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# HUMAN CAPACITY WITHIN CHILD WELFARE SYSTEMS THE SOCIAL WORK WORKFORCE IN AFRICA

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## ACRONYMS

ANPPCAN	African Network for the Prevention and Protection Against Child Abuse and Neglect
ASSWA	Association of Schools of Social Work in Africa
AU	African Union
AVSI	<i>Associazione Volonari per il Servizio</i> , Psychosocial Program in Uganda
BFTU	Botswana Federation of Trade Unions
CBO	Community-based organization
FBO	Faith-based organization
FEDOMA	Federation of Disability Organizations in Malawi
FHI	Family Health International
GAO	General Accounting Office, United States
HWSETA	Health and Welfare Sector Education and Training Authority, South Africa
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
JLIC	Joint Learning Initiative on Children and HIV/AIDS
M&E	Monitoring and evaluation
MGECW	Ministry of Gender Equality and Child Welfare, Namibia
MOHSW	Ministry of Health and Social Welfare, Lesotho
MOWCD	Ministry of Women and Child Development, Malawi
MVCC	Most Vulnerable Children's Committees, Tanzania
NCPA	National Costed Plan of Action, Tanzania
NGO	Nongovernmental organization
NPA	National Plan of Action
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PL	Public Law
PLWA	Persons living with AIDS
PODCAM	Parents of Disabled Children Association in Malawi
PSWT	Para-social worker trainee
REPSSI	Regional Psychosocial Support Initiative
SAFOD	Southern Africa Federation of the Disabled
UK	United Kingdom
USG	United States Government
WHO	World Health Organization





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# EXECUTIVE SUMMARY

## BACKGROUND AND RATIONALE

The viability of U.S. Government (USG)-funded programs that assist abused, neglected, and exploited children depends on a well-functioning child welfare sector, especially a competent social work workforce. Given the number of highly vulnerable children in sub-Saharan Africa and the suspected limited capacity of its child welfare sector, investments are needed in building a cadre of professionals and paraprofessionals with social work skills. Yet little specific detail is known about the sector and the social work workforce in Africa. Recognizing the demonstrated success of investments in human resources for health through the United States President's Emergency Plan for AIDS Relief (PEPFAR), and the mandate of PL 109-95, the Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005, to help maximize the effectiveness and sustainability of U.S. assistance for vulnerable children, the USAID Global Health Bureau commissioned a study of the child welfare workforce and social work in Africa.

## PURPOSE OF THE STUDY

The intent is to inform stakeholders about the opportunities for and constraints on building the social work workforce within the child welfare sector in Africa. For the purpose of this study, the *social work workforce* means all types of people who work in the public and nongovernmental sectors on behalf of highly vulnerable children, such as professional and paraprofessional frontline workers, child protection officers, child welfare supervisors, managers and program planners, local and national advocates, policy makers, and teachers and trainers of social workers.

This assessment is based on international standards for family-centered practice and social work skills for frontline workers (interviewing, assessment, care-planning, psychosocial support); child protection workers (risk assessment, family reunification, and foster and adoption services); and supervisors and managers (mentoring, program planning, human resource management, monitoring and evaluation [M&E], and budgeting). Based on the demonstrated linkage between a well-performing child welfare sector and a competent social work profession, the assessment considers both the sector itself, professional education institutions and associations, and the practice environment.

## METHODOLOGY

This desk-top study, conducted between May and September 2009, researched qualitative and quantitative data through telephone and Internet-based interviews and a document and literature review. Documents reviewed include the professional social work and child welfare literature specific to Africa; program descriptions and evaluations; government policies, laws, and strategic plans; and statistical data on the child welfare and social welfare workforce.

## STRUCTURE OF THE ANALYSIS

Based on principles and practices of family-centered, community-based social work practice for orphans and vulnerable children (OVC), this report analyzes the capacity of the child welfare workforce and the education and training of social workers in Africa within the framework of African child welfare policies. Opportunities and constraints of the child welfare workforce in Africa are identified based on the four-pillar framework<sup>1</sup> shown in Table 1, with an emphasis on the interface between Pillars 2 and 3.

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<sup>1</sup> This framework is adapted from studies on community-based care and the social work workforce in Europe and Eurasia (Davis & Aulenbach, 2005; Davis, 2006; Davis & Blake, 2008).

**TABLE 1. THE FOUR-PILLAR FRAMEWORK FOR ANALYSIS OF THE CHILD WELFARE SECTOR**

<p><b>Pillar 1. Policy and Legal Framework</b> Laws, public policies, and strategic plans targeted at highly vulnerable children; overarching values and principles; centralized and decentralized public functions; relationships with nongovernmental organizations; and mechanisms for financing, standard-setting, implementation, and accountability.</p>	<p><b>Pillar 2. Child Welfare Service Models and the Practice Environment</b> Programs and services in which child welfare workers practice (social work professionals and paraprofessionals, job functions, qualifications, salaries, status, regulation, standards of professional practice and ethical codes, and professional associations and unions.</p>
<p><b>Pillar 3. Education and Training</b> Acquisition of knowledge, values, and skills for social workers (professional and paraprofessional; frontline, supervisors, managers, and educators). This covers professional education and training, curriculum development, and conferences and workshops delivered by a range of providers.</p>	<p><b>Pillar 4. Outcomes and Performance Measures</b> Research on outcomes of social work interventions for specific populations; systems for monitoring social work inputs; cost-benefit analyses; social work outcome studies, such as adherence to standards, opinions, and attitudes; client satisfaction; and evaluations of programs and services.</p>

**MAJOR FINDINGS**

One observation that underscores all the other observations and findings is that there exists a historically rich social work profession in Africa that was built on a community ideology and focused on meeting the needs of vulnerable children and families, especially those living in poverty. The loss of community in social work methods, the lack of indigenous knowledge and the underdevelopment of the profession, and the need to build the capacity of child welfare and social work education systems in Africa are consistent themes in this analysis.

**Legal and Policy Framework**

- *Expressed Commitment for Highly Vulnerable Children but Limited Investment.* The African Union recognizes the urgency of making child and family well-being a priority. Yet despite legal requirements, investments in the structures necessary for leadership and oversight have not been realized due to limited resources.
- *Lack of Accountability and Implementation of Laws, Policies, and Strategies.* Although legal protections and national action plans are in place for highly vulnerable children, victims of trafficking, and gender-based violence, the technical skills and systems needed for M&E implementation are inadequate.
- *Investments in Social Protection.* Social welfare investments have primarily been in social protection schemes (cash transfers and social insurance) administered by social welfare ministries and departments, often the same ones that administer child welfare services. The result has been that child welfare service has been crowded out.

**Child Welfare and the Practice Environment**

- *Shortage of Qualified Social Workers in the Child Welfare Workforce.* Although much of the evidence is anecdotal, a few workforce studies provide statistical data on shortages of qualified social workers. Vacancy rates for established professional and paraprofessional

positions are 50%–60%, and half those employed leave their jobs within five years. To fill the gaps, many positions are staffed by underqualified personnel (Lombard, 2008; Malawi Ministry of Gender and Child Welfare, 2008; Kingdom of Lesotho, 2004). Among the reasons for the shortages are the following:

- *Low Salaries.* This problem is consistent and pervasive. Salaries are particularly low for paraprofessionals and social workers employed by local NGOs.
- *Disempowering Working Conditions.* Caseloads are large, paperwork is excessive, and resources for meeting even basic client needs are limited. Resources are scarce for carrying out specific job tasks, such as monitoring (computers & phones), convening meetings, and accessing transportation for investigations and monitoring visits. Job descriptions and decision-making structures are confusing, adding to staff tension.
- *Low Status* and negative perceptions about social work among the public and other professionals depresses morale and raises turnover.
- *Confusing Language and Practice Definitions.* The term “social” as used in social welfare, social services, social care, social protection, and psychosocial services for children is open to many interpretations, and there are no standards that define practice terms. This results in unclear and overlapping mandates.
- *Mismatch Between the Social Development Model and Child Welfare Practice.* Although in principle policies reflect a social development and community approach, social workers with group and community practice skills express concern about not being able to use what they know in actual practice.
- *Limited Supervisory and Management Capacity.* The data available indicate that there are few supervisory personnel and professional program managers, so there is leadership and mentoring for social workers, who often feel isolated and left to fend for themselves.
- *Lack of Specialized Skills and Career Tracks.* There are few incentives for social workers to stay on the job because there are no career tracks for acquiring specialized skills (foster care and adoption, clinical practice in hospitals and schools, juvenile justice) or moving to professional management or supervisory positions.
- *Lack of Data for Decision-Making.* Although most countries have a national plan of action for OVC, and other legal protections such as a children’s act, the projected demand for services and workforce needs has rarely been researched and costed out.

### **Social Work Education and Training**

- *Imported Practice Theory and Literature.* A divide over the historical roots of African social work and the impact of colonialism raises concerns about what African social work is and should be. The “Western/remedial” versus “social development” discussion reflects what some have called a crisis of confidence in the profession and the need to indigenize it.
- *Mismatch Between Curricula and Skills Needed for Family-Centered Child Welfare Practice.* Graduates of African social work schools have limited indigenous knowledge because many faculty have been trained in Western schools and are more familiar with Western literature, which emphasizes individual casework.
- *Lack of Incentives for Community Practice.* Although students see the value of community practice, they hold negative perceptions of it due to the vast geographical areas to be covered, limited access to transportation and communication modes, and professional and personal isolation.

- *Limited Data on the Capacity of Social Work Schools.* The data that are available are anecdotal and self-reported. Getting accurate and current information on the numbers of schools, students, and graduates is difficult. The shortfalls of graduates projected suggest the need for systematic evaluation of the capacity of African social work education.
- *Underdeveloped Social Work Teaching.* Teaching methodologies are lecture-based. Absent are the participatory models necessary to engage students in active problem-solving and empowerment processes consistent with the philosophical approach of community social work and social development.
- *Curriculum Development and Instructional Needs.* There is a great need for curricula dealing with community development and specialized areas of practice (child protection, health, mental health, schools, and juvenile justice) based on emerging child welfare practice standards, supplemented by quality field education experiences in rural community settings.

## **OUTCOMES AND PERFORMANCE MEASURES**

- *Lack of Data-Driven Practice Standards Linked to Outcome Indicators.* Criteria for job functions and related caseload size based on standards of service and practice are few, although models are emerging in countries where national standards have been formalized.
- *Lack of Benchmarks for Workforce Needs and Numbers of Graduates Required.* Without data on workforce needs that are based on a service delivery model and standards for programs, services, and practices, the difficulty of projecting demand for services and numbers of graduates needed limits the ability of both schools and child welfare systems to plan strategically.
- *Lack of African Evidence-Based Practice Research.* Research data on social work practice outcomes for specific populations are very limited in Africa; most models have been adopted from the United Kingdom and the U.S. without the systematic scientific study that would form the foundation of an African social work literature.
- *Lack of Accountability and Management Information Systems for Program Inputs (including Human Resources) and Outputs.* The lack of technical knowledge and skills of the hardware and software systems critical for M&E of child welfare systems impedes decision-making on services and providers and accountability to stakeholders.

## **THE WAY FORWARD**

Strengthening child welfare systems necessitates an approach that connects laws, policies, the child welfare practice environment, workforce capacity (including education and training), and defined outcome measures and data collection systems. With laws, policies, and related national action plans already in place, building capacity on the ground requires a systematic approach that links service models and service and practice standards<sup>2</sup>; quantified service demands and workforce needs (including skill sets and levels of effort); workforce gap analyses; and workforce capacity building strategies. An approach that targets both the child welfare practice environment and social work education and professional institutions has demonstrated promise for improving child outcomes. Although there are numerous constraints, the opportunities are many. Here are a few:

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<sup>2</sup> Service standards guide the structure of programs and services, including specific interventions, caseload size, where service is provided, etc. Practice standards provide guidance for the specific interventions, breaking them down in terms of requisite skills and behaviors of the practitioner.

**Figure 1: Four-Pillar Linkages**



**Pillar 1: Legal and Policy Framework**

*Policies and Laws Translated into Standards and a Service Delivery Model* that is incorporated into child welfare policy. Exemplary models are translating laws and policies into a service delivery model, as in South Africa, and into program and service standards, such as Ghana’s Foster Care Standards and Namibia’s Standards-Based Quality Improvement Framework and South Africa’s social work practice standards and training skills plan.

*Amplifying the Voice of Vulnerable Groups.* There are numerous initiatives for influencing programs and holding governments accountable, such as the African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) and the Southern Africa Federation of the Disabled (SAFOD). Organizations like the Federation of Disability Organizations in Malawi (FEDOM), which represents eight organizations, including the grassroots parents group, Parents of Disabled Children Association of Malawi (PODCAM), can pressure governments and provide additional mechanisms of accountability at the local, national, and international levels.

**Pillar 2: Child Welfare and the Practice Environment**

*Linking Child Welfare Strengthening with Social Work Education and Training.* A recognized crisis of confidence in the profession, the need to indigenize the social work profession, and the recently revived Association of Schools of Social Work in Africa (ASSWA) suggest opportunities for linking social work education and training with child welfare system-strengthening efforts through a number of different mechanisms.

*University – Public Child Welfare Partnerships.* Workforce initiatives could include partnerships between university social work programs and child welfare initiatives, such as faculty and curriculum development, teacher training, paraprofessional certificate programs, on-the-job training courses, recruitment of graduates into the child welfare field through scholarships and field placement options, and distance learning for practitioners in rural communities.

### **Pillar 3: Education and Training**

*Building Capacity of Educational Institutions and Programs.* Curriculum development and teacher training are critical for both classroom and field education. Opportunities to further legitimize the social work profession include building on opportunities to amplify voice of the profession through established social work associations, such as the revived ASSWA, with their regional and national counterparts; supporting research such as the recent study on Developmental Social Work Education in Southern and Eastern Africa; replicating laws regionally that regulate social work practice; and defining career tracks, including professional management and supervisory opportunities.

### **Pillar 4: Outcomes/Performance Measures**

*Data-Driven Strategic Planning Linking Child Welfare Workforce Capacity and Child Outcomes.* Some systems are beginning to use data to quantify the capacity of the child welfare workforce and provide information on the link between the workforce and child outcomes, bringing increased visibility and legitimacy to the system and the workforce.

The next section highlights exemplary initiatives that demonstrate the multifaceted linkages between the different pillars in social work workforce assessment and development.

## **CHILD WELFARE WORKFORCE HUMAN RESOURCE ANALYSES**

Some countries have moved forward by analyzing workforce gaps. Examples are the human resource gap analyses supported by USAID’s Capacity Project in Tanzania, Malawi, and Namibia, and social welfare human resource analyses and human resource development strategies in South Africa and Lesotho.

### **The Capacity Project**

The Capacity Project conducted human resources and gap analyses in child welfare services in Namibia, Malawi, and Tanzania. Common denominators are partnerships between child welfare systems and social work schools, linking capacity needs with National Plans of Action (NPAs) and standards, and building human resource management databases and monitoring systems.

*Namibia:* The Ministry of Gender Equality and Child Welfare (MGECW) undertook a human resource capacity gap analysis that costed out the NPA based on the Standards-Based Quality Improvement Framework for highly vulnerable children. Actions taken to address the limitations identified include a new structure that has increased social work positions and decentralized supervision; benchmarks established for numbers of graduates; incentives for students to choose child welfare as a career; shifting tasks from social workers to community child care workers and administrative and clerical staff; and drafting a training plan.

*Malawi:* The human resource gap analysis for the Ministry of Women and Child Development (MOWCD) focused on six issues that compared capacity against core policy mandates: structure and staffing, resource allocation and planning from central to the district levels, human resource management, training and development, communication/coordination, and oversight (M&E). The findings provided a baseline for building the cadre of frontline staff, which was identified as most critical for mobilizing communities.



**Tanzania:** A human capacity assessment identified resources needed to implement the National Costed Plan of Action for OVC. The recommendations were used to inform the development of a work plan to build a strong system of child welfare by creating village Most Vulnerable Children's Committees (MVCCs). Because committee members are usually lay persons with little training, a pilot program was initiated to train frontline social service providers nominated by the MVCCs, who will serve as paraprofessional village social workers.

### **South Africa's Service Delivery Model**

South Africa's White Paper on Social Development and the Children's Act was transformed into a service delivery model that provides a comprehensive national plan setting out the nature, scope, extent, and level of social services and forms the basis for identifying norms and standards for each service. A study of supply and demand for services, a strategic plan for building needed skills, projections of staff needs, and benchmarks for social work graduates have been completed. The Department of Social Development's Strategic Plan (2009–12) will guide implementation of the model based on projected demand, capacity, and human resource information gaps.

### **Lesotho's Health and Social Welfare Labor Market Study**

In 2004 Lesotho undertook a technical assessment of total labor supply and training requirements for the health and social welfare sector that focused on optimal staffing and gaps in implementing a full range of child welfare services. The national Human Resource Development Strategy and Plan for 2005–25 is based on the data it collected. Highlights of the Strategic Plan for the Social Welfare Department are a diagram of the full social work staffing pattern, including new positions in health and mental health; projected vacancy rates; and quotas for hiring social work graduates.

## **CONCLUSION**

At a time when the legitimacy of the social work profession and child welfare systems in Africa is being challenged even as the numbers and needs of highly vulnerable children continue to rise, investment in reinforcing the child welfare system is critical. Addressing workforce constraints through a comprehensive strategy that builds on the many opportunities and exemplary service delivery models and standards will reduce the gap between policy and reality for vulnerable children and their families. Establishing a data-driven child welfare human resource development agenda while building on the experience of enhancing human resources for health will help connect the child welfare workforce and child outcomes.



## I. BACKGROUND AND RATIONALE OF THE STUDY

The United States Government (USG) has invested in highly vulnerable children through a number of mechanisms. The President's Emergency Plan for AIDS Relief (PEPFAR) supports interventions that build the capacity of families, communities, and governments to care for children living with and affected by HIV/AIDS, poverty, abuse and exploitation, and conflict. The Vulnerable Children's Act of 2005 (Public Law [PL] 109-95) calls for improved targeting and programming of resources to address the world's most vulnerable children (USAID, 2009). Because the numbers of highly vulnerable children in sub-Saharan Africa are expected to rise, investments targeted at building a cadre of professionals and paraprofessionals with social work skills is of critical importance. This paper, a synthesis of data obtained through a desk-top study commissioned by USAID's Global Health Bureau, explores opportunities and constraints for building the child welfare workforce in Africa.

For the purpose of this study, the child welfare workforce means all categories of people who work in the public sector, private nongovernmental organizations (NGOs), and faith-based organizations (FBO) on behalf of highly vulnerable children. This includes frontline social workers and paraprofessionals (with and without professional qualifications); child protection officers; community para-social workers; teachers and trainers of social workers; child welfare supervisors; managers and program planners; and local and national advocates (USAID, 2009).

*Working Hypothesis:* In sub-Saharan Africa there is a clear need for more professionals and paraprofessionals with social work knowledge and skills to deliver child-centered, community-based services for highly vulnerable children. Although laws may be in place and verbal commitments have often been made, there is a growing gap between policy and practice due to the lack of quality child welfare services provided by a workforce with sound social work practice skills.

*Requisite Skills:* Child welfare services are labor-intensive, requiring a high level of effort and a wide range of interventions (Child Welfare League of America, 2009; Health and Welfare Sector Education and Training Authority [HWSETA], 2008) within complex, context-specific, and multi-organizational systems (Caringi et al., 2008). Best practices in family and community-based child welfare programs require that social workers, professional and paraprofessional, have such generalist skills as the ability to engage parents and extended families in problem-solving and to be effective in areas like home visitations, child and family assessments, care planning and follow-up, crisis intervention, psychosocial support and counseling, consultations with children, school, health clinic, and other community visitations, individual and community advocacy, community mobilization, teaching home management and parenting skills, and helping people access resources like housing, job training, and employment. Child protection workers need specialized skills in risk assessment, placement services, family reunification, and foster and adoptive parent recruitment, assessment, placement, and follow-up (Republic of South Africa, 2009; O'Connor, n. d.). Social work supervisors and managers need advanced skills in program planning and M&E; community outreach, engagement, and planning; public and media relations and cross-system collaboration; human resource management and evaluation; and budgeting.

Today, the legitimacy of the social work profession and social welfare systems in Africa is being questioned. The success of investments in human resources in improving health outcomes for Africans has been convincingly demonstrated; similar investments in human resources for African child welfare systems are urgently needed. The interface of African health and child welfare systems make such investments timely for building a comprehensive initiative to address child welfare workforce constraints and better serve highly vulnerable children.

## OBJECTIVES OF THE STUDY

Because one crucial aspect of a coordinated and effective USG response to highly vulnerable children is the relative strength or otherwise of the entire social work workforce, the USAID Global Health Bureau commissioned this study. It explores the data available on the social work workforce in Africa and provides recommendations for building on opportunities and addressing constraints. The report provides information for the interagency initiative and for other stakeholders about the workforce and good social work practice initiatives specific to Africa. It responds to the following objectives:

1. Describe current social work and workforce initiatives that specifically address the needs of vulnerable children and families.
2. Collect statistical data on African social work practice and the workforce, labor market trends, vacancy rates, and educational programs, including professional development and in-service training programs.
3. Identify networks of social work advocates, educators, and professionals (including national and international social work associations, nonprofit advocacy groups, professional councils, and social work schools) in Africa.
4. Document existing and proposed social work job functions, tasks, and licensing and standards regulation related to child welfare and covering both the formal and informal sectors and professional and paraprofessional cadres.
5. Collect examples of people, projects, and institutions doing notable work, including workforce development, such as task-sharing with community health workers.
6. Discuss lessons learned and challenges to sustaining child welfare systems that support family and child-centered community-based care (including protection and the prevention of disease, abuse, and neglect) by the social welfare workforce, public and private.

## METHODOLOGY

*Data collection methodology:* This desk-top study was conducted May-September 2009 and collected data from the following sources:

- *Peer-reviewed literature:* The literature on social work education, the profession of social work, social welfare, child welfare, and social protection for OVC in Africa was reviewed.
- *Gray literature:* Documents reviewed included national policies, laws, and strategic plans; descriptions of public and private programs and services for different groups; USAID publications and Web sites; data on at-risk populations, the workforce, and financial resources; evaluation and research on programs and services; curricula from education and training programs; and related documents obtained through an Internet search and personal contacts.
- *Individual interviews:* Interviews were conducted by e-mail, telephone conferencing, and Internet-based conversations and messaging through SKYPE. The team interviewed representatives of UNICEF, advocacy groups, NGOs, university programs, USAID Mission programs, and associations.

## **II. AFRICAN GOVERNMENTS AND VULNERABLE CHILDREN**

The member nations of the African Union have committed themselves to a “sustainable social development approach” to address structural causes of poverty and social underdevelopment by investments in social services that address child and family vulnerability (African Union, 2005, 2008). Because children and families are increasingly vulnerable, the AU ministers responsible for promoting the rights and welfare of children agreed to “accelerated action” on implementation of the Plan of Action Toward Africa Fit for Children 2008–12. Their commitment called for mobilizing and allocating sufficient resources to structures created to address children’s issues (AU, 2007), inclusive of social work and social auxiliary workers.

In the 1990s Southern and East African governments initiated attempts to improve the return on investments in public services to address the surge in public service employment. Malawi’s Community Services Department and Zimbabwe’s Ministries of Education, Health, and Child Welfare have experienced a 10-fold increase in staffing since independence. Their civil service reforms aimed not only to reduce the size of the workforce but also to improve qualifications and training. South Africa initiated *Batho Pele* (People First) to transition its social welfare services to a community development practice model that is sensitive to race, gender, and disability (Kiragu, 1998). However, the commitments to reform have generally not been realized due to an emphasis on downsizing and privatization without systematic assessment of workforce capacity linked to service outcomes (Kiragu, 1998). Other problems were the lack of human resource management information systems (Sander, Bell & Rice, 2005) and the brain drain (Omoyefa, 2008).

### **COMMITMENT WITHOUT RESULTS**

In an effort to quantify national efforts to build institutional capacity to serve vulnerable children, USAID, UNICEF, and the Futures Group created the OVC Policy and Planning Effort Index to measure how countries in sub-Saharan Africa respond to the effect of the HIV/AIDS epidemic on OVC. The index is a composite indicator for monitoring and evaluating national responses (UNICEF, 2004; 2008a). First administered in 36 countries in 2004, a revised index was administered in 35 countries in 2007, which made it possible to analyze progress since 2004. The findings were that although most countries had analyzed the numbers and challenges of OVC and had a consultative process in place, just over half actually had mechanisms for coordinating national action plans for OVC. Although there had been some improvement since 2004, the minimal outcomes were attributed primarily to the limited institutional capacity of ministries or departments of social welfare.

National plans have increased verbal commitment and stakeholder engagement but they have not been useful as strategic tools for mobilizing institutional resources for action. Less than one-third of the countries with laws to protect children from violence, abuse, and all forms of exploitation had the resources to enforce them, and only 14% had confidence in the legislation. The perception of inadequacy was most marked in West and Central Africa (UNICEF, 2008a).

### **INVESTMENTS IN SOCIAL PROTECTION: LINKAGES TO CHILD WELFARE SERVICES**

Some national social welfare investments have been concentrated on alleviating poverty, primarily through cash transfers and social insurance schemes; the results have been positive. Outcomes include a reduction in the rate of hunger (Croome & Mapetla, 2007), access to school uniforms, increased school attendance through conditional cash transfers, and increased access to health care for grandchildren through old age pensions, (ISSA, 2008). Even though outcomes for children are better, however, there is concern that the benefits are few and access uneven. Often the most vulnerable are not reached (Hodges, 2008; Sultan & Schrofer, 2008). Social security

schemes have been shown to exclude 80% or more of the population, primarily those whose livelihoods depend on farming or the urban informal sector. Enrollment estimates in such programs in West and Central Africa, for instance, are Guinea, 2% of the population; Cameroon, 10%; Côte d'Ivoire, 10%; Congo, 15%; Togo, 2%; and Senegal, 20% (Hodges, 2008).

The administering agencies, often those that also administer child welfare services, are said to have an acute shortage of trained workers (Hodges, 2008; Sultan & Schrofer, 2008; ISSA, 2008). In Rwanda, only 20% were found to be qualified degree holders (ISSA, 2008) and in Ghana the Ministry of Manpower and the Department of Social Welfare are described as weaker than the Ministries of Health and Education (Sultan & Schrofer, 2008, p. 10). Given the crucial role of social workers and their social service counterparts in identifying the poorest and most marginalized children and families, linking social protection and other social welfare services is seen as strategic for meeting the needs of highly vulnerable children. As governments and partners scale up social protection programs and aspire to make them more effective, the capacity of the already overburdened social welfare sector will need careful study (Greenberg, 2008).

It is critical to balance economic responses with broader psychosocial supports and prevention services. Otherwise, economic needs will crowd out social needs (Gray, 2006, p. S53-S54; Midgely, 1995, p. 25; Ife, 1997). In South Africa the Ministry of Social Development confirmed that the intensive focus on social security in the first 10 years of democracy had been to the detriment of other developmental social services; for instance, the 2004/05 social welfare budget was allocated 91.6 percent to social security and only 4.6 percent to social services. The ministry has since separated those functions (Lombard, 2008). In Ghana the government is rethinking the relationships between economic and social supports, given both the drain on the social welfare system and public controversy over cash supports to the poor (Sultan & Shrofer, 2008).

Proposals to combine pathways of care, e.g., linking social protection (cash transfers) with social welfare services and embedding them in health and education (Pinkerton, 2008; Greenberg, 2008), will necessitate careful balancing of the economic and social objectives and identifying contact opportunities. Otherwise child welfare services will be further marginalized (Maritz & Coughlan, 2004; Davies & McGregor, 2009).

### III. CONSTRAINTS ON SERVICES TO HIGHLY VULNERABLE CHILDREN

Since most social workers and paraprofessionals in Africa work for public agencies, they are the critical link in analyzing workforce capacity and the quality of child welfare services. In Botswana most social workers work for local authorities; only a very small number work for the central government and in NGOs (Botswana Federation of Trade Unions [BFTU], 2007). In Zimbabwe the government is the largest employer of social workers and paraprofessionals (Chogugudza, 2009) and in Lesotho 80% are employed by the Ministry of Health and Social Welfare [MOHSW] (Kingdom of Lesotho, Ministry of Health and Social Welfare, 2004). Social workers are described as situated between “circumstances of widespread deprivation, a skeletal malfunctioning welfare sector, and the persistence of neo-colonial relations with developed countries” (Laird, 2008, p. 140). In Lesotho, the social welfare sector is in a “rudimentary state of development” (Kingdom of Lesotho, Ministry of Health and Social Welfare, 2004). In Namibia, progressive domestic violence legislation cannot be enforced because the workforce is inadequate (*Responses Aux Demandes D’Information*, 2007). This section explores constraints, providing quantitative and qualitative data where available.

#### CONFUSION OVER DEFINITIONS

The word “social” is open to many different interpretations depending on its use in phrases like social welfare, social services, basic social services, social care, social and psychological support, social assistance, and social protection; in each situation it has a different meaning (Pinkerton, 2008). Social work practice and social protection and insurance schemes use a similar language, talking about social services, social safety nets, empowerment, case management, decentralized community-based systems, etc. as if the meanings were similar, though often without clear definitions. Similarly, the meaning of “social welfare services,” recognized as necessary for building and coordinating the complex child welfare workforce, is not clearly defined and operationalized by governments or educators (Sherr & Mueller, 2008). Terms like “gap in services” and “lack of human resource capacity” or “weak social welfare workforce” are commonly used but not clearly defined or quantified.

The meaning of the term “psychosocial,” often used to describe a social work intervention with children and families, differs depending on who is using it, for what program, and where (Psychosocial Working Group, n. d; WFMH, 2008). African social work scholars challenge its local applicability (Laird, 2008), calling it specialized mental health services that further marginalize the poor and disenfranchised groups (Laird, 2008; Midgley, 1995). On the other hand, the World Federation for Mental Health Africa Initiative (WFMH, 2008) makes a case for expanding psychosocial services to emphasize the “psych-” aspect, especially in reference to persons living with AIDS (PLWA), who face tremendous psychological stress that often goes unaddressed. The model proposed by the Psychosocial Working Group holds some promise for bridging the psychosocial and social development models,<sup>3</sup> inclusive of psychological and social supports to individuals, families, and communities linked with active policy and advocacy debate (Maritz & Coughlan, 2004; Holscher, 2008).

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<sup>3</sup> There is an emerging literature clarifying the meaning of *social development* and *psychosocial support* for social work practice and social welfare systems within the African context of poverty and social injustice. Emerging definitions of these concepts overlap because they are both “pro-poor”; promote participation of the socially excluded; address problems through empowerment and capacity building (Patel, 2005); require attention to the individual, family, and community as well as the governmental and social structures (Barker, 2003, p. 403); and integrate micro and macro- level interventions (Psychosocial Working Group, n. d; Gray, 2006).

## **LACK OF A DEFINED HOME FOR CHILD WELFARE SERVICES**

In most countries ministries and departments of social welfare and development are given responsibility to implement programs and services that protect the rights of vulnerable children under the Convention on Rights and the Child and the African Charter on the Rights of the Child. In recent years, as more policies have been adopted to address human trafficking, gender-based violence, and child labor, new entities have been created that overlap with those ministries and departments (Sossou & Yogtiba, 2008, p. 12).

For example, in Ghana the newer Ministry for Women and Children's Affairs and the Department of Social Welfare have overlapping responsibilities (Sossou & Yogtiba, 2008, p. 12). Ghana's legal mandates, such as the Juvenile Justice Act of 2003, Human Trafficking Act of 2005, and Domestic Violence Act of 2007, require a range of social work services, such as temporary care, counseling, family tracing, and rehabilitation. The Department of Social Welfare, along with other official bodies like the police and health and education department, have responsibilities under these laws (Ghana Department of Social Welfare, 2008).

In Lesotho, the Child and Gender Protection Unit, which is under Police Services, does not currently employ social workers, although social work students do field practice there, supervised by university faculty. Social workers in Lesotho's Ministry of Health and Social Welfare also deal with child protection, and the two units are seen as complementary. The rationale is that this structure makes it easier for people to report cases of child abuse since there are numerous police stations. Conversely, in Zimbabwe all child protection issues tend to be handled by social workers in the Department of Social Welfare (C. Chitereka, personal communication, August 13, 2009).

## **GOVERNMENT STRUCTURES DISCONNECTED FROM COMMUNITY INITIATIVES**

A common theme in program evaluation documents is the lack of a connection between local community initiatives and government structures (Joint Learning Initiative on Children and HIV/AIDS [JLIC], 2009). Not only is there a disconnect, there is tension between the two. From the community point of view, government is seen as corrupt and lacking capacity. Yet national and local social welfare and social development departments are authorized to lead local child welfare initiatives and establish standards and procedures for monitoring community programs and services (JLIC, 2009, p. 32). National as well as local mechanisms for coordinating and harmonizing donor inputs and community programming are seen as vital for meeting the intent of the law on program and quality (p. 53).

## **LACK OF CAPACITY FOR DATA-DRIVEN DECISION-MAKING**

Results from the OVC Policy and Planning Effort Index showed that only 37% of the countries reported having a national M&E system, with only 5% reporting good use of M&E data for formulating policies and planning programs. Problems reported by governments were insufficient staff and lack of technical expertise to identify and aggregate data and coordinate and manage new data collection among the multiple partners involved in M&E for OVC. Only 4 countries (11%) reported conducting M&E reviews and planning with other stakeholders. Inability to monitor and incorporate NGOs also was cited as a major gap in system planning (UNICEF, 2008a).

A study by the African Child Policy Forum set out indicators to measure child-friendly governments, such as child welfare policy and expenditures on health, education, and vaccines compared to spending on the military. Expenditures on building the capacity of the child or social welfare systems were not evaluated (African Child Policy Forum, 2008). It is as if the social and child welfare sectors are invisible when need and capacity for policy implementation are assessed, even though the social welfare sector is considered the primary mechanism for delivering service to vulnerable children.



Also contributing to the lack of data on government institutional capacity is the lack of child welfare human resource management information systems that have established indicators. As in the Human Resources for Health initiatives, workforce data are necessary to guide and coordinate national policy and implementation strategies, using quantitative estimates to cost out the workforce needs (UNICEF, 2008a).

### **SHORTAGE OF QUALIFIED SOCIAL WORKERS**

There are numerous reasons why there are too few qualified social workers and paraprofessional social auxiliary and community development workers across Africa. Cutbacks in public social welfare services due to structural adjustment programs of the International Monetary Fund are believed to have contributed to some of the shortfall (Kreitzer, Abukari, Anonio, Mensah & Kwaku, 2009). Other factors are difficult working conditions, such as high caseloads, low status, and low pay, which lead to high turnover and movement of trained social workers to other countries in search of better pay and working conditions.

Finding quantitative data to support anecdotal and descriptive statements requires some reading between the lines. In some studies, social workers are considered part of the health care workforce. Some data can be gleaned from peer-reviewed journal articles referring to specific vulnerable populations. Other workforce data, both quantitative and qualitative, are buried within assessments addressing capacity to implement, e.g., foster care standards, psychosocial programs, or deinstitutionalization of child residential facilities.

- In Malawi deinstitutionalization of the 40 residential children's homes is hampered by a lack of personnel with the technical expertise to direct the fostering and adoption program (Williams, 2007).
- In Malawi's Department of Social Welfare, 83% of staff have only a secondary school certificate, 11% have a 2-year post-secondary certificate, 6% a diploma, and 11% a degree. There are 359 community child protection workers whose education and experience are also limited (Williams, 2007).
- An evaluation of PEPFAR OVC programs in South Africa indicated tremendous variability in the quality and outcome of services due to wide variations and limitations in staff qualifications (Khulisa Management Services, 2008).

### **SOCIAL WORKERS EMPLOYED VERSUS NUMBER REQUIRED**

Although statistics exist on the numbers of highly vulnerable children, there is no agreement on specific services needed for identified outcomes, the skills required, and who should deliver which services. Unlike ratios for numbers of doctors, nurses, and community health workers to population, few studies provide formulas to determine the numbers of social workers with different skills that are needed. Although most countries have clear policies for providing family-centered child welfare services for vulnerable children, either through the National Plan of Action (NPA) for OVC or a National Children's Act, projected demand for services and workforce needs has rarely been determined.

- A 2007 study in Botswana found 1 social worker to 629 orphans, though the recommended ratio would be 1:200 (BFTU, 2007). Many workers have no child welfare training and on average one social worker must cover more than five villages—84% said the geographic area was too large to provide the psychosocial support services needed (Maundeni, 2009, p. 6).
- In Liberia, where there is a recognized need for social workers in mental health and health care, a Ministry of Health and Social Welfare study showed the ratio of social workers in health care to be 1:100 beds; no norm was established for comparison purposes. The current

social worker-to-population ratio is 1:32,000, and only half of social workers have professional training. Given the needs of the country, the World Health Organization (WHO) suggests the ratio of qualified social workers to population should be 1:26,016 (Government of Liberia, 2007).

- In Lesotho, there is only one social welfare worker per 100,000 population. At the time of the census, social workers accounted for just 0.6% of the total health and social welfare sector workforce. Since most social welfare personnel are employed in the capital city, Maseru, this means that over half of the service areas have no such personnel at all. The projected need for social welfare staff (social workers, social welfare auxiliaries, clinical social workers, and vocational guidance officers) is 243, but the number currently employed is just 44—18% of minimum requirements (Kingdom of Lesotho Ministry of Health and Social Welfare, 2004).
- The Directorate for Child Welfare in Namibia, which does not have enough resources to implement the NPA for OVC, was able to increase the number of positions from 136 to 305, but even with Ministry of Finance approval the posts were not immediately funded. Although 95% of social work positions were eventually funded (but not necessarily filled), as of 2007/08 only 47.3% of the positions for community childcare workers, a paraprofessional position created to help fill the gap, had been funded. And although funding was anticipated by 2009/10, finding qualified staff to fill the positions will be difficult (MGECW, 2007).
- In Tanzania, the MoHSW Department of Social Welfare has historically been too understaffed to provide basic social welfare services. To date only one-third of Tanzania's districts have district social welfare officers. As the government adds a cadre of paraprofessional social workers, the number of district officers is expected to be scaled up (The Capacity Project, 2008; American International Health Alliance [AIHA], 2009).
- South Africa's social welfare strategy for implementing the *Batho Pele* (People First) principle calls for reducing caseloads from the 2006 average of 1:300–500 to the government norm of 1:60 (Lombard, 2008). With approximately 13,000 registered social workers in 2007, about 50% of whom are employed in public services, that would mean a shortfall of 4,000 social workers by 2010/11 to implement the minimum requirements of the Children's Act. Full implementation would require 56,465 professional social workers (HWSETA, 2008). England, with a population similar to South Africa's, has 75,000 social workers—although the scale of poverty and HIV/AIDS in South Africa skews any comparison (Carson, 2006).
- Social auxiliary workers in South Africa, paraprofessionals with one year of training, perform routine tasks under the supervision of a social worker. The 2008 study found 1,455 registered social auxiliary workers and 2,077 conditionally registered as trainees. Although there are no norms, there has been an increase of 660% since 1992, with the greatest increase since 2000 (HWSETA, 2008). This increase may serve as a resource for unfilled social work positions.

## **FACTORS CONTRIBUTING TO WORKFORCE SHORTAGES**

Further exacerbating the shortage of qualified social workers are not only high caseloads, high turnover and vacancy rates, low status, low pay, and poor working conditions but also an emphasis on bureaucratic and administrative procedures related to meeting the material needs of vulnerable children and families. Some countries are beginning to quantify these problems so as to move beyond reliance on qualitative descriptions.

## High Turnover and Vacancy Rates

- A 2004 study found that in South Africa 50% of the Department of Social Development's social work posts were vacant, and in KwaZulu-Natal province 59% (395 of 720 posts) were vacant. The turnover rate for public sector social workers was 50% within five years, with the trend being higher for social work assistants (Maritz & Coughlan, 2004). Staff turnover for the majority of NGOs was nearly 50% within six months (Lombard, 2008).
- In Malawi the Department of Social Welfare had a 66% vacancy rate: 257 of 395 professional staff positions were unfilled (Williams, 2007). The vacancy rate in the MOWCD was 47% (MOWCD, 2008).
- In Lesotho social worker employment duration was found to be lower than in the health sector. Social workers leave their jobs within five years, compared to seven for health workers (Kingdom of Lesotho MOHSW, 2004)

## Low Status and Low Pay

- As a profession social workers have been characterized as “marginalized and poor” and feeling powerless to speak out (Maritz & Coughlan, 2004). Low pay and unsatisfactory work conditions, including limited office space and lack of transportation and telephones, undermine commitment and exacerbate the struggle for professional identity (McKendrick, 2001; Maritz & Coughlans, 2004).
- In Malawi monthly salaries range from about \$40–\$80 for professional staff to \$10 for paraprofessional community child protection workers (Williams, 2007).
- Pay for faculty and staff within universities is also low, and often they must hold two jobs in order to earn a living wage (Kreitzer et al., 2009).
- In Namibia there is a lack of incentive to work for the Directorate of Child Welfare, which pays less than internationally funded NGOs and the private sector. Recruiting social workers to rural areas is impeded by a lack of housing support and other hardship post incentives (MGECW, 2007).

## Administrative Job Functions: Caseload Size and Public Perceptions

- A common theme is that jobs are focused on meeting material needs and performing clerical and administrative responsibilities for administering cash transfer schemes (Chogugudza, 2009; Lombard, 2008; Maundeni, 2009; Lipinge, Hofnie, van der Westuizen, & Pendukeni, 2006; Williams, 2007) .
- In Botswana, although policies call for provision of the full range of economic and psychosocial supports, high caseloads and large geographical areas mean there is only enough time to perform clerical duties and give material assistance, such as food rations and clothing (Maundeni, 2009, p. 6).
- Botswana social workers see high levels of family stress within kinship foster families, resulting in enormous hardships for children due to lack of parental nurturing, abuse, and stigma. Yet they have no time to assist due to administrative tasks and rigid working hours (BFTU, 2007).
- In Malawi there is considerable concern about the impact on the effectiveness of child welfare workers of added responsibilities for cash transfers (Williams, 2007).

- In Zimbabwe social workers (officially “social welfare officers”) carry out duties described as similar to those carried out by the Department of Social Security in the UK. (Chogugudza, 2009).
- One finding of a recent Human Resources for Health study in the Khomas region of Namibia was that social workers feel that both their role and capabilities were misunderstood because they were not given the opportunity to utilize what they considered to be social work skills. They saw their work as primarily fulfilling material needs (Lipinge, Hofnie, van der Westuizen, & Pendukeni, 2006).
- Similarly, a study of Liberian social work students found that 40% felt that social work was “misunderstood” and lacked a supportive professional infrastructure (Kuilema & Venema, 2009).

Recognizing the lack of psychosocial supports, some countries are exploring ways to address the need for specialized social work jobs. These positions would be placed in other ministries, such as those for health and education.

### **INADEQUATE MANAGEMENT AND SUPERVISORY STRUCTURES**

In Namibia it is recognized that MGECW management and supervisory mechanisms lack both quality and quantity. Although regular written reports, such as annual plans and monthly and quarterly reports are required, there is little direct contact with superiors because national-level social workers service a number of regions. There is no performance appraisal system, and little is done to respond to training and development needs. Social workers outside of Windhoek say they feel isolated and have limited guidance (MGECW, 2007). In Malawi central and district child development officers and social welfare officers need to be trained and supervised to use data to inform resource planning, mobilization, and budgeting. It is not clear who frontline staff should report to, and reporting forms are incomplete and filed inconsistently (MOWCD, 2008).

Supervision and monitoring of NGOs has been identified as a major concern in human resource capacity in Malawi. The Global Fund, UNICEF, and PEPFAR finance NGOs that provide HIV/AIDS-related activities, but there has been little oversight, resulting in duplication of efforts and competition. Because service needs will require a continued level of effort, effective and efficient use of resources demands better monitoring and oversight, preferably by the MOWCD (MOWCD, 2008). Linkages between the NGO and the public sectors are critical to the sustainability and quality of very important grassroots programs and services.

### **Role and Mandate of Regulatory Frameworks, Bodies and Mechanisms**

One way to seek legitimacy and raise the status of a profession is through a regulatory mechanism like licensure, certification, or registration. Without licensing and an ethics board, there can be no accountability to the public (Kreitzer, et al, 2009). Data on African countries that regulate the practice of social work was difficult to come by. One study did find that in Southern and Eastern Africa, 13 of 21 countries responding have regulatory bodies (Hochfeld, Selipsky, Mupedziswa, R. & Chitereka, 2009), but a search on regulatory legislation found information only for Namibia, Zimbabwe, and South Africa. In Zimbabwe the Council of Social Workers, established by law in 2001 and set up in 2006, is responsible for registering and accrediting social workers. Its secretariat, established in 2008, has so far registered 240 social workers; most are still not registered. Partially supported by UNICEF, the council is looking for foreign assistance to fully implement the social work legislation (Chirambira, 2009).

The South Africa Council of Social Service Professionals is an umbrella body for occupational groups now labeled “social service professions” and their professional boards to protect and promote the interests of their members; maintain and enhance the prestige, status, and dignity of

each profession and the integrity of its practitioners and students; and advocate for minimum service conditions (Lombard, 2008, p. 138).

In Namibia the Social and Social Auxiliary Workers Professions Act of 1993, later amended to the Social Work and Psychology Act of 2004, requires registration in order to practice social work. The act defines the duties and function of a board and the training and qualifications of social and social auxiliary workers (Government Gazette of the Republic of Namibia, 2004).

## **SOCIAL WORK EDUCATION AND TRAINING**

The confusion over nomenclature reflects a deep divide over the historical roots of social work in Africa and the impact of colonialism, raising serious questions about what social work should look like within the reality of the African continent today. In Africa the status of the profession has been undermined, resulting in the lack of confidence and belief in the ability of the social work profession (Lombard, 2008, p. 128; Department of Social Development, 2009). Members of the profession are “undergoing a crisis of confidence in themselves, their profession, and ability to contribute to social development” (McKendrick, 2001, p. 105).

At the root of the question of legitimacy is the history of African social work education and practice, often described as “Western and colonial.” Terms like “indigenous” and “indigenize” (adapting imported ideas and practices to the local context) recur throughout the literature on African social work practice and education (Hochfeld, Selipsky, Mupedziswa, & Chitereka, 2009; Laird, 2008; Midgley, 1995; Osei-Hwedie et al., 2006; Patel, 2005), reflecting a need to legitimize the social work profession by using African knowledge and practice models. Some directly attribute the marginalization of social workers to the dominance of Western knowledge and its impact on their practice (HWSETA, 2008; Kreitzer, Abukari, Anonio, Mensah, & Kwaku, 2009). Although colonialism had positive aspects, such as use of a unifying language like English, educational opportunities, and a respect for persons living with disabilities and illness, the traditional communal identity that advocates oral teaching was lost to individualizing family life and the introduction of Western social welfare systems (Kreitzer, et al, 2009; Osei-Hwedie, et al, 2006).

Although the *Global Standards for Social Work Education* emphasize social change based on the “principles of human rights and social justice” (International Association of Schools of Social Work [IASSW] & International Federation of Social Workers [IFSW], 2004, p. 2), African scholars do not consider this to be part of the African education curriculum (Mmalti, 2008). Due to the high levels of absolute poverty, malnutrition, and illiteracy, some perceive the need for new methods of interventions (Laird, 2008, p. 135) consistent with African social development policies (AU, 2005).

## **MISMATCH BETWEEN EDUCATIONAL OUTCOMES AND CHILD WELFARE SERVICE NEEDS**

Social work education in Africa is described as “lacking relevance [to the African reality] in terms of its philosophical, value, and ideological base.” Students who graduate from such a system tend to remain not completely familiar with indigenous knowledge systems or ways to work with the people. The president of the revived Association of Schools of Social Work in Africa (ASSWA) stated it best:

We want to argue that social work education in terms of its future direction, development, and focus on the continent be given attention in terms of capacity building, creation of an official forum for the meeting of minds, interaction, networking, curriculum development, etc. If left to chance, as has been the case, social work education will continue to be haphazard, ad hoc, and undirected, with serious implications for the mission and vision of the profession. Social work in Africa has been without a platform

to foster discourse on its nature, character, and direction. Transformation of social work education from being euro-centric to afro-centric has to be spearheaded by an organization that can provide a forum for dialogue, leadership, and contextual framework (Lengwe-Katembula Mwansa,<sup>4</sup> personal communication, September 3, 2009).

Translating family-centered policies into skills guided by practice standards is necessary to transform them into an educational agenda with specified outcomes. Skills for engaging male and female caregivers, seeing families as active rather than passive participants, and engaging family networks have demonstrated positive outcomes in pilot programs. Yet scaling up will require systematic and strategic instructional approaches as well as changes in job descriptions and functions (JLIC, 2009, pp. 19–21). Gaps between what is known, what knowledge is needed, and what can be applied are beginning to be identified. Some examples:

- An assessment of student perceptions and curriculum content identified the need to include conflict management and antidiscrimination training in countries like Rwanda, Ghana, and Nigeria (Laird, 2004).
- In Ghana community development was initially established as the basis for social work education and practice, but over time the community development and social work degree programs were separated and offered in different educational systems, with social work losing its “community” roots (Kreitzer, et al, 2009).
- There is a need to build upon models focused on specific coping strategies that are used within African households and communities (Laird, 2008) and to integrate the strategies into learning opportunities, including field experiences.
- In Botswana social workers see enormous hardships, such as psychosocial distress, lack of parental nurturing, abuse, and stigma, especially among kinship foster families, but have little opportunity to apply group work methods that have demonstrated success for such groups. Even if workers have group work skills, rigid working hours restrict their ability to conduct such programs (BFTU, 2007).
- In Zimbabwe social workers in hospitals and psychiatric facilities feel a need to enhance their job functions by providing psychosocial counseling; the current emphasis is on meeting medical and physical needs (Chogugudza, 2009).
- Ghana’s Orphan and Vulnerable Children Care Reform Initiative 2006–11 calls for a 90% reduction in children’s homes and for initiatives that will implement new policies and laws, such as the Foster Care Regulations of 2007. If this is to be accomplished, social workers will need new skills in participatory decision-making with parents and children and in monitoring family care plans (Ghana Department of Social Welfare, 2008).
- In Liberia the mandate to close the 84 orphanages requires new skills in family tracing and reunification for the many children who are not orphans, as well as advanced skills in supervision and monitoring (Parwon, 2006).
- Social workers in Namibian hospitals expressed a sense of having little power in decision-making, which is dominated by doctors and nurses. On the other hand, managers described social workers as “complacent with a lack of vision” and a tendency to “blame the system” (Lipinge, Hofnie, van der Westuizen, & Pendukeni, 2006). As social workers in settings like hospitals and schools become increasingly numerous, additional skills in multidisciplinary

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<sup>4</sup> Lengwe-Katembula Mwansa, associate professor of social work, University of Botswana, is president of ASSWA, a recently revived initiative to organize social work schools and educators to reduce the gap between practice needs and educational outcomes.

team work and decision-making will give them the confidence to advocate for client needs, even when in a position of less power.

- Although Zimbabwe's social work education program has a strong social development approach that focuses on macro-interventions like land reform, rural development, employment creation, and economic reform programs, students are not able to apply this in practice settings. Field placements through which social work education institutions can influence practice, and thus reduce the gap between what is needed and what is practiced, can provide the interface between skills acquisition and application (Chogugudza, 2009).
- A study at two universities in the Eastern Cape, the poorest province in South Africa, explored attitudes and the experiences of social work students with poverty and related problems, such as crime, unemployment, and HIV/AIDS, and their level of commitment to developmental social work. Even though students agreed that community and group work were best suited to deal with the most pressing problems, their preference was for individual casework. Moreover, community work had negative connotations even though students expected to return to their own communities (Maritz, & Coughlan, 2004). A similar study in Liberia revealed positive attitudes toward community work but little commitment to community practice after graduation (Kuilema & Venema, 2009).

## **CAPACITY OF SOCIAL WORK EDUCATION SECTOR TO PROVIDE SOCIAL WORKERS QUALIFIED FOR COMMUNITY BASED CARE**

### **Lack of Benchmarks to Project Needed Student Output**

Getting accurate and up-to-date statistical data on numbers of schools, students, and graduates across Africa is difficult, except for South Africa. Although statistics were not included, one report indicated a fall in the number of social work programs from 82 in 1977 to 53 in 2008, which raises concern, given the increasing vulnerability due to poverty, violence and HIV/AIDS in Africa (Sossou & Yotigba, 2008). A recent study of social work education in Eastern and Southern Africa identified 42 schools of social work in 15 of 21 countries surveyed. Of the 42 schools surveyed, only 25 responded (Hochfeld, Selipsky, Mupedziswa, R. & Chitereka, 2009). An IASSW World Census 2000 report commissioned because of the lack of a worldwide database on social services education had a response rate of 21% and covered only 10 countries in the Eastern and Southern African Association of Schools of Social Work, with the most response from South Africa (Baretta-Herman, 2005).

Establishing benchmarks for optimal qualifications and student volumes that make possible projection of workforce gaps and shortages is "difficult, if not impossible" without access to supportive data, especially statistical information from schools of social work (Hochfeld et al., 2009; L. Mwansa, personal communication, August 14, 2009), though some countries are beginning to set benchmarks for numbers of social and social auxiliary workers needed to implement child welfare and protection legislation.

- South Africa has recently set benchmarks for implementation of the Children's Act and project that, given the current negative trend in social work graduates, there will be a shortfall of 27.5% by 2015 if the act is to be implemented even minimally. If it is fully implemented, the country would need over 56,000 social workers (HWSETA, 2008).
- An analysis of the shortage in Namibia showed that only six students graduated in 2006, but registration figures for 2007 were 1<sup>st</sup> year – 60; 2<sup>nd</sup> year – 40; 3<sup>rd</sup> year – 20; and 4<sup>th</sup> year – 18. About 30% of the students are not Namibian. If all these students graduate, it will take three years to fill the public positions needed, but it is likely to take much longer given a 95%

graduation rate and the reality that some students will choose to work in the private and nonprofit sectors or return to their home country (MGECW, 2007).

- Lesotho is closing the supply gap for social welfare workers by providing structured in-service training for 185 social auxiliary workers. The projected need for degreed social workers is: Year 1–6; Year 2–12; Year 3–18; Year 4–24; and Year 5–24 (Kingdom of Lesotho, 2004).

### **Curriculum Development and Instructional Needs**

Major initiatives are needed to write curricula that ensure a more positive community-level experience for students and a resultant shift in attitude. A few countries are initiating student recruitment strategies that include compulsory community service (Maritz & Coughlan, 2004). Major problems in social work education are these:

- Staff of university social work departments has not increased in years. The result is large classes and a lack of participatory learning experiences. The curriculum can only be expanded and field education and supervision strengthened if there are more staff who can teach a greater variety of courses (Laird, 2004; Hochfeld, et al, 2009; Kreitzer et al., 2009).
- There are not enough books; often the entire class must share a single book (Kreitzer, et al, 2009; A. Seliskar, personal communication, July 23, 2009).

### **Indigenizing the Curriculum**

- In Ghana social work library books and journals are 99% Western. Course outlines have no Ghanaian references. Because publishing is difficult in Ghana, articles end up in Western journals that are not accessible to Ghanaian students. So a Ghanaian social work student destined for rural Ghana is learning about social work in urban Chicago (Kreitzer et al., 2009; A. Seliskar, personal communication, July 23, 2009).
- In Namibia an electronic search of the library brought up 747 holdings in social work, but most were US and UK publications. However, a significant number of papers in the gray literature were on Namibia, on topics like children's homes, local culture, domestic violence, living with HIV/AIDS, social rehabilitation for sex workers, and alcohol and drugs.
- Teaching is primarily by lecture, which is inconsistent with the community development model of practice. Participatory and experiential approaches are needed to teach family and community-centered practice and address inconsistencies in student attitudes to stigma, discrimination, and community work (Laird, 2004; Hochfeld, Selipsky, Mupedziswa, R. & Chitereka, 2009).
- A developmental social work approach depends on information and practice in using the political process to address discrimination and marginalization of segments of the population. It should emphasize the political nature of social work, and requires skill in mobilizing communities (Mmalti, 2008).
- Language is an issue. For example, South Africa has 11 official languages, so moving between communities would be a problem (Maritz & Coughlan, 2004).
- Curriculum content that introduces income security practices for communities is also needed, covering, for instance, income-generation programs like micro-enterprise development, basic bookkeeping, and proposal writing (Maritz & Coughlan, 2004).



#### **IV. OPPORTUNITIES FOR WORKFORCE DEVELOPMENT AND CURRICULUM DESIGN MODELS: PSYCHOSOCIAL SUPPORT PROGRAMMING**

*The Psychosocial Working Group*: Established in 2000, the Psychosocial Working Group is a collaboration between academic and humanitarian agencies committed to increasing knowledge and best practice in the field of psychosocial intervention in order to improve humanitarian assistance programs for conflict -and disaster-affected populations. Partners are committed to research, practice development, and networking with humanitarian agencies and academic institutions globally. The group has structured a conceptual framework for practice consisting of case studies, an inventory of resources, information for planning psychosocial programs and formulating objectives and indicators, and a research agenda. The framework emphasizes the close connection between the psychological aspects (thought, emotions and behavior) within experiences in relationships, traditions, and culture. In parallel with the African social development model, the indicators of psychosocial wellbeing are assumed to be impacted by human capacity, social ecology and culture and values (Psychosocial Working Group, n. d.).

#### **TRAINING COMMUNITY PRACTITIONERS WITH PSYCHOSOCIAL SUPPORT SKILLS**

*Caregivers* is a UNICEF pilot program that is training 560 students from eight African countries (Namibia, Malawi, Lesotho, Zambia, Swaziland, Uganda, Zimbabwe, and Tanzania). Its goal is to help fill the critical social welfare human resource gaps (M. Kluckow, personal communication, August 3, 2009). In partnership with the Regional Psychosocial Support Initiative (REPSSI) and the University of ZwaZulu Natal, and directed by the African Centre for Childhood, the pilot, which will end in March 2010, is training family-based caregivers, government and municipal social workers, teachers, law enforcement officers, staff and volunteers of community- and faith-based organizations, and international and local NGO entry-level staff and field workers. Students who have completed high school and are proficient in English are engaged in community work with vulnerable children. The curriculum has six modules: Self- Management and Development, Human Rights and Child Protection, Child and Youth Development, Care and Support, Integrated Development in Communities, and a Services Learning Project. Outcomes so far have been positive, and there seems to be a secondary gain of building student self-esteem; the project “pushes forward the movement toward recognizing and remunerating the work so many thousands of predominately female volunteers do each day in Africa.” The next step, “i-space Africa,” will take the project to the diploma and degree level (M. Kluckow, personal communication, August 3, 2009). This hopefully can narrow an educational gap by addressing the need for an integrated social development and psychosocial support curriculum.

*The Western Uganda Bantwana Program* has produced a range of tools that could be used for teaching social workers psychosocial assessment and intervention skills for programs linked with organizational and community capacity. The program targets the needs of vulnerable adolescents, especially child protection, livelihoods training, and psychosocial support. Results are measured using the Community Assessment Tool (Imran, Garb, Levy, Mutas & Katarikawe, 2007) and the Child Profiling Tool, which is used to assess increases in the quality and capacity of organizations’ services and improvements in children’s lives (World Education and John Snow, Inc., n. d.).

*The Associazione Volonari per il Servizio (AVSI) Psychosocial Program in Uganda* (Kerins & Canavera, 2005) grew out of an initiative that provided psychosocial support to people traumatized by the genocide in Rwanda. AVSI’s program came to Uganda in 1997 to address the suffering of people in Northern Uganda after almost 20 years of conflict and violence between the

insurgent Lord's Resistance Army and the government of Uganda. AVSI's approach is to build relationships with partners and beneficiaries through education. It aims to strengthen the innate resilience of individuals, families, and communities. In July 1998 USAID partnered with AVSI. Its programs included community-initiated recreational and cultural activities, vocational training for counselors, peace-building activities, and training leaders of youth and women's groups. Its curriculum materials—the *Handbook for the Community Volunteer Counselor* (published in both English and Luo) and the *Training Manual for Volunteer Counselors*—could be folded into the social work curriculum.

## V. OPPORTUNITIES FOR LEGITIMIZING THE PROFESSION OF SOCIAL WORK

### A VOICE FOR THE PROFESSION: PROFESSIONAL SOCIAL WORK ASSOCIATIONS

Professional associations, unions, and advocacy groups can serve as the voice of the social work and child welfare professionals and of the vulnerable populations they serve. These groups exist throughout Africa, with advocates and leaders at national and international levels.

*The Association of Schools of Social Work in Africa (ASSWA)* was launched in April 2005 to continue activities that had once been carried out by the Association of Social Work Education in Africa, which was active from the 1960 into the 1980s. It is organized into four regions, Southern, Eastern, Western (Anglo and Francophone) and Northern, each with a representative responsible for organizing regional activities. The current president, Lengwe Mwansa, assistant professor of social work, University of Botswana, has initiated an audit of social work educational institutions, although information on number of graduates, where they work, and future specialization needs is proving very difficult to obtain because record-keeping is a major problem (L. Mwansa, personal communication, August 14, 2009). So far only 44% of African schools belong to the AASWA (Hochfeld, Selipsky, Mupedziswa & Chitereka, 2009), so simply organizing has numerous challenges. Despite the critical need for ASSWA to become the voice of the schools and the profession and to speak out on local practice needs in Africa, the lack of a planning budget is one of many organizational constraints to fulfilling such mandates as an annual forum and regular business meetings. But the structure is now in place and the voluntary efforts of office holders demonstrate their commitment (Lengwe-Katembula Mwansa, personal communication, September 3, 2009).

*The Association of South African Schools of Social Work Education Institutions (ASASWEI)* is a well-organized entity that link schools of social work in South Africa, which is the only country on the continent that has such a functioning association. The website (<http://www.asaswei.org.za/>) lists 17 member schools (L. Mwansa and C. Chitereka, personal communication, September 3, 2009).

*African members of the International Association of Schools of Social Work* in 2008 included schools in Ethiopia, Ghana, Kenya, Madagascar, Malawi, Namibia, and Zambia as well as the 17 schools in South Africa. The past president is Professor Abye Tasse from Addis Ababa Social Work School in Ethiopia. The website revealed no paid members from Africa for 2009.

*Membership in the International Federation of Social Workers (IFSW)* requires that a country have a single national association that represents all the different social work membership organizations. Current African members are the Ghana Association of Social Workers, Kenya National Association of Social Workers, Lesotho Social Workers Association, *Association Nigérienne des Travailleurs Sociaux* in Niger, Nigerian Association of Social Workers, Rwanda National Association of Social Workers, Sudan National Social Workers Association (based in Kenya), Tanzania Association of Social Workers, National Association of Social Workers of Uganda, and the National Association of Social Workers (Zimbabwe). Ghana has a representative on the IFSW Executive Committee. South Africa is not represented because it does not have a unitary social work association to be the coordinating representative to IFSW.

*The Ghana Association of Social Workers* views a relationship with social work education as integral to a positive professional identity for social work practitioners, but many of its members feel the organization is not effective as an advocate for the profession with the government. There are relatively few members and a general sense of apathy and lack of professional pride. Without

licensing and an ethics board, there can be no accountability to the public. Even though it has a rich history and is a popular career option, social work is not understood by the public or appreciated by the government. Some do not admit to being social workers because of the profession's negative reputation. Ghanaians who return after study abroad have lost touch with the local reality. The association is pushing for curriculum changes that include information on the history of social work in Ghana, political power issues, indigenous mechanisms for social change, gender issues, and international social work perspectives. A recent initiative has been the production of a public education video, *Social Work in Ghana: Education and Practice*. The association is collecting publications about Ghana and making them available in Ghana (Kreitzer et al, 2009).

## **A VOICE FOR VULNERABLE CHILDREN AND FAMILIES: ADVOCACY GROUPS**

*The African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN)* is a pan-African network that promotes child rights and child protection. Its mission is, in partnership with others, to enhance the prevention of problems and protection of children from all forms of maltreatment, thus ensuring that the rights of children are realized. Founded in 1986, the network now has 22 active country chapters. A full range of programs focus on child welfare issues—trafficking, labor, and violence—and emphasize child participation and improving child protection systems, particularly foster care (ANPPCAN, n. d.).

*The Southern Africa Federation of the Disabled (SAFOD)* is the regional representative of Southern Africa to the world-wide movement of people with disabilities, Disabled Peoples International, an organization that represents NGOs. Founded in 1986 in Zimbabwe by people with disabilities, it serves as the umbrella organization for national Disabled People's Organizations in the Southern Africa Development Community. Member organizations are from Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. To demonstrate the work and structure of the local organizations and how they speak for the disabled, The Federation of Disability Organizations in Malawi (FEDOMA) and one of its members, the Parents of Disabled Children Association in Malawi (PODCAM), are highlighted.

FEDOMA is as an umbrella organization with eight member organizations (SAFOD, 2009). Its primary activity is to lobby for enactment of the national policy paper on Equalization of Opportunities of 2005 (Salmonsson, 2006).

PODCAM is one of the most active disability organizations in Malawi (Salmonsson, 2006) with a paid staff and a presence in a number of districts in all three regions of the country. In the past year it has increased its visibility as an authentic voice on the rights of children with disabilities. It has represented developmentally disabled children in cases of abuse by persons in authority and is working with FEDOMA to provide income-generating resources for parents with children living with disabilities (SAFOD, 2009). It is also working with UNICEF on inclusive education and raising awareness and reducing the stigma of disability in primary schools. Mirriam Namanja, PODCAM executive director and parent of a child with disabilities, sees the organization serving parents and children by fighting poverty, because most of the parents are very needy and find it hard to afford to send their children to school, even where the doors were opened (M. Namanja, personal communication, August 14, 2009). "The commitment and resilience of the parents, including mothers and some fathers as well, is so rewarding to see" (K. Roberson, personal communication, August 12, 2009).

## VI. OBSERVATIONS AND FINDINGS

Utilizing the principles and practices of family-centered, community-based social work on behalf of OVC, this report analyzes the education and training of social workers and the capacity of the social welfare workforce in Africa. Common themes and good practice models in the region have been identified based on a four-pillar framework; the observations are followed by recommendations for building the capacity of the social work workforce. The four-pillar framework for analysis of the profession (Davis & Blake, 2008) and community-based systems of care for children (Davis & Aulenbach, 2005; Davis, 2006) has been adapted for synthesizing data on the profession and child welfare systems in Africa. Opportunities and constraints are identified, with special attention to the interface between Pillars 2 and 3: human resource capacity (knowledge and requisite skills) to meet the service demands for highly vulnerable children.

<b>TABLE 2: THE FOUR-PILLAR ANALYSIS OF THE CHILD WELFARE SECTOR</b>	
<p><b>Pillar 1. Policy and Legal Framework</b> Laws, public policies, and strategic plans targeted at highly vulnerable children; overarching values and principles; centralized and decentralized public functions; relationships with NGOs; and mechanisms for financing, standard-setting, implementation, and accountability.</p>	<p><b>Pillar 2. Child Welfare Service Models and the Practice Environment</b> Programs and services in which child welfare workers practice (social work professionals and paraprofessionals, job functions, qualifications, salaries, status, legal regulation, standards of professional practice and ethical codes, and professional associations and unions.</p>
<p><b>Pillar 3. Education and Training</b> Acquisition of knowledge, values, and skills for social workers (professional and paraprofessional; frontline, supervisors, managers, and educators). This includes professional education and training, curriculum development activities, and conferences and workshops delivered by a range of providers.</p>	<p><b>Pillar 4. Outcomes and Performance Measures</b> Research on outcomes for social work interventions for specific populations; systems for monitoring social work inputs; cost-benefit analyses; social work outcome studies, such as adherence to standards, opinions, and attitudes, client satisfaction, and evaluations of programs and services.</p>

An observation that underscores all of the observations and findings is that there exists a historically rich social work profession in Africa that was built on a community ideology focused on meeting the needs of vulnerable children and families, especially those living in poverty. The loss of community in social work methods, the lack of indigenous knowledge and the underdevelopment of the profession, and the need to build the capacity of child welfare and social work education systems in Africa are consistent themes throughout this study. The growing disconnect between the historical roots of African social work and African child welfare systems is at the heart of current concerns about serving the most vulnerable children and calls into question the legitimacy of both the profession and child welfare systems.

The need to shift from a remedial, individualistic, and Western approach has been recognized since the late 1960s, with African ministers calling for public child welfare services to incorporate a social development model. Although there are in place supporting policies and laws as well as models for community-based child welfare, moving this forward will require raising the visibility, status, and capacity of child welfare systems through investments in the necessary

human resources. The workforce is at the interface between the laws and policies for addressing vulnerable children and the reality of programs and services on the ground.

These findings are presented within the context of a renewed commitment within African social work schools, emerging good practice models and standards within child welfare systems, and increased concern over the lack of data to drive effective strategic planning and decision-making.

## **LAWS AND POLICIES**

- *The African Union recognizes the urgency of making child and family well-being a priority and has called for accelerated implementation of the plan of action, Africa Fit for Children.*
- *The definition of OVC has been expanded to cover all categories of vulnerability. The consensus now is that policies on vulnerable children and families, which have focused on OVCs affected by HIV/AIDS, offer an opportunity to address the full range of child and family vulnerability.*
- *Social welfare investments have primarily been in social protection schemes (cash transfers and social insurance) administered by social welfare ministries and departments, often the same ones that administer child welfare services; these are often described as weak, with acute shortages of trained workers.*
- *There is a lack of accountability and a failure to implement laws, policies, and strategies. Although legal protections and national action plans for highly vulnerable children, especially victims of trafficking and gender-based violence, have been put in place, the investments needed to implement reforms have not been made. Less than one-third of the countries that have passed laws to protect children from all forms of violence and exploitation have the resources to enforce the laws (UNICEF, 2008). Moreover, as more protections are put into place and new structures are created, implementation and accountability become complicated as responsibility is allocated across different departments and ministries. Children cannot be protected until laws and policies are enforced, but human and financial resources are inadequate for that purpose.*
- *Few countries have a defined home for child welfare services. Often new ministries or departments are created and given responsibilities and services that overlap with other social welfare and development departments. In some cases child protection is the responsibility of the police, as in Lesotho and Zambia, which share child protection responsibility with social welfare departments.*

## **CHILD WELFARE SERVICES AND THE PRACTICE ENVIRONMENT**

- *African social work practice in child welfare is based on an imported conceptual framework. There is a need for conceptual frameworks for professional social work that are indigenous to Africa. The tension between the social development and remedial casework models was often remarked on during this study. Although much of the information is anecdotal, it appears that the public workforce primarily uses a remedial model of social work and NGOs have more of a psychosocial support orientation.*
- *Child welfare systems in Africa have limited capacity. There is a general consensus that not enough is known about the capacity and quality of child and social welfare systems in Africa, but they are generally described as “weak and insufficient” and do not have quantitative standards or outcome targets. However, workforce studies in Namibia, Malawi, Tanzania, South Africa, and Lesotho can be useful models for other countries.*
- *There is a shortage of qualified social workers in the child welfare workforce. The few workforce studies that have been completed, as in South Africa, Malawi, and Namibia, reveal*

vacancy rates for established professional and paraprofessional positions of 50% to 60%, with 50% leaving their jobs within five years. The turnover rate is even higher for paraprofessional positions. High caseloads that range from 1 social worker to 300–600+ children (best practices would be 1: 60) scattered through large geographic areas (1 social worker for 5 villages) are a major contributing factor. There are few social workers with specialized technical skills to lead family reunification, foster care, and adoption services, and in some countries there are virtually none. Other problems are

- *Confusing language and practice definitions:* “Social welfare,” “social protection,” “social care,” and “psychosocial support” tend to be used interchangeably. “Psychosocial support” is equated with a medical model of mental health services, although models are emerging that integrate a community and advocacy approach.
  - *Low salaries:* One of the most consistent and pervasive issues is the low salaries for social workers, who have been described as “marginalized and poor.” Salaries are even lower for paraprofessionals and social workers in local NGOs than for those in public service.
  - *Disempowering working conditions:* Among these are large caseloads, excessive paper work, and limited resources for clients. Job functions emphasize administrative duties, such as providing food and clothing and establishing eligibility for cash transfers, which leaves little time for actual social work. There are few if any opportunities to use empowerment models for engaging clients and communities.
  - *Low professional status:* Some studies have found that the general perception of a “social worker” is low. Some social workers do not identify themselves as such because of the negative perceptions.
- *There is a shortage of data on which to base decisions about workforce needs.* Although most countries have an NPA for OVC as well as and other legal protections, such as a Children’s Act, except in South Africa projected demand for services and workforce needs has not been determined. A workforce study that costed out basic implementation of the Children’s Act in South Africa shows a shortfall of 4,000 of the 15,000+ social workers needed by 2010/11. Full implementation of the law will require four times the projected number, so the shortfall is likely to widen because of the limited number of social work graduates expected.
  - *There is a need to regulate social work professionals and paraprofessionals.* Although many countries have some form of registration or licensure, getting direct access to information on what the laws and regulations are is difficult. Specific legislation on licensure was available for Namibia, South Africa, and Zimbabwe. South Africa and Namibia regulate paraprofessionals as well as professionals. This also helps clarify roles and task responsibilities of both social workers and social auxiliaries, community workers, and community child care workers.
  - *There is a mismatch between developmental social work and the practice environment:* Social workers who have group work and community development skills express frustration at not being able to use their skills in practice due to high caseloads, administrative duties, and rigid working hours. Also, community practice models rank low on work preferences for social work students.
  - *Job security is perceived as better in public service.* In spite of the poor working conditions and the lack of a living wage, even though stress is high, in general social workers in the public sector feel more job security than those in NGOs because of somewhat higher pay and better benefits, such as education leave and scholarships.

- *But there is no career track or job advancement incentive.* Many social workers feel their jobs are dead-end, without any possibility of advancement. There are few professional management and supervisory positions or specialized service opportunities.
- *External and internal labor migration exacerbates turnover:* The brain drain is a consistent theme. Many African social workers are recruited to Western countries, especially the UK, to fill social work labor market gaps. Those who do leave, either for education or practice opportunities, often return not knowing much about the local reality. Rural to urban migration of social workers is also a considerable problem. Zimbabwe has responded by instituting a program to recruit social workers to rural communities through required field placements.
- *Specialization is minimal.* Although a multitude of generic practitioners is needed, there is also a growing need for social work specialists to implement new laws such as those related to trafficking in persons and gender-based violence. Equally important is technical expertise to direct fostering and adoption programs that meet new standards. Some reforms have not been successful due to a lack of such specialized job skills.
- *Social protection schemes are marginalizing social work services:* In South Africa, Ghana, Malawi, and Namibia social work services are being crowded out by administrative responsibilities for social security and similar financial programs. Strategic approaches to balancing social protection and social services are critical to providing the full range of services, from prevention to early intervention to protection.

## **SOCIAL WORK EDUCATION AND TRAINING**

- *There is little data on social work education in Africa.* It is estimated that there are 53 social work programs in 36 countries, ranging from post-secondary certificate programs to diploma and degree programs, most at the bachelor's level. About half the schools offer the master's degree. Most schools are located in public universities, where about one-third of the teaching staff hold master's degrees; fewer hold doctorates. Specific data on schools, numbers of students and graduates, field education opportunities, etc., are very limited.
- *There is a need to clarify the role of universities in training paraprofessionals.* As more bachelor's and master's programs are offered, schools will need to address the role and function of paraprofessional training at the university level. Botswana eliminated paraprofessional training when degree programs were instituted. Also, in some schools community development was separated from social work and placed in other schools entirely.
- *There is a dearth of African social work literature:* Across the board a need was expressed to align the social work curriculum with the needs of African care systems. Some 95% of the literature used in social work education in Africa comes from the US and UK. There is a need for African theory-building, research, and evidence-based practice models.
- *Perceptions of community practice are negative.* Ironically, even though poverty is recognized as a major social issue in Africa, in general students do not want to work in community development. In South Africa and Liberia, students ranked community development low as a social work choice.
- *Field education options and information are limited.* There is little information on field education except for anecdotal information that there are few such experiences available, especially to support social development philosophy and practice. Also, field supervision is basically nonexistent. Using field education as a way to motivate social workers to work in rural areas, as in Zimbabwe, needs to be emphasized and expanded. Also, using field education as a mechanism for social work education to impact the practice environment was suggested, but has not as yet been done.



## PERFORMANCE MEASURES AND OUTCOMES

- *Data-driven practice standards are rarely linked to outcome indicators.* Norms that establish criteria for job functions and related caseloads based on standards of service and practice are few, although models are emerging in countries where national standards have been formalized.
- *There are few benchmarks on workforce needs and numbers of graduates required.* Without workforce needs data based on a service delivery model and standards for programs, services, and practices, the ability of both schools and child welfare systems to strategically plan based on projected demand is minimal.
- *There is little evidence-based research on practice in Africa.* Research on social work practice outcomes for specific populations is very limited in Africa because most models have been adopted from the UK and US without systematic and scientific study of their application in Africa.
- *Accountability standards and management information systems for programs (including human resources) are also lacking.* The shortage of technical skills as well as hardware and software systems critical for M&E of child welfare system curtails strategic decision-making on services, providers, and accountability.



## VII. THE WAY FORWARD

Child welfare programs and services throughout the world face similar problems in recruiting and retaining qualified child welfare workers and supervisors. Across the board, low salaries, staff shortages, high caseloads, inadequate training, administrative burdens, and inadequate supervision are cited (US General Accounting Office [GAO], 2003; Davis & Blake, 2008). To establish standards for child welfare practice and workload norms, it is necessary to have comprehensive data on human resources, clients served, and the work environment. Although there are international standards to guide practice and related workforce competencies, it is imperative that these be measured against local needs rooted in site-specific vulnerabilities and traditions. This requires workforce studies on the gap between norms and standards for child welfare practice and current practice. Gap analysis provides both quantitative and qualitative data on staff/client ratios and job functions and skill sets measured against established norms.

The next step is a human resource development plan. Plans in which university and state child welfare agencies partner have been shown to improve recruitment and retention of child welfare workers (US GAO, 2003).

Reinforcing the child welfare system requires an approach that connects laws, policies, child welfare practice, workforce capacity (especially education and training), defined outcome measures, and data collection systems. Once laws, policies, and national action plans, building system capacity on the ground requires a systematic approach that links service model and service and practice standards with quantified service demands and workforce needs (skill sets and levels of effort); workforce gap analyses, and workforce capacity building strategies (see Figure 2).

**Figure 2. Building System Capacity–Linkages**



## **Pillar 1. Legal and Policy Framework**

*Policies and Laws Translated into Standards and a Service Delivery Model* that is an integral component of child welfare policy. There are good models, such as South Africa's service delivery model, Ghana's Foster Care Standards, Namibia's Standards-Based Quality Improvement Framework, and South Africa's social work practice standards and training skills plan.

*Amplifying the Voice of Vulnerable Groups:* Client groups can influence programs and hold governments accountable, as is evident from the effectiveness of such advocates for vulnerable groups as ANPPCAN and the SAFOD. Pressure from grassroots member organizations, such as FEDOM, which represents eight disability organizations, can move governments forward and provide local, national, and international mechanisms of accountability.

## **Pillar 2. Child Welfare and the Practice Environment**

*Linking Child Welfare System – Strengthening with Social Work Education and Training:* The obvious crisis of confidence in the profession in Africa, the need to indigenize the social work profession, and the activities of the revived ASSWA suggest opportunities for linking social work education and training with child welfare system–strengthening efforts in a variety of ways.

*University – Public Child Welfare Service Partnerships:* Good practice models for workforce development include partnerships between university social work programs and child welfare program initiatives, such as faculty and curriculum development for academic courses, paraprofessional certificate programs, and on-the-job training courses; and recruitment of graduates into the child welfare field through scholarships and expanded field placement options. Distance learning options, such as the UNICEF initiative, increase the opportunities for affordably building a cadre of community practitioners in the most remote areas.

## **Pillar 3. Education and Training**

*Building the Capacity of Educational Institutions and Programs:* Critical are curriculum development for both classroom and field education and teacher training. Opportunities to further legitimize the social work profession include building on opportunities to amplify the voice of the profession through such social work associations as ASSWA and their regional and national counterparts; supporting research, such as the recent study on Developmental Social Work Education in Southern and Eastern Africa; replicating across Africa laws that regulate social work practice for public protection; and defining career tracks through professional management and supervisory opportunities.

## **Pillar 4. Outcomes/Performance Measures**

*Data-Driven Strategic Planning Linking Child Welfare Workforce Capacity and Child Outcomes:* Countries are starting to use data to quantify the capacity of the workforce and provide information on the link between the workforce and child outcomes, bringing increased visibility and legitimacy to the child welfare system and the social work workforce.

The next section highlights exemplary initiatives that demonstrate the multifaceted linkages between the different pillars in social work workforce assessment and development.

## VIII. CHILD WELFARE WORKFORCE CAPACITY STUDIES DRIVE STRATEGIC PLANNING: COUNTRY EXAMPLES

Given how complex it is to build systems to serve highly vulnerable children, some countries are moving to address the general lack of data to inform initiatives to enhance the child welfare workforce. Good examples are the human resource gap analyses supported by USAID's Capacity Project in Tanzania, Malawi, and Namibia, and social welfare human resource analyses and subsequent development strategies in South Africa and Lesotho. The Capacity Project helped ministries to do human resource gap analyses to inform strategic planning for building child welfare capacity (Capacity Project, 2009). The analyses of South Africa and Lesotho and the resultant strategies emphasize building social work skills to address the needs of vulnerable children and families (Health and Welfare Sector Training Authority, 2008; Kingdom of Lesotho, 2004).

### THE CAPACITY PROJECT

The Capacity Project, an innovative global initiative, works to build human resources to implement quality health programs in developing countries. It emphasizes workforce planning and leadership, education and training programs, and firming up systems to support workforce performance and job retention. Among the priority areas in which the project works are social welfare and the OVC field. Because OVC services require a child welfare workforce with specific skills, the Capacity Project has conducted human resources and capacity gap analyses in these areas in Malawi, Namibia, and Tanzania. Though the analyses vary in methodology, structure of data collection, and reporting, all are exemplary models for data-driven decision-making in child welfare services.

#### Namibia

In Namibia three significant steps have been taken to bridge the gap between policy and service provision: a human resource gap analysis in the Directorate of Child Welfare, initiation of a human resource strategic planning process, and translation of policies affecting children into standards for the range of OVC programs and services.

The Namibian MGEWC undertook a human resource and capacity gap analysis in May and June 2007, supported by UNICEF and USAID through the Capacity Project. Once the NPA for OVC was costed out, further analysis was needed to identify the necessary human resource capacity within the Directorate of Child Welfare. The gap analysis did not cover other ministries affected by the NPA, such as the Ministry of Education or Health and Social Services, but it is at least a first step toward quantifying child welfare system capacity. The analysis found that MGEWC personnel have been so focused on ensuring that social grant applications (such as foster care grants) are processed that provision of social services has lagged behind. It also revealed a number of critical limitations that require strategies to address workforce gaps:

- *To address the shortfall in staff positions*, a new structure was initiated that increased social work positions from 136 to 305.
- *Additional posts for regional supervisors* were added. Previously only two managers supervised social workers in all the regions and also had responsibility for organizing OVC forums.
- *A task-shifting model utilized in health care* was applied. Job functions that could be carried out by trained community child care workers were analyzed, in order to address social work staffing shortfalls especially in remote regions where vacancy rates are higher. Also, certain

advocacy and administrative tasks can be shifted from social workers to record clerks and community child welfare workers.

- *A new cadre of community child care workers* will be responsible for coordinating with local volunteers, NGOs, and CBOs, which is of critical importance for monitoring and follow-up.
- *Benchmarks on the number of graduates of social work schools needed* are being set. The projected number of current graduates, with benchmarks for increasing those numbers, makes it possible to estimate the expected shortfall. The projections included those graduating with specialist skills in supervision, which allows for better planning of human resource development.
- *A training needs assessment* resulted in recommendations to scale up training of new recruits, staff who have been given new responsibilities, senior staff in leadership posts, and all staff on M&E functions.
- *A university–public child welfare services partnership* was recommended to address the increasing shortfall of graduates. The University of Namibia social work department will help with recruitment by placing fourth-year students into public child welfare jobs.

Since the gap analysis, with support from the Southern Africa Human Capacity Development Coalition funded through USAID, Namibia has initiated a Strategic Human Resource Planning Process based on a comprehensive review of current MGECW personnel, competency and skills assessment, assessment of training capacity, and identifying staffing needs based on projected demand and workload requirements for each position (Capacity Project, 2009).

Critical to the human resource planning process was the Standards-Based Quality Improvement framework (Family Health International [FHI], 2007), which sets forth quality standards for programs and services for Namibian OVC. The standards are based on eight policy documents related to children in Namibia (p. 13) and list current services and outcomes. These standards provided the structure for workforce development and human resource strategic planning.

## **Malawi**

The MOWCD human resource gap analysis focused on six issues:

1. Structure and staffing relative to core mandates
2. Resource planning and allocation from central to district offices
3. Human resource management
4. Training and development
5. Communication and coordination across different levels
6. Oversight and action for implementation of the NPA for OVC.

Among the recommendations to address gaps in service delivery were redesigning the current structure of the MOWCD for better coordination with districts, improving administrative and financial structures, and adequately funding facilities and services. Steps to address the staffing gap emphasized investments in building the capacity of frontline staff (Republic of Malawi MOWCD, 2008).

Although this study was not specific to social work, some findings provided insights into next steps for the field. A major finding was the lack of sufficient data to analyze the 47% vacancy rate in the MOWCD, which limits the ability to determine how to intervene. Data were not available on recent staff movements and new staff. The analysis identified the frontline staff as

the most important cadre for mobilizing communities on behalf of the district assemblies, yet they were found to be the least qualified. A lack of clear job descriptions that relate to the core functions of the ministry, formal orientation programs, and appropriate supervision contributed to the gaps in performance. Increasing professionalism is crucial; this can be done by designing a career track, especially for frontline workers; reviewing job descriptions against a skills analysis; upgrading training; and improving human resources reporting, supervision, and performance monitoring. The link between workforce development and education will be tightened through partnerships with universities for curriculum building, faculty development, and recruitment incentives, such as scholarships and on-line courses (Republic of Malawi MOWCD, 2008).

## **Tanzania**

In FY 2006 Capacity Tanzania completed a human capacity assessment of the resources needed to implement the National Costed Plan of Action (NCPA) for OVC. The recommendations were used to inform the drafting of a Work Plan for September 2008–October 2009 designed to build and strengthen a system of child welfare that will reach from the central level through the district councils to wards and villages (Capacity Tanzania, 2008).

Central to the NCPA is the creation of village Most Vulnerable Children's Committees (MVCCs) as coordinating bodies tasked with identifying the MVC in their communities and reporting on their needs. The committees are also responsible for coordinating the efforts of local NGOs, FBOs, and CBOs with Government of Tanzania programs as providers of goods and services to MVC working in each district. These volunteer committees are appointed by the Village Executive Officer and voted upon by the entire village. Because they are usually lay persons with little training, the pilot program is designed to train a cadre of frontline social service providers nominated by the MVCCs to serve as paraprofessional village social workers.

A plan for training a large number of social service providers quickly is crucial to address the ever-growing need of Tanzania's MVC. A pilot short-term training curriculum for a cadre of parasocial worker trainees (PSWTs) has been written in collaboration with the Jane Addams School of Social Work in Chicago (AIHA, 2009). Working with the local MVCC, the PSWTs will identify and track MCV in the area, assess their needs, provide appropriate support, and refer the children to needed services while leveraging resources of the local government, NGOs, and other stakeholders working within the district. Rapid scaling up of this paraprofessional training is considered of critical importance (Capacity Tanzania, 2008; AIHA, 2009).

Building the capacity of social welfare officers and providers at all levels of local government is seen as the basis of a child welfare system that bridges the strategies of the NCPA and the reality of day-to-day village MVC needs. The district social welfare officer and field ward supervisor will supervise village paraprofessional social workers and MVCCs. From each ward in a pilot district the pilot aims to train 10 PSWTs and 1 field supervisor and social welfare officer in the paraprofessional and supervisory curricula. The intent is to train a maximum of 100 people in each district. Capacity building within the child welfare system will include training of trainers; about 55 trainers are already trained in the PSWT curriculum (Capacity Tanzania, 2008).

A monitoring plan with indicators will also be drafted. The indicators will take into account the emerging quality improvement standards being developed by OVC implementing partner groups sponsored by USAID. A database will be constructed to ensure complementarity with the National Data Management System. Public awareness and sensitization training will also be conducted to raise awareness of MVC programs and needs. The pilot will then be assessed for scaling up across Tanzania (Capacity Tanzania, 2008).

## South Africa: Service Delivery Model for Developmental Services

South Africa has moved further in translating the framework for social services spelled out in the White Paper for Social Welfare (Ministry of Welfare and Population Development, 1997), which called for a social development approach to social welfare services. In 2005, through a collaborative planning process, the white paper, along with the Children's Act and other policies on children, was transformed into a service delivery model. To analyze implementation of the model, human resource capacity was assessed.

*The Service Delivery Model for Social Services* provides a comprehensive national framework that clearly sets out the nature, scope, and extent of social services; it forms the basis for formulating norms and standards for service delivery (South African Ministry of Social Development, n. d.). Contributors included stakeholders in all nine provinces, institutions of higher learning, the South African Council for Social Service Professions, labor organizations, and representatives of NGOs, FBOs, and CBOs (Streak & Poggenpoel, 2005).

This model provides the framework for a continuum of services ranging from prevention and early intervention to out-of-home substitute care, such as foster and adoptive care. The model links general values and principles directly to the professional services performed by social workers and other service providers. It specifies norms for caseload size for each service and segments some services into levels of effort based on time spent on a certain activity. The lack of data on service delivery due to inadequate record-keeping, as well as insufficient research data, made it difficult to address specific workforce gaps (Streak & Poggenpoel, 2005). Matching workforce needs with the service delivery model requires data that can only be available if specific duties are quantified in terms of frequency and time spent measured against a norm. The next step has been putting systems in place to collect the necessary data.

A 2008 study of supply and demand for services in the health and social welfare sectors set the foundation for a comprehensive plan for building skills, including those needed for child welfare services, drafted by the South African HWSETA, which is responsible for sector skills plans. HWSETA operates on the assumption that workforce development is a dynamic and continuous process of assessment and training. The social development human resources needs projected are based on implementation of the Children's Act using the Service Delivery Model. The data supported projected need for the full range of child welfare professional and paraprofessional staff (HWETA, 2008): social workers and social auxiliary workers; child and youth care workers and practitioners; early child development practitioners; and community development workers (pp. 38–39). The data were further broken down into projections of need based on demand in case of partial implementation or of full implementation of the Children's Act (HWSETA, 2007):

Projections for 2010/11	Partial Implementation	Full Implementation
Social work manager	424	1,945
Chief social worker	1,825	7,919
Social worker	14,256	56,465
Social auxiliary worker	14,648	48,660
Child care worker	12,955	216,831



Given the huge gaps in supply and demand for qualified social service professionals, the Department of Social Development has adopted a variety of strategies for addressing labor market issues, including a recruitment and retention strategy for social workers (HWETA, 2008). This strategy was based on established benchmarks for numbers of graduates needed. To address the projected shortfalls, the Department of Social Development and South African schools of social work are collaborating to double the funding for student scholarships between 2008/09 and 2009/10 (Department of Social Development, 2009).

The next step was to draft a comprehensive and complex plan for implementing the integrated service delivery model, the Department of Social Development's Strategic Plan (2009–2012). This document gives statistics on projected demand for each service and capacity to provide the services, and identified information gaps and corresponding data needs. For example, the number of children in foster care rose from 445,306 in 2007/08 to 474,759 in 2008/09, leading to backlogs due to the shortage of social workers and social service professionals (p. 59). Further data will be collected over the next two years to support formulation of norms and standards for selected services so projections and planning can be done (Republic of South Africa, Department of Social Development, 2009).

### **Lesotho: Health and Social Welfare Labor Analysis**

In 2004 Lesotho undertook a technical assessment of labor supply and training requirements for the health and social welfare sector. Rather than taking into account human capacity and budget constraints, the study focused on what is optimal and what should be financed to implement a full range of family-centered, community-based child welfare services. The result is the Human Resource Development Strategy and Plan for 2005–2025. This study provided comparative data for health and social welfare personnel and has resulted in a new health and social welfare policy that gives priority to extending social welfare services throughout the country (Kingdom of Lesotho MOHSW, 2004).

The Department of Social Welfare has responsibility for overseeing and coordinating social welfare services throughout the country in such areas as rehabilitation, child welfare, gerontology, and education. The study revealed that the supply of social welfare personnel is extremely limited; the coverage level is only 1 social welfare staff per 100,000 population. Social welfare staff accounted for just 0.6% of the total health and social welfare workforce. The study further found that social welfare, like most other cadres, is largely staffed by women and is entirely Basotho. Employment duration is lower than in most health sector cadres, with the average social welfare personnel having worked for seven years. Occupational turnover is particularly high for social welfare assistants. Career paths are described as narrow, and it is often hard to even determine career progression due to lack of historical data on employees.

The Strategic Plan for the Social Welfare Department provides a full schema of specific positions with job titles, job functions, and number of staff needed. A social work position is also posited for community mental health services and hospitals. This study set quotas for hiring social work graduates over the next five years so as to incrementally close the gap of professionally trained social workers: Year 1 – 6; Year 2 – 12; Year 3 – 18; Year 4 – 24; Year 5 – 24. The recent establishment of the degree program in social work at the National University of Lesotho offers hope that these positions can be filled. Diploma-level training for social work auxiliaries at the Lesotho National Health Training Center will also help fill a gap.

Closing the substantial supply gap for social welfare auxiliaries will at first require structured in-service training programs through the National Continuing Education Program (to be outsourced). This will provide both the necessary post-graduation training for social workers and specialty training for clinical social workers, rehabilitation officers, and child welfare officers. Substantive work is needed to build training capacity within the National Continuing Education

Program, such as creation of a National Resource Center for Continuing Education with two regional centers.

## **CONCLUSION**

At a time when the legitimacy of the social work profession and child welfare systems in Africa is being challenged and the numbers and needs of highly vulnerable children are still expanding, investments in reinforcing the child welfare system are critical. Addressing child welfare workforce constraints through a comprehensive strategy that builds on the many exemplary service delivery models and standards will reduce the gap between policy and reality for vulnerable children and their families. Establishing a data-driven child welfare human resource development agenda while building on the experience of human resources for health will connect the dots between the child welfare workforce and child outcomes.

## APPENDIX I: INFORMATION ON SCHOOLS OF SOCIAL WORK

**Botswana:** University of Botswana, Department of Social Work, Diploma in Social Work, BSW, MSW, and Diploma in Youth-In-Development Work: Social work in Botswana started in 1972 with a formal training program for assistant community development officers at the Botswana College of Agriculture. Social work education began in 1985 based on community practice and social justice. The first graduates in the 1990 Certificate Program, which trained paraprofessionals and was an entry point into the diploma program, was phased out in 1999–2000 without any input from stakeholders. The MSW programs provide for increased specialization to meet practice needs (Osei-Hwedie, Ntseane & Jacques, 2006).

**Ethiopia:** Addis Ababa University, the oldest institution of higher education in Ethiopia, started the first MSW degree in Ethiopia in 2004, and a doctoral program in social work and social development in 2006. Bahir Dar University, formerly the Bahir Dar Teachers College and Bahir Dar Polytechnic, provides a program in community development with the Faculty of Education (formerly the Academy of Pedagogy) and trains multipurpose primary education professionals capable of adapting primary education to rural life and rural development. The school has attracted students who were qualified in other professions as well as students without degrees. From a Western perspective the curriculum creates challenges for current and future educators and social work managers. Christian Relief and Development Association is listed on the webpage of the Social Work School and is given recognition for its major role in the field placement of social work graduate students. The Ethiopian Society of Sociologists, Social Workers and Anthropologists promotes professional competence and ethics in sociology, social work, and anthropology.

**Ghana:** The Ghana University Department of Social Work offers three levels of social work education: There is a two-year associate degree in social administration for practitioners in the Department of Social Welfare. A four-year bachelor's program in social work begun in 1990 is considered one of the most popular career programs at the university. The new Master of Philosophy in Social Work curriculum is still developing (Sossou & Yotigba, 2008).

The School of Social Work at the University of Ghana, Osu, was established in 1946, offering a nine-month certificate course which at first primarily trained personnel for the British social welfare offices in Ghana. Community development was initiated in 1948 using the skills of social workers and continued to grow in the 1950s.

In 1956 the University of Ghana, Legon, began offering a two-year diploma course in social administration, primarily targeting social workers who had completed the certificate program in Osu. In 1989, a three-year BA course in social work was established at Legon in the Department of Sociology to meet the needs of the emerging profession and offer opportunities in research and fieldwork. Over time, the community development and social work degree programs were separated and offered in different educational systems. After the social work curriculum was revised in 1999, a separate Department of Social Work was established in 2000. In 2003, the MSW program was started. Changes continued with a revised BSW curriculum in 2004 that reflects a social and community development approach, modifying the western model, which was demonstrated to have little application to current Ghanaian reality. As of 2009, there were three lecturers, two tutors, and instructors for specific sessions, with one of the lecturers as head of the department.

Because of the brain drain, the schools often rely on volunteers and foreigners to teach social work courses (Kreitzer, Abukari, Anonio, Mensah & Kwaku, 2009). Resources such as library books, classroom equipment, and student living accommodation have suffered. Social work

library books and journals are 99% Western. Course outlines do not have Ghanaian references and writings, so students are learning about social work in urban Chicago that they will be applying in rural Ghana. Often, a whole class must share a single book. Supervision of field work is said to be nonexistent. Publishing is difficult in Ghana so articles like the one referenced are not accessible to Ghanaian students because they are published in Western journals. Staff at the University Department of Social Work has not increased in years. Because the pay is low faculty and staff often have to hold two jobs. The curriculum can only be expanded with increased staff that can teach a wider variety of courses (Kreitzer et al., 2009).

**Kenya:** There are seven social work education programs in Kenya, where social work is well established. The Kenyan Institute of Social Work and Community Development offers a one-year certificate in social work and social welfare and several 18 month programs: certificate in social development, diploma in social work, and a post-certificate program in poverty, relief, and sustainable development.

**Liberia:** Social work education in Liberia began as an associate's degree program at Mother Patern College of Health Sciences in Monrovia, which became a BSW degree program in 2008. The University of Liberia in Monrovia does not offer a social work degree, although community development is offered as part of the sociology curriculum and there is a human growth and development course in the psychology curriculum (University of Liberia, 2009).

**Malawi:** The Catholic University of Malawi is currently the only social work degree-granting institution in Malawi. Magomero College has limited capacity to provide diploma and degree courses. Bunda College is awaiting approval from the MOWCD to begin recruiting for the proposed diploma curriculum in gender and community services and a B.S. in rural community development (MOWCD, 2008).

The Catholic University, opened in 2006, offers a BWS. Forut Plan of Action in Malawi (Forut, 2007) on drug and alcohol prevention is a collaboration between the University of Malawi, the Centre for Social Research and the University College of Bodo in Norway. They are building capacity and specializations in the new master's program by integrating content on alcohol and drug abuse and prevention and the development of a one-month course on family group conferencing, a model of family team decision-making developed in New Zealand with indigenous populations and expanded to many Western countries. Malawian MSW students are also undertaking research on the impact of drug and alcohol use on children and families.

**Namibia:** There is a four-year BA in social work program at the University of Namibia. There is no MSW but there is a two-year MA program in clinical psychology. An electronic search of the library brought up 747 holdings in social work, but most were US and UK publications. There were significant papers on Namibia in the grey literature on, e.g., children's homes, local culture, domestic violence, living with HIV/AIDS, social rehabilitation of sex workers, and alcohol and drugs. Some of the books were basic texts that are used for US BSW and MSW core courses. The law on Professional Regulation of Social Work in Namibia: Social Work and Social Auxiliary Workers Professions Act 22 of 1993, initiated on January 17, 1994, provided a framework for regulating social work practice. This law was changed to the Social Work and Psychology Act of 2004, which establishes and provides for a board for the profession of social workers, which is to define its own the powers, duties, and function; to provide for and define registration, training, and qualifications of the social and social auxiliary workers; and prohibit the practice of social work without being registered (Government Gazette of the Republic of Namibia, 2004; allAfrica, 2009).

**Nigeria:** Lagos State University has both graduate and undergraduate studies in social work. In 2008 the number of students graduating in social sciences (it is not broken down) was 236 post-graduate diploma and MSWs on the University's external campuses.

**Rwanda:** Social work education was established in 2001 at the National University of Rwanda – Butare, Department of Social Sciences, BSW program. The social work, counseling, and psychosocial programs were started in response to the genocide. Since 2001 there have now been four to five graduating classes. Kigali Independent University Faculty of Social Sciences offers a degree in sociology but not social work. There are no MSW or PhD Programs, and most social workers in Rwanda have been trained in Europe or South Africa. There are also some youth development programs that train counselors and volunteers and have some overlap with social work skills (E. Ihrig, personal communication, July 29, 2009).

**Swaziland:** The University of Swaziland, Faculty of Social Science, Department of Sociology, offers courses on the study of the family and kinship, social psychology, social work and administration, populations, education, and social work methods.

**Zambia:** Oppenheimer College of Social Service, started in 1961 in what was then Northern Rhodesia, offered a 3-year diploma program because from the outset it was seen as important to train social workers. Since 1968, when the BSW degree program was started, it remains the main professional qualification for social work. Social workers are given a certificate of qualification upon successful completion of an exam post-graduation.

Unlike other countries Zambia developed an integrated approach that defined social work holistically, unlike in the US and other Western countries, where it was seen as a set of different methods and identities: caseworker, group worker, community development worker. Zambian social work educators and practitioners crafted practices that integrated cultural norms, on the principle that theory and practice need to be integrated into the reality of the nation. Yet today individual casework is the predominant practice (Muleya, 2006).

**Zimbabwe:** Social work education in Zimbabwe commenced in 1964 when the Catholic Jesuits established the School of Social Work in Harare. Previously students were mainly trained in British, South African, and Zambian social work colleges; the first students were trained as group workers for clubs, welfare centers, and urban areas where clientele were more visible. A three-year diploma degree started in 1966. In 1969 the school changed its name to the School of Social Work and became the first associate college of the University of Rhodesia (now the University of Zimbabwe). In 1975, the BSW was put in place. Students with a diploma in social work could get the BSW in one year. Other introductions were the BA in clinical work in 1982, the MSW in 1983, and the bachelor of rehabilitation degree in 1985. (This program did not last). The MSW program offers three specializations: research, social work education, and social policy and administration. When the School of Social Work was established (p. 3) Zimbabwe's government was pursuing a policy of racial discrimination that was largely responsible for the pauperization of the indigenous African people. (It was expected that the welfare needs of the indigenous population would be met by local communities [Chogugudza, 2009]).

A strength of post-independence social work education and training is the recognition of the deep-rooted structural problems of poverty and unemployment and a recognition that the remedial and medical models of Western social work are not applicable to the African reality. There has been a fundamental shift to a social development approach, with a focus on macro-interventions that include land reform, rural development, employment creation, economic reform, development theories, donor aid, and globalization. Students are encouraged to take at least one placement in a rural setting. The Zimbabwean teaching staff are highly trained and experienced. Training material is appropriate, and the school is accredited by the General Social Care Council.

The main concern is that social work education has not been able to influence practice enough, and to translate the conceptual framework of developmental social work and social development into practice within the social welfare structure. In reality, although the curriculum is developmental, students are not able to practice. One school cannot provide the number of social workers needed for 11 million people. There are no compulsory postgraduate training programs to help graduates renew their professional knowledge and skills and no way to oversee paraprofessionals, who make up most of the workforce. There is therefore a need to promote the profession.

Expansion of the job functions to specializations include (among statutory duties) probation, adoption, child welfare, relief of destitution through public assistance, administration of drought relief, counseling and marriage guidance, supervision of preschool, crèche, and children's and old people's homes, and repatriation of refugees. Some work to protect consumers, working in Citizens Advice Bureaus (Chogugudza, (2009).

**South Africa:** The first schools of social work in South Africa were established at the University of Cape Town in 1924 and the University of Witwatersrand in 1931. This coincided with the Hertzog Government's initiative of devising state programs to create work opportunities for indigent and poor white people, including workers in the railways, municipalities, and agricultural settlements. In 1924 the Department of Labour was established. Almost all schools established during this period were geared toward training personnel to respond to poverty and provide remedial services (Mazibuki & Gray, 2004). Today there are about 17 university departments of social work—the figures in different documents differ. Social work undergraduate enrollment increased from 2,052 in 1999 to 4,472 in 2005, but professional graduate output dropped from 702 to 577. There are continued racial disparities between enrollments and graduates (Earle, n. d., circa 2006).

The ASWSSA is well-established and the South African Council for Social Service Professions regulates social and social auxiliary workers. There is also a Health and Welfare Sector Education and Training Authority that is responsible for bridging the skills gap in the workforce. The National Association of Child Care Workers has a winning model of community service, the Isibindi Model, for holistically responding to the needs of vulnerable children and families implemented through the Department of Social Development with experienced social service professionals as mentors. The program includes support and gender awareness for girl children and women-headed households, psychosocial support and protection for caregivers and children, and a disability program that includes assessment and therapy. The Social Work Act was passed in 1978, when the Council for Social Work was established to regulate the profession and social workers were required to register. In the 1990s, the broader Council for Social Service Professions replaced the Council for Social Work. This reduced social work's domain within welfare (Mazibuko & Gray, 2004).

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### APPENDIX III. PERSONS INTERVIEWED AND CONSULTED

Name and Title	Organization
Amy Bess, MSW, Senior Practice Associate, Human Rights and International Affairs, National Association of Social Workers, Washington DC	NASW
Christopher Chitereka, MSW, Senior Lecturer, National University of Lesotho; Regional Representative, Association of Schools of Social Work in Africa; Former President, National Association of Social Workers – Zimbabwe; Visiting Faculty, School of Social Work, Rutgers University, Spring 2009	National University of Lesotho
Brigette De Lay, Child Protection Specialist Claudie Didier Sevet, Consultant	UNICEF (WCARO)
William Gaventa, M. Div., Associate Professor of Pediatrics & Director, Community & Congregational Supports, The Elizabeth M. Bogg Center on Developmental Disabilities, University of Medicine and Dentistry of New Jersey, New Brunswick, NJ	Bogg Center on Developmental Disabilities in New Jersey
Jennifer Gous, Director, Key School for Children with Autism, Johannesburg, South Africa	South African School for Autistic Children
Aaron Greenberg, UNICEF, New York Matthew Dalling, Children and AIDS/OVC Specialist, Namibia Mark Kluckow, Children and AIDS Specialist, UNICEF/ ESARO, Johannesburg, South Africa	UNICEF
Lengwe-Katembula Mwansa, Ph.D., Associate Prof, Department of Social Work; President, Association of Schools of Social Work in Africa (ASSWA), Gaborone, Botswana	Association of Schools of Social Work in Africa (ASSWA)
Luisa Lopez, MSW, Director, Human Rights and International Affairs National Association of Social Workers, Washington DC	NASW
Eileen Ihrig, School of Social Work, Tulane University, New Orleans, Louisiana (Twinning Program with National University in Rwanda)	Tulane School of Social Work
Kathy Roberson, MSW, Policy and Information Coordinator, The Elizabeth M. Bogg Center on Developmental Disabilities, University of Medicine and Dentistry of New Jersey, New Brunswick, NJ	Bogg Center on Developmental Disabilities in New Jersey
Ann Selikar, MSW, Somerset, New Jersey; Former Professor of Social Work, Mother Patern College of Health Sciences (2008-09) Monrovia, Liberia	Social Work Volunteer and Professor in Liberia
John Williamson, Senior Technical Advisor, Displaced Children and Orphans Fund of USAID	USAID/Washington





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