



Republic of Rwanda
National Child
Development Agency



National Child Protection Case Management Framework of Rwanda

September, 2023

Acknowledgements

This framework is a guideline issued from the National Children's Development Agency (NCDA). It was prepared by MIGEPROF/NCDA, with support from UNICEF and Maestral International. In particular, it is important to acknowledge staff from MIGEPROF/NCDA, including George Moses Kwehangana, Monique Mukamana, and Christiane Umuhire, who worked alongside UNICEF staff, Leon Muwoni, Genevieve Uwamariya and Anhared Price. This document was prepared by Maestral International Senior Associates Doreen Alaro, Anna Jolly, and Mari Hickmann. The framework was informed by the Assessment of the Child Protection System in Rwanda, conducted on behalf of NCDA and UNICEF by a team from Maestral International including Dr. Charles Rutikanga, Mari Hickmann, Dr. Ronald Luwangula, Anna Jolly, Doreen Alaro, Faustin Minani, and Emmanuel Antwi-Boasiako. This framework would not have been possible without the inputs of various actors in Rwanda who gave the team their time and thoughts through key informant interviews.

Foreword

Case management is a critical process to protect the children of Rwanda. Rwanda has made progress in protecting its children; however children still experience adverse trauma, which can affect their long-term growth, development and contribution to Rwanda society. The National Case Management Framework is meant to support children who have experienced violence, abuse, neglect and/or exploitation, and the families of these children.

The framework is meant for case managers – those working directly with children and families (such as social workers and psychologists) to support children who have experienced adverse circumstances to overcome their trauma and prevent further harm from impacting them. This framework draws on global best practices, applied to the specific circumstances and context of Rwanda.

This framework is a milestone for Rwanda, not only in support of the Integrated Child Rights Policy, but as a foundation for the entire child protection system for the future. It calls on all actors involved in supporting children – child protection, social protection, health, education, justice, security etc. – to rise together as one voice with one vision to protect children in Rwanda who need support the most. Everyone – every person and every institution and organization in Rwanda – has a responsibility to ensure its children, regardless of age and ability, are safe, well cared for and able to reach their full potential. We call on all actors to prioritize the protection of our children – they are our future.

Table of Contents

ACKNOWLEDGEMENTS	3
FOREWORD.....	4
ACRONYMS.....	6
GLOSSARY	7
1. BACKGROUND	10
2. OBJECTIVE.....	14
3. NATIONAL CASE MANAGEMENT SYSTEM CONCEPTUAL FRAMEWORK	14
3.1 WHAT CONSTITUTES A CHILD PROTECTION 'CASE'?	14
3.2 WHAT IS CHILD PROTECTION CASE MANAGEMENT?	16
3.3 WHY IS CHILD PROTECTION CASE MANAGEMENT IMPORTANT?	18
3.4 HOW DOES CHILD PROTECTION CASE MANAGEMENT INTERACT WITH THE BROADER CHILD PROTECTION SYSTEM?	18
3.5 HOW IS CHILD PROTECTION CASE MANAGEMENT DONE?	19
3.6 WHO DOES CHILD PROTECTION CASE MANAGEMENT?	20
3.7 CASE RISK CATEGORIZATION.....	21
3.8 BENCHMARKS.....	22
4. GUIDING PRINCIPLES	24
5. OVERVIEW OF CHILD PROTECTION CASE MANAGEMENT PROCESS	25
5.1. FACILITATING CASE MANAGEMENT.....	31
6. CHILD PROTECTION CASE MANAGEMENT COORDINATION.....	33
6.1 COORDINATION	33
6.2 ROLES AND RESPONSIBILITIES.....	35
A.THE ROLE OF GOVERNMENT STAKEHOLDERS.....	35
B.ROLE OF Inshuti z'Umuryango	44
C.ROLE OF LOCAL LEADERSHIP	44
D.ROLE OF CIVIL SOCIETY ORGANIZATIONS AND AGENCIES	45
E.ROLE OF CHILDREN AND FAMILIES	46
7. QUALITY ASSURANCE	46
8.1 IDENTIFYING PRIMARY CHILD PROTECTION WORKFORCE.....	46
8.2 TRAINING AND CAPACITY STRENGTHENING	47
8.3 SUPPORTIVE SUPERVISION	48
8.4 MONITORING AND EVALUATION	48
8.5 MATERIAL AND FINANCIAL RESOURCING	49

Acronyms

CBO	Community Based Organization
CM	Case Management
CMIS	Case Management Information System
CP	Child Protection
CPC	Child Protection Committee
CPIMS	Child Protection Information Management System
CRC	Convention of the Rights of the Child
CSO	Civil Society Organization
CPWO	Child Protection and Welfare Officer
ECD	Early Childhood Development
FBO	Faith-Based Organisations
GBV	Gender Based Violence
GFPO	Gender Focal Protection Officer
ICRP	Integrated Child Rights Policy
IZU	Inshuti z'Umuryango (Friends of the Family)
LODA	Local Administrative Entity Agency
MINEMA	Ministry in Charge of Emergency Management
MIFOTRA	Ministry of Public Service and Labour
MIGEPROF	Ministry of Gender and Family Promotion
MINALOC	Ministry of Local Government
MINEDUC	Ministry of Education
MINIJUST	Ministry of Justice
MINISANTE	Ministry of Health
MINIYOUTH	Ministry of Youth and Culture
NCDA	National Child Development Agency
NCHR	National Commission for Human Rights
NCMS	National Case Management System
NCPD	National Council for Persons with Disability
NGO	Non-Government Organization
NPPA	National Public Prosecution Authority
NRS	National Rehabilitation Services
RIB	Rwanda Investigative Bureau
RNP	Rwanda National Police
SOP	Standard Operating Procedures
TMM	Tubarerere Mu Muryango (Let's Raise Children in Families)
UN	United Nations
VAC	Violence Against Children
VACYS	Violence Against Children and Youth Survey

Glossary

The following globally recognized definitions were used to reflect the meaning of key terms as used throughout this framework.

Case plan: A set of actions decided and agreed on by a case worker, the child and family, based on the findings of the assessment to provide care to the child.

Case management: '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.' A 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'.¹

Case management system: '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).'²

Case worker: 'The key worker in case management who maintains responsibility for the child's care from identification to case closure.'³ The case workers include the CPWO and delegated CSO staff managing a case. Other personnel such as the IZU, RIB, child protection committee, etc, support the case worker.

Child: a child is a person below the age of 18 years.⁴

Child abuse: Doing something or failing to do something that results in harm to a child or puts a child at risk of harm. Child abuse can be physical, sexual, emotional or mental. Neglect or not providing for a child's needs is also a form of abuse.

Children in conflict with the law: Children whose actions result in a criminal law being broken and hence are exposed to criminal justice process. They include children suspected or accused of committing an offence.

Children in contact with the law: Child victims of various forms of abuse, neglect, violence and exploitation as well as children forced into crime and child witnesses. They include child victims, witnesses and children of incarcerated mothers.

Child labour: 'Any economic activity which deprives children of their childhood, their potential and their dignity, and is harmful to children's holistic development.' The worst forms of labour include all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; using, procuring or offering a child for prostitution, for the production of pornography

¹ Maestral, UNICEF (2017). Integrating Case Management for Vulnerable Children. A process guide for assessing and developing an integrated case management system in Eastern and Southern Africa. Pg. 8.

² Ibid.

³ Global Protection Cluster, European Commission, USAID, 2014. Inter-Agency Guidelines for Case Management & Child Protection. The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers. Pg. 6.

⁴ According to the Rwanda constitutions and laws including, The LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; The Principal LAW N°32/2016 of 28/08/2016 Governing Persons and Family; the Justice for Children Policy (2014). Children are defined as persons below the age of 18 years and the ICRP covers children from the time before their birth until they complete the age of 18 years.

or for pornographic performances; using, procuring or offering a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.⁵

Child participation: The informed and willing involvement of all children, including the most marginalized and those of different ages and abilities, in any matter concerning them directly or indirectly, in accordance with Article 12 of the United Nations Convention on the Rights of the Child.

Child protection: 'Prevention and response to violence, exploitation, neglect and abuse of children in all contexts. This includes reaching children who are especially vulnerable to these threats, such as those living without family care, on the streets or in situations of conflict or natural disasters.'⁶

Child protection case: A child protection incident experienced by a child, who, as a result, needs services to restore their safety, ensuring they are protected from further violence, abuse, neglect or exploitation, and are supported to overcome the violation.

Child protection services: 'Services that are often administered or organized by an entity, which may be referred to as 'child protection services, child protection scheme, child protective services and so on. It is part of the larger child protection system, but not by itself, the child protection system.'⁷

Child protection system: 'Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children.'⁸

Emotional violence: 'A pattern of verbal behaviour over time or an isolated incident that is not developmentally appropriate and that is likely to damage a child's mental health, or his/her physical, mental, spiritual, moral or social development.'⁹ Witnessing violence can involve forcing a child to observe an act of violence, or the incidental witnessing of violence between two or more other persons.¹⁰

Family: a group of persons related by kinship, law or marriage; it may include parents, children, their descendants and in-laws.¹¹ For the purposes of this framework, an inclusive definition of family is utilised to refer to all family structures which are socially and culturally recognised within Rwanda.

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.¹²

Multisectoral: 'Composed of different sectors (but not necessarily harmonized or fully coordinated).'¹³

Physical violence: The intentional use of physical force with the potential for causing death, injury or harm. 'The Rwanda VACYS indications of physical violence included punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using (or threatening to use) a gun, knife or other weapon.'¹⁴

⁵ Rwanda Ministry of Public Service and Labour (2013), The National Policy for Elimination of Child Labour. Pg 9&10. Child Labour Convention (1999) Article 3: Worst Forms of Labour.

⁶ How UNICEF defines child protection, extracted from Child protection overview - UNICEF DATA.

⁷ UNICEF (2021), Child Protection Systems Strengthening: Approach, Benchmarks, Interventions (page 9)

⁸ Definition Revised in 2012. UNICEF Child Protection Strategy E/ICEF/2008/5/Rev.1, 20 May 2008 Para.12; UNICEF (2021), Child Protection Systems Strengthening: Approach, Benchmarks, Interventions (page9); UNICEF/UNHCR/Save the Children/World Vision, 2013, p. 3).

⁹ Rwanda Ministry of Health (MOH). 2017. Violence Against Children and Youth: Findings from National Survey, 2015-16. Kigali, Rwanda.

¹⁰ WHO (2018), INSPIRE Handbook Action for Implementing the seven strategies for ending violence against children.

¹¹ Law N°32/2016 of 28/08/2016 Governing Persons and Family.

¹² Maestral, UNICEF (2017). Op cit., Pg.12.

¹³ Ibid.

¹⁴ Rwanda Ministry of Health (MOH). 2017. Violence Against Children and Youth: Findings from National Survey, 2015-16. Kigali, Rwanda. <https://www.togetherforgirls.org/wp-content/uploads/Rwanda-Violence-Against-Children-and-Youth-Survey-Report.pdf>.

Referral: 'The process of formally requesting services for a child or their family from another agency (e.g., cash assistance, health care, etc.) through an established procedure and/or form. Caseworkers maintain overall responsibility for the case regardless of referrals.'¹⁵

Risk: The likelihood that a hazard will happen, its magnitude and its consequences; the probability of external and internal threats (e.g. natural disasters, gender-based violence) occurring in combination with individual vulnerabilities (e.g. poverty, disability).¹⁶

Risk assessment: Methodology to determine the nature and extent of risk by considering potential hazards and existing conditions of vulnerability that together could harm children and their families. Risk assessments should consider community capacity to resist or recover from the hazard's impact.¹⁷

Sexual violence: 'All forms of sexual abuse and sexual exploitation of children. This encompasses a range of acts, including completed non-consensual sex acts (i.e., rape), attempted non-consensual sex acts, abusive sexual contact (i.e. unwanted touching) and non-contact sexual abuse (e.g. threatened sexual violence, exhibitionism, verbal sexual harassment). It also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials.'¹⁸

Social service workforce: 'Paid and unpaid, governmental and non-governmental, professionals and para-professionals, working to ensure the healthy development and well-being of children and families.'¹⁹

Supervision: Supervision in the social services is a supportive relationship. It is carried out in regular meetings, which focus on accountability, well-being and skill development. Through regular contacts, the supervisor provides coaching and encourages the supervisee to critically reflect on their practice. The aim of supervision is to improve the service to clients.²⁰

Violence against children: All forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.²¹ It includes physical, sexual, emotional, or mental injury or abuse, neglect, maltreatment, or exploitation. It comprises the intentional use of physical force or power, threatened or actual, against an individual, which may result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

¹⁵ Global Protection Cluster, European Commission, USAID (2014). Inter-Agency Guidelines for Case Management & Child Protection. The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers.Pg.7

¹⁶ Ibid.

¹⁷ Minimum Standards for Child Protection in Humanitarian Action, Child Protection Working Group, 2012.

¹⁸ Rwanda Ministry of Health (MOH). 2017. Violence Against Children and Youth: Findings from National Survey, 2015-16. Kigali, Rwanda.

¹⁹ Extract from the Global Social Service Workforce Alliance where longer definition can be found. <http://www.socialserviceworkforce.org/defining-social-service-workforce>.

²⁰ Global Social Service Workforce Alliance (2020). Guidance Manual on Strengthening Supervision for the Social Service Workforce, retrieved from https://bettercarenetwork.org/sites/default/files/2020-10/Guidance_Manual_Strengthening_Supervision_Social_Service_Workforce.pdf.

²¹ WHO (2018), INSPIRE Handbook Action for Implementing the seven strategies for ending violence against children: <https://www.who.int/news-room/detail/violence-against-children>.



1. Background



The government of the Republic of Rwanda recognizes the importance of children growing up safe and protected and within family care. This is well-reflected in Rwanda's national policy and legislative framework. Chief among the laws and policies include the National Integrated Child Rights Policy (2011) and National Child Development Agency (NCDA) Strategic Plan for the Integrated Child Rights Policy (2019 - 2024), as well as the LAW N°71/2018 OF 31/08/2018 Relating to the Protection of the Child and the Strategy for National Child Care Reform.

The NCDA coordinates and monitors the implementation of child protection, national developmental policies, approaches and programs. It also works closely with and coordinates CSOs and other government institutions child protection programs. Specific NCDA priorities include children's identification and registration, family based and alternative care placements, child health and survival, education, protection of violence against children and child labour, child participation, and justice, including making the justice system more child-friendly.²² Implementing these priorities and the successful integration of the child protection system goes beyond NCDA and also includes the Ministry of Gender and Family Promotion (MIGEPROF), Ministry of Education (MINEDUC), Ministry of Health (MINISANTE), Ministry of Justice (MINIJUST) as well as the Ministry of Local Government (MINALOC) and Ministry of Public Service and Labour (MIFOTRA), among others.

²² Strategic Plan for the Integrated Child Rights Policy 2019-2024. National Children's Commission, Rwanda.

Despite considerable progress, the child protection system in Rwanda is still faced with needs that exceed the system's ability to meet them.²³ For example, the Rwanda VACYS findings (2017) and UN CRC Committee's Country Care Review (2020) noted high incidence of physical, sexual and emotional violence against children. The Committee called out concern specifically with extensive use of corporal punishment in schools and homes, integration of children with disabilities, mistreatment of children in street situations, the trafficking and sexual exploitation of children, asylum and refugee seeking children, among others.²⁴

While there are multiple components to improving the protection and care for children in Rwanda, one priority is a national child protection case management framework that will support an integrated response. Related to this, the CRC Committee Rwanda review report (2020) and the Rwanda ICRP (2013) recommends, establishing effective systems, procedures, tools and guidelines for mandatory reporting of cases of sexual exploitation and abuse in home, school, institutions and other settings, ensuring accessible, confidential and child-friendly reporting channels. The Committee also suggests further data collection on violence against children through existing data collection systems, including improving the disaggregation of data by type of violence and relationship between the victim and the perpetrator to provide more information on the causes and circumstances of violence against children in families, schools, institutional care and refugee camps.

This framework is a step towards improving the child protection system for Rwanda. It is rooted in the existing legal and policy framework in Rwanda and placed within the context of current practices and local knowledge systems in the country.

Child protection in the context of Rwanda

Rwanda has a population of 13,246,394 people and the child population represents 44.5% (5,896,601) of the total resident population according to the results from the fifth Population and Housing Census (PHC) of 2022.²⁵ The government of the Republic of Rwanda recognizes that children are the future of Rwanda. Despite the strides taken by the government to provide the right legislative environment for the protection of children, indicative data shows that abuse, neglect, violence and exploitation of children is still widespread. The VACYS 2015/2016 shed light on widespread violence against children and youth in Rwanda. In addition, several national strategies highlight key child protection concerns. For example:

- National Violence against Children Survey Report (2018) and the UN CRC Committee's Country Care Review (2020) noted high incidence of physical, sexual, and emotional violence against children. The survey showed that, violence against children is widespread and affects children from all backgrounds, and perpetrators are primarily those responsible for the care of children or with whom children interact frequently. It indicated that almost a quarter of all girls experience sexual violence before they turn 18 years old. Nearly a third of these girls experience this sexual violence before the age of 13. Neighbours are the most common perpetrators, 37% of females and 60% of males aged 18-24 had experienced physical violence prior to age 18.
- The survey also showed that 13% of females and 23% of males aged 18-24 who experienced physical violence missed one or more days of school because of their experiences of violence. The most common category of perpetrators of physical violence for both females and males aged 18-24 was reported to be parents, adult relatives and caregivers.²⁶

²³ UNICEF Rwanda website.

²⁴ Country Care Review: Rwanda. 2020. BCN. <https://bettercarenetwork.org/international-framework/country-care-reviews/country-care-review-rwanda>.

²⁵ Child Online Protection in Rwanda, Ministry of ICT and Innovation. 2019.

²⁶ Rwanda MoH (2015/2016) VACY Survey.

A baseline report by Save the Children highlights corporal punishment (a historical main child protection concern) with those who are closest to children – caregivers and teachers reported to be the main perpetrators, often using corporal punishment as a mean to educate and discipline children, but sometimes used for no specific reason.²⁷

- The rate of child labor in Rwanda was 3.6% in 2016/17 according to the Integrated Household Living Conditions Survey 2016/2017: EICV5_Thematic Report_Economic Activity
- 17% of women in Rwanda are married by age 18, compared with just 3% of men, pointing towards teen pregnancies, early motherhood, and inability to provide adequate care for children.²⁸
- An assessment of situation of street children in Rwanda reported 2,882 children 'living on the streets' across Rwanda in 2019; almost half of this number had been placed at least once in a center for street children. The report stated that at least 44% of boys and 36% of girls said that they experienced violence at the transit center where they were held.²⁹

These levels of vulnerability call for effective response services to protect the children predisposed to abuse, violence, neglect and exploitation. This can be addressed through effective integrated case management that meets the protection needs of these children and ensures their access to justice, in accordance with the law. While several non-state actors currently provide child welfare and protection case management across both development and humanitarian settings in Rwanda, these actors vary in their case management approach; a national, standardised approach has not been developed to date. Additionally, non-state provided case management is often conducted in parallel to, rather than in collaboration with, mandated child protection state actors. Learnings from non-state actors' case management systems have been captured and included within this framework, to build upon pre-existing, homegrown case management efforts, and to ensure that non-state actors link to the appropriate mandated state actors.

Legal and policy framework underpinning case management

The existing Rwandan laws and policies, for example, LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; the Principal LAW N°32/2016 of 28/08/2016 Governing Persons and Family; all provide an enabling environment for case protection in Rwanda. These laws are interpreted and comprehensively integrated into The Rwanda Integrated Child Rights Policy (ICRP, 2011), which envisions 'an environment in which child's development, survival, protection and participation are ensured through a well-coordinated and multi-sectoral approach, where the welfare of the children is ensured, their dignity and right to reach their full potential are guaranteed, and their responsibilities are fulfilled.'

The laws and policy provide for protection of children from abuse, exploitation, and violence in a range of settings including in their homes - with or without parents - in schools, in communities, in their place of work (for children aged 16 but below 18), in prisons, in institutions, on the streets, online - wherever they may be.

Legal and Policy guidelines informing this framework

²⁷ Save the Children (2010), Baseline Study: Children's Perceptions of Child Protection Measures Existing at Community Level in Rwanda.

²⁸ Rwanda Justice for Children Policy (2014).

²⁹ Human Rights Watch (2020), 'As Long as We Live on the Streets; They will Beat Us' Rwanda's Abusive Detention of Children.

1. The Constitution of 2003 of Rwanda with Amendments through 2015.
2. The LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child.
3. The LAW N°32/2016 OF 28/08/2016 Governing Persons and Family.
4. The LAW N° 68/2018 of 30/08/2018 Determining Offences and penalties.
5. The LAW N° 027/2019 of 19/09/2019 Relating to the Criminal Procedure.
6. The LAW N° 66/2018 of 30/08/2018 Regulating Labour in Rwanda.
7. The LAW N° 51/2018 OF 13/08/2018 Relating to the Prevention, Suppression and Punishment of Trafficking in Persons and Exploitation of Others.
8. Law N° 058/2021 of 13/10/2021 Relating to The Protection of Personal Data and Privacy.
9. The Integrated Child Rights Policy (2011).
10. The Justice for Children Policy (2014).
11. The Child Online Protection Policy (2019).
12. The Early Childhood Development Policy (2016).
13. The National Policy for Orphans and Other Vulnerable Children (2003).

This framework supports the existing laws and policies and their mandates related specifically to the management of cases of violence, exploitation, abuse and neglect of children. NCDA is mandated with the overall role to coordinate relevant government actors to protect children and as such carries the role of coordinating the delivery of government actors to respond to cases through case management. In addition to the specific government entities described for each case type below, the Ministry of Finance and Economic Planning (MINECOFIN) plays a cross-cutting role to coordinate all relevant actors to mobilize and use necessary financial resources. Further, the National Council of Persons with Disabilities is mandated to assist the government to implement programmes and policies to protect and support children with disabilities, including in cases of violence, exploitation, abuse and neglect.

There are various other laws, policies and actors that play a role in preventing violence, abuse, neglect and exploitation against children from occurring in the first place. For example, the Revised National Gender Policy (2021) is cognizant that gender inequalities in part account for gender-based violence and sexual violence particularly against girls, driven by persistent cultural norms, gender stereotypes and imbalances and gender inequality in education, health and social protection, amongst other reasons. While this framework focuses on responding to child protection incidents, prevention of violence against children is paramount to ensuring the development, survival, protection and participation of children.

Cases of abuse and violence

The national legal and policy framework provides for prevention and response services for cases of child abuse and criminalizes sexual violence. MIGEPROF is the primary ministry responsible to protect children against sexual abuse through prevention and response, however other actors also play important roles. MINALOC, MINEDUC, MOH and MINIJUST also bear a duty to prevent and respond to abuse of children. More specifically, MINALOC and district local authorities coordinate and implement child rights at district (autonomous) and lower administrative levels. MINEDUC has a role to protect children from abuse in school settings and report incidents.

MOH has a duty to prevent sexual violence through providing age-appropriate sexual and reproductive health information and providing timely response of medical examinations, post-exposure prophylaxis and

counselling and psychosocial support. MINIJUST provides justice to child victims and their families.

Cases of child labour

The laws and policies related to child labour provide a solid framework for the prevention, protection, and progressive elimination of child labour in Rwanda. The government entity responsible is primarily the Ministry of Public Service and Labour (MIFOTRA). They are supported by MIGEPROF, MINEDUC, and MOH in their roles to protect children.

Cases of child abandonment

Laws criminalize child abandonment in Rwanda. The primary ministry responsible is MIGEPROF, with the support of MINIJUST to deliver justice to children. MOH also has a responsibility to meet the health and nutrition needs of children who have been abandoned.

Child Protection Case Management in the Context of Rwanda

The child protection system in Rwanda is evolving, with considerable attention being increasingly paid on harmonising laws and policies, strengthening prevention and response mechanisms and increased focus on promotion of children's rights. Although the existing legal and policy framework in Rwanda provides for the institution of a national child protection system and a case management framework with a monitoring system, an assessment conducted in 2021 indicated that there is no national guide to standardize approaches to child protection case management. The Assessment of the Child Protection System in Rwanda found that structures and cadres at district level lacked step-by-step standard operating procedures on how to operationalize integrated case management (including referral pathways across service providers) and while some tools exist, they lack SOP to guide users in implementation. Response mechanisms have largely remained uncoordinated while provision is mostly sector and service provider centred with no framework to mandate and guide the government workforce, the CSOs and community structures to coordinate and collaborate on an integrated case management process. NCDA has developed this national child protection case management framework to address this gap. The child protection case management approach will help improve service coordination, child centredness, accountability and efficiency in addressing child protection needs. The legal, policy and institutional environment is ripe and ready for a more structured way of handling children's issues, making the child protection case management approach the best way forward in organising response services to child protection needs.



2. Objectives

The primary objective of child protection case management system in Rwanda is to develop a strong standardised approach in addressing child protection incidents (violence, exploitation, neglect, and abuse - VENA); to ensure that children grow up safe and protected within well-supported families. Specific objectives of the child protection case management framework include:



- Establish a standard response system that supports children who have experienced violence, exploitation, neglect and abuse within a coordinated, multi-sectoral continuum of care.
- Strengthen the integrated child protection system through linkages of community child protection and the formal system.
- Provide guidance on a system for reporting, referrals, data/information management, monitoring and promotion of quality child protection services informed by ethics and standards of practice.
- Establish effective mechanisms, procedures, and guidelines for responding to VAC in homes, schools, institutions and other settings.
- Increase the effectiveness of child protection services with clear coordination, accountabilities, roles, and responsibilities.
- Provide clarification on the criteria for identification and prioritization of cases of child protection concern.

³³ Violence against children pertains to any physical, sexual, or emotional harm inflicted upon a child by any person. Abuse pertains to any physical, sexual, or emotional violence committed against a child by a person known to the child, who has power over them (for example, violence against a child committed by a parent, neighbour, teacher, church leader, etc.)



3. National Case Management System Conceptual Framework

3.1. What constitutes a child protection 'case'?



For child protection case management in Rwanda, a 'case' is defined as a protection incident experienced by a child, who, as a result, needs services to restore their safety, ensuring they are protected from further violence, exploitation, neglect or abuse, and well-supported to overcome the violation.

A child protection incident indicates that a child has been harmed or at high risk of suffering significant harm, with intent, and that an urgent **response** is needed (see Figure 1). Child protection incidents are statutory in nature; there is a perpetrator involved in the case.

Figure 1: child protection intervention areas

³⁴ Early intervention means identifying families and children who are already vulnerable and at risk of harm and addressing the problem before long-term harm is caused. The idea is to detect problems at an early stage and act to prevent the escalation of problems. This is one of the most important roles of a professional child protection practitioner.

Child protection cases include:

- Physical violence or abuse
- Sexual violence or abuse
- Emotional violence or abuse
- Abandonment and neglect, including those unaccompanied or separated from their appropriate caregivers for various reasons including connection to street, emergencies and trafficking.
- Child labour and exploitation, particularly the worst forms of child labour.
- Children connected to the streets
- Harmful practices such as children cohabiting

It is critical that the above cases are prioritised for child protection case management. **Early intervention** and **prevention** aspects of child protection (see Figure 1) are also important for holistic child protection prevention interventions but do not constitute a child protection case to be addressed within this framework.

What does not constitute a child protection VENA case?

In Rwanda, a child may face an array of risk factors to their welfare, but these risks do not guarantee that a concern for child protection will necessarily occur. Often, risks are countered/mitigated by an array of protective factors that exist at child, family, community and societal levels. See table of examples below, areas which are also addressed in the ICRP.

Table 1: Common risk and protective factors affecting children and families in Rwanda

Risk factors	Protective factors
<ul style="list-style-type: none">▪ Extreme poverty▪ Disability of child or parent(s)▪ Single parent status▪ Child Headed Household▪ Unemployment▪ Substance abuse by parent▪ Mental illness (child or parent)▪ Domestic violence▪ Lack of resources in the community▪ Barriers to accessing services (eg: refugee status, minority/marginalized populations, hard-to-reach locations/populations)	<ul style="list-style-type: none">▪ Child and family love each other and do not want to separate▪ Family has desire and capacity to improve▪ Child and family are resilient despite living in hardship▪ Family has access to support from extended family and community▪ Job skills and good employment prospects▪ Access to resources and services.▪ Existing strong legal and policy framework

If a child protection VENA incident has not occurred (meaning there is no 'case' for intake into the child protection case management system), risks should be addressed as part of child welfare-focused early intervention initiatives (see **yellow** in Figure 1) for the most vulnerable children in Rwanda (e.g. children

³⁵ UNICEF (2021). Child Protection Systems Strengthening: Approach, Benchmarks, Interventions; Child Frontiers and Terre des Hommes, Understanding and applying a systems approach to child protection: a guide for programme staff. https://www.tdh.ch/sites/default/files/tdh_e.pdf

with disabilities, child refugees, unaccompanied children, children who are orphaned, children living in poverty, children living in child-headed households, children in contact with the law, etc.) and also as part of preventative interventions (see **green** in Figure 1) for all children.

Example of **early interventions** include:

- Social protection services (Ubudehe, VUP, Ejo heza etc). Household economic support e.g., cash transfer, kuremera (one cow per family, small livestock), income generating activities, savings and loans, vocational training
- Substance abuse support
- Link to community support mechanisms
- Home visits, counselling, follow up to initial problems
- Positive parenting support, etc.

Example of **preventative interventions** include:

- Community awareness raising to promote positive social norms for children's rights
- Provision of universal basic services to promote family security and safety, especially universal schooling, birth registration, health services, and promoting children's life skills and parenting skills
- Capacity building of community formal and informal structures

It is critical that sufficient prevention and early intervention efforts are made, both to keep children safe, and to minimise the number of cases that enter the child protection case management system, so that the system does not become overwhelmed with excessive caseloads. MIGEPROF, NCDA, and non-state child protection actors all play a critical role in advocating for and implementing prevention and early intervention programmes to integrate support services to children at risk of experiencing harm.

3.2. What is child protection case management?

Case management is a core approach for child protection and a critical tool for recovery and restoring the safety of children who have experienced VENA. In Rwanda, child protection case management is a collaborative process to identify children who have experienced a child protection incident, assess their needs and strengths to ensure that their rights to protection are restored, set goals in a participatory manner with the child and family members, provide direct or referral services, follow up, evaluate progress, and close the case when the case goals and benchmarks have been met. It is an approach to organizing and carrying out work to address an individual child's identified protection needs in an appropriate, systematic, and timely manner, through direct support and/or referrals.

The overall objective of child protection case management in Rwanda is to restore a child who has experienced a child protection incident to safety, support them to overcome the violation and protect them from further violence, abuse, neglect or exploitation. All actions within the case management process are built around this objective.

Ensuring children's right to protection is upheld requires coordinated, multi-sectorial collaboration in delivering response services, including support from social protection, justice, health, and social welfare, etc. The importance of a case management framework is borne out of the need to have a system that supports an integrated response to the various child protection incidents experienced by children in Rwanda, as enforced in the ICRP.

Child protection case management should be provided across Rwanda's humanitarian (e.g. refugees and, natural hazards and disasters) and development settings in response to child protection incidents no matter where they occur.

Key points about child protection case management

Child protection case management:

- Focuses on the protection needs of an individual child and their family, ensuring that protection concerns are addressed systematically in consideration of the best interests of the child and building upon the child and family's natural resilience.
- Involves children's meaningful participation and family empowerment throughout as outlined in this framework.
- Requires strong collaboration across sectors and partners.
- Supports the coordination of services including within an integrated referral system.
- Enables the implementation of the legislative and policy framework that promotes the rights and interests of children.
- Require systems for ensuring the accountability of case management agencies (within a formal or statutory system where this exists).
- Requires one key worker (referred to as a lead caseworker) who is mandated, supported and entrusted to ensure that decisions are taken in the best interests of the child, the case is managed in accordance with the established processes and referral pathways, and who acts as the principal contact person for the child and family and responsible for coordinating the actions of all other actors.
- Requires understanding of roles and responsibilities of all actors, including protocols for collaboration.
- Requires institutional arrangements that support the approach and the system.
- Promotes collection and use of data for decision making.

Case management is not:

- A single event. It is not an intervention - it is a process followed to identify children's needs and coordinate services to meet those needs.
- About making more work or creating a bigger burden for the child protection workforce, but rather aims to create efficiencies and improve effectiveness.
- A quick and easy solution – quality child protection case management requires a well-trained workforce, who are supported with appropriate supervision and adequate resourcing, as well as sensitisation across all technical sectors that play a role in child protection; these efforts can take time, capacity and financial resources.

3.3. Why is child protection case management important?

Child protection case management is an important approach to respond to violence, abuse, exploitation, and neglect and to ensure children's safety and wellbeing. It can be used when children have experienced harm and need ongoing, individualised attention and/or specific planned interventions to meet their protection needs and restore their safety. A well-functioning child protection case management approach and system focuses on each individual child and will ensure that children who experience a protection incident are met with a professional, timely, coordinated, and systematic response that is child-centred, restores their safety, and supports them to recover from the violation.

3.4. How does child protection case management interact with the broader child protection system?

Child protection case management is an approach that exists within the broader child protection system. It builds upon the existing strengths of the child protection workforce, mandates, legal framework, evidence and data management, services, coordination, and resourcing. Gaps or bottlenecks in the broader child protection system will impact the case management system. For example, if there is a shortage of child protection workers, such as Child Protection and Welfare Officers, this impacts overall child protection support including the ability to do effective case management for all children in need of protection or even all the needs of an individual child.

As illustrated in Figure 2, the child protection system provides the enabling environment within which the child protection case management system can thrive. For example:

- The legal and policy framework regulates and provides the guidance within which case management operates. It also highlights the institutional mandates to child protection.
- Coordination structures and protocols support the transfer and referral of cases, including providing platforms for monitoring and accountability on case management processes across sectors and actors.
- The existence of a continuum of services allows children's unique and multifaceted protection needs to be met through case management referrals.
- The child protection professional and non-professional workforce supports case management delivery and linking identified cases to appropriate services.
- The child protection system's material and financial resources are 'piggybacked' upon by case management, and the case management system also provides information about additional material and financial resources which may be needed within the child protection system more broadly.
- The data and evidence allow for effective follow up and support for cases, enable advocacy and support the development of evidence-backed policies and strategies.

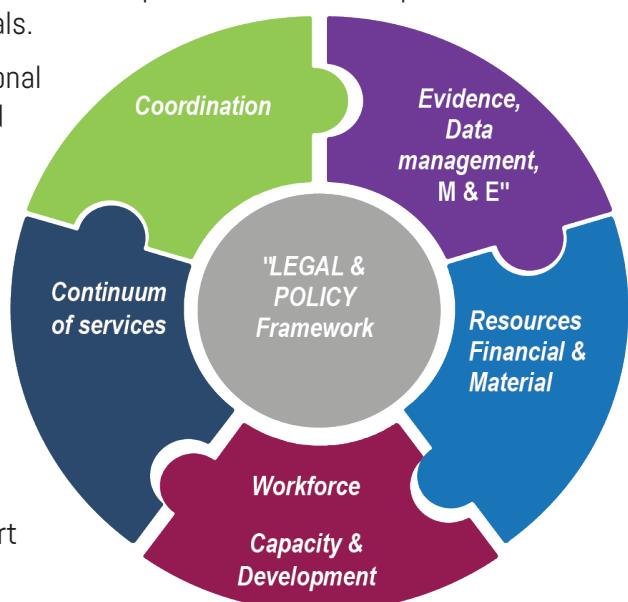


Figure 2: Holistic child protection system

Child protection case management builds upon the existing strengths of the workforce, mandates, legal framework, evidence and data management, services, coordination, and resourcing. In this way, child protection case management is a '**microcosm**' of the broader child protection system. Gaps or bottlenecks in the broader child protection system will impact the effectiveness of the child protection case management system. Equally, the functionality of the child protection case management system will continually highlight these gaps and bottlenecks in the broader child protection system and provide useful information which can (and should) be utilised in advocacy efforts to address the gaps.

3.5. How is child protection case management done?

Case management is delivered through a series of organised steps used to determine if and when a child protection incident has occurred, the protection needs of a child and their family, and the services they may require.

The core steps in the case management process are shown in Figure 3 and described in detail in the section that follows. The case management process is sequential, though not linear. The steps are interlinked, and build on one another, however, as each case progresses there may be a need to return to an earlier step (as reflected in the cycle on the right side of the figure).

Steps 1-2 are the identification and recording of all child protection cases, acknowledging that many cases are not VENA incidents. Steps 3-4 are the screening and risk categorization of all VENA cases, which are brought into child protection case management (CPCM). In this way, Figure 3 illustrates Steps 1-4 as a funnel, whereby amongst all of the cases identified and recording, a small number are likely to be VENA and therefore supported through case management.

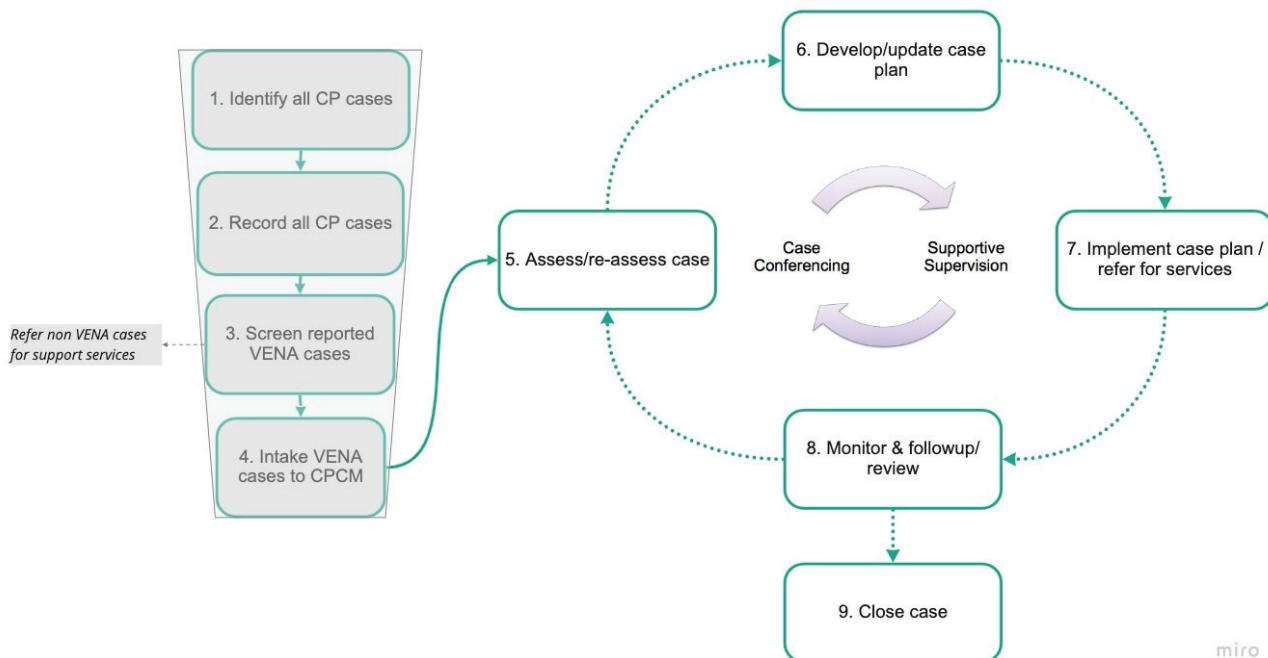


Figure 3: Rwanda child protection case management steps

At each case management step, case workers will search for and attempt to provide answers and information to key child protection questions such as:

- Does the case involve a child who has experienced or at risk of VENA?
- What are the serious risks to the child's or children's safety?
- What is trying to be achieved in the 'best interest of the child'?
- At what level can the child participate in the process?
- Who should be consulted (for example: parents, other family members, community leaders or supporters, other specialist services or organisations, health services, police, or statutory authorities)?
- What decisions have been taken and why?
- What resources can be used to assist the child?
- What is the plan for intervention?
- What is the timeline for action?

3.6. Who does child protection case management?

Child protection in Rwanda is a shared mandate of agencies in the sectors of protection, social welfare, education, health, and justice (i.e. RCS, GMO, RHRC, police, RIB, prosecution and judiciary). Child protection case management relies upon the intersectoral collaboration among these sectors to ensure that each child's protection needs are met. Child protection case management involves actions taken by statutory agencies, non-government child protection actors, and non-formal/community actors. The child protection case management mandates of government and non-government entities are enshrined in the Rwanda legislative and policy instruments (**discussed further below, in section Facilitating Case Management – Coordination, Roles and Responsibilities**).

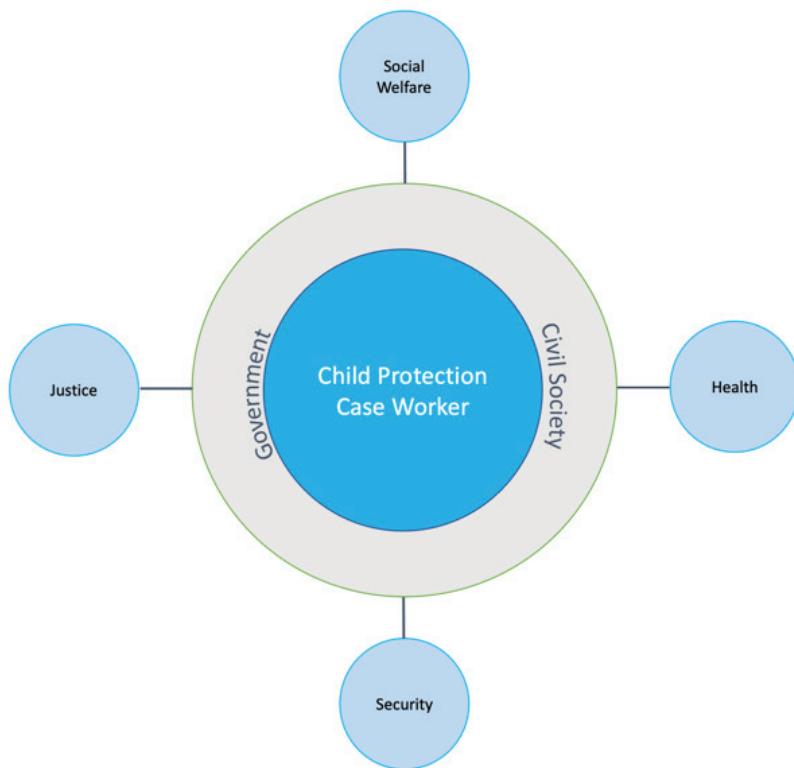


Figure 4: actors involved in child protection case management

The child protection case management workforce in Rwanda is composed of professional and paraprofessional workers, spanning across government, civil society (including faith based and religious organizations), and community volunteer cadres. Government and civil society cadres exist at national and subnational levels and are supported by a strong cadre of child protection paraprofessionals and volunteers at the community level.

The case management primary workforce (i.e. those doing direct implementation of case work) is ideally comprised of licensed social workers and psychologists placed within district structures by the NCDA (in their capacity as the lead implementing child protection agency) or delegated by the NCDA to an appropriate, registered social worker (employed by private or non-governmental organizations). Each caseworker should be availed direct supportive supervision from one supervisor within the same agency.

The lead caseworker is responsible for coordinating support from relevant agencies, across sectors (as necessary for the unique circumstances of each case) and cadres of the workforce, throughout each step of the case management process and intercede between child, caregivers and the workforce while maintaining the best interest of the child at heart (outlined in the following section – Standard Operating Procedures). Without this centralized coordination through the lead caseworker, the children and families may not access services they could benefit from. The lead caseworker equally ensures continuity and rigor of case management processes, and that all appropriate services are accessed by the child/family.

3.7. Case risk categorization

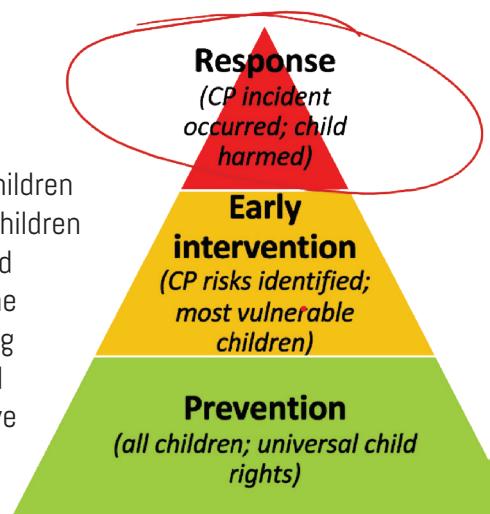
Case risk categorisation is the process of determining the level of urgency required in response to a child protection incident to restore a child's safety and ensure they are well-supported to recover from the violation. Case risk categorisation rapidly determines the immediate protection needs of the child and the level of urgency required to respond to the case, which enables caseworkers to prioritise cases (based on level of risk). It is important for the purposes of determining the response timeline required for an identified case.

Table 2: Definitions and illustrative examples of high-risk cases to be enrolled into child protection case management

Tier 1 High Risk	Tier 2 High Risk
An example of high-risk tier 1 is defilement, physical violence involving critical injuries.	An example of high-risk tier 2 is physical violence, where life/health is not at risk, and the perpetrator is not at close proximity to the child.
<ul style="list-style-type: none"> An incident of child protection concern has occurred. There are immediate and urgent safety and health concerns for a child – there is a serious threat to life and health and/or the case is time critical (e.g., forensics required). This often means removing the child from the danger (e.g. proximity to perpetrator). Tier 1 cases should be immediately reported by whoever first identifies the case to the CPWO. The identifying actor should mitigate the immediate risk as much as possible, seeking support from mandated statutory actors as needed. 	<ul style="list-style-type: none"> A child protection incident has occurred. The child is not in immediate danger and the child is able to remain at home (or their current location) over the next week without significant harm or change in their existing condition. The CPWO response (comprehensive assessment) should be conducted within one week's time (e.g., forensics not required) to assess and initiate support services.

All child protection cases identified should be referred to the Child Protection and Welfare Officer (CPWO) immediately as the CPWO is accountable for all child protection cases in their jurisdiction. In addition, CSO case workers must coordinate and collaborate with CPWOs to ensure that cases are well-coordinated per national requirements, that these cases are recorded and reflected in national data records. Decisions regarding the unique needs of each individual case will be made at that level and NCDA will respond accordingly (which may include delegated case work to registered child protection NGOs and linking with IZU).

If a child protection incident has not occurred (meaning that there is no VENA or high risk of VENA, then there is no 'case' to enrol into the child protection case management system), the case may require early intervention or prevention. Non-VENA cases regarding most vulnerable children (e.g. children with disabilities, child refugees, unaccompanied children, children who are orphaned, children living in poverty, children living in child-headed households, children in contact with the law, children living in areas prone to disasters or affected by disasters, teenage pregnancies, children living with elderly parents, among others) should be addressed as part of child welfare-focused early intervention³⁰ initiatives and as part of preventative interventions – which should target all children.



³⁰ Early intervention means identifying families and children who are already vulnerable and at risk of harm and addressing the problem before long-term harm is caused. The idea is to detect problems at an early stage and act to prevent the escalation of problems. This is one of the most important roles of a professional child protection practitioner.

3.8. Benchmarks

Case management benchmarks are a guide to determine if progress is being made on a case towards meeting the child's identified needs, hence case closure. More specifically, benchmarks are:

- Outcomes for children and family to work toward, which can be used to guide case planning.
- Indicators and criteria that allow the caseworker to 'measure' the progress of each case.
- A way for the caseworker to highlight 'gaps' as they progress through case management, to see the areas they can help the household improve.
- Indicators for when it is safe to close a case.

There are seven benchmarks for child protection case management in Rwanda; children and families should 'improve' across each benchmark as they progress through case management. Each benchmark is considered critical to achieving the overall goal of child protection case management: to restore a child who has experienced a child protection incident to safety ensure the child is protected from further violence, abuse, neglect or exploitation, and is well-supported to overcome the violation.

Each benchmark has indicators to ensure uniform understanding and standardised measurement of progress on the case, across different caseworkers. These benchmarks and indicators are supported by the standard case review form of the management tools.

Rwanda Child Protection Case Management Benchmarks	
	1. All goals in the case plan are achieved
	2. No one in the household is experiencing violence, abuse, neglect or exploitation
	3. Mitigation measures are in place so the child is not at risk of violence, abuse, neglect or exploitation
	4. Child has safe shelter and permanent family- or community-based care
	5. Case was reported to legal authority and justice process concluded
	6. Child (based on the age, ability and evolving capacity) expresses confidence in problem solving, demonstrates they can use positive coping strategies, & expresses hope for the future
	7. Child (based on their age, ability and evolving capacity) and caregiver knows an accessible safe person and place they can go to for support if there are future child protection incidents; children with disabilities are accessing appropriate assistive support to aid their functioning

miro



4. Guiding principles



The principles guiding this child protection case management framework are informed by, and reflect, many of the core values and principles of social work, as well as international and domestic rights-based legal and policy frameworks. When implementing child protection case management in Rwanda, the following principles should guide the practice of all actors engaged in the case management process and should be reflected in all decisions made about a case:

Do no further harm	Those working within the case management process should consider how their actions may affect the children and households being served so as not to cause further harm.
Prioritize the best interests of the child	Decisions and related actions involving the child's welfare be guided by the best interests of the child. This practice also reflects international and Rwanda rights-based legal and policy frameworks.
Child-centred, family focused	Case Workers should actively engage the children and caregivers in all aspects of case management and should tailor services, via a case plan, to meet their unique needs and goals.
Use a strengths-based perspective	Instead of focusing on needs and deficits, actors within the case management process should empower children and their families to build upon their strengths and abilities. In addition to protective and support mechanisms that are available in the family and community. The strengths -based approach builds on the resilience and potential for growth inherent within each person.

Facilitate meaningful participation of the child and family	Children have a right to express opinions about their experiences and to participate in decisions that affect their lives. Agencies and caseworkers are responsible for communicating with children their right to participate – including the right not to answer questions that make them uncomfortable – and supporting them to claim this right throughout the case management process.
Do not discriminate	All individuals regardless of race, sex, religion, or health status should be treated with respect, recognizing the dignity and worth inherent in all humans. All actors involved in the case management process should adopt to and practice respect for cultural diversity.
Uphold Rwanda's legal and normative framework	Actors engaged in the case management process should observe mandatory reporting laws and policies and their mandated response role.
Adhere to ethical standards	Professional ethical standards and practices should be developed for agencies and staff working with children and applied; these may be professional codes of conduct and child protection policies, etc. Adhering to ethical standards includes following the guidelines presented in this framework.
Seeking informed consent and/or informed assent	Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. Consent and assent should be sought from children and their families or caregivers prior to providing services except when it is in the best interest of child to act without their caregivers' consent (e.g., when the abuse is committed by the caregiver, but the child and (or) caregiver do not want the child removed). To ensure informed consent, caseworkers must ensure that children and their families fully understand: the services and options available (i.e., the case management process), potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits.
Respect confidentiality	Confidentiality is linked to sharing information on a need-to-know basis. The term "need-to-know" describes the limiting of information that is considered sensitive and sharing it only with those individuals who require the information to protect the child.
Coordinate and collaborate with others	Case workers and any frontline workers on cases should not work in isolation. Proactive collaboration between service providers, community volunteers, and case managers, as well as members of other professions and organizations is integral to the success of the case management process.
Maintain professional boundaries and address conflicts of interest	Caseworkers and agencies should act with integrity by not abusing the power or the trust of the child or their family.
Foster trust and privacy within the client / case worker relationship	The relationship between clients and case workers is critical for clients to achieve their goals. Case workers should be sensitive to issues that may lead to stigma and should strive to establish, maintain, and respect a privileged relationship with clients by fostering active participation of clients and keeping all information confidential.
Culturally responsive / appropriate	Recognize that children and households are part of a larger community.



5. Overview of Child Protection Case Management Process



The child protection case management processes are positioned to address children's protection rights and needs from the time a child protection incident is identified, to when the child's safety has been restored and the case is closed.

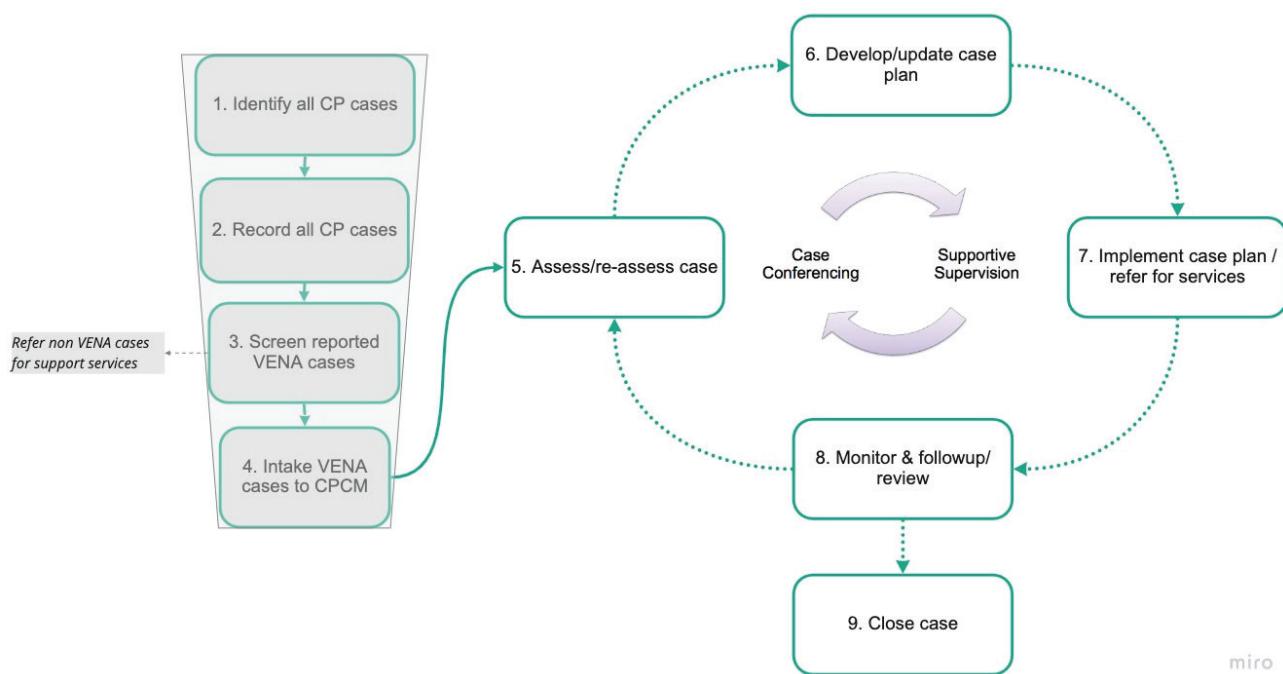
Case management begins when a concern about a child's safety is identified and referred to the NCDA to take action to safeguard that child. Once a reason for concern is identified, recorded and screened, the child's case enters the phases of the case management process:

- An intake into the case management process is conducted to establish the reason for the concern and referral for case management.
- An assessment of the child's situation to ascertain levels of risks.
- Planning of the interventions necessary to address issues identified during assessment.
- Implementation of the planned intervention in collaboration with the relevant service providers and community case workers.
- Continuous monitoring of the child's progress and a review of the child's care plan once all the planned interventions are completed.
- Closure of the case when there is resolution and all benchmarks achieved (indicating it is safe to close the case).

The below graphic demonstrates the process of child protection case management in Rwanda. Steps one to four (on the left of the graphic) reflects a process of triaging. **Triaging** involves 'filtering' cases to ensure that only VENA child protection cases are prioritised for intake into the child protection case management system.

The triaging process is demonstrated by the 'funnel' which is widest at step one (where many cases will be identified by an array of actors, however some cases may not actually constitute a child protection case), and narrowest at step four (where non-child protection cases have been 'filtered' out during steps two and three, to ensure that only VENA cases are ultimately enrolled into child protection case management).

Figure 3: Rwanda child protection case management steps



1. Identification

The purpose of identification is to locate and flag children who have experienced a child protection incident of violence, exploitation, neglect and abuse (VENA) or other otherwise vulnerable and need support. Given child protection incidents happen in many spheres across Rwanda (i.e. home, school, community, etc.), an array of actors can be leveraged to identify such children, including child victims who may directly report to authorities.

2. Recording

As the mandated statutory authority for child protection, the CPWO needs to centralise and record all identified cases and plan for initial screening to verify VENA cases and enrol such cases into child protection case management. At this level, all the cases, with or without child protection concern, should be recorded in the register of reported incidents.

³⁷ AIDSFree, USAID PEPFAR (2016). Strengthening Linkages between Clinical and Social/Community Services for Children and Adolescents who Have Experienced Sexual Violence: A Companion Guide. Pg.7

3. Screening & Risk Categorization

The initial screening is conducted to verify if VENA has occurred or is a concern and intake all VENA cases into case management. Risk Categorization helps determine how to respond based on risk level. Cases that do not meet case management criteria but need interventions related to services for most vulnerable children, should be referred to such appropriate services.

4. Intake

Intake into child protection case management occurs when the screened case has met the intake criteria, necessitating that child protection case management is required. At this point, the case file is formally opened, and allocated to a caseworker for assessment.

5. Assessment

The purpose of the assessment is to collect detailed information about the child protection incident and the unique strengths and needs of the child and family. Information attained during assessment is used throughout the subsequent steps of case management, and more information can be added to the assessment as it becomes available.

6. Case planning

Developing a case plan involves setting a clear, written plan of measurable goals and actions to restore the child who has experienced the child protection incident to safety ensure that the child is protected from further violence, abuse, neglect or exploitation, and is well-supported to overcome the violation. The case plan will strengthen the child and family's wellbeing, resilience and ability to uphold the child's right to protection.

The case plan outlines goals for the child and family, what actions are needed to achieve these goals, who is responsible for the actions, and when they should be completed by. The case plan helps to ensure that multisectoral support that is tailored to the unique strengths, needs and circumstances of the child and family are rendered in a coordinated and timely manner.

Case conferencing

Case conferencing is a multisectoral meeting of relevant stakeholders to share information, plan, and/or problem solve on a specific case together. Case conferencing can take place at any point in the child protection case management process, especially when major decisions need to be made and multisectoral advice is needed. Case conferencing is typically led by the caseworker and can take place at any point in the child protection case management process, especially when major decisions need to be made, when a pervasive bottleneck/challenge is faced which is delaying progress in the case, and when multisectoral advice/buy-in is needed. The case worker should convene a case conference at critical points during the case management process; the case worker should not delay in convening a case conference whenever they feel they need support.

The composition of members of a case conference will vary, based on the unique circumstances that led to the case conference being convened. It is encouraged that wherever appropriate, and to the child's evolving capacity, children and caregivers should be supported to participate in case conferencing to ensure they have the opportunity to express their views, and that other stakeholders give meaningful weight to these views during decision-making. A case conference could be:

- A family case conference,
- An internal case conference within the caseworker's agency,
- An inter-agency case conference.

Case conferencing is often considered useful to support the development of a case plan, as it helps to ensure buy-in from all actors who are required to contribute toward the achievement of the goals in the case plan.

7. Implementation of case plan

Implementation entails the execution of the case plan. This may include direct service provision or strategic referrals to other service providers to link the child to all the services they require.

Service mapping for case management

Multisectoral services are required to respond to multifaceted child protection needs. Service mapping provides a foundation for referral mechanisms. It assesses the capacity, scope and coverage area of service providers as well as the quality of the services that they offer. Service mapping also identifies the 'informal' and community assets, resources or structures that could support child protection. Where possible, service mapping should identify both available resources and critical gaps in services so that the lead caseworker can develop a strategy/advocate to address any gaps. Knowing which services are available for referral will facilitate access to assistance and appropriate support for children.

Embedding service mapping into overall institutional capacity, is a consistent and sustainable approach. It is imperative that case workers are engaged in the service mapping process since this draws upon the case workers' knowledge of the geographic area and its services. The community remains a crucial source of potential support since it includes friends, neighbours, local leaders, teachers, youth groups and religious leaders, who can provide care to children. It is critical that these informal sources of support are drawn on in the provision of services. Services identified should be compiled in a centralized directory to enable ease of referral and access of resources to meet the needs of children requiring care. Directories should be updated annually.

Referrals

Referrals are made to link children and families to appropriate service providers for necessary services (with consent). Given the nature and severity of child protection cases, at minimum; child protection, health, and justice services are usually required. Referrals can take place at any point in the case management process but must be relevant to the needs of the child and family as identified in the assessment or as detailed in the care plan. Referrals are made to another department or agency for specific care, support, or services that the child or family may need but the caseworker agency cannot meet. Referrals must be made with child and family's knowledge and consent. It is the responsibility of the case worker to follow-up and make sure that referrals result in service provision for the child and that the care plan is being implemented.

A referral should not be considered complete until:

- The child/family has accessed the referred service(s) from the provider
- The service(s) rendered from the provider produced the intended outcome
- The service provider has given feedback about actions taken, results, and any further actions required to the caseworker.

A referral is made when an identified need cannot be adequately addressed by service providers already involved with the child. It is therefore critical that caseworkers know the local service providers and build good working relationships with them.

Referral pathway

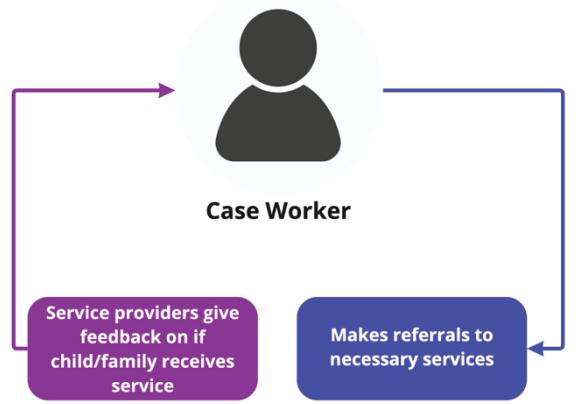
Child identification is the entry point into the referral pathway for child protection, and the child continues along the pathway until they receive all necessary services to restore their safety and support them to recover from the protection violation (as illustrated in Figure 4). It is a system by which transfer of care is done from one service provider to another in a timely, coordinated way.

Feedback

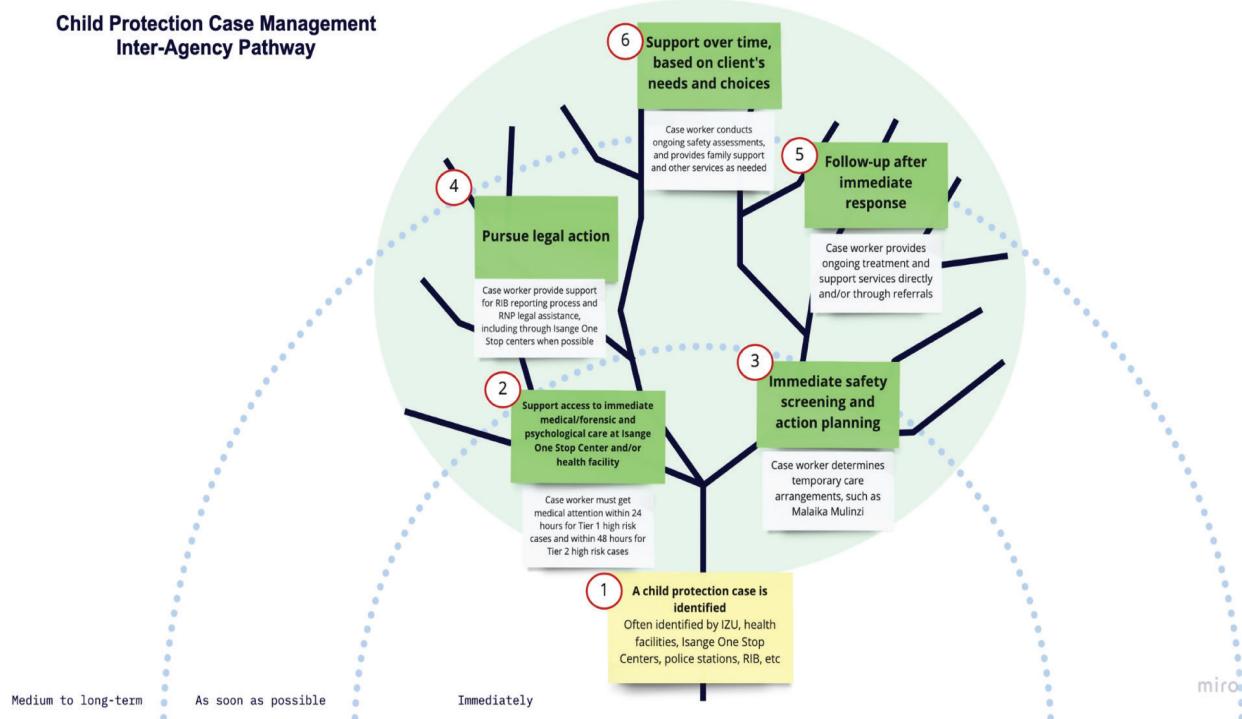
Referrals should be considered a two-way process, that is a referral is made, and feedback is given. (see Figure 5)

As the child progresses through the pathway (see Figure 6) and services are rendered, it is essential that the caseworker follows-up and seeks feedback to ensure that the provider being referred to acts on the referral, e.g., meets with the child or family. Equally, the service provider receiving the referral should act on the referral, and then provide written feedback to the caseworker about actions taken, results, and any further actions required/next steps moving forward. The feedback will be added to the case file.

A two-way referral process



Child Protection Case Management Inter-Agency Pathway



8. Case Monitoring

The purpose of monitoring is to periodically review the outcomes of the services delivered to the child or family, and to determine progress made toward accomplishing the goals set in the case plan. This should be a participatory process engaging children and their family to report on their own progress and accomplishments using a copy of the case plan.

Case review

Case review is done to ascertain that the child's care plan is on track and continues to meet the child's needs. It provides an opportunity to reflect on how the implementation of the plan is progressing to consider (together with the assessment), whether the plan remains relevant; and if not, and to make the necessary adjustments to the plan. Case review is also used to determine (via use of the benchmarks) whether a case is ready for closure or needs reassessment.

9. Case closure

When the case review concludes that the case plan goals and benchmarks (see benchmark section above for detailed description) have been achieved, the case can be closed as the overall objective of child protection case management has been achieved (that is, the child who has experienced a child protection incident has been restored to safety, protected from further violence, abuse, neglect or exploitation, and was well-supported to overcome the violation).

If the case review reveals any pending or unresolved concerns, the child will be re-assessed, and case managed until their case can be closed.

5.1. Facilitating case management

1. Case management tools

Case management tools are forms that support the collection of information and data critical to the case management process. Case management tools are used to document all details about the case as a historical record of circumstances and decisions that were made. These tools also facilitate each of the nine case management steps, acting as guides to each step and support collection of data to be reported. They serve as a reference guide for all users explaining the case management process with instructions on how they are used. The tools must be used by all actors engaged in the case management process. The below tools are included in the child protection case management standard operating procedures:

1. Incident report form
2. Identification form
3. Record form
4. Screening form
5. Risk Categorization tool
6. Assent and consent forms
7. Intake form
8. Confidentiality Agreement
9. Assessment form
10. Case plan form
11. Case conference form
12. Referral form
13. Monitoring form
14. Case review form
15. Case closure form
16. Transfer form
17. Case notes form
18. Client feedback form
19. Service mapping tool

2. Information management, documentation, data protection and confidentiality

The success of the national child protection case management system is highly dependent on the accuracy and depth of information collected about the child and family at each stage of the case management process. All case work should be documented³¹ following established information management and data protection protocols centred on the family and child's case file.

Unique identifiers and case files: A case file should be opened as soon as a case is enrolled into child protection case management (i.e. at step four – intake). The case (child protection incident) should be allocated a unique identifier code which directly links to the CPIMS, to allow for both sub-national and national periodic analysis).

Each child should equally be allocated a unique ID code; in the event that multiple cases (child protection incidents) occur to one child, records associated with each case should be stored in the same case file (which should be labelled with the child's unique ID code, not name, for privacy protection purposes). The child's unique ID should be a code based on an agreed-upon standard format and should not include the child's full name (to uphold confidentiality). The format may indicate areas of identification or areas of origin but should guarantee anonymity of all members of the household. The unique identifier should be marked on the front of the case file.

Each case file should contain all of the case management tools, listed in the previous section, and found in the National Child Protection Case Management Toolkit. As a case progresses, forms should be accurately and thoroughly updated and stored in the file.

Case file storage: Hard copy case files should be stored by caseworkers in a secure location with restricted access, such as in a locked cabinet as per the guidance provided in Law N° 058/2021 of 13/10/2021 Relating to The Protection of Personal Data and Privacy. Electronic case files must be password protected with unique individual passwords (not shared passwords).³²

There should be clear and coordinated data collection, storage, and analysis protocols in place. The retrieval and any other movement of files from the filing cabinet must be documented within a register to ensure that case files can be tracked between government officers, case workers, supervisors, monitoring and evaluation (M&E) and other programme personnel. The staff member retrieving the file should 'sign out' the case file they need in a register book or logbook. When a file is retrieved, it is common practice to place a holder to indicate that it has been retrieved. This can be an empty folder or a card with the name and number of the file that has been retrieved, as well as the name of the person who had removed it. See example of a register book below:

Client name	Unique identifier	Name of case worker requesting/receiving file	Is the file being permanently transferred? Yes/No	Date of retrieving/receiving the file	Time of day file was retrieved/received	Date of returning of the file (write N/A if file is being permanently transferred)	Time of day file was returned (write N/A if file is being permanently transferred)

³¹ Documentation includes both paper and electronic records.

³² For the proper documents storage, the children records and evidence may be scanned and uploaded into the CM system which will be hosted at National Data Centre.

Maintaining such a register ensures that case files are never lost, with one person held accountable for the whereabouts of the case at any one time.

Caseworkers should also keep in mind that children have the right to access their files at any time, to a level appropriate to their age and evolving capacity. Caseworkers should safely store the hard copy file for a minimum of three years after case closure; electronic case files should be stored indefinitely within the child protection case management IMS.

Database: Selected information should be entered into the child protection case management database in a secure and confidential manner. Electronic data should be password-protected, and the password should be changed on a regular basis. Information should be transferred by encrypted or password-protected files. This means electronic data should not be transferred over email or mobile phone messaging applications.

Staff responsible for data entry and management should be included in all case management related training and capacity-building activities (including case types and case management processes, etc.) to ensure they understand the processes, especially the data protection and confidentiality issues.

Information sharing protocols: As multiple agencies are working together to address the needs of households and children through the provision of multiple services and referral pathways, it is essential for caseworkers to also develop agreed upon information-sharing protocols, which define what information about the household and children should be shared, when, and with whom. How this information will be shared—verbally, electronically, or through a paper system—also needs to be defined, with appropriate procedures to ensure that the confidentiality of the household and child is protected and always respected.

Confidentiality: Confidentiality is the preservation of privileged or sensitive information. All information attained during child protection case management should be treated as confidential. Caseworkers are not permitted to disclose child, caregiver, or family names, locations, or to talk about clients in any way that would make their identities or details about their specific case known.

All information contained in a case file should be conceptualised as belonging to the child and family. Therefore, information should not be released, even to other organizations or agencies for the purposes of support, without appropriate authorization and documented consent from children and caregivers. This is a basic component of social work ethics which must be upheld throughout the case management process.

A confidentiality agreement must be signed when confidential information is being shared amongst multidisciplinary actors participating in an integrated case management effort, for example, members of a case conference. Further, such sharing of information must be described to children and their families as part of their consent to participate in, and receive, support.

General information, policy statements, or statistical material that is not identified with any individual is not classified as confidential.



6. Child Protection Case Management Coordination



For effective child protection case management, stakeholders need to coordinate programs and services. This requires efforts to coordinate and share policies, establish processes for coordinated service delivery (e.g. work planning and budgeting), and maintain effective coordination structures – all of which should focus efforts on integrated services to protect children. There is also a need for stakeholders to have a strong understanding of each other's roles and responsibilities in case management and for such roles to be supported through Ministerial policies, budgets and plans.

6.1. Coordination

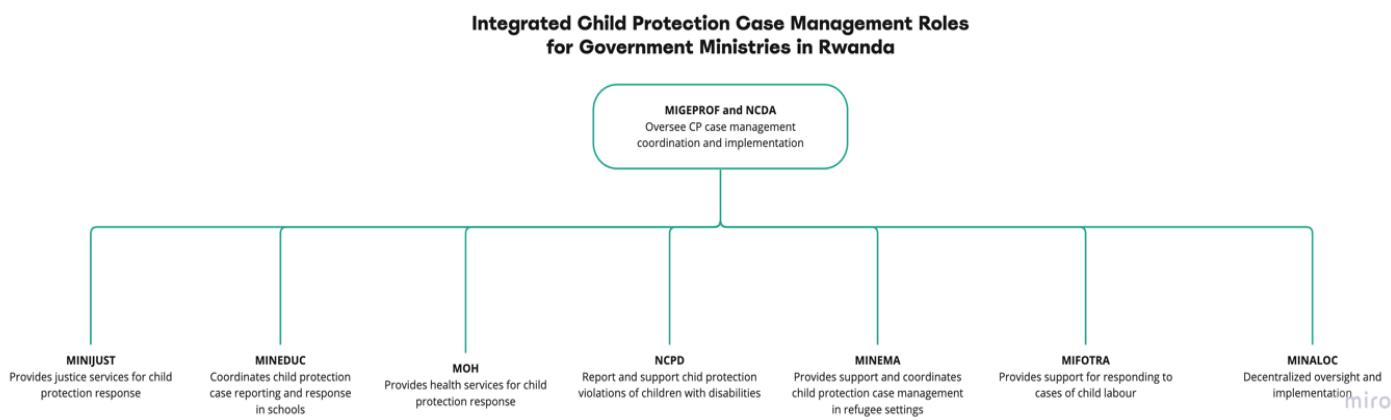
The Ministry of Gender and Family Promotion (MIGEPROF) and the National Child Development Agency (NCDA) are charged with the coordination of all key child protection stakeholders including other key government ministries, CSOs and other agencies at the national level. According to the ICRP (2011), MIGEPROF provides national leadership for the effective **oversight** of the child protection case management. At district and lower administrative levels, MINALOC and district authorities are responsible for **coordination and implementation**, supported by CPWOs under the Vice Mayor of Social Affairs. NCDA provides supportive supervision and capacity building to CPWOs to fill their roles.

They work with support from other ministries and affiliated agencies as highlighted in Figure 7 and in Table 4. NCDA, as the coordinating child protection body should mobilise all stakeholders for intersectoral collaboration to support case management through the following:

- Advocating that Ministries depicted in Figure 5 are all represented on and participating in national child protection coordination mechanisms
- Ensuring the structure of national coordination mechanism for child protection supports integrated case management processes and services
- Ensuring dissemination and sharing across Ministries of sectoral policies related to case management processes and relevant services
- Ensuring sharing of data and information across Ministries of case management activities, processes and services
- Facilitating joint work planning and budgeting across Ministries that supports case management processes and services
- Establishing standards and resources for subnational coordination for child protection that supports integrated case management in communities, as well as accountability across sectors and between national and subnational levels
- Advocating for Ministerial policies to be inter-sectoral, reflecting the integrated case management process and services
- Providing coordination between relevant non-governmental actors and between non-governmental and government Ministries, based on the roles and responsibilities of non-governmental actors in case management

Separately, each Ministry has a responsibility to ensure internal coordination that supports case management. For example, if multiple Ministerial departments/units play a function that relates to case management, they must create internal procedures to coordinate in a way that supports effective and integrated service delivery. This applies at national and subnational levels. In addition, each Ministry's policies and practices should support coordination between national and subnational levels.

Figure 7: Role of key government Ministries in child protection case management



Multisectoral district and community coordination platforms should be established and leveraged to facilitate the coordinated implementation of child protection case management.

6.2. Roles and responsibilities

Because integrated case management is cross-sectoral, clear roles, responsibilities and lines of communication between and among sectors are essential to the functioning of the system.

a. The role of government stakeholders

In all cases of child protection case management, the role of the government is critical. In some settings the government may provide services directly (for example, LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child obliges the State to pay medical insurance fees for orphans and other vulnerable children upon approval by competent local government authority), while in other contexts the government may mandate a partner agency to engage in service provision under CPWO guidance. In other cases, the government and NGOs may both play complementary roles, for example, in the event of child separation from the family, the Integrated Child Rights Policy, 2011 (Strategy 2.6.2) recognizes the role of government and NGOs in providing support to foster and adoptive families, to encourage such families to foster/adopt children without parental/ family care. Across case types however, it is critical that the relevant CPWO coordinates child protection case management, as the mandated child protection authority at district-level, including if/when the CPWO delegates a case to an appropriate and registered private/non-governmental social worker.

Key national legal documents on child rights provide for the protection rights of children in Rwanda. For example, the Rwanda Constitution 2003 (as amended 2015), guarantees Rwandans, including children:

- The right to protection in accordance with their age and living conditions; it assigns the family the first line of protection to the children (Article 19).
- It states that the primary specific mechanisms of protection for the child must be the responsibility of the family before other Rwandans and the State come in.

In addition, The Integrated Child Rights Policy (2011), provides for the protection of a children from abuse, violence, exploitations in all settings including schools, homes, online, etc. Other key legal provisions specific to the highlighted case types are provided in Table 4. The table also highlights the ministries and affiliated agencies mandated to fulfil these protection rights.

Table 4: Case types to be enrolled in child protection case management, key legal provisions, and government agencies' case management roles

Case type	Key legal provisions	Agency case management role
Sexual violence and abuse	Article 133 of the LAW N° 68/2018 Relating to the Protection of the Child provides for the protection of children from sexual violence. Children also derive protection against sexual violence from Article 133 of the LAW N° 68/2018 of 30/08/2018 Determining Offences and Penalties in General. Under this Article, the law defines the different forms of sexual violence and prohibits and criminalizes sexual abuse acts.	Oversees: MIGEPROF Coordinates implementation: NCDA Support: MoH, MINALOC, MINI- JUST, RNP, MIFOTRA, MIDIMAR, RIB, GMO, NCPD (for children with disability), MINEMA (for child refugees)

Case type	Key legal provisions	Agency case management role
Physical and emotional abuse or violence	<p>Article 329 of LAW N°32/2016 of 28/08/2016, Governing Persons and Family, stipulates that a parent or another person with parental authority over the child may be stripped of that authority by court upon request by an interested person in circumstances where: person with parental authority abuses his/her parental authority or ill-treats the child; and the person with parental authority is no longer worthy of exercising parental authority due to his/her notorious misconduct.</p> <p>Article 28 of LAW N°71/2018 of 31/08/2018, Relating to the Protection of the Child is committed to protection of children against abuse in form of severe punishment. The law criminalizes this offense.</p>	<p>Oversees: MIGEPROF</p> <p>Coordinates implementation: NCDA</p> <p>Support: MINISANTE, MIFOTRA, MINIJUST, RIB, RNP, NCPD (for children with disability), MINEMA (for child refugees)</p>
Children connected to the streets	<p>Article 4 of LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child places upon every parent the responsibility to care for the child as of conception to ensure appropriate child development.</p> <p>Article 37 of LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child is committed to protection of children against an adult engaging a child into beggary.</p> <p>Article 32 of LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child is committed to protection of children against parental neglect.</p> <p>The law criminalizes these offenses.</p>	<p>Oversees: MIGEPROF</p> <p>Coordinates implementation: NCDA</p> <p>Support: MINALOC, NRS, NCPD (for children with disability), MINEMA (for child refugees)</p>
Abandonment/neglect	<p>Law 32/2017 of 28/08/2016 Governing Persons and Family and provides terms, conditions and requirements for kinship care, guardianship and the adoption of children.</p> <p>LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child obliges the State to pay medical insurance fees for orphans and other vulnerable children upon approval by competent local government authority.</p> <ul style="list-style-type: none"> - Article 4 places upon every parent the responsibility to care for the child as of conception to ensure appropriate child development. - Article 36 is committed to protection of children against abandonment or neglect. <p>The law criminalizes this offense.</p>	<p>Oversees: MIGEPROF</p> <p>Coordinates implementation: NCDA</p> <p>Support: MINIJUST, MINALOC, MINESANTE, RNP, RIB, NCPD (for children with disability), MINEMA (for child refugees)</p>

Case type	Key legal provisions	Agency case management role
Child labour	<p>Law n° 66/2018 of 30/08/2018 regulating labour in Rwanda, prohibits employment for children under the age of 16.</p> <p>Ministerial Order n° 02/MIFOTRA/23 of 01/08/2023 on occupational health and safety, organisations employees' organisations and employers' organisations, child employment, employment of a foreigner and leave.</p>	<p>Oversees: MIFOTRA</p> <p>Coordinates implementation: NCDA</p> <p>Support: MINALOC, RNP, RIB, NCPD (for children with disability), MINEMA (for child refugees)</p>

The Rwanda government legislation and policies provide specific child protection roles assigned to specific Ministries. The ministries and their affiliated agencies outlined below have key roles to play in the case management for protection of children and young people.

Ministry of Gender and Family Promotion (MIGEPROF)

MIGEPROF and the NCDA are charged with the coordination of all key child protection stakeholders; the ministry provides leadership and policy oversight for the effective implementation of the framework, while NCDA takes lead in its implementation and coordination. MIGEPROF, through the Directorate of Family Promotion and Child Protection is the lead institution in child protection and related matters. MIGEPROF is responsible for:

- Developing all policies related to family, fighting GBV, domestic violence, and violence against children in all its forms (and other matters concerning children, e.g., abandoned children, children with disability, children in contact with the law, their care and protection standards and access to justice, etc.)
- Overseeing the coordination of different stakeholders who intervene in the areas of family promotion and child protection.
- Preventing and responding to cases of family conflict.
- Providing guidance and support to counterparts in the Ministry of Interior on mainstreaming and prioritizing child welfare and all matters concerning children in the prison service.

MIGEPROF is mandated with the overall accountability for the effective functioning of the child protection case management system.

National Child Development Agency (NCDA)

The National Child Development Agency (NCDA) was established in 2020 mandated to coordinate, implement, oversee and monitor child development and protection across the country³³. Its mission is to foster the development of children; to undertake child right's monitoring and oversight and to develop and implement child protection interventions.³⁴ NCDA is responsible for:

- Coordinating Tubarerere Mu Muryango (TMM - Let's Raise Children in Families) programme to ensure that all children living in institutional care in Rwanda are reunited with their families or placed in suitable forms of family-based alternative care.

³³ Presidential Order N 083/01 of 28/08/2020 establishing the National Child Development Agency

³⁴ Situation Analysis of Children in Rwanda

- Establishing and implementing a transparent and coherent referral systems for families to easily access equitable and cost-effective child support services.
- Increasing community awareness of, and participation in, protecting and promoting children's rights, obligations, and responsibilities.
- Coordinating child protection activities through establishing and implementing mechanisms for early identification and mitigation of all forms of abuse and violence against children, particularly those with disabilities and other forms of physical, psycho-social impairments.
- Providing resources for child welfare activities and coordinating resources to implement these activities.
- Developing holistic parenting education programme that helps parents learn about positive parenting and how to develop emergent literacy skills in the home environment.
- Developing school readiness and transition services that meet the minimum standards prescribed by the ECD Policy.
- Coordinating international and domestic adoption.
- Promoting and enabling legislative environment for case management through: a) defining and formulating policies on children's issues and monitoring the implementation of child laws at the national level and decentralized levels; b) developing regulations that interpret the various laws, regulate case management and strengthen accountability.
- Coordinating and supporting and advocating for child rights issues in collaboration with the National Commission for Human Rights (NCHR).
- Allocating supervisors of caseworkers, as well as within child protection CSOs, and building the capacity of all caseworkers.
- Developing case management and monitoring and evaluation systems including a national child protection case management framework, tools and guidelines and securing their institutionalization in district plans and strategies.
- Establishing child protection case management business processes and capacity development of primary workforce who handle cases.
- Developing supportive supervision guidelines and practices to support caseworkers in the day-to-day management of child protection cases.
- Developing referral protocols for management of case referrals, including child centred coordination of services.
- Training caseworkers, supervisors, and allied sectors on the child protection case management system approach, using high quality, standardised training packages which are tailored to the unique roles and responsibilities of each cadre/sector of the workforce in providing and supporting child protection case management.
- Monitoring and evaluating the child protection case management system, ensuring digitization and that data is captured and utilised to strengthen the system at all national and sub-national levels.
- Identifying, mobilizing and advocating for and management of resources for child protection case management.

Within the child protection case management system, NCDA plays a lead role in coordinating child protection case management response in close collaboration with the district local government office. NCDA through the CPWO will lead the case management processes, under the leadership of MINALOC through the district Vice Mayor in-charge of protection of children in the district.

The Ministry of Local Government (MINALOC)

MINALOC is responsible for:

- Overseeing decentralization, governance and service delivery (including services for children and families).
- Implementing policies and services for family and children welfare.
- Coordinate and ensure implementation of quality child protection services, including case management, at the district level through the Vice Mayor's Office.
- Safeguarding and promoting the rights and welfare of children.
- Coordinating and implementing services for children at district and lower administrative levels at all decentralized levels.
- Within child protection case management, MINALOC plays a supportive function, specifically, coordinating the identified support for social protection and welfare services for child protection case management.

Within child protection case management, MINALOC coordinates and implements child protection policies, approaches and programs, including case management, specifically in ensuring placement of CWPOs and in linking enrolled cases to identified essential services through their referral networks. Also, a MINALOC local government officer can support case planning and case conferences to facilitate the identification of the available services to meet the child's needs and linkage to these services.

Local Administrative Entities Development Agency (LODA)

The decentralized administrative states under LODA are responsible for:

- Employing CWPOs who are qualified to act as lead caseworkers.
- Translating sector policies and strategies into detailed operational guidelines for programme delivery.
- Ensuring quality delivery of respective programmes by decentralised government including essential services by children.
- Ensuring that effective M&E mechanisms are in place and that the findings of routine monitoring and impact assessments inform practical improvements in programme design.
- Mobilizing local resources for the benefit of children.
- Establishing a forum for discussion and monitoring of service delivery and policy implementation within each District, Sector and Cell.
- Ensure that frontline staff in Districts and Sectors are properly inducted and trained and have the skills required to deliver programmes.
- Improving social service delivery.
- Monitoring and evaluation of the implementation process of development programs (including childcare) in Local Governments.

National Rehabilitation Services (NRS)

NRS is responsible for:

- Developing mechanisms to prevent children from living on streets.
- Liaising with NCDA social service workforce in the reintegration of children living/working on the street into their respective families or alternative families.
- Establishing sustainable measures to prevent the incidence of delinquency.
- Enforcing laws related to child labour, providing parental education, and intervening with correctional education and or rehabilitation when necessary.
- Defining and implementing appropriate measures to respond to cases of delinquency (including children in conflict with the law and children connected to the streets).
- Developing and implementing a sustainable mechanism for reintegration and follow-up of former delinquents (including children in conflict with the law and children connected to streets).

Establishing an integrated coordination and reporting framework to address delinquency. Within child protection case management, NRS plays a supportive function specifically for children connected to the streets and children in conflict with the law. While these children may be identified through different actors or avenues, the primary role of NRS in case management is to support the rehabilitation of these children into the community and to follow up on them once re-integrated to ensure that they are doing well. NRS (focuses on the rehabilitation) will work closely with NCDA and local governments (who focus on the case management following the appropriate response measures developed by NRS) and the RIB (who focuses on investigation) to support these processes. Any violence, abuse, exploitation or neglect cases of children who are connected to the streets will be supported through the case management process implemented by NCDA.

National Council of Persons with Disabilities (NCPD)

NCPD is mandated to assist the government to implement programmes and policies that benefit persons with disabilities and to monitor the respect of laws which protect persons with disabilities. It is responsible for:

- Coordinating activities aimed at the advancement of persons with disabilities including children.
- Advocating for and social mobilisation on issues affecting persons with disabilities.
- Supporting rapid reporting of cases of violence against children with disabilities / violations of the rights of children with disabilities.

Within child protection case management, NCPD plays a supportive function, under the coordination of the lead caseworker, for cases of violence, abuse, exploitation or neglect committed against children who have disabilities. NCPD representatives at district level may, for example, participate in the assessment of children with disabilities, or join case conferencing related to case planning to identify the specific needs of the child that could be met through specific protective programmes and grants available for children with disabilities.

Ministry of Justice (MINIJUST)

MINIJUST is mandated to:

- Formulate legal policies and reforms as well as guidelines on administration of justice related to children.
- Provide legal education, legal aid and advisory services to children and their families.
- Ensure human rights, including child rights, and social justice are realised.
- Administration of juvenile justice.
- Prevent, suppress and punish trafficking in persons and exploitation of others.
- Apprise and harmonise family related laws to provide to family members a friendly framework for the exercise of their basic rights.

Within child protection case management, MINIJUST plays a supportive function, ensuring that justice is attained by child victims of violence, abuse, exploitation, and neglect; justice is an important component of child victims recovering from the violation they experienced. MINIJUST works through the RIB to support investigations referred through the case management process.

Rwanda Investigation Bureau (RIB)

RIB is mandated to perform criminal investigations under MINIJUST. Within child protection case management, RIB plays a supportive function, exercising their mandate to investigate violence, abuse, exploitation, and neglect of children. Evidence attained through RIB's investigations is then used throughout the prosecution process, ensuring that justice is achieved for victims of child protection incidents (an important part of a child recovering from such a violation).

RIB's child protection case management responsibilities may be delivered via Isange One Stop Centres where they are accessible.

The lead caseworker is expected to collaborate closely with RIB to ensure that children who have experienced child protection incidents are restored to safety. The case worker will lead the processes of identifying and securing child protection services for the child who has experienced violence or abuse, the RIB will follow up on all investigations of the case and work with the police to apprehend the perpetrator. Where the investigation requires the direct involvement of a child, it is the role of the RIB to ensure that child friendly investigation approaches are followed. The RIB should develop child friendly investigation rules and measures to be followed.

Additionally, the RIB operates a free 116 hotline where incidents of violence, abuse, neglect and exploitation of children can be reported. When incidents are reported via this hotline, it is critical that the RIB informs the relevant CPWO, who will record, screen, intake and allocate the case to an appropriate caseworker to ensure child protection case management is opened.

Ministry of Health (MoH)

MoH³⁵ is mandated to regulate and provide oversight for quality health services delivered at all levels, from the community to the tertiary levels. Within child protection case management, MoH plays a supportive function in numerous ways, including:

³⁵ Directorate of Clinical and Public Health Services.

- Identifying signs of violence and abuse against children who visit health facilities and reporting to CPWOs.
- Developing policy and guidelines and training health workers in addressing clinical VAC.
- Training health workers on the guidelines and on Isange One Stop Centers and provide guidance on health response services in the absence of IOSC being available/accessible.
- Conducting health assessments and developing treatment plans for child victims of violence, abuse, neglect, and exploitation.
- Conducting assessments health-related forensics to be used in criminal proceedings.

Within child protection case management, MoH plays a supportive function in supporting referred children who have experienced violence and abuse. They, however, play a lead role in providing the health services that the child may require. The above child protection case management responsibilities may be delivered via Isange One Stop Centres (where they are accessible) or via health clinics. They also support the RIB in their investigations and play a key role in the prosecution of cases resulting from physical and sexual violence through preservation of evidence of this occurrence.

Ministry of Internal Security (MININTER)

MININTER³⁶ has an overall mandate to coordinate and set security standards and oversee their application to ensure that law enforcement agencies responsible for effectively delivering basic services of crime control and maintaining order treat citizens and communities fairly and within the bounds of law.

The ministry is responsible for:

- Provide special care and protection for children whose only or both parents are imprisoned and who are thereby rendered parentless.
- Provide (detaining in) a special ward of the prison to a pregnant woman or a mother with a child under three (3) years of age.
- Ensure adequate nutritional food for breast feeding children living with their incarcerated mothers.

Within child protection case management, the ministry plays a supportive function, exercising their mandate specifically for protecting children with incarcerated parents from violence, abuse, exploitation. The directorate of security and standards oversight needs to collaborate with the government case worker (CPWO) and NRS, to support the child of incarcerated parents or incarcerated child to receive appropriate services including preparation for return to community.

Rwandan National Police (RNP)

RNP's GBV and child protection directorate is mandated to protect children from any harm or abuse. Within child protection case management, RNP plays a supportive function, exercising their mandate to enforce criminal laws related to all forms of violence, abuse, exploitation, and neglect of children. This could include for example, arresting perpetrators to ensure they are detained and do not present continued risk to the child.

RNP's child protection case management responsibilities may be delivered via Isange One Stop Centres where they are accessible.

³⁶ Directorate of Security Standards and Oversight.

Ministry of Education (MINEDUC)

MINEDUC is mandated to oversee overall provision of quality education for all children in Rwanda. It also has a safeguarding function and is responsible for protecting children in schools from violence, abuse, neglect and exploitation. The ministry is responsible for:

- Safeguarding and protecting children in schools from abuse and exploitation.
- Oversees early childhood education, care and development; and special needs education.
- Ensuring that all school-age children attend school.
- Identifying and referring child protection cases to relevant authorities.
- Supporting the process of rehabilitation and reintegration of child victims.

Within child protection case management, MINEDUC plays a supportive function, exercising their mandate to identify in-school children who may be experiencing violence, abuse, neglect or exploitation, and reporting such cases to the NCDA. Equally, MINEDUC must ensure that schools and education facilities are accommodative to child victims of violence, abuse, neglect and exploitation, and that there is minimal disruption to such children's education following a protection violation.

Ministry of Public Service and Labour (MIFOTRA)

MIFOTRA³⁷ is mandated to oversee and manage the employment ecosystem. The ministry is responsible for:

- Establishing mechanisms for preventing and fighting against all forms of child labour in the formal and informal sector.
- Coordinating the labour governance, decent work, social protection activities and compliance inspection activities.
- Ensuring that labour litigation and mediation activities are well conducted.
- Defining work considered harmful to a child's health, development, safety, or morals.
- Ensuring that every child is protected from economic exploitation.
- Conducting inspections and monitoring industrial services to ensure that children are not engaged in child labour.
- Maintaining updated and disaggregated data on children engaged in child labour and the facilities they are engaged in.

Within child protection case management, MIFOTRA plays a supportive function, exercising their mandate to oversee the provision of protection services for children engaged in child labour, in coordination with NCDA (who leads on implementing the child protection case management).

The lead caseworker will liaise with MIFOTRA personnel to ensure that Children are not engaged in child labour through regular inspections and awareness campaigns, refer the identified children to social assistance when deemed necessary. MIFOTRA will maintain updated and disaggregated data on children engaged in child labour and the facilities that engage them, and report the perpetrator to RIB for further investigation.

The Child labour prevention committees also work hand in hand with IZU in responding to child labour incidents.

³⁷ The Employment Ecosystem Policy and Strategy Department.

Ministry in Charge of Emergency Management (MINEMA)

MINEMA plays an important role in the child protection case management of refugee children (including children living in camp settlements, children on the move, separated and unaccompanied minors) who have experienced violence, abuse, neglect and exploitation. It is responsible for:

- Advocating for refugee children.
- Mobilizing local resources for the benefit of refugee children.
- Ensuring the settlement of all refugees including children

These roles and responsibilities are to be coordinated at each administrative level in Rwanda as described in Table 5. For example, at the village level, IZU coordinates case management and is accountable to the village leader, while at the district level, cases are coordinated by the CWPO who is accountable to the Vice Mayor of Social Affairs. This means that each of these actors have roles and responsibilities to ensure an integrated response to child protection, across sectors.

Table 5: Summary of case management actors across administrative levels

Administrative level	Responsible for CM	Accountable to...
Village level (Umu	IZU	Village leader
Cell level (Akagari)	SEDO, IZU Coordinator	Executive Secretary (ES)
Sector level (Imireng	IZU Coordinator, GGO	SAO (or Good Governance Officer if SAO absent)
District level (Akarere)	CPWO	Vice Mayor Social Affairs

b. Role of Inshuti z'Umuryango

Rwanda's community-based child and family welfare- and protection-focused cadre, Inshuti z'Umuryango (Friends of the Family; IZU), will play a supporting role across all case management steps, as well as contribute to the creation of a community-level enabling environment for effective child protection case management. The IZU arguably know their communities best and have a wealth of information to share with the lead caseworkers about available community assets, resources, and services which can be leveraged to meet the protection needs of children and families enrolled in the child protection case management system. In particular, IZU are well-positioned as first identifiers and responders to child protection incidents (e.g. they can leverage their existing strong relationships to mobilise supportive networks around the child and family following a child protection incident), to support lead caseworkers to mobilise community members during assessment and case planning, to support regular monitoring (they are especially cost effective for household visits, given they reside in the community), and to be a contact for any future support after case closure. The graphic below demonstrates how IZU will, under guidance from the lead caseworker, support child protection case management at each step.

c. Role of local leadership

Local leaders have an important role to play in the care and protection of children. They hold positions of authority and trust, and play critical role in child protection case management, especially in creating enabling community environments for child protection case management, including:

- Identifying and reporting child protection cases to the NCDA for recording and screening
- Providing community places of safety (which can be utilised should a child need to be removed from their home/current place)
- Supporting child protection community structures when needed, including IZU, who play a key supportive role to lead caseworkers in child protection case management
- Managing traditional forms of social security
- Advocating for children's right to protection

Local leaders play an important supportive role to case workers in the identification stage of case management. They may also play a key role case conferencing and case plan implementation, especially in providing protective services within the community.

d. Role of CSOs and agencies

CSOs and agencies (such as the UN) support government to deliver child protection case management. They are also service providers and an important element of the referral ecosystem. They provide capacity development support, monitoring and data collection, advocacy and platforms for child participation. CSOs and agencies should collaborate with qualified social workers, psychologists, IZU, and local authorities (including the isibo, umudugudu, village leaders, etc). They should support the child protection case management workforce and system by filling gaps where capacity and resources are low.

It is critical that CSOs and agencies contributing to child protection case management work within this framework, and the existing broader child protection system, to avoid creating parallel service systems.

This includes:

- Providing caseworkers (who should participate in the national standardised child protection case management training package) to link with relevant government structures, especially the NCDA as the leading implementation agency. The CPWO (as a sub-national representative of the NCDA) will be responsible for screening and intake of child protection cases and can then allocate cases to CSO caseworkers (registered with recognized authority, e.g. RW-NOSW of Allied Health Professions) particularly to: support with assessments and monitoring during implementation; participate in case conferences and provide capacity development to community workforce and other allied service providers like RIB etc.
- Providing regular updates to the CPWO on the progress of any allocated cases.
- Aligning pre-existing child protection case management services (i.e. open cases) with the National Child Protection Case Management Framework.
- Coordinating with other actors to support child protection case management efforts led by others.
- Support service mapping efforts and annual updates to local service directories.
- Identifying existing positive community practices for childcare and protection.
- Provide technical and financial support to strengthen the child protection case management system.

e. Role of children and families

Children and their families also play an important role in the child protection case management process, both in terms of their involvement in the development and review own case plan and in terms of helping to design, review and improve case management procedures.

Children and families who have participated in case management services are best able to give feedback on their experiences of the process. This valuable information can be used as part of the monitoring function, and in reviewing and refining procedures as they develop.



7. Quality Assurance

7.1. Identifying primary child protection workforce



It is important to establish an appropriate number of the primary child protection workforce that will directly engage in case management based on the need for child protection case management. Qualified social workers and psychologists, employed by government as CPWO, are assigned the primary case management. CSO staff registered with relevant professional bodies can be assigned roles within the case management system. Both the workforce numbers and key competencies are critical determinants of the quality of the child protection case management response which will ultimately be provided.

The workforce engaged in child protection case management must have a basic understanding of child protection and case management. Child protection case management staff need both initial training on core skills (e.g., child protection, case management process, communication with children, etc.) as well as on-going supervision and mentoring to ensure these skills are effectively put into practice.

Minimum competencies

Caseworkers responsible for child protection case management will be qualified social workers or those within a related field. However, there are instances whereby social workers might not have the relevant qualification but have significant work experience. As such, the most important factors in determining whether someone has the skills and knowledge to be a successful caseworker is if they meet the below minimum competencies. The competencies required for a caseworker (supported by the SOPs and training) include:³⁸

³⁸ Adapted from: Global Protection Cluster, European Commission and USAID. (2014). Child Protection Case Management Training Manual for Caseworkers, Case Managers and Workers.

Personal	<ul style="list-style-type: none"> ▪ Self-knowledge and reflection and questioning ▪ Management of stress and emotions ▪ Flexibility and openness to change and differences ▪ Critical thinking, creativity and decision-making ▪ Accountability and integrity
Social	<ul style="list-style-type: none"> ▪ Ability to negotiate ▪ Manage problems and conflicts ▪ Work and coordinate within a team ▪ Ability to also work independently when required ▪ Show empathy, warmth and genuineness ▪ Support and motivate a person/group ▪ Good communication and relationship skills ▪ Good networking and coordination skills
Methodological	<ul style="list-style-type: none"> ▪ Promote participation and cooperation in case management ▪ Plan, implement and review interventions ▪ Document relevant information in a timely fashion and store in a manner that reflects confidentiality
Technical	<ul style="list-style-type: none"> ▪ Knowledge of the theoretical framework needed for child protection ▪ Knowledge of the theoretical framework for work with children and families ▪ Basic knowledge of child development and family dynamics, counselling in context of the culture, issues of disability, child protection ▪ Purview of relevant Rwanda legal instruments ▪ Access to and ability to use specific tools for case management ▪ Able to collect, report and analyse information

7.2. Training and capacity strengthening

For the workforce to ably implement the child protection case management approach, they require training. Investment in case management should go hand in hand with investments in building the capacity of the workforce and in widening the range and effectiveness of the services that they can provide. Before caseworkers begin implementing the national child protection case management approach, they must participate in the standardized national child protection case management training, which is housed within the NCDA. The training covers all key content needed to effectively implement the child protection case management approach as outlined in this framework, and the accompanying SOPs. It is equally important to provide trainings for each cadre of the case management workforce (professional, paraprofessional and volunteer), ensuring that the content is appropriately adapted to the varying levels of qualification and experience, as well as the different case management roles expected from the professional vs paraprofessional and volunteer cadres.

Allied workforces (e.g. justice, health) should also be sensitised on the child protection case

management approach, with a focus on their specific roles within the system (especially on identifying cases to be enrolled in child protection case management and providing referrals).

In addition to the initial training, intermittent, ongoing education to promote skills development should be provided through follow-up trainings and regular supportive supervision using the developed supportive supervision manual as a guide.

7.3. Supportive supervision

Each supervisor is responsible for providing direction and support to their caseworkers, who apply theory, knowledge, skills, competency, and ethical content in practice.³⁹ A keen focus should be given to regular reflective supervision to:

- Enhance reflective practice
- Ensure caseworkers are guided, coached, mentored, and supported administratively, technically, and in self-care
- Ensure that caseworkers are accountable and responsible in their work with children and families
- Ensure that the work is of the highest quality.

Details about the supportive supervision approach can be found in the Supportive Supervision for Child Protection Case Management Manual.

7.4. Monitoring and evaluation

Monitoring and evaluating case management is important to improve case management practices and enhance child wellbeing. Through monitoring, managers or supervisors can identify areas where case workers may need support to improve case management outcomes. Monitoring quality of case management also facilitates feedback from children and families to align the implementation of case management processes to suit the real and expressed needs of the child and to make case management more inclusive.

To assess the effectiveness of case management, indicators must be developed along with data collection tools to facilitate their measurement. Some indicators for assessing case management quality and outcomes could include the following:

- Number of cases enrolled for child protection case management
- Number and percentage of enrolled cases with completed assessment
- Number and percentage of child protection cases with an up-to-date case plan
- Percentage of case files (based on a sample of digital files or paper files) assessed to meet national case management standards
- Number of children or caregivers etc, who have been referred for support services
- Number of referrals completed
- Proportion of cases showing progress towards achieving benchmarks
- Number of child protection cases resolved, by reason resolution
- Percentage of a sample of children or caregivers who reported being satisfied with the overall case management
- Proportion of children who report an increase in wellbeing

³⁹ National Association of Social Workers. (2013). Best Practice Standards in Social Work Supervision.

Data from measuring these indicators can be used to assess and improve case management quality, inform programming, resource allocation and enhance child wellbeing which is the overall outcome of case management. Data use examples have been summarised in the following bullets:

- Data on referrals enables stakeholders to identify cases mostly being referred for support services and whether the referrals for some cases are more likely to be completed than others and what the factors could be.
- Number and types of cases will enable stakeholders identify trends in major child protection issues, which will inform preventive and response interventions. Distribution of these cases across types and geographical location will also inform tailored program design and implementation for optimum results.
- Number of cases resolved will also help managers and supervisors identify what the case management bottlenecks may be and ensure that every worker with a case management role is performing as expected.
- Feedback generated from children and their families could be used to improve the inclusiveness of case management processes, such as safeguarding, child participation in case planning and management, among others.
- Tracking the number and proportion of social service workforce whose capacity has been built in different aspects of case management (managing cases, usage of case management forms for documentation, supportive supervision, monitoring, case file review, making and managing referrals, data collation, aggregation and reporting, etc.) is important to ensure quality case management and services are delivered for children (and their caregivers).
- Improvement in wellbeing is the ultimate outcome of case management. Knowledge of how case management has improved wellbeing (or not) is important to identify areas for improvements, be it capacity building, enhanced service quality or others.

7.5. Material and financial resourcing

The success of Rwanda's child protection case management system hinges on the optimal use of available resources at community level and at government level with the various government structures at community, district and provincial levels. In addition, investment in case management will require investment in infrastructure, material, and human resources.

Information gathered on the needs and required response during the initial roll out of the child protection case management system will give an indication of the costs and financial resources required to take the approach to scale. Funds may be needed for:⁴⁰

- **Workforce:** the number and type of personnel needed will depend on the level of need for child protection case management identified across Rwanda. There should be ratios established for cases per caseworker, and for caseworkers per supervisor to guide the recruitment and employment of the workforce. Additional caseworkers, supervisors, M&E, and/or administrative support may be required.
- **Office set-up:** should additional caseworkers, supervisors, M&E, and/or administrative support personnel be recruited to strengthen the system, additional office space, furniture and infrastructure such as computers, internet, items for information management such as a case file cabinet and stationery, etc. may be needed. This should include appropriate child-friendly spaces which allow for confidentiality and privacy during meetings with children and families.

⁴⁰ Adapted from the Global Protection Cluster, European Commission, USAID (2014). Inter-Agency Guidelines for Case Management & Child Protection. The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers.

- **Supervision and training:** capacity to deliver on-going training, support and supervision of caseworkers is essential for an effective child protection case management system. Additionally, allied workforces (e.g. justice, health) should be sensitised on the approach, with a focus on their roles within the system.
- **Transportation:** transport is essential for effective child protection case management, for example for screening of identified incidents, home visits and case conferencing (costs may include vehicles, fuel and maintenance).
- **Communication:** such as a duty phone for caseworkers to contact families.
- **Emergency money:** to enable immediate response when needed, such as emergency medical care.



Proudly supported by:



Republic of Rwanda
Ministry of Gender and
Family Promotion



Maestral.



USAID
FROM THE AMERICAN PEOPLE