

# RESULTS- BASED FINANCING FOR CHILD PROTECTION CASE MANAGEMENT IN ZIMBABWE

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The contents of this report are based on insights from Department of Social Welfare provincial (Mashonaland East, Harare) and district (Murehwa, Mudzi, Harare Central) representatives, UNICEF Zimbabwe, and Child Protection Fund partners Child Protection Society, Childline, and JF Kapnek Trust.

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## ABBREVIATIONS AND ACRONYMS

CCW	Community Childcare Worker
CPF	Child Protection Fund
DSWO	District Social Welfare Officer
MIS	Management Information System
MoPSLSW	Ministry of Public Service, Labor, and Social Welfare
NCMS	National Case Management System
RBF	Results-Based Financing
PSWO	Provincial Social Welfare Officer
UNICEF	United Nations Children's Fund
WEI/B	World Education, Incorporated/Bantwana Initiative

## A NOTE ON TERMINOLOGY

During the discussions to develop this work there was some ambiguity in the terminology used to describe elements of the case management system. For example, various terms for a single administrative level were often used interchangeably (e.g. head office vs. central vs. national). Similarly, the language used to describe the specific roles in the case management system was sometimes overlapping (e.g. case worker, which could indicate a provincial case management officer, a district case management officer, or even a community case worker). This report aims to clearly describe each of these levels and roles and to use specific terminology as much as possible.

# 1. INTRODUCTION

Beginning in 2010, the Ministry of Public Service, Labor, and Social Welfare (MoPSLSW) in Zimbabwe in collaboration with UNICEF Zimbabwe, World Education, Inc. Incorporated/Bantwana Initiative (WEI/B), and other partners, established the National Case Management System (NCMS) for child protection. The goal of the system was to improve and standardize the approach to child protection case management at a national scale. Between 2012 and 2016, the system captured encounters with more than 90,000 children.<sup>1</sup>

Subsequent technical review of the NCMS indicated important gaps in case management work (MoPSLSW and WEI/B 2017). Child protection cases – and in particular, critical child protection cases such as violence against children – were underrepresented and the response to critical cases was slow. Case file quality and documentation were often poor. Case resolution was achieved in only 9 percent of cases.

In July 2017, MoPSLSW with support from WEI/B introduced a Results-Based Financing (RBF) mechanism to accelerate improvements in child protection case management. The goals were to: encourage high quality and timely responses to critical child protection cases; improve the quality of documentation for core case management work; to strengthen supervision through the case management processes; improve case resolution rates; and increase motivation and morale among district social workers. The results-based approach had been adopted from the health sector, where it had been used successfully to achieve improvements in health care delivery and outcomes. For child protection, RBF involved a small (USD \$5) transfer to the district MoPSLSW office for child protection cases that were managed effectively and efficiently, according to preset criteria. Funds were to be used for improving child protection work and motivation.

This report aims to document the development of the RBF model for child protection in Zimbabwe, assess accomplishments and risks, and suggest ways to inform and strengthen the model as it continues to evolve.

1. Based on estimates of case management data from the Department of Social Welfare.

## 2. METHODS

This report was based on three main data gathering exercises:

1. **Desk review of relevant documents**, including the NCMS framework document, the RBF for health systems program manual, the RBF for case management standard operating procedures, a technical capacity assessment for Child Protection Fund (CPF) districts conducted in 2017, and RBF verification data and summary reports.
2. **Key informant interviews** involving stakeholders at head office (i.e. central) and provincial levels, including representatives from MoPSLSW, UNICEF Zimbabwe, WEI/B, and several CPF partners.
3. **Focus group sessions** utilizing a semi-structured questionnaire approach and involving groups of 3-5 representatives from the Department of Social Welfare (DSW) at district levels in Harare Central (Harare), Murewa (Mashonaland East), Mudzi (Mashonaland East).

The primary focus of this work was to assess and document the initial implementation of a RBF model for child protection case management, to highlight key successes and risks, and to provide recommendations for investigation and improvement. There were three specific objectives:

### 1. Outline key steps in setting up and implementing the RBF model, including key lessons learned.

- What were the key steps taken by DSW and WEI/B in setting up and implementing the model? What informed each step?
- What elements of the model have been successful in improving performance of the child protection workforce? What elements of the model were problematic?
- What were the key lessons learnt at each stage? How did these lessons inform the next stage?
- To what extent did government (national, provincial and district levels) participate in the development and refinement of the model?

**2. Assess the effect of the RBF model on the overall performance of the district child protection workforce in identification, response and management of child protection cases.**

- To what extent has RBF affected the overall capacity of the district level child protection system?
- To what extent has RBF affected performance management and supervision of the workforce?
- To what extent has RBF affected the quality of case management services?
- What does NCMS caseload data tell us regarding an improvement in case management system performance?

**3. Discuss the strengths and risks of the current RBF model and recommendations for improvement.**

- What are the key success factors for this model to achieve results?
- What are the key challenges/risks/threats to the model? How can these be mitigated?
- Are there changes to the RBF incentive structure (e.g. higher incentives, individual incentives) that would increase impact?
- Can the RBF model be applied to incentivize more effective prevention measures for violence against children (rather than case response and resolution measures)?
- What are the perceptions of key stakeholders in spreading the RBF model to other districts in Zimbabwe?
- What are the prospects and initial steps for RBF to be adopted by government?



## THE CHILD PROTECTION FUND

The CPF is a multi-donor funding pool designed to support the implementation of the Government of Zimbabwe's National Action Plan for Orphans and Vulnerable Children, Phase III. **In 18 target districts**, the CPF aims to improve access to appropriate, high-quality preventive and responsive child protection services, and to develop household and community economic resilience. CPF-funded programs include measures to **improve the availability of child protection services, increase knowledge and skills on violence against children** and how to protect children, **build institutional and legislative capacity** for child protection functions, and **provide cash transfers to beneficiary households** to improve economic capacity and protection of children from violence and exploitation.



### 3. THE RBF MODEL

RBF is a development tool that involves the transfer of resources to providers in a system in exchange for measurable action with predefined performance targets. The Government of Zimbabwe in 2005 adopted a results-based management framework that includes RBF as a means to improve performance and accountability. This was originally to be applied in the health sector based on mounting evidence that RBF could improve health care service delivery. Since then, RBF has been institutionalized in the health system in Zimbabwe, where it is used to increase service quality and utilization, improve staff motivation, and provide a framework for accountability (Offosse 2018).

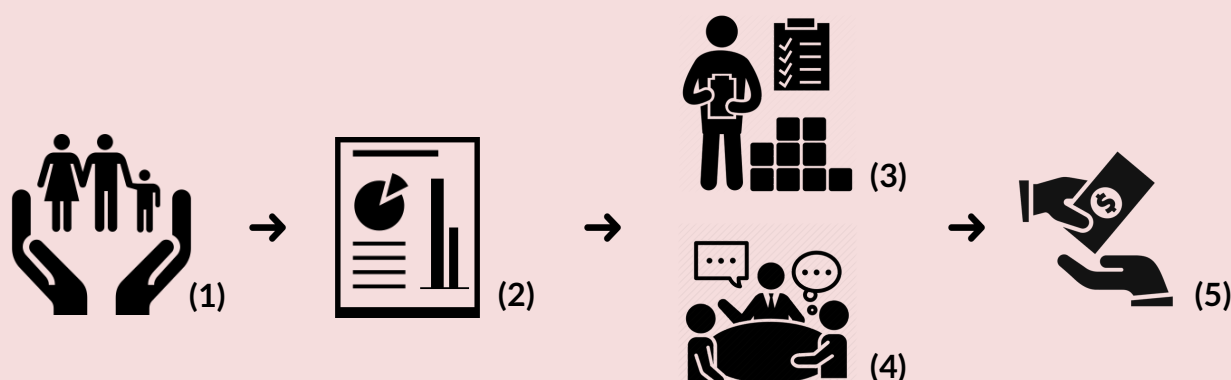
Beginning in February 2017, MoPSLSW with support from WEI/B initiated the development of an RBF model to support improvement in the NCMS. The overall aim of the model was to enhance the quality of child protection case management in Zimbabwe. There had been longstanding concerns about institutional capacity in the case management system, particularly related to the lack of adequate, sustainable human resources for child protection social work, as well as the inconsistent availability of basic infrastructure (e.g. paper, telephones, transportation) to support effective social work (Jimat Development Consultants 2010). In addition, there were multiple sources indicating major gaps in child protection services, including low quality case work and poor documentation, lack of peer review and supervision, and low rates of case resolution.

The first iteration of the RBF business process was complete by June 2017 and subsequently DSW and WEI/B launched a pilot implementation in six CPF districts. The purpose of the pilot implementation was to assess in a basic way whether the RBF model was feasible in the child protection space, and to gather feedback on how to scale. By July 2017, the RBF model was extended to all 18 CPF districts across Zimbabwe. A major review by DSW and WEI/B of the process and updates to standard operating procedures was complete by July 2017.

### 3.1 THE RBF BUSINESS PROCESS

The core RBF business process describes a basic set of steps for submission and verification of RBF eligible cases (MoPSLSW and WEI/B 2018) (Figure 1):

- At the end of each quarter, the district office submits a summary report of cases resolved to the Provincial Social Welfare Officer (PSWO) and forwards a copy to the WEI/B Regional Case Management Coordinator.<sup>2</sup>
- The PSWO and/or WEI/B Regional Coordinator travel to the district for a verification visit prior to payment. The verification process (see RBF verification below) involves completing a checklist to assess the completeness and quality of each submitted case file, as well as completing in-person client satisfaction surveys for at least two children in the district.
- Following verification, the Accounting Assistant (at district level) generates a request for payment. Case file checklist and client satisfaction survey forms are attached to the request for payment. The district office sends the request to WEI/B for payment processing.
- RBF funds are transferred to the district.



**Figure 1. The RBF business process.** The district conducts usual case management work (1) and submits quarterly summary reports (2) to the province. PSWOs and/or WEI/B regional coordinators conduct verification visits, involving case file review (3) and group discussion/coaching (4). RBF funds are transferred for each verified case (5).

2. The WEI/B Regional Case Management Coordinators are experienced social workers employed by WEI/B, who are responsible for overseeing and supporting WEI/B's work with the case management system over a multi-province region. There are three designated regions: northern, southern, and central.

## 3.2 RBF VERIFICATION

Verification is an essential part of any RBF program. **The primary role of the verification process is to ensure accountability for RBF payments, by reviewing the documentation for each case to confirm that the work has been done.** In the case of this program, verification involved using a verification checklist to assess the completeness and quality of each submitted case file, as well as completing an in-person client satisfaction survey.

The verification process occurs at the district level. The relevant WEI/B Regional Coordinator and PSWO meet with district social workers in the district office. Together, they perform a detailed review of each case file submitted for RBF.

**The review follows a verification checklist (Appendix 1: Verification checklist) to assess for the overall quality of case management.** Essentially, the “quality” of the case file depends on two main parts. The verification checklist requires that each case file includes proper documentation, i.e. that all the required forms are present and complete, that a supervisor has reviewed the case, and that the details for each case are entered in the management information system (MIS). The verification checklist also requires that the PSWO and Regional Coordinator review the substance of the case work, by assessing in detail for each case whether the district social worker offered the right kind of care for the specific circumstances, that the child received appropriate referral services (e.g. to doctors, police, etc.), and that the steps of case management were conducted in a timely way according to national standards. The group works through the checklist for each file together, so that the all district social workers are present to discuss and clarify any details, and to learn from the PSWO and Regional Coordinator about how to improve.

The current verification checklist is designed so that each step in the checklist earns a portion of the total amount (USD \$5) allocated for that case. If there is indication within the case file that any steps were omitted or mishandled (e.g. missing or incorrect forms, inappropriate case management, poor documentation), the corresponding amount for that step is not awarded.

Verification is a powerful tool for manipulating the way a system works. By changing the verification checklist, the RBF model can prioritize certain elements of the case management process and achieve different outcomes. For example, a previous version of the verification checklist allocated 100 percent of RBF funds for a “completed” case (Appendix 1: Verification checklist). In order to achieve this, the case file would need



to include documentation of all the major steps in the case management process, including case resolution. Documentation of all of the steps were required in order to receive payment.

However, when the verification team reviewed the files against these criteria, they found that many case files did not meet the standard. District social workers had misinterpreted the checklist and were too focused on case resolution. They were unfamiliar with the bulk of the case management business process and unsure about how to use the NCMS forms. Their case management decisions were often

incomplete or too slow to meet statutory standards. Files were not receiving adequate peer review or supervision. Hardly any cases were adequate for payment.

Based on this trend, **the verification team suggested changes to the checklist that would reward each step of the case management process, and prioritize the steps that were the most important and time-consuming.** By doing this, they shifted attention away from the concept of a “completed” case and instead focused on developing capacity in the core elements of case work. Currently, 75 percent of the RBF funds are allocated to case assessment and planning, supervision, and delivery of critical services. **Districts can receive a majority portion of the RBF payment by completing these key parts of the case work alone.**

**The verification process also offers an important opportunity for teaching, coaching, and mentorship.** By structuring the verification visits as a group exercise, district social workers have the opportunity to showcase their work, ask questions, and discuss especially challenging cases. **These visits are by their nature incentivized (through RBF) and collaborative rather than punitive,** so social workers at the district level are eager to take part and learn how to improve their work. They model the process of peer review, and strengthen relationships between districts and PSWOs.



## RBF COSTING

The financial cost of the RBF program in terms of its core operations from July 2017 to February 2019 (20 months) is divided into two parts.

The direct cost captures the money spent for RBF payments – up to \$5 per case. **The total disbursement over the time period was \$5849.25 for 1404 submitted and verified child protection cases in all participating districts.**

The indirect cost captures the rest of money spent to run the RBF program, which in this case was essentially the cost of the verification process. This cost is more challenging to accurately quantify. **The estimated amount spent on the verification process was \$25,620.00.** This cost accounts for the travel, accommodation, and per diem stipend costs for two reviewers in all 18 participating districts, for quarterly verification visits. The time (i.e. work hours) involved in the verification process should be part of regular responsibilities for supervision, case review, coaching, and monitoring, and so was not included in the indirect cost.

**The direct and indirect costs, totaling \$31,469.25, express the estimated cost to run the program over those 20 months.** Spread over the time period and at least 14 districts (the number of active districts varied depending on district level factors) the estimated cost of the program was \$112 per district per month. **More than 80 percent of the total expenditure was attributable to indirect cost (Figure 2).**

There was no way to reliably estimate the costs associated with developing and initiating the RBF program, technical assistance and troubleshooting, or workshops and other meetings. Similarly, there was no means to estimate the cost of work days for WEI/B Regional Coordinators and other WEI/B staff.



**Figure 2. RBF costing.** Direct RBF payments account for less than 20% of total RBF program cost. The majority of the cost is related to the verification process, which has important roles for ensuring accountability and building capacity at the district level.

## 4. HOW DOES RESULTS-BASED FINANCING STRENGTHEN CASE MANAGEMENT

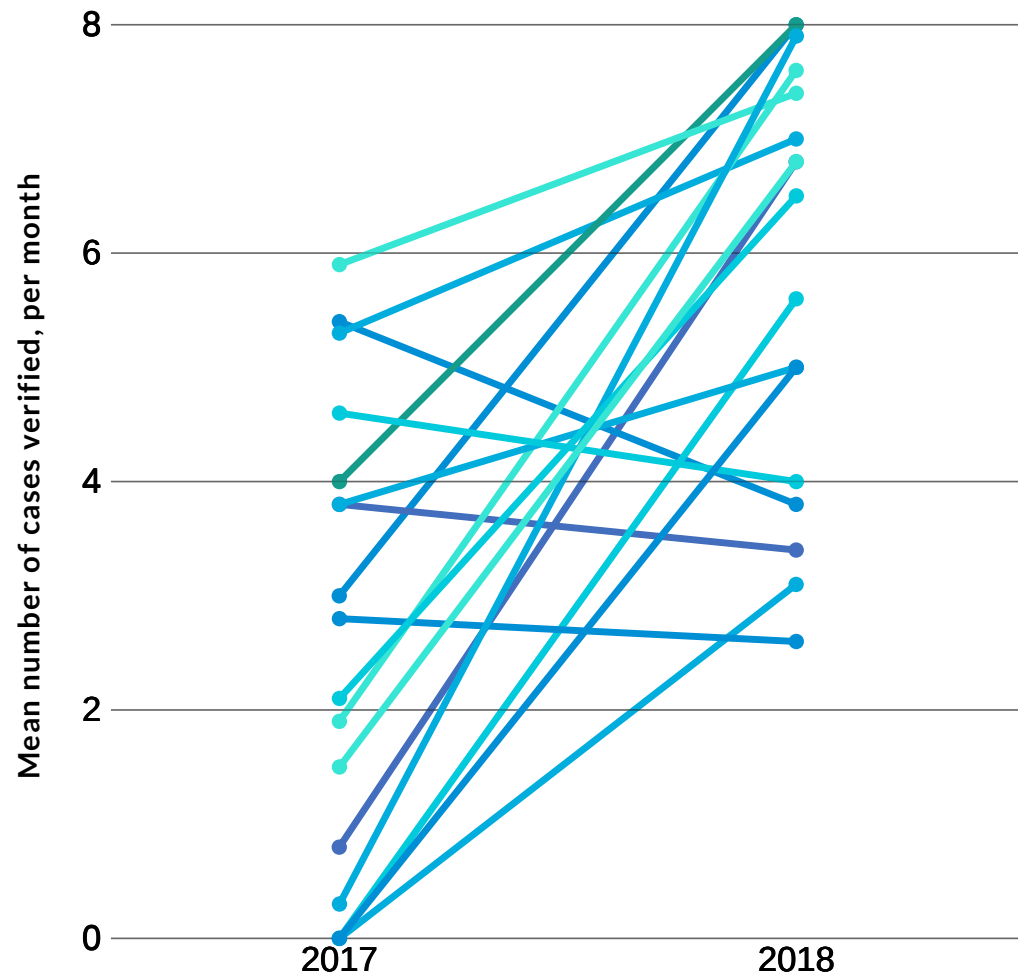
High quality case work is central to child protection case management, but achieving quality in case management is a challenging task. Each case is unique – involving different issues and different household, community, and social contexts. It follows that child protection case work has no “one size fits all” solution. Case management depends on the social worker performing an accurate assessment of the situation, formulating and implementing an appropriate case plan, and conducting careful case review. Interactions and interventions need to be sensitive to the specific needs and best interests of the child, which may change over time as the child grows and develops, or as the situation evolves. Because of this complexity, social workers require specialized knowledge, skills, tools, and time to perform high quality work.

There are longstanding concerns in Zimbabwe about the quality of case work. This is thought to be related to multiple factors, including insufficient human resources and high case loads, inadequate resources to perform core case management functions, and lack of social work knowledge and skills necessary to conduct case work in the NCMS framework.

### 4.1 IMPROVING CASE MANAGEMENT SKILLS AT THE DISTRICT LEVEL

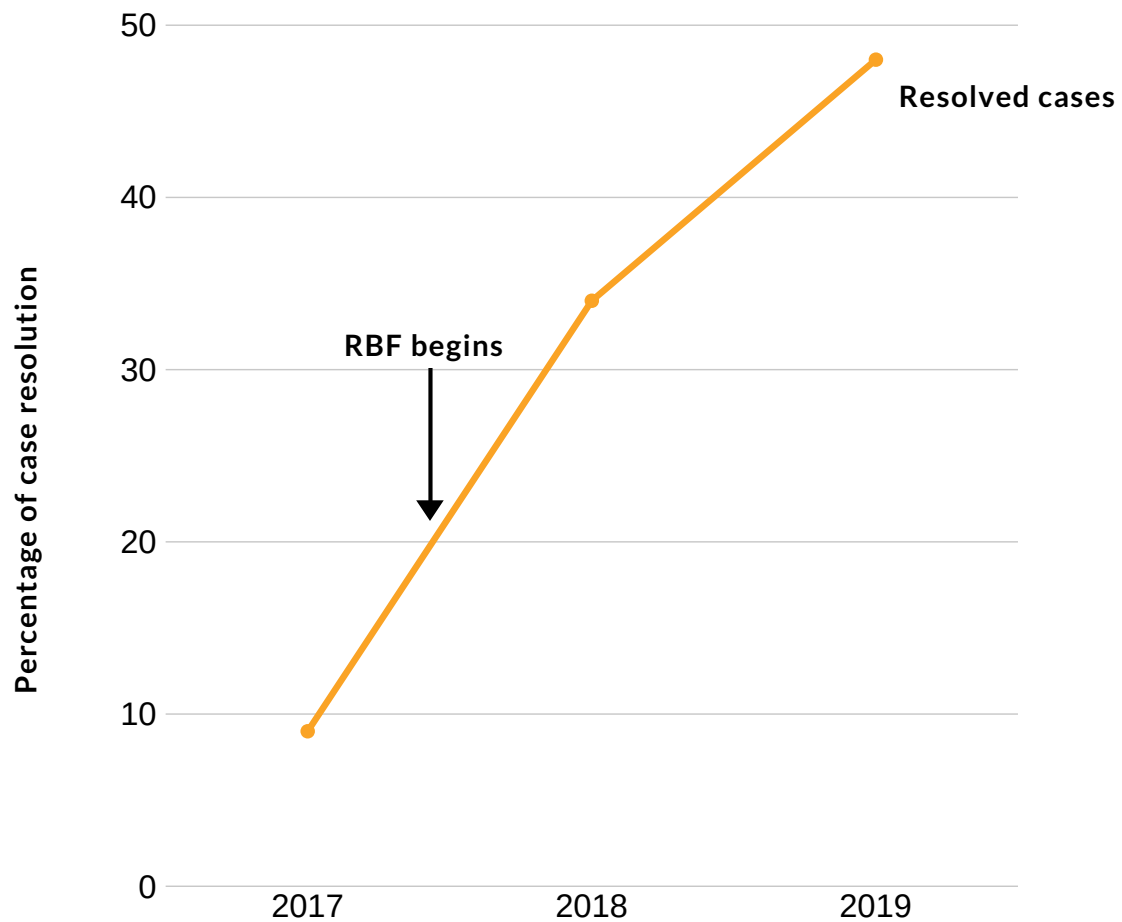
**Prior to RBF, social workers typically lacked the knowledge and skills to conduct high quality case management.** The technical capacity assessment conducted in 2017 indicated that although district social workers were aware of the NCMS framework and tools, there was poor adherence to the NCMS business process. Interviews with district social workers, PSWOs, and WEI/B Regional Coordinators confirmed that prior to RBF, knowledge and use of the NCMS business process was low. Case management tools were not regularly utilized, and instructions for using these tools were often misinterpreted.

**RBF has been an effective tool for improving case management skills at the district level. RBF verification in its essence rewards high quality case management with a cash incentive.** In order to earn the incentive, district social workers are motivated to improve their skills and the quality of their work. The verification checklist defines and evaluates quality according to the elements of the NCMS framework, and therefore reinforces adherence to core case management business processes, appropriate documentation, statutory timelines, and entry of case information in the case management MIS. Over time, more cases were verified – increasing from 51 cases per month in the first year of the program to 101 cases per month since then (Figure 3). The RBF program was also associated with a large increase in the rate of case resolution, from 9 to 48% (Figure 4).



**Figure 3. Case verification data, CPF districts, July 2017 - June 2018 vs. July 2018 - February 2019.** Each CPF district is represented by a separate line. There was an increase in the number of cases verified per month in most CPF districts. In all CPF districts combined, the number of cases verified per month nearly doubled, from 51 cases per month in the first year of RBF programming to 101 cases per month after that.





**Figure 4. Percentage of case resolution, CPF districts, July 2016 - February 2019.** One goal of the RBF program was to increase the percent of case resolution. Initially, RBF verification processed focused on resolution as an essential step necessary to receive RBF payment. From July 2016 to February 2019, the percent of case resolution increased from 9 to 48%. This increase was temporally associated with the RBF program, which launched in July 2017. There are insufficient data to confirm a causal relationship but the RBF program was likely to have played an important role in driving this improvement.

**Furthermore, the verification process supports capacity development at the district level through intensive teaching and coaching.** RBF verification is structured so that WEI/B Regional Coordinators and PSWOs conduct rigorous, detailed reviews of each case file. The reviews occur in a group setting with the district social workers. By working through the verification checklist for each case file, Regional Coordinators and PSWOs are able to identify and explore gaps in the case management process. **They use each case as a way to engage the group in discussions about how to improve their case work.**

**In discussions at the district level, the RBF verification process was routinely described as a high-impact intervention for improving case work and increasing social work capacity.** District social workers highlighted that as a result of this process, they were able to learn first-hand and gain experience using the NCMS business process and tools. They received feedback that helped clarify case type definitions and answer questions about case work processes. Although there were concerns that verification might be invasive or punitive, district social workers and PSWOs independently described the process as a safe, constructive, and engaging learning environment, even when the quality of case work was low. Verification was also an important opportunity to model and practice peer review, as well as to promote the process and culture of supervision in case work.

## TROUBLESHOOTING THE SYSTEM

One valuable intervention for improving capacity at the district level was the development of a "Frequently Asked Questions" document. This occurred several months after the start of the RBF program, when WEI/B and MoPSLSW determined that there were important gaps in knowledge and practices in some districts regarding basic case management processes.

The Frequently Asked Questions document was designed to provide district social workers with practical tips to clarify steps in the case management workflow (e.g. When do we fill the initial case record?), as well as technical issues for child protection social work (e.g. How do we invoke Section 7 of the Children's Act for parents who are being charged?) There was also a glossary of case type definitions, and the necessary references for standard statutory timelines for child protection violations.

## 4.2 IMPROVING SUPERVISION AND PEER MENTORING

**Supervision and peer review are essential components for quality assurance in a case management system.** Supervision refers to a process where an experienced social worker (e.g. District Social Welfare Officer (DSWO), PSWO) reviews cases in real time to ensure that the case work is appropriate and complete. Clearly, supervision can also entail other roles, such as discussing or even co-managing complex cases. Peer review typically occurs after case work is completed. This process involves social workers reviewing a case as a learning exercise to identify areas for improvement or discussion.

**Prior to the RBF program, there was little appreciation that case work could (and should) be reviewed at all.** In many instances, a single case worker would take a case from start to finish, with no outside support or supervision. Although the NCMS forms required supervision from a district “head” or PSWO for each case, this would often not occur. Even when it did, there was lack of clarity around what supervision meant. There were also situations in which supervisors (especially at the district level) lacked the skills and experience to perform that role. There was no real interest in peer review. Regardless, the documentation was often so poor that the process would have been impossible.

The RBF program changed that. The verification process is quality assurance in action. It provides a real-life opportunity for teaching and modelling what supervision and peer review are about. During verification visits, WEI/B Regional Coordinators and PSWOs meet district social workers as a group. Together, they perform a detailed review of each case file submitted for RBF. The review follows a verification checklist (Appendix 1: Verification checklist) which addresses in detail each element of the case management business process, ensuring that the required forms are present in the case file, that the case work is accurate, complete, and appropriately documented for each specific case, and that the details are entered in the MIS. The group works through the checklist for each file together, so that district social workers are present for discussion, clarification, and teaching. Because verification centers on determining a cash payment, the process is perceived as a positive one. Verification teams focus on work that was done well; any steps that were missed are considered opportunities for improvement next time. In fact, the WEI/B team realized that supervision by an experienced social worker was so important, and so neglected, that they revised the verification checklist to include this as a specific step worth 15 percent of the RBF payment for a given case.

**Once district social workers understood the process, they saw how it could improve the quality of their work and therefore increase their RBF earnings. They implemented quality assurance activities of their own.** For subsequent verification visits, districts were following supervision procedures – with annotated case notes to show where they had given advice and signatures on the correct forms to verify that it had been done. The social workers were also checking each other's case files, looking for mistakes that would cost them in the verification. Based on learning from the verification process, they were leading case conferences for complex cases and at times even discussing these with PSWOs. The quality of the case work improved, RBF payments increased, and social workers reported feeling more satisfied with their work.

**The benefits of supervision and peer review are also instrumental in supporting capacity building through lateral learning at the district level.** Because of attrition and turnover, many district social workers are new and have limited experience. For them, mentorship and ongoing training are important to their skill development. Even for more experienced social workers, continuing professional development activities help keep their skills up-to-date.

## BETTER DOCUMENTATION, BETTER CASE MANAGEMENT

**Clear, consistent documentation improves the quality of case work for children.**

Case management often depends on a team approach involving multiple social workers, community partners, and stakeholders from the health, police, and justice sectors. At the district level, case files are often shared among social workers depending on who is available or has the right technical expertise to conduct the work. In Zimbabwe, social workers have a high turnover rate, with many seeking employment opportunities with non-governmental organizations or abroad. When one officer leaves, cases are passed to the next.

**The RBF verification process highlighted that poor documentation was a major issue.**

Initially, case files were typically missing many of the standard case management forms. Whatever documentation available was often lacking sufficient information – or was illegible – so that it was impossible to determine what was described in the file. There was no way for cases to be handed from one social worker to another. In some cases, social workers described that they were not even able to read their own writing. Verification and RBF payment was impossible.

**Verification visits provided a platform for discussing the importance of clear communication and emphasizing the value of appropriate documentation for RBF.**

Subsequently, verification showed dramatic improvements. District social workers quickly developed a careful, systematic approach to case work documentation. Although this was largely motivated by the promise of RBF payment, they reflected that improved documentation added value to their case work. Case files could be shared with other members of the team or a new social worker taking over the work. Peer review and supervision functions were easier to accomplish.

### 4.3 ADDRESSING RESOURCE BOTTLENECKS

Resources for child protection in Zimbabwe are critically limited. There are “minimum requirements” set out by government for the type and number of workers in a DSW office. **Even when districts meet these minimum requirements the available inputs are typically insufficient to address the burden of work.** The child protection workforce is too small, and there are growing concerns about district social workers leaving for positions with non-governmental organizations or abroad. Allocations from government to districts are intermittent and unpredictable, and even when they do occur, they are insufficient to meet the basic needs of the office. Social workers in the districts are often reduced to doing case work based on cost and convenience. They consistently rely on funding and transportation from non-governmental organizations or police, which is sporadic, difficult to coordinate, and ultimately undermines their independence in an authority role.

**Funds obtained through RBF have become an important part of the district budget.** Although the funding amount is small, it comes regularly and reliably – and may be the only money available to help the office run. In principle, these funds are to be used by the district office to improve their working conditions or their programming for children. However, many districts are instead using the funds to cover operating costs, like fuel and stationary. Without RBF money, key inputs for case management may not be available. District social workers may be forced to reduce the quantity and quality of their work. In the worst-case scenario, case management stops.

RBF is a post-hoc funding source and is not an efficient or sustainable way to resource a child protection system. There is a risk that covering operational costs using RBF money could be misinterpreted to reflect that funding for the system is adequate. **The gains in terms of quantity or quality of case management work due to RBF must not overshadow the urgent need to provide sufficient, reliable, and sustainable resources for child protection work.**

Surprisingly, **even though the districts are forced to divert RBF money towards basic materials, they were still positive about the funding scheme overall.** They appreciated that the process is transparent and reliable, and that they had some autonomy over how much they could earn as an office and how the money would be spent. They expressed a sense of value in having money to cover inputs like fuel, simply because it allowed them to do their work properly. In all instances, there were some funds left over for other discretionary spending. Some districts purchased curtains and fans to make the office more comfortable. One office used money to build a ramp to make the office more accessible. Some bought food for children who came to the office – previously, a child might spend the whole day with a social worker and have nothing to eat.

## 4.4 IMPROVING MORALE AND MOTIVATION

**The RBF program is a powerful motivator for quality case work.** This is to a large extent directly related to the money – in a system with so many resource constraints, social workers all appreciate a new source of funds. At the current time, RBF money can only be used to procure materials for the office. **Decisions about spending the money are typically made by all members of the district office in consensus. In general, there has been so much excitement about receiving the money that this is far outweighed any disagreements about how to use it.** Ultimately the districts send their requests for funding to WEI/B, who is responsible for ensuring the spending aligns with RBF program goals (i.e. is designed to improve district social work activities) and completes the disbursement.

Districts have chosen to spend in a variety of ways, ranging from basic office improvements to make the work environment more comfortable, to basic operational inputs like fuel, stationary, cleaning materials, and food to help complete the case work.

**Beyond the money, district social workers also indicated that doing better case work was another important motivator.** Overall, the social workers articulated that they were proud of the improvements they had made to the quality of their work and that they were confident they were doing better for children in their districts. Through the RBF program they had been empowered with knowledge, skills, mentorship, and support, and then supplied with money to help make their work easier. In addition, RBF gave the districts a sense of control over their earnings. If they worked harder, or worked better, the payments could be higher.

**One interesting way that social workers expressed their morale was in their excitement about the client satisfaction surveys.** These surveys were a part of the verification process that involved WEI/B Regional Coordinators and PSWOs meeting with children and families directly to ask about their experience with the district child protection team. District social workers described that the feedback from their clients had been excellent, which in itself helped boost their confidence and self-esteem. They looked forward to these opportunities as a way to showcase their work to their supervisors at the provincial and regional levels.

## WHAT ABOUT INDIVIDUAL INCENTIVES?

**In some RBF schemes, individuals in the system receive a portion of the RBF money for themselves – a personal cash bonus.** Social workers in each of the districts raised the possibility of individual incentives as a way to further improve the RBF program.

Individual incentives are typically determined using a pre-set formula. There is wide variation in how these formulas take shape. For example, in some systems, only the individuals directly involved receive individual payments. In others, the payments are shared among everyone working in a specific office. Clear parameters are essential to ensure that the allocation is transparent and accountable.

**Individual cash incentives introduce additional complexities and risks.** One of the main issues is deciding how the payment should be shared. Effective, efficient case work depends largely on a team approach, but which team members deserve to be paid, and how much? Should payments extend to district staff who do not participate directly in case management? Should payments extend outside the district staff to include Community Childcare Workers (CCWs) or partners?

Another important issue is the risk that the incentive would threaten the teamwork model and ultimately reduce performance. If one person receives more payment, does that mean others are less likely to help out? Could the addition of an individual incentive create more harm than good?

**In addition to individual cash incentives, individual non-monetary incentives may also be useful.** Some experts believe that non-monetary benefits are underutilized in RBF programming. There are many options about how these kinds of incentives could take shape. For example, high-performing social workers could be offered leadership or mentorship opportunities to provide support in districts that are struggling, or could waive their social work license fees. Even simple public recognition for top teams could be a way to increase motivation.

**At this time, the current system of incentives seems to be a sufficient driver for improvement and no urgent changes are required.** This may not always be the case. There is a need to explore other possibilities for results-based incentives. Individual cash incentives are an interesting idea, but are complicated to administer and may compromise the case management model. Individual non-monetary incentives may be another way to improve incentives without introducing additional unwanted risk.



## 4.5 STRENGTHENING MULTISECTORAL RESPONSES

Effective child protection case work often requires coordination with professionals in health care, the judicial system, and law enforcement, as well as community partners that provide specialized services to vulnerable children. The need for collaboration is particularly evident in Zimbabwe, where resource limitations in the case management system mean that district social workers often rely on collaboration for basic inputs like transportation to perform case work.

**Multisectoral linking in child protection is not always straightforward.** There are many practical barriers – scheduling constraints, distances to travel – but there are also differences in goals, priorities, and even approaches to children that complicate collaborative work. As a result, in some cases children never receive the care they need or receive it too late.

**RBF verification also works as a tool to strengthen coordination in child protection case management.** In order to receive funding, verification must confirm that for each child, on a case-by-case basis, social workers are connecting children with appropriate services in a timely way. In order to accomplish this, the verification team checks that the case file includes relevant documentation. For example, for a child who required hospital care, the verification process would ascertain that hospital notes were available as part of the file.

**As a result, RBF adds an incentive for district social workers to communicate and collaborate effectively with partners.** Since verification requires proof that children connect with other services, district social workers are also more accountable for ensuring that children access these. The end result is a more robust system for managing child protection cases, where social workers are better linked to critical services and then ensure that children receive them.

**District social workers recognize that improving multisector collaboration may help increase RBF funding through a supply mechanism as well.** There is anecdotal evidence that stronger working relationships with partners has helped increase identification and referral of new child protection cases to the district.

## DOES RBF IMPROVE TIMELY CARE FOR CHILDREN?

There are statutory timelines for child protection cases in Zimbabwe that indicate what services children should receive and when these should occur. These are delineated in the NCMS Operations Manual, the Children's Act, the Protocol on Multisectoral Management of Sexual Violence, the Criminal Law Codification and Reform Act, and other legal documents. For example, children who experience sexual abuse should have access to prophylaxis for sexually transmitted diseases within 3 days of presentation. **The timelines are important because they are articulate and demand the standard of care for child protection services in Zimbabwe and are (for the most part) in line with global best practices.**

Since the inception of the NCMS there has been no systematic assessment of case management from a timing perspective. However, multiple evaluations indicate major concerns regarding capacity, resources, and overall quality in the case management system, and some reports have indicated that key services for children in the system are often missed or delayed (Jimat Development Consultants 2010, MoPSLSW and WEI/B 2017). This may be related to a number of factors, such as a lack of understanding about what services are required, insufficient resources to access services, or poor working relationships with the multisectoral team.

The goal of RBF was to address “quality” in case management. At inception, quality was primarily associated with improving the rate of case resolution. As the program shifted over time however, it adapted a broader focus on quality case work, and appropriate timing became one of the key verification steps.

By working closely with districts during the first rounds of verification, the WEI/B team learned that many social workers were unfamiliar with the statutory timelines and their importance. In order to address this, WEI/B revised the RBF standard operating procedures to include detailed information on the key events and timing necessary for each case type. This information was shared with the districts, and then became the metric for evaluating whether case work met timelines for RBF verification.

Ultimately, data collected for RBF verification and evaluation was not adequate to provide a full or clear picture of how timelines have changed as a consequence of the RBF program. Districts reported that they have a clearer understanding of the statutory timelines, more resources to access services, and better relationships with partners, and that they are more successful in achieving timely case work overall. The verification data also indicate that over time, districts were able to generate a higher proportion of case files that meet criteria for timing. However, these data were subject to selection bias (i.e. included cases submitted for RBF, which are likely to be higher quality) and were aggregated (i.e. not separated by case type) therefore limiting their value for further analysis. **Since the RBF verification process reviews timing on a case-by-case basis, this is a powerful data collection tool that in future can be used to evaluate the timing of case work for specific districts or case types.**



## 5. WHAT ARE THE RISKS OF RESULTS-BASED FINANCING FOR CHILD PROTECTION

Even prior to the start of this RBF program there were concerns about the possibility that a cash incentive would add risk to the child protection system. In an environment with so much resource constraint – at the institutional level as well as the individual level – it was difficult to predict what would happen.

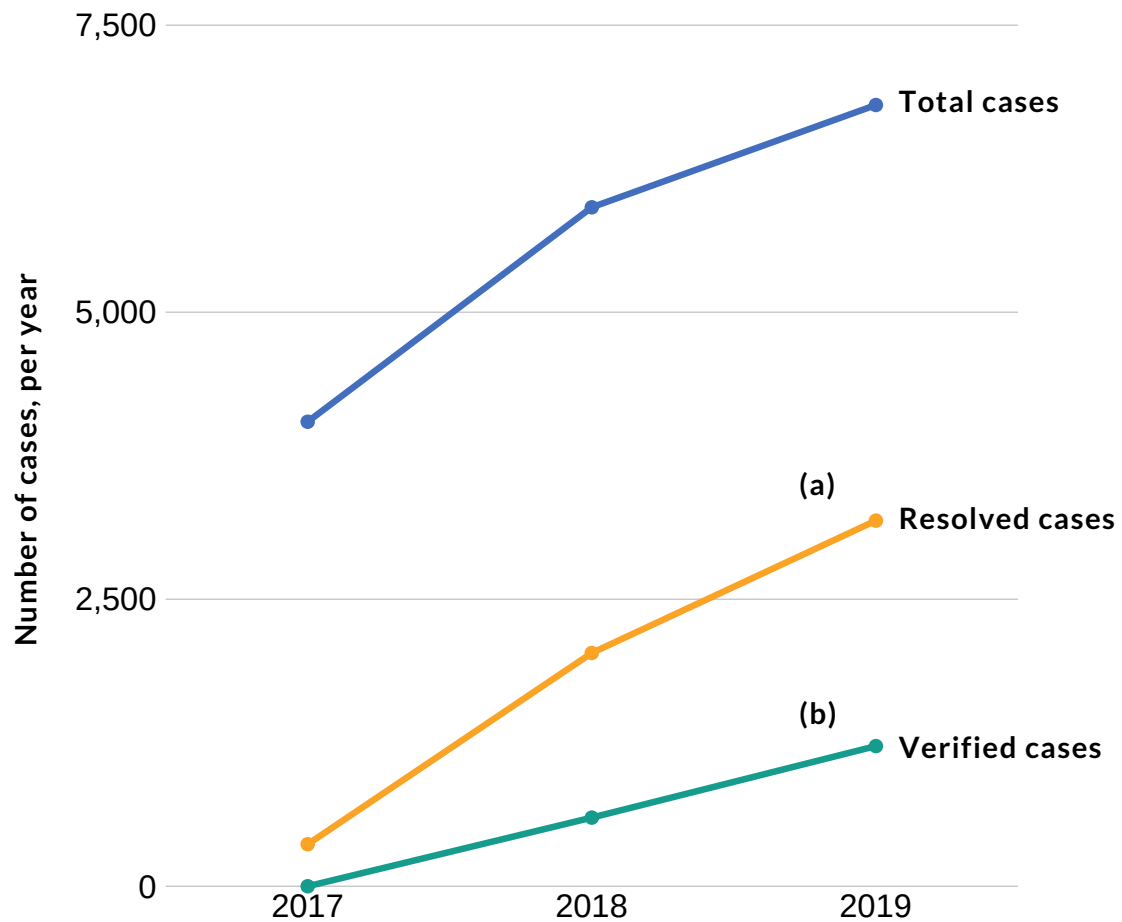
### 5.1 POOR UNDERSTANDING OF OVERALL SYSTEM PERFORMANCE

In general, the monitoring and evaluation component of the RBF program is inadequate to fully assess the state of the program, troubleshoot issues that arise, or develop a roadmap for improvement. Careful thinking – and some fundamental changes – will be needed to address this risk. There are a few main issues:

#### 5.1.1 LACK OF INTEGRATION BETWEEN RBF AND CASE MANAGEMENT DATASETS

**A primary issue is that RBF data and overall case management system data are not integrated in a meaningful way.** It is not clear that methods for data collection use the same case definitions or reporting timelines. There is no indication that data from the RBF program are compared with data from the broader case management system. **As a result, there are fundamental gaps in understanding how the RBF program affects overall system performance.**

**One of these gaps is to assess what proportion of all cases in a given district are verified through the RBF program.** Are districts providing high quality case management for all child protection cases, or just some of them? How many cases are missing? Discussions with social workers at the district level indicate that all cases are submitted and ultimately verified through the RBF program. But comparing RBF data and overall caseload data suggests otherwise, with hundreds of cases each year “seen” and “resolved” but never verified (Figure 5). Why is there a discrepancy? The gap between the number of “resolved” cases and the number of verified cases raises concerns that districts may be incentivized by the RBF program to conduct high-quality work for fewer cases (which will qualify for RBF payment) at the expense of leaving some cases completely untouched.



**Figure 5. Total case load, resolved case load, and case load verified for RBF payment, CPF districts, July 2016 - February 2019 (projected to June 2019).** (a) The total case load (top line, blue) and the number of resolved cases (middle line, yellow) have increased over time, reflecting an increased rate of case resolution overall. Since June 2016 until present, case resolution has increased from 9 to 48%. (b) The number of cases verified in the RBF program (bottom line, green) has also increased over time. However, there is a gap between the number of resolved cases and the number of verified cases, indicating that a majority of resolved cases are never submitted and verified. Why is this occurring? What does this say about the 48% of cases that are reported to be "resolved"? And what is the RBF program doing to address it?

In order to clarify this situation, **the RBF program and the case management system require a thoughtful, coordinated approach to monitoring and evaluation.** Most importantly, all stakeholders involved with RBF need to agree on the goals of the program, and then need to establish key indicators that reflect progress towards those goals. The case definitions and reporting timelines for the RBF program and the case management system must be aligned, and any analysis of the RBF program must take into context what is happening in case management overall. If necessary, the verification checklist may need to be modified to reflect shared priorities and inform the indicators.

### **5.1.2 LACK OF DISAGGREGATED DATA AT THE CASE LEVEL**

During verification, each step in the case management business process is thoroughly reviewed on a case-by-case basis. Verification therefore provides a rich source of data for monitoring, evaluation, and improvement. By definition, data generated at the case level are deeply disaggregated – they include specific information like the type, location, and details of the case, the amount and appropriateness of relevant documentation, and referral patterns.

**However, data from the verification process are not routinely captured or utilized to help improve the case management system.** For example, **data on case type are not routinely collected for RBF cases.** There is no disaggregated data analysis to review whether some cases are more commonly verified than others, or why that might be the case. Are social workers more likely to select “easier” case types, since these are more likely to earn the RBF incentive? Are some case types more likely to have errors identified in the verification process, meaning that these could be a target for improvement?

**Similarly, there is no systematic tracking of strengths or errors at the case level.** Verification involves an expert review of where case management went right, and where it went wrong. By capturing and pooling these data, the RBF program would have a powerful lens to identify trends in how errors occur. These could help the program develop tailored interventions to address specific gaps in the case management work flow – another way to guide rational improvement.



### 5.1.3 DATA COLLECTION THROUGH VERIFICATION ALONE RESULTS IN SELECTION BIAS

In general, submitted/verified cases will be the ones that the district social workers feel they have managed appropriately and that have a chance for RBF payment. These are likely to be the optimal cases – outliers. **Without data on some “non-verified” cases, there is no way to assess more broadly for the “average” case, or for cases that were managed poorly. The cases that were managed worst are the least likely to be reviewed and addressed.**

The RBF program needs to **extend the data collection to include random sampling of case files** that were not submitted for RBF payment. This would allow the RBF program to better understand the overall quality of the case work at the district level.



## 5.2 LOW QUALITY CASE WORK

One main goal of RBF was to improve the quality of case management, but the inverse – that it would incentivize low quality case work – has been a primary concern. **The concern is that with the addition of a cash incentive per case, the system risks prioritizing quantity over quality.**

In this RBF program, **the verification process is essential to reduce this risk and ensure quality work.** The verification process is designed to incentivize high quality case work and to provide consistency, structure, coaching for district social workers to help them achieve this. During verification, **the team reviews each case file in detail against a robust verification checklist.** The checklist requires that each case file includes documentation of all steps in the case management business process and meets the statutory obligations for each case type. Furthermore, the checklist involves an assessment to ensure that each child was offered the right kind of care for the specific circumstances of the case. The incentive is tied to meeting the checklist requirements, meaning that incomplete, inappropriate, or otherwise low-quality case work does not qualify for payment.

The verification process occurs together with district social workers in a group setting, so there are opportunities to explore any parts of the case that fail to meet the checklist criteria. By doing this in a collaborative way, social workers are able to consolidate their understanding of quality case work and then use this information to help improve in subsequent cases.

While the verification system eliminates the risk of low-quality case work, it can introduce other risks. **The verification process is costly in terms of time and resources** – in fact, so far, the cost of verification exceeds the total amount of RBF payments to the districts.

There are additional concerns in districts with too many cases and too few resources. In this setting, social workers are forced to prioritize certain cases over others. **Knowing that verification demands complete, high quality case work, district social workers may choose cases based on the likelihood of completion** (and therefore the likelihood of receiving RBF payment) rather than the acuity or severity of the case, or the safety of the child involved. Similarly, social workers may choose to complete one case before working on another, leaving the second case unopened and unaddressed.



## 5.3 NON-SUSTAINABLE FUNDING FOR OPERATING COSTS

The child protection system in Zimbabwe has serious, ongoing resource constraints that mean many districts lack inadequate inputs to perform basic case management functions. This alone is a major risk to the system overall. District social workers may be forced to skip steps in the case management process and make decisions that are not in a child's best interests (e.g. placement in institutional care, because there are no resources to allow family tracing).

In light of this, many districts have been forced to develop creative solutions to address these shortages. Social workers routinely rely on partners in other sectors or the wider community to arrange transport, and in some cases, for subsistence (i.e. food, housing) allowances while involved in case work in remote parts of the district.

As previously noted, evidence from interviews with district social workers as well as RBF payment data indicates that **some districts are also using RBF payments to cover these basic costs**. In general, this was perceived as an enormously valuable aspect of the program. RBF payments may be allocated to cover transport costs, telephone and communication fees, or even to supply food for children at the district office. Social workers in some districts indicated that these payments were in certain cases necessary to perform their work.

**There is a risk that RBF payments and the benefits of the RBF program will be misinterpreted to say that the child protection system has sufficient resources and is functioning well.** RBF payments are not intended or designed to support core case management work. They are small, fixed, and happen after the case management process is over. An effective child protection system requires resources that are reliable, flexible and immediately available to respond to children in need. **Advocacy with government must make it clear that there remains a critical need to establish effective and sustainable for funding for case management at a national scale.**

## 5.4 VERIFICATION IS EXPENSIVE AND TIME-CONSUMING

The verification process comes at a high financial cost. Visits typically involve two experienced social workers – a WEI/B Regional Coordinator and the PSWO. Their fees include transportation and subsistence allowances, and in the case of the Regional Coordinators, a programmatic cost in wages for their time. The verification visits are intensive, since each case file must be individually reviewed and discussed. Overall the process can take several days for a single district, depending on the number and complexity of the case files to review. Multiplied by 18 districts, verification becomes an expensive and time-consuming part of the program. **The overall financial cost of the verification process exceeded the total RBF payouts to the districts by a factor of nearly 5 times.**

Given the expense of this part of the program, there is a need to evaluate to what extent verification is valuable, and whether changes could help reduce cost while maintaining value. This is particularly important to consider as the program moves into a phase where spread and sustainability are now part of the discussion.

At this point, the value of the verification process is indisputable. **Verification performs two essential functions in the RBF program.** The first function is **to assess quality in the case management process and ensure accountability for RBF funding.** The second function is **to provide a platform for high-impact, case-based teaching and coaching to improve case management skills at the district level.** The human capacity benefits from verification are particularly important, since many other programs have struggled to achieve these and high turnover rates for district social workers mean there are constant training needs. The verification process also provides an opportunity for embedded monitoring and evaluation.

**There are a few potential ways to reduce cost.** One way is to shift the responsibility for verification solely to the PSWOs and to stop including the WEI/B Regional Coordinators. This is already beginning to happen in some of the RBF districts. This change removes the financial cost of sending a second person for verification. It also transfers the role to government, which aligns with goals for program sustainability.

So far, districts where verification has occurred with the PSWO alone report no significant differences in the verification process or outcome. They indicate that PSWOs are reviewing each case file according to the verification checklist and

discussing cases as a group. Now that most district social workers have a better understanding of the case management business process and tools, most case files are verified for payment. There is less time spent on basic teaching and more time spent discussing complex cases. PSWOs report that the number of case files is still high – and growing – and that process is still time-consuming.

**Using PSWOs as the sole reviewers for verification represents a fundamental risk. PSWOs have a conflict of interest in the verification process.** Ultimately, they are responsible for what happens in their districts. At the provincial level, they may receive incentives for good performance and corrective or punitive measures otherwise. As a result, PSWOs may be pushed to verify cases at the districts even if the quality of the work is low. Since there is no other mechanism for accountability in the system, an independent reviewer would be useful to ensure the integrity of the verification process.

**Another way to cut cost is to reduce the number of case files to be reviewed.** There are many possible means to do this. For example, teams could review just a sample of the submitted cases, rather than all cases, and then multiply the average pay rate across all cases. In districts where the quality of case work is still low, this kind of system is less advantageous because it limits the number of cases for discussion, learning, and improvement. However, in districts where the quality of case work is high, choosing a sample of files could expedite the verification process and allow more time for other valuable opportunities, such as discussing complex cases. The option to change the verification process like this indicates another important point: that not all districts necessarily require the same verification process. **The verification process can to some extent be adapted to suit differences in the strengths and needs at the district level.**

Some PSWOs suggested using the MIS to facilitate the verification process. All cases submitted for verification are inputted in the MIS, and reviewing case files electronically would avoid the need for travel and reduce the associated cost. However, the key loss in this context is the teaching and coaching element of the in-person verification visit, which has been critical to the effectiveness of the RBF program so far. **There may be a role to use the MIS for verification in specific instances, such as in districts where capacity and quality are high and needs for teaching and coaching are lower.** In that setting, verification using the MIS could provide a fast, more economical way to assess quality and ensure accountability, and there could be alternative means for providing ongoing technical support and professional development to the district office.

## 6. SUMMARY AND RECOMMENDATIONS

The RBF program for child protection in Zimbabwe has made a promising start. This is the first documented attempt to apply a results-based management framework in a child protection context. There have been objective improvements in capacity at the district level and gains in quality case work. The level of risk in this program is low.

Summary observations and recommendations include:

**The RBF program has dramatically improved the quality of child protection case management at the district level.** This is the main outcome of the RBF program so far. This conclusion is based on qualitative data. Robust quantitative metrics should be applied through the monitoring and evaluation process in order to better delineate the details and magnitude of the change.

**The verification process is the backbone of the program and the major driver for better case work.** District social workers receive intensive case-based teaching and coaching from the verification team. RBF payments for high-quality case work provide an incentive for learning and improvement.

**The verification checklist and RBF incentive structure have been used successfully as a tool to incentivize key elements of the case management process, including case assessment and planning, supervision, and delivery of critical services.**

**The verification process is highly structured and rigorous, and eliminates the risk of incentivizing low-quality case work.** In contrast, the emphasis on high-quality case work creates the potential for new risks, such as choosing a case based on the likelihood of complete case work (and therefore RBF payment) rather than the acuity or severity of the situation. These risks require further consideration.

**Verification currently accounts for more than 80 percent of program operating costs. This high proportion is expected.** Verification plays a central role in capacity development and is integral to improvement. Although less than 20 percent of program funding goes directly to districts, it is important to remember that the goal of the RBF program is to improve case management – not transfer cash.

**The current RBF incentive system improves motivation and morale, and is another important driver for improvements in case management work. No changes to the incentive structure are necessary now.** Additional incentives may be useful in the future. Individual cash incentives are associated with complex administrative needs and other risks. Individual non-monetary incentives may be a useful adjunct. Improving incentives may help reduce attrition among district social workers.

**The RBF program improves the use of key quality assurance mechanisms, including supervision and peer review.** Verification visits provide an opportunity for social workers at the district level to observe how these happen in practice. The verification checklist includes incentives to encourage supervision and peer review as a standard part of the case management process.

**The RBF program improves multisectoral collaboration, mostly by incentivizing timely access to key services.**

**The goals and objectives of the RBF program are vague and non-specific. These need to be refined.** Clarity is essential to provide ongoing direction for the program and a framework for measuring progress.

**The RBF program requires a more thoughtful and structured approach to monitoring and evaluation, in order to better understand system performance and guide improvement.** The program requires more clarity in terms of goals and objectives, and the monitoring and evaluation plan for RBF must be harmonized with existing efforts for the case management system as a whole. Currently, the lack of a coordinated approach means that important insights are missed. Furthermore, the current monitoring process relies on verification data alone, resulting in gaps and bias in the RBF dataset. Future data collection should consider the value of random sampling to provide more robust, representative insight into case management at the district level.

**The case management system requires suitable, sustainable funding from government.** RBF payments are often used by the districts to cover basic operating costs, such as transportation and stationary. This is not effective or sustainable. There is a need for ongoing advocacy at the national level to provide appropriate resources for case management in a reliable way.

## 7. CONCLUSION

RBF is a novel and promising mechanism for improving child protection case management. In Zimbabwe the RBF model has been a vehicle for significant and sustained improvements in social work capacity, resulting in a better understanding of core child protection business, higher quality case work, and increasing engagement in the child protection workforce. These gains are particularly notable in the context of a system facing critical human and financial resource shortages, which have been (and remain) a major obstacle to improvement.

The level of risk in the current RBF model is low, but ongoing work in Zimbabwe requires careful consideration to mitigate this and improve. One important issue is the absence of true markers of system performance, which should be a priority for monitoring and evaluation in the next phase of RBF work.

Looking beyond Zimbabwe, there are many variables involved in the design of an RBF program, ranging from the incentive structure to the verification process. Successfully replicating the effects of the RBF in a new setting may require adaptations in order to fit the local context. As with any new program, developing an RBF program outside Zimbabwe demands thoughtful consultation with local stakeholders and a meticulous, responsive approach to monitoring and improvement.



## 8. REFERENCES

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## 9. APPENDIX 1: VERIFICATION CHECKLIST

<b>Case Worker .....</b>			<b>File Number .....</b>
<b>Quality Categories and Components</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Explanation</b>
<b>I. INTAKE INFORMATION is well documented</b>			
1. Child, parent, caregiver names and contact information			
2. Reason for intake and who is making the referral			
3. Provision of Child Friendly Resource			
<b>II. CASE PLAN exists and is dynamic</b>			
4. An assessment is undertaken and documented			
5. A plan of action is developed with timeframes and key activities, based on assessment			
6. The beneficiary (and/or caregiver) informs and participates in the case plan			
7. The most critical interventions are prioritized			
8. Plans are reviewed by colleagues and/or supervisors, and partners			
9. As needed, the case plan adjusts based on changing circumstances			
<b>III. CASE NOTES provide comprehensive documentation of activities</b>			
10. Notes in case logs are clear and timely			
11. Dates and responsible parties are noted and case entries are signed or initialed			
12. Case notes are organized to show progression of case plan implementation			



## APPENDIX 1

<b>IV. REFERRALS and services are well coordinated</b>			
13. Effective referral forms are being used to enable access to other service providers			
14. A follow up system exists to best ensure beneficiary access to referral parties			
15. Case file documents results of referrals			
<b>V. Beneficiary WELLBEING is clearly documented</b>			
16. Indicators of quality are clearly evident in the objectives of the case plan			
17. Quantitative and qualitative indicator results are easily identified for program reporting			
18. Rationale exists and documented for case closure, case file is complete upon closure			
<b>VI. Case files are PROTECTED and ORGANIZED</b>			
19. Files are secure for confidentiality and longevity			
20. There is organized storage for efficient and long-term retrieval			
21. There is evidence of case review			
22. All critical interventions (protection, health, psychosocial support and justice) have been met and case resolution is authorized by a senior officer			
Total points			
% indicator of quality			
<b>File Checked By .....</b>			<b>Position .....</b>

## APPENDIX 1

Indicator	Means of verification	Weighting	Actual amount
Number of cases identified during the period under review	Registers, case contacts, police statement outline, Childline case referrals, Referrals from HSCT partners and other government stakeholders		
Number of cases with initial assessment conducted	Initial case record including MIS entry	5%	\$0.25
Number of comprehensive assessments with actioned care plans	Record of information, detailed case notes, MIS	30%	\$1.50
Number of cases with evidence of supervision at all stages	Quality case file checklist, supervision notes, MIS	15%	\$0.75
Number of cases where all critical services have been rendered (case review) within stipulated timelines.	Referral confirmations, case review form, case resolution form, MIS allocated cases	30%	\$1.50
Number of cases resolved	Case resolution including update in the MIS	5%	\$0.25
Number of post resolution cases followed up	Case log, client satisfaction	15%	\$0.75
Total		100%	\$5.00



