February 2017

Integrating Case Management for Vulnerable Children

A process guide for assessing and developing an integrated case management system in Eastern and Southern Africa

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Acknowledgements

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Acronyms & abbreviations

CM	Case management
CMS	Case management system
CP	Child protection
ECD	Early childhood development
GBV	Gender-based violence
GPS	Global positioning system
HIV	Human immuno-deficiency virus
ICM	Integrated case management
ICMS	Integrated case management system
ICT	Information and communication technology
IMS	Information management system
M&E	Monitoring and evaluation
NGO/s	Non-governmental organization/s
OVC	Orphans and other vulnerable children
QI	Quality improvement
SOPs	Standard operating procedures
UNICEF	United Nations Children's Fund

Contents

Introduction

Vulnerable children and families are entitled to efficient, comprehensive and respectful assistance on multiple fronts set out in national and global policies,[1] but are often faced with piecemeal, inadequate and intrusive services, or are neglected altogether. Services designed to protect children's rights often function on their own, disconnected from other services that may also be needed if these rights are to be protected and their needs met holistically. The results are often overlaps and gaps in services, negatively impacting those in need of services. From the child and family view, and from the perspective of those at the grassroots level involved in assisting them, the service structure can often seem an unnavigable maze full of unknown challenges, and many give up.

This guide is aimed at policy makers and programme managers working across Eastern and Southern Africa whose role is to support and protect the rights of vulnerable children and their families. It has been developed in line with the growing recognition that the rights and needs of vulnerable children and families are complex, multifaceted, interrelated and interdependent. Meeting children's rights cannot be fully accomplished by working in one sector alone, whether it be child protection, social protection, health, HIV, education, justice or any other. Stakeholders working for and with vulnerable children recognize that the rights and needs of children who face multiple risks are best addressed within a coordinated and integrated approach. At the case level, this type of service approach – known as the integrated case management (ICM) model – is increasingly recognized as a best practice.[2]

Investments in case management are growing across many sectors, notably health, HIV care and child protection. However, although all case management systems seek to link different sectors, in practice the linkages have been hard to implement consistently. This guide intentionally focuses on *what is needed for integration to work.*

1 For example, under the Convention on the Rights of the Child, States parties are responsible for the protection, education, health and safety of children, to name a few explicit rights. The Convention also requires States to assist families in raising children. Under the *Guidelines for the Alternative Care of Children,* children are entitled to family-based care, preferably in their own families. Additional instruments provide rights for women (Convention on the Elimination of All Forms of Discrimination against Women), indigenous peoples (Declaration on the Rights of Indigenous Peoples), and people with disabilities (Convention on the Rights of Persons with Disabilities), to name a few.

2 The evidence and experience referenced in this guide are drawn from a review of literature on existing integrated systems and field experience. As yet, there are few studies using rigorous methodologies to support integrated case management for vulnerable children in sub-Saharan Africa; most studies have been conducted in high-income countries. The health sector has much evidence on integration, although primarily within the health sector. There is growing evidence on integration to address violence against women and girls, especially showing the importance of inter-ministerial coordination mechanisms (UN Women, Virtual Knowledge Centre to End Violence against Women and Girls, 2012, <www.endvawnow.org/en/articles/1062-strengthen-inter-ministerial-coordination-mechanisms-at-the-national-level.html>, accessed 10 August 2016).

Available evidence and field experience[3] suggest that working together to provide streamlined care is likely to be:

- **Less intrusive.** For example, a child's right to privacy will be upheld much more effectively when he or she will not have to describe repeatedly an experience of being sexually assaulted to a police officer, social worker, court probation officer, psychosocial support volunteer or health worker, because the initial account can be shared confidentially with all the people who have a need to know.
- **More comprehensive.** If job aids such as referral flowcharts and case files spell out who has to be informed, at what point, and spells out what action should be taken, it is easier for the case manager (the person who has overall responsibility to make sure the child receives support) to check that all the correct steps have been taken.
- **Cost-efficient.** Working together can reduce time spent gathering information, reduce time and transport costs if people share information, and can make sure processes are completed on time, thus not wasting resources by, for example, delaying a legal process.
- **Inclusive of community-led and community-driven initiatives for vulnerable children**, which are central to any case management process in Eastern and Southern Africa. An integrated system places emphasis on ensuring linkages among all actors and focusing on accountable mechanisms for working together.
- **User-friendly.** If people work together in a more efficient way, the child and family members should find it easier to know what is going on and communication should be easier, thus supporting their right to informed participation.

The business process model for integrated case management systems

Integrated case management occurs at the point of contact with vulnerable children and families. However, it is made possible within the context of a larger system, where multiple technical sectors coordinate their policies; their human, financial and material resources; and their programmes and services to deliver a variety of services to a single child or household and avoid gaps and overlaps.

This guide explores how an integrated case management system (ICMS) can be planned, constructed and implemented to ensure accountability from the individual case to the system level. First it considers how case management, as a process, supports vulnerable children. It then explores ways in which a system that is integrated across the process, sectors and levels of interventions can respond holistically to children's rights and needs through sustainable and appropriate actions.

3 The key points listed have not been documented as yet, but have been made by a range of different stakeholders in the countries visited, backed up by emerging evidence about the efficiencies of integrated approaches documented in, for example: KPMG International, *The Integration Imperative: Reshaping the delivery of human and social services,* 2013, <https://assets.kpmg.com/content/dam/kpmg/pdf/2013/10/integration-imperative.pdf>, accessed 10 August 2016.

This response is set out in a *business process model* – the series of steps involved in creating and implementing an integrated case management system that flows from initial assessment of current case management in the country to a costed and monitored action plan for integrating case management systems that support vulnerable children and their families. The business process model lays out the tasks involved in planning, developing, testing, monitoring and adapting the integrated case management system to refine and improve it within a given country or context. The sections of this guide follow the steps of the business process model illustrated in Figure 1, with a focus on applying lessons learned globally on integration to the local context.

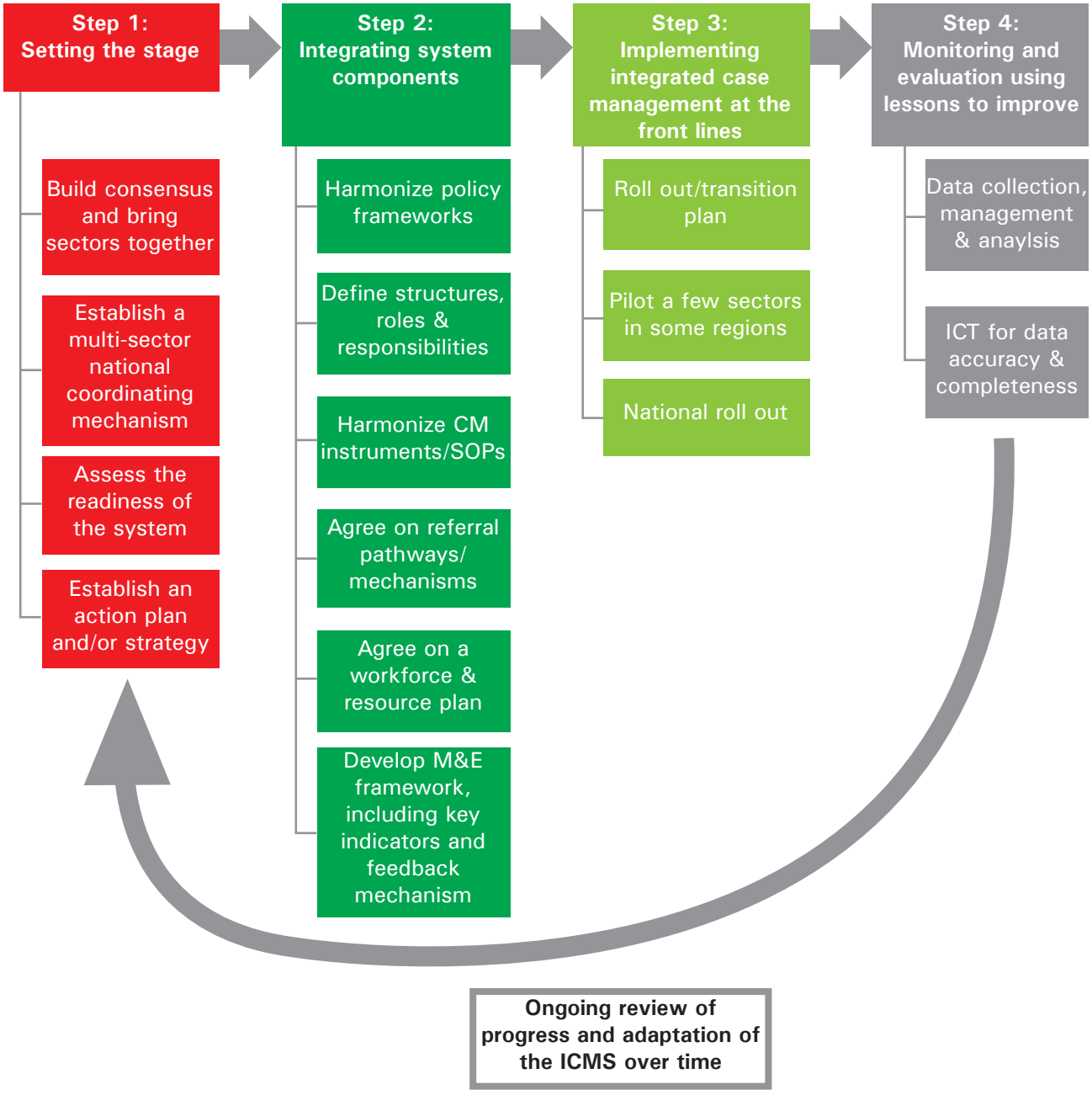
It is important to remember that every country may be at a different step in the process and may have to focus more on some areas of integration than others. Each country will likely need to develop most, if not all, of the actions shown in Figure 1 to fully establish and implement an integrated case management system. The model also builds on the expectation that each country will adapt and contextualize its own work in accordance with the country context, children's rights and needs, existing policies and systems, and current level of integration.

This guide draws on the business process model to provide experience and tools to integrate case management. While it sets out a number of possible steps, the priority areas of focus will vary according to the context. Continuous self-assessment and evaluations should direct further improvements in the system.

It should be noted that this is not a guide for developing and implementing case management as a direct service; a number of good manuals on implementing case management services provide this information.[4] Rather, this guide is for building a system that provides multisectoral, integrated case management at the national and subnational levels.

4 Global Child Protection Working Group, ***Inter-agency Guidelines for Case Management & Child Protection, the Role of Case Management in the Protection of Children: A Guide for Policy and Programme Managers and Caseworkers,*** Global Protection Cluster, European Commission, United States Agency for International Development, 2014; Child Protection Working Group, Minimum Standards for Child Protection in Humanitarian Action, 2012.

Figure 1: Business process model for developing an integrated case management system



How this guide was developed

The guide builds on the experiences of a range of countries, primarily in Eastern and Southern Africa, and on existing global evidence about integrated service provision and case management. The guide, along with related tools and frameworks, are based on global evidence and country inputs: First, a global literature review was undertaken. Key global evidence is referenced throughout the document and a more comprehensive report of the evidence reviewed is also available.[5] The team drew on the literature review to identify a framework for understanding integrated case management (see Section 1), and emerging lessons on effective integrated case management were translated into the statements in the self-assessment tools (Annexes 1-4). Next, team members were hosted by UNICEF in three countries – Kenya, Mozambique and Zimbabwe – and met with key stakeholders at the national and subnational levels to explore the current case management context and key opportunities for further improving integration. In Kenya, and then later in Namibia and Rwanda, preliminary versions of the self-assessment tools were reviewed with selected stakeholders – non-governmental organizations (NGOs) in Zimbabwe, national and subnational actors involved in case management in Kenya and Namibia, and UNICEF staff exploring potential sectoral engagement in Rwanda.

A particular focus in the development of the guide was the potential for information and communication technology (ICT) as a tool for enhancing integrated case management. The potential for ICT, as well as the possible barriers and limitations of a focus on ICT, are woven throughout the findings in the guide.

How this guide is organized

The guide begins with an overview of the overall concepts behind integrated case management. Each section that follows lays out the steps of the business process model.

Section 1: Integrated case management overview explains the core principles underlying an integrated case management system appropriate for Eastern and Southern Africa, with the critical aim of starting from a common understanding of case management as a front-line delivery process. The main points of this section include:

- Defining vulnerability, risk and deciding when a case management approach is needed
- The overarching framework for a case management system for vulnerable children
- The critical points in the system at which integration is necessary if that system is to holistically respond to the complex needs of vulnerable children.

5 Philbrick, W.C., and J.L Roby, 'Landscaping Report: Strengthening case management systems in Eastern and Southern Africa', August 2015. Available from UNICEF's Eastern and Southern Africa Regional Office, Child Protection Section, or Maestral International.

Section 2: Setting the stage for an integrated case management system outlines some preliminary steps necessary to gather support for an ICMS:

- Bringing together stakeholders to review existing systems and plan for system-strengthening in view of the rights and needs of vulnerable children and families
- Making the case for why an integrated system is important
- Introducing concepts and tools for assessing both existing national systems of case management and readiness for strengthening integrated case management systems planning and development.

Section 3: Integrating system components describes:

- The building of national integrated case management systems starting from where the existing system is at present
- Action planning based on the results of the assessment process described in Section 2.

Section 4: Integrated case management delivery at the front lines describes:

- How systems planning fits within front-line case management from the point of contact between child, family and service provider up to the national policy and legislative context – from identification to case closure.

Section 5: Monitoring, evaluation and using lessons for innovation provides information about:

- Monitoring the development of the system
- Tools for integrated monitoring of cases
- Adapting over time based upon learning from the implementation of integrated approaches

More detailed information can be found in the Annexes, which include tools for self-assessing existing case management systems at the national and subnational level; an in-depth look at the domains of case management integration, including governance, strategy and front-line delivery; arguments for making the case for investing in integrated case management; an action planning template; and principles and potential for using ICT in integrating case management.

Section 1 Integrated case management overview

This section sets out the core principles of case management, the potential benefits, and steps to intentionally developing an *integrated case management system*. The process of developing such a system begins by forging a common understanding of the need to work across sectors – both formal and informal – to provide a holistic case management response to children and their families. This section summarizes how case management[6] for vulnerable children is most commonly provided in Eastern and Southern Africa and how, if it is to be effective, it needs to be seen as a system at all levels – from the actions taken by children, families and communities to policies and legal frameworks at the national level. The section then explores how the many different case management processes in place in different sectors (for example, health, HIV, child protection, social protection, etc.) could be streamlined and strengthened by working together. The information sets out the principles that inform the business process model that is explored in the following sections.

1.1 The case management system

A **case management system** is the set of *coordinated* components that connect to each other and that are all necessary for the case management process to work (these components include legal and policy frameworks, implementation structures and roles, resources, workforce capacity, programmes and services, and data management, monitoring and evaluation).

The **case management process** follows an individual child or family along a chain of referrals and interventions, often across sectors, ensuring their follow through until the health and well-being of that child and family are restored and protected.

Case management is a collaborative process to identify individuals vulnerable to certain risks, assess their needs and strengths to ensure that their rights are being met, set goals in a participatory manner with the client, provide direct or referral services, follow up, evaluate progress, and terminate the case when the goals have been met.[7]

6 Frankel, A. J., and S. R. Gelman, Case Management: An introduction to concepts and skills, Lyceum Books, Chicago, 2012; Lightfoot, E. B., and T. L. LaLiberte, 'Approaches to Child Protection Case Management for Cases Involving People with Disabilities', Child Abuse & Neglect, vol. 3, no. 4, 2006, pp. 381-391.

7 Save the Children, Case Management Practice within Save the Children Child Protection Programme, 2011, <www.savethechildren.org.uk/sites/default/files/docs/Case-Management-Practice-Within-Save-the-Children-Child-Protection-Programmes.pdf>, accessed 10 August 2016.

There is no universal definition of vulnerability, but generally, children who do not enjoy the rights that have been extended to them under the Convention on the Rights of the Child and/or national child protection/child welfare legislation can be considered vulnerable to varying degrees. Child vulnerability will depend on many different factors – the child's age and developmental stage, family circumstances, social or economic factors where the child lives and what goes on externally in the child's environment (such as natural disasters or conflict) as well as the availability of support services. However, the reference point of vulnerability is the gap between children's rights and their current deprivation or violation.

Some national legislative instruments spell out children who are vulnerable to include those who experience poverty; who are abused, neglected and/or lack access to basic services; who are themselves ill or living with disabilities or have parents who are ill/disabled; whose rights to care and protection have been violated or are at risk; and who are affected by fighting forces or are in conflict with the law.[8] Almost all countries in sub-Saharan Africa have national definitions of child vulnerability within their policies.[9]

Families and communities are the first point of contact for supporting and nurturing children. However, at times, families and communities need support to do this important work. Sometimes there is a need for external, more specialized help when a child or family faces a host of risks or problems. In these complex cases, the child and family need to access a multitude of services to address multiple concerns, and ensure that these services are provided together until the health and well-being of that child and family are restored and protected.

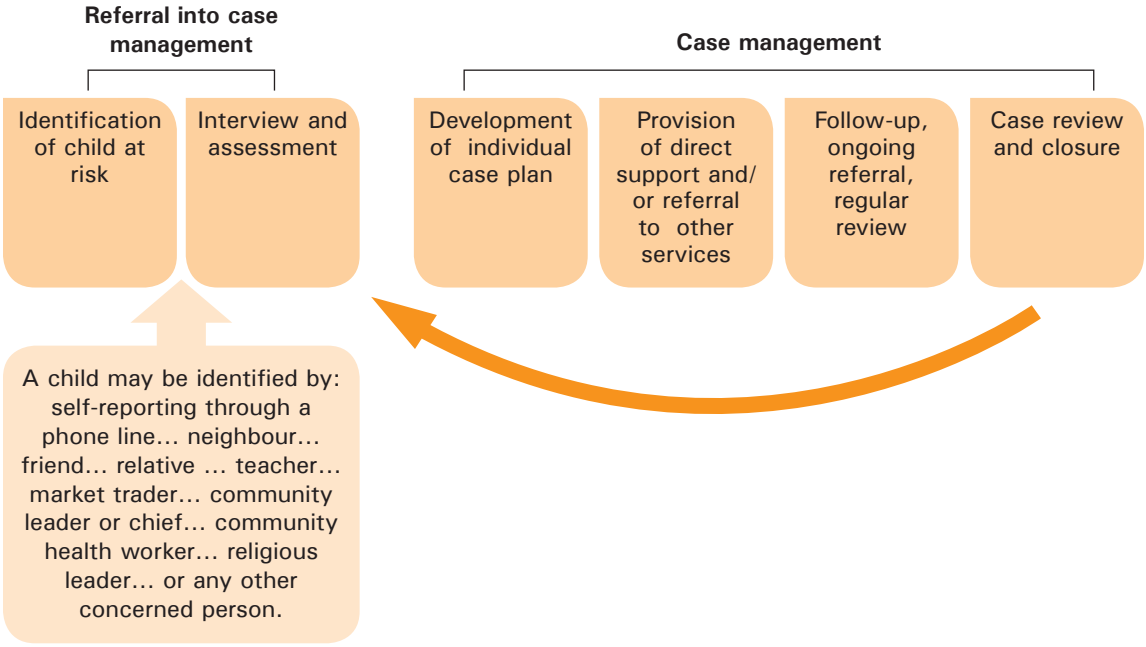
Although case management is not appropriate to uphold every right or meet the needs of every vulnerable child, it has wide application for situations in which a child is at risk of harm or is in need of intervention or ongoing support to recover from any harm or trauma. Deciding when a child's circumstances are serious enough to initiate case management services is undertaken through a full assessment, which is often outlined in national policy.

See Figure 2 for a summary of key steps in the case management process.

8 Better Care Network, ***Better Care Network Toolkit: Glossary of key terms***, 2016, <www.bettercarenetwork.org/toolkit/glossary-of-key-terms>, accessed 10 August 2016.

9 Some national definitions list the range of criteria that may put a child at risk. Rwanda's national policy on orphans and other vulnerable children (2003) includes categories of children who: are malnourished; have problems related to education; are suffering from chronic intermittent diseases or disabilities (or without appropriate health care); are emotionally traumatized; are orphans who are lonely or living in a household headed by another child, without appropriate shelter or other means of subsistence; have been sexually, physically or emotionally abused; work despite their young age; are alcohol- or drug-addicted; are involved in sex work; are pregnant, teenage mothers or the daughters of unmarried girls. It further notes that criteria must be determined locally. Others are more operational, such as the one cited in the ***Operational Guidelines for the Case Management System, Zimbabwe***, Draft, 2013: A vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened.

Figure 2: Key Steps in the Case Management Process



Case management has been used widely in HIV, health and child protection sectors, but the challenge is to move beyond a single technical sector to having a system that works across different sectors and at different levels to holistically address the individual child's risk to vulnerability. A system is made up of a number of different components that must all work together. These are the 'cogs' that need to work in sync to form a functioning case management system, as Figure 3 illustrates.

Figure 3: Holistic Case Management System

System component	Who/what is involved	What this includes
Legal and policy frameworks	All sectors that have a role in promoting children's well-being	Laws, policies, regulations, national plans, strategies and standards that have been officially adopted at the national and ministerial levels and that serve to provide legitimacy, support and guidance for developing and implementing case management services
Implementation structures and roles	Formal and informal structures and stakeholders, including civil society and community mechanisms and family and child	The roles that each plays at the national, subnational and community levels in relation to the vulnerable child are clearly set out to help with the integration among various sectors involved in case management
Financial and material resources	All sectors that play a role in promoting children's well-being, including finance sectors	Giving visibility and priority to line-item case management budget, appropriation, management and distribution of resources at national and subnational levels. Resources also include material resources such as forms and tools, and goods such as mosquito nets, etc.
Workforce capacity and development	Formal and informal actors involved in case management	Strengthening the capacity of trained professionals and volunteers who deliver case management services, through pre- and in-service training, supervision, retention and accountability policies and practices
Programmes and services	All sectors (government, community, civil society) that provide informal or formal support to vulnerable children and families	Ensuring accurate information about the nature and scope of programming and services (statutory, civil society and indigenous forms of support). Includes considerations of cost-effectiveness and quality of care, urban/rural differences and how to remove barriers to services
Data management, monitoring and evaluation	All formal sectors working on children's well-being	Collecting and interpreting data to enhance services; managing, utilizing and storing data to protect clients' privacy; and answering the demands of accountability and evidence-generation for advocacy and programing

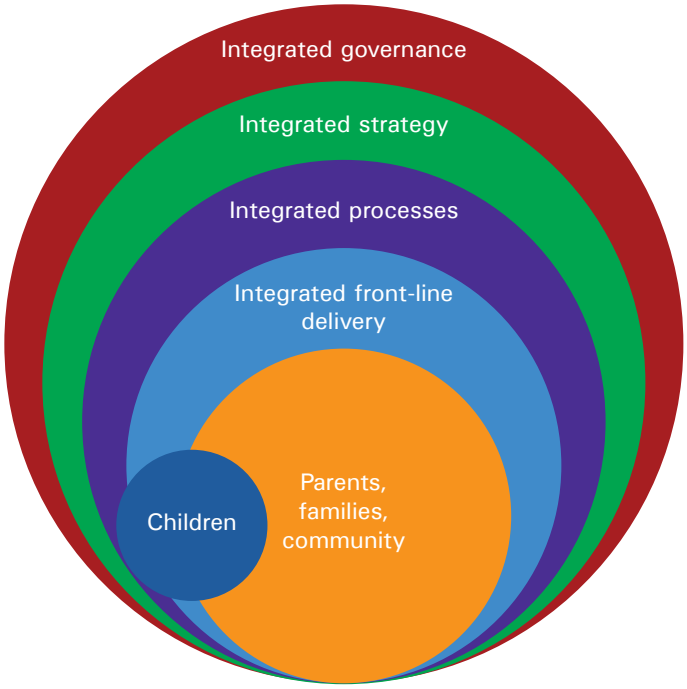
1.2 The integrated case management system

An **'integrated case management system'** is a case management system that is coordinated across different technical sectors and that delivers direct services. It is built upon all functioning system components within each relevant technical sector, working across two or more sectors to address the multiple needs of a child whose rights are being violated or are at risk of being violated. This involves harmonization and coordination (that is, integration) at multiple levels among the sectors, including policies, role assignments, standard operating procedures and data management.

The integration is framed by 'ground rules' across sectors that enable people who support vulnerable children to know how they can work together in a harmonized and holistic way and to be held accountable to the child and to the functioning of the overall system.

In order for an integrated case management system to be effective, integration must be carried out across relevant sectors, and from the top to bottom of each sector (from ministries at the central government level down to those who work in the community with children and families). Figure 4 illustrates these different levels and the tasks to be accomplished at each level to make integration successful. The tasks are organized into *five essential domains* as shown in Figure 4 and explained in detail in Annex 5.

Figure 4: The Five Integration Domains of A Case Management System



- **Integrated governance** – ensuring that all system components are in place and working (integration at the policy & leadership level)
- **Integrated strategy** – ensuring that principles and procedures are in place for dealing with cases in which multiple sectors will need to work together (integration at the administrative level)
- **Integrated processes** – having a set of methods and processes for delivering services that have been agreed upon and consistently applied by every sector (integrated procedures to guide delivery)
- **Integrated front-line delivery** – services and support, both formal and informal, that may be delivered by different actors but in an orderly and predictable way (integrated support for the child and family, without gaps or overlaps)
- **Integration of child and family within the case management system** – seeing the child and family as not only the beneficiaries but as active participants and measuring the ultimate impact of the services on the child's well-being.

The following scenarios illustrate how the 'problem' that first presents is often not the only problem for the child or within the family. There is often a full spectrum of issues and deprivation of rights that require attention, including exploring and identifying the underlying reason for the 'presenting problem'. Time-bound interventions focusing on one aspect of the concern (for example, only a health issue) are not likely to produce holistic and long-lasting change for the child and family.

Consider a 15-year-old girl who has been sexually abused by her uncle and is now pregnant. What are her rights and needs? Consider health care needs (testing for sexually transmitted infections, treating trauma and ongoing medical care); psychosocial support (both individual and family); educational needs (will she stay in or return to school?); safety and legal needs; and support from the community to mitigate isolation and stigma (from a church or mosque, community leaders, friends, neighbours).

Or, consider an 8-year-old boy who has been arrested for stealing a chicken from a neighbour. If he is poor and not at school, and only stole to get food for his siblings and elderly grandmother with whom he lives, his and his siblings' rights to adequate nutrition, education and justice must be protected. The grandmother's right to receive support in raising the children also needs to be promoted. These rights may be protected through the involvement of a community leader, access to household income, help in accessing social welfare or other poverty reduction schemes, and support for better nutrition, education, or skills in parenting and youth mentoring.

Working together across sectors is the essence of an integrated system. However, experience shows that an integrated case management system does not naturally flow from multiple sectors working with people with multiple problems, since different sectors can remain isolated in their delivery of services. Harmonizing and coordinating multiple service needs across sectors is often difficult because each sector has its own mandates, definitions of 'cases', procedures, policies, staff,

budgets, data systems and accountability mechanisms. Multisectoral integration, therefore, must be deliberately planned and implemented to achieve shared goals and system efficiency as explained in detail below. For example, when sectors can integrate policies and procedures, cross-sectoral workforce training, data sharing and monitoring, it will likely expedite and improve the achievement of goals for all relevant sectors. Most importantly, children and families will likely experience less confusion, less re-victimization and faster recovery.

What the global literature review says

There is a difference between 'integrated' and 'multidisciplinary' case management. Integrated is truly coordinated, while 'multidisciplinary' generally denotes that services in different technical sectors are available, but not necessarily coordinated. The lack of a 'system' that requires accountable linked action is a significant weakness in many multisectoral models. Interventions within the health sector and those addressing gender-based violence have started to refer to integrated services, although many remain within the health sector primarily. Examples of multisectoral or integrated case management approaches are growing, including the multi-country 'One Stop Centres', South Africa's Thuthuzela Care Centres, Zambia's Coordinated Response Centres and the ECD [Early Childhood Development] Essential Package for HIV.[10] However, there is not as yet well-grounded evidence supported by research using rigorous study methodologies that details how well these models effectively *implement and coordinate* services to holistically address the needs and vulnerabilities of children.

How does integration enhance the case management process?

As shown in Figure 5, each step of the case management process can be enhanced and made more efficient and accountable by multisectoral integration. Through coordinated and integrated functions, vulnerable children and families can be served more efficiently and competently through the expertise of a wider array of service providers; overlaps and gaps can be prevented through data sharing; and monitoring and evaluation can reflect a more accurate picture of service provision. A case management system that is truly integrated, at all levels, has accountability at its core. Such a system:

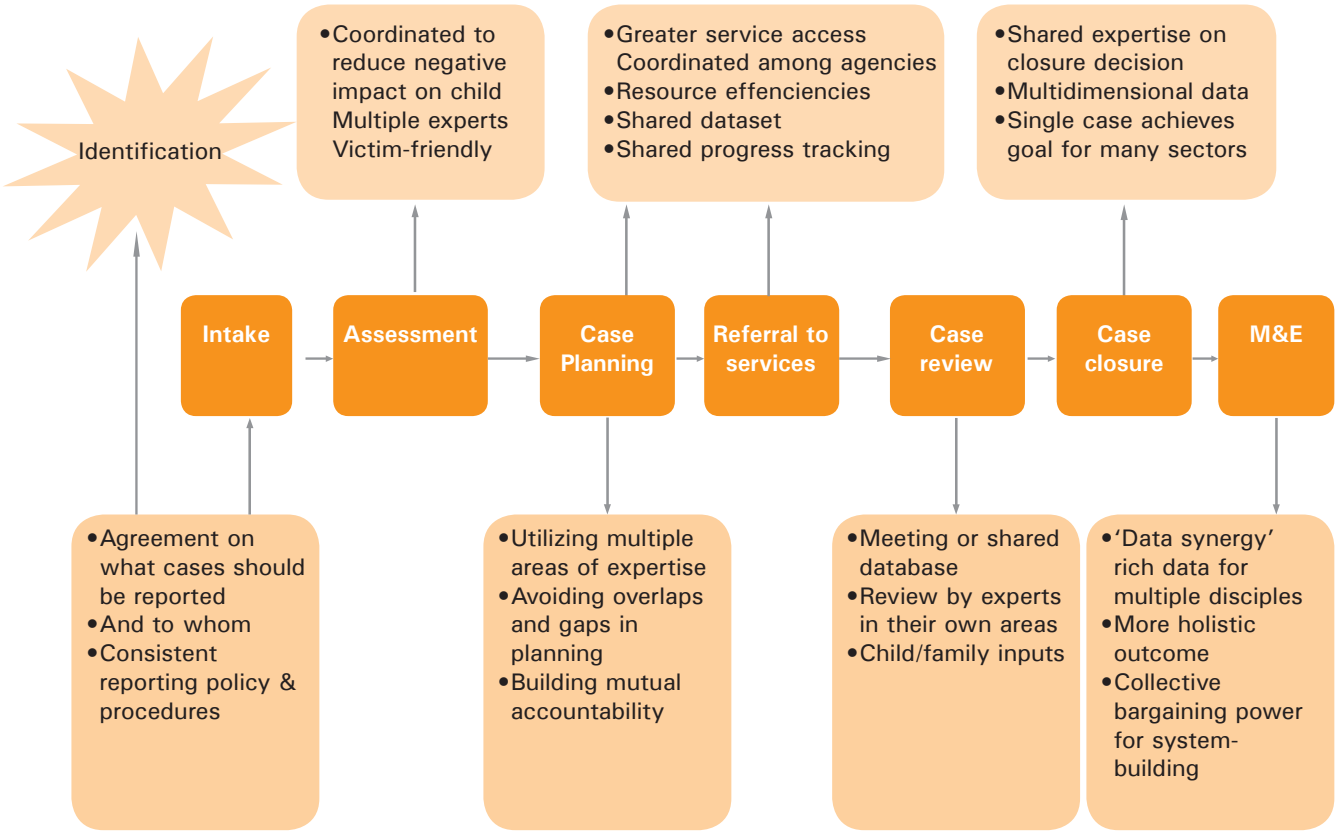
- Enforces laws and norms in the interest of ensuring that children are no longer exposed to risk. It also makes sure that enforcement of laws and norms occurs consistently across all sectors and areas of child vulnerability.
- Ensures that there are implementation mechanisms across all sectors, both formal and informal. This may include ensuring that standards, procedures, human

10 See, for example: DevTech Systems, 'USAID/Zambia Gender-based Violence Programming Evaluation', United States Agency for International Development, 2010; Keesbury, J., and I. Askew, 'Comprehensive Responses to Gender-based Violence in Low-resource Settings: Lessons learned from implementation', 2010; Keesbury, J., et al., 'A Review and Evaluation of Multi-sectoral Response Services ("One-stop Centres") for Gender-based Violence in Kenya and Zambia', 2012; Chomba, E., et al., 'Integration of Services for Victims of Child Sexual Abuse at the University Teaching Hospital One-stop Centre', Journal of Tropical Medicine, vol. 2010, 2010; Duncan, J., and N. Azar, 'Mid-term Observations: Tools of the Essential Package,' Final report prepared for Save the Children, Washington, D.C., and CARE International, Atlanta, GA, 2011.

resources, financial resources, etc. are consistently applied across all sectors and that systems of mutual accountability are in place. This will help to ensure that all actors are able to play their part, in particular so that unpaid actors and mechanisms within communities are fully engaged and supported and participate in the process.

- Shares resources across sectors for an effective, integrated response and ensures that all sectors are able to contribute. This is enhanced if costed, realistic resourcing plans are in place that invest in the workforce and in appropriate services, and that ensure equitable resource allocation across sectors and actors.
- Includes accountability at the core of workforce capacity and development by resourcing the human workforce, both paid and unpaid, at all levels, and by making sure that people are able to fulfil their responsibilities. This can be accomplished, for example, by investing in supervision and support, ensuring that the workforce has the skills and commitment to prevent harm occurring to a child and redressing the harm that may have already been done.
- Empowers children and their families by making sure they are involved in decisions and actions that affect them and that they benefit from actions being undertaken. A truly integrated case management system builds in two-way communication flows to and from the child and family with service providers across all sectors.

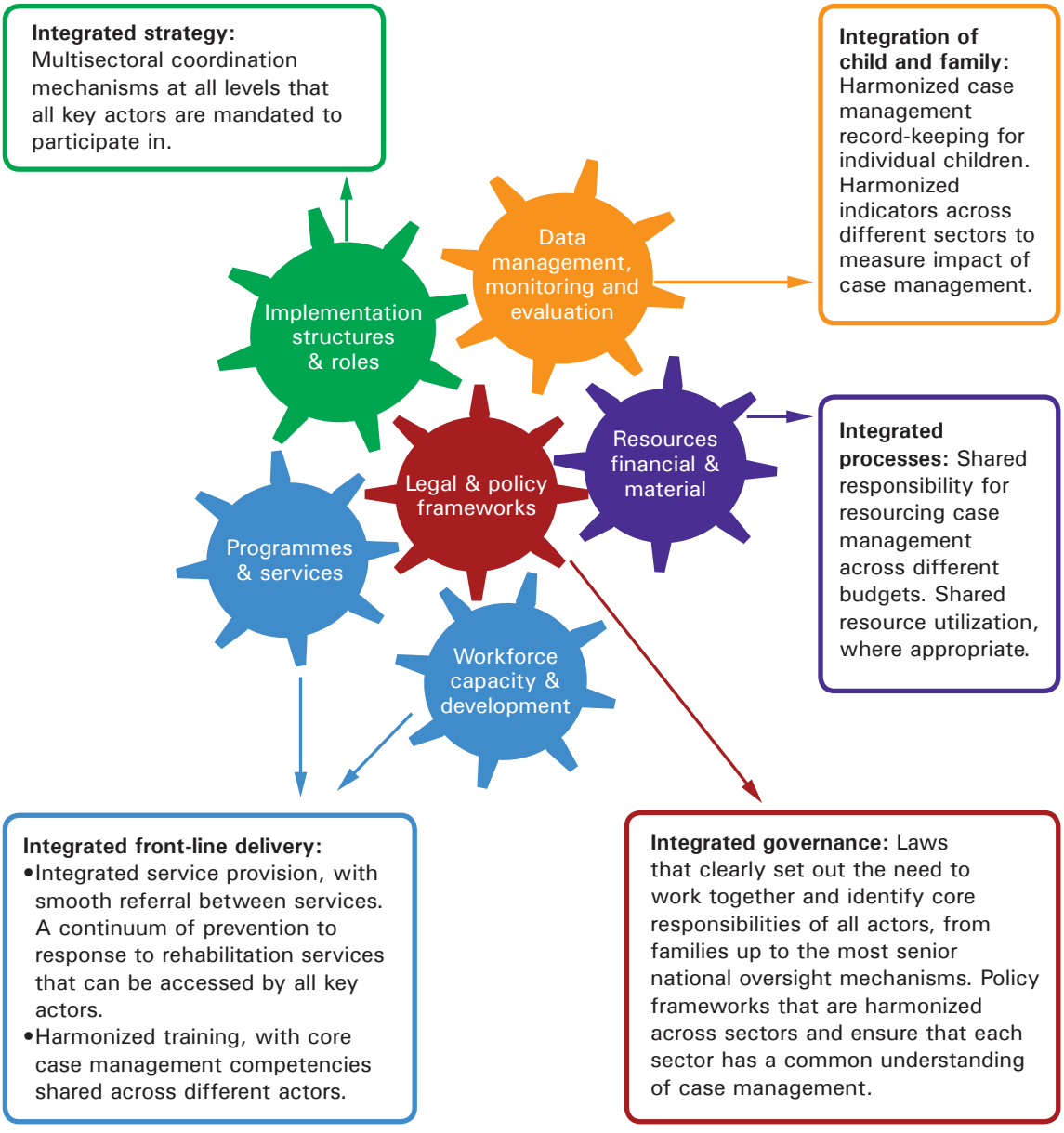
Figure 5: Advantages of Multisectoral Integration in the Case Management Process



1.3 Linking case management system components and integration

An integrated case management system will be structured differently in each context. But a fully integrated case management system must have each of six system components (the cogs that make up the system) working together smoothly and consistently, with the five domains of integration cutting across each of the six components (see Figure 6).

Figure 6: Case Management System Components when integrated across Sectors



Section 2 Setting the stage for integrated case management

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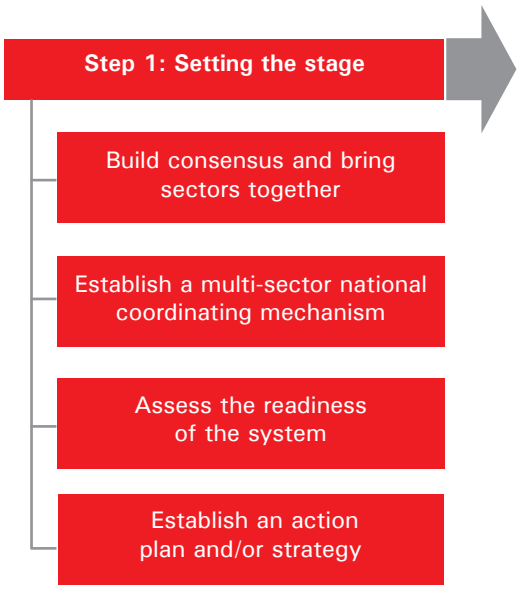
The process of developing an integrated case management system requires that all key actors responsible for supporting vulnerable children and their families share the same vision of protecting children's rights, and are willing to consider changes in how they currently work to achieve the best results for children. This requires building consensus and making the case for integration, bringing people together, and identifying champions who can generate the political will to move the work forward. The steps required to lay the groundwork for an integrated case management system are explained below and summarized in Figure 7.

Figure 7: Business Process Model, Step 1



2.1 Building consensus and making the case

A review of the shared vision for children, such as that embodied in national policy documents, can provide a good springboard for consensus-building. But renewed commitment requires practical planning to move forward. If everyone involved can be convinced of the reasons why they need to work together towards that vision, the process will get off the ground much more easily. This involves thinking about the added value of integrating existing case management systems.

It may also require putting forward a 'business case' to show the benefits of closer integration. The introduction sets out some examples, and Annex 6 expands on these advocacy statements that could be discussed collectively or used to make the case for integration.

Once initial discussions have been held among different actors, using the readiness tools, explained below, helps build consensus by bringing different sectors together (the overall process requires the involvement of all relevant sectors). Working together to come up with a joint action plan will contribute to building ownership and the commitment to invest.

2.2 Multisector working groups for assessment and planning

An integrated system needs to have a regular forum at which key decision makers come together. Experience from a range of countries suggests it is important that the people involved in the group have senior decision-making authority. The forum also needs people with technical knowledge of children's vulnerabilities and necessary methods of assisting them.

A working group in integrated case management could either be part of a country's existing national coordinating mechanism for vulnerable children or a sub-group of a similar forum, with whatever representation is felt will best bring key actors on case management together.

A 'champion' may also be needed to bring people together to identify whether and why they would like an integrated case management system. The champion could be a national government agency working for children, an NGO or group of NGOs supporting vulnerable children, or a technical development partner such as UNICEF. A deliberate effort to identify and obtain support from people of strong influence in government and civil society is an important strategy.

The key point is establishing a group of people who collectively discuss what they would like to implement and commit to working together – the first step in integrating case management.

2.3 Assessing readiness for integrated case management

This section sets out the key steps for assessing a national case management system through the collective use of readiness self-assessment tools (found in Annexes 1 through 4) that identify strengths and weaknesses of the existing system. This is important so that stakeholders can identify gaps, potential for integration across/among sectors, priorities and next steps.

The assessment tools are in four parts:

i. Agreement on definitions of core case management terms (Annex 1)
ii. A case management system assessment tool, to be completed by each technical sector involved in case management (for example, by ministries of health, education, etc. and by civil society groups that participate in case management services, such as child helplines, child welfare associations, NGOs or faith-based organizations that provide health or education services, etc.) (Annex 2)
iii. A tool that assesses how well case management systems are integrated across sectors at the national level, to be completed by decision-making stakeholders from the core technical sectors, both governmental and non-governmental, where relevant (Annex 3)
iv. A subnational tool for local-level administrators, project and programme officers/managers, service providers and community actors who identify and provide support to the same population (Annex 4).

The process of completing each section and collectively analysing the results aims to facilitate a detailed discussion about how vulnerable children are identified, assessed and referred to services through individualized and coordinated case management – both vertically (from community up to the national level in each sector) and horizontally (across different sectors that interact with the same vulnerable children and families).

The assessment process will need to be led by one core agency, usually a government ministry or body responsible for overall case management coordination (such as a ministry or national agency responsible for children's welfare). Preparing for the process will require the help of key ministries that bear some responsibility for children's well-being and that may have their own case management processes (for example, a social welfare ministry). It is likely that the process could benefit from a technical support partner, such as UNICEF, or an international NGO engaged in social welfare system strengthening. It is strongly advised that a consultant or staff member dedicate time to preparing and facilitating the assessment process.

The assessments that are undertaken nationally and subnationally are then drawn together. The overarching findings are fed back to key stakeholders in an additional meeting at which stakeholders begin action planning. Potential areas for enhancing integration of the system are set out in Section 3.

The box below illustrates the main steps in the assessment process and the time required to complete them, which should be adapted to a particular context. From the start, it is important to understand that assessment is a process. Dialogue takes time and the commitment of various actors.

Suggested workshop format for undertaking a readiness assessment

- Step A: Introductory workshop to build consensus and introduce tools for key national stakeholders (2-4 hours)
- Step B: National (and optional subnational) sector-specific assessment of the case management system using tools and scoring (0.5-1 day meetings for each sector, could be replicated for different levels or departments, if desired)
- Step C: National integration assessment, reviewing sector-specific system findings and assessing integration (1-day workshop for detailed review)
- Step D: Subnational assessment, with all key sectors, 1-day workshop for each subnational area
- Review of findings and action planning for next steps, 0.5 to 1 day for reviewing Step D and starting to develop a plan, with more detailed action planning and costing to follow later.

The assessment process is not intended to be prescriptive, and the tools can be used in a number of ways. What is presented is one way that a country may use the assessment process. In some cases, for example, countries may combine steps A and B or B and C.

Step A.

Introduction to the self-assessment tools and agreeing on common definitions

This is a 2- to 4-hour meeting (with breaks) for key actors. The format will depend on the participants and level of knowledge about the process, but is likely to include the following key elements:

- Overall introduction to the concept of case management
- Introduction to the readiness tools
- Agreement on common definitions
- Agreement on next steps of the assessment.

Overall introduction: As a starting point, it may be useful to encourage discussion about the common understanding of case management. The facilitator could ask people to discuss the following:

a) What do you understand by 'case management'?

b) What process do you use to decide when a child becomes eligible for case management – what is a 'case'?

c) Who is a 'case manager'?

d) How would you define 'integrated case management'?

Definitions: Before assessing the components of an existing case management system, it is important to make sure that everyone involved has a common understanding of terms and definitions. Not only does this clarify discussions. It also sets the stage and starts the assessment process off with an open dialogue that helps people buy in to what is being assessed.

Annex 1 provides a template for defining key terms, which should be clarified within a group, starting with core working definitions drawn from the global literature.

The facilitator should arrive prepared with any national definitions from sectors such as child protection and health (most commonly found in legislation on the topic).

Step B.

Assessing the existing national case management system

Self-assessment of the system is ideally done separately by all the different sectors, ensuring that civil society and government partners that are implementing case management are involved in individual sector assessments. This step will take at least half a day.

If there are relatively few actors, it may be possible to merge this step with the previous workshop and divide into sector-specific groups for a further half day (making Steps 1 and 2 a 1.5- to 2-day workshop).

Each sector can arrange a half-day national-level meeting involving senior managers and practitioners familiar with case management policy and implementation or programmes providing services to vulnerable children.

This step should start with a brief introduction to the overall process, if participants are not already familiar with it.

Participants review the tool found in Annex 2, which will help in assessing the existing national case management system, based on six components. There are four statements for each component, which participants are asked to evaluate.[11]

In small groups, participants should read each statement carefully, discuss it among the team, identify the strengths and gaps, and then try to reach a consensus within their group on the level of achievement of the current case management system. This process is intended to facilitate dialogue and be very participatory.

Participants are encouraged to give the statement one of the following four scores.

1 = Not at all in place

2 = Partially in place

3 = Mostly in place

4 = Totally in place

Important: the most important part of the assessment will be the listing of strengths and gaps in each item. The strengths and gaps will guide the development of the integrated case management model and a national plan to improve existing case management.

The findings are then shared with the wider group and any significant differences found are noted.

11 The four statements for each domain represent some of the key core factors identified as being important to a case management system in the literature and in the field testing of this tool.

Step C.

Assessing the integration of case management

Once each sector has completed its sector readiness assessment, the third step is a one-day workshop. The workshop is intended to bring together the sectors that have completed their sector-specific self-assessment to work on the integration section of the national assessment tool (see Annex 3). Ideally the same people will participate in both workshops.

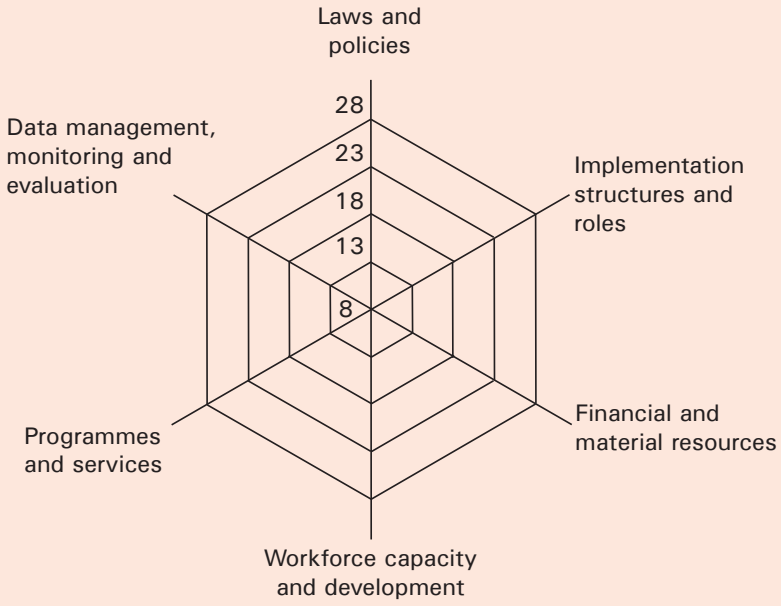
Prior to the workshop, a facilitator should review all the sector-specific workshop results and discussion points and compile the findings so that participants can compare them. This should include both the narrative and scoring. The score findings can be drawn into a spider web to provide a visual (see Figures 8 and 9).

Plotting the findings on a spider web

Each set of system component statements should include a score next to the statement. These scores should then be added, with a total of between 0 to 12 points.

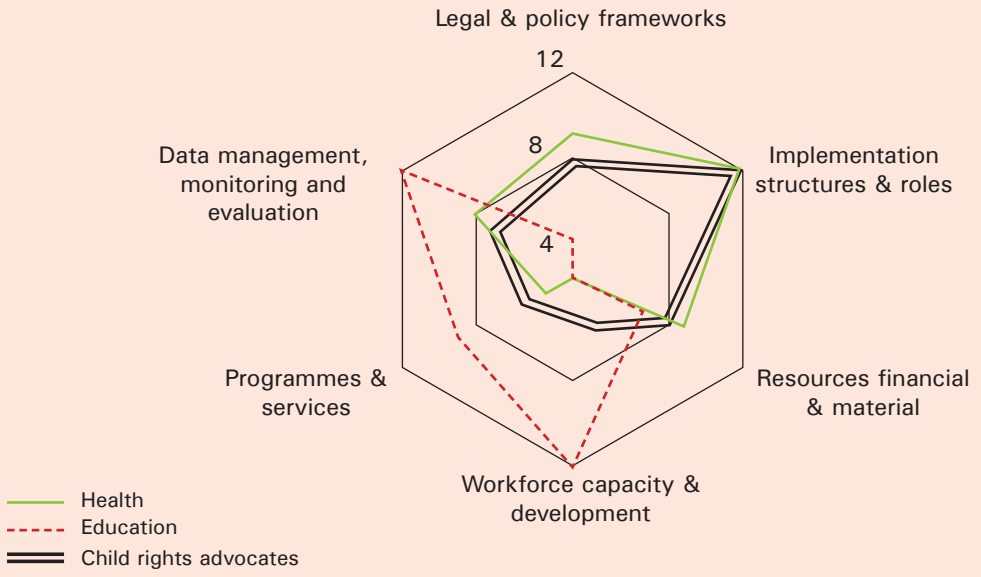
The spider web results can be plotted on an Excel spreadsheet, a flipchart or blackboard:

Figure 8: Spider Web of Case Management System Components



Then mark the total score for each component on the diagram, as shown below (hypothetical):

Figure 9: Sample Completed Spider Web Comparing Three Sector Responses



This diagram provides a visual overview to how the different system elements score and can be compared across sectors in one country and across countries. The spider web results can also be used to compare progress over time.

In addition to preparing the spider web charts, relevant materials (such as examples of case management guidelines or protocols currently in use in the country) should be distributed ahead of time to the entire assessment team, and also made available during the workshop.

The day should begin with an orientation on the overall process (a refresher from the individual assessments) and the integration levels that are being assessed (approximately 1 hour). If the participants from different sectors do not already know each other, time should be made for introductions.

For 2 to 3 hours, participants working in small mixed-sector groups should discuss and review Annex 3, a tool to help in assessing the integration of the national case management system. Participants are asked to note strengths and weaknesses for each of the statements provided in the tool.

Participants then share their small group discussions with the main group. This is done to identify immediate priority actions.

If no subnational assessment is planned, an initial planning and action phase could be conducted on the same day. If a subnational assessment is to be undertaken, planning and action can be reviewed at a follow-up planning meeting, either with all participants who participated in this discussion or in a smaller working group, depending on the country context.

Step D.

Assessing case management subnationally

This tool (Annex 4) will be used with community-based actors at the point where those at the lowest point of statutory (government) service delivery meet. This is most likely to be at the district, municipal, sub-county or ward level. The tool seeks to assess what decisions and actions are taken in relation to identification, referral and case management of vulnerable children and their families at subnational levels.

For countries where the devolution process has reached different levels among the sectors, determination will need to be made at the national ministry office as to which subnational level should conduct an assessment (such as district, region, etc.) and how many meetings can be held.

A minimum of one full day, possibly longer, should be anticipated for the assessment. Like the national work, the assessment should ideally be facilitated by someone familiar with the assessment tool.

Before the assessment workshop

- Introduce the idea of assessment at an existing district-level coordination meeting – for example, on the coordination of orphans and other vulnerable children (OVC), district administrative coordination, etc. If no such forum exists, the core leadership at the national level will have to discuss potential participants with their core statutory team (such as a district manager/officer from social welfare, health, education, and district administrator).
- Introduce the idea of self-assessment for integrated case management, so that all district actors have a common understanding; possibly use some of the common definitions that were outlined at the national level.
- Identify who will attend the meeting and ensure they are available for the whole day.
- Determine who will facilitate the assessment process, who will compile the findings, and who will take notes and compile the report to be submitted to the national assessment team. These tasks may each be carried out by more than one person.

Assessment process

- Start by briefly summarizing the objective in as simple of terms as possible and clarifying key definitions ('case', 'case management', 'assessment', 'referral'), using national definitions where available.
- Introduce the idea of an integrated case management system.
- In small groups, review and complete the self-assessment tool found in Annex 4. Take careful notes of strengths and gaps. Document answers and share with the national core team.

It is important to feed findings back to participants. How this is done will depend on how information is routinely shared through coordination meetings or other forums.

2.4 Developing an action plan

Once the assessment findings have been consolidated and priorities agreed, it is necessary to develop a budgeted, phased work plan (or transition plan) that sets out a clear course of action. This process will likely include detailed discussion to:

- Set specific and measurable end goals
- Establish incremental steps to be taken (including who will do what)
- Determine how each step will be financed
- Discuss how the goals will be measured once achieved
- Plan how these priorities will be sustained.

> *Example: Having a budgeted transition plan is essential if integration is to happen. In one country visited during this project, there was a very strong integration plan that expected all the different actors to implement agreed change. However, no budget was drawn up for how this could be accomplished. Individual ministry budget constraints meant that working towards an integrated system rarely became a top priority.*

This step enables different sectors to collectively agree on how to work together to improve the case management system overall and ensure that it is integrated. Findings from the national integration discussion (Step B above) and any subnational discussions (Step D above) are reviewed and translated into action.

This can be done in a series of planning meetings that must include decision makers with expertise from different technical sectors and cover core areas such as strategic planning, programme delivery, monitoring and evaluation, and human resource issues. The meetings must also include people from government, civil society and local governance and leadership, both traditional and formal.

Start the discussion by collectively sharing feedback from the previous meetings on the overall strengths and gaps in case management, and then the strengths and gaps in integration.

Share Figure 6, which shows how integration domains fit across the six case management system domains.

In small groups, discuss the following questions:

- What are the priority gaps or challenges identified in the integration discussions that will need to be addressed for the case management system to work?
- Where in the case management system do these gaps need to be addressed?

Action points can be identified on a planning template. A sample template is included in Annex 7. From here it is possible to move into costing.

Possible actions or considerations for ensuring an integrated framework could include:

- Development of a coherent national strategy and implementation plan for case management.
- Aligning implementation structures across all line ministries so that, even though individual workloads and plans are sector-specific, there is much greater potential for cross-sectoral coordination and integration.

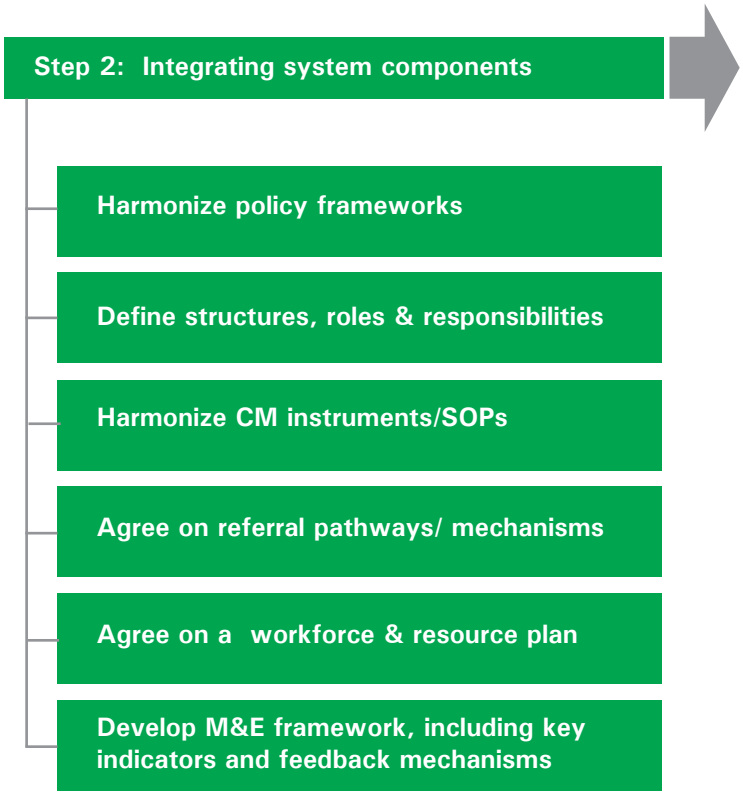
Example: In Rwanda, line ministries are developing substantially parallel structures within their respective hierarchies, increasing the potential for cross-sectoral coordination and integration at each level. For example, social protection and child protection structures are similar, with similar functions, reporting processes, and so on. Social sector ministries form one cluster, and representatives of different ministries involved in social services meet at the national level to collaboratively assess plans. There is an intention to hold such social-sector cluster meetings at the district level as well. There is also an economic sector ministries cluster.

In plenary, review group feedback and collectively agree how to address priority challenges, identifying existing opportunities and entry points that already exist and agreeing on next steps.

Section 3 Integrating system components

The next step in the process of developing an integrated case management system focuses on addressing those case management system components that can be adapted to enhance integration (see Figure 10).

Figure 10: Business Process Model, Step 2



The assessment process will have enabled stakeholders to collectively identify the strengths and gaps in their system, leading to the recognition of priority areas to be further developed. This is the starting point for building a more integrated national case management system.

It will be important to keep the momentum going by continuing to meet regularly across sectors. Whatever multi-agency forum was established (see Section 2.2) should continue – in its present or a revised format, based on feedback from the assessment. A core group of stakeholders may facilitate discussions with different relevant sector representatives on various priorities identified in the assessment, but these should be held to reasonable timelines that have been identified in the costed strategic plan.

The purpose of the assessment was to identify the strengths and gaps in the case management system. Once the country's stakeholders have determined what the priority areas are for strengthening the system, they can embark on an effort to improve a particular system component. For example, if the assessment showed that the country is weak in human resources, the stakeholders might discuss how to strengthen the system for training more social workers or other cadres of

professionals and para-professionals that can serve as case managers. This discussion will likely include the types of training institutions and instructors needed, along with field practicum and supervisory needs. Issues of competencies, certification and/or licensure as well as the development of professional ethics, standards and accountability mechanisms will need to be addressed or developed. All of these can be included in the costed plan of action, so that the identified problem is addressed realistically and tangibly, in a step-by-step fashion.

The process of strengthening a system component (for example, human resources) requires coordination and integration among several sectors. At minimum, training more social workers will require the education, child protection, social protection, planning and financial sectors in government, as well as the cooperation and assistance of NGOs working in these field to provide practical training.

Figure 11 presents an example of what an integrated system might look like, and how the various sectors harmonize their efforts. The design will vary according to the national context, available accountability mechanisms and more. Most importantly, the level of investment and prioritization at different levels and mechanisms are likely to vary. Say, for example, that the assessment fully involved community and civil society actors who are working on the ground and captured feedback from subnational actors about challenges of extremely limited service availability. At the same time, it found a strong support mechanism through traditional and community structures. In that case, it would be important to invest in awareness-raising at the community level to identify and protect vulnerable children, while establishing referral pathways to the formal statutory system.

In Figure 11, four sectors are represented – health, social welfare (responsible for child protection), social policy (responsible for social protection) and an NGO. This is just one example. A fully integrated system would be far more complex, with more technical sectors and a diverse range of civil society organizations and traditional and community leadership mechanisms.

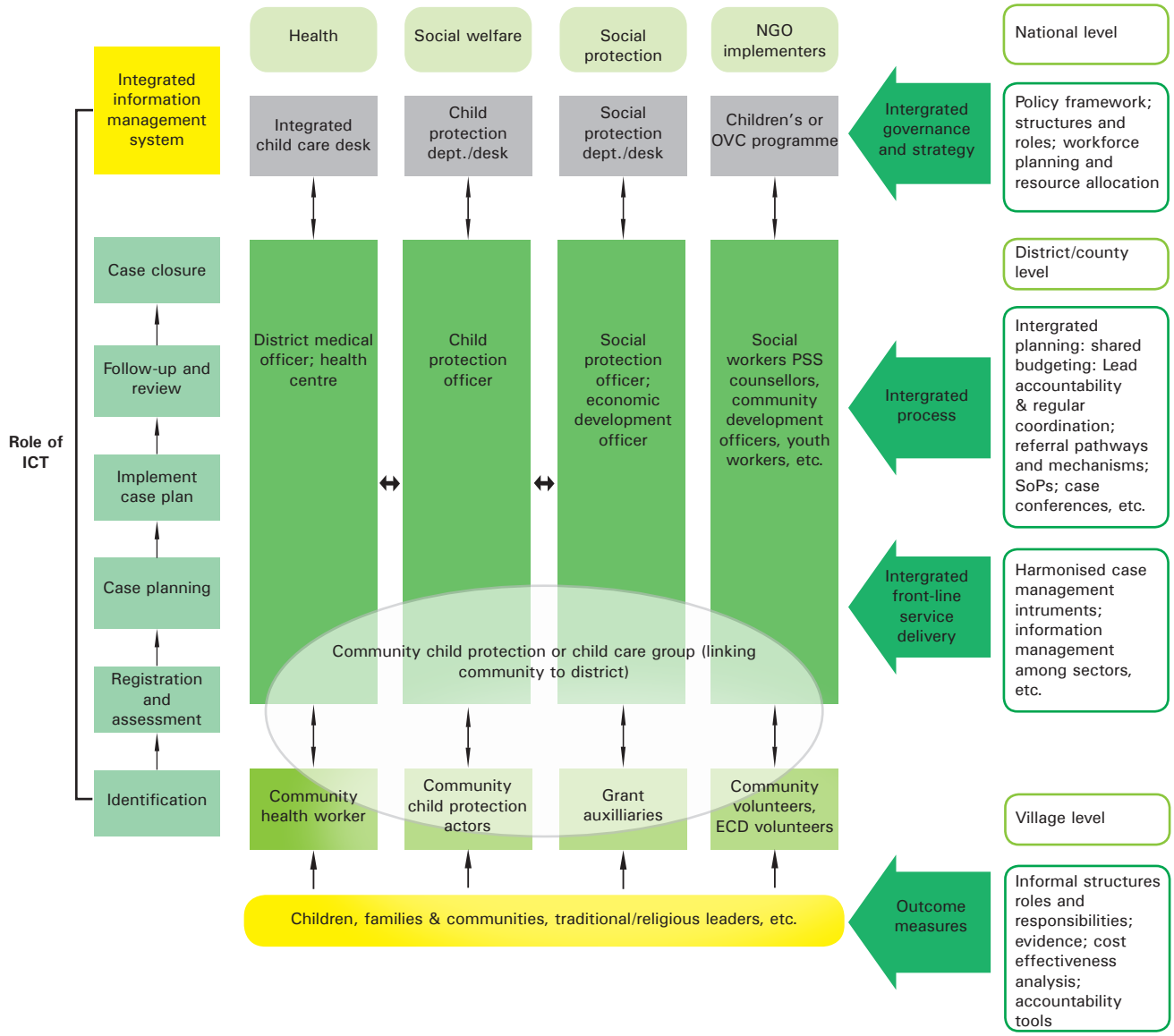
3.1 Harmonizing policy frameworks

An increasing number of countries in Eastern and Southern Africa have comprehensive legal and policy frameworks that promote multisectoral approaches to case management for ensuring the rights and well-being of children.

From a review of policies in the region it appears that those most likely to be effective:

- Include specific and evidence-based actions
- Consider underlying risks contributing to vulnerability and preventive actions, as well as response
- Specify training and capacity requirements for implementing the recommended actions
- Set out specific and defined roles and responsibilities of all stakeholders (or duty-bearers) involved in delivering the recommended actions

Figure 11: Example of how an integrated case management system might be organized



- Spell out how referral mechanisms work for linking or integrating services in different technical sectors
- Avoid overly clinical guidelines that would only be understood within the health sector, which sometimes occurs with guidelines on the management of HIV or sexual and gender-based violence.[12]

12 OVCsupport.org, A Global Hub on Children and HIV, 'Principles of Programming for Children', <http://ovcsupport.net/learn/programming/principles/>, accessed 30 July 2015; Gessesse, F. M., and R. M. Aberra, Impact Assessment Report on the Draft National Child Policy of Ethiopia (2011), Center For Human Rights, Addis Ababa University, January 2014; Keesbury and Askew, 2010; Government of Zimbabwe, National Action Plan for Orphans and Vulnerable Children, Phase II, 2011-2015, <www.unicef.org/zimbabwe/ZIM_resources_Natactionovc.pdf>, accessed 18 June 2015.

3.2 Defining structures, roles and responsibilities

An effective integrated case management system requires clarity about everyone's roles and responsibilities at all levels – from policy development to front-line case work – and from the start of the process, when someone identifies a child at risk, to the point of case closure when it is determined that a child and his or her family no longer need support. An integrated case management system also means that actors are accountable to one another, to their line ministries and, most importantly, to children and families.

Countries will have different administrative levels, with some countries having a level above the district (or county) level and below the national level. Countries also have a range of coordinating and decision-making structures at different levels. However, the integrated case management system must not only set out roles and responsibilities. Lines of communication with systematic processes for decision-making need to be identified and mechanisms need to be in place to ensure accountability of those duty bearers.[13] This may include monitoring and evaluation (M&E) indicators that measure intersectoral synergies.[14]

3.3 Harmonizing case management instruments and standard operating procedures

Having standard procedures and protocols can foster the same set of expectations among all actors involved in case management and enable them to understand their role within a bigger integrated system. It is likely that individual sectors will still require their own tools in some cases: For example, the police will require their own docket and confidential assessment and recording, and a teacher will require details on educational aspects of a case that others do not require. However, each sector should be able to share information equally, have mutual expectations, and know exactly who is doing what and when. This will include community-based and informal actors as well as salaried professionals. Zimbabwe's Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence[15] has established common principles, created synergy, reduced fragmentation of services and has resulted in a victim-friendly environment.

Harmonized instruments may vary according to individual actors, but should be able to be shared. A review of integrated responses to gender-based violence (GBV) in Zambia, for example, underscored the importance of formal ***Memoranda of Understanding*** in ensuring and clarifying responsibilities among partners.[16] The collaborative process of reviewing and adapting tools can itself be a way to enhance integration, when done in a participatory way.

13 See, for example, Center for International Social Work at Rutgers University's School of Social Work and International Social Service – USA for JBS International, Case Management Toolkit: A user's guide for strengthening case management services in child welfare, United States Agency for International Development, 2014; Roelen, K., S. Long and J. Edström, Pathways to Protection – Referral Mechanisms and Case Management for Vulnerable Children in Eastern and Southern Africa, Institute of Development Studies, Centre for Social Protection, Brighton, U.K., 2012, pp. 15-16.

14 Long, S., and K. Bunkers, Building Protection and Resilience: Synergies for child protection systems and children affected by HIV and AIDS, UNICEF and World Vision, 2013.

15 Zimbabwe's Judicial Council, Save the Children and United Nations Children's Fund, 'Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence', Government of Zimbabwe, 2012.

16 DevTech Systems, 'USAID/Zambia Gender-based Violence Programming Evaluation', United States Agency for International Development, 2010, p. 56.

3.4 Agreeing on referral pathways and mechanisms

The referral process, both at intake and at service provision, tends to be a particularly important element of discussion and of explicit guiding steps.[17]

A key element in focusing on integration is *linking formal and informal systems*. Currently there is limited experience on how to make such linkages happen. Evidence from reunification and reintegration programmes suggests that a thorough mapping of services and identifying strategic linkage points may be a useful starting point.[18] Other strategies include linking with community-level structures for monitoring; integrating the professional workforce with child protection committees; coordination meetings with stakeholders from both the community and the formal system; and recognizing and incorporating chiefs and other community-level stakeholders as formal stakeholders in the national system.[19]

3.5 Agreeing on resource and workforce plans

An integrated system will mean much more sharing of resources, hopefully leading to efficiencies in cost and coverage in the long run.

One important aspect of integrated case management is seeing the plan and strategy as one whole, which means ultimately seeing it as having one budget and one human resource plan, spread out across multiple sectors.

Leveraging resources is an effective strategy for ensuring a functioning case management system. However, integrating services is not a panacea for dealing with the problem of inadequate resources.[20] Working groups seeking to develop a fully integrated case management system will need to identify locally appropriate ways to plan and budget. It may be useful to encourage full involvement of the ministry responsible for local government and the ministry responsible for budgeting and for local government workers to understand the value of integrated case management for children's well-being, and therefore for local socio-economic development.

Integrated resourcing can be accomplished in a variety of ways, including by: receiving guidance from the national economic planning ministries to ensure the integration of budgets related to case management at the local level; providing one budget line nationally aligned to an integrated case management framework and strategy; and having one or more technical sectors advocate for the benefits of integrated case management at the local government level.

17 Davis, R., 'Case Management and the Continuum of Care', Unpublished report on Swaziland's social work and social welfare workforce, 2013.

18 See Laumann, L., Household Economic Strengthening in Support of Prevention of Family-Child Separation and Children's Reintegration in Family Care, FHI 360, 2015.

19 Zimbabwe Ministry of Public Service, Labour and Social Welfare, 'National Case Management System & Operational Manual for Child Protection', Draft, 2013; Delap, E., Protect my Future: The links between child protection and health and survival, Family for Every Child, 2012.

20 See Young, M., et al., 'World Health Organization/United Nations Children's Fund Joint Statement on Integrated Community Case Management: An equity focused strategy to improve access to essential treatment services for children', American Journal of Tropical Medicine and Hygiene, vol. 87, suppl. 5, 2012, pp. 6-10; World Health Organization, Integrated Health Services – What and Why?, Technical brief no. 1, WHO, Geneva, 2008.

Where a decentralized budget is available, consider appointing a case management coordinator at the district government level, funded by and accountable to local government structures, who is not aligned to any particular sector. Rather, he or she should be mandated to work across all key sectors, especially social welfare, health, social protection, education and justice/police.

Ideally, an important first step for identifying strategies for securing financial resources is conducting costing analyses of all the material, labour, training, sub-granting and others costs connected with delivering the services that constitute a functioning case management system. There are few examples of how to budget and finance integrated case management systems,[21] but a number of countries in the region have conducted costing and budget analyses for vulnerable child policy frameworks or programmes. Zimbabwe's current National Action Plan for Orphans and Vulnerable Children, for example, includes detailed estimated cost allocations and budget requirements to implement the OVC framework.[22] Kenya has completed the development of a fully costed strategy for child protection.[23]

In addition to financing within ministries, an integrated case management system should harmonize the formal and informal workforce. At the field level, much of the responsibility for identifying, referring and supporting vulnerable children tends to be taken up by NGOs and community-based informal structures, such as child protection committees. However, their roles can be non-specific and at times they can be saddled with too many responsibilities, with too little support to be effective. Community-based child protection workers often have minimal or only on-the-job training.[24] Yet despite a lack of training and supervision, communication and transportation resources and access to technology, some success stories have emerged, with countries such as Kenya, the United Republic of Tanzania and Zimbabwe increasingly investing in supporting the auxiliary social welfare workforce.[25]

21 Davis, R., J. McCaffery and A. Conticini, Strengthening Child Protection Systems in Sub-Saharan Africa, Inter-agency Group on Child Protection Systems in Sub-Saharan Africa, 2012, p. 56.

22 National Action Plan for Orphans and Vulnerable Children, Phase II, pp. 16, 33-34.

23 Davis, McCaffery and Conticini, 2012, pp. 57-58.

24 Zimbabwe's Ministry of Labour and Social Services, 'Rapid Assessment of Child Protection Committees in Zimbabwe', 2014.

25 Linsk, N., et al., 'Para-social Work to Address Most Vulnerable Children in Sub-Saharan Africa: A case example in Tanzania', Children and Youth Services Review, vol. 32, no. 7, 2010, pp. 990-997; United States Agency for International Development, 'Child and Youth Care Workers in South Africa', Technical brief no. 5, USAID, March 2013. The Global Social Welfare Workforce Alliance is currently drafting a competency framework for para-social welfare workers.

Using ICT for worker supervision and accountability

Mobile phone applications with decision-making algorithms (a simple series of questions that can be followed) can support caseworkers and others to follow and adhere to appropriate case management protocols. The answers to the algorithms can also be used by both workers and supervisors as a way of checking where further training or consolidation of knowledge is needed.

Mobile phones that have GPS (global positioning system) capacity, which enables the phone to determine location, can be used by supervisors for monitoring whether people who are supposed to be conducting home visits are actually carrying out such visits, and for measuring the amount of time spent on each visit.

Recipients of services can provide feedback, using phones, on their perceptions of service quality.

See Annex 8 for more examples of tools currently being used.

3.6 Developing a monitoring and evaluation framework

There are no globally or regionally agreed standards for what makes a good integrated system. However, the readiness tools used in this guide draw on existing good practice in the different components of a case management system and how well they are integrated.

Each of the statements contained in the tools can serve as an indicator that can be evaluated over time to measure progress towards integrated case management. The indicators are unlikely to be quantitative, but could be quantified when adapted for the local context.

To do this, the first step would be to identify the priority elements of each system component and integration domain that are in the action plan. These can be translated into indicators. Some may already exist, for example a National Action Plan for Vulnerable Children may already have indicators about coordination mechanisms. Other examples:

- The statement on integrated accountability says: There is an active, overarching national mechanism whose responsibility is to oversee laws and policy implementation (such as a parliamentary portfolio committee or national ombudsperson for children) which meets regularly. The indicator may be evidence of regular meetings through minutes taken and reports of action completed.
- The statement on integrated workforce says: Informal actors who are part of the case management process (for example, community child protection volunteers, community health workers) receive training, material, or practical support and supervision as part of the overall case management system. The indicator in this case could be completion and delivery of a basic integrated case management training course delivered to xx volunteers per year.

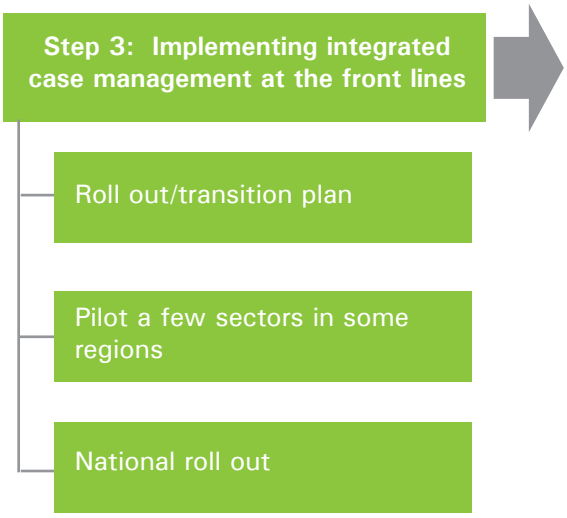
Any costed action plan towards an integrated system should have time-bound targets, which form indicators of progress.

Section 4 Integrated case management delivery at the front lines

The third step in the business process model is implementing the case management system (see Figure 12). This section focuses on the practical elements of such a system, and how a case management system that is fully integrated might look on the ground. The section draws on good practices from a range of countries that offer the potential for enhancing integration.

The steps below are typical steps taken when undertaking case management with individual children (see Figure 2).

Figure 12: Business Process Model, Step 3



4.1 Identifying a child that may need case management support

Integrated case management as a process of support begins at the point at which a person or people suspect a child has a problem that needs some form of intervention. They then decide to raise their concern with someone they believe has a mandate to take action.

All case management processes involve some form of community-level engagement. However, experience shows that often there are multiple groups, all reporting to a different technical sector, or local volunteers who report to an NGO to whom they are effectively contracted to deliver services. A truly integrated case management system should first identify all potential actors with basic preliminary assessment skills who have the mandate or potential to take action if a concern is reported to them.

An integrated case management system requires that simple, accessible information is provided at the community level, setting out everyone's responsibility, what to do if there is a concern, and a simple reporting system to take this concern to a person skilled to make that assessment.

Possible actions for integration

- Map all community-level multisectoral committees (such as village development committees, OVC or child protection committees, health committees, community policing forums, etc.). This should include groups that are already working with vulnerable children, such as early childhood development centres and nutrition support groups.
- Identify which community-based decision-making committee may be best placed to receive reports for vulnerable children. If there is more than one committee operating in the area that may receive reports, clarify reporting among all committees so that one key committee is responsible for ensuring that vulnerable children or families receive a comprehensive assessment (although the assessment itself may be conducted by members of different committees or a particular sectoral individual).
- Send a clear message, through plans and strategies and also resourcing, that communities are entrusted with, and valued for, having primary responsibility to identify and provide immediate and basic ongoing services and support for children, and that there is a need to refer more difficult or resource-challenging cases to more specialized (district or above) government or civil society service providers. This requires a set of clear mandates and accountability mechanisms at the local level.

  Example: In Rwanda, parents are sensitized to child protection and family strengthening issues at monthly parents' forum meetings and growth monitoring events. Regular opportunities like these provide space for parents, caregivers and others in the community to be able to provide input and feedback on how well services and support for vulnerable children are integrated across sectors.

  In Rwanda and many other countries, schools often serve as hubs for community forums and extracurricular clubs to sensitize children on child rights issues. Teachers play a role in identifying cases and providing referrals to the police, counsellors and health centres.

  Example: Mozambique has developed an essential package for meeting the rights and needs of vulnerable children, building on and adapting the Southern African Development Community's Essential Package for Orphaned and Other Vulnerable Children and Youth. This package, with its accompanying monitoring tools, provides clear, harmonized guidance on how to identify vulnerability, what children can expect, and when children need further support. In this package, it is largely community-led groups that are expected to provide the first line of support. The ongoing challenge is to ensure human and financial resources so that services can be accessed consistently and affordably.

4.2 Intake and assessment

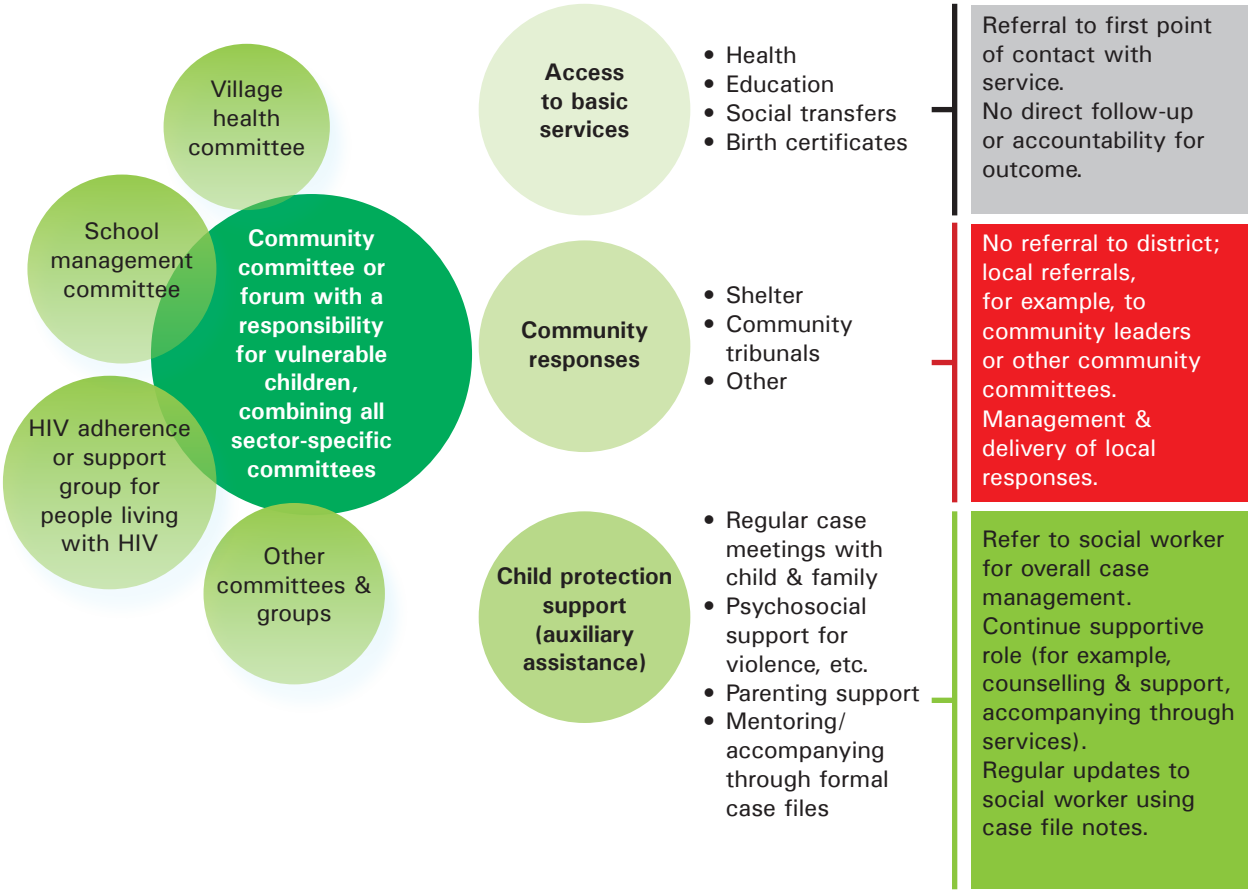
An integrated case management system starts from the community level and offers the potential for strengthening the linkages between the community and more specialized services. Case management, by its nature, requires a linkage between where the child lives and a structured response, based on an assessment of need and a range of skilled responses. This response can come from either existing local

support mechanisms or the formal sector – most likely from a combination of the two. Having a system that is integrated implies some form of accountability for assessing and then delivering and responding.

While most countries already have existing criteria for child protection, nutrition and health risks, and most adults and children in a community know when something is seriously wrong, an integrated case management system can offer a more structured way to know when a child needs a case management response.

Children in need of case management in Eastern and Southern Africa are likely to be identified, and referred for more specialized assessment, at one of two points – either when the child presents at an existing service such as a health clinic, or more commonly through community mechanisms that have a role in identifying and supporting vulnerable children. Such committees exist in many areas and usually have a specific mandate – such as OVC support, community health, community policing, etc. In some cases there are broader child well-being groups. Figure 13 illustrates the way in which an integrated system brings different actors from the various committees together into one group that has a role in deciding when and how a child should be referred for more specialized care. The referral may be for one

Figure 13: Different Community Committee Referral Processes



of three areas of support – support that can be provided locally without specialist assistance, such as building a house or supporting the family to care for the child; referral for a specific service, such as health care or a birth certificate; or deciding that a child faces a more complex problem, and referring her or him to someone with the skills to do a more complex assessment. It may be worth writing out the criteria for referrals as part of the community group's terms of reference or operational guidelines.

Possible actions for integration

- Ensure that all actors that may receive an initial report can determine if the situation can be resolved locally or whether a case management referral and assessment is needed.
- Have a consistent (harmonized) form, developed with the involvement of all key sectors, including social welfare, social protection, police, health, education and justice. Each sector may wish to have its own report forms (for example, the police will have distinct reporting processes). But each separate sector could include a common form that identifies which other actors may need to be involved and a similar set of criteria for registering entry.
- Develop a short summary of reporting responsibility for all adults, especially where there is mandatory reporting. This might be a short pamphlet spelling out adults' legal roles when they have a concern, and to whom they should report that concern.

Once a referral has been made, an integrated assessment process would make sure that any sensitive information is documented in a way that avoids having to ask the child to repeat explanations of traumatic experiences to different actors they may be referred to.

Possible actions for integration

- Develop one common assessment form, with removable sections for any confidential or sector-specific information.
- Explore how information is currently shared and identify the most effective and simplest ways to consistently share such forms; explore whether sector budgets could possibly be pooled to produce one form for all sectors.
- Consider multisector assessment teams as described below.

Using ICT decision algorithms for assessments and referrals

Mobile phone and other ICT-based decision algorithms have been used successfully to help workers walk through checklists of what to assess, and guide decisions about what to do, including making referrals. The application works by triggering observations that are made and guiding the user to selected actions.

Documented evidence from the health field has demonstrated the effectiveness of using ICT-based algorithms as job aids so that workers interacting with clients can conduct assessments, especially in the context of an integrated approach when assessments may be more complicated because of the need to assess a range of different factors. The job aids can assist a front-line worker to know when and where to make appropriate referrals. In Malawi, such applications are being used by workers at One Stop Centres to guide clients to an appropriate array of services offered in different technical sectors (for example, the police, health, psychosocial) that are needed for cases of sexual-based violence.

4.3 Case planning and case conferencing

An integrated case management response will only be put in place for some, not all, of the children who have been referred for services. While single-sector case management is used when the issue at hand can be dealt with completely in that sector, integrated case management is used when the issues to be addressed span across multiple sectors.

Case conferencing (when several core sectors meet together to plan jointly) is of particular benefit in an integrated case management system. Often, community-based or district-level coordination meetings are used for informal case conferencing. This could be formalized by including a case planning/conferencing item on the agenda, which all relevant actors attend before or after the main coordination meeting.

Possible actions or considerations for ensuring integration

- Institute harmonized standard operating procedures at all levels with consistent guidance for working across sectors.
- Share training or refresher courses (when possible, joint training) for staff from different sectors, with updated information and tools for integration.
- Where SOPs are not yet developed, informal and ad hoc referrals tend to develop naturally, with staff sharing phone numbers, etc. The risk is that once people move, the reliance on informal relationships does not survive the change of personnel. Therefore, developing an 'informal' phone list that clearly identifies people's functions can assist in the development of a more formal referral system.

4.4 Ongoing case management

Ongoing integration requires both ensuring that all relevant services and support, both community-driven and formal, are able to connect with each other as needed, and that such services can flow between each other over time.

Among the most important factors in ensuring ongoing integration of cases across sectors are established lines of authority and expectations in conducting multisectoral work. While there are often multisectoral committees at all levels – from the community up to the national level – there is rarely an agreed and enforceable mechanism for ensuring that these sectors work well effectively.

Bottlenecks in the referral-to-service pathway

In several countries, one frequently mentioned challenge in addressing sexual and gender-based violence is the pathway from referral to service. Once a referral to health services is made by the police or a social worker, there is often no means of ensuring that a health worker will arrive in time to conduct a forensic examination for sexual assault. The reason may be the lack of human resources in the health sector or reluctance to come to work at night or on the weekend, or a reluctance to commit to having to appear in court later on, especially when court processes are slow and often delayed. This example shows how important it is to have agreed-upon standard operating procedures between sectors with corresponding accountability mechanisms.

Possible actions or considerations for ensuring integration

- Mapping current services and programmes delivered by each of the technical sectors to inform strategies for leveraging existing services and programmes, leading to a more cost-effective and comprehensive case management system
- Regular case conference meetings at either or both community and district levels to address individual complex cases, where appropriate, but also to review ongoing 'snags' in the referral and case management system
- Development and piloting of 'inter-agency governance' for specialized case management services, such as in One Stop Centres that address violence or neighbourhood offices that address social protection and legal support. These centre-specific mandates have the potential to be more widely applied if all actors reflect on what works to promote the seamless sharing of tasks
- Joint training for all actors can often be the best way of bringing people together to share and learn from one another. For example, if police, military or border officials are being trained in addressing sexual and gender-based violence, this could be an opportunity to broaden that training to local chiefs and government officials, health workers and social workers. A harmonized training plan would be a way to share costs and maximize joint learning
- Holding 'case management' annual planning processes (these are likely to be called by different names) at the front-line service delivery level, at which key sectors plan and budget for shared resourcing of costs.

Integrating planning and monitoring processes

In some provinces of Mozambique, district health and social welfare representatives – who are in a single ministry at the district level but separate ministries at provincial and national levels – now have a shared annual planning process. At this meeting, it is possible to start to rationalize key actions, such as an agreed shared transport policy that meets the requirements of health and social welfare. At the district level, this can then be managed by one lead person, with results reported upwards through more than one line ministry.

In One-Stop Centre settings, integrated processes are facilitated by:

- Having all early response personnel on site at all times
- A formal, step-by-step procedure all personnel are expected to follow
- Standardized information collection methods to facilitate services and use in later processes (prosecution, reintegration, etc.) in pre-determined ways
- Services provided according to pre-training
- Cross-disciplinary referral processes
- Using ICT for mapping to facilitate referrals.

ICT can be a useful tool for an integrated case management system, when referrals are to be made for multiple types of services that are not all located in one place. ICT has been successfully used to map available services for caseworkers and others who make referrals to know which providers they can refer clients to and where the providers are located. ICT has also been used to alert those service providers about incoming referrals. The more rural and scattered the services, the more valuable the tool.

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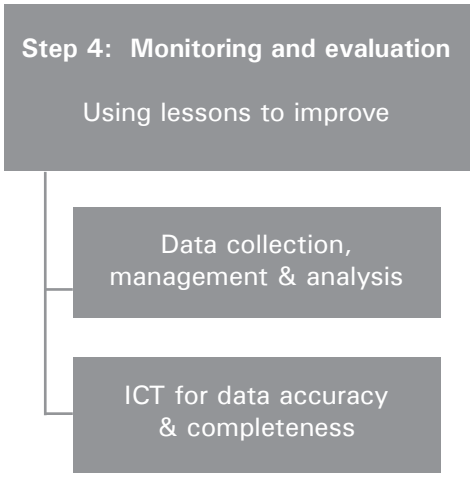
Section 5 Monitoring and evaluation

The final step in the business process model is evaluating the extent to which the case management system is integrated and how well it is functioning (see Figure 14).

Figure 14: Business Process Model, Step 4



5.1 Data collection, management and analysis

Assessing an integrated case management system involves having an integrated approach to measuring children's well-being and to the extent to which that approach is delivering improved results over a set of linked but separate systems.

In most sector-specific case management systems, each sector has its own indicators: health, child protection, social protection, education, etc. Ideally, each country working towards integrated case management should attempt to identify and harmonize several key child well-being impact indicators that can be measured across integrated sectors.

A well-integrated case management system is likely to succeed or fail according to its ability to document and follow children and households through the system. However, this documentation does not need to be complex. Nor does it have to create additional work burdens: Simple and user-friendly data management systems can reduce the workload for some by ensuring better follow-up.

There are a number of examples of practical referral tools that can be shared across different sectors: for example, tear-off slips for referrals from paper documents or use of shared phone lists to call a colleague about a referral. The most important aspect of data management is ensuring that notes are taken and shared confidentially and that there is follow-up on the action. Ensuring follow-up on referrals and completing case files for children are probably the most important starting points.

5.2 Use of information and communication technology

Information and communication technology is not a solution to the lack of a data system. In fact, ICT cannot be used unless the fundamental system components and integration domains are in place.

However, it is very difficult, if not impossible, to manage and use all the information collected for all cases, particularly among different technical sectors, by relying exclusively on paper files. The use of new technologies, such as cell phones, smart phones, or tablets and computers, has the potential to make case management simpler, even in remote areas, while maintaining confidentiality.

ICT can play a role in facilitation, particularly in:

- Sharing information on each case – that is, sending and receiving information horizontally between technical sectors and vertically from the community level up through the administrative hierarchy to the national ministry
- Being able to efficiently manage, access and analyse case information from different service providers
- Building and maintaining the capacity of caseworkers and service providers within each technical sector to recognize not only the vulnerability specific to their own sector (for example, social workers are alert to signs of abuse, health workers recognize signs of malnutrition, etc.), but to recognize signs of vulnerability associated with other sectors. This can facilitate improved monitoring of children's well-being by ensuring that staff can make referrals to the appropriate providers (for example, a health worker or teacher who recognizes signs of abuse should refer the case to a social worker and/or the police) and provide more holistic follow-up
- Ensuring that those providers who identify a case of a vulnerable child requiring attention know the types of services that are available and accessible, where to access those services, and how to alert those services
- Ensuring complete and accurate records of each and every action carried out with respect to a case to facilitate case closure
- Protecting personal data of vulnerable children from unauthorized disclosures (versus using paper files).

The data collected by each sector on the indicators should be part of an umbrella inter-operable ICT-based monitoring and evaluation system that enables each sector to collect, manage and analyse consolidated data.

Using ICT to support integrated case management

Information and communication technologies can play an important role in efficiently and effectively implementing the diverse aspects of integrated case management in Eastern and Southern Africa. Such technology can and should play a fundamental role in data management and monitoring. However, ICT can also support and facilitate other integrated case management functions that are not directly related to information management and programmatic monitoring and evaluation. These include:

- Registration
- Notification & reporting
- Referrals
- Reminders
- Person-to-person calling
- Tracking
- Supply management
- Mapping
- Worker supervision
- Training reinforcement
- Decision support
- Payments
- Feedback loops for accountability and quality assurance
- Teaching and raising awareness.

Annex 8 provides a more detailed summary of these varied ICT functions.

The role that ICT can play, particularly with respect to information management, should not be considered in isolation or as a stand-alone solution. Rather, it should be mainstreamed into the process for developing an integrated case management system. Too often, ICT technicians are asked to design ICT case management solutions without adequately consulting and collaborating with those who are working on case management fundamentals.

Summary of programming principles for using ICT for integrated case management

1. Use ICT to strengthen a programme, not salvage it.
2. Where possible, leverage existing ICT tools and platforms, rather than introducing new ones.
3. Ensure that child protection and other programming specialists are spearheading the design and development process, working collaboratively with technology experts.
4. From the start, data security, privacy and confidentiality should be paramount and must be factored in, with input from practitioners at all levels.
5. Reflect UNICEF, World Bank and USAID innovation principles for using ICT.
6. Do not forget to plan an ICT case management system that has taken gender, age and social inclusion considerations on board from the start, for example, by considering men's and women's different access to and familiarity with data.
7. Ensure that users perceive a benefit from using ICT.
8. Consider inter-operability issues and systems for safe and managed disclosure of appropriate data.
9. Ensure that there is capacity to manage the system and address malfunctions, and that the system is as simple as possible.
10. Determine how information and data will be managed and viewed, and plan this into the design from the start.

See Annex 9 for more details.

Annexes

Annex 1. ICMS Self-Assessment Tool: Agreeing on common definitions

Ideally, tools should be completed at the national level prior to the subnational level. Before assessing an existing case management system's components, it is important to make sure that everyone involved understands commonly used terms and definitions. Read the terms below and, where possible, add one agreed national definition (where existing) in the column. The table includes definitions drawn from global literature and convention, as a guide. Once an agreed set of definitions are prepared, they should be used in the assessment process.

Term	Global definition & source	Agreed national definition & reference to existing sources
Alternative care	The care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children. (Child Protection Working Group, Inter-Agency Guidelines for Case Management & Child Protection, January 2014, <http://cpwg.net/wp-content/uploads/sites/2/2014/09/Interagency-Guidelines-for-Case-Management-and-Child-Protection.pdf>)	
Assessment	The process of building an understanding of the problems, needs and rights of a child and his/her family in the wider context of the community. It should cover the physical, intellectual, emotional and social needs and development of the child. (Better Care Network, Online Toolkit: Glossary of key terms, <www.bettercarenetwork.org/toolkit/glossary-of-key-terms>)	
Case conference	A multidisciplinary meeting of professionals known to and/or working with the child to discuss risk factors, the care and protection rights and needs of the child, required supervision and support interventions with the child, family and alternative caregivers, and the roles of the professionals involved. (Better Care Network online toolkit)	

Term	Global definition & source	Agreed national definition & reference to existing sources
Case management	The process of ensuring that an identified child has his or her rights to and specific needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress. (Child Protection Working Group guidelines)	
Case manager	The person who is responsible for case management of an individual case from first assessment to closure.	
Case work		
	The process of helping individuals, families and communities to solve their problems. Case work deals with the problems of an individual on a one-to-one basis; it may also involve intervention with family members and linking with the community around them. (Malawi case management protocols, draft)	
Information and communication technology (ICT)	Generally, mobile phone or web-based technology used for communication and transmitting information. An umbrella term that includes any communication device or application, encompassing: radio, television, cellular phones, computer and network hardware and software, satellite systems and so on, as well as the various services and applications associated with them, such as video-conferencing and distance learning. (<http://searchciomidmarket.techtarget.com/sDefinition/0,,sid183_gci928405,00.html>)	

Term	Global definition & source	Agreed national definition & reference to existing sources
Integrated case management	A coordinated system of services in different technical sectors that ensures that an identified child has his or her right to and need for care, protection and support met by all the different services – both statutory and non-formal, family- or community-based – in a harmonized fashion (definition developed for this guide).	
Multisectoral	Composed of different sectors (but not necessarily harmonized or fully coordinated).	
Referral	The process of noticing a concern about a child or family, deciding that action needs to be taken and reporting that concern to someone with the relevant responsibility. Referrals include self-referral (Child Helpline, for example), family referrals (a mother taking a child to a health clinic when ill, for example), community-based referrals (a community committee providing basic needs or emotional and moral support to a vulnerable household, for example) and referrals by local service providers (a teacher referring a child to another service, for example). (Definition adapted from Roelen, K., S. Long and J. Edström, et al., Pathways to Protection – Referral Mechanisms and Case Management for Vulnerable Children in Eastern and Southern Africa: Lessons learned and ways forward, Institute of Development Studies, Brighton, U.K., 2012, <www.ids.ac.uk/files/dmfile/Pathwaystoprotection_finalreport_Jun12.pdf>.	
Vulnerable children	Children whose rights to care, protection, health, education and others are being violated or who are at risk of those rights being violated. This includes children who are poor, abused, neglected or lacking access to basic services, ill or living with disabilities, as well as children whose parents are ill, who are affected by fighting forces or who are in conflict with the law. (Better Care Network online toolkit)	

The blank spaces can be used to add other definitions that are important in your context.

Annex 2. ICMS Self-Assessment Tool: Assessing the national case management system

SYSTEM COMPONENT A: LEGAL AND POLICY FRAMEWORKS		
Component item	**Strengths and gaps**	**Score (1-4)**
The constitution or children's laws (or national action plan) identify children's rights and entitlements and spell out the roles of different government, civil society, community and family stakeholders in realizing children's rights.		
Policies, standards and guidelines have been established that set out how essential services are to be provided to children and/or their caregivers and families.		
A multisectoral national case management framework is in place that identifies roles and responsibilities across all sectors responsible for children.		
A costed multisectoral national case management plan or strategy exists and has time-bound targets.		
Total points (out of 16)		

SYSTEM COMPONENT B: STRUCTURES AND ROLES		
Component item	**Strengths and gaps**	**Score (1-4)**
A national coordination structure for children (or vulnerable children) is in place and is active – that is, the structure meets regularly, is funded and has senior representation from government and civil society.		
Ministries with a legal mandate to identify and serve children (for example, ministries of education, health, justice, police, home affairs, defence, social protection and economic development) have case management systems in place.		
A designated primary ministry has overall responsibility for children's rights and well-being, with current or potential oversight for integrated case management.		
National policies and strategies have clearly defined responsibilities for civil society organizations and faith-based organizations that provide services for the well-being of children.		
Total points (out of 16)		

SYSTEM COMPONENT C: FINANCIAL AND MATERIAL RESOURCES		
Component item	**Strengths and gaps**	**Score (1-4)**
A line item exists within national budgets for case management and/or multisectoral coordinated delivery of services to children.		
Community-based, informal mechanisms that identify and support vulnerable children and families are included within costed implementation plans for case management.		
Case management skills and experience – of government and civil society employees and of volunteers who play a key role in case management at the community level – are recognized in budgets.		
Staff who undertake individual case management activities (including service delivery) have adequate work space, equipment, supplies and other support.		
Total points (out of 16)		

SYSTEM COMPONENT D: WORKFORCE CAPACITY & DEVELOPMENT		
Component item	**Strengths and gaps**	**Score (1-4)**
There are sufficient adequately trained staff who know how to undertake case management (for example, assessing multiple support needs, tracking referrals and progress, completing case files, ensuring case closure and follow-up) to ensure that referrals and follow-up can take place across all key sectors.		
There are sufficient programmes to train key community- and district-level workers on case management issues.		
Informal actors who are part of the case management process (for example, community child protection volunteers, community health workers) receive training, material, or practical support and supervision as part of the overall case management system.		
The country has a functioning, supportive and effective supervision system with enough qualified supervisors that support, monitor and evaluate case managers' performance and workloads.		
Total points (out of 16)		

SYSTEM COMPONENT E: PROGRAMMES AND SERVICES		
Component item	**Strengths and gaps**	**Score (1-4)**
Comprehensive public awareness campaigns are under way on key issues affecting children.		
There is good national coverage of programmes designed to prevent risks that can harm children (for example, early childhood development centres, courses on parenting skills, immunization clinics, birth registration services, etc.).		
There is good national coverage of response services (for example, abuse and trauma screening and counselling, response to gender-based violence, substance abuse treatment, nutritional rehabilitation, HIV treatment).		
Children and young people who do not live in families (for example, those in residential care, correctional facilities or transit centres or refuges) are reached through relevant case management processes.		
Total points (out of 16)		

SYSTEM COMPONENT F: DATA MANAGEMENT, MONITORING AND EVALUATION		
Component item	**Strengths and gaps**	**Score (1-4)**
The country has a monitoring and evaluation framework that measures essential services for children and has indicators for coverage of essential services and children's well-being.		
Data are collected on the number and types of referrals made, with follow-up information on children who have received services.		
A quality improvement (QI) process has been instituted that analyses the data and provides feedback to the field.		
There are confidentiality protocols in place that protect the privacy of client data.		
Total points (out of 16)		

Annex 3. ICMS Self-Assessment Tool: Assessing case management integration

INTEGRATION DOMAIN A: INTER-AGENCY GOVERNANCE AND ACCOUNTABILITY	
Component item	**Strengths and gaps**
A national law or policy is in place that requires that all key sectors mandated to support children's rights must work together to protect children from deprivation and violation of those rights.	
There is an active, overarching national mechanism whose responsibility is to oversee laws and policy implementation (such as a parliamentary portfolio committee or national ombudsperson for children), which meets regularly.	
All sectors with a role in case management adhere to a common set of overarching principles, such as best interests of the child determination, evidence-based practice, etc.	
A mechanism has been established for pooling resources to provide integrated services across different sectors.	
There is a planning and review process, at national and decentralized levels, to monitor the provision of core services to children at risk.	
There is a regular data and programme review process at all levels; the data review process is a forum where users, service providers and community leaders review how well children are accessing and benefiting from services.	

INTEGRATION DOMAIN B: INTEGRATED STRATEGY	
Component item	**Strengths and gaps**
The overall case management policy framework has been translated directly into a strategy or strategies; these, in turn, have informed the processes that actually implement case management services on the ground.	
Strategies and operational plans are in place for priority issues that require a case management response (for example, gender-based violence protocols, children in conflict with the law).	
A strategy exists for cost-effective delivery of services across different sectors when providing support to vulnerable children.	
A national coordination mechanism has been established to facilitate joint planning among all relevant technical sectors involved in case management.	
It is clear which sector takes the case management lead when a case requires ongoing inputs from different sectors.	

There is a harmonized human resource plan across all sectors, so that all relevant staff receive joint training on core case management issues and adhere to a common set of minimum standards (for example, confidentiality, record-keeping, follow-up).	
A system is in place to measure the cost-effectiveness and better outcomes associated with integrated case management compared to separate delivery of services in each sector.	

INTEGRATION DOMAIN C: INTEGRATED PROCESSES	
Component item	**Strengths and gaps**
A system is in place for sharing information and data among ministries/agencies that have responsibility for children's well-being.	
Sectors that provide services to vulnerable children work together to provide joint training on how best to deliver harmonized case management services.	
Clear expectations have been laid out for all those who are involved in delivering case management services, so that overlaps and gaps among actors are avoided.	
There is a system for sharing confidential case management information among actors in a way that safeguards confidentiality while enabling an integrated response.	
Case management functions (identification, assessment, referral, etc.) are implemented in a similar order and manner across all technical sectors.	
The referral pathways within and among sectors have been clearly described and are easy to follow, so that each child or family with a case file is supported from the beginning to case closure and this occurs across all sectors.	
A standard set of forms and methods for case management exists, with only minimal differences necessary for sector-specific information.	
Clear operational guidelines are in place for linking formal and informal services within and across different technical sectors.	
An integrated ICT plan is in place to ensure that case management processes provide the most efficient technology for integrated case management.	

INTEGRATION DOMAIN D: INTEGRATED FRONT-LINE DELIVERY	
Component item	**Strengths and gaps**
Each ministry/agency takes responsibility for ensuring that its own training, referrals and follow-up care are harmonized with other technical sectors (for example, by providing specialist training to other sectors, taking responsibility for ensuring that a referral for another service is followed up on, and sharing essential data).	
The case management system is operational from the community to the service delivery level and involves all relevant sectors, such that, for example, each individual child/family has a case file, there are multisectoral case conferences where required, and case closure involves all relevant sectors.	
Potential clients and community members know how to access services across all sectors, especially where services require an integrated response, so that ideally they can access services in an integrated way.	
All sectors have a common code of conduct for protecting children and families in the case management process.	

INTEGRATION DOMAIN E: INVOLVEMENT OF CHILDREN & FAMILIES AS ACTORS & BENEFICIARIES	
Component item	**Strengths and gaps**
An integrated approach has been established to assess the situation of potentially vulnerable children and families across different sectors (such as harmonized research processes).	
There is a high level of community involvement in the design and delivery of case management services, including active involvement of local community structures.	
Children (as age and developmentally appropriate) and families participate in the planning and closure of their own cases, across all sectors.	
There is a mechanism through which children and families who receive case management services are able to systematically provide feedback about the quality of services they receive.	
Peers who have received services are actively involved in support to vulnerable peers who are receiving services.	
Integrated service delivery has reduced to a minimum the number of times that a child has to repeat explanations of traumatic experiences.	

Annex 4. ICMS Self-Assessment Tool: Assessing case management subnationally

The chart below outlines the main steps in identifying, assessing and providing support to a child in need of specialized services from more than one sector.

There are questions at each stage of the process. The questions look at how well the case management system is in place.

After answering these questions, there are some further questions about how the different people involved in case management work together.

Annex 4. ICMS Self-Assessment Tool: Assessing case management subnationally

Identification of child at risk	Interview and assessment	Development of individual case plan	Provision of direct support and/or referral for other services	Follow-up, ongoing referral, regular review	Case review and closure

Question	Yes or no or partly	Strengths	Gaps or challenges
Step 1: Identification of child at risk			
Do children and adults in the community know they can go to someone if they need help, or if they think a child is at risk of harm and is not being supported adequately by his/her family?			
Are there groups in the community who have the mandate to act if someone reports a concern about a child's safety? (These might be formal structures such as community leaders or informal groups such as mothers' clubs.)			
Step 2: Intake			
Do all service providers at the district level have a document (policy, guidelines, operating procedures) that defines the 'risks' that make children vulnerable?			
Do all people who are mandated to decide if a child should receive a case management assessment have a form to use to open a case?			

Question	Yes or no or partly	Strengths	Gaps or challenges
Step 3: Assessment			
Is there someone at the district (or equivalent) level for each sector who can do an assessment of a child at risk of harm (such as a social worker)?			
Is there a standard assessment and case planning tool that all actors can use that is adapted to their specific needs?			
Have all key staff from core technical sectors (such as social/child protection workers, police or legal officials, health workers or education welfare officers, as well as NGO staff) received training on case management? Do they have access to standards, guidelines, etc.?			
Step 4: Develop individual case plan			
Is there a forum at the district (or equivalent) level where different structures meet together and plan joint support to children in need of case management?			
Is there a form for developing an individual care plan that requires an immediate response and activities to prevent further harm in the future?			
Are children and families involved in case planning?			
Step 5a: Provide direct support			
Is there a budget that can be used to support a child and family in need of ongoing care and support?			
Do local community groups who support vulnerable children receive resources to coordinate with others (such as a transport budget for attending meetings)?			
Are community-based workers trained in basic case management skills and activities?			
Step 5b: Referral for other services			
Are there community-based coordination mechanisms that meet regularly and ensure that children and families are in touch with all relevant services?			

Question	Yes or no or partly	Strengths	Gaps or challenges
Has there been a recent mapping of the numbers, types and locations of services available to children locally?			
Is the information about services available to key community and district individuals?			
Can service providers from health, education, the police, etc. and from civil society organizations make a referral to another service when a child needs support, following agreed referral procedures (such as using agreed referral forms, documenting the process, ensuring follow-up)?			
Are the referral pathways within and among sectors –			
and from the community to the district (or equivalent) level to the national level – been clearly described? Are they easy to follow?			
Have service providers received training on their role in case management and how to conduct referrals?			
Step 6: Follow-up care with regular review			
Are there enough trained supervisors to oversee the delivery of case management services, monitoring and coordination?			
Is there a system for gathering data on children who receive essential services that tracks the number of beneficiaries across different services?			
Is there a system for maintaining confidentiality of client data? Are all people with access to the data been trained in such protocols?			
Steps 7 & 8: Case review and closure			
Is there a system for regularly reviewing cases and criteria for agreeing that a case is closed?			

Question	Yes or no or partly	Strengths	Gaps or challenges
Monitoring and oversight			
Is there a system in place to check referral and case management data collected for accuracy, reliability and completeness?			
Is there a functioning mechanism for service beneficiaries to provide feedback and to make suggestions about how to improve services?			

Once you have reviewed these questions, discuss the following questions, which explore how well different sectors work together and how this cooperation could be improved.

Domain	Strengths and gaps
INTEGRATION DOMAIN A: INTER-AGENCY GOVERNANCE AND ACCOUNTABILITY	
Component Item	**Strengths and gaps**
Is there a coordinated planning process at the district level at which all services that provide support to children at risk share training and service delivery plans?	
Is there a system for sharing information and data from the community up to the district (or equivalent) level and up to the national level within agencies, and horizontally at the subnational level among ministries/agencies? This includes a system of determining leadership on different issues when multiple ministries and agencies are working together on case management.	
INTEGRATION DOMAIN B: INTEGRATED STRATEGY	
Component item	**Strengths and gaps**
Is there a district-level coordination mechanism to facilitate joint planning and strategizing among all relevant technical sectors that provide individualized services to vulnerable children and households?	
Is there a process for ensuring that all government sectors know their roles in relation to overall support for vulnerable children and work within a collective strategy?	

Component Item	Strengths and gaps
Is there a strategy at the district level to ensure that workers with different expertise and/or in different sectors work together for more cost-effective delivery of services to vulnerable children (for example, a shared transport policy between police and social welfare staff; a shared training and outreach plan between health and social welfare staff)?	
Is there a system for sharing case management information and data from the community to the district level and among ministries/ agencies, while safeguarding confidentiality?	
INTEGRATION DOMAIN C: INTEGRATED PROCESSES	
Component Item	**Strengths and gaps**
Do separate government departments (for example, education, police, etc.) use similar processes so that case management functions (identification, assessment, referral, etc.) are followed in a similar order across all technical sectors?	
Do all actors at the community and district (or equivalent) level use standardized referral and case management forms, with only minimal differences necessary for sector-specific information?	
Do formal and informal service providers follow clear operational guidelines that ensure that the services are linked?	
Do community and district actors involved in referral and case management have access to information and communication technology that enables simple, user-friendly case management?	
INTEGRATION DOMAIN D: INTEGRATED FRONT-LINE DELIVERY	
Component item	**Strengths and gaps**
Do different sectors work together to address service gaps (for example, referring to counsellors in another sector when one sector does not have a counsellor).	
Do community and district actors regularly review the availability of front-line services for children and review how well they are integrated?	
Do front-line workers from relevant sectors involved in case management have case management-related competencies included in their job descriptions? Do they use similar case management terms and conditions?	
Do workers and volunteers in different sectors receive joint training, so that they understand each other's roles and responsibilities?	
Do all sectors have a common code of conduct for protecting children and families in the case management process?	

INTEGRATION DOMAIN E: INVOLVEMENT OF CHILDREN AND FAMILIES AS ACTORS AND BENEFICIARIES	
Component item	**Strengths and gaps**
Is there a mechanism to include the voices of children and/or families in the design and delivery of case management services?	
Is there community involvement in the design and delivery of case management services?	
Do children (as developmentally appropriate) and families participate in the planning and closure of their own cases?	
Is there a mechanism through which children and families served by the case management system provide feedback in order to improve the service system?	

Annex 5. Integration domains in detail

Integrated governance: Multisectoral, integrated case management requires coordination and harmonization at the highest government level for developing and maintaining the various system components. Take, for example, the system component of 'workforce capacity and development'. The relevant government sectors must coordinate their plans and resources to produce the necessary trained professionals and para-professionals as well as administrative staff. The ministry of education may take on the role of developing the structures within institutions of higher education to house and facilitate educational and training programmes, while the ministry of labour may agree to furnish instructors and develop licensing schemes for graduates. The ministries of health, social welfare and others may collaborate in developing the educational/training materials that should be taught, and provide field agency experiences. The ministry of local development (or devolution) may be involved in recruiting and placing the graduates based on strategic geographic coverage. The ministry of finance and planning should also be involved. Non-governmental organizations are also important in providing supervised training based on practical experience, as requested by the educational institutions. This type of inter-ministerial coordination and integration is needed for each of the system components. At the district level, integrated governance may occur around other themes related to case management, such as sharing of training or resources.

Integrated strategy: This is the overall conceptual and administrative approach for organizing and implementing case management activities, both vertically within one ministry and horizontally across several ministries. For example, in terms of children in conflict with the law, the strategy may be to address the alleged infraction through juvenile justice processes, ensuring also that the child is protected from harm, rehabilitated and, where relevant, reintegrated back into the community. To do so, officials in the social welfare, justice and education sectors, along with the police, must meet at the national level to establish a common approach to serving this group of children and to protect and assist victims. The common approach

that is developed is the integrated strategy. Another example: To serve the needs of sexual abuse victims, a national strategy may be developed to reduce further trauma to victims, expedite the medical and psychosocial response, reduce overlap and/or fragmentation of services, promote cost-effectiveness by centralizing service location, and harmonize data maintenance across sectors. The result of that vision is an integrated set of services delivered through a mechanism such as One Stop Centres, where the strategy is actually implemented.

Integrated processes: Front-line service delivery depends on integrated processes within and across sectors. An integrated process within a single sector might be a community health volunteer who collects information on newborn health, performs basic preventive care, and refers the mother to the local clinic for immunization. The volunteer then sends the information to a district health office. An integrated process across sectors might be a referral by a teacher (education sector) of a child who is limping to the local clinic (health sector), which then refers the child to a social worker (child protection sector) because of suspected physical violence. One of the most important processes in integrated case management is the referral pathway, which is the process by which various stakeholders and technical sectors channel their cases to specialized expertise. Another important process is the creation and compliance with standard operating procedures that guide the steps to be followed by each agency involved in a case. Case conferences are often held to inform multisectoral stakeholders of the case's progress and to modify the case plan if necessary, or to provide additional ideas and support to the case manager. When so many people from different sectors are sharing information, it is critically important to have a procedure for the maintenance of confidentiality.

Integrated front-line delivery: This domain refers to how the actual delivery of services is coordinated as the case is identified and moves forward. After a case has been identified in the community, cases where no serious harm is likely to occur immediately may be handled at the community level without being referred to the statutory (that is, the government body with legal responsibility to protect the child) system. This may be especially feasible where community auxiliary workers or the leadership are trained. Cases where children or families are at risk of harm are referred up to the statutory office at the district level (the office that has a formal – state – responsibility for responding to harm against children). Determining which types of cases can be handled at which level depends on the resources and expertise available at each level.

For example, a child who is not attending school due to an ability to pay fees for books may be identified by the community-level worker, who coordinates with the local school's principal to enrol the child in an educational benefit programme and to refer the family to the social protection system. However, a more complex and serious case – for example, the child who has dropped out of school because she has become pregnant after being raped by a young man — requires an integrated response from many sectors – law enforcement, education, maternal and child health, possibly HIV, juvenile justice, probation, victim support, counselling and possibly others.

Children, parents, families and communities: Children are at the centre of the integrated case management system. The system is effective only if it improves children's well-being, and the improvement must be demonstrated with evidence. Children are not only recipients but can also actively promote their own protection and welfare when they are aware of their rights and are encouraged and supported by the system. They can also be proactive in improving their own lives, with assistance from the system.

Parents, families and communities are the first lines of protection for children. An effective case management system should enhance the family's and community's abilities to care for their members. The community is critical in an integrated case management system. The roles of community leaders, teachers, police, community-level auxiliary workers and other key community stakeholders must be clearly established and understood by all involved. Key players must know how to deal with less serious cases at the community level, and where and how to refer cases requiring statutory intervention.

Annex 6. Making the case for investing in integrated case management

Benefits at an organizational level

1. Contributing to specific ministry objectives

Integrated case management systems can contribute to the objectives of multiple ministries. The very first goal is to identify the specific objectives and targets of each ministry, and articulate how integrated case management can contribute to achieving those objectives and targets.

2. Increasing capacity and value for money

Working in partnership with other ministries leads to more efficient use of resources. As an integrated case management system develops, it will demonstrate that working with other sectors can enhance resources, leverage capacity and improve performance results.

3. Reducing the demand for crisis or emergency services

When various sectors coordinate their activities and approaches to vulnerable children, they are better equipped to identify underlying vulnerabilities. Being able to coordinate and share information means that warning signs of a crisis can be detected early. Prevention as a result of spotting early warning signs is always better (and less costly) than responding to an incident when it arises.

4. Creating coalitions and better positioning in budget processes

Collaborative work through coalitions can leverage existing processes and yield benefits. For example, joint budget requests may be more successful than individual approaches to finance ministries.

Benefits to the child and family

5. Addressing complex needs

When integrated case management is lacking, conditions are often treated in isolation. Children and their caregivers with complex needs are often seen by multiple service providers and caseworkers. This is confusing and time consuming for children, and results in duplicative processes.

6. Simplifying access

Providing multiple services in one place, for example, One Stop Centres, makes access quicker and easier for all.

7. Contributing to faster response times

With full integration, referrals tend to be quicker and less time is wasted in determining the right service for a child and getting the child to that service.

8. Improving outcomes and user experience

Coordinating services avoids parallel responses, leads to better outcomes for the child and minimizes trauma by limiting the number of times the child will have to retell his or her story.

9. Emphasizing prevention over response

From a child client's perspective, prevention of an incident or crisis will always be better than having to seek out response services after becoming a victim/survivor of an incident.

Annex 7. Integrated case management action planning template

System gap or challenge that needs to be addressed	Expected results or outcome	What needs to be done to achieve this?	Who is responsible for leading on this?	By when?

Annex 8. Table of ICT functions

Information and communication technology is about facilitating generic tasks or functions. These functions are not sector-specific, but can be found in any technical sector, including child protection. Case management, particularly integrated case management, involves multiple functions. A summary of the generic functions that contribute to an operational case management system is shown below.

Task	Description	Example
Data collection, management and analysis	Collecting and managing data about protection incidents and making the data easily accessible for analysis and decision-making. The data can be used for reporting to donors, making referrals, planning, informing future budget allocations, and influencing policy.	The currently piloted Child Protection Information Management System or CPIMS+ (inter-agency), proGres v. 4 (UN High Commissioner for Refugees) and PROT6 (International Committee for the Red Cross) use ICT to register vulnerable child clients who have been identified as being separated from their families in humanitarian situations, to collect information, and to coordinate and track the services provided to a child until reunification (case closure).
Notification and reporting	Transmitting information or messages from the source to another party by calling on a phone, sending an SMS (text message), or keying information into a database through the Internet.	Community Victim Support Units in Malawi use mobile phones to notify and report incidents of violence to district offices.
Referrals	ICT can be used to facilitate referrals by: • Providing referral prompts to a caseworker in response to certain triggering information collected upon registration of a child victim of violence • Automatically alerting the referral services via SMS to expect a case • Providing protocols and assessment guidelines as job aids to make referrals. In addition, referrals can be made by telephone and email.	Mobile phones equipped with an application like RapidSMS (or the newer version, RapidPro) with an algorithmic checklist help social workers spot signs of abuse and prompt them to make referrals to the nearest provider, shortening the time of the referral process. Referrals can be made by using a phone to call the service provider and/or transport service, sending an SMS, or sending an email.

Task	Description	Example
Reminders	SMS (text messaging) can be used to remind clients to attend appointments, register births, get vaccinations, etc. SMS is also useful for reminding community and social workers to perform job-related tasks, such as following up on case referrals and checking the status of victims of violence.	Case workers can receive SMS reminders to visit and follow up with a child on a certain date after the first visit. RapidSMS/ RapidPro is an example of a tool that contains different functions, including reminders, which can facilitate efficient integrated case management.
Person-to-person calling	Making phone calls is a useful way to share essential information, give instructions on technical procedures, make referrals and provide counselling or other support to callers. In cases where distance may be a factor, phone calls between service providers for consultations can also contribute to the quality of services and improving outcomes.	Childline is a hotline that enables victims of violence (and those who know victims of violence) to call and receive counselling support over the telephone.
Registration	Registration incorporates both data collection and notification. It involves collecting information about an event (such as a birth, or an application for social protection benefits), transmitting it to the appropriate authority, and acknowledging receipt of the information.	ICT-based tools, such as CPIMS+, PROT6 and proGres v.4, are used in humanitarian situations to register unaccompanied and separated children for family tracing and reunification case management.

Task	Description	Example
Tracking and follow-up	Tracking involves monitoring the status and location of people, supplies and/or services. It can be used in case management or supply management. Child cases are followed up to determine if they have received appropriate referrals (see also 'Reminders' above).	Using unique identification numbers, ICT can track the services a vulnerable child accesses, fostering coordination and helping to avert duplication. ICT can also be used to track the services provided by different service providers, allowing policy makers to more efficiently allocate resources to those that tend to receive the most clients (and identify those with fewer clients to examine the reasons for less activity).
Supply management	Tracking inventories of supplies and commodities is used to prevent stock-outs, through a mechanism that triggers or prompts reordering.	Mobile phone applications such as mTrac (developed by UNICEF), cStock (John Snow) CommCare Supply (Dimagi) have been used in the health sector to track essential commodities to prevent stock-outs.
Mapping	Mapping of existing services is essential. Mapping can identify locations where there is a prevalence of violence, which is useful both for service provision and for advocacy with policy makers on identifying trends and allocation of resources.	GBV Map (also known as GBV Kenya) is a web-based national referral directory of clinical, legal, security and coordination service providers in Kenya. It provides survivors and organizations responding to sexual and gender-based violence in emergency and non-emergency situations with information on service providers nearest to their locality where they can seek help. DevTrac is a Ugandan initiative led by a consortium of government and donor agencies, including UNICEF, which uses ICT to collect and merge data from the community and other sources and lists locations of available services. Ushahidi is an ICT-based system that has been used to map post-election violence in Kenya.

Task	Description	Example
Worker supervision	Mobile phone applications with a GPS (global positioning system) function allow a supervisor to determine, for example, whether a worker visited a household and how long he or she stayed with the household. Mobile phone applications that include a decision-making algorithm allow supervisors to determine if a worker followed proper protocols. Worker supervision functions also protect workers. The same GPS and algorithms that can detect if workers are not carrying out their responsibilities can also provide proof that they did. Some programmes use mobile phones to promote social accountability by giving communities the opportunity to provide feedback about service provider performance.	In Zimbabwe, social work supervisors are using WhatsApp to supervise lead community workers. In Nigeria, UNICEF's RapidSMS is used to monitor the activity of each birth registration agent. Monitors can determine when registration rates do not match the birth rates in a registration centre's catchment area. When disparities are observed, monitors then follow up with the agents to address the disparity. Each registrar has his/her unique ID and reports the number of birth registration cases every other week. Those reported cases are all updated on the RapidSMS dashboard that is accessible over the web, thereby promoting a sense of accountability.

Task	Description	Example
Training reinforcement	Reinforcement of training helps build the capacity of services providers to perform their responsibilities. It may work through SMS messages, decision protocols and other communications that reinforce what has been learned at training workshops after participants have returned to work.	After a training workshop, participants receive SMS messages about symptoms of sexual violence that had been taught at the workshop. ICT, including some mobile phones, can be equipped with video capacity that allows workers to review training videos.
Decision support	Decision-support protocols guide service providers to recognize symptoms, diagnose conditions and make decisions about service referrals. Such job aids can also be used to reinforce procedures taught at capacity-building workshops. Demonstrated as effective job aids in the health sector, they can be adapted for child protection contexts. For example, mobile phone decision-support applications can guide workers through a checklist or a decision tree to diagnose signs of abuse or exploitation, and provide prompts for making appropriate referrals. Decision-support job aids are particularly useful where supervisors may not be accessible, as in isolated rural areas. They can also be used in emergency situations to conduct situation analyses regarding unaccompanied children.	UNICEF in Malawi has been developing ICT-based decision-support protocols as job aids for case entry points and for One-Stop Centres. A mobile phone application developed by D-Tree will guide workers at entry points (for example, police and health centres) to go through basic details about the case when referring the survivor to the One-Stop Centre. At the centre, medical examination, police, counselling and social worker protocols will guide different workers to provide better and more holistic care for survivors of gender-based violence.

Task	Description	Example
Payments	ICT can be used to pay for services or otherwise transfer funds. Mobile phones can be used to transfer 'mobile money' in the form of conditional cash transfers for essential social and health services. In some African countries, mobile money transfers are becoming increasingly common. Many of the examples for using mobile money come from the health sector. That experience can be applied to the child protection sector as well so that mobile money can pay for expenses such as commodities, transportation and the salaries of community workers.	'Smart cards' can be used for cashless payments to vendors. Or, community workers and volunteer service providers can be compensated for their work through mobile phone minutes.

Task	Description	Example
Accountability and quality assurance	ICT can be used as a tool for holding service providers or other duty-bearers accountable for the quality of services being delivered. A growing body of evidence provides examples of using ICT to promote accountability. One of the more common methods is feedback loops that allow recipients of services to provide feedback on their perceptions of service quality. Community members can use SMS, call hotlines or social media to voice their opinions on the accessibility and quality of services they receive.	In Malawi, UNICEF is using a mobile phone-based client satisfaction feedback mechanism. UNICEF has been seeking a way to elicit feedback from women survivors of physical and sexual assault about the services they received in 34 police victim support units across the country. As a means to elicit such feedback, UNICEF has been developing a mobile technology platform using CommCare – an open mobile phone and cloud-based platform to facilitate real-time collection of data from clients at the point of interview when they exit the units. The system is expected to improve quality assurance efforts and reduce the time needed to produce reports by streamlining data entry and analysis. Clients will be able to provide feedback about how friendly (or hostile) the police were. Given that many victims of violence are reluctant to report their abuse because of fear about treatment by the police, such feedback will be crucial for gauging how effective the units are.

Task	Description	Example
Teaching and raising awareness	Educating people and raising awareness within the community about protection and other issues related to children's well-being serves both as a prevention and as a response child protection strategy. With heightened awareness about the consequences to children when they are neglected or physically punished, caregivers may be less prone to engage in harmful behaviour towards children. Children are able to access services when they know what services are available and where they are located. ICT tools for raising awareness and teaching include SMS (text messaging), video messaging, and public web and radio broadcasts. ICT has been used to disseminate messages about a wide range of topics, including why birth registration is important, how to report an incident of violence, and how to be a good parent. ICT has been used to convey messages that can lead to changing social norms. Documented examples show that radio dramas have contributed to changing attitudes and behaviours around HIV in a number of African communities. Using radio and other forms of ICT to raise issues for community dialogue and reflection enables communities to critically examine practices and traditions that may have hampered children's well-being.	UNICEF in Rwanda is working with Tulane University to use tablets to assist with teaching curricula and sharing training-related information with professional social workers and psychologists. In Rwanda, professional social workers and psychologists are using WhatsApp to share information such as best practices. UNICEF's mobile phone survey tool, U-Report, is a potentially powerful tool for changing social norms. It sends survey questions via SMS texts to U-Reporters, generally young adults, who respond via SMS. Though untested in the child protection area, U-Report can theoretically help in operationalizing proven behaviour-change strategies by initiating community discussions on topics involving social norms, such as gender-based violence, child marriage and female genital mutilation/cutting. Uganda alone has nearly 300,000 U-Reporters. U-Report also operates in Mozambique, Nigeria and Zambia

Annex 9. Key programming principles for using ICT in integrated case management

Understanding how to best use information and communication technology to facilitate integrated case management first requires understanding the functions of ICT and how they relate to the integrated management of cases (this requires understanding all the various tasks involved in this form of management). Second, it requires knowing the basic programme principles gleaned from lessons learned from using ICT in various development programmes (primarily in the health sector):

1. **Use ICT to strengthen a programme, not salvage it.**[26] This means that underlying programme fundamentals must be in place. In the case of integrated case management, this involves referral pathways, standard operating procedures, clearly defined roles and responsibilities, and all the system components and integration domains outlined by the readiness assessment tools found in Annexes 1 through 4. ICT cannot fix incomplete or broken system fundamentals.
2. **Attempt to leverage existing ICT tools and platforms** (before developing something completely new). Many existing ICT tools and platforms, even if used in different sectors, enable functions (see Annex 8) that are relevant in other technical sectors with some adaptation. It certainly would not be cost-efficient to design and develop an entire new ICT application if it is possible to adapt and improve an already operating and tested application for different sectors. Accordingly, conducting a landscaping analysis to determine what sorts of ICT applications are being used across sectors, and then analysing those applications to determine the potential for adaptability for other programmes, could save time and money.
3. **Address data security, privacy and confidentiality considerations.** Safeguarding the collection and storage of personal information is central to ensuring unfettered access to essential services. Breaches of confidentiality are particularly harmful in protection contexts. Concerns about disclosure or misappropriation of private information can deter people from accessing essential protection and health services. Data security and protection of personal information are becoming ever more important as governments increasingly consider inter-operability among information management systems.
4. **Due to the particular sensitivities connected with child protection, issues of data security, confidentiality and privacy must be scrutinized in child protection programmes.** Data security measures include national policies mandating the privacy of electronically transmitted information, data encryption, and the use of unique identifying numbers instead of individual names.
5. **Ensure that child protection and other programming specialists are spearheading the design and development process, working collaboratively with technology experts.** When ICT is not working well, leadership by relevant programme sector specialists tends to be absent.

26 DeRenzi, B. et al., 'Mobile Phone Tools for Field-Based Health Care Workers in Low-Income Countries', ***Mount Sinai Journal of Medicine: A Journal of Translational and Personalized Medicine***, vol. 78, no. 3, May 2011.

6. **Reflect the UNICEF, World Bank and USAID innovation principles for using ICT.** Other than those already mentioned, they include:
   - Design with the intended user (of the technology)
   - Understand the existing ecosystem (for example, the literacy of users, mobile phone coverage, Internet connectivity)
   - Design for going to scale
   - Build for sustainability
   - Use open standards, open data, open source and open innovation[27]
   - Be collaborative.[28]
7. **Mainstream gender and social inclusion.** When the users or beneficiaries of technology are women or girls, gender issues need to be addressed. When women gain access to technology, for example, men are sometimes jealous, resentful or threatened, and this can lead to problems, including gender-based violence.
8. **Ensure that users perceive a benefit from using ICT.** One of the biggest challenges in using ICT in child protection programmes is user dropout. After the initial launch, many targeted users use the ICT only intermittently or not at all. Field experience suggests that users must perceive a benefit in using the technology and understand how it improves their job performance. For example, users may perceive that using ICT to submit incident reports adds to their workload, leading them to revert to reporting only on paper.
9. **Consider inter-operability issues and disclosure systems.** The collection of information and personal data triggers delicate issues regarding what information can be shared, under what circumstances and with whom. As information systems are increasingly linked to services and referral mechanisms, standards for disclosure must be developed, particularly in child protection contexts. While some standards regarding privacy and disclosure of personal information have been developed in the sectors of health, civil registration and vital statistics, and gender-based violence, they are not exhaustive. It is therefore necessary to determine clear protocols for sharing information.
10. **Ensure capacity to manage the system and address malfunctions.** Lessons learned from experience with software system vendors underscore the importance of ensuring sufficient in-house technology capacity to manage systems and address malfunctions as they arise.
11. **Determine how information and data will be managed and viewed.** ICT inevitably provides large amounts of data. Experience shows that success depends on users being able to access the data in a way that supports easy analysis. Accordingly, how the information is displayed on a 'dashboard' is important.

27 This programming principle is highly conditional because of issues concerning data security, privacy and confidentiality in sensitive cases, particularly those involving child protection issues of abuse, neglect, violence and exploitation.

28 Principles for Digital Development, 2015, <http://digitalprinciples.org/wp-content/uploads/2015/05/Principles-Overview.pdf>, accessed 12 August 2016.

A process guide for assessing and developing an integrated case management system in Eastern and Southern Africa

Maestral.

unicef
for every child