



## *Social Welfare Workforce* STRENGTHENING FOR OVC

### **The Situation of OVC**

As of 2007, an estimated 970,000 children in Tanzania had lost one or both parents to HIV/AIDS (Joint United Nations Program on HIV/AIDS [UNAIDS], 2008), about 11 percent of the total child population (United Nations General Assembly Special Session [UNGASS], 2010). The number of children orphaned due to HIV/AIDS as well as other causes is significantly higher, encompassing approximately 2,600,000 children (United Nations Children's Fund [UNICEF], 2010). About 8 percent of all children are considered to be vulnerable children, as identified within the framework of the National Costed Plan of Action for Most Vulnerable Children (Tanzania HIV/AIDS and Malaria Indicator Survey, 2007–2008). An estimated 140,000 children in Tanzania under the age of 15 are infected with HIV/AIDS, according to a 2008 UNAIDS survey estimate.

Children who are orphaned or made vulnerable by HIV/AIDS face a range of challenges, including stigma and discrimination, abuse, exploitation, neglect, poverty, and illness and depression. In Tanzania, 3 percent of children under age 18 had a parent who was very sick from HIV/AIDS; 7 percent lived in a household in which at least one adult (a parent or other household member) was very sick; and 1 percent lived in a household where at least one adult had been very sick and died during the 12 months preceding the survey. According to the Rapid Country Assessment, Analysis, and Action Planning (RAAAP) Final Report, forty percent of all children under age 18 are living in households at or below the national poverty level (Policy Project, 2005). Orphans in Tanzania are less likely to attend school compared to non-orphans. Recent most vulnerable children (MVC) data reports from the MVC Data Management System indicate food and education are priority needs for orphans and vulnerable children (OVC) (Government of Tanzania, 2010).

A recent study found no evidence of an increase in the prevalence of child-headed households due to the HIV epidemic (Hosegood, V., et al., 2007), which suggests that most OVC are cared for by immediate or extended family members or through other community or government support services. More than 50 percent of OVC live in households with grandparents as their primary guardian (Policy Project, 2005). Households caring for OVC often face significant burdens. Grandmothers caring for OVC are among the most vulnerable and marginalized members of society and are subject to unequal work opportunities, inheritances, and property laws. Widows often work long hours for low wages to make up for income lost following their husbands' deaths (UNGASS, 2010).

### **The Social Welfare System and How It Supports OVC**

The Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare (MOHSW) is tasked with protecting OVC and ensuring their access to basic services. It is responsible for policy guidance in the area of social welfare, with a focus on ensuring adequate and quality care and timely social welfare services to vulnerable groups. Its key targets are the elderly, people with disabilities, and vulnerable children. The DSW's medium-term

expenditure budget guidelines for 2009–2010 include MVC. In addition, the DSW led the development of a National Costed Plan of Action (NCPA) to guide the OVC response; the central government allocated nearly 3.3 million Tanzanian shillings (TZS) to implement the NCPA in 2008–2009. The NCPA outlines a four-year strategy to identify MVC, coordinate the efforts of nongovernmental organizations (NGOs), mobilize resources, and implement a national data management system (DMS). The NCPA has made progress in mobilizing resources, with a number of grants awarded for comprehensive OVC care, including a Global Fund to Fight AIDS, Tuberculosis and Malaria grant of \$58 million to support projects that address critical gaps in the national response to mitigate the impact of HIV/AIDS on MVC. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has played a critical role in supporting the implementation of the NCPA, providing about \$25 million to support OVC service provision and systems strengthening at the national, ward, and community levels. Through PEPFAR, the U.S. Government also is working in collaboration with other donors such as UNICEF to strengthen coordination and technical support of the DSW for OVC support. The DSW is in the process of updating the NCPA for 2011 to 2015.

With its progress, the DSW also faces a number of challenges in the fulfillment of its objectives. Both the U.S. Government and UNICEF commissioned assessments of the DSW. In 2008, Management Sciences for Health assessed the DSW's organization and management. In 2009, Ernst & Young assessed the DSW's overall implementation capacity. The two assessments concluded that, overall, the DSW has inadequate technical, management, organizational, financial, and human capacities. The legislation that established the DSW does not provide adequate detail about the Department's roles. Improvement is needed in data collection; management and utilization; training and staff development; documentation; research and analysis; resource mobilization; and advocacy strategy. An over-reliance on external funding to deliver the DSW's mandate is a concern. Understaffing seriously impinges the DSW's work at both the national and decentralized levels, as many districts do not even have one social welfare officer. Finally, there is a low profile of the DSW within the MOHSW and an inadequate understanding of the Department's functions and roles; low visibility has a negative impact on Government resource allocation.

Many social welfare resources and functions recently were decentralized from the national to district levels in an effort to address the needs of OVC more effectively. The NCPA also created Most Vulnerable Children Committees (MVCCs) at the village level – members are elected by the villagers – to identify OVC, assess their needs, and mobilize services for them. It is important for these Committees to focus on MVC rather than OVC because of limited resources (most MVCCs have little access to training, resources, or other support); the fact that not all orphans are vulnerable; and the existence of significant factors other than HIV/AIDS that lead to vulnerability, such as poverty. The Committees work with local NGOs, faith-based and community-based organizations, and the Government of Tanzania to respond to the needs of OVC. According to a recent review of implementation of the NCPA, more than 611,000 MVC have been identified in more than 60 percent of district-level councils in the country. These councils have covered approximately 1,059 wards and 5,346 villages; in each of these villages, an MVCC has been formed.

Under the NCPA, a new national DMS was installed in 56 of the 81 councils where MVC were identified. Efforts are in place to harmonize the DMS with the Tanzania Output Monitoring System for HIV/AIDS as well as with other national and council reporting systems. One server and nine computers were installed at DSW headquarters to support data management. Computers also were provided to 69 councils to support the DMS (with 58 supported by PEPFAR and 11 by UNICEF).

Additionally, the NCPA established a National Steering Committee, a Technical Committee, and an Implementing Partners Group, which meet every month to share information and coordinate activities. A new National Monitoring and Evaluation Officers Network also coordinates and shares information. To ensure the quality of care, support, and protection of MVC, a national framework on quality standards has been finalized, establishing a National Steering Committee, which comprises members from various ministries in order to strengthen the multisectoral response to MVC issues. The main challenge, however, is the lack of Government commitment and leadership to ensure the functioning of the Committee: For example, not a single meeting has been held since the NCPA for MVC was launched.

Of the more than 611,000 MVC identified, approximately 562,000 receive support from donors, according to the MVC DMS (Government of Tanzania, 2010). Tanzania’s latest UNGASS report estimates that NGOs provide nearly one-quarter of services, which are funded by donors, for OVC. Other actors, such as communities, extended families, local governments, and orphanages, also provide services, though at minimum levels.

### The Social Welfare Workforce for OVC

Currently, there is no formal strategy for strengthening the social welfare workforce. However, the second phase (2011–2015) of the NCPA includes plans for developing such a strategy. Currently, just half of the districts in Tanzania have district social welfare officers; to address this gap, the Government largely has been relying on paraprofessional social workers such as community volunteers, community justice facilitators, and parasocial workers (PSWs). Through PEPFAR support, there are about 4,000 community volunteers who provide OVC support through implementing partners. Since 2007, 2,408 PSWs and 329 PSW supervisors have been trained in 25 districts, and 103 PSW “training of trainer” sessions have been conducted.

Under the Government’s decentralization policy, the recruitment and placement of district social welfare officers have become the responsibility of local authorities. In addition, local authorities are recruiting and training a new cadre of social welfare assistants at the ward level to supervise and support PSWs at the village level. Social welfare assistants will then be supervised and supported by district social welfare officers, who are Government employees (see Figure 1).

There is a high level of need for pre-service and in-service education opportunities for PSWs, social worker assistants, and social workers at both the bachelor’s and master’s degree levels. Formal social work education is provided by the Tanzania Institute of Social Work (ISW) in Dar es Salaam, with a Master of Social Work program currently being developed and to be launched soon. The American International Health Alliance (AIHA) and the

**Figure 1: Local Government Strengthening, Adapted from Capacity Tanzania**



Jane Addams College of Social Work (JACSW) work to strengthen the ISW in terms of curriculum developments and overall implementation management capacity. According to a recent assessment, there are also six emerging college-level schools in Tanzania that provide social work education; however, they do not provide quality social work education and are still under assessment by accredited boards. A plan is under way to strengthen these colleges and standardize the quality of social work education through the AIHA–JACSW partnership.

In the 1970s, the Tanzania Social Workers Association (TASWA) was very active in the promotion of in-service social work training and professional networks. During this time, TASWA served as an advocate for social workers and provided opportunities for networking, in-service social work training, and peer support. TASWA has worked to reactivate this association through a recent partnership with AIHA, and attention has been focused on gaining support from members, encouraging ongoing education opportunities, and developing opportunities for networking. The U.S. National Association of Social Workers also is working with TASWA to raise public awareness about social workers and the role of social work, enhance the ability of TASWA projects to be self-sustaining, enhance transparency of TASWA, and open membership to both professional social workers and PSWs.

### **Challenges Faced by the Social Welfare Workforce for OVC**

Efforts to strengthen the social welfare workforce in Tanzania have met several significant challenges. First, the absence of both a comprehensive assessment of the social welfare workforce and a coordinated plan to strengthen the workforce has prevented efforts from achieving the desired impact; as a result, there is an acute shortage of social workers. This is particularly true at the district, ward, and village levels and in rural areas. Very few trained social workers choose to work for the Government, and social work graduates more often are employed by NGOs and other better-paying industries and programs.

Another challenge may be related to the profile of the DSW and understanding its roles and functions and how social welfare contributes to the overall development agenda. If these values are not demonstrated, the social welfare service will remain a low priority for Government investment, which will inevitably affect the recruitment and deployment of the social welfare workforce.

The few individuals who are employed as social workers are often ineffective and difficult to retain. This is due to myriad factors, including the inability to access existing training and professional development opportunities; underappreciation for social work as a profession; lack of resources, supervision, and support to carry out social work tasks; and poor compensation and work environments. Social workers generally are undertrained, poorly distributed, and overworked. For example, one social welfare officer per district oversees an average of 7,000 to 10,000 MVC. In addition, the scope of work covered by the social workers is often very broad, with responsibilities extending to issues such as matrimonial disputes, disability issues, and care for the elderly. Social workers also receive low pay, with those at the lowest levels receiving between 400,000 TZS and 450,000 TZS (or between \$264 and \$300) per month and those with a diploma or degree receiving 1,000,000 TZS to 1,200,000 TZS (\$600 to \$794) per month.

There is a poor understanding by the general public about the role of social workers, including the perception that anyone can be a social worker and that the profession requires no formal education or training. The 2009 Law of the Child Act provides clarification on the role of social workers and strengthens the focus on their role to protect children from abuse, neglect, violence, and exploitation. This law also links social workers with the judicial system and other sectors to maximize the effectiveness of the Government's response. The implementation framework for the law is under development, and the implications of this new legal framework for social welfare officers will be factored into the new NCPA for MVC (2011–2015) and the development of a national child protection system.

One of the key roles of the TASWA is to advocate for the social worker profession. Social workers rarely receive extra pay for overtime, health insurance, and hazard allowances for hardship posts. In addition, hardship posts frequently are located in areas that lack smooth roads, communication networks, electricity, opportunities for recreation, clean water, or schools for children. As a result, social workers are poorly distributed throughout the country, with the majority concentrated in urban areas.

## Efforts to Address Challenges

In 2006, the Capacity Project in Tanzania carried out a Human Resource Capacity Assessment to identify the human resources required to fully implement the NCPA and to develop a strategic plan for strengthening the social welfare workforce in Tanzania. Based on these results, the Capacity Project, the Government of Tanzania, Family Health International, AIHA, and JACSW are working together to meet these human resource requirements, beginning with filling vacant social work positions. USAID supported ISW/JACSW and the Capacity Project to develop a pilot project to recruit and rapidly train a cadre of frontline PSWs at the village level. The rollout is being conducted through the partnership to scale up training and mainstreaming of the cadre in the local government system. A short-term training curriculum for PSW trainees has been developed by ISW, JACSW, and the Midwest AIDS Training and Education Center (MATEC). By coordinating with MVCCs and leveraging the resources of local government and civil society organizations, the PSWs will identify, track, and assess the needs of OVC and provide appropriate support and referrals. In addition, the Capacity Project will work with the existing local government to support or create required infrastructure. The MOHSW has reviewed the social welfare scheme of services and added the welfare assistant cadres to be employed by the local government at the ward level. This provides a career development opportunity to PSWs who would like to pursue further studies to become welfare assistants, who are responsible for supervising PSWs.

To expand and improve training and professional development opportunities for social workers, PEPFAR and USAID/Tanzania are supporting AIHA's HIV/AIDS Twinning Center to develop a partnership comprising the ISW, JACSW, MATEC, and the Government of Tanzania. This partnership aims to strengthen the Institute's capacity to train social workers and allied professionals in case management, leadership, and other skills necessary to ensure high-quality, comprehensive services are available to OVC in all of the country's 133 districts.

Partners are developing a targeted curriculum and mentoring strategy for social work students, expanding clinical fieldwork opportunities, and creating a short-term program for training and certifying paraprofessionals, who will provide direct care and services to children and families at the community level. Other activities include designing simple in-service, continuing education courses to upgrade the skills of practicing social work professionals, and providing the ISW's faculty with opportunities to expand their own knowledge and skills through professional exchanges and site visits. These activities are in their pilot stage now, and assessments also are being conducted to identify critical gaps in service. Future plans include finalizing the country's first Master of Social Work program, developing a social work career path to serve as an incentive for PSWs to continue professional development, developing the social welfare workforce strategic plan, and working with the DSW, UNICEF, and other stakeholders to coordinate response efforts.

The UNICEF Eastern and Southern Africa Regional Office and the Regional Psychosocial Support Initiative (REPSSI) have developed the first university-accredited open and distance learning academic course designed specifically for people working at the community level with OVC. This program was pilot-tested in a few African countries, including Tanzania. The first batch of 58 students who participated in the pilot have completed the "Working with Children, Families and Communities Affected by HIV & AIDS, Conflict, Poverty and Displacement in Africa" certificate program. The program is coordinated by ISW and REPSSI and continues to be offered.

## Tools, Resources, and Curricula to Support Efforts

- ***Assessing the Human Resource Capacity for Implementation of the National Plan of Action for Orphans and Vulnerable Children – developed by the Capacity Project. Available at [http://sa.usaid.gov/southern\\_africa/sites/south\\_africa/files/NPA%20HR%20Assessment%20toolkit.pdf](http://sa.usaid.gov/southern_africa/sites/south_africa/files/NPA%20HR%20Assessment%20toolkit.pdf).*** The document provides coordinators, stakeholders, and implementers with the process, methodology, and tools for the assessment of public sector government human resource capacity to lead and manage a national plan of action. It includes a pre-assessment questionnaire, an agenda for OVC stakeholder meetings, facilitator guidance for stakeholder meetings, a small group discussion guide for OVC stakeholder meetings, a communications mapping tool, a human resource assessment questionnaire, and a table for mapping OVC human resources and skills by level.

- **Learning to Work with Orphans and Vulnerable Children: A Training Manual for Para-Social Workers** – developed by the Tanzania Institute of Social Work, Jane Addams College of Social Work, and Midwest AIDS Training and Education Center. Available at

<http://www.twinningagainstaids.org/documents/PSWTrainingManual.pdf>.

This manual provides guidance for developing skills in the identification and addressing of psychosocial challenges, case management, documentation, and reporting.

## References

Capacity Project. 2009. *Strengthening Local Government Systems to Provide Social Welfare Services for Most Vulnerable Children through a Cadre of Para-Social Worker Trainees Pilot Program Work Plan, August 2008–October 2009*.

\_\_\_\_\_. 2007. *Assessing the Human Resource Capacity for Implementation of the National Plan of Action for Orphans and Vulnerable Children: Process Description and Tool Library*.

Corollary Consulting. 2006. *The Tanzanian National Plan of Action for Most Vulnerable Children: A Human Capacity Needs Assessment*.

Family Health International. 2009. *An Update on Tanzania's National Costed Plan of Action for Most Vulnerable Children, 2007–2010*.

Government of Tanzania. 2010. MVC Data Management System report.

\_\_\_\_\_. 2010. *UNGASS 2010 Progress Reporting*.

Government of Tanzania Ministry of Health and Social Welfare. 2008. *Human Resource for Health Strategic Plan 2008–2013*.

Hosegood, V., et al. 2007. *The Effects of High HIV Prevalence on Orphanhood and Living Arrangements of Children in Malawi, Tanzania, and South Africa*. *Population Studies*, 61(3):327–336.

Joint United Nations Program on HIV/AIDS. 2009. *Update on the Epidemic*.

\_\_\_\_\_. 2008. *Report on the Global AIDS Epidemic*.

Policy Project. 2005. *OVC RAAAP Initiative Final Report*.

Tanzania HIV/AIDS and Malaria Indicator Survey. 2007–2008.

Tanzania Institute of Social Work, Jane Addams College of Social Work, and Midwest AIDS Training and Education Center. 2009. *Learning to Work with Orphans and Vulnerable Children: A Training Manual for Para-Social Workers*.

<http://www.twinningagainstaids.org/documents/PSWTrainingManual.pdf>

United Nations Children's Fund. 2010. *Tanzania Statistics*. [http://www.unicef.org/infobycountry/tanzania\\_statistics.html#66](http://www.unicef.org/infobycountry/tanzania_statistics.html#66)