Key informant interview	ZamFam CBO coordinators
Key informant interview	Department of Community Development: District Community Development Officers (DCDOs), Assistant Community Development Officers and/or Community Development Assistants (CDAs)
Focus group discussion	Sub-district level committees: members of ACCs and/or CWACs
Focus group discussion	Current ZamFam caregivers
Focus group discussion	Current ZamFam beneficiaries aged 14 and above

Prior to the fieldwork, semi-structured interview guides were developed, whose design was informed by the research team's initial consultations with national stakeholders during a three-day inception mission to Lusaka and their experience conducting similar research. Moreover, interview guides employed for KIIs with Community Development Assistants (CDAs) and all FGDs were translated into Nyanja and Bemba, to represent the predominant languages present in Lusaka and Copperbelt provinces, respectively. With the participants' informed consent, all KIIs and FGDs were audiorecorded and later translated into English (where necessary) and transcribed, both as a means of ensuring accuracy and comprehensiveness in capturing and reporting results. For the FGDs with ZamFam beneficiaries, only adolescents aged 14 and above were invited to participate, as children of that age in Zambia can offer their own informed assent for research; all ZamFam beneficiaries signed informed assent forms prior to the FGDs.

Figure 1 below illustrates the assessment's process in developing the methodology, carrying out data collection activities, and consolidating the findings into the final assessment report. The research team for the assessment comprised four members – three international, one national – and was co-led by one international and one national expert. All team members contributed to the inception and validation phases, while one international researcher and the national researcher conducted in-country fieldwork as part of the consolidation phase. During in-country fieldwork, the researchers held KIIs and FGDs with the same actors in multiple locations, where possible, in order to compare how child and family welfare case management functions in different areas gain more information on whether structures, staff, and/or activities for case management vary noticeably across the country.

Figure 1 Assessment phases



The consolidation phase also informed the elaboration of a qualitative case study on the community-based case management model advanced by the ZamFam programme. Per the assessment's Terms of Reference, the purpose of the case study is to present an intervention or approach to child and family welfare case management that has potential for replication elsewhere in Zambia. The ZamFam programme was therefore selected as the case study topic for several reasons: 1) ZamFam CBOs, caregivers, and beneficiaries offered overwhelmingly positive feedback on the programme; 2) the embedding of caregivers in communities to conduct case identification, referral, and follow-up contributes to overall sustainability of the model; and 3) the reliance on communities to take the lead in various aspects of child and family welfare case management aligns with the GRZ's Decentralisation Policy. The case study itself follows a descriptive typology, as it describes an intervention and the real-life context in which it was implemented.[11]

[11] Baxter and Jack, 2008.

Quantitative research methods, such as assessing cost-effectiveness, cost-efficiency, and/or per unit costs of interventions, were not deemed wholly relevant for the assessment for several reasons. First, establishing comparability to assess the relative cost-effectiveness or cost-efficiency of case management interventions is problematic, given that each programme has different objectives, designs, and levels of coverage. Moreover, as case management is a process, rather than a time delimited activity, it is likewise difficult to determine cost-effectiveness or cost-efficiency, especially as each child necessitates an individualised set of responses and services. The individualised nature of case management also renders a 'per child' costing inappropriate, as some cases require more intensive interventions over a longer period of time to properly address their needs.

3.1 Sampling

The assessment used purposive stratified sampling, and the sampling of provinces and districts started from the two provinces (Lusaka and Copperbelt) covered under the SEEVCA project and based itself on feedback from UNICEF and other partners vis-à-vis districts featuring the implementation of relevant programming, the existence of coordination structures, NGO-led interventions, and the proposed sites for future case management pilots.[12] Through combining the above sampling criteria, a wide cross-section of child and family welfare case management activities was elaborated, thereby supporting more robust results from the qualitative field research. **Table 4** lists the actors included in the qualitative field research, as well as a brief overview of why they were selected to participate. The actors described below were then interviewed across five districts during fieldwork: Lusaka, Kafue, and Rufunsa districts (Lusaka province); and Kitwe and Mufulira districts (Copperbelt province).

Table 4 Overview of sampling

Actor (Programme)	Location(s)	Description
MCDSS: Department of Social Welfare and Department of Community Development	National District: Kafue and Mufulira	Responsible line ministry for implementing statutory and non-statutory services for child protection, child welfare, social protection, poverty alleviation and community empowerment. Captured under MCDSS are DSWOs, District Community Development Officers (DCDOs), and Community Development Assistants (CDAs).
UNICEF	National	Through the SEEVCA project, UNICEF provides technical assistance to the GRZ in enhancing child and family welfare case management systems, in addition to its general mandate of protecting children's lives, well-being, and developmental potential.
Expanded Church Response (ECR): Zambia Family	National District: Rufunsa and Mufulira	NGO implementing the Zambia Family (ZamFam) programme (2015–2020), which is funded by USAID and whose objectives include capacity building of community structures to better care for orphans and vulnerable children (OVC), including those who are HIV+, through the training and deployment of community-based volunteers; as of June 2018, ZamFam had reached over 100,000 beneficiaries in Lusaka and Copperbelt provinces. ZamFam has engaged 77 FBOs and CBOs and three sub-partners through sub-grants to manage and monitor implementation.
Save the Children International: Zambia Rising	National	The Zambia Rising project (2013–2018) aimed to improve the quality of OVC services with strengthened systems and policy frameworks for coordination, planning, implementation, and M&E. Now in closeout mode, it gave trainings and workshops for government and NGO actors involved in implementing child care activities; re-activated district-level, multi-sectoral committees to enhance coordination; and contributed to GRZ child care reform efforts, for example through finalisation of the Alternative Care Regulatory Framework.
International Organization for Migration (IOM)	National	In selected districts, IOM is working with DSW Offices, Zambia Police, District Development Coordinating Committees (DDCCs), and CWACs to improve identification, referral, tracking, and service provision for vulnerable migrants in Zambia. This is being achieved through capacity building activities, sensitisation, the finalisation of national Best Interests Determination (BID) guidelines, and the development and dissemination of a National Referral Mechanism (NRM) – which visualises referral pathways for different types of cases – to stakeholders.

[12] Four of the districts visited during fieldwork – Kafue, Rufunsa, Mufulira and Kitwe – have been selected as pilot districts for ward- level case management targeted at SCT beneficiaries and involving CDAs.

ChildLine	National	A national NGO, ChildLine operates a toll-free, 24-hour/day hotline from Lusaka that receives reports of child abuse, SGBV, and other violations against children; after receiving a report, ChildLine alerts the relevant authorities stationed in the caller's area for follow-up. Counselling for vulnerable persons is also offered, either over-the-phone or in-person in selected districts.
World Bank	National	Since 2015, the World Bank has been giving technical and financial support to the Ministry of General Education (MoGE) for the Keeping Girls in School (KGS) programme, which provides scholarships to girls of secondary school age from SCT households who have completed grade 7. The KGS project targets dropout and retention rates and has reached over 11,000 girls since inception. Going forward, KGS plans to introduce a case component to target social factors that contribute to school dropout.
Zambia Police: Victims Support Unit (VSU)	District: Kafue	The VSU is a specialised office within Zambia Police that deals with cases related to SGBV (including rape and defilement), domestic violence, child protection issues, abuse of older persons, and property disputes. It liaises with hospitals, health clinics, the DSW, the courts, and other actors involved in statutory child protection services.
Ministry of Health: One Stop Centre (OSC)	District: Kafue	While not present in all districts, OSCs combine doctors, the VSU, DSW, counselors, and legal aid in one location to facilitate the reporting of and response to cases of SGBV and domestic abuse. The Ministry of Health (MoH) is the responsible line ministry for OSCs.
RCCF	District: Lusaka and Kitwe	RCCFs, run by NGOs, provide short-, medium-, and/or long-term care to children in need. They receive referrals from the DSW, communities, and other stakeholders for placements, assess the needs of the child, and develop an appropriate care plan for each child during his/her stay. Per the Minimum Standards of Care for Child Care Facilities, RCCFs must provide children access to adequate health care, educational support, nutritious meals and activities that promote child development.
Sub-District Level Coordination Structures (ACCs and CWACs)	District: Kafue, Kitwe and Mufulira	ACCs and CWACs reflect the GRZ's decentralisation plan and are included in the institutional arrangements for the SCT. ACCs are composed of representatives from 10 CWACs and align with existing local government administration, for ease of reporting. All ACC and CWAC members are volunteers, though CWAC members may receive allowances when performing identification of SCT beneficiaries. In terms of case management, CWACs and ACCs are involved in the identification, referral, and follow-up of cases, and report to DWACs and the DSW on prioritised needs at community level.

3.2 Data collection activities

In-country data collection occurred over four weeks from 30 May 2018 to 15 June 2018, and included the activities shown in **Table 5,** at national, district and sub-district levels. For the most part, the two field researchers met research subjects in their own working or living environments, as opposed to transporting participants to a single location.[13] This arrangement also allowed for observations on the environment to be made. Additionally, the KII with the World Bank took place remotely, via teleconference.

Some explanation is needed to understand the details of Table 5. First, for some KIIs, there is a mismatch between the number of activities and the number of persons interviewed: for instance, the table lists three KIIs with ZamFam CBOs, but five persons interviewed. This is due to the fact that some KIIs involved multiple persons who represented the same programme or actor. In the case of ZamFam CBOs, the KII in Mufulira district featured three coordinators from different CBOs, while the three KIIs in Rufunsa district took place with one and three participants from each CBO.

[13] The exceptions to this occurred in Mufulira district, as the KIIs with ZamFam CBOs, and FGDs with ZamFam caregivers and beneficiaries took place at the offices of one CBO; and in Kafue district, as the KIIs with OSC staff and CDAs took place at the DSW Office.

Table 5 Overview of in-country data collection activities

Level	Location	Actor (Programme)	Activity	# of activities	# of persons interviewed
National	Lusaka	UNICEF	KII	1	1
		ECR (ZamFam)	KII	1	2
		Save the Children (Zambia Rising)	KII	1	2
		ChildLine	KII	1	3
		IOM	KII	1	1
		MCDSS	KII	1	1
	Remote	World Bank	KII	1	2
Totals at National Level				7	12
District/Sub-District Level	Rufunsa	ZamFam CBO	KII	3	5
		ZamFam Caregiver	FGD	3	12
		ZamFam Beneficiary	FGD	3	11
	Kafue	DSWO	KII	1	1
		VSU	KII	1	1
		CDA	KII	1	3
		CWAC	FGD	1	8
		OSC	KII	1	2
	Kitwe	DSWO	KII	1	1
		SOS Children's Village (RCCF)	KII	1	2
		ACC	KII	1	2
	Mufulira	DSWO	KII	1	1
		DCDO and Assistant CDO	KII	1	2
		CDA	KII	1	3
		ZamFam CBO	KII	1	3
		ZamFam Caregiver	FGD	1	6
		ZamFam Beneficiary	FGD	1	6
		CWAC	FGD	1	8
	Lusaka	St. Lawrence's Home of Hope (RCCF)	KII	1	3
Totals at District/Sub-District Levels				25	80
OVERALL TOTALS				**32**	**92**



3.3 Limitations

One of the limitations of this assessment is that the sampling of locations and actors is based on purposive stratified sampling, instead of random stratified sampling. Additionally, representatives from the VSU, ACC, and OSC were only met in one location during fieldwork, owing to the avaliability of these actors and/or time constraints. Both points should be taken into account when considering the findings and their overall generalisability. The researchers were unable to pilot interview guides prior to fieldwork; however, during fieldwork, researchers were able to observe whether participants had difficulties answering specific questions and adjusted accordingly. It is also worth noting that fieldwork did not visit hard-to-reach, highly rural areas, which are typically less connected to service providers than more urbanised districts, such as those included in fieldwork. This limitation likewise relates to generalisability of the assessment's results.

Finally, the fieldwork encountered logistical challenges, which led to a reduction in the number of GRZ actors who were interviewed versus the initial fieldwork plan. This challenge stemmed from delays in the issuance of a presentation letter to the research team, which was required to schedule research activities with GRZ actors. Consequently, the number of in-country activities was reduced due to resultant time constraints.



MAIN FINDINGS

4.

The main findings are organized around the six aforementioned components of an integrated case management (ICM) system. 'Overview of main findings' and 'Further analysis' sub-sections for each component encompass results from and analysis of the desk review, secondary research, and the qualitative field work. The rationale behind this structure, as opposed to presenting the findings per research question, is that such structuring allows for better thematic analysis. However, the sections below do reflect on the associated research question(s) with each component, as a means of summarising and synthesising the main findings per component. Finally, a qualitative case study on ZamFam's community-based case management model elaborates on this approach's potential for replication in Zambia, while 'mini-case studies' of other findings from the primary research are also interspersed throughout the following sections, as a way of highlighting other innovative and notable approaches to case management.

Box 1 What is child and family welfare case management?

The 1989 UN Convention on the Rights of the Child (CRC) – to which 196 countries are party, including Zambia – lays out the fundamental rights and protections afforded to children, as well as a State's obligations in ensuring these. As such, the CRC can be considered a foundational document in constructing an international definition for child welfare. This assessment adopts the CRC's conclusion that children and families be afforded necessary care, protection and assistance, and as such uses the term 'child and family welfare case management' to denote a broader array of interventions aimed at prevention of and response to vulnerabilities and violations, as well as promotion of safer and more secure living environments. For the purposes of this assessment, 'child protection case management' refers to more specific statutory functions around child abuse, violence, neglect, and/or legal proceedings involving children (e.g. adoption, foster care, children in conflict with the law).

Similar to child and family welfare, the concept of case management likewise encompasses diverse aspects, though it can be broadly defined as "the process of helping individual children and families through direct social-work type support, and information management" (Child Protection Working Group, 2014). This assessment's qualitative research asked stakeholders at all levels to offer their own definition for case management, and results showed a widely shared conceptualisation, within and outside of government structures – even amongst actors who reported no formal training in case management. In particular, various actors mentioned the process aspect of case management, as well as case management's offering of a holistic approach to protecting children and addressing vulnerabilities. A shared understanding of child and family welfare case management in Zambia is important to the underpinning of further multi-sectoral efforts around coordination and service delivery, and in forming consensus around objectives and goals for case management.

4.1 Legislative and Policy Framework

This component covers the following:

Laws, policies, regulations, national plans, strategies, and SOPs that have been officially adopted and that serve to provide legitimacy, for working cross- and intra-sectorally; guidance on roles and responsibilities of various actors in government and civil society; and support in implementation processes and monitoring mechanisms. Of relevance in this component of the assessment is the GRZ's decentralisation framework and the short-, medium-, and long-term implications of this policy.

Overview of findings

As mentioned earlier in the assessment, various pieces of legislation and policies shape the environment for child and family welfare case management in Zambia. While an overarching framework on case management, applicable nationwide, does not exist, the current policy landscape provides a solid foundation for child welfare and child protection services, while also clearly defining MDAs' roles and responsibilities at different administrative levels. Some notable documents include:[14]

- **The National Child Policy (2006, revised in 2015):** Outlines specific measures to improve the living conditions of children while ensuring that programmes of economic and social development directly address the most urgent needs of vulnerable children. The Policy gives overall policy coordination and oversight to the Ministry of Youth, Sports and Child Development (MYSCD) while direct implementation is the responsibility of the MCDSS.
- **The Alternative Care Regulatory Framework (2016):** Provides guidelines for the care and protection of children covering emergency care and protection, reintegration, kinship care, foster care, and adoption, with the MCDSS as the leading actor.
- **The National Minimum Standards of Care for Child Care Facilities (2015):** Comprehensively lists the minimum set of standards to which RCCFs must adhere vis-à-vis human resources, services, living conditions, and provisions for children; these standards then inform how the MCDSS – which has the mandate to ensure that RCCFs are providing a safe and suitable environment for children in care – conducts M&E on RCCFs.
- **The National Social Protection Policy (2014):** Sets clears objectives, indicators, and activities for participating ministries, departments, and agencies (MDAs) in improving the well-being of vulnerable Zambians across four pillars: social assistance, social security/social insurance, livelihoods and empowerment, and protection. In terms of child protection, it specifically obligates MDAs to provide services to children in conflict with the law, such as through diversion and rehabilitation; educational support and supplementary school feeding to vulnerable children; child-friendly recreational facilities; pursue efforts to eliminate child labour; and to generally enforce and pass laws that protect children's welfare and rights.

Furthermore, the GRZ's Decentralisation Policy, adopted in 2013, establishes a costed implementation plan for the country's ongoing commitment to devolution in service delivery. The Decentralisation Policy establishes that "the district is the focus of development and service delivery," and policy objectives commit to: empowering local communities through devolving decision-making authority and functions, with matching resources, to improve the effectiveness and efficiency of service delivery; developing local councils' and communities' capacities in managing service delivery; and introducing an integrated budget for district development and maintenance, among others. The Provincial Development Coordinating Committees (PDCCs) and District Development Coordinating Committees (DDCCs) are responsible for implementation, oversight and coordination of decentralisation.

Despite a detailed and practical Decentralisation Policy, challenges to its implementation persist. For example, surveys of randomly selected local councils cited inadequate capacity-building and financing levels to implement

[14] See Annex 2 for an expanded list of key documents for child protection case management in Zambia.

the policy, with a lack of devolved funding inhibiting local structures' ability to hire new staff and execute plans.[15] The current delays to empowering district and sub-district level structures with enough human and financial resources for service provision affects all sectors and represents a barrier to enhancing service delivery for child and family welfare case management. Furthermore, while the NSPP offers detailed strategies, activities, output indicators, and targets for achieving its goals – many of which would contribute to child and family welfare case management – the absence of a results-based monitoring mechanism with clear lines of accountability leads to a general ambiguity as to the extent to which the NSPP is achieving its goals.[16]

Further analysis

The KIIs and FGDs with stakeholders at various administrative levels echoed the above overview of the legislative and policy environment in Zambia for child and family welfare case management: namely, that policies, guidelines, and legislation are strong on paper, but implementation and institutional coordination remain a work in progress. There was a general consensus across government and NGO partners that the current policy and legislative environment adequately captures the main issues for child protection. But advances in technology and levels of increasing internet usage amongst children and adolescents may necessitate the development of further legislation to protect them against cyber crime. Some of the most commonly mentioned national documents that guide child and family welfare case management included the National Child Policy, the Juveniles Act, the Adoption Act, the National Plan of Action for Children, the Alternative Care Regulatory Framework, and the Minimum Standards of Care for Child Care Facilities. The DSWOs and RCCF staff commented that the Minimum Standards represented a very practical and effective document for their work in monitoring and quality assurance of RCCFs through setting clear and transparent guidelines and standards.

The main gap in the policy landscape, however, concerns the absence of overarching, multi-sectoral standard operating procedures (SOPs) on case management. Most offices maintained their own internal guidelines, processes, and forms, and one actor had its own Child Protection Policy; while social assistance programmes like the SCT and Public Welfare Assistance Scheme (PWAS) feature operational manuals on identification and eligibility criteria, programme actors' roles and responsibilities, M&E, etc. Promisingly, though, the primary research found various efforts and initiatives in place to enhance standardisation. For instance, pre-testing of SOPs and case management tools (e.g. forms for case intake, assessment of child status) – developed with the support of the Zambia Rising project – in selected District Social Welfare Offices began in 2018. While it is too early to assess these SOPs' performance and uptake, one stakeholder expressed hope from the introduction of more standardisation into child and family welfare case management:

> *I think that standardisation of work, you expect uniformity across the country, in terms of practice and delivery of service. I think no one would really work outside the SOPs, the SOPs would really be the guiding instrument for all the implementing offices across the country… I think they're able to guide… the focus on case management. They have a case manager in place, they also outline who's reporting to the case manager. And over time, they allow for reviews during specified periods.*
> *(KII, government stakeholder, district level)*

Box 2 Case management for migrants

IOM has developed and disseminated a National Referral Mechanism (NRM) – see Annex 3 – for vulnerable migrants to partners within, inter alia, the police, District Social Welfare Offices, DDCCs, and CWACs, to provide clear referral and reporting mechanisms when different cases of vulnerable migrants are encountered (e.g. unaccompanied and separated children, victims of trafficking, refugees and asylum-seekers). This colourful chart can be displayed in service providers' offices or communities, providing a quick and easy-to-follow reference point for assisting cases.

[15] Kaunda, 2018.

[16] International Labour Organization, 2013.

In terms of roles and responsibilities as outlined in national policies and guidelines, interviewed stakeholders expressed high levels of awareness amongst themselves of their roles and responsibilities, and perceived that other actors knew their respective roles, too. But, stakeholders still see value in creating harmonised SOPs for all case management actors, especially for strengthening and formalising referral and follow-up mechanisms. Additionally, several subjects articulated a desire to take on more duties in child and family welfare case management, but felt unable to do so either because 1) they lacked official authority, and/or 2) they lacked the current capacity and/or expertise to do so. For example, DSWOs are gazetted to provide a wide range of statutory and non-statutory services, though the sheer number of these services poses challenges to their accomplishment, especially in light of the limited numbers of DSW staff on the ground. And, although other, non-gazetted actors may be aware that a case is in need of certain services and want to help, these actors know that they cannot do so. However, other actors' desires to become more involved in statutory and non-statutory services would require adjustments to existing guidelines on roles and responsibilities and/or the development of new policies and frameworks. For instance, the Decentralisation Policy would provide a basis for designating more roles and responsibilities in service delivery to community level – if supplemented by appropriate capacity-building exercises and resources – particularly in light of the fact that the DSW does not maintain a direct presence below district level.

Additional legislation, policies, and guidelines,[17] such as the Community Development Policy (in draft form), Community Volunteer Policy (in initial stages of development), Social Welfare Policy and accompanying Social Work Bill (both in final stages), and Best Interests Determination (BID) guidelines (in final stages) could constitute opportunities for expanding the number and types of positions that have the authority to provide services related to child and family welfare case management, realign reporting lines, and establish new structures. Findings from the National Diversion Framework pilot in three districts[18] could likewise inform future institutional arrangements and programming for children in conflict with the law. These policies and documents could enhance multi-sectoral coordination and participation in child and family welfare case management by not only defining the roles and responsibilities of the DSW, DCD, and communities, but in situating other actors from the health, education, legal, and judicial sectors at all levels in the provision of services.

Moreover, the establishment of more robust grievance redress mechanisms (GRMs) for the SCT and other DSW programmes could enhance perceived accountability and transparency of GRZ programmes. Triangulating findings from interviews with district and community level structures, it appears that complaints from the community either go to CWAC members, who elevate them to the ACC, which shares them with the DWAC and/or DSWO; or complainants approach the District Commissioner (DC), who follows up with the District Social Welfare Office. In both cases, though, formal feedback mechanisms to complaints do not seem to be in place, or adherence to established GRMs is low. For instance, one CWAC member stated that SCT beneficiaries in their area had not received benefits for several months, and that the main response received from district level on this issue was to 'wait'. As the CWAC is at the frontline in receiving complaints from communities, and is tasked with communication and information-sharing in SCT operations, clearer and more regular communication could help to ease frustrations within service delivery and programming.

With the above findings in mind, **Table 6** provides answers to each relevant research question, as a way of closing this section:

[17] Updates on forthcoming policies and legislation reflect their status as of June 2018.

[18] UNICEF, 2017.

Table 6 Research questions for policy and legislative environment

Research Question	Relevant Findings
What are the main gaps and weaknesses within child and family welfare case management?	1. The absence of overarching, cross-sectoral SOPs with guidelines for case management adversely affects more standardised and formalised referral pathways, service provision, and feedback on cases. 2. While roles and responsibilities for case management actors are generally clear, the range of statutory and non-statutory services delegated to the DSW Office proves difficult to accomplish at times. 3. Grievance redress mechanisms and sensitisation and outreach efforts on government-led programming could be strengthened at district and community levels to improve perceptions of transparency and accountability.
What are the main barriers to more multi-sectoral coordination in child and family welfare case management?	1. No overarching child and family welfare case management framework at national level translates to less formalised institutional arrangements and multi-sectoral coordination; moreover, the absence of such frameworks inhibits the elaboration of cross-sectoral implementation plans. 2. Weak implementation of the Decentralisation Policy, especially vis-à-vis building districts' and communities' capacities and providing more resources, forms a barrier to more multi-sectoral planning and implementation at service delivery level for child and family welfare case management.
What could reasonably be developed/ strengthened to facilitate/enable/ encourage stronger child and family welfare case management systems?	1. Close monitoring of the SOPs (developed by the Zambia Rising project) being pre-tested at selected District Social Welfare Offices, as well as the case management tools and forms for ward level case management being piloted in four districts.[19] can inform how best to implement and structure SOPs in the future. 2. Forthcoming policies and legislation serve as an opportunity to realign roles and responsibilities within case management, formalise multi-sectoral coordination, standardise service delivery and quality, and/ or provide additional workforce for child and family welfare case management. 3. Following findings and lessons learnt from upcoming case management pilots, unifying SOPs and guidelines on case management for all actors could be instituted.

4.2 Implementation structures at national and subnational levels

Overview of findings

The aforementioned PDCCs and DDCCs constitute examples of the various implementation and coordination structures at national and subnational levels. Although the PDCCs and DDCCs are not directly implicated in child and family welfare case management, both have a mandate from government to monitor and report on progress in achieving multi-sectoral development outcomes and objectives, in line with the 7th National Development Plan and Vision 2030, and both are the highest structures at provincial and district levels. Different sub-committees sit on the PDCC and DDCC, focusing on specific topics and themes; for example, a social sub-sector committee of the DDCC covers issues related to all social protection programmes implemented in the district. A number of other structures at national and subnational levels have more relevance to child and family welfare case management and are displayed in **Table 7,** though this listing is not exhaustive. Going forward and in light of decentralisation, subnational structures should progressively assume greater roles in the implementation, planning, monitoring, and even financing of child and family welfare case management in line with their identified priorities.

[19] The districts under the ward-level case management pilot are Kafue and Rufunsa in Lusaka province, and Mufulira and Kitwe in Copperbelt province.

Table 7 Implementation structures for case management

Level	Structure	Ministerial Affiliation	Description
National	Alternative Care Working Group	MCDSS	Multi-sectoral committee with representation from MCDSS, MYSCD (Child Department), Ministry of Health (MoH), Ministry of General Education (MoGE), Ministry of Justice (MoJ), the Judiciary Ministry of Home Affairs (Zambia Police), UNICEF, assorted NGOs. Monitors implementation of child care reform and receives reports from national Children in Families (CIF) committee.
	National Child Committee (NCC)	MYSCD	Multi-sectoral committee, with representation from MCDSS, that ensures implementation of National Child Policy.
	Social Protection Sector Advisory Group (SAG)	MCDSS	Comprised of social sector line ministries and tasked at national level with monitoring social protection programmes' progress against national development plans and Vision 2030.[20]
	National Steering Committee on Ending Child Marriage	Ministry of Gender (MoG)	Multi-sectoral committee that includes the MCDSS and MYSCD and is responsible for providing policy direction on the campaign to end child marriage.[21]
	Anti-GBV Committee	MoG	Monitors all relevant MDAs on GBV-related matters and the implementation of national plans, and promotes strategies to combat GBV.
District	District Welfare Assistance Committee	MCDSS	Multi-sectoral committee composed of all line ministries operating in a district and NGO partners; monitors implementation of Social Welfare and Community Development programming and responds to other issues, and receives reports from ACCs and CWACs.
	District Child Protection Committee (DCPC)	MCDSS (Secretariat)	Multi-sectoral committee composed of child protection actors from line ministries, NGOs, CBOs and FBOs, focused on child protection and specific thematic areas within the National Child Policy. Reports to the social sub-sector committee of the DDCC.
	District AIDS Task Force (DATF)	MoH	Combines all district actors working on HIV/AIDS prevention and response for purposes of reporting and planning.
Sub-District	Area Coordinating Committee (ACC)	MCDSS	Composed of 10 CWAC members, it receives reports from CWACs, assists in the implementation of social protection programming, and also provides support for urgent child protection cases through referrals.
	Community Welfare Assistance Committee (CWAC)	MCDSS	Composed of community volunteers, the CWAC leads targeting exercises for SCT beneficiaries, engages in community sensitisation and mobilisation, identifies and refers child protection cases.
	Neighbourhood Health Committee (NHC)	MoH	Identifies health issues in the community and liaises with health actors to find solutions and develop implementation and action plans; participates in community mobilisation and sensitisation.

[20] International Labour Organization, 2013.

[21] Ministry of Gender, 2015.

Further analysis

Across the board, actors from the GRZ, NGOs, CBOs and communities saw real benefits to more coordination in service delivery, planning, and referrals in child and family welfare case management, as facilitated through inter-sectoral forums and committees. For example, stakeholders from Kitwe and Kafue districts cited the revamping of the DCPCs, through the support and capacity building efforts of the Zambia Rising project, as a key factor in bringing about stronger coordination on child and family welfare case management. The DCPC was reported to be active in other, non-Zambia Rising districts, too. The DCPCs, which feature overlapping DCPC and DWAC membership, appear to meet at least once per quarter, and do discuss individual cases. The discussion of individual cases in DCPC meetings can be problematic as such discussions may endanger case confidentiality. As such, while presenting aggregated, anonymised data at DCPCs can help to identify broader trends, coordinate on issues in child and family welfare case management, and mobilise resources, it is important to hold regular conferences with relevant service providers to review individual cases. Moreover, information-sharing protocols and practices between case management actors should be better defined to protect case confidentiality and uphold the principles of do-no-harm.[22] Such protocols could also specify in which forum types of cases can be presented: for instance, case conferences should handle sensitive cases like child abuse and defilement, while requests for education assistance could be handled in more general forums.

Box 3 Innovations in implementation structures

While subnational structures such as the PDCC, DDCC and DWAC have a clear mandate from government on their roles and responsibilities, there does exist room for districts to innovate and create sub-committees that reflect their specific priorities. For instance, the formation of a mixed migration sub-committee on the DDCC in some districts, in part stimulated by IOM's efforts on anti-trafficking, provides a more dedicated forum to discuss and handle issues related to irregular migration, trafficking, and vulnerable migrants. Additionally, a key informant in Kitwe reported the forthcoming creation of a case management committee in the district, which would establish a forum for independent experts from different sectors to discuss and make decisions on individual cases.

Beyond strengthening coordination and information-sharing, other cited benefits of more active DCPCs included higher levels of awareness of partners' roles and responsibilities, their coverage areas, and target groups of beneficiaries; reducing duplication in service provision; and enhancing referrals. One stakeholder described how the DCPC enhances coordination and referral:

> *The police will record a case of a missing child, refer the matter to DSWO for safekeeping of that child, the DSWO will refer the child to a particular institution where we feel those services can be provided while we are trying to trace the parents. (KII, government stakeholder, district level)*

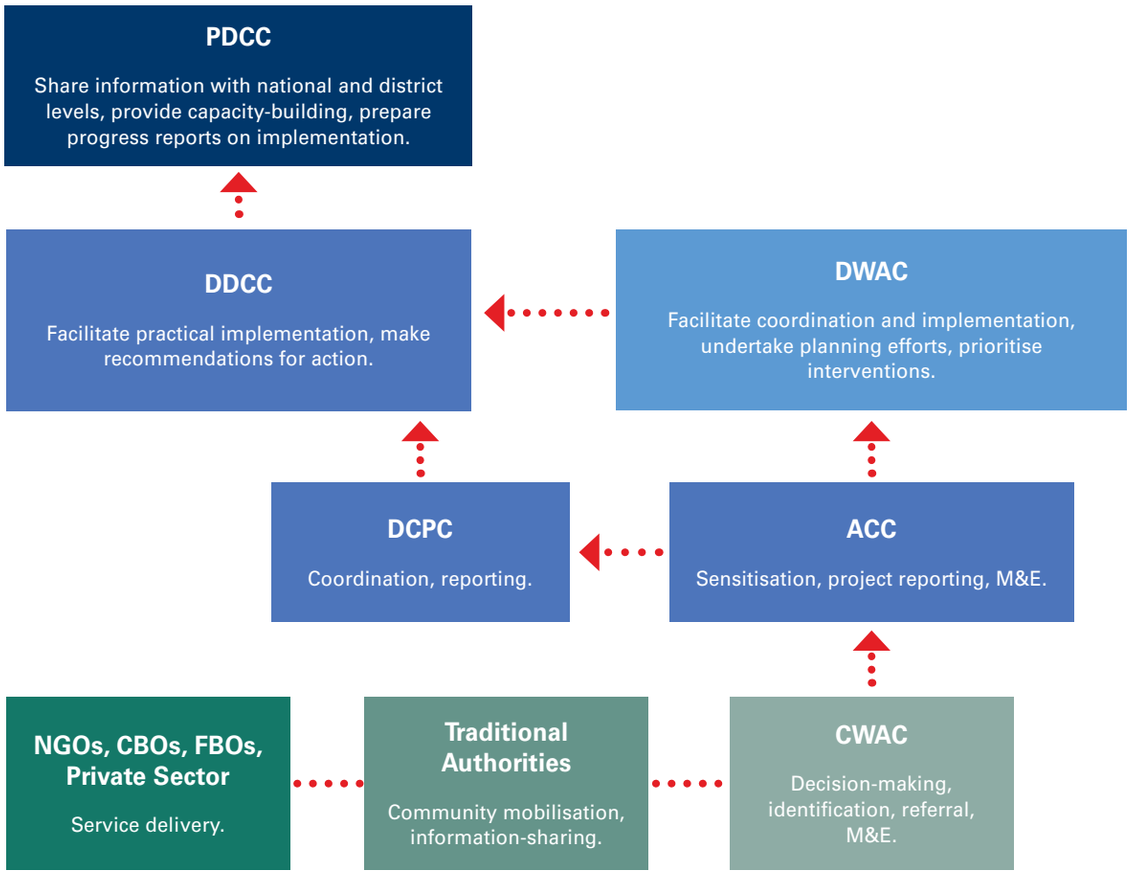
Despite the recognised benefits of revamped/active DCPCs, some actors expressed concern that the DCPCs could fall inactive again in the future, particularly now that the Zambia Rising project is in closeout mode. In particular, the project facilitated the organisation of DCPC meetings, as well as transportation for DCPC members; going forward, though, it will be the responsibility of DCPC members to ensure that they meet regularly. Stakeholders also saw a need to strengthen district level coordination even further, such as through compiling joint workplans for committees (e.g. the DWAC, DCPC), and generally improving information-sharing, reporting and feedback.

At the grassroots level, the ACCs and CWACs interact closely with each other, providing feedback to the DWACs and CDAs on community-level issues and priorities. Though a CWAC must be in place for the SCT, CWACs go beyond simply identifying SCT beneficiaries to serving as focal points for various child protection issues, disseminating key messages on how to access services and report violations, and conducting awareness raising on human rights. CWACs can also involve the ACC in responding to urgent child protection needs, in addition to their regular submission of reports to the ACC. Feedback collected during primary research found

[22] The concept of do-no-harm is originally rooted in the Hippocratic Oath, though this concept has entered into the design of international assistance and conflict resolution programmes as an overarching principle that programmes do not cause uintended harm to beneficiaries.

close interactions between the CWACs and ACCs, as well as reported instances of information-sharing and requests for support, and reporting from the ACC to the DWACs and District Social Welfare Offices. **Figure 2** illustrates the relationships between selected subnational implementation structures, with the arrows denoting upward lines of communication.

Figure 2 Implementation structures at subnational level



While it appears that upward lines of communication – CWAC to ACC to district level – are functional, some CWAC and ACC members reported a disconnect in downward communication, feeling that requests for intervention and support to district level go unanswered. For example, a CWAC identifies children in need of education assistance, transmits these names to the ACC, who then shares the request with the District Social Welfare Office. While limited resources do have the implication of limiting coverage of programmes and services, CWACs expressed that they would like more follow-up communication from district level on their requests for support; more regular communication could also better motivate community volunteers and structures to continue making referrals. Indeed, one interviewed CWAC reported that they went inactive[23] some years ago, partially due to a breakdown in communication with the District Social Welfare Office. In spite of perceptions of a disconnect between community and district levels, CWAC and ACC members felt that their structures play an valuable role in reducing and responding to child vulnerabilities, and affirmed their commitment to continue reporting to higher levels on communities' needs.

Furthermore, it is worth noting that several interviewed NGOs and CBOs felt that they should be included in targeting and selection processes for social assistance programmes, like the SCT. The SCT already relies on community-based structures – CWACs – for targeting households, and international evidence on targeting for cash transfer programmes reveals both benefits and challenges to participatory, community-based targeting methods for social transfers. These include the potential to enhance feelings of ownership and transparency within communities, but on the other hand to provoke allegations of favouritism and nepotism in selection

[23] This particular CWAC was reactivated in 2016 in preparation for SCT implementation.

processes.[24] While this assessment report does not endorse one targeting approach over another, the above sentiments expressed by NGOs and CBOs may suggest a need for more government-led sensitisation efforts on social assistance programmes. Moreover, NGOs, CBOs and community members expressed beliefs that SCT beneficiaries were not selected fairly, or that political interference ultimately determined who would be selected; the validity of these beliefs that was not investigated during the course of this assessment. Considering that these same actors perceived the SCT as highly effective, in terms of its positive impacts on beneficiaries, more regular sensitisation efforts from the DSW could focus on sharing quotas and targeting criteria, as a way of managing communities' expectations and providing more clarity on the SCT.

Table 8 Research questions for implementation structures at national and subnational levels

Research Question	Relevant Findings
What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?	1. Active and functional DCPCs, ACCs and CWACs are contributing to better identification, response, referral and overall coordination in child and family welfare case management. 2. The creation of new structures (e.g. a mixed migration sub-committee on the DDCC, case management committee) that either sit within and/or work with existing inter-sectoral committees can add more dedicated forums for child and family welfare case management.
Who are the main actors, governmental and non-governmental, involved in case management?	1. As the district level and below concentrate on service delivery, the main actors are the DCPC, a multi-sectoral body of line ministries and NGOs involved in child protection; ACCs: CWACs and DWACs, as a general coordination platform for DSW activities.
What are the main gaps and weaknesses within child and family welfare case management?	1. While a good resource in child and family welfare case management, DCPCs, ACCs and CWACs can be at risk of falling inactive, especially in the absence of strong leadership or support. 2. Downward communication channels (i.e. from district to community) could be strengthened, while more information-sharing in general between stakeholders can contribute to better planning and reduce duplication.
What are the main barriers to more multi-sectoral coordination in child and family welfare case management?	1. Joint planning exercises or workplans for multi-sectoral committees can foster more consensus and greater feelings of ownership amongst all partners in child and family welfare case management. However, delays in implementing the Decentralisation Policy's devolution of resources may hinder more planning efforts. 2. There is no government-mandated, multi-sectoral structure for child and family welfare case management.
What could reasonably be developed/strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?	1. More meetings and regular communication between the CWAC, ACC, CDAs and District Social Welfare Office could strengthen these relationships, information-sharing, and feedback. However, clearly defined information-sharing protocols and practices should be elaborated so as to protect case confidentiality. 2. Stronger joint planning efforts on multi-sectoral committees at all levels would not only safeguard that all child and family welfare case management actors better coordinate efforts and interventions, but also render progress against goals and objectives easier to measure.

[24] Robertson et al., 2014.

4.3 Financial and material resources

This component covers the following:

Financial allocations for case management at national and subnational levels. Coordination requires dedicated funding for streamlining services and collaborative planning, monitoring and evaluations. Resources also include buildings/physical space from which they operate, and which can potentially be shared across sectors, guidelines, forms and tools.

Overview of findings

The GRZ's continued commitment to poverty reduction and achievement of the NSPP's objectives have resulted in progressive increases in social protection spending within the National Budget since 2014 (the year of the NSPP's adoption). For the 2018 National Budget, the GRZ committed to increasing the number of SCT beneficiaries to 700,000, in comparison to 590,000 in 2017; increasing PWAS coverage to 200,000 beneficiaries from 134,000; doubling the number of Food Security Pack (FSP) beneficiary households from 40,000 to 80,000; and enhancing women's empowerment programmes through grants and micro-loans to entrepreneurs.[25] Such plans to reach more beneficiaries consequently necessitated larger shares of financial allocations to these programmes.[26] The 2018 education and health budgetary allocations likewise increased, reflecting GRZ commitments to hiring more teachers, offering more skills training, and upgrading infrastructure (education sector); and building more health posts, recruiting more personnel, upgrading health facilities, and establishing a Social Health Insurance Scheme (health sector).[27] Finally, and in line with the Decentralisation Policy, the GRZ will continue to de-concentrate the financing of front-line public services and infrastructure projects at subnational levels to the provincial administration.[28]

While no dedicated funding from the GRZ to child and family welfare case management exists, combining budgetary allocations to the social sector and public services – for example, social protection programmes, health, education, gender, judiciary, police – could create a comprehensive funding 'pool' for various activities and interventions. Furthermore, some MCDSS budget line items are dedicated to parts of child and family welfare case management, like that for juvenile justice, which funds diversion and rehabilitation programmes for children in conflict with the law; limited grants for RCCFs; and educational assistance, which provides bursaries and other in-kind materials to students. Alongside GRZ-funded services and programmes, RCCFs, NGOs, CBOs, FBOs and donor-funded projects like ZamFam, Zambia Rising, and KGS provide vital, supplementary coverage while other community-based volunteers (CBVs) like the CWACs, constitute an invaluable resource in collective family welfare efforts.

Further analysis

Stakeholders from all levels reported insufficient financial and material resources to meet the demand for child and family welfare case management services. And although district level allocations for the SCT have remained constant or even increased, this has come at the expense of funding for programmes like the PWAS, a social assistance programme whereby communities receive funding, allocate resources to vulnerable persons and prioritised needs, and then report back to the District Social Welfare Office on their progress. Social services offered by the GRZ, NGOs, and CBOs were unanimously reported to be free of charge,[29] though accessing services appears to be a financial burden for case management actors at different levels. Specifically, transport costs prove to be a challenge, both for CBVs and staff within government, NGOs, and CBOs. Moreover, transport

[25] Mutati, 2017.

[26] In nominal terms, the social protection budget actually decreased from ZMW 2.7 billion in 2017 to ZMW 2.3 billion in 2018, owing to a 33 per cent decrease in allocations for the Public Service Pension Fund (PSPF) (UNICEF Zambia, ZIPAR, 2017).

[27] Mutati, 2017.

[28] Ibid.

[29] Several stakeholders reported that primary schools charged fees, despite government policy to the opposite effect.

costs for multiple trips to different locations can prove overwhelming for many community members, leaving case management actors to face the choice of covering the cost themselves or risking that the case will not be able to proceed. Transport costs from hard-to-reach rural areas – where service providers are less concentrated and accessible – to urban areas may be prohibitive. As one service provider explained,

> *It's very expensive to take a child to the police, from there to the doctor. Because like issues of child defilement[30], here in the district there are only two doctors who can sign ... Chances are that you go there and he's not there. So you either wait or you go back. By the time you are going there, the evidence will be erased, not so? So, I think ... if the resources are allowed, then these services, we can do them to the full scale. (KII, non-governmental stakeholder, district level)*

Members of the ACC and CWACs, CDAs and ZamFam caregivers also reported using their own money to cover costs related to food and other basic needs for serious child protection cases.

Paying for costs out of one's own pocket would be demanding for many people, but the fact that ACCs, CWACs, and ZamFam caregivers work voluntarily renders such personal expenses even more daunting for them. ZamFam caregivers do receive some in-kind goods, such as gumboots and t-shirts, while CWAC members benefit from nominal allowances to cover transport and lunch during SCT targeting exercises. These groups of volunteers all reported feeling passion and high levels of commitment to and satisfaction from their jobs – sentiments that low levels of turnover within all three structures back up – though they admitted that the lack of financial compensation and high levels of expectation for their work can be demotivating. Indeed, one CWAC speculated that the lack of remuneration is behind the inactivity and/or absence of CWACs in neighbouring sections of their community.

Box 4 Expanding sources of funding

While all case management actors face constraints to funding and resources, successful advocacy and outreach can result in donations and identification of additional funding sources. For example, one RCCF has managed to tap into the private sector for monetary and in-kind donations of food, clothing, and educational materials, while local secondary school students volunteer their time to tutor children. And strong networks between an ACC and local churches, community leaders, and even a Member of Parliament have led to the provision of education assistance for in-need children, particularly for secondary and tertiary education. This ACC also works with primary schools to negotiate flexible payment schedules for vulnerable children, so that these children can continue their schooling.

Limited resources to continuously and widely fund service provision also led to fears that the closeout of donor-funded projects would result in disruptions to service. For example, while CBOs and caregivers for ZamFam generally believe in the sustainability of the community-based care model beyond the project, they expressed concern that the education assistance component would end. Or, in the case of an OSC that was formerly funded by USAID, the end of donor funding meant less money with which to purchase fuel for the OSC's vehicle, meaning that the OSC now faces constraints in transporting sensitive cases to and from its facility. The OSC reported that the end of USAID funding neither lead to a significant decrease in the number of people accessing services nor a change in the types of services it provides; rather, the fuel issue represents a limitation in offering a more comprehensive package to those in need. And considering that many other OSCs in Zambia were established through financial and technical assistance from donors,[31] consistency in OSC service provision following handover to the GRZ may be a challenge going forward. Furthermore, the absence of a national OSC policy or framework weakens future national, financial commitments to OSCs.

In terms of material and/or non-monetary resources, stakeholders from the DCD reported that a lack of adequate storage space for keeping case files endangered confidentiality in case management, particularly should CDAs take on more roles and responsibilities in the process. Additionally, CDAs do not have dedicated office space, which can pose a challenge to 1) holding interviews with sensitive cases and 2) remaining accessible to the community, as community members may not know how to locate a CDA. Members of CWACs and ACCs, and

[30] The Zambian Penal Code defines defilement as the unlawful and 'carnal' knowing of girls under the age of 16.

[31] European Union, 2017.

ZamFam caregivers, suggested that the provision of bicycles or motorcycles would widen the extent of areas that they could cover in one day, thereby increasing their visibility and availability.

However, interviewed actors did share some ways in which to enhance the reach of limited resources. First, the OSC model was cited as an effective way to not only improve service provision but to reduce transport costs for cases of rape, defilement, and child abuse. Second, the promotion of alternative care both aligns with the GRZ's plan for child care reform and can offer significant cost savings. One RCCF indicated that it covers over 3,000 children and their families through community outreach and financial empowerment programmes, as opposed to housing a maximum of 160 children on site, as housing costs significantly more. Moreover, such outreach can exert preventative benefits:

> *The bulk majority of the children are out there, in the community, and it was also important that we prevent children from falling out of families to come into child care facilities. (KII, non-governmental stakeholder, district level)*

Last, stronger coordination can achieve efficiency gains through reducing duplication in financing activities. One DSWO cited the example of duplications in education assistance, whereby the District Social Welfare Office and NGOs unwittingly paid school fees twice for the same child. However, the District Social Welfare Office now liaises with the District Education Boards (DEBs) and other NGOs to share lists of children who are receiving education support, prior to allocating their own resources to bursaries.

Table 9 Research questions for financial and material resources

Research Question	Relevant Findings
What could reasonably be developed/ strengthened to facilitate/enable/ encourage stronger child and family welfare case management systems?	1. In general, initiatives and projects aimed at prevention in child protection – such as through livelihoods and skills development, and/or capacitating community actors to do more sensitisation and early identification – can achieve cost-savings through averting the need for more involved and resource-intensive case management interventions. 2. More robust efforts to facilitate alternative care can create opportunities for the re-allocation of resources spent to house children at RCCFs to other programming (e.g. outreach and empowerment). 3. Transport costs to access service providers represent a financial burden, potentially inhibiting cases to seek out needed care and undermining volunteers' commitment to their work. The allocation of some resources to sub-district-level, volunteer-based structures, such as ACCs and/or CWACs, would create an easily accessible fund to cover transport costs and other immediate needs for urgent child protection cases. 4. Consolidating service provision, as done in OSCs, reduces costs to members of society, both financially, in terms of money spent, and as an opportunity cost, in terms of time spent going to different offices. However, the financial feasibility and overall sustainability of investing in more consolidated service provision models should be assessed. 5. Alternative sources of funding and in-kind resources (e.g. churches, the private sector, community leaders) for vulnerable children in need of assistance exist. Even if these sources cannot cover all those in need, advocacy and outreach to them can still make an impact. 6. Closer coordination and more information can ensure that limited resources reach as many vulnerable children as possible through reducing duplication.

4.4 National and subnational workforce

This component covers the following:

Namely, who is responsible for case management in each sector, specifically the division of labour between professionally employed personnel and volunteers and what functions each perform, and the caseload for staff.

Overview of findings

As outlined earlier in the assessment, the MCDSS' internal division of labour places the provision of statutory and non-statutory services on the DSW. In practice, this means that personnel within District Social Welfare Offices, namely the DSWO and Assistant SWOs, are service providers, as well as taking the lead in inter-agency coordination mechanisms that concern child protection (e.g. the DCPC) and social welfare programming (e.g. the DWAC). Furthermore, DSWOs are expected to cascade knowledge of the SCT to ACCs and CWAC.[32] While the majority of District Social Welfare Offices are staffed by one DSWO and two Assistant DSWOs, Programme Officers provide additional support for the SCT at some District Social Welfare Offices.

The obligation to cover a diverse portfolio of services needs well-capacitated DSW staff, though the social welfare workforce in Zambia would benefit from more professionalisation. For example, university and graduate-level degrees are offered in social work at Zambian universities, though there is no official certification of any social work training programme in Zambia,[33,34] leading to programmes of variable quality and rigour. Promisingly, the MCDSS is developing curricula for a case management course, with child protection integrated, in its staff training colleges as a step towards standardising service delivery amongst the DSW workforce. Plus, the eventual passage of the Social Welfare Policy and Social Work Bill would give a mandate to the Social Workers Association of Zambia (SWAZ) in the examination and licensing of social workers.

Alongside the DSW, various other sectoral actors deliver child and family welfare case management, both as professional staff and volunteers, as outlined in **Table 10**. A notable exception to district level, direct service provision is ChildLine, which dispenses counselling and refers cases to the police from its call centre at national level. Naturally, different areas of the country may feature additional or fewer actors involved in case management than reflected in the table below; but, based on desk review and primary research, the below-listed actors are either embedded in official documents and/or were encountered most commonly during desk review and qualitative research.

[32] Wyatt, Attah, and Kardan, 2014.

[33] Guyer, Lumumba, Kennedy, Wheeler, and Liles, 2014.

[34] Chisanga, 2016.

Table 10 Social services workforce at national and subnational levels

Level	Sector/ Department	Actor(s)	Professional or Volunteer	Functions
National/ District	Civil society	ChildLine	Professional	Operate hotline that receives and records reports of child abuse, SGBV, rape, and defilement from across the country; refers cases to relevant police stations; offers over-the-phone counselling or in-person counselling at its offices in four districts (Mwansa, Livingstone, Katete and Chiwombo).
District	Department of Social Welfare	DSWOs, Assistant SWOs	Professional	Provision of statutory and non-statutory services.
	Department of Community Development	DCDOs, Assistant CDOs	Professional	Management for FSP, women's empowerment programmes, provision of agricultural inputs, Village Bank, and other development programmes.
	Zambia Police	VSU, Child Protection Unit (CPU)[35]	Professional	VSU: Specialise in cases of child abuse, SGBV, rape and defilement; provide mediation and counselling, and participate in community-level sensitisation efforts. CPU: Solely handle cases committed by or against children.
	Health	OSC staff (coordinator, paralegals, counsellors); social workers embedded in hospitals	Professional/ Volunteer[36]	Prepare medical reports on cases of abuse, rape and defilement; offer psychosocial support (PSS) and legal advice to victims; advise and prepare cases to go to court.
	Civil society	RCCFs, other NGOs/CBOs/ FBOs	Professional	RCCFs: House and care for children until another arrangement is identified. Other NGOs/CBOs/FBOs: Provide education assistance, empowerment and livelihoods services, health services, implement other development and assistance projects, safe houses for victims of SGBV.
	Judiciary	Magistrate Court Judges	Professional	Adjudicate on criminal cases involving child victims or minor perpetrators, issue judgments on adoptions.
Area/Ward	Department of Community Development	CDAs	Professional	Assist in identification of programme beneficiaries, liaise with community-level structures on response and referral for vulnerable cases.
	Department of Social Welfare	ACC members	Volunteer	Liaise with CWACs on identification, referral, response and follow-up; contribute to sensitisation.
	Health	Community Health Assistants (CHAs)	Professional	Deployed to health facilities to provide routine and preventative health services, undertake community outreach, work with NHCs and communities.
Community	Department of Social Welfare	CWAC members	Volunteer	Lead identification, referral, response and follow-up, and sensitisation.
	Civil society	Volunteers (ZamFam caregivers), community leaders (traditional leaders, headmen/ headwomen)	Volunteer	Caregivers: Serve as caseworkers for ZamFam beneficiaries through providing 'hands on' support, such as filling out assessment forms, referring and linking beneficiaries to other services, performing regular follow-ups. Community leaders: Participate in sensitisation and mobilisation, mediate cases.
	Health	NHCs	Volunteer	Work with CHAs and communities to identify problems, create action plans, do M&E.
	Education	Teachers, guidance counsellors	Professional	Identify vulnerable children, such as those in need of education assistance; future plans to train guidance counsellors to identify and link KGS beneficiaries who are at risk of dropout to case management.

[35] CPUs do not maintain presence in all districts and generally only exist in large districts (e.g. Ndola, Lusaka).

[36] OSCs can feature volunteer staff, such as counsellors, in addition to professional staff.

Further analysis

While the above table highlights the range of multi-sectoral actors involved in some capacity in child and family welfare case management, stakeholders generally reported gaps in the workforce. The limited number of staff to assume various roles and responsibilities within District Social Welfare Offices has already been discussed, and these limited numbers place further pressure on the workforce of the DSWOs or Assistant SWOs to attend trainings or workshops, or take leave. Additionally, the numbers of approved doctors who can sign-off on medical examinations for cases of alleged defilement, rape or abuse are also few, so if a doctor is unavailable, then the case must wait or return to the hospital. Other professional staff, such as the VSU, OSC staff, CDAs, and ZamFam CBOs, felt that while their intra-office workforce was sufficient to carry out duties, a lack of transportation to directly respond to problems in the field constrained their ability to reach their entire area of coverage:

> *So without transport, it's a challenge to us because if you look at the distance that they cover, each one covers 16 kilometres ... Now you can imagine, others even more than that. So at least if they're empowered with that transport, at least their mobility will be easier for them to cover the areas that they need to cover. (KII, government stakeholder, district level)*

Considering the challenges faced by professional staff in responding to all needs, volunteers play a significant role in multiple aspects of child and family welfare case management, primarily for non-statutory services. In general, volunteers within child and family welfare case management work at sub-district level,[37] such as on ACCs, CWACs and CBVs (e.g. ZamFam caregivers). For the SCT, ZamFam programme, and general child protection, these volunteers participate in the identification, referral and follow-up, with professional staff providing a response. On the other hand, professional staff assume responsibility for statutory services, such as a comprehensive case assessment, determination of its needs, and appropriate intervention. However, it is important not to generalise the division of labour between volunteer and professional staff in child and family welfare case management, as the presence of different programmes (e.g. ZamFam, SCT) and different contexts (e.g. urban vs. rural) can influence the available workforce and its roles and responsibilies on the ground.

Box 5 Caseloads

Quantifying a reasonable caseload is challenging, especially considering the variable and individual needs of each case. One international guideline suggests 25 cases/caseworker at any given time, though it acknowledges that more complex cases may render 25 cases too overwhelming (Child Protection Working Group, 2014). In Zambia, data on average caseload/caseworker are not available, though the average caseload across the interviewed ZamFam caregivers was 18.8 beneficiaries/caregiver (range = 32). Overall, the caregivers found this caseload manageable, though demanding. Should more CBVs be integrated into child protection case management in the future, caseload data from ZamFam could provide a helpful benchmark in determining numbers of CBVs needed to align with identified needs and required duties.

Child and family welfare case management actors at sub-district level, such as volunteers and CDAs, largely expressed an interest in taking on more roles and responsibilities, commonly citing psychosocial support (PSS), administration skills and livelihoods trainings, and provision of more support and follow-up, such as linking cases to other interventions (e.g. education assistance, agricultural inputs). However, the desire to link more cases to interventions likely speaks to the limited availability of such services as opposed to gaps in awareness, as the sub-district level workforce appeared to be largely familiar with the services that exist and who provides them. These actors did acknowledge that further trainings and skills building exercises would be necessary to properly capacitate them for a more meaningful place in child and family welfare case management.

One sub-district level actor – the CDA – has already undergone some capacity-building in child and family welfare case management as part of the Zambia Rising project. Given the CDAs' placement within communities and existing relationships with CWACs and ACCs, stakeholders widely agree that they can become a bigger resource for child and family welfare case management. Under the Zambia Rising project, CDAs, and small numbers of

[37] The OSC reported that their counsellors, who provide PSS, work on a voluntary basis, while one RCCF mentioned occasional support from volunteers (though with low retention rates).

CHAs, received trainings on case management, and one district, Chingola, has included 'case management' on reporting forms that CDAs fill out on their monthly activities. While the CDAs are already involved in referring cases to service providers and contributing to community efforts to address child vulnerabilities, building their case management capacities may entail widening their concept of a 'case,' as described in the example below:

> *I think an interesting thing that we had in the conversations with a group of CDAs ... was that, even the SCT households, are cases. Or, the Food Security Pack households are possible cases, because those are all vulnerable families that are being served. And the discussion around the table was quite eye-opening, because it wasn't an immediate, 'Oh yes, they're cases.' For them it was just a case of defilement or a specific issue that was referred to them. Whilst the actual beneficiaries that they deal with on a day-to-day basis weren't, per se, perceived by this group as their 'case' ... when you look at their reporting you see how many actual case management cases they have, it was actually quite few in comparison to the beneficiaries that they served. (KII, national stakeholder)*

Interviews with CDAs included those who had benefitted from Zambia Rising trainings and those who had not. The former group described case management as a process of identifying vulnerable children, assessing their needs, and then linking them to a service provider; the latter group focused more on specific needs and the response, such as cases of defilement or referring cases to the DSW. Teaching CDAs to conceptualise a case as requiring a more multi-faceted response and holistic approach will prove key to their participation in the 'cash plus' pilot, especially in terms of capacitating them to realise that the SCT alone may not address all vulnerabilities.

Box 6 Religious leaders' role in case management

A stronger community-based workforce for child protection case management should include community and traditional leaders, particularly for the dissemination of key information on how to access services, and the sensitisation and mobilisation of communities on child rights and assistance to vulnerable children. During primary research, though, several stakeholders at different levels suggested the need for greater involvement from churches and religious leaders in child protection case management. Churches bring together large groups of people and religious leaders enjoy widespread respect, so capitalising on their reach and influence could bolster awareness-raising campaigns and behaviour change communication (BCC) efforts.

Although increasing the workforce for child and family welfare case management can enhance burden-sharing across all actors, as well as offer more outlets for case identification, referral, and follow-up, this comes with a caveat: an increase in case management actors should not endanger case confidentiality. For instance, CWACs, ACCs and CDAs all receive referrals from communities, which could create scenarios in which multiple people know about a case of defilement or abuse. In many communities, people do live in close quarters, and it was reported that neighbours or teachers sometimes report violations against children, as opposed to parents or the children themselves. However, information-sharing among different case management actors should safeguard that details on sensitive cases are on a need-to-know basis only. One national stakeholder suggested that CDAs and CWACs carry out case identification and referral to service providers, while ACCs and higher structures would only receive aggregated data on cases for the purposes of reporting. A more robust, ward-level case management system in Zambia is still evolving, but conscientious efforts can ensure the coexistence of confidential case recording, data protection, and reporting systems and an expanded case management workforce.

Table 11 Research questions for national and subnational workforce

Research Question	Relevant Findings
What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?	1. A strong, community-based workforce plays an essential role in identifying, referring, and following up on cases. 2. ZamFam caregivers represent a best practice in case management through carrying out regular assessments of changes in child status, linking cases to service providers, and creating strong bonds with beneficiaries.
Who are the main actors, governmental and non-governmental, involved in case management?	1. The main actors are those from the DSW and DCD, police (VSU and CPU), judiciary, doctors, OSC staff, teachers, ACC members, CWAC members, CDAs, CHAs and NHCs (governmental); and RCCFs, NGOs, CBOs, FBOs, community leaders and community volunteers (non-governmental). 2. The volunteer workforce takes on much of the burden of case identification, referral and follow-up.
What are the main gaps and weaknesses within child and family welfare case management?	1. There are limited numbers of professional staff to provide services at district level. 2. CDAs and community volunteers cover large areas, and a lack of transport can pose challenges to reaching cases. 3. The absence of protocols and more defined practices vis-à-vis information-sharing for subnational implementation structures can endanger case confidentiality.
What are the main barriers to more multi-sectoral coordination in child and family welfare case management?	1. Thus far, outreach to and engagement with community-based actors from other sectors, such as CHAs, remain at nascent levels.
What could reasonably be developed/ strengthened to facilitate/enable/ encourage stronger child and family welfare case management systems?	1. Increasing the involvement of CDAs in child and family welfare case management would capitalise on this position's existing capacities, responsibilities and links with communities and service providers. 2. Possibilities for engaging with other community-based positions, like CHAs, on case management should be explored.

The concept of community-based case management is not entirely new to Zambia, though the ZamFam programme represents a particularly wide-ranging approach to it. While the programme explicitly targets OVC (ages 0–19) who are affected by HIV or at risk of infection, as well as parents/guardians who are living with HIV, the programme's objectives speak to a holistic strengthening of community capabilities for care and support. Since inception in 2015, the programme has reached over 100,000 beneficiaries, offering services related to health, PSS, food and nutrition, care and support, education and vocational support, child protection, and economic strengthening and livelihoods. Volunteer caregivers monitor beneficiaries' progress and link them to needed services, becoming de facto caseworkers for children. CBOs train the caregivers in using the ZamFam Tookit and filling out a set of forms for each beneficiary, including assessment, registration, guardian registration, referral, and Child Status Index (CSI) forms; the CSI is updated and reviewed every three months to track changes to the beneficiary's status. All of these forms, and others, create a comprehensive case file for each beneficiary.

> *... every month we visit [the children] to check on them and find out challenges they are facing. And when we find that they are facing some challenges and problems, we meet as caregivers to discuss these problems and challenges as well as sharing ideas on how best we can solve these problems. This is mainly our responsibility. Then when we see that there is a case ... we cannot handle, we refer them to the Social Welfare or the police depending ... (ZamFam caregiver)*

Although all beneficiaries and caregivers praised the education assistance for school fees, uniforms, and books given by ZamFam, beneficiaries also found value in non-material forms of support from their caregivers, such as regular home visits; a case's needs influence how often a caregiver visits a beneficiary. For example, many beneficiaries mentioned that they feel comfortable sharing their problems with their caregiver and asking for help. In return, caregivers advise beneficiaries on their rights and remind them of the importance of staying

in school and avoiding harmful behaviours like abusing alcohol and drugs, or engaging in criminal activities. Moreover, caregivers make referrals for pregnant girls to re-enter school, work with parents and guardians on positive parenting skills, and engage in sensisitation to reduce stigma and discrimination against people living with HIV. Youth clubs and savings clubs have also been established as part of the ZamFam programme to enhance overall resilience in the community.

Caregivers and beneficiaries generally feel that the ZamFam programme has helped to reduce vulnerabilities in their areas, such as through enabling more children to attend school, empowering children to assert their rights and report violations, educating adults on the importance of saving money to protect against shocks, and strengthening links between communities and service providers. Despite the positive results reported during primary research, the ZamFam model may encounter some challenges vis-à-vis its potential for replication and sustainability. First, cross-sectional surveys conducted as part of a benchmark assessment on ZamFam beneficiaries and caregivers revealed that both groups experienced vulnerabilities across several dimensions, including economic and food insecurity, socio-emotional support, education levels, health, and nutrition.[38] As such, beneficiary households may necessitate further forms of support, such as economic strengthening and more intensive behaviour change communication (BCC), to more substantially address the inter-related and underlying factors that influence vulnerability. Second, the lack of remuneration for caregivers – while rendering ZamFam a low-cost model for child and family welfare case management – could affect long-term sustainability, given that caregivers shoulder a significant amount of work and sometimes personally cover expenses to take beneficiaries to service providers; however, interviewed CBOs reported low levels of caregiver turnover, and caregivers themselves expressed feeling committed to the work. Finally, while the amount of data collected by the ZamFam programme is commendable, maintaining this standard can be resource-intensive, given that CBO staff does the data entry and caregivers must be provisioned with notebooks and hard copies of the various forms.

> *... what I can say is that ZamFam has helped us a lot, it has made us know or become aware of things we didn't even know like violations of rights. We didn't know our rights, we didn't know anything about HIV and AIDs. Through ZamFam we have learnt all this, and we are also teaching our friends who don't know. And I am saying thank you to the ZamFam Caregivers, they have helped us in many ways. (ZamFam beneficiary)*

All in all, the real potential for the ZamFam model of community-based case management for replication lies in its benefits in reaching vulnerable children, providing follow-up and installing trusted caseworkers in communities who contribute to prevention and response efforts.

[38] Mbizvo et al., 2018.

4.5 Programmes and services

This component covers the following:

Case management services per sector, which sectors are providing services, what points of referral exist/ potentially exist, and to what vulnerability categories are services currently responding. Voluntary services are often the first point of contact for vulnerable members of the community and should therefore be included in this analysis of identification and referral of children and adolescents.

Overview of findings

When discussing programmes and services within a child and family welfare case management system, it is important to consider the totality of programmes and services in place that offer protective and preventative responses to abuse, neglect, exploitation and violence.[39] Moreover, as case management is a process, one case may require multiple programmes and services over an undefined period of time. Some sectors provide more pertinent services to child and family welfare case management than others, particularly social sectors like education, health, social welfare, gender, social development, justice and the police. On paper, social services in Zambia are accessible, considering that primary school is free, and that the GRZ provides universal healthcare at primary healthcare facilities (PHCs); programmes and services offered by other GRZ structures, like the police, are likewise free of charge. Social welfare, development, education assistance, nutrition, and economic empowerment programmes, implemented by GRZ structures and NGOs, provide additional support for particularly vulnerable Zambians who cannot afford to access social services or who are in need of assistance beyond standard social services. **Table 12** below consolidates the main services and programmes, both preventative and responsive, for child and family welfare case management.

However, in practice, accessibility to programmes and services encounters issues related to location of service providers, as well as costs connected to travel to and from service providers' offices. More specialised service providers, such as large hospitals, tend to cluster in urban areas, which can leave those living in hard-to-reach, rural areas – which tend to experience higher levels of poverty – isolated. The GRZ has undertaken several initiatives to improve service provision in rural areas, such as committing to build more rural health posts and financially support community schools,[40] and sending PHC workers to do outreach in hard-to-reach communities. Availability of services and programmes likewise represents a challenge, as the level of demand often outstrips the level of supply. Plans to increase the number of beneficiaries for social assistance programmes, like the SCT and FSP, can address some of the surplus demand, though more integrated service provision could help ease the inter-related vulnerabilities underpinning poverty, poor health, malnutrition and lack of education that affect many Zambians. Indeed, over half of Zambians qualify as multi-dimensionally poor,[41] meaning that they experience deprivations related to health, education, and living standards, in addition to income poverty.

[39] Child Protection Working Group, 2014.

[40] Community schools are established by civil society in areas where the Ministry of General Education (MoGE) has not constructed a school. The Education Act incorporates these schools into MoGE structures and ensures improved government funding and support for them (Counterpart International, 2017.

[41] United Nations Development Programme, 2016.

Table 12 Programmes and services for child and family welfare case management

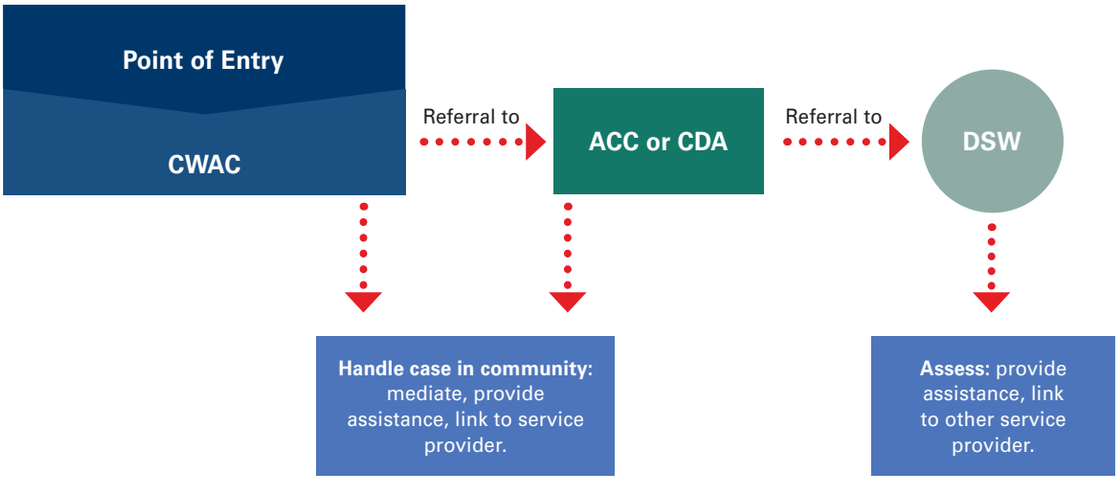
Service/Programme	Provider	Description
ZamFam	ECR (oversight); CBOs and caregivers (implementation)	Holistic approach to improving well-being of OVC through education assistance and dedicated case management from caregivers.
Child Hotline	ChildLine	Toll-free hotline that refers reported child protection cases to the police and offers counselling.
Statutory services: *Correctional services, adoption, foster care, anti-human trafficking, SGBV*	DSW	Services backed by national statutes and delivered by GRZ structures, which apply administrative procedures to enact a (binding) decision on cases.
Non-statutory services: *PWAS, SCT, Care for Older Persons, Places of Safety, education assistance/ bursaries, counselling*	DSW	Services targeted at various vulnerability categories and with the general aim to improve beneficiaries' well-being, socioeconomic status, and development.
FSP programme	DCD	Programme targeting poor smallholder farmers that distributes agricultural inputs to beneficiaries to enhance productivity and outputs.[42]
Village Bank	DCD	Revolving loan programme that targets female entrepreneurs.
OSC	MoH	Provides holistic response to GBV, rape, and defilement cases by combining multiple service providers – doctors, VSU, counsellors, paralegals – in one location.
PHC facility	MoH	Delivers healthcare such as vaccinations, child growth monitoring, deworming, and others.
Courts	Judiciary	Adjudicates criminal cases committed by or against minors, and delivers binding custody decisions.
Schools	MoGE	Provides sensitisation and education on child rights.
RCCFs	NGOs	Provide accommodation for children in urgent need of care, while also covering basic needs and social services.
KGS	MoGE	Provides education scholarships to girls of secondary school age from SCT households.
Other: *education assistance, HIV prevention and response, livelihoods and empowerment programmes*	NGOs, CBOs, FBOs, civil society	Assorted civil society actors complement GRZ service provision through their own programmes.

Further analysis

The identification of cases in need of services appears to outpace provision of services, based on widespread feedback from primary research; this could be attributable to limited financial, material, and human resources to expand the reach of services and programmes. As demonstrated in the previous section on national and subnational workforce and in **Figure 3** below, volunteers from ZamFam, CWACs and ACCs perform the bulk of case identification and referral, acting, in an informal sense, as screening for programmes and services. Subjects from the aforementioned structures reported preparing referral reports to higher entities, such as DSWOs, requesting consideration for a particular case to benefit from bursaries or inclusion in the FSP, for instance. RCCFs may do their own identification and/or receive referrals from the DSW on children in need of immediate care. Such interactions demonstrate how referral pathways operate at the grassroots level, and district level stakeholders reported satisfaction with how communities are doing identification and referral of cases. The vast majority of interviewed case management actors perceive that the frequency of referrals between partners is generally high and has been improving, particularly through the strengthening of bodies like the DCPC; this assessment cannot substantiate this perception through comparing numbers of referrals over the years. More formalised referral and follow-up mechanisms could strengthen referral processes, though.

[42] Weitz, Nilsson, Barron, and Mothabi, 2015.

Figure 3 Identification and referral pathways



In terms of quality of services and programmes, the SCT, FSP, and school bursaries were frequently commended, in terms of perceived, positive benefits to and impacts on beneficiaries; ZamFam beneficiaries expressed high levels of satisfaction with service provision, frequently citing education assistance as especially valuable. Various stakeholders also highlighted the health sector in effective service delivery, singling out PHC outreach and the OSCs as best practices. Needless to say, all stakeholders mentioned that available services and programmes do not meet demand, a reality encapsulated by one actor through an example on education assistance allocated across a district:

> *... last year, we have about 7,500 – somewhere there – identified; but when we reviewed at the end of the year, only about 3,000 received education support. (KII, government stakeholder, district level)*

The demand for more programmes like the SCT, FSP, and education support is understandable, as these all deliver a quantifiable and/or material benefit to recipients. But beyond direct assistance, several stakeholders at different levels highlighted a need for more specialised child and family welfare case management services, as well as preventative programming. In terms of specialised services, interviewed subjects perceived a lack of trained actors in PSS, and an absence of rehabilitation centres for substance abuse and response systems for persons with mental issues and physical disabilities. One stakeholder disclosed accommodating five persons with mental issues in her home, as there was no readily available support for them. On prevention, stakeholders offered several suggestions:

- More livelihoods and skills-building programmes to economically empower parents and caregivers, thus enhancing their ability to better care for children;
- Recreational facilities for adolescents to provide a safe space and productive activities, preventing them from becoming idle and possibly turning to drugs, alcohol, and/or crime;
- More awareness raising, sensitisation, and capacity building exercises on positive parenting, child rights (e.g. early marriage, child abuse, child labour), and how to report violations; and
- Greater engagement with churches in disseminating key messages on child protection, accessing services, and BCC.

The promotion and uptake of alternative care services instead of long-term institutionalisation likewise need strengthening. Per the Alternative Care Regulatory Framework, alternative care "includes kinship, guardianship, foster families, institutional care, and other community-based arrangements that provide support to children in need of care particularly children without primary care givers." Findings from the assessment revealed increasing levels of GRZ commitment to alternative care versus institutionalisation for children, though challenges to more widespread acceptance persist. Triangulating feedback from KIIs, more sensitisation at community level is needed to alter attitudes and cultural beliefs that stigmatise caring for non-biological children as described by one interviewee:

For example, if I foster children, my family will be laughing at me: 'Look, he's keeping other people's children.' Why? Because we don't know the importance. So people have to be sensitised. (KII, non-governmental stakeholder, district level)

Box 7 Identifying vulnerable children

While programmes like the SCT have their own eligibility and identification criteria and procedures, how do communities identify cases in general need of child protection case management, especially if victims do not come forward? Strong networks within communities between CWACs, community leaders, teachers and citizens connect vulnerable children to those who can link them to services; observant community members who detect children behaving unusually are another source of identification. One CWAC member explained that if a child appears to be in pain or if a mother will not leave her children alone with a male family member, then she approaches the child and asks what is wrong. Follow-ups with neighbours and other children may reveal that abuse is occurring. Attention to subtle warning signs not only works for case identification in general, but for earlier identification of cases.

Finally, while recognising the essential role that the sub-district level workforce plays in identifying and referring cases for services and programmes, some feedback received during primary research raised potential concerns vis-à-vis equity. In addition to writing referral reports, CBO staff, CWACs, ACCs, caregivers and CDAs reported that they physically take clients to service providers (e.g. police, health clinics) in some instances. For cases of child abuse or defilement, a child may necessitate a competent adult to accompany him or her to a service provider. However, interviewed stakeholders indicated that their presence alone can ensure that the client is attended to faster, given their relationships with service providers. This practice could compromise equity in two ways: 1) cases who seek out assistance on their own – without one of the actors mentioned above – may receive different treatment, and 2) the abovementioned actors could become gatekeepers to accessing service providers. While this assessment found no evidence of the latter, several subjects mentioned that the former does happen. Moreover, some stakeholders indicated that community members may perceive that service providers do not offer meaningful help, and thus feel discouraged and frustrated, leading them to potentially withdraw serious cases:

But you find that ... the networking we do with these service providers, I think the moment they see you, whatever they are doing, they will attend to you ... But there are times, maybe, an issue happens ... And you find there's a police officer ... by the time he is attending to that client, maybe it's about 2-3 hours. (KII, non-governmental stakeholder, district level)

This report does not advocate that such networking should stop; rather, a balance should be struck between familiarising service providers with case needs and different case management actors, and safeguarding the equal treatment of all people seeking services.

Table 13 Research questions for programmes and services

Research Question	Relevant Findings
What are current models or other best practices in child and family welfare case management that have potential for replication elsewhere in Zambia?	1. Active engagement of community structures in identification, initial assessment, and referral to services lessens the burden of work on district level structures to perform these duties. 2. PHC outreach ensures that less-covered areas remain connected to service providers, while combining service providers in one location, as at OSCs, increases accessibility.
Who are the main actors, governmental and non-governmental, involved in case management?	1. Sub-district level actors (CWACs, ACCs, community volunteers, CDAs) perform the bulk of identification, referral, and follow-up. 2. The DSW, DCD, police, health clinics, schools, NGOs, and other civil society actors deliver the bulk of programmes and services.
What are the main gaps and weaknesses within child and family welfare case management?	1. The amount of available services does not match the level of demand. 2. Service providers concentrate more in urban areas, which can render services and programmes less accessible to hard-to-reach, rural areas.
What are the main barriers to more multi-sectoral coordination in child and family welfare case management?	1. While case identification and referral to services and programmes appear robust, referral and follow-up mechanisms remain largely informal and would benefit from more standardisation and documentation, in order to better track and record case referrals. 2. Weak cross-sectoral integration of services can lessen multi-sectoral impacts from interventions.
What could reasonably be developed/ strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?	1. More sensitisation, awareness-raising, recreational facilities for youth, and economic empowerment programmes can aid in prevention efforts. 2. More actors should be capacitated to deliver specialised services, such as PSS, and counselling persons with mental illness or substance abuse issues. 3. Formalisation of referral and follow-up procedures for all case management actors could not only enhance accountability but engender more multi-sectoral engagement.

Box 8 Cross-sectoral coordination in case management: Keeping Girls in School

The Keeping Girls in School (KGS) programme, funded by the World Bank and implemented by the MoGE, has delivered scholarships to over 11,000 girls of secondary school age who are members of SCT households. With objectives to increase enrolment rates and reduce dropout rates in secondary school, KGS can also address the gender gap in education, which typically widens during adolescence. However, while economic hardship is one of the main reasons why girls drop out of secondary school in Zambia, social factors, such as teen pregnancy and early marriage, also contribute. According to surveys, teen girls cite pregnancy as the main reason for dropping out, demonstrating that financial support may be effective in getting girls into school, but more support is needed to keep them there (McConnell and Mupuwaliywa, 2015).

As such, KGS is planning to introduce a case management component, centred around schools and girls, and working with School Councils – on which students are represented – and guidance counsellors to identify girls at risk of dropping out. Additionally, peer-to-peer support groups of girls would act as agents of change at school level, dispensing advice and encouragement to stay in school. The KGS programme is not acting alone in its case management efforts, and is pursuing more cross-sectoral cooperation in expanded service provision with the MCDSS. First, the SCT added questions relevant to KGS to their enumeration surveys, as a way to better identify potential KGS beneficiaries. And, KGS has already identified the 'cash plus' pilot for SCT beneficiaries as a natural partner in case management to KGS beneficiaries.

Greater cross-sectoral coordination in child protection case management not only can provide a more comprehensive package of services, but can establish more numerous points of entry for identifying and assisting vulnerable children.

4.6 Information flows, data management, monitoring and evaluation within and across sectors

This component covers the following:

Where and how are data collected, stored, used and shared professionally for case management, service delivery, planning and advocacy; the existence of information-sharing protocols across actors and tracking/management information systems (MIS) for case management.

Overview of findings

Advances in internet, computer, and mobile phone technology have enabled the creation and deployment of more sophisticated, electronic MIS that make tracking and reporting on individual cases easier through automating processes and holding larger amounts of data. In Zambia, the SCT is supported by a web-based MIS, and the programme plans to migrate to electronic forms of payment for beneficiaries in 2018. The move from relying on paper-based, manual forms of data entry can lower operational costs through the elimination of printing and delivering hard copies of documents and tools, as well as reduce the amount of time that programme staff must spend on data collection and analysis. However, while electronic MIS and data management systems can improve reporting, planning, and tracking of individual cases, they still rely on human users to regularly and accurately input data. Moreover, the appropriateness of electronic, web-based systems should be assessed against the conditions in which they would function. For example, rural areas in Zambia experience low levels of electrification – 3 per cent of the rural population has access to power[43] – and constant internet access may prove cost-prohibitive for service providers.

Across the board, case management actors in Zambia see a real need to strengthen data management, M&E and information-sharing, with electronic MIS cited as holding real potential for improving data collection and reporting. Aside from the SCT MIS, a few child and family welfare case management actors currently use electronic MIS, though there is no comprehensive, harmonised MIS for case management that is currently operational. Previously, USAID had supported the creation of the ZOMIS, an MIS housed in the MCDSS that would collect and store data on OVC and guardians receiving support from different programmes and institutions; members of service providers, including volunteers, working with OVC; and different forms and a document library. The ZOMIS could work offline and had an interface for receiving and sending data through SMS. While the ZOMIS is not presently in use – though USAID is directly supporting MCDSS to re-launch it – GRZ structures involved in case management have internal systems for case tracking and filing. **Table 14** below outlines the data management systems for different service providers, as collected during the qualitative research.

[43] USAID, 2018.

Table 14 Data management systems for case management

Organization/ Institution	Programme (location)	MIS (Y/N)	Description
Department of Social Welfare	SCT	Y	Web-based MIS on all SCT beneficiaries.
	Other non-statutory programmes	N	District Social Welfare Offices maintain individual case files for beneficiaries, kept in locked cabinets, of other programmes (e.g. bursaries).
	Statutory programmes	N	See above.
Department of Community Development	FSP, Village Bank, other empowerment programmes	N	Some paper-based case files, though infrastructure challenges (e.g. limited office space, lack of lockable cabinets, absence of office space for CDAs) complicate regular and secure data collection and management.
MoH	OSC (Kafue)	Y	Web-based MIS, connected to the Central Statistical Office.[44] The OSC maintains standardised, paper-based tools for intake, assessment, and referral for internal use.
Zambia Police	VSU	N	For cases requiring a criminal investigation, VSU officers open a docket in which any statements, medical reports, or other relevant documentation are kept in locked cabinets.
St. Lawrence's Home of Hope	RCCF (Lusaka)	Y	RCCF staff use phones and tablets to do data collection on individual cases while out in the field; data are then fed back to an electronic MIS in Lusaka. The RCCF maintains internal, paper-based files for each child resident containing relevant biodata, referral, and other forms.
SOS International	RCCF (Kitwe)	Y	Web-based MIS with separate, user-restricted module for child protection. The RCCF maintains internal, paper-based files for each child resident containing relevant biodata, referral, and other forms.
IOM	Vulnerable Migrant Tracking System	Y	IOM's global database, MIMOSA, captures all data, but IOM Zambia maintains its own databases on migrants, as well as data on victims of trafficking.
ECR	ZamFam	Y[45]	After collecting paper-based forms completed by caregivers, CBOs do data entry into an electronic MIS that is connected to the central MIS in Lusaka.
ChildLine	Child hotline	Y	All calls received at the head office in Lusaka are logged into an electronic database; the database allows users to categorise each call (e.g. child abuse, SGBV) and to provide a brief description. Reports can be extracted from the database.
ACCs/CWACs	N/A	N	Both structures manually prepare reports on cases in need of assistance, as part of referrals to the DSW. These reports do not follow a standardised format or template.

Further analysis

The above table demonstrates the variety of information management and data collection systems – paper-based and electronic – utilised by child and family welfare case management actors. Overall, each office or organisation has its own guidelines and procedures for data collection and reporting, as well as its own tools. One DSWO reported the recent roll-out of an MIS, supported by Zambia Rising, to complement the piloting of SOPs and standardised forms for use across case management actors. The idea is that other partners will submit completed forms – which include intake forms and forms capturing a child's overall well-being and family

[44] It should be noted that data collection systems vary significantly between OSCs. For instance, some OSCs do not use a web-based MIS, whose usage is still relatively new. Initial assessments of the MIS revealed several challenges such as limited IT equipment, limited internet access and limited skilled manpower to use the information and communication technology equipment (UN Zambia, UN Development Group, UNDP, 2017).

[45] During fieldwork, two ZamFam CBOs reported that they are not yet using the MIS due to security concerns about installing a computer in their offices. Both CBOs reported that once they upgrade their on-site security, computers will be procured and they will start using the MIS.

systems – to the District Social Welfare Office, where a team will input the data into the MIS, housed within the District Social Welfare Office. Sustaining this MIS would ideally improve cross-sectoral planning on case management, reporting, and advocacy, assuming the presence of better and more accessible data on the child protection situation across the district. Otherwise, each partner is responsible for managing its own data.

Additionally, Information-sharing Protocol (ISPs) across case management partners do not exist, which can endanger case confidentiality, and the safe and ethical use of data. Partners confirmed that they receive requests for information pertaining to certain cases or overall numbers of cases. The DCPC also serves as a forum in which information-sharing takes place, though much information-sharing happens informally. However, interviewed stakeholders cited instances of discrepancies in reported data between partners:

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

When pressed for why such inconsistencies occur, case management actors at different levels pointed to the lack of standardised data collection tools and procedures as a contributing factor; there was also general belief that a harmonised, electronic MIS would facilitate faster and more accurate reporting of statistics. Indeed, the ZamFam CBOs that had switched from manually compiling reports from caregivers' forms to using an electronic MIS found that the latter improved the accuracy and ease of reporting and sharing information on statistics. Information collected and reported by ZamFam caregivers and CBOs not only feeds the number of beneficiaries reached to central level, but allows ECR to assess completed CSI forms and detect changes within a beneficiary's status over the course of his/her enrolment in the programme.

The need to enhance reporting on case management received several mentions vis-à-vis planning, budgeting and advocacy. In particular, knowing how many children were reached by a certain intervention could help in more precise allocation of funding, especially in light of limited resources that child and family welfare case management faces. Furthermore, better reporting on outcomes and impacts against programme and national development objectives can help reveal gaps and weaknesses, thereby influencing future planning. Such reporting, though, would necessitate the implementation of harmonised M&E frameworks across service providers, as well as robust mechanisms to compile and consolidate case management actors' results. For example, while the DSW has the mandate to monitor RCCFs in line with the Minimum Standards of Care in Child Care Facilities, the quality assurance mechanisms for other service providers are not as regulated. Programmes like ZamFam and Zambia Rising, with their own sets of objectives and indicators, are answerable to a donor; and other service providers reported carrying out internal monitoring to ensure quality service provision. However, in the absence of more unified reporting and M&E systems, knowing how well child and family welfare case management actors are performing will remain unclear.

Box 9 Innovations in data collection

St. Lawrence Home of Hope, an RCCF in Lusaka district, has capitalised on mobile phone technology and data management software to do electronic data collection from any location. For example, if RCCF staff go on community outreach to assess cases, information on a child is directly captured using a tablet; these data are then synched with the master database at the RCCF. Moreover, the software can register GPS coordinates for the location of children's close relatives or home, facilitating any follow-up visits. While RCCF staff acknowledge the financial costs to ensure constant internet access to update cases, having all data in one location presents real benefits to reporting and general knowledge of their caseload.

The issue of literacy at community level could also inhibit the introduction of more robust data collection and reporting systems going forward. While this assessment did not test CWACs' or caregivers' writing and reading abilities, other research on literacy levels of CWACs and ZamFam caregivers mention deficiencies in this dimension.[46,47] One ZamFam CBO paired up caregivers with varying degrees of literacy, as a means of safeguarding that required forms were filled out correctly and clearly, though this solution may be too human resource-intensive at a larger scale. But, should CWACs and CBVs take on more roles and responsibilities in case management – such as registration, intake, and initial assessment of cases for the planned 'cash plus' pilot with SCT beneficiaries – then further capacity building in reading and writing may be necessitated.

Table 15 Research questions for information flows, data management, and M&E

Research Question	Relevant Findings
What current models or other best practices in child and family welfare case management have potential for replication elsewhere in Zambia?	Emerging efforts in piloting standardised tools and a harmonised MIS for case management can contribute to better reporting and planning for child and family welfare case management. The usage of electronic MIS by multiple actors has strengthened reporting and responding to requests for information.
What could reasonably be developed/ strengthened to facilitate/enable/encourage stronger child and family welfare case management systems?	The results from the MIS and standardised tools pilots should be closely monitored to determine their potential for scale-up. As the SCT is already using an MIS, attempts at introducing a broader case management MIS for the MCDSS could be pursued. Any future attempts should reflect on lessons learned from other MIS for case management, such as the ZOMIS or the web-based MIS at OSCs, identifying which aspects of these MIS did or did not work. Formalised ISPs between case management actors could be developed as part of overall efforts to improve the usage of data and information in planning and advocacy.

[46] Wyatt, Attah, and Kardan, 2014.

[47] Mbizvo et al., 2018.



5. RECOMMENDATIONS

Taking into account the main findings from the qualitative research across the six components of an ICM system, the assessment closes with a set of recommendations for enhancing child and family welfare case management in Zambia; however, there are several considerations in interpreting these. First, the recommendations are intended to complement ongoing activities and future plans for child and family welfare case management, as opposed to offering alternative suggestions or scenarios. For example, the GRZ's future plans for a Community Development Policy, Community Volunteer Policy, Social Welfare Policy and accompanying Social Work Bill, and BID guidelines all have exciting potential to strengthen the social welfare workforce, multi-sectoral coordination, and roles of communities in child and family welfare case management, and should therefore be pursued. Moreover, the 'cash plus' pilot for SCT beneficiaries, in which CDAs will participate in ward-level case management, can not only capitalise on CDAs' knowledge to expand case management, but also work to address various types of vulnerabilities experienced by the entire household. And, as the 'cash plus' pilot intends to test guidelines and tools for case management, the findings from this experience, as well as any lessons learned from pre-testing guidelines in selected DSW Offices, should be carefully analysed to find the best way forward in better standardising and harmonising information-sharing and data management across case management actors. Finally, case management for Keeping Girls in School beneficiaries constitutes a valuable opportunity to increase cross-sectoral coordination between MCDSS and MoGE, particularly if integrated strategically into the 'cash plus' pilot.

The above plans underscore the critical juncture at which Zambia finds itself in the further development of child and family welfare case management, as well as demonstrating a continued commitment from the GRZ and other partners in this pursuit. While challenges and barriers will persist, particularly vis-à-vis financial and material resources for programmes and activities, working towards ICM in Zambia should be treated as an ongoing, long-term process, as opposed to a series of short-term interventions. In support of that process, the recommendations propose one overarching recommendation for each of the six components of an ICM system, as shown in **Table 16**.

Table 16 Recommendations per component

Component	Recommendation
Legislative and Policy Framework	Develop a national framework for child and family welfare in Zambia
Implementation Structures at National and Subnational Levels	Ensure the representation of child and family welfare case management within coordination structures
Financial and Material Resources	Enhance multi-sectoral planning efforts for potential co-financing opportunities
National and Subnational Workforce	Invest in capacitating an expanded child and family welfare case management workforce at the grassroots level
Programmes and Services	Increase support for programmes and services targeting prevention and more specialised responses
Information Flows, Data Management, M&E Within and Across Sectors	Formulate information-sharing protocols and data protection protocols across case management actors

5.1 Develop a national framework for child and family welfare in Zambia

Although the aforementioned Community Development Policy, Community Volunteer Policy, Social Welfare Policy and accompanying Social Work Bill, BID guidelines, and piloting of the National Diversion Framework all signal efforts to strengthen key components of child and family welfare case management, they still fall short of creating a national framework. Furthermore, while the National Child Policy does call on partners from various MDAs, the international community, NGOs, civil society and the private sector to work together in protecting children from various violations and vulnerabilities, it does not construct a robust framework that guides how such coordination should work.

In light of these gaps, this recommendation focuses on the need to develop a national child and family welfare framework within which case management is situated as a means of both addressing various child protection concerns and vulnerabilities, and improving overall child well-being. The rationale behind developing a national child and family welfare framework is that robust case management systems support multi-sectoral efforts to improve the child protection environment through providing a continuum of care. A child protection framework can also encourage efforts towards the future expansion and direction of case management, as well as include guidelines, tools, principles and processes for child and Family Welfare Case Management in Zambia.

Examples from two of Zambia's neighbours, Malawi and Zimbabwe, can offer insights into the process of developing a national framework for child and family welfare and standardising case management. In Malawi's case, their National Child Protection Strategy 2012–2016 identified the need to take case management to scale, operationalising this goal through piloting tools in selected districts, analysing the findings through multi-sectoral consultations, making revisions, and finally testing a set of new, more streamlined tools for case assessment and planning.[48] The output of these and other efforts was the national Child and Family Welfare Case Management Framework, a comprehensive manual that contains principles, ethics, the basic case management process,

[48] (Government of Malawi, 2015)

standardised tools, and other considerations for those delivering case management in Malawi. While no child and family welfare framework exists in Zimbabwe, the path to launching the National Case Management System Framework and National Case Management Operations Manual in 2015 likewise started at pilot scale, through the Bantwana community-based case management model.[49] Under this model, community-based, volunteer child care workers (CCWs) are identified and trained to provide care services to OVC and liaise with implementation structures and government at higher administrative levels. To better structure community-led case management, Zimbabwe created the additional role of Lead Community Childcare Worker (LCCW), to supervise groups of CCWs and provide links to statutory services at district level.

The examples from Malawi and Zimbabwe offer real relevance to Zambia, and Zambia's pilot with SCT beneficiaries may mirror how Malawi eventually developed an overarching Child and Family Welfare Case Management Framework. Plus, Zimbabwe's reliance on CCWs to carry out identification, referral and follow-up on cases parallels the current roles of ZamFam caregivers and CWACs. Naturally, Zambia should find its own way towards strengthening child and Family Welfare Case Management, but the Malawian and Zimbabwean experiences suggest that Zambia is already on a realistic path towards a national framework that establishes not only child protection and child welfare priorities, but roles and responsibilities, processes, standardised tools and forms, and the country's own definition for case management.

5.2 Ensure the representation of Child and Family Welfare Case Management within coordination structures

The assessment captured the multiple national and subnational implementation structures – Alternative Care Working Group, DWACs, CWACs, DCPCs, etc. – that touch upon child protection and case management. In particular, findings highlighted the positive contributions that the DCPCs in particular, have made in improving coordination and implementation of Child and Family Welfare Case Management. However, DCPCs are not present in every district; moreover, because they lack the GRZ mandate of structures like the DDCC and DWAC, they can have a precarious existence. Indeed, some stakeholders expressed concern that their DCPCs would fall inactive without the continued logistical and technical support from Zambia Rising.

While this assessment recognises the important role that DCPCs can play in coordination, information-sharing and general case management, it likewise recognises the hazards in setting up too many parallel structures for implementation. As such, the recommendation to ensure better representation of Child and Family Welfare Case Management on implementation structures centres on the DWAC. The DWAC already plays a prominent role in coordinating programmes and planning across the MCDSS, and features membership from all line ministries in a district, as well as from NGOs, CBOs, and FBOs. In terms of governance for social welfare, the DWAC provides capacity building and trainings to CWACs and ACCs, oversight and accountability in programme implementation, and a multi-sectoral forum for the upward and downward sharing of information;[50] it also reports to the DDCC, the principal, district level coordination structure.

Therefore, given that membership of the DWAC already comprises key case management actors – many of whom sit on DCPCs – designating a few DWAC members to a sub-committee that oversees reporting and monitoring of Child and Family Welfare Case Management would ensure representation. Furthermore, the DWAC may be a more suitable location for a case management sub-committee, as opposed to creating a case management sub-committee on the DDCC, given the DWAC's existing mandate to oversee all DSW programming, inclusive of statutory and non-statutory services. In districts with active DCPCs, though, the DCPCs could continue to report to the designated DWAC members on challenges, priorities and progress in case management. While for districts without an active DCPC, the DWAC would be responsible for collecting

[49] The Bantwana community-based case management model was implemented under Children First (2008–2012), a project supported by PEPFAR and USAID (Bradford, 2017).

[50] International Labour Organization, 2013.

data and reports from other actors, such as the DSWO, ACCs, CDAs, and/or CWACs – actors that already exist within the DWAC's reporting lines.

Considering the limited time and resources faced by Child and Family Welfare Case Management actors, carving out a dedicated presence for case management on the DWAC would capitalise on its current roles and responsibilities, and current relationships with ACCs and CWACs, and streamline current coordination efforts in implementation.

5.3 Enhance multi-sectoral planning efforts for potential co-financing opportunities

Social sector ministries in Zambia generally face shortfalls and constraints in increasing funding for activities, leading to gaps in coverage and availability of programmes and services. The thrust of this recommendation, though, is not to increase funding across the board for Child and Family Welfare Case Management, given that such a recommendation appears neither realistic nor feasible. Rather, this recommendation advocates for more joint planning amongst social sector line ministries – MCDSS, MYSCD, MoGE, MoH, MoJ – to identify potentially overlapping target groups and activities. For example, one national stakeholder reported that some girls in secondary school experience prohibitive walking distances to and from school, necessitating them spending the night in makeshift shelters. Such shelters lack proper security and can expose girls to violence and other violations, perhaps forcing girls to discontinue their education. The target group of vulnerable girls in secondary school could fall under either MoGE or MCDSS, as both ministries give education assistance. Moreover, the benefits of keeping girls in school span beyond the education sector, as international evidence links higher levels of school achievement to lower levels of teen pregnancy and higher adult earnings potential. Given such overlaps, which line ministry should fund the construction of safe dormitories for secondary school girls to both protect their well-being and security, and encourage continued attendance at school?

Stronger joint planning and budgeting exercises at national level could provide the answer through more co-financing of programming with overlapping objectives and/or multi-sectoral impacts and benefits. For example, social sector line ministries could identify line items within their national budgets allocated to child-focused interventions, and then share this information for the purposes of comparison. Better information-sharing in this way could not only identify any duplicate interventions, but also calculate to what extent current levels of coverage and funding would achieve national development goals. For instance, the NSPP and National Strategy on Ending Child Marriage both attach activities, targets, indicators, responsible MDAs, and estimated costs to meeting their objectives and goals, and applying this approach to child and family welfare case management could better identify areas facing the largest financial shortfalls.

Additionally, employing innovative economic methodologies to quantify multi-sectoral benefits of different interventions can uncover more co-financing opportunities. For instance, one co-financing model studied a cash transfer to keep adolescent girls in school in Malawi that registered outcomes in increasing school attendance, and in averting HIV infections, teen pregnancies, and depression[51] amongst beneficiaries. The study then tested a silo approach – wherein each sector separately funds its own interventions without considering other sectoral benefits – finding that different sectors would have been unwilling to fund the cash transfer on their own. Under a co-financing model, however, the intervention would have been funded by distributing costs according to benefits enjoyed by each sub-sector.[52]

Moreover, this study found that the co-financing approach is more applicable to relatively low-cost interventions, but for which no sector is willing/able to provide full funding. This point demonstrates co-financing's potential

[51] Stillwaggon, 2014.

[52] Remmea, Vassalla, Lutzb, Lunac, and Wattsa, 2014.

for enhancing more community involvement in Child and Family Welfare Case Management, particularly in a model wherein community volunteers carry out case identification, referral and follow-up. Based on findings from the assessment, volunteers' main costs relate to transport, while empowering community-level actors to provide more services would necessitate investments in trainings and capacity building. As such, a co-financing approach could estimate the cross-sectoral benefits of better access to healthcare, higher levels of mental health, and/or higher levels of economic empowerment within communities, and then spread those across social sector MDAs to determine contributions for providing more resources and capacity building for community-based case management.

Just as high levels of community involvement in Child and Family Welfare Case Management constitute vital burden-sharing with professionally employed staff at district levels, so would co-financing of case management represent a more equitable way to fund interventions with multi-sectoral benefits and impacts.

5.4 Invest in capacitating an expanded Child and Family Welfare Case Management workforce at the grassroots level

While the first recommendation spoke to developing an overarching model for a Child and Family Welfare Case Management at national level, this recommendation speaks to the need to capacitate actors at grassroots level to take on a bigger role in this model. While a national framework for child and family welfare case management would outline the general roles and responsibilities of these and other actors, more immediate efforts should be undertaken to prepare and train ward- and community-level actors in various aspects of case management.

In this regard, the GRZ's own National Community Health Worker (CHW) Strategy (2010) stands as a strong example of how to introduce a new position into existing systems. In particular, the National CHW Strategy launched the CHA programme by defining their roles and responsibilities; required qualifications; coordination between CHAs, professional health workers and volunteers; training curricula for CHAs; and supervision and monitoring structures for CHAs. Prior to the finalisation of the Strategy, however, the MoH conducted an in-depth situational analysis and CHA pilot, in order to produce substantive findings on how CHAs would interact with existing health systems, as well as how their recruitment, training, and supervision would work.[53] The investment made by the MoH and development partners in deploying and training a cadre of CHAs has registered some initial results, with evidence highlighting an increase in the volume of health services provided in rural areas, with CHAs contributing to expanded access; a shifting of more routine tasks to CHAs, thereby freeing up doctors and nurses to attend to more serious procedures; and overall improved health outcomes.[54]

For Child and Family Welfare Case Management, the upcoming 'cash plus' pilot could constitute an opportunity for a similar situational analysis for CDAs, which could then inform a National CDA Strategy or similar document that establishes training curricula, coordination, roles and responsibilities, and supervision for CDAs. Additionally, evidence on CHAs' performance suggests that they are most effective when paired with skilled health workers;[55] therefore, capacity-building for CDAs could include case management practicums supervised by DSWOs and/or qualified social workers, or CDAs' shadowing of these positions. In turn, CDAs could follow a training-of-the-trainers model by capacitating CWACs, ACCs and other CBVs in child and family welfare case management.

However, investments in capacitating a more engaged grassroots level workforce may necessitate setting up stronger support and monitoring systems. For example, the issue of supervision and monitoring of CDAs

[53] Ministry of Health, 2011.

[54] Clinton Health Access Initiative, 2016.

[55] Ibid.

would require some thought, as DCDOs currently supervise CDAs, though more involvement in child and family welfare case management suggests closer interaction with the DSW; currently, ACCs and CWACs report to the DSW. Plus, whether or not CDAs progressively assume more specialized case management functions, such as delivering PSS and/or overseeing the development and implementation of care plans for individual cases, may also influence who functions as their ultimate supervisor. Should the GRZ and partners decide that CDAs take on more case manager and/or social worker tasks, then provisions within reporting lines, division of labour, and recruitment and training processes for CDAs may be required to maintain accountability and quality of service provision. Eventually, a larger role in child and family welfare case management for CDAs may lead to a re-alignment of the DSW's and DCD's duties, mandates, and structures.

Though this assessment acknowledges the limited resources available for child and family welfare case management, investments in capacitating an expanded subnational workforce of CDAs, CWACs, ACCs and CBVs can offer long-term benefits to both communities, through increased access to services and case management; and professionally employed personnel, through more task-sharing.

5.5 Increase support for programmes and services targeting prevention and more specialized responses

Child protection, as a concept, refers to both prevention and response to violence, exploitation and abuse against children.[56] Types of preventative and responsive actions depend on the context and prevailing child protection concerns, but a strong set of both can greatly contribute to reducing vulnerabilities and offering more effective case management. In terms of prevention, BCC, sensitisation, and awareness raising campaigns at all levels can address attitudes and practices that cause harm to children, such as early marriage, child abuse and child labour, while also empowering people on their rights. Mobilising community volunteers, community leaders, headmen, and religious leaders and churches to participate in BCC and the dissemination of key messages is a vital part of prevention efforts, given the respect and deference from the community that these positions enjoy. Furthermore, interventions targeting parents and guardians, such as training on positive parenting skills and the provision of skills building and economic empowerment programmes, can create more caring home environments for children. As evidenced from the assessment's findings, several stakeholders highlighted the positive effects of sensitisation, awareness raising, recreational activities for youth, and livelihoods and family strengthening programmes in empowering communities and improving the overall protective environment for children, all of which can prevent the need for an intensive case management response.

Vis-à-vis specialised responses, interviews with stakeholders pointed to gaps in services that target persons with mental health issues, including safe homes; rehabilitation programmes for those dealing with substance abuse; the existence of OSCs; and more high-level PSS. The NSPP does include the establishment of community-based rehabilitation centres, OSCs, and juvenile correctional centres as key activities for meeting objectives, thus providing a basis on which to advocate for more specialised services. But, while improving availability and access of such services and programmes is recommended, such a recommendation would need to be accompanied by supply-side interventions to capacitate more professionals in specialized services, along with possible demand-side interventions that enable vulnerable persons, especially living in hard-to-reach areas, to access services.

Therefore, a more actionable, response-related recommendation could be strengthening the promotion of and support for alternative care. While GRZ structures like the Alternative Care Working Group are tasked with monitoring the Alternative Care Regulatory Framework and uptake of alternative care, the NSPP also provides a case for it. In particular, the NSPP's ninth guiding principle is family and community care, which stipulates that, "All citizens should benefit from the care, support and protection provided by the family and community." While

[56] United Nations Children's Fund, 2006.

more sensitisation efforts are needed to address cultural views towards alternative care, offering sufficient financial and/or material support could create more willingness amongst community members and relatives to sign up for foster care or kinship care. The Alternative Care Regulatory Framework stipulates payment of a maximum monthly allowance of ZMW 250 for foster families, based on certain vulnerability criteria (e.g. financial incapacity, female-headed household, disability). However, recent estimates on the average, monthly cost of basic needs for a family of five in Lusaka put the amount near ZMW 5,000;[57,58] ZMW 250/month may not cover the additional expenses incurred by a foster family to care for a child. The cost of living in urban areas is typically higher than in rural areas in Zambia, so financial allowances to foster families should be adjusted to reflect such differences. For instance, the GRZ annually allocates grant money to RCCFs, some of which could be diverted to offer additional financial support for foster families in urban areas.

The dedicated sensitisation, awareness raising, and BCC needed for preventative actions and to encourage the spread of alternative care will take time, but bolstering child protection at both sides of the spectrum – prevention and response – can safeguard that the most serious violations do not occur in the first place and that the most vulnerable cases receive appropriate interventions for their needs.

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

Findings from the pre-testing of SOPs with standardised case management forms at selected District Social Welfare Offices (supported by the Zambia Rising project), as well as from the upcoming 'cash plus' pilot's introduction of standardised tools for case management, will constitute opportunities to make future recommendations on how to strengthen information flows and data management across case management actors. As such, this recommendation does not address what such standardised tools should contain but rather advocates for the development of ISPs and data protection protocols to better guide, encourage, and regulate information-sharing.

Information-sharing protocols refer to agreements that stipulate the channels and procedures for exchanging information, while data protection protocols govern what information is collected, how it is stored and for how long, in line with domestic legal regulations. For a field such as child and family welfare case management, in which clients regularly divulge sensitive information, both are essential to safeguarding the confidentiality of cases, while also ensuring that partners communicate and collaborate with each other in securing the best interests of a child. In addition to defining what, where, when, and how information on an individual case is shared, ISPs and data protection protocols can accord more accountability within information flows. For example, ISPs for multiple users of one MIS may appoint a custodian or consolidating organisation to whom reports are sent for data entry and through whom requests for information pass. Should a harmonised child and family welfare case management MIS be operationalised in the future, the MCDSS could stand as the consolidating organisation. Data protection protocols likewise enhance accountability through setting minimum standards for storing sensitive case files. For example, actors from DCD acknowledged that the lack of lockable file cabinets poses a threat to ensuring confidentiality in child and family welfare case management. Were data protection protocols in place, these would set a minimum, enforceable standard for the storage of case files, thereby providing redress for unsafe storage situations.

[57] Lusaka Times, 2018.

[58] Estimate based on the Basic Needs Basket (BNB), a methodology developed by the Lusaka-based Jesuit Center for Theological Reflection (JCTR) in consultation with the Central Statistical Office and other stakeholders. The BNB uses prices of basic food items (e.g. mealie meal, beans, eggs, meat, bread), essential non-food items (e.g. housing, electricity, water, charcoal, soap), and other items (e.g. health, education, transport) in formulating an estimate. (Jesuit Center for Theological Reflection, 2005).

Moreover, a national child and family welfare framework could include a dedicated protocol for information-sharing within case management. But, as case management comprises of a variety of interventions – from preventative (e.g. peer support groups, BCC) to more specialized services (e.g. PSS, OSCs) – ISPs could delineate the types of data able to be shared for each intervention. For instance, specialised service providers that respond to children with disabilities would necessitate access to more detailed medical records; while exchanging more general, aggregated data would have relevance to preventative efforts for child protection concerns.

As data collection for child and family welfare case management becomes more standardised in Zambia, the need for thorough ISPs and data protection protocols rises, to both complement more sophisticated systems and safeguard the confidentiality of vulnerable children.

Box 10 'Cash plus' for SCT beneficiaries

This assessment report has repeatedly referenced upcoming plans to implement a 'cash plus' pilot for SCT beneficiaries that expands the package of services available through case management. Conceptually, 'cash plus' entails the coupling of cash transfers with complementary interventions, such as trainings, health and/or education-related interventions, and the provision of agricultural inputs, among others, in order to maximise cross-sectoral outcomes for beneficiaries. International evidence on the 'cash plus' model has shown success in both reducing poverty and more sustainably realising multi-dimensional impacts, in comparison to programmes that only deliver cash (Roelen, Devereux, Abdulai, Martorano, Palermo and Ragno, 2017). In consideration of the GRZ's ongoing efforts to increase coverage of the SCT, the enhancement of child protection case management for SCT beneficiaries can work to address various types of vulnerabilities experienced by the entire household, thereby enacting wider-ranging changes to their socioeconomic, health, nutrition and/or education status.

In the Zambian context, 'cash plus' with a strong case management aspect could be operationalised in various ways. Arguably, the most apparent way in which to do so would be CWACs' and/or CDAs' assessment of household needs and vulnerabilities, and then linking cases to needed health, education, agricultural, or other services. However, additional linkages to services that prevent and/or reduce households' exposure to vulnerabilities, and that enhance SCT beneficiaries' resilience to shocks should likewise factor into a 'cash plus' model. In terms of GRZ programming, plans to double coverage of the FSP to 80,000 beneficiaries and to implement Social Health Insurance (SHI) can support more resilient and economically empowered SCT beneficiaries.

However, the 'cash plus' pilot can look beyond existing programmes and services to create other complementary interventions, and the ZamFam programme provides examples for what form complementary interventions could take:

- Caregivers helped community members to set up Community Savings Groups, through which members would contribute money and borrow at minimal interest rates.
- Caregivers' close relationships with beneficiaries enabled them to become trusted confidants and role models, dispensing advice on avoiding risky behaviours and child rights.
- The formation of youth clubs, drama clubs, sports clubs, and other social groups for children and adolescents provide another platform for offering positive and safe spaces in which participants can engage in constructive and healthy activities.

Community Savings Groups, social clubs for children and adolescents, and close caseworker/beneficiary relationships all require little to no material resources, with the main investment being time spent on keeping such complementary forms of support going. Moreover, the above activities all feature in the NSPP as being key to achieving its objectives.

Finally, case management for SCT beneficiaries should include regular follow-up and assessment on household status across dimensions like livelihoods, health, education, protection, nutrition, and overall well-being. Robust monitoring of multi-sectoral outcomes will be essential to informing its design and implementation arrangements, and to supporting the potential scale-up of a 'cash plus' model for SCT beneficiaries.



CONCLUSIONS

While child and family welfare case management in Zambia will continue to evolve and transition in the coming years, the current landscape can provide insights into its future needs. First, child protection systems, in the sense of the set of laws, policies, regulations and services across all social sectors to support prevention and protective responses, do exist in varying degrees of development. But while the legislative and policy environment constructs a comprehensive approach for addressing various child protection issues and vulnerabilities, the development of a unifying case management framework with accompanying protocols would strengthen implementation and cross-sectoral coordination. Furthermore, more formalisation and standardisation in information-sharing, data collection and reporting across case management actors could also bolster implementation, with the potential creation of a harmonised, cross-sectoral MIS a strong indicator of a true ICM system. However, the achievement of ICM should not be rushed; rather, lessons from programmes like Zambia Rising and ZamFam, pre-testing of harmonised case management SOPs, the 'cash plus' pilot for SCT beneficiaries, and case management for KGS beneficiaries, should inform the most realistic next steps for expanding child and family welfare case management in Zambia. Such lessons can also reveal additional resources for case management from other sectors, assuming that financial and material allocations to the MCDSS, the line ministry tasked with implementation, continue to face constraints.

Going forward, and based on feedback from interviewed stakeholders, sub-district level actors will inevitably play a significant role in case management. Area Coordination Committees and CWACs, CDAs and CBVs already perform the bulk of identification, referral and follow-up for case management, and their position at the grassroots level places them strategically to find and quickly respond to cases' needs. These actors all expressed a desire to take on a larger role in child and family welfare case management, though they also expressed

the need for more training exercises to better capacitate them in more roles and responsibilities. Furthermore, decision-makers must carefully monitor that communities do not feel overburdened or unsupported, especially financially, as such feelings could lead to a less involved and committed civil society, which could have negative implications for child and family welfare case management as a whole.

Despite the accomplishments in enacting stronger legislation and policies for child protection and higher levels of community involvement, challenges and barriers to expanding child and family welfare case management persist. Some of the most significant gaps in the current child and family welfare case management landscape relate to information flows and data management, multi-sectoral planning efforts, access to programmes and services, and financial and material resources. Constructively and sustainably addressing these and other issues will not only be vital for the future of child and family welfare case management, but for achieving the goals of the 7th National Development Plan (2017–2021) and Vision 2030 to reduce poverty and vulnerability, decrease gender and income inequality, and improve developmental outcomes across health, education, food security and nutrition.

Overall, the past decade has given rise to real improvements in child and family welfare case management in Zambia, through the development of stronger policies and legislation, enhanced multi-sectoral coordination, and more engaged and informed communities. Hopefully the next decade will see a continuation of these positive trends and more, with the eventual accomplishment of an ICM system the end-result of more coordinated, streamlined, inclusive and comprehensive child and family welfare case management.

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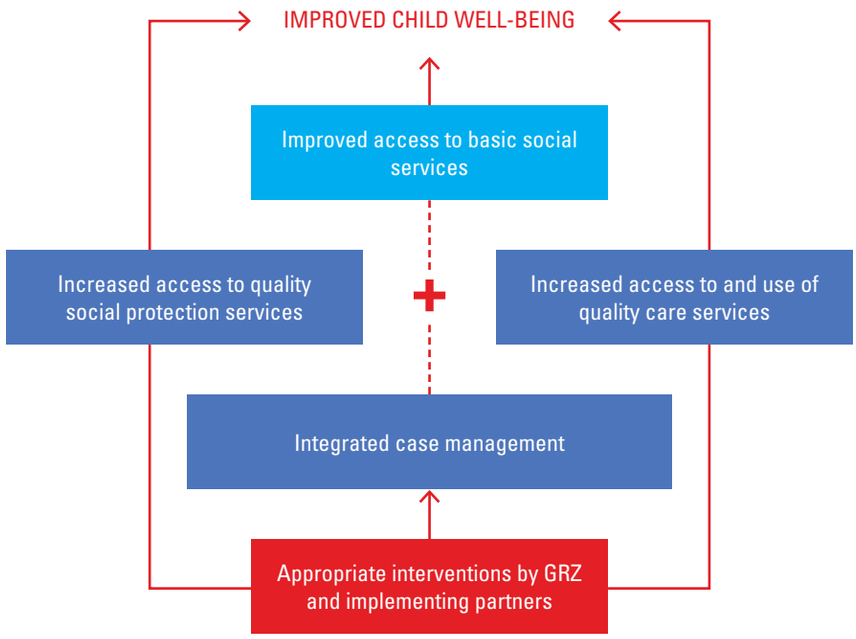
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01 ANNEX

SEEVCA THEORY OF CHANGE



ANNEX

02

KEY NATIONAL DOCUMENTS FOR CHILD PROTECTION

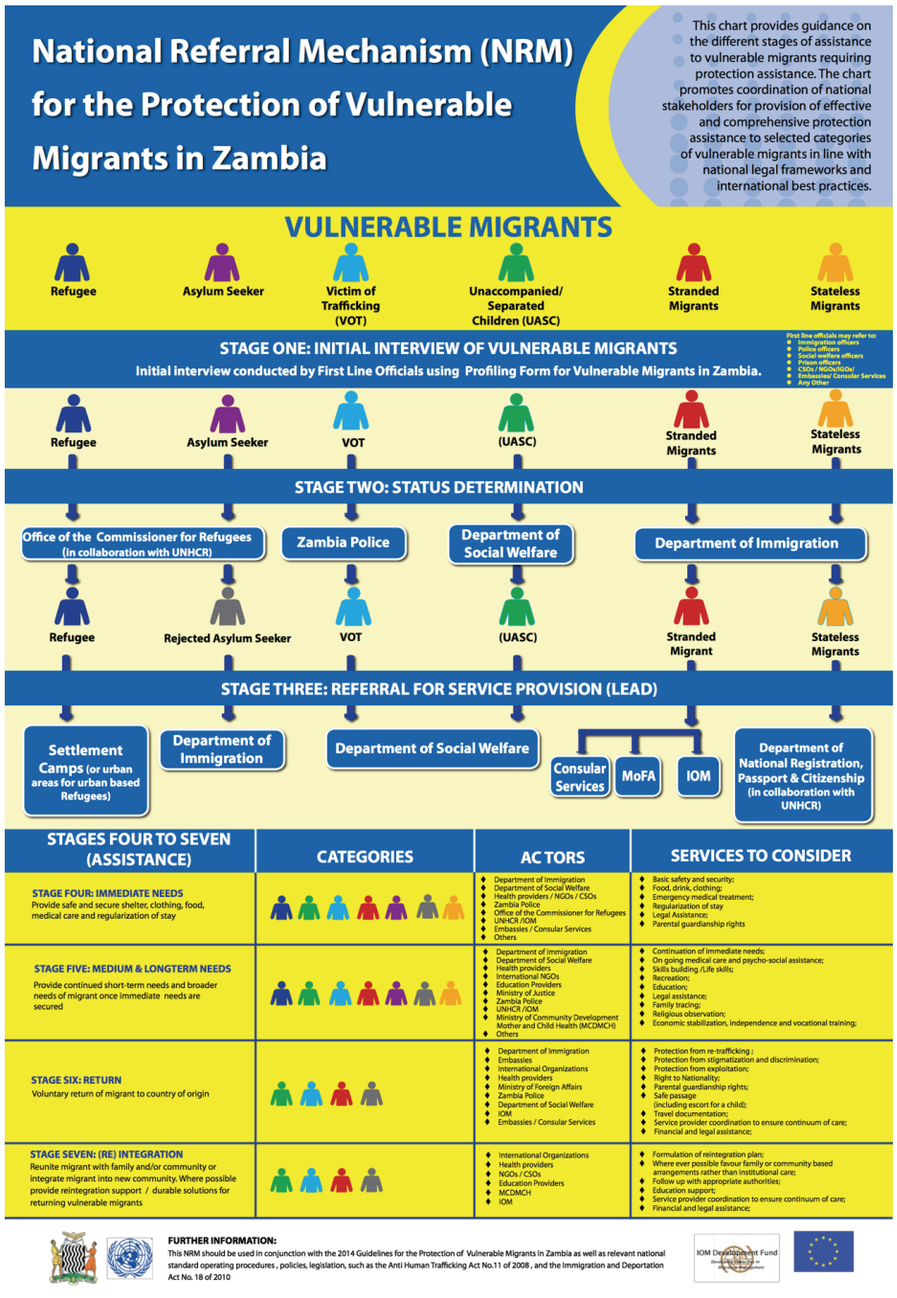
Document	Year	Responsible MDA	Brief description
National Child Policy	2015 (revised from 2006)	Ministry of Youth, Sport and Child Development: monitoring of implementation MoCDSS: implementation	"The policy... provides a focus for specific measures to improve the living conditions of children in Zambia while ensuring that programmes of economic and social development directly address the most urgent needs of this critical population."
Alternative Care Regulatory Framework	2016	MoCDSS (Department of Social Welfare)	Provides guidelines for the care and protection of children covering emergency care and protection, reintegration, kinship care, foster care and adoption; includes guidelines on referral, record keeping, documentation and case closure processes.
Juveniles Act	1994	MoCDSS (Department of Social Welfare)	"An Act to make provision for the custody and protection of juveniles in need of care; to provide for the correction of juvenile delinquents; and to provide for matters incidental to or connected with the foregoing."
National Guidelines and Standards for Services and Programmes for OVC	2016	Ministry of Youth, Sport and Child Development	"Provides a framework within which stakeholders involved in the care and support of OVC should operate to ensure that the desired outcomes for OVC are achieved. It also further defines who the OVC are in Zambia and provides a basis for coordinating, regulating, monitoring and evaluating OVC services and programmes."
National Diversion Framework	2016	Police/Drug Enforcement Commission (DEC): referral for diversion Judiciary: referral for diversion Department of Social Welfare (Ministry of Community Development, Mother and Child Health): notified of diversion, represent child in court if parents/ guardian cannot	Outlines when diversion may be appropriate, procedures for pursuing diversion, and how to decide when to pursue diversion.
National Guidelines for Adolescent Friendly Health Services	2011	MoCDSS	Calls on all health facilities and CSOs to utilise the guidelines in the set-up, implementation, monitoring and evaluation, and quality assurance of all adolescents and youth friendly health services in Zambia. It also includes chapters on standards, a basic health package to be offered to all clients, an implementation guide, and a referral form for services.
National Guidelines for the Multi-Disciplinary Management of Survivors of GBV in Zambia	2011	Gender in Development Division (Cabinet Office): coordination and monitoring Ministry of Health: management of one-stop centres Department of Social Welfare (Ministry of Community Development and Social Services): shelter management Victim Support Unit (Police, Ministry of Home Affairs): case intake, victim counselling, referrals	"The aim of these guidelines is to set standards for the comprehensive care of survivors of GBV. The overall goal of these guidelines is to ensure uniform procedures across the country amongst all GBV service providers (health, police and legal and social services) which will improve efficiency, accuracy and reporting thereby reducing trauma to individuals who report cases of GBV. The guidelines shall be used hand in hand with the Anti-gender-based violence Act of 2011 and any other relevant laws."

03

ANNEX

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INTERNATIONAL ORGANIZATION FOR MIGRATION NATIONAL REFERRAL MECHANISM FOR VULNERABLE MIGRANTS







USAID
FROM THE AMERICAN PEOPLE

REPUBLIC OF ZAMBIA
Ministry of Community Development
and Social Services

unicef
for every child