

The National Case Management System in Zimbabwe:

A **CASE STUDY** illustrating World Education Bantwana’s technical assistance in cementing government ownership, sustainability and lasting commitment

Careful listening, aligning to government-identified priorities, building on existing systems and strengths, and establishing trust... these exemplify critical shifts in reimagining development assistance, and are the pillars undergirding a longstanding, highly successful partnership among the Government of Zimbabwe, World Education Bantwana, and development donors. As a result, Zimbabwe’s National Case Management System has now been in operation for more than a decade, weathering multiple political and economic challenges and continuing to meet the needs of thousands of vulnerable children and families each year.

I. BACKGROUND

Why this case study is essential and timely

While the discourse on localization has gained momentum in development circles over the past 15 years, more recently there has been growing attention to the role that funders of global development programs can play in fostering sustainable national systems. The COVID-19 pandemic has demonstrated the collective vulnerability of funders and recipient countries alike and called into question the wisdom of technical assistance (TA) models as currently practiced. These practices may include agendas that often bypass government priorities; the creation of (often well-funded) structures that run parallel to (generally under-funded) government structures; and, the lack of coordination within and among funders in program implementation. With few exceptions, such situations contribute to governments’ passivity in promoting their own agendas and the needs of their citizens.

Notwithstanding, there are instances where visionary government leadership has driven programs, backed by funders fully engaged with government priorities, and in partnership with implementing organizations that understand *how*

to operationalize this vision. One such example is Zimbabwe’s experience in implementing its National Case Management System for the Welfare and Protection of Children (NCMS), a true partnership between the then-Department of Social Welfare (DSW)¹, World Education, Inc./Bantwana (WEI/Bantwana), the United Nations Children’s Fund (UNICEF), and the United States Agency for International Development (USAID).

This case study documents how WEI/Bantwana worked with, and supported, the Government of Zimbabwe (GOZ) and funders to design, pilot, and scale up the country’s child protection system through a combination of innovations as well as time-tested interventions, processes, and structures—and by building in sustainability from the outset. It also demonstrates how funders can find common ground to leverage their strengths to support government priorities and solve real problems; how governments can articulate and not waver from their priorities; and, how time (not just money) lies at the heart of effective programming as learning evolves and iteratively informs program implementation.

¹ The DSW, subsequently called the Department of Social Services (DSS), is now the Department of Social Development (DSD). For purposes of this paper, the department is referred to as the DSD.

II. METHODS

This case study was based on a desk review and key informant interviews (KIIs). The documents reviewed included:

- National Case Management for the Welfare and Protection of Children in Zimbabwe, *Ministry of Public Service Labor and Social Services, 2017*
- From the Ground Up: Developing A National Case Management System for Highly Vulnerable Children: An Experience in Zimbabwe, *N. Beth Bradford, 2017*
- Technical Capacity Assessment for the Department of Social Welfare: A Report on the 12 Child Protection Fund Supported Districts, *World Education, Inc./Bantwana, August 2017*
- Vana Bantwana Final Report, *World Education, Inc./Bantwana, 2018*
- How To? And Now Where To? Developing A Management Information System for Child Protection in Zimbabwe, *Kristopher T. Kang, 2018*
- Results Based Financing for Child Protection Case Management in Zimbabwe, *Kristopher T. Kang, 2019*
- Kanagat N, Chauffour J, Ilunga JF *et al.* Country perspectives on improving technical assistance in the health sector, 2021

For the KIIs, eight interviews were conducted via Zoom with nine key informants that included the current DSD leadership; key staff at UNICEF and USAID; and WEI/Bantwana's leadership on the Zimbabwe program and in headquarters. The interviews were recorded, and notes were also written in real time by the interview team. Follow-up calls were made and/or additional questions were sent via email, if required.

The interviews focused on better understanding i) the rationale for investing in the child protection system, ii) program design, execution, and results, iii) how collaborations and partnerships were forged, and iv) current status and future plans for the NCMS.

At the end of each interview, informants were invited to reflect on the nine Critical Shifts in reimagining technical assistance (detailed discussion follows) that were shared in advance of the meetings, and to comment on whether these shifts resonated, or were relevant to implementing the NCMS and the challenges to implementing any particular shift(s) in the Zimbabwe context.

III. REIMAGINING TECHNICAL ASSISTANCE

The Critical Shifts Framework

From 2018–2020, JSI Research and Training, Inc. (JSI) and Sonder Design facilitated country stakeholders, under the leadership of the ministries of health (MOHs) in Nigeria and the Democratic Republic in Congo (DRC), to [Re-imagine Technical Assistance](#) (RTA) for maternal, newborn, and child health (MNCH) and health systems strengthening.² Using a human-centered design approach, the group assessed shortfalls in the planning and delivery of TA and created the nine Critical Shifts as the future vision. During the follow-on project, Strengthening Technical Assistance to Enhance

Country MNCH Outcomes, (July 2020 to December 2021), the Bill & Melinda Gates Foundation, USAID, and the World Bank formed the Inter-Agency Working Group (IAWG) for Capacity Strengthening. JSI and Global ChangeLabs supported the working group to refine the critical shifts.

The Critical Shifts (Figure 1) represent a bridge between existing approaches, with their challenges, and a vision of future TA as developed by the country co-creation teams in the DRC and Nigeria and updated by the IAWG.

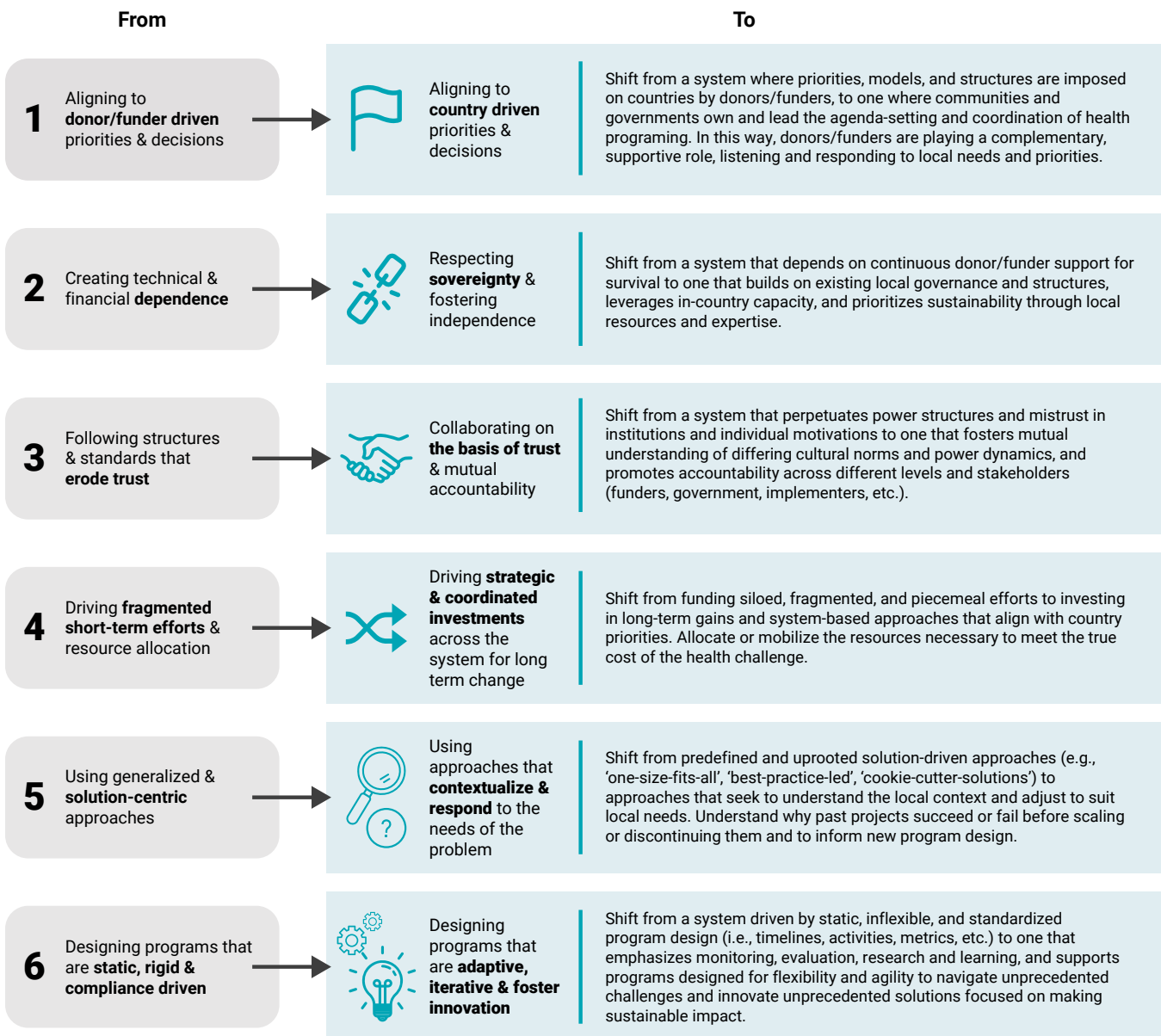
² Learn more at: www.childhealthtaskforce.org/countries

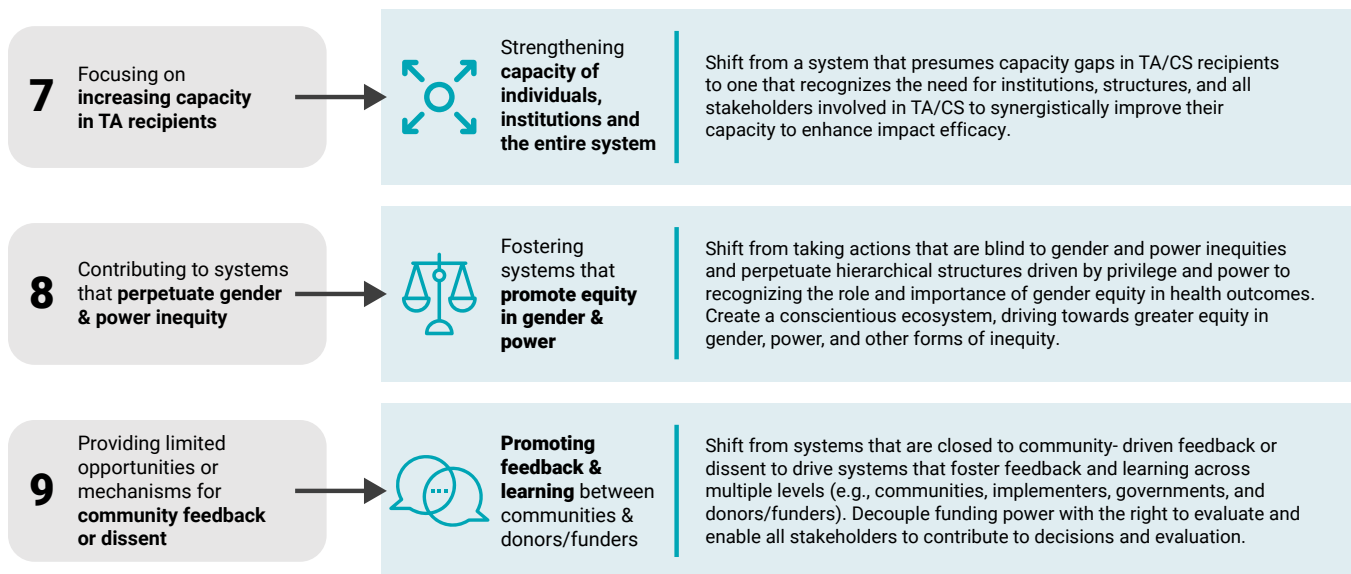
The findings from the RTA exercise suggest that the significant investments made in well-intentioned TA projects implemented by practitioners accustomed to providing TA as it is offered today, have not always led to improved health outcomes. Typically, countries frequently have TA models imposed upon them, which are poorly coordinated, have little country ownership, are disempowering and shortsighted, and fall short of holistic and systemic solutions to solving prevailing challenges.

Participants also voiced that the TA field (comprising international, as well as local non-

governmental, community, faith-based, and civil society organizations) has grown into a complex system of givers and receivers where interests extend beyond achieving better outcomes to meeting funders' foreign policy objectives. This system is often influenced by competing priorities and motivated by financial gain, personal recognition, and professional advancement. The key outputs of these RTA discussions and co-creation workshops informed the development of the Critical Shifts.

Figure 1: Critical shifts for technical assistance and capacity strengthening





Operationalizing the Critical Shifts

While it may not be possible to effect all nine shifts equally, and some shifts are easier to implement than others, in all cases “trust” lies at the foundation of relationships and successful programming. This underlying notion of trust means that i) the focus must remain on the country as the primary client; ii) TA must increase the capacity of local and national actors; iii) iterative learning must lie at the center of the project management cycle; and, iv) TA must be aligned to each country’s context.

The senior leadership of WEI/Bantwana agree with the recently outlined RTA framework and best practices to inform TA for systems strengthening. However, these practices are not new to WEI/Bantwana. Rather, they are embodied in how WEI/Bantwana approaches all its engagements, regardless of operating country, since well before the RTA shifts were crafted in 2021. WEI/Bantwana teams typically work closely with funders and governments to align program implementation to government priorities; serve as broker-interpreter to governments and donors; contextualize solutions based on well-articulated problem statements; strengthen existing systems rather than setting up

parallel structures; build sustainability from the outset; and, hold all parties accountable to clearly stated end goals.

This certainly held true for the 2012-2018 case management development process examined in this case study, when WEI/Bantwana participated in the Child Protection Fund (CPF) through a grant from UNICEF. Through WEI/Bantwana, the CPF channeled support to the government of Zimbabwe, to assist the DSD to develop a strategic case management framework, pilot test the initial model in 10 districts, and subsequently roll it out countrywide in all 65 districts.³ To complement UNICEF’s efforts in the rollout of the NCMS, USAID provided additional funding under the WEI/Bantwana-managed “Children First” or Vana Bantwana project.

This case study examines the implementation of the NCMS through the RTA lens to better understand how effectively these approaches were embraced and applied by WEI/Bantwana and other stakeholders in Zimbabwe, and could potentially serve as a model for future collaborations between national governments, the donor community, and TA providers.

³ The United Methodist Committee on Relief and Save the Children, through their institutional funds, also supported the case management approach in their program districts.

IV. ZIMBABWE'S NATIONAL CASE MANAGEMENT SYSTEM

WEI/Bantwana in Zimbabwe

When WEI/Bantwana was awarded the USAID/PEPFAR-funded Vana Bantwana project in 2008, Zimbabwe was facing an unprecedented economic, social and political crisis. This situation left a void in the government but also presented a unique opportunity to build and scale community-focused and government-led service delivery systems.



“In the early days, we at World Education and our government counterparts were flying the plane as we were building it.”

Mr. Washington Jiri,
Child Protection Specialist,
World Education, Inc.

At the time, the PEPFAR approach was shifting from the traditional sector focused and siloed model of funding and programming (e.g., education, health, livelihoods, etc.) to one that was integrated and responded to the comprehensive needs of orphans and vulnerable children (OVC). When the USAID RFA for the Zimbabwe program was released, WEI/Bantwana was testing an integrated OVC programming model in Eswatini and Uganda that was aligned and responsive to the shifts that PEPFAR was seeking. Both countries shared characteristics and challenges similar to Zimbabwe, and the USAID opportunity offered an excellent platform to replicate the approach to deliver integrated programming for Zimbabwe's OVC at scale.

How NCMS came about and what it is

In 2010, the GOZ conducted an evaluation to assess the progress made under its National Plan of Action for OVC Phase I (NAP1). Although the national program was deemed “highly relevant, efficient and cost effective” the report noted a number of key problems, i.e., fragmented programming, focus on program reach rather than program quality, and ineffective coordination between province, district and ward levels combined with a lack of oversight

by the DSW. These findings spurred the government to fast-track an approach that was evidence based and provided holistic services, and to facilitate partnerships that ensured quality and sustainable service delivery. The NAP evaluation report, combined with a developing trend towards using a case management approach, compelled the GOZ to look at emerging models of case management. One such model was the South African Isibindi model, which links HIV and AIDS with child protection programming at the community level.

At this time, WEI/Bantwana was already piloting an approach based on Isibindi in Umzingwane District, near Bulawayo, Zimbabwe's second largest city. The pilot was a response to the lack of a centralized system for registering the protection needs of children and the lack of a referral system to address identified needs at community level. The social welfare workforce at both provincial and district levels was severely understaffed and overwhelmed with the needs of highly vulnerable communities experiencing soaring HIV prevalence; hence, case management did not flow down to the ward and community levels. In 2010, WEI/Bantwana brought these gaps to the attention of the DSD and USAID, who then asked the WEI/Bantwana team to design a pilot program in Umzingwane District. In designing the Umzingwane pilot, WEI/Bantwana adapted the Isibindi model to the Zimbabwe context by streamlining existing community structures, creating a new community childcare worker (CCW) cadre, and linking both to the DSD. The

“We have ensured that this [the NCMS] is not a project or program, but a government system. Most districts are now getting direct funding from the Treasury as the government is desirous of ensuring funding is available. And all donors who intend to support child protection in Zimbabwe must use the case management system, which is coordinated by the DSD.”

Mr. Tawanda Zimhunga,
Acting Director, DSD

learnings from this pilot and its impressive results served as the building blocks that WEI/Bantwana used to propose for the design of the National Case Management System in Zimbabwe which subsequently evolved into what the system is today.

Role of WEI/Bantwana on NCMS

Serving as the pooled fund manager for Zimbabwe's CPF, UNICEF selected WEI/Bantwana as the fund holder and TA partner to support the DSD. Although WEI/Bantwana was relatively new in Zimbabwe, the DSD valued its approach to case management which is rooted in a systems approach that works within existing government structures, holds children front and center, and provides services holistically through an effective referral and tracking system. WEI/Bantwana's approach was seen as a welcome contrast to the "piecemeal, welfare-istic" support that was more typically being provided then. [Mr. Zimhunga, DSD]

The WEI/Bantwana team was responsible for leading the adaptation and development of the NCMS, piloting the framework, supporting the scale-up, developing the management information system, improving referral networks and the quality of services offered, and channeling all payments to support service provision by the DSD in districts, and at the ward and community levels. The breadth of WEI/Bantwana's technical engagement included the following:

Skilling Community Childcare Workers (CCWs):

At the core of the case management model, CCWs are a community cadre supported by the government to identify and manage cases, make referrals to service providers and to the district authorities, and serve as the first responders on child protection issues at the community level. WEI/Bantwana supported the DSD in formulating CCW

"I felt very confident that World Education was the partner of choice. They worked closely with the DSW and were trusted by the DSW which was very, very important."

Ms. Noriko Izumi,
Child Protection Chief of Section, UNICEF

The DSD valued WEI/Bantwana's approach ... which is rooted in a systems approach that works within existing government structures, holds children front and center, and provides services holistically.

job descriptions and minimum qualifications for this position; ensuring that terminology and job functions were standardized and adopted across the country; recruiting, training, and providing support supervision to the CCWs; and, developing tools and job aids for case management referrals, and reporting. To enhance the visibility of CCWs in their community, WEI/Bantwana also procured and provided NCMS-branded bicycles, bags, mobile phones, identity cards, and t-shirts.

Strengthening Child Protection Committees (CPCs):

These committees bring together community leaders and stakeholders from the sub-national structures and non-governmental organizations to serve as a platform for planning, coordinating, and networking on child welfare and protection. The DSD recognizes CPCs as important structures in the delivery of child protection services, and is supportive of building their capacity in coordinating and monitoring of these services. Under the NCMS, WEI/Bantwana conducted a needs assessment of CPC structures at the village and district levels; defined the role of CPCs; and, designed an orientation curriculum for CPC members on their newly envisioned role. WEI/Bantwana also provided TA to the DSD's district-level structures on supervising and supporting the CPCs in information sharing, coordinating activities, case conferencing, and closing of referrals made through the NCMS.

Supporting the Department of Social

Development: The DSD being the government entity responsible for implementing and

coordinating the NCMS, WEI/Bantwana worked with this department to design the system; and develop the curriculum and tools for training DSD staff. To address staffing gaps, WEI/Bantwana supported the DSD in i) restructuring district teams by identifying key statutory roles and reassigning non-statutory responsibilities to junior staff, interns, or other government staff; ii) offering professional development opportunities for retooling long-serving staff (e.g. supporting staff to enroll in post-graduate certifications in social work and child-sensitive social policies); iii) recruiting additional staff to serve as case management officers; iv) instituting a graduate internship program; v) facilitating trainings on program implementation; and, vi) troubleshooting and responding to emerging issues in the field. WEI/Bantwana also developed and worked with the DSD to rollout the management information system (MIS) to report, track referrals, and make decisions based on evidence.

Introducing innovations: In response to identified gaps and to improve service delivery, WEI/Bantwana piloted a number of innovations, which the DSD has, over time, integrated and scaled up within the NCMS. The two innovations that most effectively addressed gaps in the provision and access to child protection services were, and continue to be, i) the *results-based financing* (RBF) mechanism that rewards teams (not individuals) based on success measures such as, case progression and resolution; and, ii) *transport vouchers* for vulnerable children and their families to access services at the district level.

The RBF was adapted by the Ministry of Public Service, Labor and Social Welfare (MOPLSW) in 2017 with support from WEI/Bantwana, based on its successful implementation by the Ministry of Health to improve health services delivery and outcomes. This was the first documented attempt to apply RBF in the context of child protection to accelerate improvements in child protection case management. The goal of the RBF was to address the gaps identified in child protection, especially under-representation of cases on violence against children, and to improve the quality of case file documentation, and low case resolution.

While not without issue at start-up (especially in regard to the establishment of clear metrics), the RBF was deemed an important initiative for the GOZ to fund through the Treasury as it not only addressed the stated gaps, but also dramatically improved the quality of child protection case management at the district level, the motivation and morale of the district social workers, and multi-sectoral collaboration.

The Transport Voucher System facilitated timely access to critical services that included protection, medical, justice and psychosocial services. The voucher was available where the barrier to service access for children and their caregivers was lack of money for transport. Vouchers were issued to trained CCWs who provided them to clients in need of support when making referrals. The vouchers were accepted by pre-qualified transporters who redeemed them for cash at the DSD's district offices. Accompanying caregivers and service providers such as police officers were issued their own separate vouchers. WEI/Bantwana has been implementing the transport voucher system as a support service to the NCMS since 2016. While it caters for children with cases of HIV, child welfare and protection issues, the system priorities incidences of violence against children (VAC). Since its inception, over 3,000 children have been assisted to receive services such as HIV testing service (HTS), post-exposure prophylaxis (PEP), Legal services, Psychosocial Support and STI screening.

Additionally, WEI/Bantwana piloted an *Early Warning System* at school and community levels to identify and address gender based violence, as well as the causal factors of neglect and abandonment. Districts where the EWS was established, saw a notable increase in the identification and response to child protection emergencies. WEI/Bantwana also piloted the *Virtual Referral Desk*, a mobile phone based system integrated with the MIS for use by community cadres to reduce lag time between child protection case identification and access to services. This allowed social workers to track child protection cases in real time and ensure case follow up.

Regional Conference: Upon completing the scale-up of the NCMS in 2017, the GOZ (with

support from WEI/Bantwana) hosted a regional conference to showcase the system, which gave Zimbabwe considerable visibility among funders and government delegates representing 13 countries from East, West and Southern Africa. The conference provided a platform for showcasing the key components in developing and sustainably instituting a case management system that is owned and funded by government and other domestic stakeholders. The success of this conference resulted in greater recognition by funders and countries of Zimbabwe's achievements. "The conference took a lot of work but was very

impressive, and its success went much beyond everyone's expectations." [Ms. Noriko Izumi, UNICEF]. Five years on, WEI/Bantwana continues to be invited by governments to help contextualize the case management model and adapt it to other program areas which include rollout of case management systems in Eswatini and Tanzania, and supporting the Social Welfare Ministries in Mozambique and Uganda to strengthen the existing systems, as well as adapting the case management system for Zambia's education sector to retain girls in school.

V. KEY DRIVERS OF SUCCESS

Government Leadership

The GOZ's clear articulation and ownership of child protection needs, while essential for systems sustainability, also required "champions" at the highest levels. While several individuals at different levels of the government were instrumental, two were the acknowledged champions, and their leadership was central to the NCMS's success - Mr. Sydney Mishi, the DSD Principal Director, who provided the vision and clear direction for the case management approach, and Mr. Togarepi Chinake, the DSD Deputy Principal Director who spearheaded the technical implementation. Without their dedication, unwavering commitment, and clarity of purpose, the DSD's rank-and-file staff would not have cleared the path for implementation at national or subnational levels, down to the wards and communities.

In addition to these two NCMS champions, the UNICEF-funded cadre of young professionals, and who had the day-to-day responsibility for the pilot and rollout of the NCMS, was crucial as it allowed the DSD to be supported internally (rather than by outside consultants) and enabled WEI/Bantwana to work with technically capable counterparts within government.

Finally, it was openness of the champions and the young professionals working in close partnership with WEI/Bantwana and the funders to find solutions through experimentation, as well as to look within other ministries and government

structures for models to emulate, that has made the difference in ensuring that the "NCMS is a government system and not a project or a program" [Mr. Zimhunga, DSD].

Funders' Engagement

From the outset, UNICEF was committed to: i) supporting the GOZ to respond to the NAP I evaluation findings; ii) funding the implementation plan using an iterative, evidence-based process from pilot to scale up; iii) establishing a cadre of young professionals who spearheaded the work; and, iv) establishing an MIS to measure and inform performance.

Linked to these factors, the UNICEF leadership played a catalytic role by asking questions, working to find solutions, and encouraging experimentation in program implementation. When the introduction of the MIS, led by Mr. John Nyathi, a "highly competent professional" according to UNICEF, did not result in the DSD teams using the data, UNICEF conducted a business process analysis, which included all levels of users, to understand the root causes of resistance. Collective learning was encouraged: social workers and CCWs were engaged in discussions to ensure usable solutions were found in partnership and not imposed from top-down; and, that the findings were, in turn, shared with all levels of the GOZ. "Being a collective process made it possible to accept mistakes, and end users became part of the solution." [Ms. Izumi, UNICEF]

The relationship with the government and World Education was one of the most rewarding partnerships. The government counterparts were the best I've worked with, and the World Education team was clear about the results sought, and well aligned with the funder and government's priorities. Moreover, all donors supporting the NCMS had a common vision, and implementation led by an all-Zimbabwean team. This nationally driven effort was absolutely necessary as everyone were committed to systems building and had a common purpose."

Ms. Noriko Izumi,
Child Protection Chief of
Section, UNICEF

"Our comparative advantage at the time was that we had a nimble, adaptable and visionary team that came in with fresh ideas and models that had been pilot tested. And as Bantwana, we wanted to do something for the country and leave behind a legacy."

Ms. Patience Ndlovu,
Country Director Zimbabwe,
WEI/Bantwana

Donor commitment and engagement also transcended the more usual siloed approach to funding. Thus, USAID, which was not part of the pooled fund, ensured "flexibility to support components that the CPF did not, and that would otherwise require protracted negotiation among the CPF donors prior to budgetary approval." [Ms. Izumi, UNICEF]

USAID's engagement in supporting the NCMS under the Vana Bantwana project (also implemented by WEI/Bantwana) helped achieve two goals: i) strengthening the social worker workforce through the National Social Workers Association and the Council of Social Workers, both of which were essential to ensuring decentralization of case management; and, ii) increasing access for HIV

affected children and adolescents to testing and treatment within an interconnected network of services. Both interventions significantly helped to build out the NCMS.

This openness to problem solving, as well as collaboration and leveraging of support among funders, was not only unusual but also instrumental in successfully setting up the NCMS for sustainability.

WEI/Bantwana's Contributions

As the implementing partner, the WEI/Bantwana team walked a tightrope between funders and government. It served not only as the technical partner but also as a "broker," interpreting the expectations and feasibility of what was achievable. But given the alignment of goals and the urgency of the government to make NCMS a reality, the move from the design and conceptualization stage, through pilot, implementation in 10 districts, and scale-up to 47 and then 65 districts, went smoothly between 2012 and 2016. This was possible largely because WEI/Bantwana developed programmatic innovations jointly with the DSD team and the ideas and process were encouraged by the funder. "This approach was in contrast to the prevailing mindset that the government cannot build the system, only implementing partners can." [Ms. Precious Muwoni, former WEI/Bantwana]. The WEI/Bantwana team also actively invited other implementing partners to participate during the scale-up phase by rounding out components of the NCMS; the scope and duration of their participation was dependent on their funders and funding levels. These partnerships not only facilitated the scale-up process, they also ensured that all organizations working on child protection issues in Zimbabwe better understood the government's vision for implementing the NCMS.

While the learning curve was steep, WEI/Bantwana leadership never dropped its focus on the end goal. The technical leadership of WEI/Bantwana was at the core of conceptualizing and designing the NCMS by strengthening government structures. The skill and foresight of WEI/Bantwana's management team identified the DSD champions, and socialized the proposed design to ensure buy-in at the highest levels. The team brought in key staff (a visionary

social worker and a young experienced government insider) who understood the needs, could prioritize ideas and convincingly present it to government counterparts. At the end, what was most useful was the “scaffolding” of a functioning government system that WEI/Bantwana helped to create, and which the GOZ has continued to strengthen and add to the building blocks supporting Zimbabwe’s vulnerable children.

This combination of government, funders, and implementing partner, who were all of the same mind, greatly enhanced the potential for the NCMS’ success.

Programmatic Factors

Of the confluence of factors that contributed to the success of the NCMS rollout, four stand out most prominently: i) a multi-sectoral approach to programming, ii) passionate commitment to children by all stakeholders, iii) cross-learning with other ministries, and iv) building in sustainability from the outset. These factors bolstered each other, helped counter the political and economic challenges facing Zimbabwe, and were foundational to understanding that strengthening the system cannot just be a “donor thing.”

Multi-sectoral Programming: After years of fragmented support, donors recognized that no single institution could meet all the needs of children. This combined with the release of the NAP I report, showed the way forward on a multi-sectoral approach to programming that led to the creation of the pooled CPF. Moreover, donors recognized the importance of a holistic approach to child protection (well aligned with WEI/Bantwana’s approach) and USAID, which was not part of the CPF, leveraged support by funding activities which were not covered under the CPF to promote and support referral completion and the GOZ’s staffing needs.

Commitment to Children: A critical driver to ensuring that funders kept “politics aside” and found complementarity of purpose, and that the GOZ set aside its lack of trust in donors, was all parties’ single-minded focus on children. This helped to create a structure through which government, donors, and technical experts

The four programmatic factors bolstered each other, helped counter the political and economic challenges facing Zimbabwe, and were foundational to understanding that strengthening the system cannot just be a “donor thing.”

participated in open and transparent discussions, managed the UNICEF-led CPF together, and appointed the chair on a rotational basis. There was also strong commitment to generating evidence of programmatic impact and ensuring that decisions were data driven.

Cross-Learning: Studying the Ministry of Health’s village health worker model as a way to engage at the community level, the DSD introduced the CCW volunteer cadre to ensure child protection services reached down to households. Results-based financing, also a Ministry of Health innovation, was embraced (and modified) by the DSD. And USAID’s PEPFAR program, through the Vana Bantwana project, linked children to clinical services for HIV testing and treatment, which was central to strengthening referral networks and ensuring service provision to meet the critical needs of children. In turn, the DSD with support from WEI/Bantwana, showed the way for other ministries (e.g., Education) to engage with out-of-school children, develop an information system to follow and manage cases, and look beyond child protection to include social protection issues such as parenting, justice, disability, substance use, etc.

Sustainable Systems: The CPF funders, UNICEF, USAID, and WEI/Bantwana were all committed to providing services effectively in Zimbabwe’s very difficult economic and political environment, and to creating a system that could easily be transitioned to the government when the situation normalized. UNICEF also approached its commitment to

building the government’s system through the lens of sustainability, which meant “moving away from trainings to identifying the right measurements for systems strengthening and not just counting numbers. In other words, “how you reached children was important and not just *that* you reached children.” [Ms. Izumi, UNICEF] Finally, the government wanted “to develop a system and not implement a project.” [Mr. Zimhunga, DSD]



“I think working with the government requires a certain skillset. It requires you to be adaptive, accommodating, keep an open mind, and have constant engagement to build consensus. You don’t start by agreeing but you need to move towards it. That’s how trust is built, by being respectful and understanding their thinking. You cannot come to the program thinking that you know what needs to be done else the program suffers and the system is not built.”

Precious Muwoni,
Former Child Protection Specialist,
World Education/Bantwana Zimbabwe

VI. LESSONS LEARNED

Learning from Experience

As with any implementation, particularly one as complex as setting up a system from the ground up, the team faced “a good amount of hiccups but we were comfortable among ourselves and the young, upcoming staff who were very dedicated, created an interesting dynamic for learning.” [Ms. Izumi, UNICEF].

However, Ms. Izumi recognizes that UNICEF could have “started discussions on usage of the information systems earlier instead of the long negotiation that preceded implementation of the business process analysis.” More could also have been done to support the Ministry of Education when WEI/Bantwana brought to UNICEF’s attention that “teachers only teach those [children who are] in schools and attention should be given to applying case management in low-enrollment areas.”

While there is always more that can be done with additional funding and more time, the DSD “would not change anything that was implemented but would rather have started the process of integrating child protection with social protection sooner, and placed the CCWs on payroll earlier to stanch attrition.” [Mr. Zimhunga, DSD]

From WEI/Bantwana’s perspective, the lessons learned focused on three key areas:

Time & Timing: Funding levels and commitment of several donors were necessary but insufficient to ensure significant and sustained impact. In the case of the NCMS, it was crucial that funders were committed for the long haul “but there is no substitute for time, as little can be achieved

during the life span of a five-year project.” [Ms. Garb, WEI/Bantwana]. It was also important for WEI/Bantwana to be aware of conducive changes in the environment, the opportunities they presented, and to leverage those. For example, at the time of the pilot, the Global Service Alliance was launched and was instrumental in promoting case management globally. WEI/Bantwana used this opportunity to accelerate the design and rollout of the NCMS.

Staff Attrition: Successful innovations such as the “lateral learning component” (through which provincial staff able to use the MIS traveled to districts to troubleshoot and provide technical support with case entry and allocation, helping cases move through the pipeline) did not sustain as a result of staff attrition. While staff turnover is a reality in government, the WEI/Bantwana team felt strongly that rather than “lamenting attrition” the government should recognize it and work with funders and implementing partners to build a framework that will move the work forward. This could be achieved by engaging in discussions to develop a learning management system, instituting an accountability framework, and building MIS into the pre-service curriculum so that job expectations are set up from inception. Such as approach would not only broaden data access but, equally importantly, the responsibility for data entry, analysis, and use would be distributed throughout the program team and not just be the responsibility of the IT team.

Speed of Scale-up: While donors and government alike were keen to rapidly scale up the NCMS' rollout and expand its geographic footprint, in retrospect the WEI/Bantwana team believes that it compromised standardization and program fidelity. The engagement of other implementing partners to fast-track scale proved to be a mixed blessing; on the one hand, it broadened partnerships and contributed to their understanding of the NCMS' design and intentions; on the other, it also introduced different reporting mechanisms to satisfy the needs of different donors and therefore

placed additional administrative burdens on WEI/Bantwana. This resulted in the model unfolding differently in different contexts and difficulties in keeping up the technical support needs of the districts until WEI/Bantwana introduced the regional case management coordinator role, which reduced the ratio of districts supported by staff. In retrospect, WEI/Bantwana felt that given the respect the team enjoyed it could have used its "bullhorn" at the highest levels of government and funding institutions to advocate for a slower pace and more streamlined approach to implementation.

VII. HOW THE NCMS PROCESS REFLECTS THE RTA FRAMEWORK

In reviewing the legacy of the NCMS through the "critical shifts" lens, it is abundantly clear that not only WEI/Bantwana but also UNICEF and USAID ensured that i) this was a DSD led effort, ii) the approach was relevant to the Zimbabwean context, iii) it addressed systemic fault lines in the delivery of child protection services, iv) the focus remained on solving a clearly articulated "problem", v) sustainability was built in from inception and in the design and inception, and vi) innovation and learning were at the core of the approach.

For their part, the DSD held itself and WEI/Bantwana accountable for creating and implementing a well-designed system. Even when dealing with mounting challenges (e.g., talent flight and the ensuing brain drain, a cholera outbreak, natural disasters, political upheaval, no internet access for one year), the DSD's focus has not swayed from continuing the work started in 2011-2012. An indication of this commitment lies in the fact that the Treasury is now supporting CCWs through non-monetary incentives such as T-shirts, hats, bags, bicycles, airtime (the

'tools of trade'). While funding shortfalls have necessitated scaling back on the number of districts that implement the NCMS, there is no indication of the GOZ turning back the clock. "All funders and implementers engaged in child protection activities are expected to work within the NCMS framework -- without exception." [Mr. Zimhunga, DSD]

As donors' country-level leadership and senior staff rotate, implementing organizations similarly may rotate leadership or leave the country entirely at the end of a project, and government leadership also experiences turnover. In the end there is no other way to make ideas and programs stick but to enable governments to identify their priorities, work closely within their existing structures, develop a joint vision of the future, and hold all parties accountable for agreed-upon results. Then, when challenges arise, as they inevitably will, government is well-placed to address them. Without national governments' intentional engagement, no amount of donor funds and TA will move entrenched systems, nor find workable and lasting solutions. Funders must work with the government's vision as their starting point to help actualize a functioning system.

The "critical shifts" of the RTA framework are, on the face of it obvious and unassailable tenets that should guide development projects, but they are not always easy to execute. Donor mistrust of government intentions and perceived lack of accountability is often at the core of how relationships evolve. TA providers are seen as the funders' "watchdogs," which further advances

Even when dealing with mounting challenges, the DSD's focus has not swayed from continuing the work started a decade ago.

“Data are critical to demonstrate impact but access to technology alone is not the answer given electricity problems and funding to ensure stable internet access. We have found that a parallel paper-based system is a necessity but this also means that qualified staff are available to enter data and ensure data quality. It is also important that social workers are exposed to the importance of data entry and use during their pre-service training.”

Mavis Maduku,
Monitoring and Evaluation Coordinator,
WEI/Bantwana Zimbabwe

Often, measurement is considered valuable only if it is quantitative; however, process variables are equally critical to determining progress.

“The case management system was a milestone in Zimbabwe - UNICEF was behind it and WEI/B was the ideal TA provider.”

Mr. Tawanda Zimhunga,
Acting Director Child
Protection Services, DSD

mutual mistrust, lack of cooperation, and/or paying lip service to the program. There is an important role for all three parties in realizing the tenets of the critical shifts, and the linchpin is always the government.

Of equal importance is the timeframe for implementation and establishing measures that are realistic and achievable. Often measurement is considered valuable only if it is quantitative; however, process variables are equally critical to determining progress along the continuum of desired change as well as establishing intermediate or smaller goals against which to track progress and closely monitor results of pilot activities. In the Zimbabwean context, implementation and scale-up of the NCMS was measured at every step of the way—from pilot through implementation. Significantly, when the introduction of the MIS did not result in its use at the lowest level of data collection, solutions were found, not in the national offices of the DSD but rather through discussions held with the CCWs to understand gaps, why they did not find it useful, and what would make them want to use the data. Only then were changes made, which helped ensure utilization. Similarly, the analysis post facto was shared at all levels including with CCWs, and decisions were data driven, which brought home the relevance of data collection to all levels of the system. Learning was iterative and involved all cadres of the workforce responsible for implementation, which significantly contributed to ownership of the NCMS.

VIII. THE NCMS LEGACY

Impact of the NCMS

Since 2012, the NCMS has progressively reached hundreds of thousands of children with critical child protection services each year, responding to cases that included sexual, physical and emotional abuse, neglect, and economic exploitation. By 2016, the NCMS was reaching at least 20,000 children annually. New staff in the DSD considerably improved the ratio of the social workers to clients.

The recruitment of CCWs as an extension of the DSD in the community and set-up of the National NCMS in all wards and villages resulted in an upsurge in cases being reported and handled by the DSD. Using their local knowledge and relationships, CCWs became an important frontline that handled and resolved child welfare cases at the community level and referred more complex cases to the districts, and followed them up to ensure that cases were closed. CCWs gave the DSD increased visibility,

and helped the communities to understand the purpose of the department. DSD social workers noted a ten-fold increase in cases handled each month after rollout of the NCMS in their districts compared with the period prior to the roll-out.

What It Means for Donors

The question the team has asked itself is, *Is Zimbabwe unique—or can this experience and learning apply to other countries, too?* In the wake of the HIV and AIDS crisis and economic collapse, the GOZ was committed to children and families, and that commitment has remained unwavering. It was not driven just by politics, and nor was it a function of UNICEF's willingness to support this effort initially. The engagement between the GOZ and UNICEF was symbiotic in that the GOZ's desire to address gaps in their case management system holistically was also a priority for UNICEF and USAID, and the resources offered by the donors helped the GOZ to seize the opportunity and make it a reality.

As development practitioners we realize that not every country has the professional talent or is willing to stay the course on its own priorities and agenda. But the message for donors is, if there is even a fighting chance to effect sustainable change, there is no alternative to working with governments on their priorities (including helping them to prioritize, and sometimes restating their priorities based on global best practices). The essential third party is a partner who understands not just “what” needs to be done but also understands the “how” of implementation, i.e., maintaining a flexible approach and being open to new data and learning, keeping the end game alive, effectively playing the broker role between funder and government, and helping to build the scaffolding upon which the initiative can continue to evolve. It is a three-way street, but in the end, funder support and an engaged TA partner, while necessary, will never be sufficient without government's deep commitment.

“We were lucky to have had 10 years of USAID funding and 15 years of UNICEF funding to help us broker this relationship and keep working with the government in phases. First to build the system itself; then develop the MIS and work through those challenges; then make [child protection] HIV sensitive, both for service provision and data collection; and then make tweaks and innovations along the way.”

Ms. Gill Garb,
Executive Director, World Education/Bantwana, Boston

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This case study examines WEI/Bantwana's technical assistance approach in developing Zimbabwe's National Case Management System for the Welfare and Protection of Children through the learnings and principles that emerged from the Re-Imagining Technical Assistance for Maternal, Neonatal, and Child Health and Health Systems Strengthening project.

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More information on the RTA can found at the links below:

<https://www.childhealthtaskforce.org/countries>

https://www.childhealthtaskforce.org/sites/default/files/2020-06/201916_SOND_Tech%20Assistance_NigeriaDRC_v6.pdf

Case Study Team:

Kumkum Amin: Associate Director, John Snow, Inc., Member of the WEI/Bantwana Advisory Board

Alton Mpungu: Technical Advisor, Bantwana Initiative of World Education, Inc.

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Interviewees:

Tawanda Zumhunga: Acting Director, Department of Social Development, GOZ

Faith Mavengere: Child Protection Specialist, Department of Social Development, GOZ

Noriko Izumi: former Chief of Section, Child Protection, UNICEF Zimbabwe

Patience Ndlovu: Chief of Party, Ana Patsogolo (PEPFAR OVC) Project, Malawi; Former Country Director, Bantwana Initiative of World Education, Inc. Zimbabwe

Washington Jiri: Child Protection Specialist, Bantwana Initiative of World Education, Inc. Zimbabwe

Mavis Maduku: Monitoring and Evaluation Coordinator, Bantwana Initiative of World Education, Inc. Zimbabwe

Precious Muwoni: Former Child Protection Specialist, Bantwana Initiative of World Education, Inc. Zimbabwe

Gill Garb: Executive Director, Bantwana Initiative of World Education, Inc., Vice-President World Education Inc.

DISCLAIMERS AND LIMITATIONS

This case study is based on key informant interviews comprising a relatively small group of individuals who were engaged in the design and rollout of the NCMS in Zimbabwe. Unfortunately, several others who were closely involved at the time have since left government, and Mr. Justin Mishi, a key architect and champion, who served as DSD Director, is deceased.

To avoid relying on the memory of individuals, responses were triangulated across stakeholders.

The opinions expressed in this case study are those of the authors and individuals interviewed for the study and do not necessarily reflect the views of the entities they represent or previously worked for.

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