



AN ASSESSMENT OF THE PUBLIC SECTOR SOCIAL SERVICE WORKFORCE IN ETHIOPIA



Ministry of
Labour and Social Affairs



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LIST OF ACRONYMS

AAU	Addis Ababa University
AAU SSW	Addis Ababa University School of Social Work
AIHA	American International Health Alliance
BoLSA	Bureau of Labor and Social Affairs
BoWYCA	Bureau of Women's, Children, and Youth Affairs
BPR	Business Process Re-engineering
BSC	Balanced Scorecard
BOLSA	Bureau of Labor and Social Affairs
CBO	Community-Based Organizations
CCC	Community Care Coalition
ESSWA	Ethiopian Society of Sociologists, Social Workers and Anthropologists
FGD	Focus Group Discussion
GOE	Government of Ethiopia
GTP	Growth and Transformation Plan
HAPCO	Federal HIV/AIDS Prevention and Control Office
HEW	Health Extension Worker
HR	Human Resources
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MoWCYA	Ministry of Women's, Children, and Youth Affairs
LSA	Labor and Social Affairs
M&E	Monitoring and Evaluation
NGOs	Non-Governmental Organizations
SPP	Social Protection Policy
SSW	Social Service Workforce (also referred to as the Social Welfare Workforce)
SWW	Social Welfare Workforce
SWWF TF	Social Welfare Workforce Task Force
TOR	Terms of Reference
TVET	Technical and Vocational Education and Training
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

A functioning social service workforce (SSW) can provide a wide array of services that contribute to a vital safety net for vulnerable populations. When the workforce operates effectively, such individuals have access to a range of quality services that ensure their welfare, protection, and freedom from poverty. Unfortunately in many countries, the SSW faces many challenges that impede the provision of services. Additionally, a lack of quality data on the SSW makes it difficult for leaders and policy-makers to know exactly where to intervene or invest. Reliable human resources data will enable in-country stakeholders to promote evidence-based policy and programs to strengthen the SSW. However, until such data are collected with a reasonable degree of accuracy and made available, future plans to develop and support these cadres will be made largely on best guesses or anecdotal evidence.

In Ethiopia, the 2012 Social Protection Policy (SPP) outlines the creation of a national social safety net, equity policy, and poverty reduction plan for historically marginalized and vulnerable segments of the population. As a first step in the country's SSW strengthening process, this assessment was conducted to better understand the current status of the workforce through gathering basic information from six selected regions, documenting common social services being provided, estimating level of social work professional skills and knowledge in public sector workers, determining the social service sector's capacity to respond to stated social protection needs, and suggesting ways to address workforce gaps. The process included a literature review (refer to appendix D for a comprehensive list of documents reviewed) to provide overall context and perspectives for workforce strengthening in sub-Saharan Africa as well as background information specific to Ethiopia. A subsequent inception report drew from this review in order to outline methodology for this workforce assessment, which relied on semi-structured interviews with stakeholder institutions to collect information from organizations and agencies that provide social services across a broad array of service recipient populations.

A total of 45 in-depth micro-level and 39 mezzo-level interviews were conducted in the six regions and 18 woredas targeted for data collection. The criteria for selecting regions were: population size, presence of MoLSA and Ministry of Women's Children and Youth Affairs (MoWCYA) offices at regional and woreda levels, availability of social services, and high prevalence of vulnerable groups and social problems. Four major themes were identified through coding the interviews using an emergent theme process standard in mixed methods analyses: skill and performance issues, organizational capacity, barriers to successful implementation of the SPP—budget and HR, and parity.

Prior to outlining results, it should be stressed that certain situational factors in Ethiopia acted as great strengths in the assessment process, namely the country's commitment to SSWS as demonstrated in their team's presence at the Cape Town Conference in 2010 and significant work following up on their action plan, ongoing motivation to perform workforce analysis, and sustained stakeholder interest in the assessment process. That said, some of the assessment's notable results showed that 60% of direct service providers reported lack of relevant educational credentials, 95.7% of all interviewees stated that they needed additional training to master skills necessary to complete their jobs; 90% of respondents indicated a lack of resources and an overall lack of vertical alignment between policy and practice; all respondents identified budgetary and human capital constraints as significant barriers to implementation; and in the vast majority of interviews, issues of perceived inequalities arose, including disparate access to promotion and career paths. Based on these findings, suggested next steps were presented including a recommendation to engage in a stakeholder process to discuss the study results and to develop actions to address some of the gaps identified.

SECTION I: INTRODUCTION, BACKGROUND, AND METHODOLOGY

Introduction & Background

Overall Context for Social Service Workforce Strengthening

A functioning social service workforce (SSW) can provide a wide array of services that contribute to a vital safety net for a diverse range of people made vulnerable by differing challenging circumstances – those made vulnerable by HIV and chronic diseases, the disabled, the elderly, and so on. When the workforce operates effectively, vulnerable people have access to a scope of quality services that ensure their welfare, protection, and freedom from poverty.

Unfortunately, in many countries, the SSW faces severe challenges that impede the provision of services. Workers are underpaid or not paid at all, and the workforce is distributed in mostly fragmented ways among a broad array of government agencies, nongovernmental organizations (NGOs), and community-based organizations (CBOs). To complicate matters further, the human resources systems that support different cadres within the SSW are weak, collaboration mechanisms often are nascent or nonexistent, and the education and training institutions are underfunded and their programs often not aligned with present-day needs.

It is clear that even in resource-constrained environments, money has to be invested in order to strengthen the SSW. However, it is often difficult for leaders and policy-makers to know exactly where to intervene or invest, as the current status of data and evidence on the SSW is problematic. Human resources information about the workforce is lacking and often of questionable accuracy. With few exceptions, no working routine human resources data systems are in place; the workforce data that do exist are derived from studies or one-off mapping and assessment processes. To complicate matters further, there are no generally accepted titles or schemes of service that capture the great variety of workers and functions that exist in the sector. This reality makes identifying, counting, and classifying social service workers even more challenging.

More reliable human resources data will enable in-country leaders, policy-makers, and practitioners to promote evidence-based policy and program decisions to strengthen the SSW. Until such data are collected with a reasonable degree of accuracy and made available to policy- and decision-makers and the broad range of stakeholders affecting the SSW, future plans to strengthen these cadres will be made largely on best guesses or anecdotal evidence.

Ethiopia – Assessing the SSW – A Component in Creating a Social Safety Net

Linked to the country's Growth and Transformation Plan (GTP), the 2012 Ethiopian Social Protection Policy (SPP) outlines the creation of a national social safety net, equity policy, and poverty reduction plan for historically marginalized and vulnerable segments of the population: "the elderly, labor-constrained individuals and households, people with disabilities, pregnant and lactating women, persons living with or directly affected by HIV and AIDS and other chronic debilitating diseases, vulnerable children, the unemployed, people affected by natural and manmade calamities and victims of social problems (such as drug use, beggars, victims of trafficking and commercial sex workers) and people having difficulties in accessing basic social services" (SPP, p. 17). There are five focus areas articulated: social safety net; livelihood and employment schemes; social insurance; addressing inequalities of access to basic services; addressing violence and abuse, and providing legal protection and support.

Given these five focus areas and the overall goal of creating a social safety net, there is a need to strengthen the SSW so that it can make effective contributions to the successful implementation of the policy.

Objectives

As a first step in the workforce strengthening process, the overall purpose of this workforce assessment activity is to understand better the current status of the workforce. The more specific objectives to achieve this purpose are as follows:

- To assess basic workforce information of social service workers currently working in Ethiopia by using data collected in six selected regions: Addis, Amhara, Oromia, Somali, Tigray, SNNPR.
- To document the common social services being provided by social welfare institutions/agencies at national and district levels, the type of clients they serve, how services are accessed, and the profile of workers delivering such services including their expected roles, competencies, activities, organizational support, and supervision.
- To estimate the levels of social work professional skills and knowledge of workers in the public sector at all levels of government, their perception of work environment, performance bottlenecks, job satisfaction, and professional career aspirations.
- To determine the social sector's capacity to effectively respond to stated social protection needs, and to offer preliminary suggestions ways to address workforce gaps.

The overall purpose and the more specific objectives dovetail with the 2010 South Africa conference goals as outlined by the Ethiopian team (composed of members of AAU SSW, MoLSA, UNICEF, USAID, AIHA). The driving question is: does the GOE have the capacity to implement effectively the Social Protection Policy with the current SSW? If not, what are the key workforce gaps, and how does the evidence suggest they might be best addressed?

The execution of this work has encountered a certain number of delays, has gone through different stages as new and different stakeholders got engaged, and has evolved somewhat from the goals in the original TOR. Given the changing activity landscape, however, the IntraHealth Team believes we have met the overall purpose: we have successfully conducted an exploratory assessment of the social service delivery system in Ethiopia.

Methodology including Sampling and Analysis

Sampling of Regions and Institutions

This work falls in the category of 'exploratory' research (Babbie 1989).¹ Exploratory research is used when problems are in a preliminary stage, when there is little information has been previously collected in a systematic way, when the topic or issue is new, and/or when data is difficult to collect. Because this type of research is flexible and can address research questions of all types (what, why, how), the results can be used as a springboard for key stakeholders to generate evidence-based solutions.

As part of an exploratory analytic process, we used a mixed approach for sampling: stratified purposeful sampling and iterative sampling. Patton (2001)² describes stratified purposive sampling as samples within samples, and suggests that purposeful samples can be stratified or nested by selecting particular

¹ Babbie, Earl. 1989. *The Practice of Social Research*. 5th edition. Belmont CA: Wadsworth

² Patton, MQ. (2001). *Qualitative Research and Evaluation Methods* (2nd Edition). Thousand Oaks, CA: Sage Publications.

units or cases that vary according to a key dimension. For example, we purposefully sampled places where social services are delivered and stratify this purposeful sample by region and practice setting (urban and rural). As data collection began, we also used an iterative sampling procedure. Iterative sampling involves a process of moving back and forth between selecting cases for data collection and engaging in a preliminary analysis of the cases sampled. That is, when it appeared that there was going to be insufficient data collected in the Oromia region, we added to the sample where feasible (constrained by time and resources) and noted the need to pursue additional samples. The goal of iterative sampling is that what emerges from data analysis will shape subsequent sampling decisions. Ideally, the process of iterative sampling and analysis continues until researchers reach saturation – the place at which no new information or new themes are emerging from data analysis. It is widely held that complementary sampling processes help to generate the most meaningful data in non-hypothesis-testing processes. Tables depicting sampling approved by members of the SWWF TF prior to deploying data collectors and actual interviews conducted can be found in appendix A.

Instrumentation

Interviews with stakeholder institutions were used to collect information from organizations and agencies that provide social services across a broad array of service recipient populations. These were organized at the macro, mezzo, and micro levels in accordance with social work delivery terminology (see appendix A for interviewees arranged by region and level). Interviews were semi-structured and instrumentation (see appendix B for assessment tools) was developed using a selection of variables from the following table of key variables associated with workforce development literature and gap analyses projects conducted in other countries.

Macro and Mezzo Level Data	Micro (Worker) Level Data
Services provided	Qualifications
Client system/s	Work settings
Distribution of workers	Competencies
Composition of workers	Tasks performed
Qualifications of workers	Workload/Caseload
Location of work	Career aspirations
Description of work environment	Pros and cons of the job
Vacant positions and reasons for vacancies	Personnel management
Support structure	Infrastructure and resources
Preservice/in-service trainings and gaps	Professional development opportunities
Data collection; M&E	Compensation and benefits
Alignment within federal/district levels	Attitudes about job, profession

The interview guide for stakeholder institutions generated information that serves to estimate: the range of social services being provided by social welfare institutions/agencies at national and district levels, the types of populations served, and how such services are accessed. This information can be used to inform future workforce planning. These data provide a first step in sketching out the flow of new social service professionals entering the labor market, the qualifications and competencies they possess, work environment, general professional development experiences, political and HR management environment, and the sufficiency of financial resources.

Data Collection Methods

Fieldwork and identification and training/orientation of Data Collectors

Data collectors were recruited by placing an advertisement in the local newspaper, on relevant websites, and on the notice board of the Ethiopia IntraHealth International office. In addition, invitations for

applications were sent to regional universities of Adama, Gonder, and Addis Ababa University (AAU) to nominate two qualified staff from the departments of Sociology and Social Work. A total of 12 data collectors and six supervisors were selected. The composition of data collectors and supervisors included four sociologists, six social anthropologists, five social workers, and one social development professional. All those selected have Masters' degrees and two are PhD candidates.

Two to three data collectors were marked for deployment in each region where one served as a supervisor. The IntraHealth in-country staff and senior technical consultant provided comprehensive training and orientation to the data collectors/supervisors on the contents of the data collection instruments and administration of the tools to ensure familiarity with the assessment and its objectives, as well as the overall approach and principles of data/information collection. The training focused on using the surveys correctly and ways to ensure good quality information. Training and orientation materials were developed and provided to the data collectors and supervisors. During the data collection period, the in-country team provided support to the data collectors to facilitate smooth data collection and troubleshoot any challenges. Regional IntraHealth offices facilitated and liaised with the regional offices and woredas.

Data Processing

Following field interviews, in-country consultants used a data checklist to confirm that essential and key information had been gathered. This process was coordinated by the in-country team, and oversight was provided by the Senior Technical Consultant. This created a quality assurance mechanism that allowed for corrections.

Region and woreda selection

Six regions and 18 woredas were targeted for data collection. The criteria for selecting the regions were: population size; presence of MoLSA and Ministry of Women's, Children, and Youth Affairs (MoWCYA) offices at regional and woreda levels; availability of social services; and high prevalence of vulnerable groups and social problems. Selection was vetted by the SWWF TF.

In consultation with each region, two to four representative woredas were included in the assessment. The woreda selection criteria were based on the organizational presence of MoLSA and MoWCYA, representativeness of the woreda in the region, and a good performance record in social services. The population of each region determined the number of data collectors and supervisors assigned: three data collectors and supervisors were assigned to each region, except for Oromia and Somalia which were assigned four data collectors and two supervisors each. The public sectors have their own respective leaders and experts at regional and woreda level, who were included in the list of respondents.

Data collection

Data collection in the field was undertaken by the data collectors and supervisors with technical and logistical support provided by IntraHealth staff. Data collection took five to eight days depending on the distance and the geographical coverage of the region. The data collectors submitted their transcription to IntraHealth upon completion. Please note that there was slight variation in collection in SNNPR due to a meningitis outbreak, and in Somali, where UNICEF provided liaison services as IntraHealth does not have a presence in that region. In both instances, IntraHealth's primary concern was for the health and safety of the data collectors, and so the decision was made to restrict collection to capital towns.

At the macro level, key informants were interviewed by the Senior Technical Consultant and in-country IntraHealth staff. These informants included representatives from Ministry of Health (MOH), Technical

and Vocational Education and Training (TVET), MoLSA, MoWCYA, Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSWA), FFIC, Federal HIV/AIDS Prevention and Control Office (HAPCO), USAID, and UNICEF. The purpose of these interviews was to verify the governance models of those involved in social service delivery mechanisms, to invite stakeholder participation, to ratify the data assessment protocol, and to ensure alignment of policy documents with current practice. In several instances, human resources (HR) documents were requested but not shared. Although the in-country team received approval of travel dates for the Senior Technical Consultant, several members of the SWWF TF and Operational Committee experienced conflicts after the Consultant had arrived, and so were unavailable for meetings. Where feasible, in-country staff conducted these remaining interviews.

A total of **45 in-depth micro-level and 39 mezzo-level interviews** were conducted in the **six regions** selected for participation (see appendix A for list of interviewees arranged by region and level and appendix B for interview guides used).

Over 700 pages of interviews (micro and mezzo) were initially reviewed, both by data supervisors and in-country team for degree of completeness and richness of information in the interviews. Interviews were then sent to data analysts. Coding occurred in three phases; interviews were re-read three times by data analysts to ensure consistency in coding. All interviews were included in the process and then were separated into regional and woreda levels.

In coding the interviews, an emergent theme process standard in mixed methods analyses was used. This process was selected to build upon quantified indicators and to maximize understanding of variables and concepts identified in the desk review and assessment protocol. Emergent themes included (and are addressed in this order):

1. Skill and performance issues (education, experience, training, job description matching work performed)
2. Organizational capacity (functionality across areas operationalized in an organizational capacity assessment matrix³)
3. Barriers to successful implementation of the SPP—budget and HR
4. Parity (perceived inequalities in sectoral resource allocations and perceived inequalities in professional advancement).

Ethical Considerations and Approval Received

IntraHealth International underwent an internal review of the Human Subjects protection and ethical consideration. The letter of approval of this protocol was provided before going to the field. The components of this process:

- In order to ensure confidentiality, names of respondents were neither recorded in the questionnaires nor featured in the recording and reporting. Because identifiers were unique (eg, the job title and woreda were easily used to identify respondents, this information was collated and used in aggregate.
- The data, including all paper copies and computer data, were stored in a secured cabinet at the IntraHealth office in Addis Ababa and then destroyed after being sent to IntraHealth US offices. All electronic copies have since been destroyed other than those stored as per IntraHealth protocol at the central office.

- The study protocol was also submitted to MOLSA for review and received approval.

Limitations of the Study

There are several limitations of this assessment. First, due to the nature of the assignment, a more comprehensive sampling was not possible. To address this limitation, only emergent themes that are resoundingly demonstrated in the data have been included, and we have repeatedly suggested caution in extrapolating or generalizing findings. Next, insufficient demographic data about subsets of the target populations are not available, and so the binary 'broad' or 'targeted' population designations are used. This is a key component in estimating workforce needs (e.g., defining the denominator in order to estimate worker/client ratios and optimal caseloads). As is somewhat typical at this point in the SSWS field, workforce data are incomplete, are kept by various agencies and units in disparate places, and are often hard to track down, resulting in little shared information among stakeholders. Even though data were requested and much effort expended to compile it, it has been difficult to obtain comprehensive information, and what has been made available is marked by a lack of standardization in format that fits sector (e.g., the BPR is business model and ill-suited for current task systems). This means that the information gathered on M&E will require more in-depth analysis.

SECTION II: LITERATURE REVIEW

Introduction

As stated earlier, the 2012 Ethiopian Social Protection Policy (SPP) outlines the creation of a national social safety net, equity policy, and poverty reduction plan for historically marginalized and vulnerable segments of the population: "the elderly, labour constrained individuals and households, people with disabilities, pregnant and lactating women, persons living with or directly affected by HIV and AIDS and other chronic debilitating diseases, vulnerable children, the unemployed, people affected by natural and manmade calamities and victims of social problems (such as drug use, beggars, victims of trafficking and commercial sex workers) and people having difficulties in accessing basic social services" (SPP, p. 16). As economic development in Ethiopia, outlined in the GTP, drives a continued "rising tide", policy-makers and leaders conclude, so must the boats of the most vulnerable be lifted in order for economic prosperity to continue. The 2011 EDHS⁴ (p.2) states:

To help attain the Millennium Development Goals (MDGs) by 2015, Ethiopia adopted the Plan for Accelerated and Sustained Development to End Poverty (PASDEP), the second poverty reduction strategy, covering the period 2005/06 to 2009/10. In keeping with this plan, the economy has grown in real GDP at a rate of 11 percent per annum in the past five years. With an average population growth rate of 2.6 percent, the GDP growth rate translates to an 8.4 percent growth in average annual per capita income.

A comparison of the 1996 Developmental Social Welfare Policy and 2012 SPP establishes the focused expansion of governance and intention to deliver service in a more systematized way, including efforts of protection, prevention, and promotion (p. 1, SPP). In the 2012 SPP, we see strong links to the African Union Social Protection Framework: "The provision of quality health and education is key to building human capital which in turn will improve productivity and economic growth and to breaking intergenerational poverty transmission...Government will invest in setting standards for and regulating the provision of social welfare services, with a combination of services provided by the state and non-

⁴ <http://www.measuredhs.com/publications/publication-fr255-dhs-final-reports.cfm>

state actors” (SPP, p.20).

Among suggested approaches for caring for its vulnerable populations is a schema for social transfer programs. Alongside National Plans of Action (for example, the NPA for People with Disabilities 2012-2021; April 2012), the delivery of poverty alleviation, health, education, and social services will require a coordinated, trained workforce supported by clearly delineated policies implemented with strong infrastructure. The process of defining dimensions of vulnerability and prioritization of strategies to mitigate the effects of vulnerabilities has already begun. For example, MoLSA (October, 2012; p.4) suggests: “It is important that communities determine their own criteria....” As in other national social service strategies across the world, funding streams (such as block grants) will unintentionally shape delivery pathways; understanding the capacity and scope of the workforce is a solid complement to determining budgetary allocation procedures.

Using what is known about vulnerable segments of the population, it is possible to begin to sketch out a framework for workforce development. The elderly, for example, represent about 5% of the population, and generally lack a stable source of income. People with disabilities, estimated to be at about 1 million people (NPA, p. 2) also face barriers to accessing social services, livelihoods, and other opportunities. With a youth population that composes 47% of overall population, attention to the stability and progress of children, youth, and families is implicit in any macroeconomic intervention scheme (UNICEF 2012, DHS 2012). As articulated on p. 15 of UNICEF Situation Analysis, 2012:

The recognition in the national development plans that progress towards the realization of children’s rights and poverty reduction are indivisible gives those rights weight and authority. It signals that poverty reduction is considered a legal obligation rather than a charitable activity, thus recognizing that human rights are not merely taken as instrumental in the fight against poverty, they are also taken as ends in themselves.

The Growth and Transformation Plan 2010-2014 represents an improvement over the previous development plan in that it dedicates a separate chapter on children’s and women’s rights. To ensure good implementation, more efforts are needed to look at the budget allocations focused on investments in children and the efficiencies, effectiveness, and impacts of programmes focused on realizing children’s rights.

The purposes of the literature review, in the context of the above passage:

- To inform the strategy for the assessment of the social service delivery workforce, adapting for the Ethiopian context
- To provide a starting point to ensure mutual understanding—a process that incorporates information and referrals from key stakeholders
- To shape methods for data collection.

This included a wide range of documents, referred to in the original RFP, and supplemented by UNICEF as the process began. An organizational framework for document review and synthesis was selected, in keeping with the social work professional literature.⁵ In the social work profession, interventions targeting client systems are organized, very broadly, along three levels: the macro, the mezzo, and the micro levels. Generally speaking, macro level social work approaches large systems and scaled interventions on national, international, or regional levels. Mezzo interventions occur on an intermediate scale, involving institutions or circumscribed geographical areas such as neighborhoods.

⁵ Note: This framework is reflected in the data collection framework: different interview tools were used at each of the practice levels.

Micro level social work, the most common, refers to work with clients at the family, group, or individual levels. To build an overall systems analysis from the foundation of a literature review, organization of documented reviewed reflects this central organizing principle of social work. That is, the literature review is organized according to:

1. Issues of **governance** (macro level)
2. Issue of **implementation** (mezzo level)
 - a. Translation of policy to practice (including fidelity to HR models)
 - b. Organizational capacity
3. Issues of **adequacy** (micro level)
 - a. Scope of needs vs. numbers of workers (caseload estimates)
 - b. Scope of need vs. HR skills (competencies)
 - c. Inter and intra-institutional needs (referral availability, networks, coalitions, resource availability, management and supervision).

Please refer to appendix D for a list of documents reviewed to date. Please note that internal HR documents are absent and were sought over the lifetime of this project.

To inform the creation of the assessment protocol, workforce assessments from the following countries were reviewed (as suggested) and analyzed: Haiti, Kenya, Malawi, Namibia, Nigeria, and Tanzania. This process sought to incorporate “best practices” from these assessments and from the library of *CapacityPlus* workforce assessment literature.

Issues of Governance (Macro Level Interventions):

As articulated in the “four pillar” analysis framework (Davis, 2009) and in the research base of the work of *CapacityPlus*, the first step in an assessment of HR capacity is the review of legal and public policy documents to ascertain the presence of both specific attention to and allocation of resources to service delivery for the identified population, and to begin to gauge the degree to which these policies and laws are funded, staffed, and have the requisite infrastructure for implementation.

At the apex of governance is the Constitution of FDRE, which articulates the fundamental rights and freedoms of the Ethiopian people, to be interpreted in conjunction with the International Bill of Rights (UNICEF, 2012). Ethiopia is signatory to: (1) the CRC in 1991, (2) the African Charter on the Rights and Welfare of the Child in 2002, (3) the African Charter has been incorporated in the official law publication, the *Negarit Gazetta* with proclamation No. 283/2002. The government has ratified (4) the Convention on the Elimination of All Forms of Discrimination against Women and the GOE has committed to the Beijing Declaration and Platform for Action, and (5) adopted a National Plan for Gender Equality (STC pp. 9-10; UNICEF p. 5).

As stated above, references within the GTP (2010-2014) indicate that there is a chapter devoted to the rights of children and women, a departure from previous plans. Four thematic areas in the NPA for Children (2003-2010) fall under the aegis of MoWCYA, articulated in Proclamation 691/2010. This is significant in the designation of clearly articulated responsibility resting within a specific agency (p. 16; UNICEF, 2012). Underneath the federal level, the Bureau of Women, Children and Youth Affairs (BoWYCA) is charged with addressing child welfare issues that stem from regional orders.

More evidence of increased GOE focus on marginalized and vulnerable populations can be found in making a general comparison between the 1996 DSWP and the 2012 Final Draft of the Social Protection Policy, as mentioned earlier. While notable in its symbolism in raising awareness to the need for a social

protection policy, the DSWP contains broad edicts, calls on localized problem-solvers to operationalize the objectives, and lacks the specificity of the 2012 SPP.

The 2012 SPP states that the GOE recognizes that translating policy into practice will require dedicated resources that serve to fill in the holes that grew from the broad and unfunded 1996 DSWP. The 2012 SPP (p. 2) states: "(this policy was) characterized by limited geographical coverage, inadequate inter-sectoral linkages and coordination, weak institutional capacity, and lack of clarity regarding accountability for delivering social protection outputs." ['Social protection' is defined: "formal and informal interventions that aim to reduce social and economic risks, vulnerabilities, and deprivations for all people and facilitates equitable growth" (p.2). This definition is adopted from the African Union-Social Protection Framework, dedicated to interrupting intergenerational transmission of poverty and addressing inequalities.]

The Mezzo Level - Issues of Implementation

(1) Translation of Policy to Practice The literature base is rapidly expanding around issues of the translation of health, education, and social welfare policies into practice areas; barriers and facilitators to implementation are covered repeatedly, for example, in discussions and presentations at the South Africa Social Welfare Workforce Strengthening (2010), and in the collective body of work produced by the Capacity Project and CapacityPlus.

There have been consistent calls to attention over the last decade to these translational issues. A 2001 UNICEF report (*National Report on Follow-up to the World Summit for Children*) comprehensively lays out the ongoing need for both systematic implementation of policy and better data to drive decision-making (pp. 3-4):

12. The Committee on the Rights of the Child considered the Initial Report of Ethiopia (CRC/C/8/Add.27) at its 349th and 351st meetings held on 9 and 10 June 1997 and issued its concluding observations. These observations include the following:

- I) The committee noted positive factors that contributed to the protection of child rights such as the steps taken since 1991 to set-up democratic institutions in the country, the adoption of a new constitution in 1994 which incorporated international standards in the field of human rights; Article 36 of the constitution which makes references to some of the rights enshrined in the CRC, and the political commitment to improve the situation of children.
- ii) It acknowledged factors and difficulties impeding the implementation of the convention, such as the socioeconomic and political challenges confronting the country, some traditional practices and customs in the rural areas and inter-regional and urban/rural disparities.
- iii) Some of the principal subjects of concern noted by the committee include:
 - Negative effects of poverty on the situation of children as illustrated by the high levels of infant and under-five mortality rates and malnutrition, and at the low levels of school enrollment, education, immunization coverage and health services in general
 - Prevailing traditional attitudes and harmful practices and the persistence of discriminatory social attitudes against vulnerable groups of children such as the girl child, disabled children etc.
 - The non-compatibility of certain provisions of domestic law with the principles and rights enshrined in the Convention

- Insufficient steps taken to ensure the registration of children after birth
- Lack of adequate and systematic training provided to law enforcement officials, judiciary personnel, teachers, social workers, and medical personnel
- Lack of adequate mechanisms for the collection of reliable quantitative and qualitative data on the situation of children throughout the country.

For the purpose of this review, as per the RFP, attention was given to the in-country model of the successful HEW expansion process, with the intention of capitalizing on “lessons learned” from a comparable workforce expansion project. In general, there have been many successes. With the implementation of the HEW Program, health service coverage has increased by about 30% (Lancet, 2008), with two trained workers stationed at every post. About 82% of the needed workers have been trained and deployed (Lancet, 2008). More recently, the 2010 Health Sector Development Program IV Draft (October, 2010) states that the deployment of 33,033 HEWs surpassed the initial target, although coverage remains low at 26% (p.18). To maximize “lessons learned”, there are a few key areas to bear in mind. Regarding translation of policy to practice, the MOH calls for improvements in “reinforcing and institutionalizing HRH legal frameworks aligned to the overall health policy and the decentralized health system of the country” that include management systems (p.52). Implementation rests largely on the capacity of systems to support organizational and management functions; this is explored in the following section.

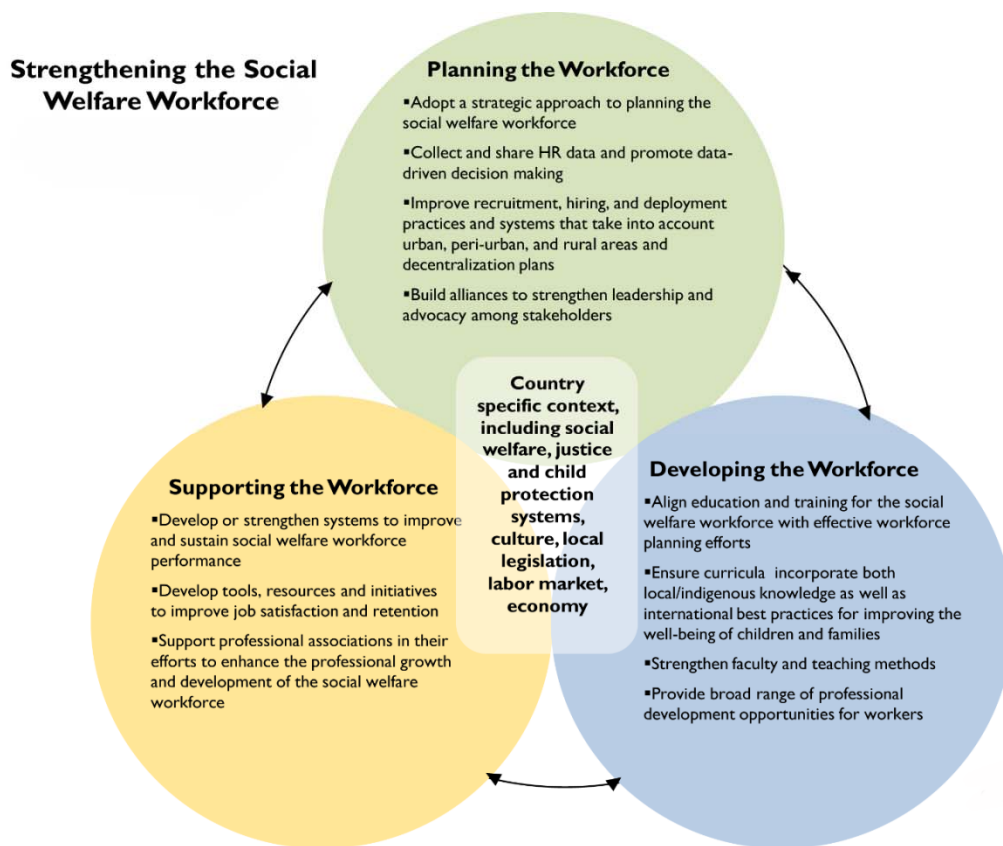
Also reviewed was the literature suggested by members of the SWWF TF on social transfer programs. Entitlement programs adapted for local and national context are vital fabrics required in weaving together a safety net for the most vulnerable. As with the HEW literature, this body of work is replete with important lessons learned, such as:

Understanding how existing programmes reduce social risks and vulnerabilities is the foundation for identifying the gaps that need to be addressed... Discussions with programme managers will usually illuminate the successes. Some of the potential shortcomings ... include limited coverage (often excluding the informal sector and the poorest), inadequate and misallocated finance, unsuitable instruments (sometimes inappropriately imported from an upper income country), corruption, lack of capacity, and barriers to access (including discrimination, statutory exclusions, bureaucratic impediments) (Samson, Van Niekerk & Quene, 2006; p.27).

The recent MoLSA report “Framework for Community Based Structures” (October, 2012) also offers many important suggestions and best practice guidelines (pp.26-29).

(2) Organizational and Management Capacity

The work of *CapacityPlus* continues to yield the conclusion that strengthening the SSW will require three essential elements: planning the workforce, developing the workforce, and supporting the workforce. These three elements are depicted in Figure 1, which represents the framework for analyzing the capacity to build a SSW that can respond to the needs of vulnerable groups in society.



Training alone is not a solution to a workforce deficit. Newly trained caseworkers must be placed into a supportive system that deploys and retains them where they are most needed. In the absence of a strong organizational and management system, investments in training are likely to be wasted. The essential elements of human resources management – job design, recruitment, hiring, orientation, supervision, performance management, compensation, professional development, and evaluation – must be in place if services are to be extended.

Two specific focus areas in the SPP call attention to the **need for organizational capacity**. First, Focus Area 1 calls for the creation of a social safety net, with implementation of (among other pieces) case management of chronically vulnerable people. Second, Focus Area 4 (Addressing Inequalities of Access to Basic Services) calls for the government to “invest in setting standards for and regulating the provision of social welfare services, with delivery through a combination of services provided by the state and non-state actors” (p. 20). Organizationally, both areas are to be linked to data collection and decision making process (M&E, p. 21) and fall under the coordination of a multi-sectoral National Social Protection Steering Committee (NSPSC, p. 22).

Among the challenge areas identified by the Ethiopian Team at the South Africa SWWS Conference (2010) are both the overarching organizational areas (allocation, coordination, and oversight) and functional deployment issues (many associated with decentralization and variability of local capacity). These issues are echoed in assessments and desk reviews of other countries, and endemic to the field, globally. For example, in the US, each of the 50 states strives to meet federally mandated standards of care and performance, and the states are periodically audited under the state-by-state Child and Family Services Reviews (CFSRs). Although each state has had at least two reviews during the past eight years, to date not a single state has met all, or even the majority of CFSR standards. States are legally mandated to provide child protection and child welfare services, but they have insufficient resources to

meet the standards, rendering those standards more to the role of guiding principles. It has also been noted that there is by no means agreement on the desirability of meeting some of the standards. Last, the various practice models and state laws (which vary widely) are not constructed to necessarily advance compliance with some of the CFSRs.

It will be important to determine the local capacity in key areas. According to literature developed by The Way Forward Project (p. 128)⁶, there is incomplete coverage of BoWYCA workers at either the woreda or kebele levels. There are two HEW workers allocated per kebele, who sometimes provide non-health related assessments and referrals.

Ethiopians do possess a strong informal (defined as not professionally staffed) kin and community based care system (e.g. the idir, Busa Gonafa, community care coalitions; The Way Forward Project, p. 128; Save the Children⁷, p.8). Incorporating these into the overarching organizational structure will largely fall onto local governance and management, and much work has been done to date in organizing an approach to expanding and integrating these delivery mechanisms (MoLSA, 2012).

At the supra-structural or meta-level, the national working group (SWWF TF) was developed in response to a call at the South Africa Workforce Development Conference to increase coordination and governance. This group is currently strategizing to support the analysis and strengthening of the workforce. As another example of collaboration across organizations, and between governmental and non-governmental agents, MOWCYA launched its Alternative Care Network on March 5, 2012. The NPAPWDS includes discussion of a National Implementation and Coordination Committee (NIMCC).

(3) Micro Level - Issues of Adequacy

Scope of needs vs. numbers of workers (caseload estimates)

Much work is currently being done around the definition of caseworker, social worker, social service professional and so on; titles and functions vary within and between countries. The nomenclature for these cadres notwithstanding, estimating caseloads has proven a tricky business. Evidence of variability indicates that current caseloads in Africa run a wide range. For example, in a presentation at the 2010 South Africa Conference (SA Conference report, p.27), Togarepi Chinake (*Independent audit of the human resources and institutional capacity of the Department of Social Services at national, provincial and district levels*), stated that an institutional assessment analyzed staffing levels and found that the ratio of department of social services social workers to children in Zimbabwe is 1 to 49,587, in comparison to Botswana, for example, where the ratio is 1 to 1,867. Additionally, Davis (2009) reports that South Africa's social welfare implementation strategy calls for reducing caseloads from the 2006 average of 1:300–500 to the government norm of 1:60. She posits, that scaled-up implementation would require about 60,000 additional professional social workers (HWSETA, 2008)—although this number does not factor in workforce attrition, estimated to be 50%-60% (Davis, 2009).

A rudimentary ratio estimate requires (a) definition of the target population to be served, (b) accurate data on the dimensions of vulnerability that can pinpoint where the target populations live, and (c) accurate data on the types of services the target population would optimally receive. Before useful indicators of need can be data-driven, there will need to be more data at a granular level. Current DHS data is very broad. It appears that more data is imminent: in the "forward" piece of the 2012 UNICEF situation analysis, there is mention of new data coming out specific to children. A recent USG (March, 2012 p.6) report⁸ with the same suggestion is described below:

⁶ <http://img-assets.s3.amazonaws.com/thewayforwardproject/files/The%20Way%20Forward%20Project%20Report.pdf>

⁷ http://www.savethechildren.org.uk/sites/default/files/docs/social_protection_Ethiopia_briefing.pdf

⁸ <http://www.hvcassistance.org/Documents/FINAL%20PL%20109-95%20AR%20V.pdf>

GEOGRAPHIC TARGETING FOR HIGHLY VULNERABLE CHILDREN

In an effort to improve the strategic targeting of programs for highly vulnerable children, the PL 109-95 Secretariat developed a methodology that uses readily available data (e.g., USAID-funded Demographic and Health Surveys and UNICEF-supported Multiple Indicator Cluster Surveys) to identify areas within countries where high concentrations of highly vulnerable children likely exist. Though the term “vulnerability” can be defined in many ways, the methodology merges various pre-existing vulnerability indicators into a single index, creating a rating scale that makes it easier to understand the magnitude of vulnerability in a given location and compare it to other geographical areas. The method has been tested with existing data for Ethiopia, and its potential use as an aid to better targeting future programs is being explored.

Focus Area 4: Addressing Inequalities of Access to Basic Services (SPP, 2012) calls for improvement in *access* to social service providers. Without more accurate data, it is very difficult to estimate how many service providers will be needed in order to enhance accessibility of services. While children and vulnerable families are used as an exemplar here, creating the caseload frameworks for all segments of vulnerable populations requires the same process.

Scope of need vs. HR skills (competencies)

The essential question to answer here centers on the adequacy of the skill-sets, or competencies, of the workforce to meet the needs of the populations served. This idea of adequacy begets two key questions: (1) Is there sufficient education and training, which includes ongoing supervisory supportive instruction in the field? (2) Are these trainings producing requisite competencies to meet the needs of the populations served?

Focus Area 4: Addressing Inequalities of Access to Basic Services (SPP, 2012) suggests an implementation strategy: *strengthen training institutions, expand and build the capacity of the social welfare workforce.*

A UNICEF rapid mapping of workforce training (October, 2011) identified gaps in current training: formal, relevance of delivery setting (e.g., urban models do not fit in rural settings); topic areas (child development, child participation/empowerment; care and support, children’s rights). This document states that there has not yet been an assessment of either practice implementation fidelity or efficacy.

Much has been done in this area in the HEW implementation analysis (2010) that includes supply side interventions, demand side interventions, and regulatory (quality assurance) intervention pieces. For example, it is reported that while “almost all core and support processes have a quality component in them...rigorous implementation of Performance Monitoring and Quality Improvement SOP...will be crucial to ensure adherence to standards by all actors in the sector...” (p.51).

Inter and intra-institutional needs (referral availability, networks, coalitions, resource availability, management and supervision)

The UNICEF rapid mapping (2011, p. 12) suggests that the system similar to a continuum of care will be contingent upon both a skill-set that includes the ability to make appropriate referrals and follow-up, and also upon a “large cadre of social workers at community, woreda, regional, and national levels for program support, implementation, and oversight.” This is predated by the South African Conference materials that call for enhanced service availability and mechanisms for coordination. HEW literature reinforces these needs, as challenges experienced are hypothesized to be byproducts of weak service integration and poor referral linkages (pp. 88-93).

Prior to outlining results, it should be stressed that certain situational factors in Ethiopia acted as great strengths in the assessment process. The country’s commitment to SSWS was clearly demonstrated in their sending a multidisciplinary team to participate in the Cape Town Conference in 2010, as well as this team’s significant work following up on their action plan. Overall there was ongoing motivation to perform workforce analysis on the part of stakeholders from government, universities, and NGO partners as well as sustained interest in the assessment process.

SECTION III: STUDY FINDINGS

This section presents findings without interpretation or imputation of meaning, which occurs in the discussion section. Qualitative data obtained through interviews with a range of respondents are available to add depth or reinforce the quantitative findings of the study. All regions and all bureaus were represented by quotes, with each quote from a different interviewee. In order to focus on aggregate outcomes of the qualitative analysis rather than the individual perspective represented in each quote, respondents’ statements have been removed. Results are grouped according to thematic constructs.

Findings Grouped by Thematic Constructs

Theme #1: Worker skill and performance issues

Competence in delivering social services is a combined function of education, experience, supervision, and training. It is an HR function (described separately) to have job descriptions that align with skills actually required to perform the job successfully. These results are reported below.

Education

Many mezzo-level interviewees refer to a mandated requirement to hire professionals with relevant educational credentials (e.g., having received a diploma or degree in a field connected to social work such as sociology, psychology, social anthropology). Of those interviewed, about half (n=27) reported that they possess educational credentials that are not relevant, as per the mandate, to the position of employment.

Experience

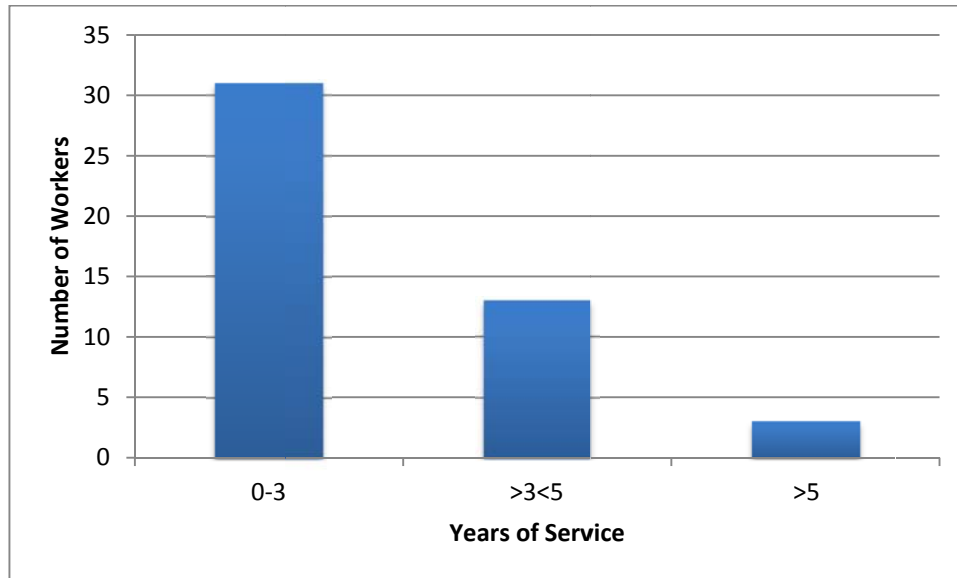
Many workers learn from experience. One indicator of weak professional development is high turnover rates. There was a wide range of length of time on the job: 15 days to 11 years, with a modal rate of one year, meaning that the most frequently reported length of time on the job reported was one year. It is recommended, because of the wide range and the small sample size, to use the modal rate as the more accurate measure of central tendency.

Measure of Central Tendency	Time on the job (years)
Mean	2.98
Median	2.5
Mode	1

When outliers of more than three standard deviations (SD=2.3) from the mean are dropped from the calculation, the mean and median decline slightly, although the modal rate does not change. Dropping outliers from the calculation helps to ensure that the results are not skewed by a few individuals who remained in their positions for a much higher than average length of time or left their jobs after an extremely short period of time.

Measure of Central Tendency	Time on the job (years)
Mean	2.71
Median	2
Mode	1

When grouped for proportionality, the years of experience reveal a majority of the workforce with less than three years on the job:



Supervision

Supervision is often viewed as a vital component contributing to worker competence in social service delivery and can have a compensatory effect when there is a lack of education and experience. Several types of supervision were examined: technical, administrative, and supportive. Results were slightly skewed because the current nomenclature used in the Business Process Re-engineering (BPR) confounds the term “supportive supervision,” which, in social work, has a different implementation structure. Results are presented as they occurred (categories were generated by respondents), with about half of all respondents reporting that they receive no supervision at all:

	None	Group	Technical	Technical and Supportive	Administrative (Occasionally)	Administrative and Supportive
Number	23	2	10	3	5	4
Percentage	49%	4%	21%	6%	11%	9%

Training

Training is similar to supervision in its capacity to address certain kinds of skill gaps in competence. Interviewers asked respondents to list all trainings attended (preservice, in-service, orientation, topical) while employed in their current role. Answers ranged between 0-11; measures of central tendency are reported below, with a modal value of 0, meaning that interviewees responded most frequently that they had attended no trainings in their current role. A median value of 1 shows that an equal number of participants responded that they had attended more than one training as those who answered that they had attended zero trainings while in their current position. Again, with a wide range and a small sample size, the median or mode is a better indicator of the “average” experience of workers:

Measure of Central Tendency	Value
Mean	1.77
Median	1
Mode	0

At the request of various stakeholders, interviews with health-related providers were included. These workers received specific trainings on health-related topics such as tuberculosis, HIV, etc. When these respondents were removed for the reason of mandated trainings as required by the health sector (1 HEW and 3 HAPCO workers), the results were slightly different, with the median value dropping to 0, and the mean decreasing by about .5:

Measure of central Tendency	Value
Mean	1.38
Median	0
Mode	0

Given the above it is not surprising that **95.6% of all interviewees stated that they needed additional training in order to master the skills that would enable them to complete their jobs (n=43)**. The need for more relevant and more frequent trainings was reiterated at the mezzo level, across all agents interviewed except for two (n=37).

Job descriptions and their correlation with work

Across all sites, **job titles** appear to be, by and large, unique identifiers. That is, of 45 interviews, only a small fraction (n=4) had comparable titles within bureaus. This is a possible indicator of lack of standardization within the field and certainly a reflection of a large, loosely-defined service population.

Seventy-two percent of direct service providers stated that they do have a **job description** (many from the BPR). However, 89% went on to describe a vast array of 'additional responsibilities' about half of which were substantial enough to constitute another job. One regional mezzo level interview explained that, at the regional level, turnover was low and so workforce stability permitted workers to perform the tasks associated with their specific job. At the woreda level, because of high turnover, workers were covering several positions simultaneously.

About one-third (11 of 35) chose not to respond to the question, perhaps, as one respondent mentioned, because of fear of losing their job. Micro-level interviewees replied that skills required for the job do not match the actual job description; of those who replied affirmatively, 14 of the 24 noted that the work they perform does not match the skills they have (interpreted as a mismatch between the job description and the actual workload). **When skill sets (gauged by proxy using a composite of education, previous employment, number of years in the position, and professional trainings) were aligned with tasks performed and clients populations served, it is estimated that a much lower rate of qualified professionals deliver services.** Respondents across all regions and places of work state that they are conducting counseling without any skills, training community members without adequate knowledge of the topic, and a long list of performance deficits.

When asked at the end of the series of questions intended to correlate with the initial question of skill adequacy, **41 of 45 said that they felt they needed more training to accomplish their jobs.**

At the mezzo level, respondents were asked to identify the skills required to achieve objectives, specifically for social service professionals. Of the 39 interviewed, 64% were able to accurately identify some social service skills, most of which can be characterized as “soft” skills, such as communication, compassion, ethical decision-making. Some skills (“hard” skills such as counseling) were consistently listed, although there was recognition that staff were not trained in these areas. **Of those interviewed, only one respondent felt delivery level (micro) staff were in possession of skills to achieve results.**

The discrepancy between the job description and skills needed to deliver services effectively was routinely (25 of 39 interviews) noted at the mezzo level as well, particularly at the woreda level.

Professional Association

At the request of the SWWF TF, data was collected on industry awareness of ESSWA. Eight-and-a-half percent (n=3) of service delivery level interviewees had heard of ESSWA; 0 were members, although one had been to an ESSWA meeting. Three asked for information and stated a need to belong to an organization dedicated to professional development.

Theme #2: Organizational Capacity

Findings around issues of organizational capacity are organized into two sections: functionality as measured using standardized indicators of organizational capacity, and barriers to and facilitators of successful implementation of policy as articulated by respondents.

Capacity is operationalized in functionality in two areas:

- Management: the capacity of an organization to ensure the effective and efficient use of organizational resources
- Operational: the capacity of an organization to implement key organizational and programmatic functions.

Of the 39 mezzo-level organizations sampled, there is great diversity of reports of operational and management capacity. When organizations are separated into Labor and Social Affairs and Women and Children’s Affairs, the results are more consistent. The addition of HAPCO and Youth and Sports bureaus (included at the request of SWWF TF) confounds the results, as these bureaus by and large report having no social service professionals (or in the case of one HAPCO unit, one social service professional).

Data about organizations were logged into the appended matrix for analysis (see appendix C). Across the board, with the exception of Monitoring and Evaluation (M&E) practices, 35 organizations were rated at Level 1 and four were rated at Level 2. **Ninety percent of respondents indicated a lack of resources (described in the body of the report) and an overall systems-level lack of vertical alignment between policy and practice.**

One standout barrier to successful implementation of policies lies in the service delivery model from the recipient aspect. In general, the identification of a specific service population is an important step in equipping a workforce with the skill sets necessary to successfully deliver services. A defined target population implies clear identification of needs, ideally based on a systematic needs assessment that drives intervention strategies and expected outcomes. From this point, aligning competencies and skills sets with desired outcomes ensures a good fit between workforce and outputs.

Overall, across all regions, 34 of 39 respondents indicated that they serve a *broad, loosely-defined service population*, making it hard for workers to identify client needs, prioritize delivery of services, or specialize in providing particular types of services. Of the five who articulated specific target population

as clients, four were HAPCO affiliates. These same five indicated that they use service targets (two of these reported a customer service aspect of “providing service within 5-7 minutes”). Eight respondents indicated an understanding that the service population was mixed between organizations. For example, one mezzo-level respondent suggested overlap between service mandates at the national level. This was reiterated at the practice level as well.

Among the Labor and Social Affairs (LSA) affiliates, the inclusion of “industrial peace experts” meant the inclusion of a separate target population. Lastly, five respondents clearly indicated that the majority of needs of the service population stem from poverty (historically, the goals of Western social work targeted the poor and disenfranchised), a position echoed by micro level workers.

Theme #3: Barriers to successful implementation (budget and human resources)

This thematic area is perhaps the most obvious, pervading every aspect of the social service system. It is significant, even in the obvious, that **all interviewees (micro and mezzo) identified budgetary constraints and human capital constraints as significant barriers to implementation.**

Among the human resources needs are: additional workers, more skilled workers, capacity development through training, supervisory capacity, and reasonable caseloads. Budget constraints, called a “cancer to our work” by one respondent, have an impact on all areas of service delivery. Without adequate allocations, there is no way to deliver services.

Several mezzo level (n=4) interviewees were not comfortable sharing budget information; an additional 3 were not able to respond completely. Of those who did respond, it appears that there is ongoing reliance on external (NGO, CBO) funding. For example, from one region, additional sources of support for social service delivery are reported at:

Year	Organization	Support in Birr
2003	World Bank	6,399,792
2003	Global Fund	112,965
2004	UNICEF	9,863,810
2004	World Bank	2,398,475
2004	Other project funders	5,084,957

Only one respondent had training as a line item in their budget.

Theme #4: Parity

(Perceived inequalities in sectoral resource allocations and perceived inequalities in professional advancement.)

In the vast majority of all interviews (56 of 84), issues of perceived inequalities arose, although there were no questions in the interview guides probing this area. These discussions fell along two lines: inter-sectoral resource allocation and professional advancement.

Perceived inequalities in inter-sectoral resource allocation

As explained by workers at the micro-level, mezzo level workers (31 of 39) expressed the belief that the social service sector did not receive resource allocation on par with other sectors (specifically health and agriculture, where it was speculated there exists a discrepancy of four times less for social welfare). Again, issues of budget insufficiencies arose. In one region, only 23% of woredas were funded to deliver services. Suggestions were offered to ameliorate the situation, such as institution of a national child policy, legal frameworks for gender issues, and accurate monitoring and evaluation.

This perception was also mentioned in about half of micro level interviews. Suggestions include: improving the low status of the profession, capacity building of the sector, budget parity, promotion systems, salary scales, monitoring and evaluation, eliminating favoritism, and awareness raising.

Perceived inequalities in professional advancement

Attracting and retaining a qualified workforce is complex, particularly in professions with low monetary compensation and perceived low social status. Promotions and the opportunity to work towards promotions are a key part of workforce retention, providing both motivation and a livable wage within a career development trajectory. Given the tendency of the workforce sampled to cluster at the range 0-3 years of experience on the job, criteria for promotion included: previous work experience, education (BA, BS, or diploma), and more than two years on the job. Of these, there is a hint of regional disparities. Therefore, to protect the confidentiality of those interviewed, information is obscured to the greatest degree possible. Of those promoted, a total of eligible for promotion (n=21) was parsed into those who met the criteria and received a promotion (n= 10) and those who met the criteria and did not receive a promotion (n=11), and those who did not meet the criteria and received a promotion (n=2).

	Met the criteria and received a promotion	Met the criteria and did not receive a promotion	Did not meet the criteria and received a promotion
Total number	10	11	2
Number of regions/proportion	R1(3); R3(3); R4(1); R5(1); R6(2)	R2(3); R3(2); R4(4); R5(1); R6(1)	R1(2)

More than half of those who did not receive a promotion at the micro level credited the outcome with politics (both personal and inter-sectoral).

Discussion

While exercising caution in extrapolating conclusions from a relatively small sample size, the convergence of quantitative and qualitative data at both micro and mezzo levels warrant discussion and further exploration. Emerging from this preliminary assessment are some clear trends in findings that even the most conservative empiricist would note:

- 60% of direct service providers report that they lack relevant educational credentials
- 95.7% of all interviewees stated that they needed additional training in order to be able to master the skills that would enable them to complete their jobs
- 50% of micro level workers receive no supervision
- 89% of workers describe “additional responsibilities” about half of which were substantial enough to constitute another job
- Only 1 of 39 mezzo respondents felt delivery level (micro) staff were in possession of skills to achieve results
- 90% of respondents indicated a lack of resources (described in the body of the report) and an overall systems-level lack of vertical alignment between policy and practice
- 34 of 39 mezzo level respondents indicated that they serve a broad, loosely defined service population, making it hard for workers to identify client needs, prioritize delivery of services, or specialize in providing particular types of services
- All interviewees (micro and mezzo) identified budgetary constraints and human capital constraints as significant barriers to implementation

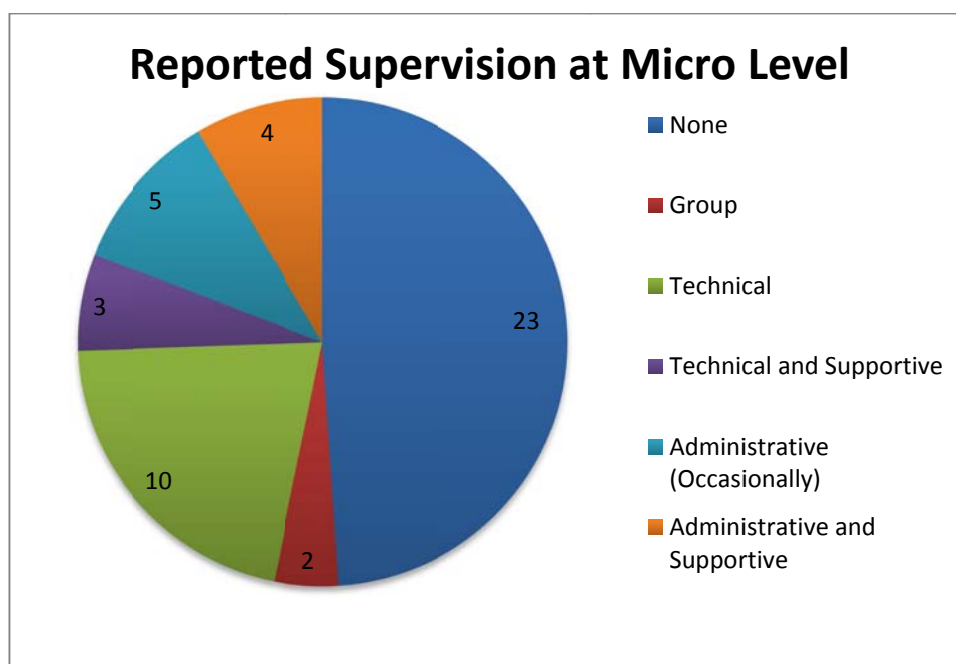
- In the vast majority of all interviews (56 of 84), issues of perceived inequalities arose, including disparate access to promotion and career paths, although there were no questions in the interview guides probing this area.

This evidence supports the issues outlined in the TOR of the ongoing existence of significant gaps in the development and support of the workforce, which in turn will likely prove to be key barriers to the successful implementation of the SPP.

At the worker level, there is an insufficiently prepared and supported workforce. Absent a reworking of the educational system, immediate attention to training is obviously required. Of all findings in the assessment, this is the most dramatically displayed by the data.

It is important to remember, as previously noted, that training alone is not a solution to a workforce deficit. Training must first be tied to a clear description of the skills and knowledge needed by different sets of workers to perform their job functions competently. Then, newly trained workers must be placed into a supportive system that deploys and retains them where they are most needed. In the absence of a strong organizational and management system, investments in training are likely to be wasted. The essential elements of human resources management – workforce planning, job design, recruitment, hiring, orientation, supervision, performance management, compensation, professional development, and evaluation – must be in place if services are to be extended to meet the needs of the vulnerable populations outlined in the SPP.

Additionally, lacking a system of competency-driven, regular supervision, the effects of training will atrophy. About half of all micro level workers receive no supervision at all. For those who do, the type, frequency, and regard are highly dependent on the individual. To increase competencies, supervision should be cultivated and conducted by qualified individuals.



At the organizational level, there is a range of organizational issues that impede implementation of a social protection policy, most of which have been described in detail above (a lack of sufficient numbers of workers, inadequate budgets, lack of access to promotions and a career path, a perceived emphasis on other sectors, and low perceived status of the workforce). While the majority of respondents state

that they do indeed have a job description, it bears stating that there is an important distinction between using unrealistic job descriptions for the sake of having job descriptions and using job descriptions to match the workforce to the objectives of the work. At the core, the function of a job description is to specify tasks an employee should perform in order to achieve work goals. Staff efficiency and effectiveness are enhanced if and when tasks specified in job descriptions are consistent with individual's training, experience, and work expectations, and—most importantly—when reasonable targets are defined. One worker cannot, for example, perform two jobs, nor can one worker serve all vulnerable peoples competently.

Based on the evidence from this study, the estimate of the system's capacity to implement the SPP, at baseline, is at a Level 1, with mechanisms for M&E rated at higher levels of functionality, using the capacity assessment matrix. Given the significant barriers to implementation of existing policies, it is unlikely that implementation of the broader SPP can be undertaken without substantial investments in workforce development. Evidence about the workforce indicates that there currently exists a cadre of workers deployed into social service positions largely without education, experience, training, or supervision.

SECTION IV: NEXT STEPS AND CONCLUSIONS

Suggested Next Steps

It is clear that there is a high degree of interest in Ethiopia at this time aimed at strengthening the SSW in order to help implement the SPP. As such, this report will be one of many inputs and will complement other workforce assessments, analyses, and key stakeholder discussions. At this point, it would be ideal to engage in a stakeholder process to discuss the study results and to develop actions to address some of the gaps identified in this study from within the context of other inputs and what might be realistically carried out given resource and infrastructure constraints. However, as that is not a possible course of action, it seems useful to include some suggested next steps that can then inform key stakeholder discussions about what core workforce strengthening actions might be initiated at this time.

In many countries, there are a number of studies, reports, and broader mapping and assessment activities that have been completed. Unfortunately, these processes and products have not always led to action, perhaps for three reasons. First, there is so much going on with so many apparent priorities that is sometimes paralyzes policy-makers and key stakeholders as they try to weigh and balance and decide on the right thing to do. Second, the SSW sector is emerging, and this involves a dynamic process in which new and important stakeholders are engaged at different times. Often, at the point when they do get engaged, they begin by analyzing and reviewing work where they were not involved in the design or implementation, and they spend time critiquing what was done as opposed to taking the best out of what has been completed so far, looking for reinforcing themes amongst various inputs, and taking action. Finally, it is generally easier to review studies and look for ways to improve them than it is to get agreement on actions.

For this study, while one can always debate study methods, the key findings are so overwhelmingly clear (as summarized on pages 26-26 above) that it would be far more useful to ask, 'what can we do to address at least some of the gaps identified?' If the study results were more evenly split or more nuanced, then this would not be the case, and more studies, analysis, or a different sample size of a

more in-depth protocol would be recommended. However, when 95% of respondents perceive they need additional training or 89% report they are expected to perform additional job responsibilities that add up to another job, or that 90% indicate that a lack of resources hampers their capacity to do their jobs, then it seems more worthwhile for key stakeholders to use these results (along with others) to inform discussions about what actions to take moving forward.

Along those lines, included are some more specific recommendations that might be considered.

1. To Address Worker Skill and Performance Issues (Thematic Area #1)

Here is an example of a relatively low-cost intervention that could have a very positive impact. From extensive studies within the field of performance improvement, it is clear that having unrealistic or unclear job expectations is the chief cause of poor performance in the workforce. From this study, 89% reported that they have 'additional responsibilities' and 34 of 39 respondents indicated that they had only loosely-defined service populations. Both of these speak to unclear or unreal job definitions. The first step in addressing this issue is to analyze for clarity and realism the present job descriptions that exist, examine how they relate to policy, and then compare them with the service demands in the field. The last can be best done by soliciting input directly from samples taken from different cadres of workers, as well as by observation. More realistic and clearer job descriptions can then be built from this process (and this might also be used to rationalize job titles). As part of this process, the competencies could be identified that are needed to provide services at different levels. This could all be part of the same process. Once there are more rationale job descriptions, and competencies associated with each, these then can be much more easily tied to the training or education needed to provide each worker with the necessary skills and knowledge. To do this would require a focused initiative, but it would not be very costly. In the end, it may actually save money, as there are probably instances now when workers are being trained but the training does not fit what is actually needed to perform in the field.

In the same sense, identification of specific service recipients (as the HEW literature connotes, the "demand side") is an absolute must-do before mapping out education, training, experience, and supervision. Workers must now be able to match the needs of the targeted recipients and the goals of service provision before stocking their toolboxes. This can be accomplished by collaboration with advocates for better data collection at the population level.

2. Clarify roles and mandates at the mezzo level; then assess capacity at operational and management levels (Thematic Area #2: Organizational Capacity)

The matrix included in the body of this report can quite easily be transformed into a checklist for estimating a baseline to assess management and operational capacities of bureaus, and it can easily lend itself to a quality improvement plan that includes vertical alignment of policies. It is important to designate priorities and stick to them.

3. Allocate more resources to support the workforce (Theme #3: Barriers to successful implementation (budget and human resources & Theme #4: Parity)

This is the most obvious recommendation, and probably one that is well known to advocates of SSW strengthening in Ethiopia. It is also the most difficult one to implement, as there is competition for resources within and among different sectors. Still, even in a limited way, advocating for and providing more resources will have both direct and indirect benefits. Directly, depending on the amount that could be added to the budget, it would allow for a greater number of workers and better support for the workers already in place. Indirectly, it would be a boost to the perceived

status of the SSW as the lack of resources – or the inequality amongst sectors – contributed to the perception that social works not taken seriously and has low status.

4. Identify and initiate a clear worker career opportunity or path (Theme #4: Parity)

Another relatively low-cost intervention – and one that would provide some visible indication of institutional support SW workers – is to identify and provide access to career opportunities. At present, SW workers perceive they have low status, are not recognized or paid well, and do not have equitable access to promotions. One way to address these perceptions is to have at least some clear and transparent description of either a career path or career development. This can be done in conjunction with recommendation #3 by documenting and agreeing on which jobs might lead to promotions, what the criteria might be for a promotion, what time periods might be expected in a particular job, and so on. For those roles where promotions might not be feasible, there may be other incentives identified – perhaps access to training, or some way for senior leaders to recognize services publicly, or certain supplies to support the work. Often low- or no-cost incentives in these situations can be very impactful.

Conclusion

The Government of Ethiopia has committed to raising the national profile of the social protection agenda through the adoption of the SPP. Despite this commitment, greater and more concrete commitments to strengthen the workforce must be leveraged if translating policy into practice is to transpire.

Evidence of ongoing, cumulative fragmentation of social protection interventions across the country is ample, characterized by amorphous implementation of specific interventions among actors and agents. Diffuse positions on the mechanisms of effective service delivery continue among the various policy actors and civil society (Teshome⁹, 2010; MOLSA, 2012¹⁰). Without dedication from the government and buy-in from “the haves,” the “have-nots” will continue to receive inconsistently delivered ineffective services.

The success within the health sector regarding translation of workforce development policy to practice includes the highly regarded HEW program. However, the MOH calls for improvements in “reinforcing and institutionalizing human resources for health (HRH) legal frameworks aligned to the overall health policy and the decentralized health system of the country” that include management systems (p.52). This reiterates the need for caution: implementation rests largely on the capacity of systems to support organizational and management functions.

Understanding how existing programmes reduce social risks and vulnerabilities is the foundation for identifying the gaps that need to be addressed ... Discussions with programme managers will usually illuminate the successes. Some of the potential shortcomings ... include limited coverage (often excluding the informal sector and the poorest), inadequate and misallocated finance, unsuitable instruments (sometimes inappropriately imported from an upper income country), corruption, lack of capacity and barriers to access (including discrimination, statutory exclusions, bureaucratic impediments). (Samson, Van Niekerk & Quene, 2006; p.27).

Among the challenge areas identified by the Ethiopian Team at the South Africa SWWS Conference (2010) are both the overarching organizational areas (allocation, coordination, and oversight) and

⁹ Teshome, A (2010) Mapping and gap analysis of de facto social protection interventions. Addis Ababa: The National Social Protection Platform for Ethiopia.

¹⁰ Ministry of Labour and Social Affairs (2012) National Social Protection Policy of Ethiopia. Final Draft. Addis Ababa: MOLSA

functional deployment issues. These issues are echoed in this assessment, assessments and desk reviews of other countries, and endemic to the field globally.

The SPP states that the GOE recognizes that translating policy into practice will require dedicated resources that serve to fill in the holes that grew from the broad and unfunded 1996 Development and Social Welfare Policy (DSWP.) The SPP states: “[this policy was] characterized by limited geographical coverage, inadequate inter-sectoral linkages and coordination, weak institutional capacity, and lack of clarity regarding accountability for delivering social protection outputs” (p. 2). This exploratory assessment provides preliminary data to support the claim that the landscape has not changed, and there is ample evidence for a need to build upon these results in an expedient, systematic manner. Investing in a quality workforce and eliminating disparities between sectors is a long road to travel. This will, of course, require collaboration, technical skill, and a long-term commitment to the end goal: meeting the needs of the poor and the vulnerable. In closing, the words of one of the micro-level interviewees best encapsulates reasons for both optimism and caution:

“At the national level there is a good beginning. In the past people used to think of disability as something related to an avoidable bad fortune and people used to say, ‘ye arba qen edlu new.’ In the past even government was less sensitive on the issues related to social service provision for the disabled, the elderly, and so on. Now there is a good beginning. But it is still lagging when we make comparison to the prevailing problems. At the federal level they are considered as inactive participants rather than residues of the useless community. But in the region in the structure below it there are so many things that are not done. Attitudinal change should come in the community towards people with disabilities. There are activities being done in this respect but they are insufficient as compared to the extent of the problem. On the top at federal level the beginning is so good and what some people dreamed has come true. The problem starts when it comes to the region. I don’t know what reasons are given for the retardation at the middle. If properly put into practice by bringing down to touch the ground, what is designed at federal level can produce a big result.”

APPENDIX A: SAMPLING APPROVED BY SWWS TF PRIOR TO DEPLOYING DATA COLLECTORS, ACTUAL INTERVIEWS CONDUCTED, AND INTERVIEWEES BY REGION AND LEVEL

Table 1. Sampling approved by SWWS TF prior to deploying data collectors

Region/districts	Stakeholder Institution	Other Relevant Stakeholders & Donors
Tigray	Bureau of Labor and Social Affairs Tabia Level PSSW Regional Women, Children and Youth Affairs CCC The woreda (district) level offices of labour and social affairs and offices of women, children and youth affairs	UNICEF
Amhara	Gondar University EIFDDA Bureau of Labor and Social Affairs (BOLSA) Bureau of Women, Children and Youth Affairs (BOWCYA) CCC The woreda (district) level offices of labour and social affairs and offices of women, children and youth affairs	ESSWA and Oak Foundation
Oromia	Oromia Bureau of Labor and Social Affairs; woredas BOWCYA EIFDDA The Bishoftu TVET Training Center Adama University The woreda (district) level offices of labour and social affairs and offices of women, children and youth affairs	Bright Hope Organization UNICEF ESSWA Oak Foundation
Addis Ababa	AAU SSW MOLSA MOWCYA MOE (esp TVET) BOLSA BOWCYA Twinning I-TECH (list other regions) ESSWA- Ethiopia Sociologist, Social Workers Association The woreda (district) level offices of labour and social affairs and offices of women, children and youth affairs	USAID STC UNICEF (especially for justice social workers) Oak Foundation ESSWA AAU
Somali	BOLSA, BOWCYA Jijiga University	UNICEF and BoLSA

	The woreda (district) level offices of labour and social affairs and offices of women, children and youth affairs	
SNNPR	EIFDDA Bureau of Labor and Social Affairs BOWCYA The woreda (district) level offices of labour and social affairs and offices of women, children and youth affairs	

Table 2. Actual interviews conducted

	ADDIS	AMHARA	OROMIA	SOMALI	SNNPR	TIGRAY
REGIONAL LEVEL & Heads of Bureaus (MEZZO)	1. BOLSA 2. BOWCYA 3. HAPCO 4. W5 WCYA head 5. W6 WCYA head	1. (BahirDar) BOWYCA 2. BOLSA 3. HAPCO				1. Tigray Regional BOLSA 2. Tigray National Regional State Labor & Social Affairs Bureau 3. Tigray National Regional State Women's Affairs Bureau 4. (Adi Gorum) LSA head 5. (Adi Gorum) Youth & Sports Office 6. (Adigrat) CCC Head 7. (Adigrat) LSA Head 8. (Adigrat) Youth and Sport/CCC 9. (Mekele) LSA Office 10. (Mekele) Keteme Woyani LSA Woreda Office 11. (Mekele) KW Youth & Sports Bureau
		1. (Woreta) Urban Administration LSA 2. Urban Administration WCY Bureau 3. HAPCO	1. Arsi Negele WCA Head 2. Adama Youth Sports office head 3. Adama Health Bureau Head 4. Adama WCA Head 5. Woliso Youth/Sports Head 6. Woliso Town Head WCA 7. Mana WCA Head 8. Mana LSA 9. Mana HAPCO			
		(Debank) 1. HAPCO 2. WoCYA		1. (Fafen) Somali Region LSA 2. (Fafan) Somali Region BoWYCA	1. Bureau WCYA Head 2. Agency LSA Head	
		Burie 1. BOLSA 2. BoWYCA				

WOREDA/S (MICRO)	<p>W2</p> <ol style="list-style-type: none"> 1. Gender expert 2. Social expert 3. HEW 	<p>Debark</p> <ol style="list-style-type: none"> 1. (WCYA) Child Right, Security, and Protection Core Process Owner & Expert/CCCs Officer 2. (WCYA) Gender & Youth Affairs Core Process Owner & Expert 3. (HAPCO) Multi-Reciprocal Response Officer 	<p>Adama</p> <ol style="list-style-type: none"> 1. Social welfare development core process owner 2. Child expert 	<p>Arer/Erer/Errer Gota</p> <ol style="list-style-type: none"> 1. CCC (no title) 2. Head of Woreda Youth Office 3. (LSA) Social worker 	<p>Hawasa Gender Officer (BoWCYA)</p>	<p>Adigrat</p> <ol style="list-style-type: none"> 1. Head of Womens' Development Association 2. (LSA) CCC Head 3. Social Affairs Coordinator 4. Youth Movement & Organizing Processor
	<p>W5</p> <ol style="list-style-type: none"> 1. WCYA Advocacy Officer 2. WCYA Community Affairs Officer 3. WYCA Training Officer 	<p>Bure (WCA) "Expert"/CCC Officer</p>	<p>Woliso Town</p> <ol style="list-style-type: none"> 1. (LSA) Social welfare development and awareness creation expert 2. (Y&S) Youth Support and Capacity Building Expert 	<p>Fafen/JiJiga</p> <ol style="list-style-type: none"> 1. (WCA) Lawyer 	<p>West Abaya</p> <ol style="list-style-type: none"> 1. (LSA) Development, Planning, M &E Officer/Focal Person 2. Child Rights & Protection Core Process Coordinator (WCYA) 3. (WCYA) Gender Expert 	<p>Mekele</p> <ol style="list-style-type: none"> 1. Industrial Peace Expert 2. CCC Volunteer
	<p>W6</p> <ol style="list-style-type: none"> 1. Gender Expert 2. Womens' Participation & Beneficiaries in Development Work Process Officer 		<p>Arsi Negele</p> <ol style="list-style-type: none"> 1. Social Welfare Process Owner 2. Gender Mainstreaming Expert Working with NGOs 	<p>Shinelle/Shinile</p> <ol style="list-style-type: none"> 1. Social Affairs Expert (head) 2. Secretary of CCC 	<p>Meskan</p> <ol style="list-style-type: none"> 1. HAPCO MultiSectoral HIV/AIDS Response & Leadership Core Process 2. BoLSA Focal 	

	3. Societal Affairs Administration Core Work Processor				Person/HR Information Record & Statistics Officer	
			Mana 1. (WCA) Child expert & Gender Expert 2. (LSA) Gender Expert		Lemu 1. LSA Focal Person/HR Person 2. (WCYA) Gender Officer 3. (YA) Youth Capacity Building & Favorable Condition Creation Officer	
MISC. (MICRO)	1. Amnuel Hospital social worker 2. HAPCO Care & support coordinator 3. Zewditu Memorial Hospital Social Worker					

Table 3. Interviewees by region and level

1. Mezzo Level - Regional and Heads of Bureaus

ADDIS	AMHARA	OROMIA	SOMALI	SNNPR	TIGRAY
6. BOLSA 7. BOWCYA 8. HAPCO 9. W5 WCYA head 10. W6 WCYA head	4. (BahirDar) BOWYCA 5. BOLSA 6. HAPCO • 4. (Woreta) Urban Administration LSA 5. Urban Administration WCY Bureau 6. HAPCO (Debark) 1. HAPCO 2. WoCYA Burie 1. BOLSA 2. BoWYCA	10. Arsi Negele WCA Head 11. Adama Youth Sports office head 12. Adama Health Bureau Head 13. Adama WCA Head 14. Woliso Youth/Sports Head 15. Woliso Town Head WCA 16. Mana WCA Head 17. Mana LSA 18. Mana HAPCO	3. (Fafen) Somali Region LSA 4. (Fafan) Somali Region BoWYCA	3. Bureau WCYA Head 4. Agency LSA Head •	12. Tigray Regional BOLSA 13. Tigray National Regional State Labor & Social Affairs Bureau 14. Tigray National Regional State Women's Affairs Bureau 15. (Adi Gorum) LSA head 16. (Adi Gorum) Youth & Sports Office 17. (Adigrat) CCC Head 18. (Adigrat) LSA Head 19. (Adigrat) Youth and Sport/CCC 20. (Mekele) LSA Office 21. (Mekele) Keteme Woyani LSA Woreda Office 22. (Mekele) KW Youth & Sports Bureau

2. Micro Level – Woreda(s)

ADDIS	AMHARA	OROMIA	SOMALI	SNNPR	TIGRAY
W2 4. Gender expert 5. Social expert 6. HEW	Debark 4. (WCYA) Child Right, Security, and Protection Core Process Owner & Expert/CCCs Officer 5. (WCYA) Gender & Youth Affairs Core Process Owner &	Adama 3. Social welfare development core process owner 4. Child expert	Arer/Erer/Errer Gota 4. CCC (no title) 5. Head of Woreda Youth Office 6. (LSA) Social worker	Hawasa Gender Officer (BoWCYA)	Adigrat 5. Head of Womens' Development Association 6. (LSA) CCC Head 7. Social Affairs Coordinator 8. Youth Movement & Organizing Processor

ADDIS	AMHARA	OROMIA	SOMALI	SNNPR	TIGRAY
	Expert 6. (HAPCO) Multi-Reciprocal Response Officer				
W5 4. WCYA Advocacy Officer 5. WCYA Community Affairs Officer 6. WYCA Training Officer	Bure (WCA) "Expert"/CCC Officer	Woliso Town 3. (LSA) Social welfare development and awareness creation expert 4. (Y&S) Youth Support and Capacity Building Expert	Fafen/Jijiga 2. (WCA) Lawyer	West Abaya 4. (LSA) Development, Planning, M &E Officer/Focal Person 5. Child Rights & Protection Core Process Coordinator (WCYA) 6. (WCYA) Gender Expert	Mekele 1. Industrial Peace Expert 2. CCC Volunteer
W6 4. Gender Expert 5. Womens' Participation & Beneficiaries in Development Work Process Officer 6. Societal Affairs Administration Core Work Processor		Arsi Negele 3. Social Welfare Process Owner 4. Gender Mainstreaming Expert Working with NGOs	Shinelle/Shinile 3. Social Affairs Expert (head) 4. Secretary of CCC	Meskan 3. HAPCO MultiSectoral HIV/AIDS Response & Leadership Core Process 4. BoLSA Focal Person/HR Information Record & Statistics Officer	
		Mana 3. (WCA) Child expert & Gender Expert 4. (LSA) Gender Expert		Lemu 4. LSA Focal Person/HR Person 5. (WCYA) Gender Officer 6. (YA) Youth Capacity Building & Favorable Condition Creation Officer	
4. Amnuel Hospital social worker 5. HAPCO Care & support coordinator 6. Zewditu Memorial Hospital Social Worker					

APPENDIX B: ASSESSMENT TOOLS

Tool 1: Macro Level Interview Guidance

As per the RFP, tools have been adapted from similar workforce gap analysis work done in Kenya, Tanzania, Malawi, Haiti, Namibia, and Nigeria.

Please note: not all questions will be asked, depending on the relevance to informant.

INTRODUCTION:

This questionnaire is targeted to federal level and meta-level stakeholders (GOE representatives at ministerial levels, members of the SWWF TF)

Identifying the Social Welfare Workforce

A. What kind of basic information about the workforce exists now?

1. What is the composition of the workforce – What are the different cadres called? What are key responsibilities of each?
2. What job descriptions of social workers are in place? Both those with formal SW training and those who do not have formal SW training but are employed in SW functions: What tasks do social workers/social service professionals fulfill? What services do they provide?
3. Who are labeled as 'social workers/social workforce/social service professionals' in the various service areas?
4. What data exist about each cadre? How up to date are job or role descriptions?
5. Where is it held? How accurate is it? What does this kind of workforce information say about density and distribution?

B. What is the status of systems that can provide ongoing workforce data?

HR INFORMATION SYSTEMS: integration of data sources to ensure timely availability and utilisation of accurate data required for planning, training, appraising and supporting the workforce as well as service delivery of the SW sector at the local level

Information systems/mechanisms

1. What information system is in place: paper based/manual or electronic or both? Centralized? Decentralized?
2. Where is the information system located?
3. How could the systems and mechanisms be strengthened & improved?
- 4.

Generation of information

1. What reports and information are generated; by whom? Are any of them HR specific?
2. Are SW Officers aware of reporting requirements?
3. How frequently is this information generated? Are deadlines met?

C. Planning the Workforce

PERSONNEL SYSTEMS: workforce planning (including staffing norms), recruitment, hiring and deployment

a. Social Welfare Workforce Planning:

1. Is workforce planning carried out? (Yes/No?)
2. Is there a plan for any of the following?

1.2. Training (Yes/No?): *PSE, IST & Certificate, Dip, Degree?*

If yes, does the Plan answer the following questions?

- Numbers & types produced through preservice education (PSE) and in-service training (IST)?
- Any link between social worker training output and planned recruitment needs (e.g. new graduates, training courses, etc.)?
- Is training output appropriate to meet service delivery needs? (Do the workers produced have relevant knowledge & skills to deliver social services to vulnerable populations?)
- What criteria are used to plan for training, recruitment and hiring? (e.g. Service delivery requirements/key indicators & targets; establishment; payroll; skills mix, equitable distribution, etc.?)

1.3. **Recruitment and hiring** (Yes/No?):

If yes, does the plan answer the following questions?

- How many will be recruited?
- Where will they be recruited for (geographical/level)?
- What qualifications, skills and knowledge they will have?
- Is the recruitment *process* clearly defined (i.e. vacancy approval, announcement, advertising, short-listing, interview, appointment, induction/orientation, etc...)?
- How long does it take (on average) to fill a vacancy?
- Is the selection process merit-based?

1.4. **Deployment** (Yes/No?):

If yes, does the plan answer the following questions?

- What types and numbers of staff are required in facilities; and at each of the different levels (as defined)?
- What information and criteria are used to deploy staff? (e.g. Service requirements/key indicators & targets; establishment; population, vacancy requests, district staffing returns, etc.)?

2.4 **Career Planning** (Yes/No?):

If yes, answer the following question:

- What skills and knowledge does the organization need to provide services: for example what skills and knowledge are needed by each cadre (e.g. probation officer, etc.) and at each service level (e.g. district social services officer, etc.)?
- What skills and knowledge are currently available?
- How will the gaps be filled? What options?

D. Developing the Workforce

EDUCATION and Social Service Workers: *Production and maintenance of a skilled workforce*

Preservice training

1. Is there a preservice training policy or plan for social service professionals (SSP) at the local level?
2. What level of training is expected for SW Officers? Is it provided by informal means (NGO/FBO/CBO)? Formal means (GoE and sanctioned training programs?)
3. What is the status of the following:
 - a. Social Work university curriculums at BA and MA levels
 - b. Social Work Training Institutes curriculums/ TVETs
 - c. In-service training and learning seminars. Organized by whom?
 - d. Are para-professional training programmes mostly conducted by implementing partners? Which?
 - e. On-the-job training of social workers

E. Supporting the Workforce

WORK ENVIRONMENT & CONDITIONS: employee relations, workplace safety, job satisfaction and career development

1. Is there a job description that describes the social service professional's role and responsibilities?
2. Is each SSP aware of his/her functions, roles and responsibilities?
3. Are there regular meetings during which workers can exchange information on progress towards goals and learning; engage in joint problem solving?
4. Is there regular supervision? Administrative supervision? Supportive supervision?
5. Are salary payments on time and predictable?
6. Do workers have the tools and equipment necessary to do their work? For example:
 - a. An office; stationary for case management
 - b. Transport to make visits at the village level
 - c. Technology for communication with the State level (mobile phone/Internet connectivity)

Attrition/Retention:

1. Any decline in workforce numbers within the past 5 years?
2. What are the reasons for attrition across and within cadres? (e.g. internal/external migration, resignation, etc.)
3. Any specific policies or interventions in place to retain the workforce?

4. Are salaries and terms and conditions for the workforce and comparable to salaries in other sectors – including private & NGO sectors? In the country? Regionally?

LEADERSHIP: capacity to provide direction, align people, mobilize resources and reach goals; management includes capacity to plan, budget, organize and guide people to achieve results

1. Describe the current political commitment to addressing social services workforce issues and implementing the Strategic Plan?
2. Do the government and the line ministries provide strategic oversight and direction to address workforce issues and challenges in order to achieve goals?
3. Are there workforce champions and advocates and how do they provide leadership?
4. How is workforce leadership capacity developed?
5. How are multi-sectoral collaboration and approaches to addressing workforce issues promoted?

** (% government and donor, on/off budget) and what interventions/items do they provide for?

Tool 1b: Macro Level Short-form Version

Tools have been adapted from similar workforce gap analysis work done in Kenya, Tanzania, Malawi, Haiti, Namibia, and Nigeria

Organization:

Date and time

Interview Participant Name(s) & Contact Information:

Protocol Questions:

1. Who makes up the SWWF?
2. What are the skill sets of the various categories of the SWWF?
3. What is the current distribution and composition of workers and how many are needed to sufficiently serve needs?
4. Who comprises the service recipient population? What are underserved populations?
5. At what levels is the SWWF deployed? (grades – help determine level and skills) Geographical distribution?
6. Does a database for the SWWF exist?
7. What qualifications are required to deliver the required services?
8. What qualifications does the SWWF currently have?
9. What are the current available accredited training institutions?

10. What are the current structures for the creation of a SWWF and how will these structures need to be modified to address gaps in numbers and skill sets?
11. What constitutes the SWWF? What are the functions of the various categories of the SWWF?
12. How do the various levels of SWWF link and coordinate?
13. On the ground, what are the different categories of workers, what are they currently accredited to do, what do their job profiles specify and what mismatches or duplications exist? (look for overlaps)
14. What are the flows in terms of who's coming in and what are the losses – e.g. attrition of social workers, promotions, recruits.
15. Ministry Question: Is there any budget for the SWWF? If yes, how much? If no, why not? If yes, for which areas?

¹¹Including an analysis of how and by whom these institutions are accredited.

Tool 2: Mezzo Level Questionnaire Guidance

Tools have been adapted from similar workforce gap analysis work done in Kenya, Tanzania, Malawi, Haiti, and Nigeria.

INTRODUCTION

This questionnaire guide is a long-form version; as with Tool 1, not all questions will be asked of all respondents. It is targeted to **institutions** which train and employ social service workers in Ethiopia . Such stakeholder institutions include:

- Social work/welfare training institutions
- Universities, colleges and/or Technical and Vocational Training Centers

Specifically the questionnaire will be used to guide interviews with the directors of studies/department heads and chairs in universities, training institutions, heads of departments and human resources in government departments. Areas included: (1) demographic information on the social welfare work force, (2) current production and capacity of social welfare work force, (3) work environment and human resources management, (4) governance /leadership (5) financial resources, and (6) monitoring and evaluation.

A. BACKGROUND INFORMATION

1. Name of the Organization/Department/Institute/Council:

2. Type of Organization/Government/other:

3. Location:

- Regional
- Woreda
- Kebele

4. Funding sources

B. GENERAL INFORMATION

1. Explain the structure of the organization.

2. List the primary functions of the organization.

3. Do you employ social welfare workers in your organization? YES/NO

4. Where are social welfare workers located within the structure?

5. How many social welfare workers are currently working for the organization?

6. What functions do social workers fulfill? What services do they provide?

7. What skills are required to perform these tasks?

8. Do you know the skills required for Social Welfare Workers to perform their professional work?
YES/NO

If Yes, please mention them.

9. What types of client does your organization serve? (Please list)

9. How is the work force, distributed at various points of service in regard to education levels at the station given below? (Add education type/background where relevant—e.g., sociology or related professions)

STATION	PHD	MSW	MA	BSW	PGD	ADP	DIP	CERT	PARA SW	Levels of TVET
Head Office										
Regional										
District										
Community Care Structure or Community Care Coalition										
Village/Kebele/Tabia										
Remand Homes										
Children Homes										
Elderly Homes										
Hospitals										
Others(Specify)										
TOTAL										

10a. Please indicate the number of social service professionals employed in the last three years (verify by looking at HR records). Where TVET, please specify.

YEAR	PHD	MA	BSW	PGD	ADV.DIP	DIP	CERT	OTHERS
2009								
2010								
2011								
TOTAL								

10b. Please Indicate the Number of social service professionals who leave work per year in the last three years.

(Verify by looking at HR records).Where TVET, please specify

YEAR	PHD	MA	BSW	PGD	ADV.DIP	DIP	CERT	OTHERS
2009								
2010								
2011								
TOTAL								

Key: PhD = Doctor of Philosophy

MSW = Masters in Social Work

MA = Master of Arts

BSW = Bachelors in Social Work

PGD = Post Graduate Diploma

ADP = Advance Diploma

DIP = Diploma

10c. Please answer the following questions regarding the working environment and human resources management:

i. Are you familiar with the job description for social service professionals? YES/NO

If NO, go to Section 9

ii. If YES, describe.

iii. Explain whether or not it is consistent with social work professional skills.

iv. Briefly explain how it does or does not enable them to meet the needs of the vulnerable

populations.

- v. What are gaps?
- vi. What are possible reasons for the gaps?
- vii. What should be done to correct the situation?
- viii. Do you have service targets for performance? YES/NO
- ix. If yes, are you familiar with them? (verify the documents) When were the following activities for social service professionals last conducted?
- x. How often should they be conducted?

Activity	Year	Number of Participants	Conducted by Whom
Orientation training			
In-service training			
Seminar/workshop			
Professional conference /meeting			
Group or individual supportive supervision			

C. GOVERNANCE AND LEADERSHIP

1. List any existing policies/laws/guidelines / you know which promote development of social welfare service delivery.
2. What kind of management support does this organization receive from higher administrative

levels?

3. To what extent are these policies, laws and guidelines enforced /implemented?

4. Are there any inadequacies in enforcement? YES/NO

Explain your choice:

5. How can the gaps be addressed?

D. FINANCIAL RESOURCES AND EQUIPMENT

1. **Finance**

(i) What is the current annual budget of the organization?

(ii) What constitutes the main line items of your budget?

(iii) Indicate the budget allocated for social welfare services in the last three years in the chart below:

(iv) Indicate the budget support from other sources in the last three years in the chart below:

Year	Item	Budgeted	Allocated	Disbursed	Spent	Discrepancy	%
2009	Salaries						
	Equipment/furniture						
	Training						
2010	Salaries						
	Equipment/furniture						
	Training						

2011	Salaries						
	Equipment/furniture						
	Training						
	Equipment/furniture						
	Training						

Year	Organization	Support
2009		
2010		
2011		

2. **Equipment and furniture**

Indicate whether or not there is enough equipment in terms of:

- (i) Office furniture:
- (ii) Office accommodation:
- (iii) Stationery:
- (iv) Computer and printer:
- (v) Transport:

3. **Monitoring and evaluation**

a. Is there a monitoring plan for social welfare service delivery? YES/NO

b. If YES, elaborate the existing monitoring mechanism and tools currently in use.

a. How is social worker performance monitored?

- b. What can be done to improve monitoring and evaluation of social worker performance at all levels?

- c. Explain how often the management extends supervisory support to social welfare staff at different administrative levels.

- d. Explain gaps experienced between expected outcome and actual practice of service delivery.

- e. Explain how quality social work practice is controlled and evaluated?

6. **Training Institutions**

Production of social welfare workers

- a. How many students were enrolled in the last three years?

Year	PHD(SW)	MSW	MA	BSW	PGD (SW)	ADP(SW)	CERT (SW)	Different levels of TVET
2009								
2010								
2011								

- b. How many graduated?

Year	PHD(SW)	MSW	MA	BSW	PGD (SW)	ADP(SW)	CERT (SW)	Different levels of TVET
2009								

2010								
2011								

- c. Explain the relevance of training received by Social Welfare Workers to their assigned job functions.

- d. Are there any gaps? YES/NO
If Yes, what are they?

- e. What mechanism exists to capture employer’s feedback on the training?

- f. What about feedback from professional workers in the field?

- g. What research/evaluation in the service areas have been conducted in the last four years?

Year	Research Title	Findings/Output
2008		
2009		
2010		
2011		

- h. List core subjects covered by social work students.

- i. List other (non-core subjects)

- j. What changes have been made in the training modules in the last five years in response to gaps?

- k. Point out efforts made to train staff on the needs and relevance of different modules.

7. **Partnering with other delivering SW services in the catchment area**

1. Does the SW Officer maintain a working knowledge of other donors/NGO/FBO/CBO delivering Social Services in his/her area and the programs offered? YES/NO

If **YES**, please answering the following questions:

- i. Does s/he partner effectively to combine programming and resources for maximum impact?
- ii. Does s/he make referrals to partner organizations in the area?
- iii. Does s/he communicate consistently with area SW partners? What are the points of interface?

Tool 3: Questionnaire Guide for Social Service Professionals

TOOL 3: QUESTIONNAIRE GUIDE FOR SOCIAL WELFARE WORKERS

Tools have been adapted from similar workforce gap analysis work done in Kenya, Tanzania, Malawi, Haiti, Namibia, and Nigeria

Introduction

The questionnaire for individual social workers targets individual social service professionals; data will inform TOR objective to determine the levels of social work professional skills, competencies, their subjective experiences of work environment, performance bottlenecks, job satisfaction, and professional development and support.

A. PERSONAL INFORMATION

1. Name of Organization/Line Ministry or Bureau/Department/Institution/ Hospital you are presently working for

Location: Region.....

District.....

Kebele.....

2. Station/Place of Work:
3. Your designation/title:
4. Level of education/Academic qualification:
5. Professional Training:
6. Institute/College attended and year:
7. Academic award attained:
8. Do you think you need extra training for the work you do? YES/NO. Explain.

B. GENERAL INFORMATION

1. Who are your clients in this organization?

2. What services do you provide

3. What are your other responsibilities?

4. Do you have job a description? YES/NO
If NO, explain

5. What kinds of skills are required for the work you do?

6. Does your job description match with the skills you have? YES/NO
Explain

7. If not, what are the gaps?

8. Does the work you do correspond with your job description? YES/NO

9. If not, how do you cope with this situation?

10. Is additional training required for the work you are presently doing? YES/NO

If Yes, please explain.

11. In which year were you employed?

12. Does your work bring you into collaboration with community based, informal organizations/NGOs? YES? NO? How?

13. Have you had a different employer in the past? YES/NO

15b. If YES, where did you work and for what reasons did you leave your previous employer?

14. When was your last promotion? Was it timely / delayed?

Explain

15. When did you attend any of the following activities?

Activity	Year	Theme/Topic
In-service training		
Supportive supervision		
Seminar		
Workshop		
Conference		
Study tour (where)		

16. What should be done to further improve performance?

17. Who is your immediate supervisor?

What technical guidance/supportive supervision do you get from your immediate supervisor?

18. Do you face any budgetary constraints in carrying out your duties? YES/NO

If YES, please mention the constraints

19. a) Have you heard about the ESSWA? YES/NO

If YES, are you a member? YES/NO

Explain

20. What additional comments do you have regarding the social service profession in Ethiopia in general?

21. A general comment about this Organization/Department/Ministry/Council/hospital?

Tool 4: Focus Group Discussion (FGD) Guide for Social Work/Welfare Students

Introduction

The purpose of FGD is primarily to validate responses from the interviews and to supplement the qualitative information obtained through other methods and to expedite data collection.

Date:

Moderator:

Note-taker

Start time:

End time:

	Gender	Designation
Participant 1:		
Participant 2:		
Participant 3:		
Participant 4:		
Participant 5:		
Participant 6:		
Participant 7:		
Participant 8:		
Participant 9:		
Participant 10:		

Section A: Nature and content of social welfare/ social work training

Which courses/subjects are taught at this institution?

Time: _____min

Probes:

- Do you think the content of the training/course is adequate/satisfactory to equip you with skills and knowledge for social work/welfare practice?
- Are there any topics which you think are relevant but are not adequately covered or not included at all in the training program?

Section B. Relevance of training

Are the subjects/topics related to your career aspirations? How?

Why did you apply for this course/training?

Where do you think you will work when you graduate?

Where do you see yourself in 5 years? Ten years?

Probes:

- Do you have any comments regarding the fieldwork part of the training?
- Are there enough library books and lecture rooms?
- Which training facilities are missing or inadequate?
- Is the cost of training a barrier? Cost of materials?

Tool No. 4.2: FGD Guide for

Introduction

text here with intro

Section A: Technical & professional capacity of the training institution

i. What is the level of education and experience of the academic staff at this institution?

Time:
_____min

Probes:

- Is the number of lecturers/trainers enough for the required course /subjects?
- What challenges are you facing in providing relevant and quality social work education?

Section B. Involvement in course management

2. Are you involved in decisions regarding course organization and management of the training program?

Probes:

- Is there a staff development program at this institution?
- Are the lecturers/trainers satisfied with the qualifications/experience they have in teaching the assigned subjects/topics?
- What needs to be done to make the training program more relevant to the social welfare service-needs needs of the country?

APPENDIX C: ORGANIZATIONAL DATA

Data about organizations were logged into the following matrix for analysis. Across the board, with the exception of M&E practices, 35 organizations were rated at Level 1 and four at Level 2. 90% of respondents indicated a lack of resources (described in the body of the report) and an overall systems-level lack of vertical alignment between policy and practice.

Operational

	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Goals / Performance Targets	Targets are unrealistic, non-existent or few, vague or confusing, or either too easy or impossible to achieve; not clearly linked to overarching goals and strategy; targets largely unknown or ignored by staff	Realistic targets exist in some key areas, and are mostly aligned with overarching goals and strategy; may lack aggressiveness, be short-term, or lack milestones; targets are known and utilized by some staff	Realistic yet demanding targets exist in most areas, and are aligned with overarching goals and strategy; primarily quantifiable and focused on outcomes; typically multi-year targets, though may lack milestones; targets are known and utilized by most staff who use them to broadly guide work	Realistic yet demanding targets exist in all areas; targets are tightly linked to overarching goals and strategy, quantifiable, outcome-focused, have annual milestones, and are long-term in nature; all staff consistently utilize targets and work diligently to achieve them
Organizational Processes	Limited set of processes (e.g., planning, reviews, internal information dissemination) for ensuring effective functioning of the organization; use of processes is variable, or processes are seen as ad hoc requirements (“paperwork exercises”); no monitoring or assessment of processes; meetings sometimes lack effective facilitation	Basic set of processes in core areas for ensuring efficient functioning of organization; processes known, used, and accepted by a portion of staff; limited monitoring and assessment of processes, with few improvements made in consequence; meetings are effectively facilitated, though sometimes run longer than necessary	Solid, well-designed set of processes in place in core areas to ensure smooth, effective functioning of organization; processes known and accepted by many and often used and contribute to increased impact; occasional monitoring and assessment of processes, with some improvements made accordingly; meetings are effectively facilitated and do not run longer than necessary	Robust, lean, and well-designed set of processes in place in all areas to ensure effective and efficient functioning of organization; processes are widely known, used, and accepted, and are key to ensuring full impact of organization; continual monitoring and assessment of processes, with systematic improvements made accordingly; meetings are effectively facilitated and all participants are highly engaged throughout

	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Decision Making Processes	Decisions made largely on an ad hoc basis by one person and/or whomever is accessible; highly informal; authority is vague and changing; staff is unaware of social/cultural power differences between themselves and their constituents	Appropriate decision makers known; decision making processes fairly well established, but often break down and become informal; social/cultural power differences addressed in a limited fashion (e.g., a one-day training)	Transparent and structured lines/systems for decision making exist; dissemination of decisions generally good; general awareness of social/cultural power differences and on-going plans to address them	Transparent and structured lines/systems for decision making exist, and involve broad participation as practical and appropriate (sometimes including constituents); dissemination and interpretation of decisions is both good and consistent; specific awareness of social/cultural power differences and established systems in place to mitigate them
Human Resources Planning	Organization uncovers and/or addresses HR needs only when too large to ignore; lack of HR planning activities and expertise (either internally or accessible externally); job descriptions do not exist	Some ability and tendency to develop high-level HR plan either internally or via external assistance; HR plan loosely or not linked to strategic planning activities and roughly guides HR activities; job descriptions tend to be static	Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis; HR plan linked to strategic planning activities and used to guide HR activities; job descriptions periodically updated and revised in response to changing organizational needs and to support the growth and development of staff	Ability to develop and refine concrete, realistic, and detailed HR plan; critical mass of internal expertise in HR planning, or efficient use of external, highly qualified resources; HR planning exercises carried out regularly; HR plan tightly linked to strategic planning activities and systematically used to direct HR activities; job descriptions regularly updated and revised in response to changing organizational needs and to support growth and development of staff

	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Recruiting, Development, & Retention of Staff	Standard career paths in place without considering staff development; limited training, coaching and feedback; no regular performance appraisals; no initiatives to identify promising new staff	No active development tools/programs; feedback and coaching occur sporadically; performance evaluated occasionally; sporadic initiatives to identify promising new staff	Limited use of active development tools/programs; frequent formal and informal coaching and feedback; performance regularly evaluated and discussed; regular concerted initiatives to identify promising new staff; attention paid to the recruitment of staff that reflect the diversity of the community and constituents	Management actively interested in general staff development; thoughtful and targeted development plans for key employees/positions; frequent, relevant training, coaching/feedback, and consistent performance appraisals are institutionalized; continuous, proactive initiatives to identify promising new staff; recruitment methods ensure that staff reflect the diversity of the community and constituents

Management and Adaptive Capacity Matrix

	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Staffing Levels	Some positions are unfilled, inadequately filled, or experience high turnover and/or poor attendance	Critical positions are staffed, though some inappropriately; attendance problems are limited; high turnover is sometimes a challenge	Critical positions within are adequately and appropriately staffed; attendance problems are rare; turnover is limited	All positions are adequately and appropriately staffed; attendance problems are extremely rare; turnover is limited; vacancies filled immediately
Telephone & Fax	Working status, or limited number of telephone and fax facilities are an impediment to day-to-day effectiveness and efficiency	Adequate basic telephone and fax facilities accessible to most staff; may be moderately reliable or user-friendly, or may lack certain features that would increase effectiveness and efficiency (e.g., individual voice-mail), or may not be easily accessible to some staff (e.g., field staff)	Solid basic telephone and fax facilities accessible to entire staff (in office and out in the field); cater to day-to-day communication needs with essentially no problems; includes additional features contributing to increased effectiveness and efficiency (e.g., individual, remotely accessible voice-mail)	Sophisticated and reliable telephone and fax facilities accessible by all staff (in office and out in the field), includes around-the-clock, individual voice-mail; supplemented by additional facilities (e.g., pagers, cell phones) for selected staff; effective and essential in increasing staff effectiveness and efficiency

		LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Computers, Applications, Network, & Email		Limited/no use of computers or other technology in day-to-day activity and/or little or no usage by staff of existing IT infrastructure	Adequately equipped at central level; incomplete/limited infrastructure at locations aside from central offices; equipment sharing may be common; satisfactory use of IT infrastructure by staff; periodic training provided to some staff members	Solid hardware and software infrastructure that contributes to increased efficiency; no or limited sharing of equipment is necessary; regular use of IT infrastructure by staff, though some accessibility challenges for front-line program deliverers may exist; periodic training provided to all staff members	State-of-the-art, fully networked computing hardware with comprehensive range of up-to-date software applications; greatly enhances efficiency; all staff have individual computer access and e-mail; high usage level of IT infrastructure by staff; regular training provided to all staff members
Databases / Management Reporting Systems		No systems for tracking clients, staff volunteers, program outcomes and financial information	Electronic databases and management reporting systems exist in only few areas; systems perform only basic features, are awkward to use, or are used only occasionally by staff	Electronic database and management reporting systems exist in most areas for tracking clients, staff, volunteers, program outcomes, and financial information; commonly used and help increase information sharing and efficiency	Comprehensive electronic database and management reporting systems exist for tracking clients, staff, volunteers, program outcomes, and financial information; widely used and essential in increasing information sharing and efficiency
Buildings & Office Space		Inadequate physical infrastructure, resulting in loss of effectiveness and efficiency (e.g., unfavorable locations for clients and employees, no possibility of confidential discussions, insufficient workspace for individuals, no space for teamwork)	Physical infrastructure can be made to work well enough to suit organization's most important and immediate needs; a number of improvements could increase effectiveness and efficiency	Fully adequate physical infrastructure for the current needs of the organization; infrastructure does not impede effectiveness and efficiency	Physical infrastructure well-tailored to organization's current and anticipated future needs; well-designed to enhance organization's effectiveness and efficiency; favorable locations for clients and employees; plentiful space encourages teamwork
Strategic Planning		Limited ability and tendency to develop strategic plan, either internally or via external assistance; if strategic plan exists, it is rarely or never referenced	Some ability and tendency to develop high-level strategic plan either internally or via external assistance; strategic plan sometimes directs management decisions	Ability and tendency to develop and refine concrete, realistic strategic plan; some internal expertise in strategic planning or access to relevant external assistance; strategic planning carried out on a near-regular basis; strategic plan used to guide management decisions	Ability to develop and refine concrete, realistic, and detailed strategic plan; critical mass of internal expertise in strategic planning, or efficient use of external, sustainable, highly qualified resources; strategic planning exercise carried out regularly; strategic plan used extensively to guide management decisions

		LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Evaluation / Performance Measurement		Very limited measurement and tracking of performance and progress; all or most evaluation based on anecdotal evidence; no external performance comparisons made; organization collects some data on program activities and outputs (e.g., number of children served), but has no measurement of outcomes (e.g., the extent to which the drop-out rate has been lowered)	Performance partially measured and progress partially tracked; some external performance comparisons made; organization regularly collects solid data on program activities and outputs, and has begun to measure outcomes	Performance measured and progress tracked in multiple ways on a regular basis; effective internal and external benchmarking occurs but may be confined to select areas; multiple indicators used in evaluation, with primary focus on outcomes; some attention paid to cultural appropriateness of evaluation process/methods; social impact measured, but longitudinal (long-term) or independent nature of evaluation is missing	Comprehensive, integrated system used for measuring organization's performance and progress on continual basis; internal and external benchmarking part of the organizational culture and used by staff in target-setting and daily operations; clear and meaningful outcomes-based performance indicators exist in all areas; careful attention paid to cultural appropriateness of evaluation process/methods; measurement of social impact based on longitudinal studies with independent evaluation
Evaluation & Organizational Learning		Performance data rarely used to improve program and organization; little experience with evaluation beyond capturing information to report to funders; information systems not in place	Performance data occasionally used by staff to improve organization; some staff time devoted to evaluation efforts, as required by funders, however staff and board do not typically see evaluation as integral to organization's work; information systems not in place	Learnings from performance data distributed throughout organization, and often used by staff to make adjustments and improvements; some staff time devoted to documenting organization's work; some information systems in place to support on-going evaluation	Systematic staff practices of making adjustments and improvements on basis of performance data; resources are devoted to thoroughly documenting organization's work and capturing the complete story of its impact; evaluation processes fully integrated into information systems
Use of Research Data to Support Program Planning & Advocacy		Sporadic use of data from outside sources to support proposals or program decisions; limited capacity to work with research data; little understanding of where to find useful data or how to assess its quality	Basic data from outside or internal sources used to support significant proposals and major advocacy; ability to read research reports and evaluate quality of data exists, but data is not relied upon as part of regular decision making; familiarity with one or two sources of data especially relevant to organization's work; little capacity to analyze raw data or present it in graphical, engaging ways	Familiarity with useful data sources in relevant issue areas; data used to support decisions, proposals, and advocacy; employs staff with research and data skills, although they may not conduct analysis full time; capacity to manipulate data from existing data sets, merge data sets, and make assessments about relevance and cultural appropriateness of findings for its community or clients; ability to present data from outside sources using charts, tables, and graphics	Respected by peers as both consumer and producer of data; dedicated research staff capable of working with complex data and making assessments about relevance and cultural appropriateness of findings for its community or clients; research regularly scanned for relevant data to support decisions, proposals, and advocacy; important organizational questions answered through research; ability to effectively present data using charts, tables, and graphics for a variety of audiences

		LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Program Relevance & Integration		Core programs and services vaguely defined and lack clear alignment with mission and overarching goals; programs seem scattered and largely unrelated to each other	Most core programs and services well-defined and solidly linked with mission and overarching goals; program offerings may be somewhat scattered and not fully integrated into clear strategy	Core programs and services well-defined and aligned with mission and overarching goals; program offerings fit together well as part of clear strategy	All programs and services well-defined and fully aligned with mission, overarching goals, and constituency; program offerings are clearly linked to one another and to overall strategy; synergies across programs are captured
Monitoring of Program Landscape		Minimal knowledge and understanding of other players as well as alternative and complementary models in program area	Basic knowledge of other players as well as alternative and complementary models in program area, but limited ability to adapt behavior based on acquired understanding	Solid knowledge of other players as well as alternative and complementary models in program area; good ability to adapt behavior based on acquired understanding and cultural appropriateness, but only carried out on occasion	Extensive knowledge of other players as well as alternative and complementary models in program area; refined ability and systematic tendency to adapt behavior based on acquired understanding and cultural appropriateness
Assessment of External Environment & Community Needs		Planning not supported by systematically collected information about community needs or external opportunities and threats; organization has very few connections to community members and opinion leaders that can provide information about evolving community needs	Information about community needs or external opportunities and threats used to inform planning, although collection is haphazard; organization has a few connections to community members and opinion leaders that can provide information about evolving community needs	Information about community needs and external opportunities and threats used to inform planning; organization has many connections to community members and opinion leaders with whom they communicate about evolving community needs	Clear, established systems regularly used to assess community needs and external opportunities and threats; information systematically collected and used to support and improve planning efforts; organization has numerous connections to community members and opinion leaders with whom they regularly communicate about evolving community needs
Influencing of Policy-making		No ability or awareness of possibilities to influence policy-making; never called on to participate in substantive policy discussions	Aware of possibilities to influence policy-making; some readiness and skill to participate in policy discussion, but rarely invited to substantive policy discussions	Fully aware of possibilities to influence policy-making; one of several organizations active in policy discussions at the local, regional, and/or national level (as relevant and appropriate)	Proactively influences policy-making in a highly effective manner at the local, regional, and/or national level (as relevant and appropriate); always ready for and often called on to participate in substantive policy discussions

		LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Partnerships & Alliances		No partnerships or alliances with other government, for-profit, nonprofit, or public sector entities	Early stages of building relationships and collaborating with other government, for-profit, nonprofit, or public sector entities; if relations do exist, some may be precarious or not fully “win-win”	Some key relationships with a few types of relevant entities (e.g., government, for-profit, nonprofit, public sector) have been built and leveraged; action around common goals is generally short term	Strong, high-impact, relationships with variety of relevant entities (local, regional, and federal government as well as for-profit, other nonprofit, and community agencies) have been built, leveraged, and maintained; relationships anchored in stable, long-term, mutually beneficial collaboration
Constituent Involvement		Constituent involvement is limited; planning involves little constituent input; constituents not trained or supported in their involvement	Constituents offered a range of roles in the organization; volunteer positions of leadership open to constituents, but rarely filled by them; paid staff responsible for planning; constituent work mostly task-oriented; constituents trained or supported in their work on an ad hoc basis	One or two systems in place to actively recruit and involve constituents; constituents take on a variety of roles in organization, including volunteer positions of leadership; paid staff take a large role in planning, but constituents are involved and help define some desired outcomes; training provided to constituents in some of the skill areas needed to affect change	Variety of systems in place to actively recruit and involve constituents; constituents take on a wide variety of roles in organization, including volunteer positions of leadership; paid staff work collaboratively with constituents to plan and lead much of the organization’s work and define desired outcomes; training is provided to constituents in all of the skill areas needed to affect change

APPENDIX D: DOCUMENTS REVIEWED

<p>Continent and Country SWWFD Documents</p>	<p>African Union Social Policy Framework (2008)</p> <p>South Africa Social Welfare Conference (2010)</p> <p>Human Capacity within Child Welfare Systems: The Social Work Workforce in Africa (Davis, 2009)</p> <p>Tanzania Social Welfare Workforce Assessment Final Report (2012)</p> <p>Reforming Social Welfare: A New Development Approach In Malawi’s Ministry Of Gender, Children And Community Development (November 2009)</p> <p>A Human Resources and Capacity Gap Analysis: “Improving Child Welfare Services” Final Draft Report---Namibia (13 July 2007)</p> <p>Nigeria OVC SWW Assessment (2011)</p> <p>Situational Analysis of the Current State of Kenya’s Social Welfare Workforce (2011)</p> <p>Haiti Social Service Workforce for OVC Draft Report (2011)</p> <p>Zimbabwe Social Services Workforce Strengthening (August, 2011)</p> <p>Linsk, N. et al. (2010).Para-social work to address most vulnerable children in sub-Saharan Africa: A case example in Tanzania. <i>Children and Youth Services Review</i> 32 990–997.</p>
<p>GOE Documents</p>	<p>Final Draft National Social Protection Policy (March 21, 2012)</p> <p>MOLSA Developmental Social Welfare Policy (1996)</p> <p>National Plan of Action for Persons with Disabilities (2010)</p> <p>FDRE Growth and Transformation Plan (2010-2015)</p> <p>MOLSA Framework for Community Based Structures (October, 2012)</p> <p>MOLSA National Plan of Action of Persons with Disabilities: 2012-2012 (April, 2012)</p>
<p>Ethiopia HEW Documents</p>	<p>Wairagala Wakabi (2008); Extension Workers Drive Ethiopia’s Primary Healthcare. <i>Lancet</i>, Vol. 372, p. 880</p> <p>HEW Profile; Final (2008)</p> <p>Ethiopia HSDP IV Final: 2010-2015</p>

Ethiopia SWWF Documents	<p>UNICEF Situation Update (2012) http://www.unicef.org/ethiopia/ET_sitan_2012.pdf</p> <p>UNICEF SWW Rapid Mapping (Bunkers, November 2011)</p>
Meta-Review	<p>Samson, Van Niekerk & Quene. <i>Design and Implementation of Social Transfer Programmes</i> ; (2006), EPRI Press, Cape Town;</p> <p>The Way Forward Project (2012)</p> <p>Adapting a Systems Approach to Child Protection: Key Concepts and Considerations (2010, UNICEF-- Wulczyn et al.)</p>
Tools/Process	<p>CapacityPlus Protocol with Stakeholders (2010)</p> <p>CapacityPlus Human Resources Management Assessment Approach (October, 2012)</p> <p>Tanzania Protocol (2012)</p> <p>UNICEF Child Protection System: Comprehensive Mapping and Assessment (2010)</p> <p>Capacity Project/USAID Assessing the Human Resource</p> <p>Capacity for Implementation of the National Plan of Action for Orphans and Vulnerable Children: Process Description and Tool Library (2007)</p> <p>WHO Toolkit on Monitoring Health Systems Strengthening (2008)</p> <p>FHI Quality Improvement Guidelines for Care and Support Programs for Orphans and Other Vulnerable Children (January, 2009)</p> <p>Maestral International. Tanzania: Linking Community Systems to a National Model for Child Protection (Long, 2011)</p>
Documents Needed	<p>GOE HR documents</p> <p>List of training institutions TVETs, universities, etc. to be targeted</p>