



PROGRAM TO DEVELOP AND MAINSTREAM A CADRE OF PARA- SOCIAL WORKERS

TANZANIA HUMAN RESOURCE
CAPACITY PROJECT

Progress Report

December 2012



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LIST OF ACRONYMS

DAT	district advocacy team
DSW	Department of Social Welfare
ISW	Tanzania Institute for Social Work
LGA	local government authority
M&E	monitoring and evaluation
MVC	most vulnerable children
NCPA	National Costed Plan of Action
PASONET	Para Social Workers' Network
PMO-RALG	Prime Minister's Office for Regional Administration and Local Government
PSS	psycho-social support
PSW	para-social worker
SWO	social welfare officer
SWW	social welfare workforce
THRP	Tanzania Human Resource Capacity Project
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Designed to support the implementation of the National Costed Plan of Action (NCPA) I (2007-2010), the United States Agency for International Development-funded (USAID-funded) Tanzania Human Resource Capacity Project (THRP) has worked in close cooperation with several partner organizations and with the Government of Tanzania since 2008 to develop a new cadre of volunteer para-social workers (PSWs). The goal has been to mainstream PSWs into existing local government structures and to strengthen the social welfare system within Tanzania's districts to better support the most vulnerable children (MVC). Key collaborative partners include the American International Health Alliance; the Tanzanian Institute for Social Work (ISW); the Jane Addams College of Social Work; the Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare; and the Prime Minister's Office for Regional Administration and Local Government (PMO-RALG).

The program has been implemented widely and intensively in four regions: Dodoma, Mwanza, Iringa, and Mtwara. The program also trained PSWs in three select districts in regions: Nzega (Tabora), Bukoba Rural (Kagera), and Musoma Rural (Mara), but the full systems components were never implemented.

This report covers program progress for the year October 2011-September 2012 and highlights some of the cumulative results since 2008. Activities accomplished and results are categorized under four key program components: partnership, advocacy, PSW training, and monitoring and evaluation (M&E). The report also captures best practices, opportunities, success stories, sustainability strategies, and key challenges.

To date, the partnership (IntraHealth working with ISW-trained trainers) has trained 4,683 PSWs and 702 PSW supervisors in four regions (Dodoma, Mwanza, Iringa, and Mtwara) and three districts (Nzega, Bukoba Rural, and Musoma Rural). With the technical support of the University of Dar es Salaam, IntraHealth designed and established a database to capture the personnel details of these volunteers. Information extracted from the database has been shared with other implementing partners including PACT, AfriCare, and the International Youth Foundation.

PSWs are providing a valuable contribution to the management of MVC and filling a gap in the current social welfare service system. Program M&E data show that PSWs provided substantial psycho-social support services to MVC directly and linked them to health support, education and vocational training support, food and nutrition, child protection services, shelter, and economic strengthening.

The program has formed 27 district advocacy teams (DATs) in each of the districts with trained PSWs. These teams include local government authority (LGA) staff from the Departments of Community Development and Social Welfare, Education, HIV/AIDS Coordination, Health, and Planning. They also include a Para-Social Workers' Network (PASONET) representative. Teams conduct M&E and advocacy follow-up visits to the districts. The teams have documented a significant number of community funding schemes developed by villagers to support MVC; an increased LGA budget allocation for MVC; and an increased number of social workers recruited

by LGAs. The Dodoma region now has nine social welfare officers (SWOs) compared to only three in 2008; Mwanza region now has 28 SWOs compared to 18 in 2008; while the Iringa region increased the number of SWOs from 13 to 20.

During the year, IntraHealth conducted a critical review of the program. The first stage of the program review included an extensive review of the literature on volunteerism, a review of available M&E data, and a series of key stakeholder interviews. A second stage included a field visit to two districts in Mwanza region by the DSW, PMO-RALG, USAID, and ISW representatives to learn more about PSW/MVC activities from district and village authorities and PSWs directly. The final step was to share program successes, key recommendations, and identified areas for improvement with key stakeholders. Key areas identified for improvement included the need for strong advocacy to communities and to PMO-RALG on MVC and social welfare issues, aligning expectations and development of village-level volunteers across multiple donor-funded programs, and the need to provide incentives for PSWs.

IntraHealth finalized and disseminated the national social welfare workforce assessment. In mid-2011 the DSW had identified the need to conduct a thorough mapping of the availability of social welfare staffing, their assigned roles, and existing skills vis-à-vis the needs of priority vulnerable populations, including the elderly, children, and disabled. The assessment findings served to guide and inform the development of a national social welfare workforce strategy. The program facilitated development of a “zero draft” of the strategy with a focus on three priority areas: planning, training and development, and workforce management and support.

During the year, IntraHealth documented a number of lessons learned. An essential element is an understanding that LGA systems strengthening needs to go hand in hand with service activities; working together with LGAs on the process of PSW programming (sensitization, planning, training, follow-up, M&E activities) is crucial for the potential continuation and support of PSW activities at the village level. An increased awareness of the critical gaps in social services in Tanzania, and raised visibility of the government’s responsibilities and its accountability for these services provide numerous opportunities for a PSW program.

These opportunities need to be harmonized across newly developed (or those in the process of development) policies and guidelines such as the NCPA II, the national social welfare workforce strategy, and the Multisectoral Framework for HIV/AIDS. Other initiatives are increasing pace, including efforts to strengthen child protection systems at the local level, the production of social welfare assistants, service delivery programs, including Pamoja Tuwalee and IMARISHA (economic strengthening), and the Tanzania Social Action Fund.

The main challenge of the PSW program is to motivate PSWs and maintain their services with limited LGA budget and commitment. The way forward entails initiatives to address these challenges including building capacity of PASONET, the PSW advocacy organization; further strengthening district advocacy teams; sustaining identified best practices; and documenting and disseminating program results and outcomes.

ACCOMPLISHMENTS AND RESULTS

Partnership

Program Review

Activities accomplished under partnership include an extensive program review to document program gaps and opportunities. The review recommended:

- Increasing advocacy for more budget allocation to the social welfare workforce, including para-social workers (PSWs) (through local government authorities [LGAs] and the Prime Minister's Office for Regional Administration and Local Government [PMO-RALG])
- Incorporating PSWs into other ongoing most vulnerable children (MVC) programs implemented by other MVC partners, such as Pact, Africare, WEI, and FHI360
- The United States Agency for International Development (USAID) (in collaboration with the Department of Social Welfare, or DSW) developing a policy to streamline the use of PSWs across implementing partners
- Encouraging a spirit of volunteerism and clarifying PSW job descriptions during recruitment
- Making a clear distinction between incentives and working tools (e.g., bicycles, communication allowance), depending on the local context and environment
- Reducing PSWs' workload as they are working on a volunteer basis. They should not be expected to work full-time without payment.
- Strongly advocating to PMO-RALG for recruitment of social welfare officers (SWOs) and social welfare assistants
- Sensitizing the Most Vulnerable Children Committees to understand the role of PSWs and how they should work with MVCCs
- Creating an advocacy team (for the social welfare workforce) at the national level.

Other recommendations included:

- The USAID and the DSW producing a guideline for implementing partners
- The DSW creating a clear strategy for SWO recruitment
- Increasing advocacy within the existing local structure (CMAC, CMT, full council, etc.)
- Following up on circulars issued by government on issues related to MVC/social welfare (DSW and PMO-RALG)
- Improving supervision and providing transport and allowances to PSWs
- Linking PSWs with other partners working with LGA

- Creating room for direct employment for SWOs to LGAs immediately after graduation and employing social welfare staff with a certificate and diploma at the ward level
- Introducing income-generating activities to communities for preventing vulnerability
- Strengthening the ministry's ability to plan, budget, and implement MVC/social welfare services
- Undertaking studies on traditional safety nets and best practices to be sustained.

Other MVC implementing partners use PSWs in supporting MVC. For example, in Iringa region, 108 PSWs have been recruited as volunteers by Africare's PAMOJA TUWALEE program whereby 56 PSWs have been supported with bicycles and a monthly allowance. Others in Ludewa, Njombe DC, and Njombe TC just receive a monthly allowance ranging from 20,000 to 55,000 per month.

Development of the social welfare workforce strategy

IntraHealth, in collaboration with the DSW and FHI360, finalized a national assessment of the social welfare workforce. Findings of the assessment indicate that LGAs are emerging as the major employer of social welfare workers in the public sector and that there is a need to streamline the roles and functions of social welfare workers and community development workers, particularly at various local levels. The DSW needs to expand efforts to disseminate relevant policies among social welfare staff; the assessment identified that a lack of knowledge of pertinent legislation (as expressed by SWOs in the target regions) is undermining the efficiency and effectiveness in the delivery of social welfare services. Also, findings have shown the existence of a general shortage of staff for the tasks expected of social workers both in LGAs and in the regional social welfare offices and that there is a need for further professional training to enhance the technical capacity of the existing staff. The assessment identified, however, ongoing initiatives supported by stakeholders to build national capacity to meet workforce needs. Staff morale among social welfare workers is generally low, and the quality of social welfare services is poor. The report recommends measures to respond to the challenges, including building the capacity of select social workers.

The assessment provided a guide for the development of a draft of the national social welfare workforce (SWW) strategy. IntraHealth facilitated an initial stakeholders' meeting in September to develop the first draft. The strategic framework entails the rationale and benefits of developing a SWW strategy; details of strategic priorities; key success factors; roles, responsibilities, and accountabilities; strategy review and development; the time span; and the work plan. The SWW strategy consciously focuses on three key areas: planning, training and development, and workforce management.

Iringa best practice initiatives

IntraHealth is integrating the PSW program with other human resources systems strengthening initiatives implemented under the THRP in Iringa. Iringa was selected as a best practice region since all THRP program components have been applied in all districts across the region. The objective of THRP's efforts to document best practices is to establish a functional, reliable, and

quality human resources information system to be utilized by human resources and social welfare staff for decision-making within each of the eight LGAs.

A quick win for SWW planning is to focus on the numbers of SWOs working in the region. This will ensure that the SWOs are captured in the local government human resources information system, that the data is available to district and central-level planners, and that initiatives under human resources management (coordinated by the Mkapa Foundation) adequately cover SWW issues.

Advocacy

IntraHealth has conducted advocacy activities at national, regional, district, and community levels including awareness training, partners' meetings, advocacy follow-up visits, the formation of district advocacy teams, and building the capacity of PASONET. Results of these advocacy activities include: the scheme of service for social welfare assistants is in place and posted in LGAs; there has been a significant increase in the hiring of SWOs in the district councils; and 11 out of 22 district councils in Dodoma, Mwanza, and Iringa have allocated budget support for PSWs and MVC from their own resources.

PASONET now has offices in Dodoma, Mwanza, and Iringa. The Mwanza City and Kwimba district councils signed memorandums of understanding with IntraHealth for co-funding bicycles for PSWs. The Mpwapwa District Council and the Dodoma Municipal Council committed three million shillings each for PSW bicycles in the 2012/2013 budget.

District advocacy teams (DATs) have been formed in 27 district councils in Dodoma, Mwanza, Iringa, and Mtwara (four in Njombe region, four in Iringa region, five in Mwanza region, two in Geita region, six in Dodoma, and six in Mtwara); there is increased awareness to support MVC through meetings with regional and district leaders; and communities have established MVC funds in 43 villages of Mwanza, 42 villages in Dodoma, and 31 villages in Iringa and Njombe regions. IntraHealth is developing a manual to guide advocacy activities in the futures.

PSW Training

By September 2012, IntraHealth had trained a volunteer from every village in the four regions of Dodoma, Mwanza, Iringa, and Mtwara. During the course of the year, IntraHealth provided refresher training for PSWs in Iringa (PSW II) and provided the initial nine-day training to prepare PSWs in Mtwara region (PSW I). Since 2008, IntraHealth, with ISW-trained trainers and facilitators, has trained 4,683 PSWs and 702 PSW supervisors; and conducted refresher training for 2,474 PSWs and 517 PSW supervisors.

Table 1. Number of PSWs Trained by Region and Sex

Region	Male	Female	Total
Tabora	30	31	61
Kagera	29	26	55
Mara	32	29	61
Mtwara	584	338	922
Iringa	623	503	1126

Mwanza	695	641	1336
Dodoma	667	455	1122
Total	2660	2023	4683

Source: MVC Program M&E section 2012

This year IntraHealth trained 831 PSWs and 166 PSW supervisors in Mtwara and provided refresher training for 762 PSWs and PSW supervisors in Iringa from October 2011-September 2012 as detailed in Tables 2 and 3.

Table 2. Initial PSW Training (PSW1) by District and Sex, October 2011-September 2012

District	PSWs trained		Supervisors trained	
	Male	Female	Male	Female
Tabora-Nzega	28	22	2	9
Kagera-Bukoba	20	20	9	6
Mara-Musoma	27	21	5	8
Mtwara MC	43	43	10	7
Mtwara DC	90	58	22	8
Newala DC	97	58	25	4
Masasi	145	74	27	9
Nanyumbu	58	27	8	7
Total	508	323	108	58

Source: MVC Program M&E section 2012

Table 3. Refresher PSW Training (PSW2) by District and Sex, October 2011-September 2012

District	PSWs trained		PSW supervisors	
	Male	Female	Male	Female
Kilolo	49	42	16	5
Iringa MC	37	68	8	11
Mufindi	62	63	17	13
Iringa DC	56	38	14	15
Njombe DC	70	73	25	13
Njombe TC	33	20	7	7
Makete	49	35	15	4
Ludewa	46	21	20	7
Total	402	360	122	75

Source: MVC program M&E Section 2012

Monitoring and Evaluation

THRP, in collaboration with the University of Dar es Salaam, has developed an Access-based database for PSW personnel information, a program data management system that also will be used to transfer information to other IntraHealth information systems and other related national databases as appropriate.

PSW service information has been collected during monitoring and evaluation (M&E) follow-up visits. Other data are sent quarterly by district social welfare offices and other focal persons.

Table 4 illustrates the services provided to MVC directly by PSWs or as a result of PSW referrals and linkages.

Table 4. Number of MVC Served/Linked per Domain per Region, October 2011-November 2012

Region	Number of MVC linked per service domain						
	PSS	Health	Education & VT	Food & nutrition	Child protection	Shelter	Economic strengthening
Dodoma	2069	964	491	1190	443	699	217
Iringa	25034	11899	11379	7989	8560	6816	3291
Mwanza	7293	1627	2375	1376	812	684	593
Mtwara	1552	538	673	642	584	829	188
Total	35948	15028	14918	11197	10399	9028	4289

Data source: THRP MVC M&E 2012

The M&E data show that three domains—psychosocial support (36%), health (15%), and education (14%)—are the services significantly provided to MVC in the areas visited.

Psychological needs of the children include love, recognition, acceptance, protection, comfort, encouragement, and participation in important life events. PSWs have the knowledge and skills to care for psychologically affected children. Economic strengthening scored the lowest percent (4%) among referrals made or linkages to existing services in the community. One reason is that the PSW curriculum did not have content for economic strengthening, currently in consultation with a USAID-funded economic strengthening project, ISW has designed a session on economic strengthening that will be used in future PSW trainings.

Services accessed by the MVC facilitated by PSWs are almost equal to 12% of the total number of MVC identified nationwide as per the National Costed Plan of Action (NCPA I) evaluation.

OUTSTANDING SUCCESS STORIES

Ndumbwe Village Case

One PSW from the Ndumbwe ward received information from village leaders about the visit of a member of Parliament who is also a religious minister. The PSW prepared a detailed report of the MVC within his locality; this report was tabled to the member of Parliament. After reading the report, the Parliament member decided to contribute one million Tanzanian shillings to support a livestock project for 16 MVC in the village.



A PSW from Ndumbwe ward explains how he raised 1,000,000 Tshs for a goat keeping project for households with MVC during the visit of a Parliament member to his village.

Kitangiri Ward

A PSW formed a community-based organization, called Motivation Community, in Kitangiri ward in Mwanza City, and obtained a grant of seven million shillings from the Foundation for Civil Society. Now the community-based organization has submitted another request of 45 million Tanzanian shillings to be used for further interventions for MVC.

Please see the appendix at the end of this report with two success stories submitted to the President's Emergency Plan for AIDS Relief coordinator this year as part of the annual reporting process.

LESSONS

- Working together with LGAs on the process of PSW programming (sensitization, planning, training, follow-up, and M&E) is crucial for the potential continuation and support of PSW activities at the village level.
- Working with government partners at all levels (national, regional, district, and community) is paramount for program success; however, messages and program information need to be consistent.
- District councils are willing to support PSWs, especially if there is a co-funding arrangement and when planning coincides with the LGA budget cycle. District social welfare units do not have enough funds in their budget and resources to perform the extent of social work functions (from their own sources), but when councils are sensitized, they are willing to budget for the MVC and support PSWs.
- The current Form Four standard for participation as a PSW does not provide room for potential volunteers with existing work experience with children or building the skills of other volunteers already in the community. Lowering the educational standard might increase the number of female volunteers; however, it limits the potential for PSWs to pursue a career path and job opportunities as social welfare assistants.
- Partnering with local nongovernmental organizations, including other USAID-funded implementing partners, at all levels is important for linking PSWs within the existing system of community services and with potential organizational resources.
- Identifying local nongovernmental organization networks needs to be a proactive activity (by PSWs) following that initial mapping that occurs during training.
- USAID-funded OVC implementing partners recognize the role of PSW in supporting MVC and are recruiting PSWs into their programs where feasible; however, these groups do not have the budget to train PSWs to the standard of one PSW based in every village.

MAIN CHALLENGES

- The number of bicycles projected by the program for co-funding with some LGAs has been reduced to a minimal number and doesn't match the number of PSWs in any given district.
- Transfer of key staff like district executive directors and SWOs in some districts negatively impacts the program.
- The current centralized financial system doesn't allow flexibility for LGAs to reallocate their budgets or undertake fundraising initiatives and use without prior consent from the central level. LGAs are allowed to maintain only six accounts, and all expenditures are centrally controlled. This was learned when the program advised LGAs in Mwanza to find other sources of funding for bicycle procurement.
- DAT activities were not included in 2011/2012 LGA budget.
- For MVC activities that need to be implemented by SWOs depending on own sources fund is not released on time and sometimes not available at all.
- There is a low level of community awareness regarding its role and potential in supporting MVC.
- There is a lack of incentives for PSWs.
- There is an inadequate number of SWOs at the district level.
- PSWs drop out of the program.

OPPORTUNITIES

- A number of regional SWOs and nongovernmental organizational representatives can work with DAT activities and facilitate follow-up at district, ward, and village levels.
- If consulted and mobilized, local leaders such as councilors and village chairpersons will sensitize communities and serve as models to contribute to the MVC community funding schemes.
- Individuals, community-based organizations, and faith-based organizations are ready to support the MVC.
- Other government initiatives (Tanzania Social Action Fund, CMACs, and related United States Government-funded projects) provide opportunities for PSWs to acquire more skills and work opportunities.
- If PSWs are interested and supported to pursue a career path as social welfare assistants, they create an avenue for expanding the social welfare workforce from the local level up.

WAY FORWARD

- Consolidate PSW program activities and alignment, and link and enhance partnerships.
- Pay attention to Iringa region as a selected region for best practices.
- Integrate an M&E system into the LGA system for replication and sustainability.
- Continue documenting and sharing program progress.
- Continue facilitating the development of the SWW strategy.
- Form a supervisory committee with key stakeholders for the PSW program.
- Finalize program guide document. Print and disseminate so that other implementing partners, social workers, and staff can use the guide to replicate the model.
- Procure bicycles for at least two qualifying LGAs (Mwanza City and Kwimba).
- Continue facilitating organizational development for PASONET.
- Continue with PSW II trainings for Mtwara region in 2012/2013.
- Follow up with district SWOs on M&E and advocacy progress through phone calls (in Dodoma, Mwanza, Iringa, and Mtwara).
- Track SWO turnover and track PSW drop-out/migration.
- Because PSWs need support from professional social workers and need frequent and timely follow-up on services rendered, ensure that PSWs are supervised by a professionally trained and certified social worker.

CONCLUSION

The development of a cadre of volunteer PSWs is a significant milestone for welfare services at village level. The national SWW strategy will appropriately add value to this programmatic initiative as it will highlight and prioritize the important roles and linkages of human resources, for essential social welfare services, from village, ward, district, regional, and national levels. The program continues its support and advocacy for LGAs to proactively employ qualified social welfare staff, prioritize and allocate critical resources for MVC, and create a motivating environment for staff to perform well so as to sustain the achievements already made.

RECOMMENDATIONS

- If LGAs are to see a significant change for people's welfare, specifically the welfare of the vulnerable, then LGAs should support SWOs to do their work better by providing adequate budgets and by creating better working environments for SWOs.
- Regional SWOs should provide supportive follow-up to SWOs working with LGAs.
- Influential people should be informed and be asked to support MVC in their respective areas.
- The DATs should work with PASONET on advocacy activities and on mobilizing resources for MVC from both within and outside of the district council.

APPENDIX: SUCCESS STORIES SUBMITTED TO PEPFAR, OCTOBER 2012

Para-Social Worker Organizes Community to Take Care of the Most Vulnerable Children

Idunda, a village community on a hilly terrain East of Njombe town, headquarters of Tanzania's newest Njombe region, has a staggering number of MVC due to the high prevalence rate of HIV/AIDS in the village, which has left many children as orphans and in poverty. Idunda has 50 MVC out of over 200 children in the village.

Disintegrating traditional social networks weakened parental support and thus diminished the MVC's expectations of school fees, food, and shelter. Child vulnerability, fueled by poverty, disturbed a humble and caring ex-village executive, Eloy Kihindo. With mere enthusiasm, he struggled to find resources to meet an acute need.

The USAID-funded THRP organized a training for volunteer PSWs in Njombe. Nearby Idunda village sent Kihindo. He received skills to identify vulnerable children, provide critical counseling, and organize locally available resources.

Assisted by the village government, he enlightened villagers about the problems of children who lack parental care. The village also formed a committee that coordinates community efforts to care for MVC.

"Many people in Idunda now feel obliged to take care of MVC," Kihindo said. He has identified 50 MVC in the village.

In 2011 each of the six sub-villages of Idunda grew an acre of sorghum to raise funds for MVC care. Until May 2012, the project had cashed TZS 400,000/-(USD 258), a relatively small amount but enough for school fees and the purchase of learning materials for MVC in public primary and secondary schools.

With fewer worries over resources, Kihindo believes the problem of MVC in his village is manageable.

"We have identified all of the MVC, and we have encouraged their clan members to take them in; and the village will complement their efforts."

PSWs trained through the THRP coordinate similar efforts in 21 districts across Tanzania, filling a gap in village-level social welfare services. As of August 2012, more than 4,000 PSWs had been trained and deployed.

Para-Social Worker Program Sets Vulnerable Child Care on Course

When I asked to meet a number of vulnerable children at Kidegyembe village, Njombe region, Cresensia Mwenda left me in an empty classroom and with a youthful teacher and opened the doors of all 13 classrooms of the village's primary school. In five minutes, the four rows of desks—five to six desks deep—were teeming with smiling children who looked at me inquisitively.

They looked cute in their uniforms of orange sweaters and khaki shorts for boys and blue skirts for girls. If one expected to read vulnerability on sad faces, the happiness of these youngsters

concealed it. Their faces radiated relaxed curiosity as I, a complete stranger, persuaded them to accept my intrusion.

"The only difference between these kids and others is that when they arrive back home, some may find no food, some may face abuse from relatives who should look after them," Cresensia told me later. Most of the kids I met withstand a difficult childhood, lacking basic needs and care because their parents died of HIV/AIDS-related ailments.

To lessen effects of child vulnerability, the USAID-funded Tanzania Human Resource Capacity Project trained Cresensia to identify vulnerable children, provide critical counseling, and organize resources to assist them. The President's Emergency Plan for AIDS Relief funded the training of Cresensia—and more than 4,000 village-level para-social workers across Tanzania.

"We have identified 196 vulnerable children. Most of them go to public primary schools."

With support from the village government, Cresensia organized a fundraising event that cashed more than Tsh 1,000,000/- for purchasing basic needs for the children and school supplies.

Additionally, the village grows a vegetable garden using the proceeds to assist vulnerable children. Although the reasons for their vulnerability among identified children are still far from disappearing, Cresensia is sure that Kidegyembe is better focused on reaching its goal of supporting MVC in their village without depending on external support.