

**DSW Capacity Building Plan to Implement
The Guidelines for Children Without Appropriate Care
Rapid Context Assessment – Final Report**

22 July 2014



**DSW CAPACITY BUILDING PLAN TO IMPLEMENT
THE GUIDELINES FOR CHILDREN WITHOUT APPROPRIATE CARE**

Rapid Context Assessment – Final report

***Analysis of conditions to develop a capacity building plan for the Department of Social Welfare to
implement the Guidelines for Children Without Appropriate Care***

This plan was made possible with support from the American people, delivered through the United States Agency for International Development (USAID). The contents do not necessarily reflect the opinion of USAID or the U.S. Government.



Acronyms

AC	Alternative Care
AfT	Agenda for Transformation
CHSWT	Country Health and Social Welfare Team
CSA	Civil Service Agency
CWAC	Children Without Adequate Care
DSW	Department of Social Welfare
EPSS	Essential Package of Social Services
GoL	Government of Liberia
LEC BSP	Liberia Emergency Capacity Building Support Project
LGSM	Liberia Grants and Solicitation Management
MoE	Ministry of Education
MoFED	Ministry of Finance and Economic Development
MoGCSP	Ministry of Gender, Children and Social Protection
MoGD	Ministry of Gender and Development
MoHSW	Ministry of Health and Social Welfare
MPCHS	Mother Pattern College of Health Sciences
MTEF	Medium Term Expenditure Framework
NCDS	National Capacity Development Strategy
NHSWPP	National Health and Social Welfare Policy and Plan
PFM	Public Finance Management
PMS	Public Management System
PRS	Poverty reduction Strategy
RBHS	Rebuilding Basic Health Services
SCI	Save the Children International
SES	Senior Executive Service
SWA	Social Welfare Assistant
SWS	Social Welfare Supervisor
TOKTEN	Transfer of Knowledge through Expatriate Nationals
UMU	United Methodist University
UNDP	United Nations Development Programme
WL	World Learning

Content

Acronyms.....	2
1. Background.....	4
2. Capacity Strengthening Legal Environment	6
3. Institutional Architecture and Reform Processes.....	10
4. Capacity Building and Training Opportunities.....	14
5. DSW Capacities Overview.....	17
6. SWOT analysis.....	20
7. Next steps	22
8. Annex A – List of relevant documents for desk review	24
9. Annex B – List of individuals interviewed.....	28
10. Annex C – CWAC Case simulation.....	31
11. Annex D – CWAC Programming simulation.....	35
12. Annex E – Working session minutes.....	39

List of figures

Figure 1: Capacity building levels of interventions.....	5
Figure 2: DSW structure – National level	10
Figure 3: DSW structure – County level.....	11
Figure 4: SWOT analysis of the key findings.....	21
Figure 5: Generic functional and technical capacities for AC.....	22

1. Background

The conflict in Liberia, and the resulting dire economic situation, has left more than 3,000¹ children living in alternative care – that is, not with their biological family, but under foster care, kinship care, adoption or independent living arrangements. This figure is out of date and the precise number of children without adequate care is unknown, and neither is their living circumstances. An additional 5,000 children are still living in 114 under-resourced residential institutions yet to be closed².

To redress their situation, the Children’s Act (2011) mandated the Ministry of Health and Social Welfare (MoHSW) to coordinate and arrange for alternative care “with other ministries, civil society organizations, the private sector, and the international community³ “only a) when it would not be in the best interest of the child to be brought up by either biological parent, if such parents are alive; or b) in cases where the biological parents are unsuitable, deceased, or absent, and the child cannot be brought up or fostered by a relative⁴.”

Social work is a relatively new concept in Liberia; since after the end of the second civil war the Department of Social Welfare (DSW) within the MoHSW has been struggling to develop new programmes to fulfil its mission of providing “equitable and high quality services targeting persons, families and communities, and strengthen modalities to enhance the voice of the vulnerable in defining priority needs and influencing the character and content of service delivery.”⁵

The DSW, in consultation with stakeholders, has prioritised development of a new social welfare programme focusing on Children Without Appropriate Care (CWAC). This priority builds on the DSW’s efforts to de-institutionalise children in residential care since 2009. The de-institutionalization programme (known as the De-Plan) has so far accredited 14 child welfare institutions in the country out of the 86 that were identified; 26 have been closed or slated for closure, while the remainder are still awaiting evaluation to be either accredited or closed⁶. Aside from a general lack of resources to support the accreditation and closure process, finding alternative care for the children who cannot return to their immediate families has been a serious challenge. The new Guidelines for CWAC will build on existing and on-going reforms to strengthen social work and social welfare service in Liberia and at the same time provide infrastructure to directly improve the performances of the DSW, among others, the closure of institutions not compliant with quality standards, the continued de-institutionalisation of children, the development of a legal framework with Children’s Act, Residential Care Standards, Social Protection Policy, the establishment of Child Placements Committees⁷ of DSW with support from Save the Children, and the foundations of an information management system.

The **objective** of this context assessment is to collect all relevant information to support the development of the DSW’s institutional capacities to execute the new framework for alternative care in Liberia, for the benefit of children without appropriate care. The alternative care system should include identification and referral mechanisms, and institutional policies, procedures and protocols for the placement of CWAC in adoptive families, kinship care, foster care, independent living arrangements, and (as a last resort) residential care⁸. A capacity building plan will be developed, to guide the process of building the DSW’s

¹ This figure is likely to be an under estimate.

² Ministry Of Health And Social Welfare, Department Of Social Welfare, Briefing Paper on the Deinstitutionalization of Children and the Promotion of Alternative Care in Liberia, 2014.

³ The Government of Liberia, Children’s Act, 2011, Section 55.4

⁴ The Government of Liberia, Children’s Act, 2011, Section 55.2

⁵ MoHSW, Essential Package of Social Services, 2012

⁶ Source: DSW, 2014. There are discrepancies across different document of the figure.

⁷ Save the Children supported the committees and developed the capacity of the members through EPVC project, which will end in August, 2014.

⁸ Source: Request for Proposals for Technical Assistance Consultancy for the Development of Alternative Care System for Children Without Appropriate Care (CWAC) in Liberia. In agreement with the Advisory Committee, Maestral international will focus on foster care, kinship care and supported independent living.

capacities to implement the alternative care programme including recommendations on how to enhance the necessary institutional regulations, systems, policies and procedures, and human capacities.

The **methodology** used combined two different tools widely utilised in similar exercises. The first tool was adapted from the Global Toolkit to Map and Assess Child Protection Systems⁹, focusing on assessment of the ministry functions and capacities, social welfare workforce and resources. The second tool is an adaptation of UNDP's Capacity Assessment and Capacity Strengthening methodology¹⁰. This tool constitutes the theoretical framework upon which the capacity building plan will be built. The UNDP methodology looks at three levels of intervention:

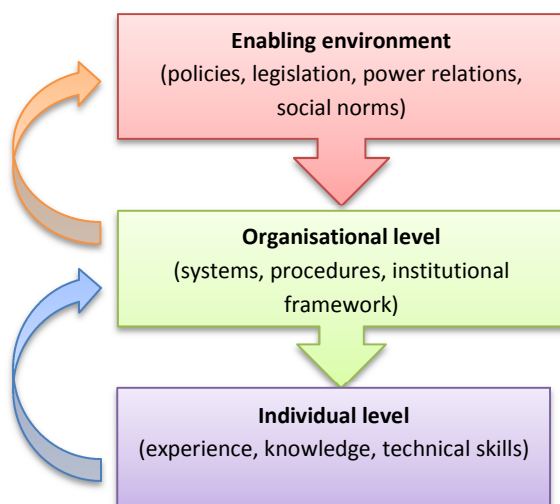


Figure 1: Capacity building levels of interventions

Based on the discussions with representatives from the Advisory Group¹¹, the main focus of the capacity building plan will be on the organizational level. Within the enabling environment, the process will identify the on-going interventions within the MoHSW regarding the adoption of performance management through the Public Finance Management (PFM) and Civil Service Reform priorities, as set in the Agenda for Transformation (AfT) (2012-2017)¹². At the individual level, cost-efficient ways to improve the skills, knowledge and competencies needed to plan, implement and monitor CWAC activities will be explored and identified. The present document collects the most relevant information to support the development of such plan.

The data collection for the context assessment used four methods:

- i. A desk review of the capacity relevant documents (the list of documents is presented in Annex A);
- ii. A set of individual interviews with stakeholders relevant to the capacity building process; the interviews took place in Monrovia from March 17th to 21st, 2014 (the list of people met is presented in Annex B);
- iii. A filed mission to Kakata, Margibi County, to meet with the County Health Team and Save the Children field workers;

⁹ See http://www.unicef.org/protection/57929_58020.html

¹⁰ See <http://www.undp.org/content/undp/en/home/ourwork/capacitybuilding/overview.html>

¹¹ Skype call on February 14th, 2014, and Webex call on February 27th, 2014.

¹² The Agenda for Transformation is the Liberia's Medium Term Economic Growth and Development Strategy, covering 2012-2017. It replaces the Poverty Reduction Strategy I (2007-2012).

- iv. A six-hour working session with 19 representatives of the DSW, where a CWAC case was simulated and there was a discussion to develop a CWAC programme (the methodology of the meetings is presented in Annex C and Annex D).

For the purposes of the exercise, the rapid context assessment uses specific **definitions**. Capacities are defined as a set of skills, knowledge and competences, deriving from training and previous experience, required to perform specific functions at a satisfactory level. In this rapid context assessment, capacities are separate from resources, which is defined as the set of assets and liabilities that are allocated and used to perform specific functions at a satisfactory level. These include human, financial and physical resources.¹³

The two aspects of capacities and resources are interrelated, since capacities are needed to manage resources, whilst resources are needed to strengthen capacities and ensure adequate provision of quality services. Resources for social welfare services are a serious constraint in Liberia. While the limited resources might impact the chances of successful implementation of any programme, the distinction between capacities and resources could help identify low budget interventions to build the capacities of the DSW staff, taking advantage of on-going initiatives in the MoHSW and in the Government of Liberia (GoL).

The rapid assessment report will use the definitions of capacity building already developed by the MoHSW and the Liberia Rebuilding Basic Health Services (RBHS): the “process of workforce development, organizational strengthening, and systems strengthening that enables the health sector to meet objectives and perform better, resulting in improved health outcomes for Liberia.¹⁴” A similar definition is present also in the National Capacity Development Strategy 2012, “Capacity development is understood as a process through which individuals, organizations and society obtain, strengthen and maintain the capabilities to set and achieve their own development agenda.¹⁵”

The exercise faced some **limitations**. A proper capacity building plan would require a capacity assessment as a starting point. Nevertheless, as noted earlier, the representatives of the Advisory Group counselled not to invest too much time in this because:

- i. A thorough capacity assessment (not focusing on AC) was conducted last year and already revealed the low level of capacities available;
- ii. The DSW was not directly involved in the overall process of capacity development as set in the Aft 2012-17 and the National Capacity Development Strategy;
- iii. The DSW is not benefiting from consistent and adequate financing of its activities; and
- iv. No AC activities are yet implemented coherently across the range of actors in the country.

This led to the decision to conduct a rapid context assessment to identify the opportunity arising from the overall process of capacity strengthening in Liberia, while ensuring coherence with other on-going capacity building initiatives.

2. Capacity Strengthening Legal Environment

The challenges on human resources were addressed in the first **Poverty Reduction Strategy 2008-2012** (PRS I) which emphasized the importance of building the capacities of the civil servant in the GoL to expand and develop the country’s economy. A specific emphasis was placed on the health sector. As part of the National Health Plan’s human resources strategy, the Government planned to:

- Develop personnel who are competent and able to respond appropriately to care needs, through efficient education and training programs;
- Develop and strengthen curricula for in-service and pre-service training;

¹³ Author’s definitions.

¹⁴ RBHS, MOHSW Capacity Building Strategic, 2012, page 4

¹⁵ GoL, National Capacity Development Agenda, 2011, page 5.

- Promote equitable distribution of health personnel; and
- Initiate a rapid hire plan (RHP).

The Social Welfare sector was not explicitly included in the PRS I, as demonstrated by its monitoring and evaluation indicators, which included only health related indicators¹⁶. This absence is evident in the final assessment of the PRS I, where there is no mention of the Social Welfare sector.

While developing the new PRS, the Government developed a document presenting the long-term foresight for the country, the **Liberia National Vision 2030**. The Vision 2030 document frames the scenarios that could have an impact on the chances of the country becoming a middle income country by 2030, by focusing on four categories: demography, economy, social structures, and governance. For the Government to be able to steer the change process, the Vision 2030 acknowledges that a developmental scenario that “presupposes that the change necessary for the developmental state must rest with a state that has strong capacity, knowledge, legitimacy, credibility and the political commitment needed for necessary policy formulation and implementation to effect transformation.”¹⁷

The new medium term growth and development document, the **Agenda for Transformation** (AfT), explicitly recognizes the importance of investing in health, social welfare, and social protection. Among the sectors’ goals for Human Development, point C for health and social welfare reads: “To improve the health & social welfare status of the population of Liberia on an equitable basis”, and point D for social protection reads: “Build a social protection system for improved protection of the poorest and most vulnerable households and groups from poverty, deprivation and hunger, and enhanced resilience to risks and shocks.”¹⁸ As for each pillar, the AfT also presents the capacity development needs and opportunities for human development. To address the needs, the transformative interventions have been identified as: i) Providing responsive and effective training programs at various levels (national, county) which would lead to enhanced skills and know-how in key aspects of human development programs; and ii) Carrying out programs/activities which will increase community awareness of the importance and benefits of accessing enhanced social services. Amongst the expected outcomes: “1) Increased access to and use of comprehensive health and social welfare services, especially in rural areas and by vulnerable populations. [...] 5) Increased numbers of qualified health workers trained, recruited, deployed and retained in the service, including at community levels. 6) Increased share (and ideally all) of health facilities have adequate basic supplies. 7) Increased financial sustainability of health system. 8) Increased life expectancy. 9) De-concentrated (decentralized) health system. 10) Reduced out-of-pocket spending. 11). Increased financial protection.”¹⁹ Not surprisingly, the social welfare sector is only marginally mentioned in the first expected outcome and an increasingly stronger emphasis is placed on social protection.

The AfT emphasises child protection as a cross-cutting issue for the development of the country, with one strategic objective that promotes the acquisition of improved technical and managerial skills of practitioners to secure a protective environment for children. Four out of the nine priority interventions for child protection refer directly to alternative care, namely:

- To improve inter-agency coordination, the government will develop a national system for protecting children’s rights, with independent monitoring and reporting.
- Draft and submit comprehensive legislation addressing national and international adoption and alternative care frameworks for children living away from their parents.
- Develop and institutionalize a social work program to attract and train qualified social workers to deal with protection of children and other vulnerable groups.

¹⁶ Child mortality rate, maternal mortality rate, child malnutrition (% of children under 5) (stunting, wasting, height for age, weight for height, weight for age), contraceptive prevalence rate (disaggregated by method), HIV prevalence rate (disaggregated by sex and age), and doctors per 1000 persons.

¹⁷ GoL, Liberia National Vision 2013, draft 2012, page 21.

¹⁸ GoL, Agenda for Transformation 2012-2017, page 87.

¹⁹ GoL, Agenda for Transformation 2012-2017, page 97-98.

- Create a comprehensive system for monitoring, tracking and supporting children in informal care settings through the creation of a foster care system and complementary support systems.

No outcome indicators for social welfare, and hence for alternative care, are identified.

In 2011, the GoL adopted a ten-year **National Capacity Development Strategy** (NCDS). The documents establish the baseline of the social welfare workforce at 200 employees²⁰, corresponding to 2.3% of the MoHSW total workforce; nevertheless, there are no targets for social welfare human capital. To improve service delivery, the NCDS aims to train sector professionals through pre-service and in-service programmes; to uphold certification standards; enhance gender balance; and deploy the workforce prioritizing under-served and rural remote districts. The NCDS sets four strategic outcomes:

- investing in capacity planning to sustain the sectors' growth and reform;
- matching supply of capacity opportunities with current and emerging capacities demands;
- strengthening the capacity for service delivery; and
- strengthening the capacity for leadership, empowerment and civil engagement. However, the focus in the NCDS is by and large on the health sector.

The AfT borrows the strategic objectives for health and social welfare from the **National Health and Social Welfare Policy and Plan** 2011-2021 (NHSWPP), namely: "1) Increase access to and utilization of quality health and social welfare services delivered close to communities endowed with the necessary resources and offering a comprehensive package of interventions of proven effectiveness. 2) Make health and social welfare services more responsive to people's needs, demands and expectations by transferring management and decision making to lower administration levels, ensuring a fair degree of equity. 3) Make health care and social protection available to all of Liberia's population, regardless of an individual's position in society, at a cost that is affordable to the country.²¹" The deployment of social workers by the Government at health facilities in rural areas and the contracting out of institution-based social services will constitute two priority interventions for the social welfare sector.

The GoL plans to introduce a social protection system for improved protection of the poorest and most vulnerable households and groups from poverty, deprivation and hunger, and enhanced resilience to risks and shocks. The AfT acknowledges the fragmentation of service delivery responsibilities across different line Ministries and recognizes that, "outside of a small cadre of social workers, there is no trained pool of workers dedicated to social protection.²²" To address this, the Government will deploy its efforts to "improve social service capacity and operations nationally and at county level, including participation of CSOs and communities.²³"

The NHSWPP places significant emphasis on institutional capacity development. Efforts will be deployed to identify and hire professionals with the appropriate expertise. Long-term and sustainable measures, such as hiring fewer senior and long-term experts instead of many short-term consultants will be adopted. Such measures are included in the National Human Resources for Health and Social Welfare Policy and Plan with sufficient details to accomplish the long-term strengthening and managing needs of the workforce. Performance will be improved by addressing career paths and career development opportunities, by adopting provisions that promote workforce transparency, accountability, fair competition, rewards and sanctions, flexibility and innovation, by introducing a favourable administrative, political, economic and judicial environment, by providing adequate resources to sustain the sector's growth, and by promoting effective collaborations with donor agencies. It has to be noted that the DSW was not really part of it and the emphasis remains on the health component of the NHSWPP.

²⁰ 126 males, 74 females.

²¹ GoL, Agenda for Transformation 2012-2017, page 91.

²² GoL, Agenda for Transformation 2012-2017, page 92.

²³ GoL, Agenda for Transformation 2012-2017, page 92.

To support the implementation of the NSWSP, the DSW developed a **National Social Welfare Strategic Plan** 2011-2021 (NSWSP)²⁴. The goal is to expand the coverage of social assistance and social insurance services while promoting a decentralisation and client-centred system. In the NSWSP, capacity building is covered under the second strategic objective, which deals with the governance of a decentralised and client-centred system. The document recognises that limited staff are trained in social services related fields and in early response to disaster; to address this, two interventions are foreseen: reform the curriculum of the three training institutions providing social welfare training and promote donor-funded scholarships and short-term training courses at the central and community social worker level.

Finally, the **Essential Package of Social Services** (EPSS) adopted in 2012 provides a framework for the delivery of essential services to vulnerable populations at the community level, including services for people with physical and mental health disabilities, prevention of disabilities, child and family services, child protection, as well as aged, juvenile, youth development, substance abuse and prison services. The components of the packages aim to put “affordable, sustainable, high-impact interventions that have been chosen due to their effectiveness at preventing or treating the major causes of morbidity and mortality or increasing social welfare²⁵” in place.

To support the staff in achieving this, an Institutional and Organisational Development Unit²⁶ has been established, with two sub-units. The unit dealing with Institutional development will enable the DSW to carry out its oversight role, while the Organizational Development sub-unit is focusing on the internal management and capacity building within the Department of Social Welfare, “assessing and building staff capacity, developing systems and reporting policies to enhance supervision and support to field staff, and assessing and recommending changes within the department that create a culture of communication, collaboration, and an atmosphere of learning, inquiry, participation, and initiative.²⁷” Internally to the DSW, capacity building initiatives will work at three different levels: at the individual level, staff capacity will be built to meet the goals and objectives set in the DSW planning documents; at the systemic level, the interventions will focus on establishing and managing an information management system by promoting monitoring and evaluation and research activities; at the organisational level, the capacity building undertakings will look at the rules, policies, and learning environment that will enhance service delivery at the community level among vulnerable populations. The EPSS aims to strengthen the capacity of social welfare actors also outside the DSW by updating and adopting regulations and standards for accreditation and confirming that best practices and lessons learned are part of partner service delivery. Both at the internal and the external levels, the interventions are limited to the assessment phase, while no specific actions are foreseen to build or strengthen the capacities of the DSW staff or its partners.

KEY FINDINGS
<ol style="list-style-type: none"> 1. The GoL has a strong and harmonised normative framework for building and/or strengthening the capacities of civil servants 2. The Social Welfare sector appears marginally in the normative framework. The sector seems overshadowed by the health sector and challenged by the nascent social protection sector. 3. There is no definition by which capacities are required to perform Social Welfare functions. 4. The capacity outcomes for the Social Welfare sector are not clearly defined. Few if any indicators detail the achievements of the capacity building interventions in the Social Welfare sector.

²⁴ The version of the NSWSP provided is still at draft stage.

²⁵ MoHSW, National Health and Social Welfare Policy and Plan, 2011, page 19

²⁶ Sometimes referred to as Division.

²⁷ MoHSW, Essential Package of Social Services, 2011, page 56

3. Institutional Architecture and Reform Processes

The DSW is one of four Departments in the MoHSW²⁸; it is composed of 50-200 staff²⁹ country-wide. The **structure** of the DSW at the national level is made of four operational Units, as presented in the figure below:

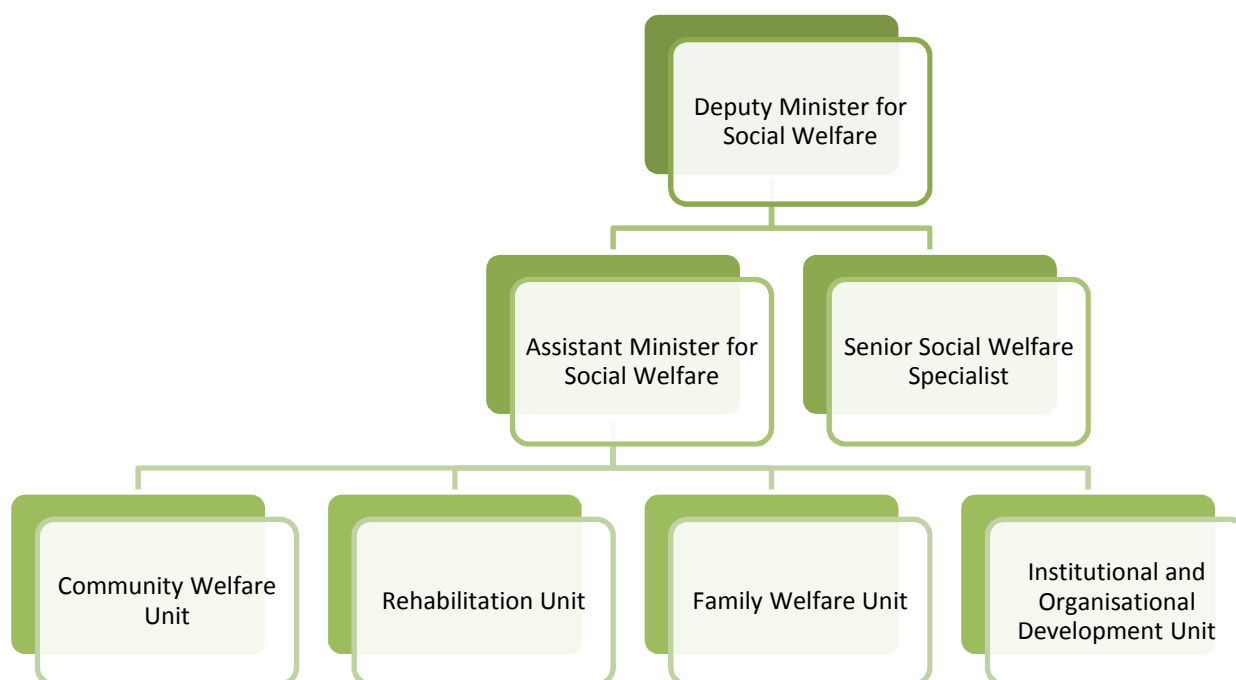


Figure 2: DSW structure – National level³⁰

The De-Plan Programme within the Family Welfare Unit is in charge of implementing de-institutionalisation of children in residential care, as well as promoting family-based forms of alternative care such as kinship care, foster care, adoptions, independent living, and residential care as a last resort. The capacity building aspects are the responsibility of the Institutional and Organisational Development Unit.

The operational level of programmes is implemented at the County level, where Social Welfare Supervisors are included in the County Health and Social Welfare Team (CHSWT)³¹:

²⁸ The other three being Health Services, Planning and Administration.

²⁹ This wide range is given by six different figures cited by six different sources:

- 90 employees figure was given at the CWAC Advisory Meeting on 21 March 2014;
- 200 employees the baseline of the NCDS;
- 182 employees in the Health Sectors Census (2010),
- 58 staff in the NSWSP
- 107 staff in the WL capacity needs assessment, and
- 77 workers in the Briefing Paper on the Deinstitutionalization of Children and the Promotion of Alternative Care.

³⁰ Source, World Learning. This figure is different from the figure in the NSWSP at page 28, where a new structure is also proposed. This one was kept because of consistency with the one used in the desk review on CWAC.

³¹ While the chart is illustrative and generally correct, different CHSWTs have different formal and informal structures.

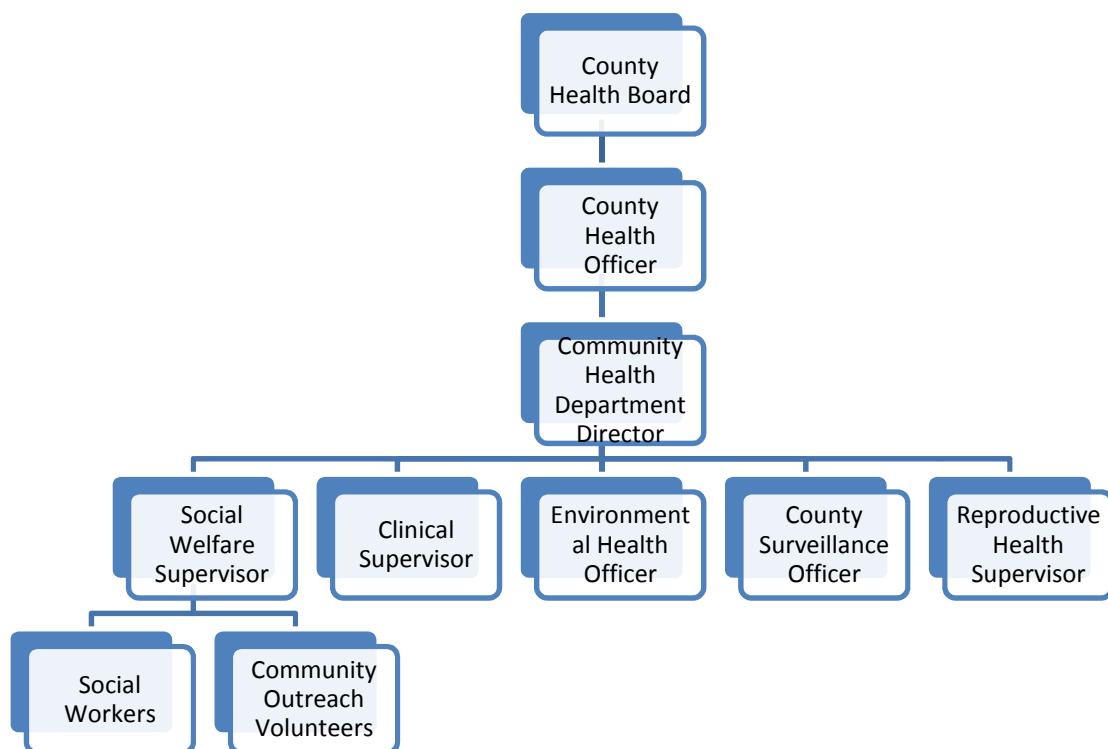


Figure 3: DSW structure – County level³²

The NSWPP clearly states that the bulk of the capacity building investments should target the county level: “The Ministry will invest heavily in engaging and building human resource capacity at the county level, with the objective of enabling CHSWTs to assume their expanded role as part of the County Administration in a decentralized system.”³³

This priority is also reflected in the draft ten-year plan³⁴ to expand the workforce in the DSW at the national and county level fourfold, from 58 to 298 staff. The highest investments will concern the CHSWT, where the Community Social Welfare Workers will increase from 1 to 120 (120 times), Senior Social Worker from 2 to 15 (7 times), and Social Workers/Case workers from 16 to 110 (6 times).³⁵ The draft does not substantially indicate how these figures will be obtained, since there is not a particular study, needs or fact assessment of either a caseload analysis or an analysis of the stock and flows of the different social welfare problems; this includes the absence of a reliable baseline of workers and cases.

Social Welfare activities are also implemented by the **National Social Security and Welfare Corporation** (NASSCORP). Its mission is to protect employees and their dependents against adversities that may arise out of job related injuries, occupational diseases, invalidity, and old age. Established by an act of the National Legislature on July 10, 1975, the NASSCORP is mandated to administer three schemes: the Employment Injury Scheme, the National Pension Scheme, and the Welfare Scheme. Both the Employment Injury Scheme and the National Pension Scheme are contributory. The Welfare Scheme is supposed to reach the “segments of the population who are making significant contributions to the sustenance of our society; and also the minuscule minority who find themselves in inherent difficult economic circumstances

³² Source: World Learning

³³ MoHSW, NSWPP, page 19.

³⁴ Included in the NSWSP.

³⁵ Though these are the terms being used, the field visits demonstrated that the terms “Social Welfare Supervisor” and “Social Welfare Assistant” are used.

that are usually not of their own making.³⁶ It is non-contributory but has not yet been funded by Government.

The concern of strengthening decentralised layers of the Government administration is reflected in the priority of the GoL and MoHSW to establish a health and social welfare system aligned with the decentralisation and deconcentration urgencies. The **National Policy on Decentralisation and Local Governance** (2011) includes four main areas of implementation:

- i. The transfer of functions to local governments that are amendable to be implemented at local levels for the delivery of basic public goods and services, which include healthcare, water and sanitation, education, economic and business development, and public works;
- ii. Revenue sharing between national and local governments consistent with the functions to be transferred or devolved to local authorities;
- iii. The establishment of County Councils with elected members; and
- iv. The election of county superintendents and administrative district commissioners.

The first step in the process of decentralising functions from the national government to local governments is defined in the **Deconcentration Implementation Strategy** (2012-2015). The strategy illustrates that all projects and programmes should be county focused, with the office of the county superintendent as the centre for coordinating inter-sector implementation. While the provision of Social Welfare services are still under the responsibility of the MoHSW, the Deconcentration Implementation Strategy assigns Child Protection interventions to the Ministry of Gender and Development and identifies this as an area of overlap with the MoHSW. Alternative care is not explicitly mentioned, possibly leading to confusion of the responsibility for implementation and oversight. The 2008 National Decentralized Management Support Systems Implementation Strategy & Plan for the MoHSW has foreseen the introduction of Competency Based Training for the Ministry's staff; it focuses on the acquisition of specific skills and knowledge, where participants are required to demonstrate their competencies by successfully performing the skills required. To date, there is no strong evidence available of any progress regarding the implementation of the decentralisation process.

The confusion is addressed by the proposed changes in the GoL structures as part of the broad **Public Sector Reform** (PSR). The Governance Commission presented a bill to the Parliament in 2013 that will impact the institutional architecture of Social Welfare sector. The new act will amend the Chapter 38, establishing the Ministry of Gender and Development to establish the Ministry of Gender, Children and Social Protection (MoGCSP). The Act will repeal all provisions referencing social welfare of Chapter 30, Ministry of Health and Social Welfare of the Executive Law, and all social welfare related functions and powers would be transferred to the newly established Ministry of Gender, Children and Social Protection. Among the functions of the MoGCSP there is no reference specifically to the provision of social welfare, but the Act assigns to MoGCSP the functions of "Regulate the operations of orphanages, children's homes and foster and alternative care programs."³⁷ The organizational structure of the MoGCSP will not include a Department for Social Welfare but shall be as follows:

- i. Office of the Minister;
- ii. Department for Research, Policy, and Planning;
- iii. Department for Gender;
- iv. Department for Children and Social Protection; and
- v. Department for Administration.

As foreseen in the AfT, the PSR will constitute two other elements: the first will look at the ways to improve the productivity of civil servants and the second will refer to the introduction of modern techniques of

³⁶ NASSCORP, Annual Report 2011

³⁷ GC, AN ACT To Amend Chapter 38 Ministry Of Gender And Development, Of The Executive Law, To Establish The Ministry Of Gender, Children & Social Protection, point k, page 6.

Public Finance Management (PFM). The **Civil Service Reform** is being implemented through a Public Sector Modernization (PSM) Project, which looks at three key issues:

- Optimal size of Civil Service;
- Wage structure and wage bill; and
- Professionalization of civil servants.

The Civil Service Agency is in the process of introducing biometric identification of civil servants, which will allow the GoL to identify ghost employees due to multiple identities and employees who are eligible for retirement (aged > 65 y.o.). The roadmap for the optimal size is also considering pre-retirement (civil servants aged 60-64), voluntary separation (those who voluntarily resign), contractors and consultants (people hired to perform work or services for the institution), and redirected workers (workers separated from the workforce due to restructuring). To reform the pay scheme, two pre-requisite steps will be undertaken. The first step will analyse the civil service pay structure in the GoL in order to consider options for consolidating the different sources of income into a rational, transparent system of pay. The second, a comparative wage survey of the public-private sectors will inform the strategy that will influence wages in both realms. The pay scheme reform will also harmonise the various salary and benefits encompassing the basic salary, the special allowance, the general allowances, the scratch cards, and the fuel allowances across the different grades in the Civil Service. The professionalization of civil servants has started with the revamp of the HR manuals, including the Merit-Based Recruitment and Selection Manual, as well as the Performance Management Manual. This, together with the strengthening of capacities in managing human resources, will aim to enhance the performance of the civil servants while increasing the level of attraction and retention of qualified candidates.

The reform of the **Public Financial Management** revolves around five themes:

- i. Enhancing Budget planning systems, Coverage, and Credibility;
- ii. Strengthening PFM Legal Framework and Budget Execution;
- iii. Revenue Mobilization and Administration;
- iv. Enhancing transparency and Accountability; and
- v. Program Governance and Project Management.

To enhance the PFM reform, in September 2012 the GoL started the Integrated Public Financial Management Reforms Programme (IPFMRP). The Programme will end in June 2016, with contributions from different Donor Partners (DP), including the World Bank (WB), the Swedish International Development Agency (SIDA), the African Development Bank (AfDB), and United States Agency for International Development (USAID), totalling USD 28.5 million. The objective of the project is to “provide the necessary support towards realizing tangible improvements in transaction processing, reconciliation, and fiscal and financial reporting procedures; improved budget management and resource allocation and administrative capacity to gradually develop Liberia’s own institutional, organizational and human resource capacities.”³⁸

KEY FINDINGS
<ol style="list-style-type: none"> 1. Social Welfare is gradually disappearing as a Department, moving from being overshadowed within the MoHSW to being completely absorbed by the to-be-established MoGCSP. 2. The GoL is putting considerable efforts in reforming the public sector by adjusting the institutional architecture, improving Civil Service, and enhancing PFM and PMS. 3. The DSW documents are fully aligned with the GoL priorities on decentralisation and deconcentration. Challenges appear to be in implementing the decentralisation and deconcentration policies; explanations might refer to a lack of funding, constraints in recruitment, and weak strategic thinking, human resources management, and leadership. 4. As a sector, Social Welfare is seen as fragmented, with social welfare interventions mainly split across MoHSW, MoGD, and NASSCORP and National Commission on disabilities.

³⁸ Ministry of Finance, Public Financial Management Reforms Annual Progress Report, 2011, page 19.

4. Capacity Building and Training Opportunities

The GoL has put capacity building at the core of the development process of Liberia since the aftermath of the second civil war. The interim Poverty Reduction Strategy (iPRS) in 2006 saw the implementation of the Transfer of Knowledge through Expatriate Nationals (**TOKTEN**) programme. The program began May 1, 2006, with support of the UNDP and it is intended to facilitate the recruitment of professional expatriate nationals, as well as those locally available to serve in key capacities in the government and national institutions, to ensure effectiveness and efficiency in public sector operations during the period. More than 35 professionals have been fielded into GOL Agencies and Organizations. Other capacity building development initiatives included the Liberia Emergency Capacity Building Support Project (LECBSP) and The Senior Executive Service (SES) Program.

The **LECBSP** had two major components, including a repatriation fund and reform initiatives. The former is intended to attract competent Liberians to join the public sector in pivotal leadership positions, utilizing the project to supplement the salaries of these Liberians. Under the institutional reform initiatives, the project provides support to the Government of Liberia in launching and implementing priority reforms, such as public sector reform; aid coordination and management; providing technical and logistical support to line ministries and agencies; conducting training, seminars and workshops, studies and assessments; etc.

The broad aim of the **SES** is to develop a cadre of top public servants properly trained, well-motivated, and adequately compensated. The Government recognizes the need to develop this cadre as quickly as possible. This would result in the creation of a group of public service leaders who can quickly take ownership of the reform process and continue to drive it forward. Specifically, the SES would help to:

- Attract and retain qualified professionals with requisite technical and managerial skills for strategic decision making and improve service delivery in public service;
- Generate massive but an optimally balanced “surge” executive capacity needed to kick start Government’s civil service reform efforts; and
- Provide a realistic platform for transforming the civil service into a more professional, effective, and accountable organ (change agent) of the democratic government.

The evaluation of these programmes showed the “significant progress made in strengthening institutional and human capacity through LECBS and TOKTEN projects. The Government of Liberia has been able to draw back a significant number of Liberian nationals who left during the war period. These professionals are of high calibre and have accelerated the preparation of key policy documents, including the Poverty Reduction Strategy (PRS) and the achievement of major reforms that have broadened the government base to promote economic efficiency, accountability and transparency. The regulatory frameworks have been significantly strengthened through the adoption of critical policies and strategies, laws and new management practices which have allowed the fostering of an enabling environment necessary for the stimulation of the economic recovery and social infrastructure rehabilitation.³⁹” Despite important achievements, considerable challenges still stand in the way of making these projects more effective and sustainable instruments for institutional and human capacities.

The DSW has specifically been provided with extensive capacity building support, which the De-Plan benefited from⁴⁰. In 2012, the **World Learning Liberia Grants and Solicitation Management** (WL-LGSM) assessed the capacity needs of the DSW, focusing on the following functional areas:

- i. Macro System
- ii. Mission and Vision
- iii. Governance and Leadership
- iv. Operations and Management Systems

³⁹ Gol, Mid-Term Independent Evaluation Of The Liberia Emergency Capacity Building Support (LECBS) and TOKTEN projects, July 2008.

⁴⁰ Although an argument can be made that the capacity was lost when the people in the office moved to other work.

- v. Service Delivery
- vi. M&E and Reporting

The assessment led to the formulation of nine priority recommendations around which a capacity building plan was eventually developed. Such priorities are:

- i. Case Management Systems
- ii. Division/Service Areas (Produce policies, procedures, standards, guidelines and accreditation)
- iii. Community Welfare Assessments (baseline and needs)
- iv. Reporting
- v. Workforce Development Assessment and Strategy
- vi. Decentralization
- vii. Performance Based Financing
- viii. Governance System / Management Model
- ix. Integration within the MoHSW

Another capacity needs assessment for the whole DSW was conducted by a consultant⁴¹ in 2013, involving 52 of the 77 staff. Participants were mostly Directors, Supervisors and Field staff. The assessment used a survey to identify the capacity needs and revealed that the two major gaps were: knowledge of family tracing and reunification and child protection. Two sets of trainings of trainers (ToT) were conducted in Montserrado and Grand Bassa counties, benefitting 50 people from MOHSW, MOE, MOL, WAC- LNP, Don Bosco, Save the Children and the Union of Orphanages. After this step, the ToT was rolled out in 7 counties in (Nimba, Bong, Margibi, Bomi Cape Mount, Gbarpulo and Montserrado) for the benefit of 210 participants.

At the sub-national level, **Save the Children** sustained the Social Welfare Supervisors (SWS) in the six CHSWT and supported a number of Social Welfare Assistants. In addition, they provided logistical means to carry out inspections of residential care facilities as well as outreach interventions for street children. Another initiative to improve the performance of social workers at the county level is coming from **UNICEF**, which is piloting a case management project in the counties of Nimba and Grand Gedeh, and has recruited 12 trained social workers to work together with the SWS. Both projects are ending in mid-2014.

Since 1993, the **Mother Patern College of Health Sciences** (MPCHS) has provided trainings on social workers. In 1999, in order to further develop the skills of relevant workers, a 3-year AA/Social Work Degree Program was organized by the Social Work Department. It was only open to workers who had completed the 4-months certificate Course in Basic Social Work Skills as a minimum standard to enter into the profession of social work in Liberia. In September 2007, the AA/Social Work Program was elevated to a four year Degree Program in Social Work (BSW) and the AA/Social Work Program was discontinued. Presently, the Social Work Department in MPCHS offers a four year-degree program in social work (BSW Degree Program) of 124 credit hours and has recently added a Master's Level (MSW) program. The mission of MPCHS's Bachelor Social Work Degree program is to train competent and skilled professionals for entry-level positions in social work, focusing on specified liberal arts foundation, core professional contents, ethics, and religious values within the Catholic faith in post-war Liberia⁴². Since February 2014, the MPCHS has provided a post-graduate diploma in Clinical Social Work of 30 credit hours. The diploma is targeting health professionals, to effectively respond to the growing demand in the mental health and clinical social work practice fields. To date, MPCHS has graduated nearly 60 students in BSW, a part of which was formed by DSW staff at the County level.

Mother Patern provided, over a 12 month period, four tailored two-week in-service trainings to the Social Welfare Assistants (SWA) that Save the Children deployed in six counties, to strengthen the work of the

⁴¹ No additional information was found on the content of the assessment and on how this support was provided.

⁴² Source <http://smmpchs.com/SOCIALWORKS.html>

Social Welfare staff in the CHSWT. The training made use of a curriculum adapted from the existing one currently in use by the College. A review of the training revealed that the SWA were better able to identify cases, effectively document cases and work closely with the police and county social workers. MPCHS also conducted field monitoring and support visits, to assess the level of work of the Social Welfare Assistants and County Social Welfare Supervisors.⁴³

The **United Methodist University** (UMU) established the new Department of Social Work in September 2010, drawing from the professional experience on children and youth of three professors teaching at the UMU. The first curriculum on Social Work was developed in 2008, to set the basis for the establishment of the Department of Social work. It focuses on family tracing and reunification, child protection, social work ethics, social work with children, community social work, drugs and substance abuse and counselling and the Convention on the rights of the child. The curriculum consisted of 133 credit hours. This allowed the students who had majors in sociology to complement their curriculum with social work training. UMU is not only providing academic classes but also training to support field experience on piloting case management.⁴⁴ The Department of social work was established in 2010 and since then has graduated 30 students majoring in social work. Prior to its establishment as a Department in 2010, social work was offered as a minor to students who were majoring in sociology. Although it became a Department of its own, most students doing sociology still minor in social work.

The **Program Learning Group** (PLG) co-chaired by the MoGD and the University of Liberia is in the process of presenting its work on the development of a social work curriculum for the public university system, and expected to be accredited by the Ministry of Education.

The Liberia **Rebuilding Basic Health Services** (RBHS)⁴⁵ did a capacity assessment of the MoHSW at the central level and of three selected counties (Bong, Lofa, and Nimba) in June 2012. The capacity assessment resulted in a Capacity Building Strategic Plan, which was developed in the second half of that year but does not include a provision directly applicable to the DSW. At the end of 2013, RBHS also started introducing guidelines and procedures for the CHSWT to “contract in” from the MoHSW, to develop a performance management system. The process aims to provide a transparent and consistent way for the MoHSW to decide whether a CHSWT is ready for receiving, disbursing, and accounting for funding received to provide health services. The procedures foresee four steps. The first is a pre-qualification assessment carried out by the ministry’s staff from the Department of Finance and Administration, Planning and Health Services; the preliminary assessment looks at the leadership and governance, the health services management, the financial management, and the service delivery. The second consists of a self-assessment of readiness around the health key competencies⁴⁶. The third is an on-site verification of the self-assessment where discussions are held for clarification. The last step is the formulation of recommendations to the senior management of the MoHSW on whether or not the CHSWT have adequate capacities available to contract in. The exercise is a first attempt to introduce performance based financing in the MoHSW and will enhance the capacities of the CHSWT in the domains of financial management, procurement and logistics, human resources management, and internal coordination and communication.

The **Liberia Institute of Public Administration** (LIPA), is a government agency responsible for providing management training, research, and consultancy services to the public service. Established by Legislative enactment in 1969, LIPA officially became operational in 1972. Among others, LIPA is mandated to develop

⁴³ Maestral International, CWAC Desk Review Summary Report: Liberia, 2014

⁴⁴ This information was provided by the Director of the of social welfare department in UMU, it is unclear if this is the UNICEF pilot.

⁴⁵ Rebuilding Basic Health Services Project is a five-year, USAID-funded project working in collaboration with the Ministry of Health and Social Welfare (MoHSW) to increase access to basic health services and to support the decentralized management of the health system in Liberia, as outlined in the National Health Policy and Plan and as part of the Essential Package of Health Services (EPHS). Source: <http://www.jhuccp.org/whatwedo/projects/liberia-rebuilding-basic-health-services-project-rbhs>

⁴⁶ The competencies are drawn from the WHO six building blocks system components.

viable and productive organizational capabilities in improving the managerial skills as well as leadership and guidance, in both the public and private sectors. While not providing training on Social Welfare, LIPA provides a range of courses that could enhance the institutional and organisational development of the DSW, such as:

- Records management (course)
- Report writing (course)
- Work planning (course)
- Performance management (course)
- Office administration (certificate level)
- Strategic management (certificate level)
- Monitoring & evaluation (certificate and diploma levels)
- Human resource management (certificate and diploma levels)
- Public financial management (certificate and diploma levels)

KEY FINDINGS
<ol style="list-style-type: none"> 1. The GoL is investing considerably in strengthening the capacity set of its workforce. 2. The DSW could benefit from several opportunities already available to improve the provision of quality social welfare services while enhancing the ways it is managed to achieve its objectives. 3. The DSW was marginal in almost all the processes that aimed to strengthen the capacities of civil servants. 4. The demand to enrol in Social Welfare training is not very high.

5. DSW Capacities Overview

This chapter looks at the systemic elements that might impact the implementation of the capacity building plan for implementing the Guidelines for CWAC. It focuses on the governance aspects of Social Welfare programming and organisational development, as well as on some elements of the to-be-developed CWAC framework.

There is a persistence of **donor-funded and donor-driven activities, with vertical and silo programming**; the DSW interventions “are not based on core institutional competencies, or are *ad hoc* in their approach; although the DSW does have some service-level activities at the county and district levels, the institutional structures, systems, and competencies backing those activities are reliant upon the capacities and expertise of external partners/donors, or are largely informal or non-existent.⁴⁷” The Guidelines for CWAC programme on AC would be *de facto*, the basis for the first social welfare programme developed by the DSW. The capacity building plan will be developed with the support of the World Learning Liberia Solicitation Grant Management.

The **leadership** picture presents interesting features. While there is a good level of awareness regarding the decentralisation process, there is still a lack of clarity on the different roles and responsibilities between the national and sub-national levels; a certain disconnect is also affecting the provision of services at the decentralised level. The DSW leadership within the MoHSW is having a difficult time making its way, as evident in several MoHSW documents, where the Social Welfare component is clearly in the background and not systematic and harmonised with the health component. Looking specifically at the capacity building responsibilities, the Institutional and Organisational Development Unit⁴⁸ is coordinated by a proactive contractor, who has recognised leadership capacity but whose assignment ended at the end of April 2014, posing some risks in terms of the continuity of the capacity building process.

⁴⁷ WL Liberia LGSM Programme, Capacity Needs Assessment of the DSW/MoHSW, June 2013, page 6

⁴⁸ In some documents, this Unit is called Division (e.g. the EPSS, 2012).

The **governance** of the capacity building aspects in the DSW is challenged by several factors. There is no clear framework of policies, procedures, and standards available to define and guide the work. The lack of a competent and performance-based framework is affecting the definition of strategic outcomes to be achieved in order to improve the overall function of the DSW. The absence of the IOU coordinator will deprive the Unit of a strong and committed leadership. There is no procedure to manage the administrative aspects of the organisational development and change management. Moreover, the DSW is not prepared, let alone in agreement with, the shift of the Department from the MoHSW to the proposed and presently debated MoGCSP.

The quality and the level of accessibility of Social Welfare services is the most immediate way to measure the **performance** of the DSW. At both the national and local levels there is a good theoretical understanding of the objectives of social welfare and the nature of social work. This knowledge is limited by translation of the concepts into practice. There are three main causes: i) outside the pre-service training, the training provided is mostly ad hoc, content based, not competency based, and assumes the form of a workshop, generally lasting one to two days; ii) the identification of participants for the training is not done through individual capacity needs assessment; and iii) there is a poor, if not non-existent, systematic implementation of staff supervision, coaching, and mentoring. Further, there is not an established and functioning system to guide the work of staff in the Department. This was evident during the CWAC case simulation, where “referral” has been by far the most widely used word. Participants saw themselves mostly as bridges across different service providers, and did not perceive themselves as the providers. While grasping the concept of “referral”, the weak to non-existent referral system in place fails to activate the service providers in the most efficient and effective way⁴⁹.

The lack of visible achievements is challenging the motivation and dedication of the DSW staff; this, together with the absence of incentives and vertical mobility mechanisms, is hampering the quality of service provided, whilst putting the ability of the DSW to retain good and qualified employees at risk. Due to the large implementation of the De-Plan programme, the Family Tracing and Reunification (FTR) programme became a core element of Social Welfare competencies.

Scarce resources and limited logistics are a major constraint in providing Social Welfare services. This was mentioned repeatedly during the simulations and was also confirmed by field visits, where two Counties (Bong and Grand Bassa) were compared. The first county benefitted from the presence of Save the Children International (SCI), the second county did not⁵⁰. In the counties⁵¹ where the Social Welfare Team is supported by SCI, the staff can implement more monitoring visits to orphanages and institutions and can execute more outreach activities for street children. In Grand Bassa County, where the Social Welfare Team is not receiving support from SCI, there is less awareness of the EPSS, fewer resources available (not only financial, but also human capacity for supervision and mentoring, in-service training, and guidance on vulnerability and risks assessments), poorer integration with the health services, and weaker inter-sectorial coordination.

The simulation exercise that considered how to develop an AC programme revealed meaningful insights on available planning capacities. Participants acknowledged the importance of developing a clear definition of who the CWAC are, as well as collecting disaggregated data on their gender, age, living environment, and any other characteristic that could support the shaping of a future programme. The non-availability of a clear definition led to a difficult decision-making process of setting the expected results of the programme; nevertheless, participants demonstrated good knowledge of the current working conditions and available resources, which is supported by strategic thinking. The choice of partners was driven more by current relations than by comparative advantages of strategic partnerships (e.g. during the ranking exercise where participants were asked to identify the strategic partners for their work by choosing three from the list of

⁴⁹ Not to mention the fact that there is a great gap in services to refer to.

⁵⁰ Edith Gonglo-Weh, Field Observation of CWAC D-Plan Program Performance, February 2014

⁵¹ On top of the two counties visited by Edith Gonglo-Weh, a third county, Margibi, was visited during the capacity mission on 18 March 2014.

stakeholders, the MoFED was mentioned as a stakeholder but did not receive any votes; yet, according to the DSW, a lack of resources is one of the biggest issues). Lastly, while it was difficult to set performance indicators for the AC programme in the simulation, participants identified criteria for making such decisions: a combination of frequency, duration, intensity of the Social Welfare intervention. These criteria, together with the expected results for children, and the baseline to measure performance is proof that the process is off to a good start.

There is limited detailed information available on **human resources**. Overall, six different sources present six different figures on the number of staff actually currently employed in the DSW. The census of staff in the health sector does not provide any disaggregated information in terms of age, gender, experience, or level of education for social workers. Job descriptions are mostly task-based and generic⁵². The WL LGSM Capacity Needs Assessment reports that human resources (HR) and human resource management (HRM) in the DSW are two areas of particular concern. The DSW received little support on human resources at the systemic level, as well as programmatic guidance (monetary or professional) or incentives provided to staff, particularly in the counties; staff performance and performance appraisal are limited to “supervision visits”, staff professional development opportunities are also very limited, driven and funded by donors, and project oriented rather than competency oriented. The DSW could benefit from the performance appraisal system put in place by the Civil Service Agency; the Agency is establishing a Performance Management System (PMS) for Civil Service and already issued a Civil Service Human Resources Policy Manual that was developed in 2013, a guide to PMS, and a handbook for supervisors on how to conduct performance planning, mid-term progress review, and annual appraisal meetings (with forms available). The overall level of the capacities available in the DSW in the domain of social work is generally low. The level of work experience in the Social Welfare sector is limited (though precise data is not available), especially affecting the staff deployed at the county level. Anecdotal evidence shows that, at both the national and country levels, employees with social work training are not performing social welfare functions. The staff in the IOU, four people, do not present specific competencies and skills in the domain of capacity building/strengthening, training, and professional development.

Financial resources are a matter of serious concern within the DSW. The budget expenditure of the GoL for the Health and Social Welfare Sector represents a fifth of the known expenditure. The Pool Fund for the Health and Social Welfare Sector allocates nearly 70 million USD⁵³, but the DSW is not benefiting from any of these funds. Overall, the DSW share of the budget within the MoHSW for fiscal year 2012 was US \$936,819, corresponding to 1.7% of the overall MoHSW budget. Considering that the majority of expenditures concern recurrent costs such as salaries, allowances, and running costs of facilities, the share of development costs to run the programmes is minimal. The lack of resources, financial and material, is seriously impacting the provision of services at the County and District levels. Within the known envelope, no evidence of budget allocation for strengthening or building the capacities of the DSW staff was made available. The implementation of the EPSS was costed in April 2013, but according to the Capacity needs assessment, “the validity of the data and amounts estimated is questionable.⁵⁴” In 2012, the GoL introduced the Medium Term Expenditure Framework (MTEF) as a planning tool; the MoHSW has started rolling it out but to date, the DSW has not developed any Social Welfare programmes. The MoHSW is currently introducing Performance Based Financing (PBF), a mechanism by which service providers could be, at least partially, funded on the basis on their performance and not based on a line-item approach, which allocates funds through the provision of inputs (e.g. drugs, personnel)⁵⁵. To date, there are no performance indicators available for the Social Welfare sector; WL LGSM is currently supporting the DSW in establishing social welfare indicators but the process is not yet over.

⁵² Job descriptions have not been actually shared; this finding is based on conversation with the Acting Director of the Family Welfare Unit.

⁵³ Data from 2007/2008 fiscal year.

⁵⁴ WL LGSM, DSW Capacity Needs Assessment, June 2013, page 33.

⁵⁵ See for example <http://www.who.int/bulletin/volumes/90/8/12-106468/en/>

Overall, the **perception** of the Social Welfare sector is highly fragmented; this is evident from the documents analysed as well as several interviews with Government actors. The DSW mission and vision do not appear to be well known outside the Social Welfare sectors. The clearest evidence is coming from the proposed change in the institutional architecture, where the DSW may formally be disappearing within the proposed MoGCSP.

KEY FINDINGS
<ol style="list-style-type: none">1. There has not been consistent and continuous levels of investment in building the capacities of DSW's staff, to enable them to perform their Social Welfare tasks and responsibilities.2. Most of the DSW staff are not trained in social work. Some of the people who received training in social work are not working in the DSW.3. The DSW suffers from poor HR and resource allocation.4. The DSW has a solid understanding of the social reality, and specifically for CWAC, but struggle to translate this knowledge into practice.5. Staff in the DSW are committed and dedicated to their job, though suffer from a lack of incentives and vertical mobility

6. SWOT analysis

The key findings from the analysis were gathered using a Strengths Weaknesses Opportunities and Threats analysis framework. The findings have been allocated into four categories; some of the findings have been rephrased (due to separation of multiple concepts in the same point). The SWOT analysis will contribute to the identification of positive and negative drivers of change (DoC), and possibly to the development of a theory of change depicting the overall process of capacity strengthening.

	Helpful to achieve the objectives	Harmful to achieve the objectives
Internal origins (attributes of the organization)	<p>Strengths</p> <ul style="list-style-type: none"> Capacity building legal environment is consistent and harmonized DSW documents are fully aligned with the GoL priorities on decentralisation and deconcentration Staff in the DSW are committed and dedicated to their jobs Good basic understanding of Social Welfare and Social Work Solid understanding of the social reality, and specifically of the situation of CWAC 	<p>Weaknesses</p> <ul style="list-style-type: none"> Implementation of the decentralisation and deconcentration policies is challenged by a lack of funding, constraints in recruitment, weak strategic thinking, human resources management, and leadership Lack of incentives and vertical mobility mechanisms DSW struggle to translate the knowledge into practice for service provision No consistent and continuous levels of investment in capacity building DSW is a marginal part within the MoHSW in terms of the capacity strengthening initiatives Poor human and financial resource investments and management for capacity building Weak strategic vision on capacity building No definition of which capacities are required to perform which Social Welfare functions The capacity outcomes for the Social Welfare sector are not clearly defined. Few if no indicators detail the achievements of the capacity building interventions in the Social Welfare sector
External origins (attributes of the environment)	<p>Opportunities</p> <ul style="list-style-type: none"> Strong and harmonised normative framework for building and/or strengthening the capacities of civil servants The GoL is putting considerable efforts in reforming the public sector by adjusting the institutional architecture, by improving Civil Service and by enhancing Public Financial Management and Performance Management Systems GoL is investing considerably in strengthening the capacity set of its workforce Several opportunities are already available to improve the provision of quality social welfare services while enhancing the ways it is managed to achieve its objectives 	<p>Threats</p> <ul style="list-style-type: none"> The Social Welfare sector appears marginally in the normative framework The Social Welfare sector seems overshadowed by the health sector and challenged by the nascent social protection sector Broad Social Welfare governance issues As a sector, Social Welfare is seen as fragmented, with social welfare interventions mainly split across MoHSW, MoGD, and NASSCORP Support from key development partners phasing out Resource mobilisation is nearly non-existent

Figure 4: SWOT analysis of the key findings

7. Next steps

After the validation of this rapid context assessment, and concurrently with the development of the Guidelines for AC, a capacity building plan will be developed. The plan will be informed by two guiding questions:

- i. What are the outputs, outcomes, and results that the DSW wants to achieve in the domain of AC?
- ii. Which capacity set will the DSW need to guarantee such achievements?

The answers to the first guiding question will be framed around the following areas of alternative care interventions, which are drawn from the UN Guidelines on Alternative Care:

- Enactment and enforcement of the legal and policy framework;
- Preventive services;
- Availability and range of family-based alternative care services;
- Networks and partnership; and
- Public awareness and advocacy.

The capacity set will be defined jointly with the DSW and will be derived from the table below, which makes use of the Capacity Development Framework developed by United Nations Development Programme.

FUNCTIONAL CAPACITIES	TECHNICAL CAPACITIES
<p>Engage partners and build consensus (e.g. identify, motivate, and mobilize stakeholders; create partnerships and networks; promote the engagement of civil society, traditional representatives, faith-based groups, and the private sector; manage open dialogue and mediate divergent interests; and establish collaborative mechanisms);</p> <p>Assess assets and needs (access, gather, disaggregate, analyse, and synthesize data and information; articulate capacity assets and needs; and translate information into a vision and/or a mandate);</p> <p>Formulate policies and programmes (explore different perspectives; set objectives; elaborate sectoral and cross-sectoral policies; and manage mechanisms for prioritization);</p> <p>Formulate, plan and manage projects and programmes, including budget preparation, costing of capacity development, and setting indicators for monitoring progress;</p> <p>Monitor and evaluate (measure results and collect feedback to adjust policies; codify lessons and promote learning; ensure accountability to all relevant stakeholders; and guarantee transparency at all steps of operations).</p>	<p>Promote child participation at all stages and at all levels (develop child friendly material and procedures, include children’s voices along all of management’s steps);</p> <p>Best interest determinations for children without adequate care (assess children’s situations and make appropriate decisions considering aspirations, resources, and environment characteristics);</p> <p>Provide, directly or indirectly, adequate and quality services for children (family mediation, tracing and reunification, psycho-social support, social protection, etc.);</p> <p>Improve knowledge and understanding of alternative care definitions and concepts (regarding legal aspects and social welfare processes and procedures);</p> <p>Promote behavioural change to enhance family-based alternative care in communities.</p>

Figure 5: Generic functional and technical capacities for AC

The generic capacities in the table above will be made context-specific and specific indicators, benchmarks, and standards for each capacity will be identified, together with the DSW. For each capacity required, specific indicators, benchmarks, and standards⁵⁶ will be identified to measure the progress in acquiring the

⁵⁶ See UNICEF EAPRO’s “Measuring and Monitoring Child Protection Systems Proposed Regional Core Indicators for East Asia and the Pacific”, 2012. The Framework defines indicators (verifiable measures which track systems

needed capacity set against the level of desired capacities and to inform adjustments as the capacity building strategy is being implemented.

Multiple indicators can be identified for each capacity, and multiple benchmarks can be identified for each indicator. Indicators can measure inputs, outputs, outcomes, and results. The number of indicators and benchmarks, will be kept to a reasonable number, since the more there are and the longer data collection will take, and more cumbersome the data analysis will be. The essential indicators should be identified in order to show results for children.

Once the capacities are defined, specific activities and interventions to build those capacities will be identified, together with implementing partners and priority actions. The capacity building plan will be costed, prioritized, and adjusted based on realistic estimates of financial resources (available and forecasts).

The capacity building plan for AC will consider, adjust, and integrate the capacity building priorities identified in the generic capacity building plan developed by the DSW, with support from WL LGSM. A draft will be developed in May 2014 and shared via email with the CWAC Advisory Group. A small technical working group (maximum of 5 people) from the Advisory will be established to make the process as participatory as possible.

performance), benchmarks (sets of related indicators used to compare performance of system components over time) and standards (related indicators which provide information about system outcomes).

8. Annex A – List of relevant documents for desk review

ANNEX A - Bibliography

- African Development Bank Group, Liberia Country Strategy Paper 2013-2017, 2013
- Better Care Network, Liberia Country Profile, 2013
- Bomi County Health Plan, 2007/2008
- Bong County Health Plan, 2007/2008
- C. William Allen, The Role of Liberians and Liberianologists in the Diaspora in Human Capacity Building in the New Liberia, PPT® presentation, no date
- Civil Service Agency, Annual Performance Appraisal Form, 2013
- Civil Service Agency, Annual Report, 2013
- Civil Service Agency, Civil Service Human Resources Policy Manual, 2013
- Civil Service Agency, Civil Service Performance Management System, A Guide To Performance Management, 2013
- Civil Service Agency, Civil Service Performance Management System, Handbook, 2013
- Civil Service Agency, Donor Update Forum II, 2014
- Civil Service Agency, Mid-Year Progress Review Form, 2013
- Civil Service Agency, Performance Planning Form, 2013
- Civil Service Agency, Standing Orders For The Civil Service, 2012
- Department of Social Welfare, Ministry of Health and Social Welfare, Working Standards and Procedures for Children in Conflict and Contact with the Law, 2013 (draft)
- Edith Gonglo-Weh, Field Visit Report, Bong and Grand Bassa Counties, 2014
- Gbarpolu County Health Plan, 2007/2008
- Governance Commission, An Act To Amend Chapter 38 Ministry Of Gender And Development, Of The Executive Law, To Establish The Ministry Of Gender, Children & Social Protection, 2013
- Governance Commission, National Policy on Decentralisation and Local Governance, 2011
- Governance Commission, National Public Sector Reform Policy Statement, 2008
- Government Of Liberia, Agenda For Transformation: Steps For Liberia Rising 2030, 2013
- Government of Liberia, An Act Repealing The Public Employment Law And Amending The Executive Law To Create A Civil Service Agency, 1973

Government of Liberia, Appendix 14-1, To Decree No. 14 By The People`S Redemption Council Of The Armed Forces Of Liberia Repealing Chapter 89 Of The Executive Law Entitled An Act To Establish The National Social Security And Welfare Corporation Of The Republic Of Liberia And Welfare Fund, 2012

Government of Liberia, Civil Service Reform Strategy 2008 – 2011

Government Of Liberia, Liberia National Vision 2030, Draft Summary Report, 2012

Government Of Liberia, Liberia National Vision 2030, Draft Vision Statement (Gbarnga Declaration), 2012

Government of Liberia, Lift Liberia Poverty Reduction Strategy Final Assessment Report, 2012

Government Of Liberia, Mid-Term Independent Evaluation Of The Liberia Emergency Capacity Building Support (LECBS) And TOKTEN Projects, 2008

Government of Liberia, National Capacity Building Strategy, 2011

Government of Liberia, National Sustainable Development Report, 2012

Government of Liberia, Poverty Reduction Strategy I, 2008

Government of Liberia, Public Administration Reforms and Modernization of the Public Service, PPT® presentation to UNPAN, no date

Grand Bassa County Health Plan, 2007/2008

Grand Cape Mount County Health Plan, 2007/2008

Health Sector Coordinating Committee, Working Group On Funding Mechanisms, Pool Funding For Health, Support To Implementation Of The Liberian National Health Plan 2008-2011, 2007

Henrietta Tolbert, A Pilot Ethnographic Study of Informal and Formal Child Protection Systems in Rural Liberia, summary, no date

International Development Association, Project Appraisal Document On A Proposed Credit In The Amount Of SDR 1.4 Million (US\$2.0 Million Equivalent) To The Republic Of Liberia For A Public Sector Modernization Project, 2014

Jonathan Friedman, Building Civil Service Capacity: Post-Conflict Liberia, 2006 – 2011, 2012

Liberia Grants Solicitation and Management Program, Capacity Needs Assessment of the Liberian Ministry of Health and Social Welfare, Department of Social Welfare, Final Report, 2013

Liberia Grants Solicitation and Management Program, Capacity Building Plan for the Liberian Ministry of Health and Social Welfare, Department of Social Welfare, 2013

Liberia Institute Of Public Administration, Training Information, 2014

Maestral International, Children Without Appropriate Care Desk Review Summary Report: Liberia, 2014

Ministry of Finance, Public Financial Management Reforms Annual Progress Report, 2011

Ministry Of Health And Social Welfare, Essential Package of Social Services, 2011-2021

Ministry Of Health And Social Welfare, Department Of Social Welfare, Briefing Paper On The Deinstitutionalization Of Children And The Promotion Of Alternative Care In Liberia, 2014

Ministry Of Health And Social Welfare, Department Of Social Welfare, Reform Recommendations to Revise Terms of Reference of the DSW Divisions, 2009

Ministry Of Health And Social Welfare, Department Of Social Welfare, Social Welfare Indicators Matrix, April 2014, draft

Ministry Of Health And Social Welfare, National Decentralized Management Support Systems Implementation Strategy & Plan, 2008

Ministry of Health and Social Welfare, National Health and Social Welfare Policy and Plan, 2011–2021

Ministry of Health and Social Welfare, Annual Review Report of the National Health and Social Welfare Plan Implementation, 2011–2012

Ministry Of Health And Social Welfare, National Health Management Information System Strategy and Implementation Plan, 2009

Ministry of Health and Social Welfare, National Health Policy On Contracting 2008-2011

Ministry of Health and Social Welfare, National In-Service Education Strategy, 2008

Ministry Of Health And Social Welfare, National Management Information Systems Policy, 2009

Ministry Of Health And Social Welfare, Operational Plan, Annex 1 – Table of targets and outputs, October 2012 – September 2013

Ministry of Health and Social Welfare, Revised Terms Of Reference for Regional Support Teams, 2013

Ministry of Health and Social Welfare, Social Welfare Policy, 2009

Ministry of Health and Social Welfare, National Social Welfare Strategic Plan (2011-2021), (Draft for discussion only)

Ministry Of Health And Social Welfare, The National Census of Health Workers in Liberia, 2010

Ministry of Health and Social Welfare, Contracting-in Guidelines Readiness Review and Assessment of County Health and Social Welfare Team Performance, December 2013

Ministry of Health and Social Welfare, Contracting-in Guidelines Background and Context, May 2013

Ministry of Health and Social Welfare, Contracting-in Guidelines Summary of Systems, Procedures and Core Competencies for the County Health and Social Welfare Team, May 2013

Ministry of Information, Culture and Tourism, 150-day Action Plan Implementation Report, 2012

Mother Patern College of Health Sciences, Health Systems Management Course of Primary Health Care Project Summary, December 2012

Mother Patern College of Health Sciences, Bachelor's Degree in Social Work Curriculum, 2007

Mother Patern College of Health Sciences, Post-Graduate Diploma in Clinical Social Work, 2013

National Social Security and Welfare Corporation, Annual Report, 2011

Nick Manning and Neil Parison, Determining the Structure and Functions of Government: Program and Functional Reviews, October 2004

Programme Learning Group, Curriculum Development Concept Note, no date

Rebuilding Basic Health Services, MoHSW Capacity Building Strategic Plan (draft version), 2012

Rebuilding Basic Health Services, Capacity Assessments Of Central Mohsw Bong County Lofa County & Nimba County, 2012

Save the Children, Child Protection Knowledge, Attitude and Practices in Central and Western Liberia, 2011

United Methodist University, Social Work Training Curriculum, 2013

World Bank Institute, Liberia's New National Development Strategy Planning For Stronger Results In A Low Capacity Context, Case Study, 2013

World Bank Institute, Identifying Indicators for Performance-Based Contracting (PBC) is Key: The Case of Liberia, 2010

9. Annex B – List of individuals interviewed

ANNEX B – List of interviewees

Interviewee	Title	Agency	Date
Jeremiah Sokon	Deputy Minister, Regional & Sector Planning	Ministry of Planning & Economic Affairs	March 17 th , 2014
Yah L. Zolia	Deputy Minister for Planning, Research and Development	Ministry of Health and Social Welfare	March 17 th , 2014
Hon. Yarsuo Weh-Dorliae	Commissioner on Decentralization	Governance Commission	March 17 th , 2014
Jotta	Capacity development specialist	Save the Children	March 17 th , 2014
Kevin Carew	Senior Advisor	World Learning	March 17 th , 2014
Markonee Knightley	Capacity Building Coordinator	World Learning	March 17 th , 2014
Sister Barbara Brilliant	Dean	Mother Patern College of Health Science	March 18 th , 2014
Grace Boiwu	Instructor	Mother Patern College of Health Science	March 18 th , 2014
Justine A. Korvayan	Director Decentralization Support Unit	Ministry of Health and Social Welfare	March 18 th , 2014
Vera Musah	Acting Director, County Health Services	Ministry of Health and Social Welfare	March 18 th , 2014
Sam T. Slewion	Chairperson, Department of Social Work	United Methodist University	March 18 th , 2014
Joseph Geebro	Professor	United Methodist University	March 18 th , 2014
Julius McGill	Professor	United Methodist University	March 18 th , 2014
Christopher Ngwerume	Child Protection Specialist	UNICEF	March 18 th , 2014
Rashid Bangurah	Technical Specialist, Re-integration	Save the Children	March 18 th , 2014
Dr. Rose McCauley	Chief of Party	Rebuilding Basic Health Services	March 19 th , 2014
Theo Lippeveld	Deputy Chief of Party	Rebuilding Basic Health Services	March 19 th , 2014
Judith Oki	Director, capacity building	Rebuilding Basic Health Services	March 19 th , 2014
Yuko Yoneda	Director for Program Development and Quality	Save the Children	March 20 th , 2014
Janet David	Acting Director, DePlan	Ministry of Health and Social Welfare	March 20 th , 2014
Joel Bimba	Technical Coordinator	Ministry of Health and Social Welfare	March 20 th , 2014
Bindu Tulay	Assistant Minister	Ministry of Health and Social Welfare	March 20 th , 2014
Sophie Parwon	Deputy Chief of Health	USAID	March 20 th , 2014
Ochiawunma Ibe	Senior Community Health Advisor	USAID	March 20 th , 2014
Chris Sokpor	Project Financial Management Unit	Ministry of Finance	March. 21 th , 2014

Coordinator			
Bernard Jappah	Public Financial Management Reform Unit Coordinator	Ministry of Finance	March. 21 th , 2014
George K. Werner	Director General	Civil Service Agency	March. 21 th , 2014

10. Annex C – CWAC Case simulation

Phase I

Expected participants: 15 people from the Department of Social Welfare (2 per each unit, plus the management)

Scenario:

A child is found in the town of Gbarna, in the county of Bong. A shopkeeper found him under the stairs of her shop, shivering and trembling, when she was about to close her shop at 7pm. The child is a boy, his age is probably 5-6 years. He wears very dirty clothes, and has scratches on his arms. He does not speak and seems really scared. The shopkeeper does not know the child, nor she's aware of any child missing from her neighbourhood. The shopkeeper is with three customers.

Play:

Each participant is given the description of his/her character, and a card with their role. All the participants are given 5 minutes to become familiar with their character, and to think what to say and how to play. The shopkeeper starts, together with the customers. Every time someone is named, he/she makes his role (character card) visible and can intervene in the discussion. The players don't know who are the characters. The observers have the list and the description of each character.

Roles:

1. Shopkeeper
2. The boy
3. Priest
4. Social Welfare Supervisor
5. Social Welfare Assistant at Save the Children
6. Director of Family and Child Welfare Services
7. County Health Officer
8. Chief of Police station
9. Police officer
10. Shop customers Manager of the local orphanage
11. Shop customers
12. Shop customers
13. Nurse at the District Health Centre
14. Observer
15. Observer
16. Observer

Duration: 25 minutes (5 minutes preparation, 20 minutes simulation)

Phase II

In two groups, discuss and decide what should be done in such a case. Write everything on a flip-chart, indicating all the steps that should ideally be followed:

	What should be done?	Who should do it?	What are the gaps in reality?
Step 1			
Step 2			
Step 3			
...			
Step n			

Duration: 30 minutes

Phase III

Present in plenary the results of the two groups. Time is given for questions and clarifications. Identify where there is consensus, where there is not, and what aspects are unclear.

Duration: 15 minutes

Printing Material:

- Instructions..... 3 copy
- Description of the characters 5 copies
- Characters cards 1 copy
- Scenario 7 copies

Description of the characters

Shopkeeper

You find the child together with three customers. You don't know what to do and who to call. You don't want to bring the child to your place for the night.

The boy

You are not talking.

Priest

You are managing a boarding school where children can receive vocational training in carpentry. All students are 11-17, but you could shelter the child during the time needed to trace the family of the boy.

Social Welfare Supervisor

You joined the Ministry of Health and Social Welfare only three weeks ago, after your bachelor in Sociology. You are new to the county and have not been introduced to any of the child protection actors on the field, apart from the Child protection officer working at Save the Children. The department has no vehicle available, and you have no credit in your mobile phone. You know that the Social Welfare Assistant would know what to do but you don't know how to reach him/her.

Social Welfare Assistant

You work for Save the Children and you are supporting the Social Welfare Supervisor. You are in Monrovia for a training and can only be reached via mobile phone. You know what should be done, but your mobile phone is out of reach, so you cannot receive any call.

Director of Family and Child Welfare Services

You are in Monrovia, the CWAC consultancy is on-going but to date you don't have procedures and guidelines in place to handle cases such this one, so you have to rely on your common sense. You know that in the town, the priest is managing a boarding school where children can receive vocational training in carpentry.

County Health Officer

You are acting Social Welfare Supervisor. You did not receive any training in social welfare and you try to find a solution using your good sense.

Chief of Police station

You received a basic training in child protection. You know that you cannot keep the child, and if the customers bring you the child you will be forced to keep the child in the cell with adult prisoners. At the same time, you are trying to call the Social Welfare Assistant

Police officer

You are a friend of one of the customers. You want to interrogate the child to know where is he from and what happened to him. You insist a lot to have some answers from the child.

Shop customers

You are the manager of the local orphanage. You know that the more children you have in your institution, the more funds you will receive from your donor. You are trying to convince the shopkeeper in giving you the child.

Shop customers

You are a friend of a police officer. You are trying to convince the shopkeeper to bring the child to the local police station because you know a police officer deployed there.

Shop customers

You are a rich person and another person in your household would not be a burden at all for you. You live in Lofa county. You are trying to convince the shopkeeper in giving you the child, assuring he will receive all the necessary care and love.

Nurse at the District Health Centre

You ask that the child should be brought to the District Hospital for a medical check. If the other players manage to bring the child to the hospital you visit the child. Because you just attended a workshop on violence against children, you believe that the scratches on the arms of the boy are the signs of violence that the child suffered. You call the chief of police to report a case of domestic violence, but do not want to

leave your details and do not want to testify in court.

Observer

You should observe:

- How the different characters play their role
 - Who is left out?
 - What would you have done differently?
-

Observer

You should observe:

- How the different characters play their role
- Who is left out?

What would you have done differently?

Observer

You should observe:

- How the different characters play their role
- Who is left out?
- What would you have done differently?

11. Annex D – CWAC Programming simulation

Expected participants: 15 people from the Department of Social Welfare (2 per each unit, plus the management)

Scenario:

The Department of Social Welfare (DSW) is in the process of developing a programme for Children without Appropriate Care (CWAC). The Ministry of Finance is rolling out the Medium Term Expenditure Framework and has asked each Ministry to develop a multi-annual programme with a budget with projections for the next two coming years.

The DSW is given the following check-list:

1. Identify the target population
2. Set the expected results for the target population
3. Identify three key partners that will be directly involved in the programme
4. Identify the services that will constitute the programme
5. Identify the performance indicators for the DSW
6. Cost the plan

The exercise consists of group discussions on each of the above-mentioned steps, followed by plenary presentations. There is no need to reach a consensus between the two groups, rather the presentation of each group can help adjustments in the following steps. There is no right or wrong, only evidence-based decisions!!!

Step 1

Goal: identify your target population

Questions:

- a) Develop a definition of children without appropriate care
- b) Based on the definition you developed, who are the children without appropriate care? What are the information you need to look for in order to understand their characteristics? Where is this information? Is the information easily accessible?

Step 2

Goal: Set the expected results for the target population

Questions:

- a) What do you need to know to set the expected results?
- b) How can you make sure that the expected outcomes are realistic?
- c) Can you make up some examples of expected results for children based on the CWAC definition that your group developed?
- d) What characteristics a light and functioning monitoring system should have to measure the progress for children?

Step 3

Goal: Identify three key partners that will be directly involved in the programme

Questions:

- a) Identify the three partners
- b) Do you know their agenda? Describe it
- c) How can you convince them in participating to your programme? Where they might be reluctant and why? How can you convince them?

Step 4

Goal: Identify the services that will constitute the programme

Questions:

- a) What are the services that your target population need?
- b) Who is best positioned to provide those services?
- c) Think of the standard operating procedures and the working guidelines needed to provide the services, what should be included?
- d) What elements do you have to consider to estimate the cost of the services? Can you distinguish between recurrent and development costs?

Step 5

Goal: Identify the performance indicators for the DSW

Questions:

- a) How can you measure a performance?
- b) What makes a performance outstanding in social work?
- c) Why do you need performance indicators? What can you do with them?

Step 6

Goal: Cost the programme

Activity: stakeholder analysis.

The DSW has costed the CWAC programme. The total amounts to 250,000.00 USD. The current total budget of the DSW amounts to 50,000.00 USD. You want to meet some potential donors, so you organise a working session at the DSW office where you have invited the representatives of the Ministry of Health and Social Welfare (managing the Pool Fund for Health), the Ministry of Finance (responsible for Government budget), and USAID (managing the fund to strengthen the social welfare workforce around the world). Split into four groups and prepare the strategy for each organization for the meeting based on the following contexts:

- a) **DSW:** The CWAC programme is the first programme the DSW has developed. You have no records of successfully implementing programmes for the social welfare of vulnerable populations.

However, you have developed a capacity building plan, and the CWAC programme is complying with the standards and procedures set by the MoF for the MTEF. Think of how you can convince the three donors to fill the funding gaps. What are the arguments that you can make? Where you can expect more resistances?

- b) **MoHSW**: the Pool Fund for Health has been reduced over time, so you have to decide the priorities to be funded. The DSW is soon expected to pass to the newly established Ministry of Gender, Children and Social Protection. The CWAC programme is the first programme the DSW has developed. You have no records of successfully implementing programmes for the social welfare of vulnerable populations. What arguments the DSW should use to convince you to include them amongst the beneficiaries of the Pool Fund?
- c) **MoF**: the government is reducing its spending because the tax revenue where too optimistic in their forecast. The CWAC programme is the first programme the DSW has developed. They have no records of successfully implementing programmes for the social welfare of vulnerable populations. And based on the MTEF, you want to make sure that the CWAC programme is aligned with the standards set by the Department of Budget. You ask specific question about the target population, the expected results for the target population, the key partners involved in the programme, the services that constitute the programme, the performance indicators for the DSW, and how the DSW developed the budget of the plan. Also, you claim that the MOHSW budget discussion would be done with the Planning Department of the Ministry and the Minister and Deputy Ministers, not with the technical level, because the overall management of the process would be unsustainable. What arguments the DSW should use to convince you to increase their budget allocation?
- d) **USAID**: The United State Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), and other stakeholders have increased investments in workforce development over the past several years. Over the past six years, PEPFAR has successfully provided critical support to nearly 4 million children, most of whom live in Sub-Saharan Africa. The second phase of PEPFAR emphasizes strategies intended to improve the sustainability of these initiatives. As a result, there has been a growing interest in strategies to strengthen systems – primarily health systems but also social welfare systems. The CWAC programme is the first programme the DSW has developed. They have no records of successfully implementing programmes for the social welfare of vulnerable populations. But they have a reasonable capacity building plan to strengthen their staff to provide services to CWAC. What arguments the DSW should use to convince you to include them amongst the beneficiaries of USAID?

<p><u>DSW:</u> The CWAC programme is the first programme the DSW has developed. You have no records of successfully implementing programmes for the social welfare of vulnerable populations. However, you have developed a capacity building plan, and the CWAC programme is complying with the standards and procedures set by the MoF for the MTEF. Think of how you can convince the three donors to fill the funding gaps. What are the arguments that you can make? Where you can expect more resistances?</p>	<p><u>MoHSW:</u> the Pool Fund for Health has been reduced over time, so you have to decide the priorities to be funded. The DSW is soon expected to pass to the newly established Ministry of Gender, Children and Social Protection. The CWAC programme is the first programme the DSW has developed. You have no records of successfully implementing programmes for the social welfare of vulnerable populations. What arguments the DSW should use to convince you to include them amongst the beneficiaries of the Pool Fund?</p>
<p><u>MoF:</u> the government is reducing its spending because the tax revenue where too optimistic in their forecast. The CWAC programme is the first programme the DSW has developed. They have no records of successfully implementing programmes for the social welfare of vulnerable populations. And based on the MTEF, you want to make sure that the CWAC programme is aligned with the standards set by the Department of Budget. You ask specific question about the target population, the expected results for the target population, the key partners involved in the programme, the services that constitute the programme, the performance indicators for the DSW, and how the DSW developed the budget of the plan. Also, you claim that the MOHSW budget discussion would be done with the Planning Department of the Ministry and the Minister and Deputy Ministers, not with the technical level, because the overall management of the process would be unsustainable. What arguments the DSW should use to convince you to increase their budget allocation?</p>	<p><u>USAID:</u> The United State Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), and other stakeholders have increased investments in workforce development over the past several years. Over the past six years, PEPFAR has successfully provided critical support to nearly 4 million children, most of whom live in Sub-Saharan Africa. The second phase of PEPFAR emphasizes strategies intended to improve the sustainability of these initiatives. As a result, there has been a growing interest in strategies to strengthen systems – primarily health systems but also social welfare systems. The CWAC programme is the first programme the DSW has developed. They have no records of successfully implementing programmes for the social welfare of vulnerable populations. But they have a reasonable capacity building plan to strengthen their staff to provide services to CWAC. What arguments the DSW should use to convince you to include them amongst the beneficiaries of USAID?</p>

12. Annex E – Working session minutes

There are divisions' heads and two members each represented at the working session, along with the Assistant Minister, Bindu Tulay. A total of 19 persons are in attendance.

- Department Assistant Minister, Bendu Tulay, does the official welcome and Joel gives overview of the session and brief history of why the CWAC project.
- Understanding the reality is also stated as part of the overall focus of the working session. Presenter (Manolo) tells participants to show what they are doing now through the simulations to follow. The first portion is a simulation of service delivery and second is a programmatic simulation.

1ST SIMULATION: (A Shopkeeper and 3 customers are involved-Character, role and response to situation assigned to each participant)

- Shop keeper ("I found a boy underneath the stairs by my shop and he is shivering. What should I do?")
- First customer: Take him to the police station
- 2nd customer: I have an orphanage, I can take the child to my orphanage
- 3rd customer: My wife and I have no children and we really want a child. I can take him
- There is an argument about where to take the child
- Shop keeper agrees with the 1st customer to take the child to the police station.

The scenario is demonstrated by the actors based on instructions given by Manolo. Each instruction is kept secret and only the actor knows what he/she has been instructed to do.

The question arose about who is to take the child to the police? The child is taken to the police by the shopkeeper and the first customer who made the suggestion about taking the child to the police.

At the Police station, the police requests to know the child's name and other information. The Shopkeeper informs police that she is unaware of the child's information. Police insists on knowing the name of the child before allowing the child to be taken to the hospital. Police asks the child for his name, but the child is unresponsive. Police agrees to allow the customer and shopkeeper to take the child to the hospital. However, before taking the child to the hospital, the officer refers the case to his chief of police and gives relevant information. Police chief decides to call the Social Welfare Supervisor because according to the chief of police, the child is shivering and he cannot keep the child at the station. There is no place for juveniles at the station. SWS says he's at a workshop and unable to intervene, but says he will contact another social worker in another county to see what to do. The customer who accompanied the shopkeeper and the child, expresses concerns about the child's health condition. SWS still says he would call the SWS in Gbarnga.

At this point the Shopkeeper and customer are gone home and the child is still with the police and health condition remains the same. SWS finally gets in touch with the SWS in Gbarnga by using someone's phone. SWS in Gbarnga does not have credits in his phone. He gets on his bicycle and goes to the police station. He arrives and identifies himself as the SWS. SWS suggests to take the child to the hospital for immediate treatment. Police refers SWS to the information desk where the child's information will be taken before allowing SWS to take the child to the hospital. SWS decides to first go to the County Health Officer (CHO) before making decision. Police desk expresses concerns about the child's health. SWS maintains that he

must contact the CHO. The question is how does he contact the CHO when he is not mobile and has no credit in his phone?

Observation (Participants):

- Assistant Minister: No system of case management, as a result there is confusion as to what to do.
- At the beginning it was the 4 actors, no child and no one asked for the child the shopkeeper was referring to.
- Child should have been referred to WACP

Question: Why did the shopkeeper and the 1st customer decide to take the child to the police and not to a Social Worker? (Manolo)

Answers: (Participants)

- Because little is known about Social Workers in the Country
- It is late and the police is available, while social workers aren't.
- Lack of hotline to call in case of child related emergencies
- Not many instances where such case comes about and roles of SWs are not known
- No knowledge of what to do when a child is found and knowledge is power

Manolo: It was not bad to refer the case to the police. It happens the same way in other countries.

Second simulation (A child is found with a scratch, similar situation, and he is scared). Now, as DSW intervention process, what would you do? The session is split into four working groups to discuss and document their responses and present to plenary.

Responses to the situation by each group: Each group is requested to show what happened, who are the actors/responsible parties and what are the gaps identified in the service?

Steps: (GROUP 1)

What? An abandoned child is found and the case should be

- Report case to the police (WACPs), Documented, Referred to the hospital, Temporarily placement in a safe home, then trace family, verify adult and child, reunify, follow-up for a period of time and close the case

Who are those involved in the process?

- Police (WACPS), Social Workers and the Hospital

Gap? Logistical support, funding and communication

(GROUP 2)

What? Report case to the police (WACPs), Document, contact social worker, take child to the hospital, child is treated and record taken, Identification and placement at temporary center

Who? Social Worker, Police (WACPS), Hospital (Nurse)

Gap? Logistics and funding for operation

(GROUP 3)

What? After the child has been discovered by the shop keeper, the child should be referred to the police, a safe home for a temporary stay, and then trace family for re-unification.

Who? Shop, police, hospital (nurses) social workers.

Gap? Lack of coordination, communication, funding and low awareness and training for staff members

(GROUP 4)

What? Report case to the police (WACPs), documentation, referral to hospital, temporary placement in a safe home, follow-ups, referral

Who? Social Worker, Police (WACPS), Hospital (Nurse), Community leader and structure, Safe home supervisor.

Gap? Information sharing, guidelines and laws of child protection, Inadequate resources and lack of transit homes

Questions, answers and discussions: (Participants)

If the hospital becomes the first place the child is taken, what happens if the adult reporting the case is responsible for the violence against the child?

Answer: the hospital is first because of the child's health condition and therefore the health of the child is paramount.

Who takes the child to the hospital? The shopkeeper

It is good to take the child to the one stop center. There, the police, social worker, and nurses are available. It is good for the DSW to make use of the One-Stop Center.

Do community members know who to call in such case? There is a communication gap. SW activities are unknown to the public. The communication gap needs to be breached.

What happens before re-unification? Verification should take place before re-unification.

Steps for family re-unification should be listed. The steps should be made clear for every worker to know what to do according to the steps. The process should not allow for anyone to assume. Clarity at all level is the key.

Manolo: As demonstrated, there are more questions to be asked and there could be even more. Is the budget of the department known? Is it possible for the department to manage safe home? Is it efficient?

NEXT SIMULATION (PROGRAMING MEETING FOR CWAC-Asst. Min.)

- Clarity of goals

- How do we want to achieve the goals

Manolo: To develop the CWAC Program, we must first define what CWAC is. What does it mean to say CWAC or children without appropriate care?

Who are the children without appropriate care?

- Abandoned children
- Street children(children who live in the street without adult care)
- Children with disabilities
- Children in contact with the laws
- Neglected children
- Children without basic needs met

Presenter: More information is needed about these categories. The first step is to work on the definition. The list does not constitute the definition of what appropriate care is. For example (It could be said from a nutritional point of view, the child has to receive a certain calories of food daily, health, etc.)

In developing the definition, it is also important to look at the components. When developing a program, the population must be clearly defined. It is important to understand who you want to target, because the resources are not available to do everything.

For example, define the guidelines and standards.

PRESENTER: FOLLOWING THE LISTING OF THE TYPE OF CHILDREN THAT NEED CARE, where do you go to get those that fall in the listed categories? Police may be only one source of information. The only information is on reported cases. Information is essential. Start from what you know. What information is needed so the intervention will produce the expected results?

- Baseline information is needed
- A scenario of impact
- Causes/characteristic

PRESENTER: Identify partners and what are their mandates (See where synergies can be built and integrate services) Think of 3 partners for the DSW (How do you decide who is a partner?)-Someone with the same scope of work, for instance.

Exercise (Who are DSW partners?)

Plenary:

- Gender
- Education
- Youth \$Sports
- Justice Orphan relief and
- SOS
- NRC
- Carter Center

- Child Fund
- UNHCR
- THINK
- Christian Aid Ministries
- Samaritan Purse
- ARFO
- Team Challenge
- Ministry of Labor
- Save the Children
- OSIWA
- UNICEF

The list was voted upon and UNICEF and Save the Children received the highest marks, followed by Child Fund and Ministry of Finance.

PRESENTER: Partners are strategic depending on what you want to do. Some partners are strategic because they could work against your interest, so you want to have them on your side.

PRESENTER: Thinking of CWAC, there are 3 categories/LEVELS of partnership

- Implementation (Who will help you do your work)
- Capacity (Who will help you build your skills)
- Funding (Resources to help you do your work)-You must know the interest and purpose of your partners, their focus and agenda before engaging with them. (Also know what the backlash is with all the partners you wish to engage). Know why they should be involved. Very often, you have to convince them. Do you have a baseline? Do you have statics of what will happen if your work is not done?

**PRESENTER: IDENTIFY THE SERVICES NEEDED FOR THE TARGET POPULATION OF CHILDREN.
WHAT FACTORS ARE CONSIDERED IN DECIDING WHAT SERVICES TO PROVIDE?**

- Client/consumers need assessment based on what they identify as their needs
- Demographics
- Needs assessments (Need assessment is important because if a person needs water, for instance, food cannot be given to him)
- Invite partners
- Analyze current services for addressing the identified needs
- How do you measure your performance (Understanding of performance-baseline comparison with outcome, frequency, duration and intensity of the behavior or problem being addressed) how you make the best use of resources is important.

Final simulation

PRESENTER: Imagine you (DSW) have a program (CWAC) and the budget is larger than DSW's budget. DSW has projected the cost of the program to amount to 250,000.00 dollars. DSW plans to meet some potential donors/partners to raise the money. You plan a meeting with the partners from Ministry of Finance, USAID and the Health Department of MoHSW to discuss the program and budget. How can you

convince the partners that you really need this money? The meeting is convened with the Deputy Minister of Health and Social Welfare making her case before the three strategic partners.

Group 1. Finance

- During meeting discussion, Finance Minister identified communication gap within the larger Ministry of Health and Social Welfare (MoHSW) system. The MoF Pointed to DSW's low capacity and poor reporting history. The Ministry gave example of previous funds for which there were no records and no report of results. As a result, Finance was adamant from the beginning that the Ministry has budgetary problem and could not appropriate funding for DSW's current request.

Group 2. DSW

- In Making the Department's case, The Deputy Minister of MoHSW, defined the CWAC program, explained the Department's mandate, gave baseline statistics of children needing care, provided current budget and gave the budgetary gap needed to implement the program as defined. The Deputy Minister explained the long term societal impact if intervention is not continued at the designed level. She gave current number of counties being covered and measurable positive impact of the program based on baseline information and post program indicators. DSW was very aggressive in pushing for funding. DSW request was backed by baseline statistics, clarity on the population to serve, and projected short, median and long term statistical impact if service is not rendered. Following DSW's presentation, The MOF met and decided to allot \$50,000 dollars

Group 3. Ministry of Health

- Health questioned the impact of the program and promised to "further discuss with partners, but was unsure of any funding assistance".

Group 4. USAID

- After a brief discussion, promised 10,000.00

Manolo Cabran

mcabran@maestral.org

22 July 2014

Disclaimer

The opinions expressed in this paper are to be attributed to the author, unless otherwise stated. The contents are the responsibility of the author and do not necessarily reflect the opinion of the Government of Liberia, Save the Children, World Learning and USAID.

