



Investments in Strengthening the Social Service Workforce (SSW)

Final Report – Rwanda

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Alex Collins, MSW, MPH, Data for Impact
Caitlin Showalter, MPH, Data for Impact
Irit Sinai, PhD, Data for Impact

Data for Impact

University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: 919-445-6945
D4I@unc.edu
<http://www.data4impactproject.org>

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D4I is committed to local partner engagement and individual and institutional strengthening. Local authorship is important and we urge you to engage local partners in analysis and reporting.

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Abbreviations

APCCA	Advancing Protection and Care for Children in Adversity
CECYDAR	Centre Cyprien et Daphrose Rugamba
CHW	community health worker
CPIS	Child Protection Information System
CPWO	Child Protection and Welfare Officer
CSO	civil society organization
D4I	Data for Impact
DAT	D4I assessment team
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
ECD	early childhood development
FGD	focus group discussion
GA	guardian angel
GBV	gender-based violence
GOR	Government of Rwanda
HR	human resources
HRIS	Human Resources Information System
ICA	inter-country adoption
IST	in-service training
IZU	Inshuti z'Umuryango / Friends of the Family
JADF	Joint Action Development Forum
KII	key informant interview
MIGEPROF	Ministry of Gender and Family Promotion
MINALOC	Ministry of Local Government
MIS	management information system
MOH	Ministry of Health
NCC	National Commission for Children
NCD Agency	National Child Development Agency
NGO	nongovernmental organization
NLG	national leadership group

OVC	Orphans and Vulnerable Children
RNASW	Rwanda National Association of Social Workers
SDG	Sustainable Development Goal
SEDO	Social Economic Development Officer
SM	Sugira Muryango
SOP	standard operating procedure
SSW	social service workforce
SSWS	social service workforce strengthening
UNICEF	United Nations Children's Fund
UoR	University of Rwanda
USAID	United States Agency for International Development
USSD	Unstructured Supplementary Service Data
USG	United States Government
TMM	Tubarere Mu Muryango – Let’s Raise Children in Families Program
TOT	Training of Trainers
VAC	violence against children
VCA	Vulnerable Children Account

Executive Summary

Background

A strong, well-trained social service workforce (SSW) consisting of diverse categories of social workers and other social service personnel with different levels of training and qualifications is necessary for the well-being of children, families, persons with disabilities, and other groups facing difficult circumstances or challenges. The United States Government (USG) is committed to investing in strategies to support the SSW in keeping with its Advancing Protection and Care for Children in Adversity (APCCA) strategy and implementation plan. This whole-of-government approach aims to ensure comprehensive and coordinated efforts to strengthen systems for protecting and caring for children worldwide.

The United States Agency for International Development’s (USAID) Children in Adversity Team engaged Data For Impact (D4I) to assess activities that involve strengthening the SSW and broader system related to child care and protection across three countries—Armenia, Cambodia, and Rwanda—supported by the government, USAID, and other key partners. The goal of the assessment was to identify specific approaches that governments, USAID, and other key partners should consider advocating for and making future investments in, which will contribute to a more robust SSW and overall sustainable social services systems in these three countries and as applicable in other countries. This report focuses on the Rwanda findings. Informed by the SSW Strengthening Framework, core assessment questions included:

1. What approaches to **(a) planning, (b) developing, and (c) supporting the SSW** responsible for providing services to children and families in adversity have been invested in by the government, the Vulnerable Children Account (VCA), and other key partners in the selected countries?
2. What have been **the advantages and limitations** of these approaches in developing and improving sustainable social service systems?
3. What, if anything, can be concluded from available data about **changes at the child and/or household level** that coincide with the implementation of these approaches?

Methods

Guided by global and country-level advisory groups, the assessment involved a mix of quantitative and qualitative methods. These methods consisted of a review of relevant country-specific and global documents, a secondary analysis of existing aggregate data, and primary data collection at national level and subnational level in three Rwanda districts: Gasabo, Gicumbi, and Rubavu. A total of 21 key informant interviews (KIIs) and 21 focus group discussions (FGDs) were conducted with representatives of the government, donors, educational institutions, professional associations, nongovernmental and civil society organizations (NGOs/CSOs), as well as social service workers, volunteers, caregivers, and youth who had interactions with key child care and protection programming.

Findings

Country-Specific Context

Scaling up social welfare programming and services, including child care and protection, is seen as a key part of Rwanda’s national strategy to reduce poverty and overall progress toward achieving the

Sustainable Development Goals (SDGs). Over the past ten years, there have been important system building investments, including in laws and policies, coordination mechanisms, service delivery and workforce, financing, and monitoring and evaluation. Under the National Child Development Agency (NCD Agency), child protection services have been decentralized to the districts as part of the national care reform strategy and overall child protection system strengthening. This process has necessitated the creation or strengthening of implementation or coordination mechanisms (including staff) at each level of Rwanda's administrative structure. This assessment focused on cadres under the purview of the NCD Agency, specifically Child Protection and Welfare Officers (CPWOs) and Inshuti z'Umuryango/Friends of the Family volunteers (IZU), as well as social service workers engaged by CSOs and NGOs working in partnership with the NCD Agency and USAID on similar programming. It investigated, at a high level, the issues affecting children and families and the extent to which they are responded to effectively by the current system and workforce via a select number of activities led by the Government of Rwanda (GOR) with resources from the USG's VCA.

Workforce-Strengthening Approaches

Key themes emerging under each of the three areas of the assessment's conceptual framework—planning, developing, and supporting the workforce—and their advantages and limitations are discussed below, with an emphasis on the links between them and the availability and quality of promotive, preventive, and responsive services provided to children and families in Rwanda.

- **SSW Planning Approaches Enable Standards Setting and Expansion of Services:** Setting a target or required number of CPWOs and IZU represents progress in establishing minimum standards for services. The recruitment, hiring, and deployment practices used for these cadres in Rwanda have achieved a solid starting point of available staff and volunteers and a foundation for the next phase of HR planning. Overall, this increased presence of SSW facilitates responsive services like in-person attention to violence against children (VAC) and other child protection concerns. However, stock and distribution of SSW remain major challenges to effective service delivery. There are routine reporting processes in place, but these focus on service data (e.g., number of children placed in family or other alternative care, number of families visited by IZU), without additional analyses of workforce distribution, caseload, or performance that could inform changes to service delivery and improve quality. Strong national leadership and coordination of programming specific to child protection and care, such as the Tubarerere Mu Muryango (TMM) or Let's Raise Children in Families Program, are present, but do not currently translate to lower administrative levels, limiting a sense of local ownership and influence in related decision making.
- **SSW Development Approaches Ensure Presence of Trained Social Service Workers:** Investments in the TMM curriculum and cascade training model have ramped up the deployment of trained CPWOs and IZU, enabling more interactions with potentially vulnerable households. Locally developed and delivered content for training is functioning well for the induction or onboarding of new staff and volunteers, but there is a need for ongoing revision and inclusion of updates into related materials to respond to emerging practice needs. The availability of in-service training is influenced by geographic location, administrative level, and access to technology and connectivity. Without investing in making these offerings more consistently available, it will be more challenging for social service workers to address complex cases requiring clinical assessments or intensive case management.

- SSW Support Approaches Encourage Scale Up of Different Types of Workers and Volunteers:** Over the long term, maintaining a satisfied, high-performing SSW is critical to providing quality child care and protection services. The creation of the CPWO positions and IZU cadre demonstrates a commitment to expanded services. However, some of these staff and volunteers expressed feeling undervalued in their roles or limited in their ability to progress in their careers due to the nature of their contracts or low remuneration. This reality, albeit different for staff versus volunteers, jeopardizes retention and the sustainability of these roles and the services they are bringing to communities. Tensions over incentivizing volunteers or providing supportive resources like phones, airtime, and transportation could result in IZU relying on their own personal or pooled resources to provide immediate aid. The current system of supervision for both CPWOs and IZU fulfills a primarily administrative function, limiting it as a platform to analyze or address performance issues or concerns, and by extension, indicators of service quality.

Recommendations

Findings on approaches to planning, developing, and supporting the workforce invested in to date, their advantages and disadvantages to sustainable workforce and social service system development, and perceived changes at the child- and household-level were validated among the national level advisory group and informed recommendations and levels of priority. Cross-cutting recommendations were also developed that could be promoted immediately among the workshop participants. The following table provides a summary of the assessment recommendations.

Planning
Conduct a stakeholder mapping exercise across the districts to visualize synergies, potential duplication of efforts, and promote multi-actor coordination for investment into SSW cadres.
Explore feasibility and costs of absorbing existing CPWOs and further increasing the number of CPWOs deployed to each district based on socio-demographic and other key population-needs data.
Harmonize data information and reporting systems, including Human Resources Information System (HRIS), to monitor recruitment and deployment of CPWOs and IZU, along with other related cadres.
Conduct periodic workforce assessments to determine the gaps in human, workplace/physical environment training and other resource requirements for IZU and CPWOs.
Developing
Collaborate with local educational institutions and NGOs/CSOs to solicit input from IZU and make needed revisions to the IZU handbook, expand pre-service curricula in child protection and welfare and field education.
Promote certification system for IZU to recognize their training credentials, both in-person and flexible/virtual offerings.
Develop a training database at the district level to ensure consistency of offerings and minimize duplication/overlapping of trainings from different NGOs, prioritizing CPWOs.
Supporting
Absorb current 64 CPWOs into government structure to improve retention and motivation, and as part of broader efforts to ensure adequate public budget allocation for these and other government SSW positions.
Formulate plan to introduce a standardized incentive structure for IZU, including costed steps for implementation.
Strengthen the capacity of IZU coordinators at the cell level to organize more regular meetings to provide supervision and additional in-service training opportunities.

Conclusion

A social service workforce with the right number and types of social service workers and volunteers providing quality services where they are most needed is essential for the well-being of children, families, persons with disabilities, and other groups. The goal of this assessment was to identify specific approaches that government, USAID, and country partners should consider advocating for and making future investments in, which will contribute to a more robust SSW and overall sustainable social services systems in Armenia, Cambodia, and Rwanda, and as applicable in other countries. Key themes emerging under each of the three areas of the assessment's conceptual framework underscore the advantages and limitations of the approaches undertaken to date to plan, develop, and support the workforce and the links between actual availability and quality of promotive, preventive, and responsive services provided to children and families in Rwanda. Recommendations related to these findings are formulated for immediate and longer-term promotion among key stakeholders.

Background

According to the Global Social Service Workforce Alliance, the social service workforce (SSW) is “an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being” (Global Social Service Workforce Alliance, 2010). The U.S. Government is committed to investing in strategies to support the SSW in keeping with its Advancing Protection and Care for Children in Adversity (APCCA) strategy and implementation plan (United States Government, 2019, 2020, 2024). This whole-of-government approach aims to ensure comprehensive and coordinated efforts to strengthen systems for protecting and caring for children worldwide. A strong, well-trained SSW, consisting of diverse categories of social workers and other social service personnel with different levels of training and qualifications, is necessary for the well-being of children, families, persons with disabilities, and other groups faced with difficult circumstances or challenges.

Many countries with weak or developing social service systems face challenges in delineating and distributing responsibilities among government ministries and other entities, inadequate resources to address high needs and overwhelming demands for social services, conflicting policy and program mandates, limited availability and access to training and education in social work and related disciplines, and a marginalized and disempowered SSW. All these challenges can impact service delivery to children and their families and result in unsafe conditions for children (Global Social Service Workforce Alliance, 2019).

The United States Government’s (USG) investments in social service system development include collaboration with governments to develop and implement national policies and plans of action for vulnerable populations; targeted organizational capacity strengthening for governments to improve service delivery; and sustainable financing, training programs for frontline staff, professional/technical supervision, and support for national information management systems for child welfare and protection program data. These investments are meant to complement or work in coordination with national governments’ programming to reach national development goals, as well as the donor community’s efforts toward global commitments such as the Sustainable Development Goals (SDGs).

Purpose and Core Questions

The United States Agency for International Development’s (USAID) Children in Adversity Team engaged Data For Impact (D4I) to assess activities that it supports across three countries—Armenia, Cambodia, and Rwanda—that involve strengthening the SSW and broader system related to child care and protection. The goal of the assessment was to identify specific approaches that USAID and country partners should consider advocating for and making future investments in that will contribute to a more robust SSW and overall sustainable social services systems in these three countries and as applicable in other countries.

Core assessment questions included:

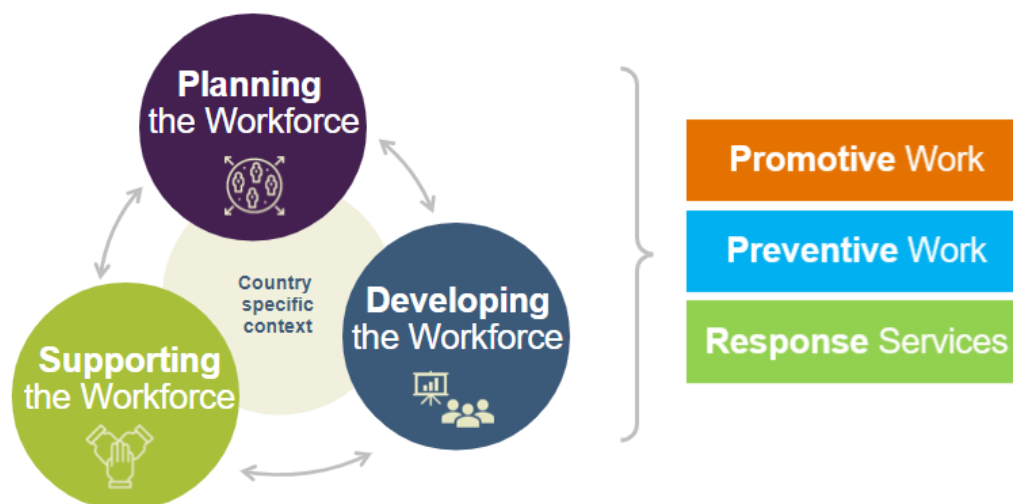
1. Which approaches to (a) planning, (b) developing, and (c) supporting the SSW responsible for providing services to children and families in adversity have been invested in by the government, the Vulnerable Children Account (VCA), and other key partners in the selected countries?

2. What have been the advantages and limitations of these social service workforce strengthening (SSWS) approaches in developing and improving sustainable social service systems?
3. What, if anything, can be concluded from available data about changes at the child and/or household level that coincide with the implementation of these approaches?

Conceptual Framework

When a country has a well-planned, developed, and supported SSW at national and subnational levels, these workers are enabled to perform a range of functions to provide a continuum of child care and protection services to children and families (UNICEF, 2019). These services span three areas: (1) promotive work at the macro level that enables better functionality of the social service system, (2) preventive work that can help connect families at risk to essential services, education, and other support, and (3) response services for children and families who have experienced violence, abuse, or exploitation. To explore this connection between workforce strengthening and the continuum of child care and protection services, D4I framed its approach to data collection and analysis around the Strengthening the Social Service Workforce Framework developed by the Global Social Service Workforce Alliance (Global Social Service Workforce Alliance, 2010) (Figure 1). Its three workforce-specific components—planning, developing, and supporting—are also reflected in the United Nations Children’s Fund (UNICEF) Strategic Framework for Strengthening the SSW for Child Protection (UNICEF, 2019). The assessment team relied on these three components and corresponding illustrative interventions (Table 1) to characterize approaches to workforce strengthening that have been supported by the VCA, alongside government and other key partners, to date in Rwanda, identify strengths and weaknesses, and formulate recommendations for future SSWS investments with clear links to improved service delivery and outcomes for children and families.

Figure 1. Strategic framework for strengthening the SSW for child protection



Source: Global Social Service Workforce Alliance, 2010; Design: Denise Todloski, Data For Impact, 2023.

Table 1. Subareas by workforce strengthening component

Planning	Developing	Supporting
<ul style="list-style-type: none"> • Strategic approaches to planning the workforce • Human resources (HR) data for decision making • Recruitment, hiring, and deployment practices and systems that consider urban, peri-urban, and rural areas and decentralization plans • Alliances to strengthen leadership and advocacy among stakeholders 	<ul style="list-style-type: none"> • Education and training aligned with effective workforce planning efforts • Curricula incorporate both local/indigenous knowledge as well as international best practices for improving the well-being of children and families • Faculty and teaching methods strengthened • Broad range of professional development opportunities for workers 	<ul style="list-style-type: none"> • Systems to improve and sustain SSW performance • Tools, resources, and initiatives to improve job satisfaction and retention, including remuneration • Professional associations supported to enhance the professional growth and development of the workforce

Overview of Child Care and Protection Programming in Rwanda

The assessment focused on a select number of activities led by the Government of Rwanda (GOR) in partnership with USAID’s VCA and the USAID Mission in Rwanda.

- **Tubarerere Mu Muryango (TMM) or Let’s Raise Children in Families Program** was launched in 2013 by the GOR and UNICEF. It aims to ensure all children living in institutional care in Rwanda are reunited with their families or placed in family-based alternative care. The program was implemented in three phases, with phase one focusing on capacity development of the SSW, institution closure or transformation to other activities benefiting children (e.g., early childhood development center), and family reintegration and support. Phase two focused on remaining challenges, such as additional children requiring reunification, especially children with disabilities and those living on the street, increased government ownership, and reduced social service staff workloads (Republic of Rwanda et al., 2017). Currently, TMM’s third phase is focusing on the challenges of reunification or reintegration of children with disabilities living in residential care facilities, reinforcing the prevention of unnecessary separation, and increasing the professional and paraprofessional SSW to address concerns over caseloads and prompt assessment and provision of needed services. During this phase, TMM has onboarded 34 additional social workers and psychologists dedicated to supporting an inclusive child protection system, advocating for their absorption into the civil service alongside the 30 professionals already in those roles. It is also collaborating with other USAID- and UNICEF-supported partners to plan for and establish a digital child protection information system to improve case management and use of data by the National Child Development Agency (NCD Agency) in programming and reporting (USAID, n.d.)
- D4I considered the **Sugira Muryango (SM) intervention**, led by the Research Program for Children and Adversity at Boston College in collaboration with the University of Rwanda (UoR) and FXB-Rwanda. SM is an evidence-informed home-visiting program supported by several donors and designed to promote playful parenting, father engagement, improved nutrition, care seeking, and family functioning for healthier early childhood development (ECD) and more positive parent-child relationships. The SM expansion in 2021 included a quasi-experimental trial with a randomization feature of 540 households

to collect effectiveness data of the PLAY Collaborative scale-up. This trial demonstrated that households receiving the intervention delivered by lay workers or coaches, now delivered by the community-based cadre, Inshuti z'Umuryango/Friends of the Family (IZU), had greater improvement in children's gross motor skills, child-parent communication and problem solving, and children's personal-social development compared to households receiving usual care. It also found increased father engagement, decreased use of harsh discipline, and lowered prevalence of intimate partner violence (Sarah KG Jensen et al., 2021).

- **D4I** is also contributing to improved child protection and care in Rwanda through better collection, management, analysis, and use of routine data to support program planning and monitoring. While not specifically focused on the SSW, D4I has worked with the NCD Agency, the Ministry of Gender and Family Promotion (MIGEPROF), and its partners to improve the availability and use of data on children, including those who have lost or are at risk of losing parental care. In 2021, D4I conducted a landscape assessment of the child protection information systems in place to better understand the context and environment of systems in operation and identify where and how they could be improved and integrated (Data for Impact, 2022).

Other important USG-supported programming related to child protection includes the USAID/PEPFAR-supported Orphans and Vulnerable Children (OVC) program and the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) public-private partnership. The latter expanded into Rwanda in 2017 (USAID, 2023) with the aim of reducing HIV rates among adolescent girls and young women by addressing factors like poverty, gender-based violence (GBV), socio-cultural norms, and access to education that make them highly vulnerable to infection. The OVC and DREAMS package of services includes school- and community-based HIV and violence prevention, HIV testing and treatment, adherence support, economic strengthening, positive parenting, and community mobilization and norms change activities, among others.

Alongside the GOR, UNICEF, together with UN Women and the United Nations Population Fund, jointly designed and worked to establish a network of **Isange One-Stop Centers** that bring together allied sector services from health, justice, and social welfare to support victims of violence. In its current country program (2018–2023), UNICEF Rwanda has identified reducing violence against children and addressing child poverty among its five main priorities, which also align with the country's National Strategy for Transformation 2017–2024 (United Nations, 2018). UNICEF underscores the importance of the SSW to effect change, and in particular, to expanding service access to and increasing demand from communities and the most marginalized groups. Specific commitments are made to in-service training and technical and financial support to promote professionalization of child protection and other frontline social service workers, including guidance on integrated case management and incorporation of child protection content into pre-service education curricula for relevant workforce cadres (United Nations, 2018).

Methods

Stakeholder Engagement

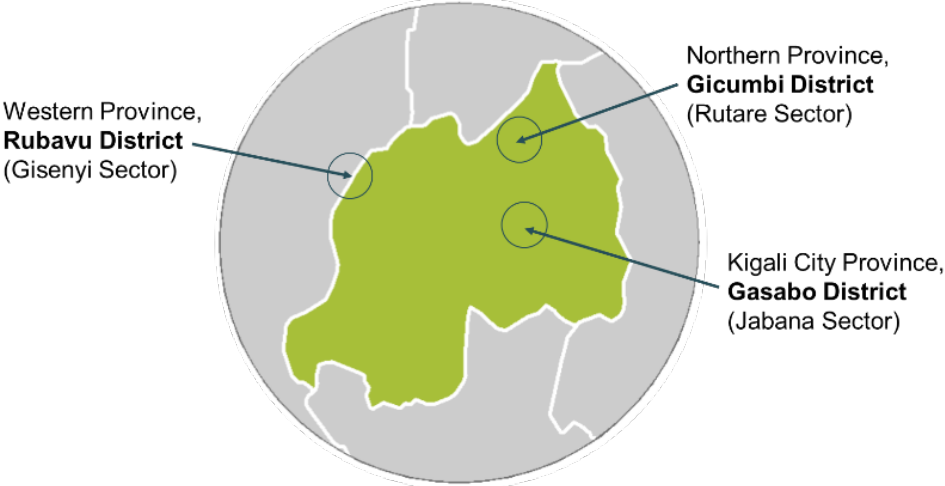
In each of the three countries, D4I convened a national leadership group (NLG) to guide the assessment team in adapting the protocol to the country context and throughout implementation. In Rwanda, the NLG

consisted of representatives from the NCD Agency under the Ministry of Gender and Family Promotion, USAID Rwanda, UNICEF Rwanda, the UoR, the Rwanda Association of Social Workers, donors, and other key civil society, non-profit, and faith-based organizations providing social services, reflecting the spectrum of stakeholders involved in planning, training, managing, and supporting the social services system and its workforce (see Appendix A). These members provided country-specific inputs on the protocol, instruments, geographic selection, a list of key informant interviews (KIIs) and focus group discussion (FGD) participants, and assisted in validating the findings and in formulating recommendations. They also informed finalization of locations for subnational data collection, refinements to the KII and FGD question guides, and priorities in participant recruitment, as well as highlighted areas in need of additional follow up or understanding, which were explored in the qualitative portion of the assessment.

Geographic Area Selection

To reflect the range of issues affecting children and families across Rwanda, three geographic areas were selected for subnational level KIIs and FGDs. This selection process occurred iteratively through several discussions with USAID, members of the Rwanda NLG, and guidance from the NCD Agency on criteria to consider, including rural, urban, and peri-urban diversity; cross-border migration and refugee camp locations; conflict-affected areas; populations of interest (e.g., families receiving benefits, residential care facilities, children with disabilities); poverty; child labor; early marriage and adolescent pregnancy rates; and the presence of government and nongovernment social service workers and key implementers.

Figure 2: Geographic areas included in the assessment



Based on these criteria, the following three districts were selected (Figure 2):

- **Gasabo:** in the Kigali City province, encompassing both urban Kigali, as well as a semi-rural area.
- **Gicumbi:** in the Northern province, primarily a rural area bordering Uganda and formerly hosted Congolese refugees.
- **Rubavu:** in the Western province, bordering the Democratic Republic of the Congo with dynamic cross-border movement and labor market and a history of closing residential care facilities along with support to the SSW as part of TMM pilot.

Assessment Design

This assessment involved a mix of quantitative and qualitative methods, including a review of relevant country-specific and global documents, a secondary analysis of existing aggregate data, and primary data collection through KIIs and FGDs at national and subnational levels. The document review and secondary data analysis were intended to help understand the approaches undertaken to strengthen the workforce and improve services at a high level and over time; KIIs and FGDs aimed to capture the insights of stakeholders involved in policy and programs, as well as workers' and beneficiaries' perspectives on their advantages, limitations, and firsthand experience of outcomes related to these approaches.

Document Review

D4I compiled a total of 46 country-specific documents, policies, frameworks, and other materials related to the SSW in Rwanda. These materials were shared by the Children in Adversity Team, USAID mission, and implementing partners, in addition to resources and materials suggested by members of the NLG. Analysis focused on initial characterization or summary of VCA-supported approaches to social services system development via the workforce, as well as how these approaches have fit within or complemented related government and other key partner initiatives, and remaining gaps or areas for exploration in the qualitative phase of the assessment. Concurrently, the review also shaped instrument development for the KIIs and FGDs, as well as identification of individuals or entities to participate and informed decision making about data to request for secondary analysis.

Secondary Data Analysis

Data were obtained for indicators of interest via official request to Rwanda's NCD Agency by the assessment team (Table 2) and via publicly available sources (e.g., census data) (National Institute of Statistics Rwanda, 2014). They were compiled and analyzed using Microsoft Excel, with a focus, where possible, on trends in services, child-level outcomes, and workforce over time, by geographic area and level of alignment with changes in workforce numbers or workforce-to-child population ratios. Though data obtained were limited, results shed some light on where investments by the GOR, USAID, and other key partners coincided with trends in service coverage or addressing emerging needs.

Table 2. Indicator data received from the NCD Agency

Indicator	Disaggregated by
Number of children living in institutional care	By year (2022)
Number of children placed (family or other alternative care and community -based care)	Cumulative data since 2013; no annual data available in current databases and files
Number of Tubarere Mu Muryango – Let’s Raise Children in Families Program (TMM) staff (district-level social workers and psychologists)	By year (2022), district, and gender
Number of operational IZUs	By year (2022)
Number of families visited by IZU	By year (2020–2022)
Number of child abuse cases reported	By year (2020–2022)
Number of IZU trained	By year (2020–2022)

Key Informant Interviews

A total of 21 KIIs were conducted at national and subnational levels (Table 3). At the national level, the assessment engaged representatives of key government institutions, donors, or multilateral organizations funding social services or related interventions and implementing partners, including NGOs and other organizations involved in child care and protection programming (FXB-Rwanda/SM, Catholic Relief Services). Representatives involved in workforce training and advocacy, such as the UoR and the Rwanda National Association of Social Workers (RNASW), were also interviewed. In instances where there was more than one person with substantive knowledge and expertise relevant to the assessment in a single institution, small-group KIIs were held (2–3 people).

At the district level, KII respondents were selected based on their work related to social welfare with a focus on child protection issues. In the Gasabo, Gicumbi, and Rubavu districts, the assessment team interviewed those with responsibility for supervising Child Protection Welfare Officers (CPWOs) and IZU, and representatives at sector level from Good Governance, Social Affairs, and Social and Economic Development. To represent allied sectors such as health, education, and justice, KIIs were also held with staff from Isange One Stop Centers that serve survivors of GBV and with members of the Joint Action Development Forum (JADF).

Table 3. Kills by location and other characteristics

Type	Total number of Kills by location				Total number of interviewees
	National	Gasabo	Gicumbi	Rubavu	
Government institutions	2	4	3	3	16
Donors and multilateral organization	2				4
NGO/CSOs	2				2
Allied sectors via multisectoral platforms (JADF, Isange One Stop Centers)			2	1	3
Educational institutions	1				1
Professional associations	1				1
Total	8	4	5	4	27

Focus Group Discussions

A total of 21 FGDs were held with representatives of the government and nongovernment SSW, specifically CPWOs, IZU, and NGO/CSO/faith-based organization staff, as well as with youth ages 15–17 and caregivers of younger children who received services and support from the SSW. Participants in the youth and caregiver groups were separated by gender to facilitate greater comfort and sharing of personal experiences, especially as sensitive topics related to family and relationships were explored. Workforce groups were mixed gender, with an attempt to include equal numbers of men and women.

Potential participants for all groups were identified in collaboration with the CPWOs at district level, who communicated with the sector offices regarding the assessment, especially the Social Affairs Officers and IZU coordinators. IZUs from a cross-section of cells within the selected sector for the FGD were invited to participate in the discussions. Sector-level IZU coordinators also assisted in identifying and inviting youth and caregivers to the sector or cell office for the FGD. Tables 3 and 4 provide more details on the characteristics of FGD participants.

Table 4. Number of FGD participants by type and gender

Type	Total number of FGDs by location			Total number o participants	Gender		Average years of service	Level of education
	Gasabo	Gicumbi	Rubavu		Male	Female		
Gov't SSW ¹	1	1	1	13	9	4	4.6	BSW, except one with a master's in gender issues
IZU ²	1	1	1	20	9	11	4.1	Most with primary education only, few with secondary education
NGO SSW ³	1	1	1	14	6	8	6	50% with MSW, 50% with BSW
Caregivers ⁴	2	2	2	36	18	18		Most with primary education, some with no or some secondary education
Youth (15–17) ⁵	2	2	2	34	17	17		Most with secondary education, some with no or primary education only
Total	7	7	7	117	59	58		

Assessment Team

The core D4I assessment team was composed of experienced senior research and management staff, including three D4I headquarters staff and two local data collection consultants. Brief descriptions of the roles and backgrounds of the team members are available in Appendix B. The headquarters team members would like to acknowledge their orientation to this work as graduate and doctoral-level educated white women based in the United States, with comparatively limited knowledge of the Rwandan context, realities, and challenges as understood deeply by the members of the NLG and local data collection consultants and directly experienced by many of those interviewed for this assessment. In recognition of this positionality, all steps of the assessment were taken in close collaboration with the NLG in Rwanda, and in-person implementation was led by the local data collection consultants. This “decolonization-conscious” approach helped to promote the alignment of local priorities and assessment objectives and appropriate representation of the experiences of local leaders, social service workers, caregivers, and youth involved in this programming in the assessment findings.

¹ Included CPWOs, other district staff in charge of child protection and family promotion (Social and Economic Development Officer), and Disability Mainstreaming Officer

² Included IZU coordinators

³ Included FXB, CARITAS-Gimbuka, AEE, SOS, Humanitarian Inclusion, CECYDAR, ARCT, and Ruhuka

⁴ Two of the three districts included one parent of a child with disability; Two parents in Gicumbi district were also guardian angels / foster carers

⁵ Rubavu district included one beneficiary with disability

Data Collection and Management

Data collection was conducted between January and June 2023. All data collection instruments (Appendix C) were developed in English, translated into Kinyarwanda, and then validated by the local data collection team in a short series of mock interviews and discussions. All KIIs and FGDs were administered in person by the local team and audio recorded for transcription. The local team led KII and FGDs, alternating the tasks of facilitation and notetaking. All KIIs were conducted in English, except for those conducted in Kinyarwanda at the participants' request. All FGDs were conducted in Kinyarwanda. All interviews and discussions were transcribed and simultaneously translated, if needed, into English. KII and FGD transcripts and other data were stored on password-protected computers and encrypted cloud servers (Microsoft Teams), which were only accessible to the assessment team.

Data Analysis

The same team that conducted data collection also analyzed and identified themes under each component of the conceptual framework to produce initial findings. D4I followed these steps for the verification and analysis of KII and FGD data:

- An *a priori* codebook was created based on the question guide before data collection started.
- After each day of data collection, the consultants held a debriefing session to discuss reactions and which themes emerged to ensure any identified gaps were addressed in the next set of interviews and FGDs.
- Once all KIIs and FGDs were complete, the local data collection team transcribed all audio recordings. The Kinyarwanda audio recordings were transcribed directly into English.
- The data collection team logged ideas for thematic coding and supporting quotes during the data collection process, which facilitated a systematic review of the data during analysis.
- At the end of the data collection period, and after all the audio recordings were transcribed, the local team manually coded all the transcripts, building on the thematic analysis that started during data collection. They used the codebook and added to it as themes emerged. They then provided the HQ team with a draft synthesis to respond to the assessment questions, including all relevant quotes and transcripts.

Ethical Considerations, Gender, and Child Safeguarding

This assessment was undertaken in accordance with the fundamental principles of “do no harm” and “the best interests of the child.” The assessment team ensured that all requirements for ethical research with human subjects, including informed consent and confidentiality, were respected, with specific attention to the following:

- The assessment team obtained approval from the Rwanda National Ethics Committee in Rwanda and from HML IRB in the United States.
- All assessment instruments and consent and assent forms were translated into Kinyarwanda.

- Prior to FGDs and KIIs, informed consent was obtained from adult participants. In addition, written assent was provided by youth participants as well as written informed consent from their caregivers.
- FGD participants gave consent in private to ensure they did not feel peer pressure to participate.
- Confidentiality of all data and anonymity of all the shared results were maintained.

D4I integrated gender inclusion and child safeguarding measures into all activities, including KIIs and FGDs. The assessment followed local referral protocols for any disclosure of abuse, neglect, or GBV in accordance with local statutory reporting requirements and USAID child-safeguarding policies. Gender and disability inclusion were reflected in participant recruitment and in data analysis through results disaggregation (when possible) and incorporating diverse experiences. FGDs with social workers, caregivers, and youth included both male and female participants.

Challenges and Limitations

Data were collected successfully at all levels in line with the assessment protocol, with the following challenges and limitations:

- There were limited data and associated disaggregation (e.g., sex, age, geographic location, disability, and year) available for secondary analysis from the NCD Agency databases. Data obtained were only available for specific periods of time for select indicators, limiting what trend analyses could be produced and which child protection and SSW outcomes could be triangulated with qualitative findings.
- Due to a natural disaster, the assessment team was unable to engage with one identified KII participant in the Rubavu district who was involved in response/recovery efforts during the data collection period.
- Despite the assessment's commitment to inclusivity in recruitment, the team encountered challenges identifying and engaging as many people with disabilities in FGDs as desired. Representation included only one child with a disability and one parent of a child with a disability. The team did engage the disability mainstreaming officer at the district level in social service worker FGDs.
- Diverging from the global protocol, which included FGDs with administrative and/or technical supervisors of social service workers, the assessment team instead held KIIs with supervisors due to the limited number of supervisors per district and the need to adhere to the standards for the minimum required number of participants for an effective FGD.

Findings

This section presents findings from the assessment according to the three workforce components of the conceptual framework: planning, developing, and supporting. Situated within the country-specific context, approaches to strengthening the SSW and their advantages and limitations are described, with supporting quotes. Qualitative insights derived from the KIIs and FGDs are synthesized into themes and triangulated with information obtained through the document review and secondary data analysis and presented together as appropriate. These workforce-specific findings are followed by a discussion of child protection and care issues reported by caregivers and youth and factors that contributed to their being addressed effectively and less effectively.

Country-Specific Context

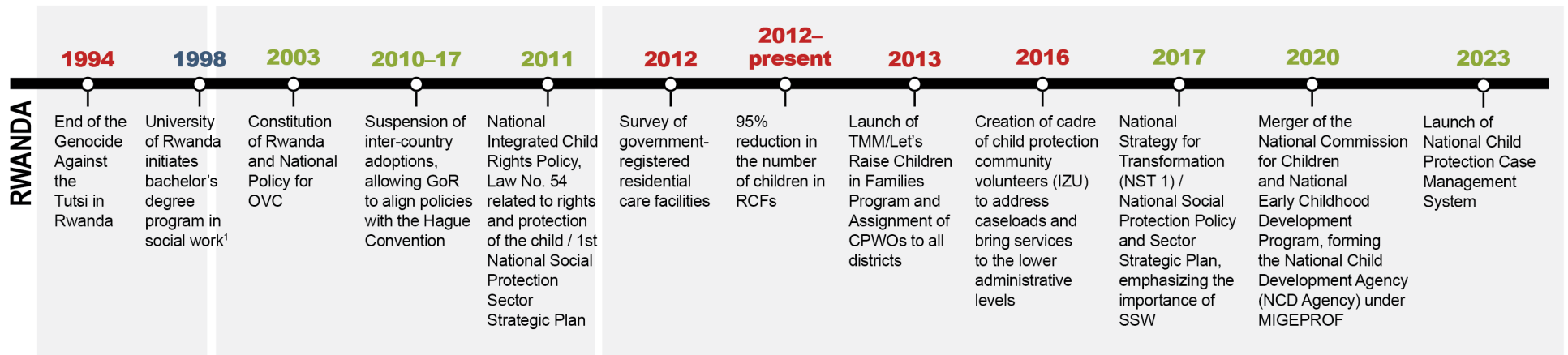
An understanding of key contextual factors and trends in Rwanda was essential to positioning the findings of the assessment within the overall conceptual framework. Broadly, this context includes social service, child protection, justice, allied sector systems, local legislation, the labor market, the economy, and culture, all of which influence the extent and success of efforts to strengthen the workforce and improve services for children and families. Scaling up social protection programming and services is seen as a key part of Rwanda's national strategy to reduce poverty and achieve overall progress toward the SDGs. As suggested in the country's [Voluntary National Review Report](#) on the implementation of the SDGs to the United Nations in 2019, improving and scaling up core and complementary social protection programs are critical for meeting SDGs 1 (no poverty), 2 (no hunger), and 10 (reduced inequalities).

Social Welfare and Child Protection Systems

The GOR is committed to ensuring all children grow up in safe homes with a family. This movement toward family-based care has been a catalyst for strengthening the national child protection system and broader social welfare system and is illustrated in Figure 3 (Republic of Rwanda et al., 2017; UNICEF, 2013). Since a survey of government-registered residential care facilities in 2012, the country has made concerted efforts to close or transform these facilities and reintegrate children and young adults into family-based care, decreasing the number of children living in institutions by 95% (3,323 to 178) (Republic of Rwanda, 2018). Between 2013 and 2021, 533 children were placed in foster care (UNICEF, 2021).

Figure 3. Timeline of milestones in Rwanda related to SSW and system strengthening

KEY: **SHIFT IN SOCIAL SERVICES** / **EDUCATION** / **KEY LEGISLATION**



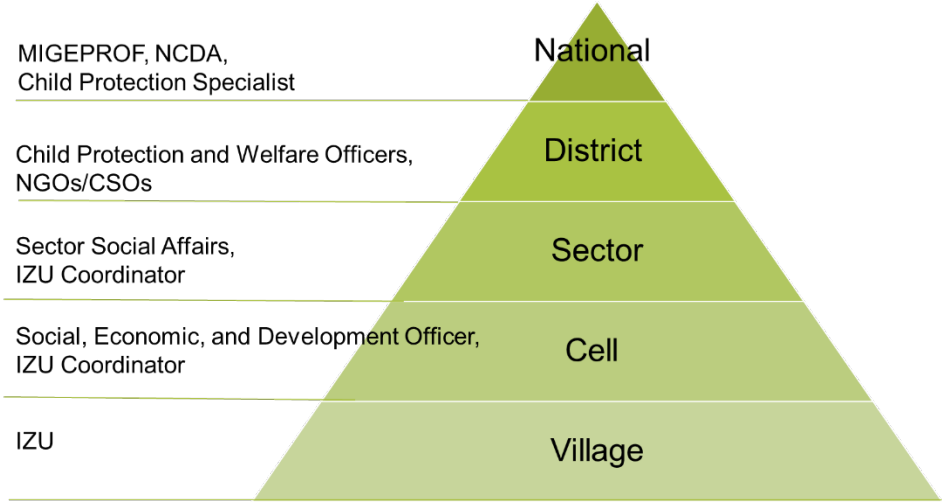
¹ [https://www.researchgate.net/publication/316492212_The_status_of_social_work_education_and_practice_in_Rwanda#:~:text=In%20Rwanda%2C%20it%20was%20as,Kalinganire%20and%20Rutikanga%2C%202014\)%20](https://www.researchgate.net/publication/316492212_The_status_of_social_work_education_and_practice_in_Rwanda#:~:text=In%20Rwanda%2C%20it%20was%20as,Kalinganire%20and%20Rutikanga%2C%202014)%20)

Legal and Regulatory Framework

Over the past ten years, there have been important system building investments, including in laws and policies, coordination mechanisms, service delivery and workforce, financing, and monitoring and evaluation (Maestral, 2021). A summary of recent legislation adopted to protect children and their rights is included in Appendix D. These laws and policies support children growing up in a family, having adequate food and housing, access to education and health services, and safety from exploitation and abuse. Some also include elements supportive of the workforce caring for children in vulnerable situations, such as defining the categories of workers and volunteers involved in child protection and care, and in some cases their roles or functions, and required qualifications.

The GOR has also worked to clarify which of its ministries and agencies are responsible for coordination and implementation of these laws and policies. In 2020, the government merged the National Commission for Children (NCC) and the National Early Childhood Development Program, forming the NCD Agency under the MIGEPROF. This institution oversees all activities related to child nutrition and hygiene, child development, protection, and promotion, including projects supported by the VCA related to strengthening the SSW and broader social service system for children and families.

Figure 4: Structure of the SSW within the NCD Agency and TMM Program



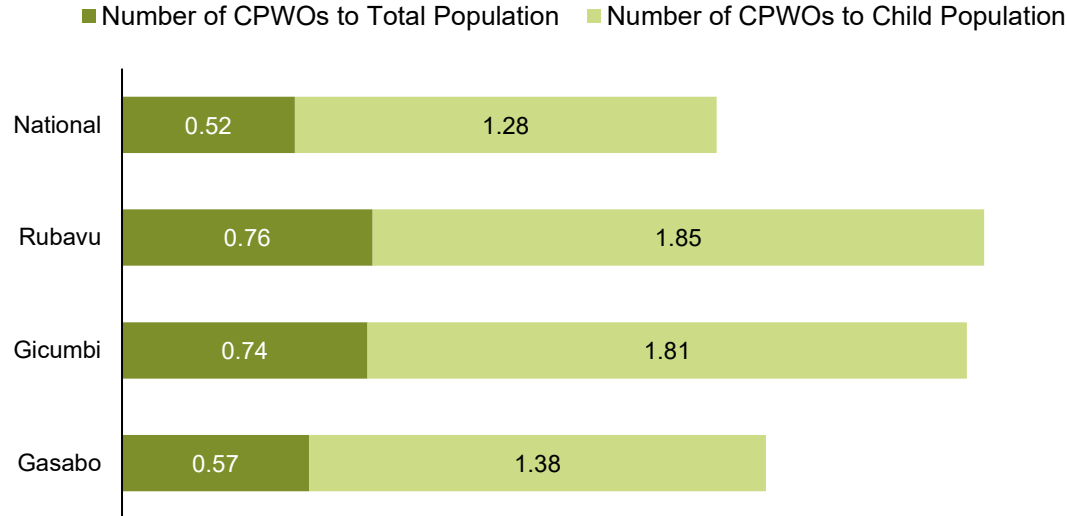
Labor Market, Economy, and Culture

Under the NCD Agency, child protection services have been decentralized to the districts as part of the national care reform strategy. This process has necessitated the creation or strengthening of implementation or coordination mechanisms (including staff) at each level of Rwanda’s administrative structure (4 provinces and the city of Kigali, 30 districts, 416 sectors, 2148 cells, and 14,837 villages) (Republic of Rwanda, n.d.). This assessment focused on cadres under the purview of the NCD Agency, as well as social service workers engaged by CSOs and NGOs working in partnership with the NCD Agency on similar programming. Figure 4 reflects this focus, although it is not representative of the entire SSW in Rwanda, which includes other ministries like the Ministry of Local Government (MINALOC), a robust NGO

and CSO sector, as well as allied sectors such as health, education, and justice through multi-sectoral coordination mechanisms (e.g., JADF and Isange One Stop Centers). For example, para social workers are a volunteer cadre of frontline social service workers who work to connect households at the cell level with social protection programming under the Vision Umurenge Program and the purview of the MINALOC, with support from the World Bank (Local Administrative Entities Development Agency (LODA), n.d.).

Prior to 2012 and the start of the TMM, there had been no professional government staff fully dedicated to child welfare and protection at the district or lower levels; staff previously in charge of these issues had additional responsibilities. With the technical and financial support of UNICEF, USAID, local and international universities, and NGOs, each of Rwanda’s 30 districts has established at least one CPWO position, to be filled by a professional social worker or psychologist. The original goal was to have a pair assigned in each district, and at present, there are some with more than one CPWO. These officers are based in the district offices (e.g., Gicumbi district office) and are responsible for accompanying residential care managers in the closure or transformation of their facilities, supporting the reintegration of children and youth into family-based care, recruiting and monitoring of foster carers and placements, preventing unnecessary separation of children from their families, and carrying out other tasks such as prevention and response to exploitation, abuse, and neglect of children (Republic of Rwanda, 2018). CPWOs, along with other SSW in Rwanda, have been recognized in national policies and strategic plans as early as 2011 (see [National Integrated Child Rights Policy \(ICRP\) and Strategic Plan](#)), but have not been defined as part of the legal framework. As of the Phase 1 evaluation of TMM, caseloads approximated about 69 families per social worker and psychologist pair (Republic of Rwanda et al., 2017). Originally funded by UNICEF and USAID, these positions are intended to transition to the public sector payroll, though some workers disclosed that they remain on fixed, short-term contracts. An analysis of CPWO to total and child population ratios is shown below, with the number of social workers and psychologists engaged at district level ranging from 1.28 to 1.85 workers per 100,000 child population (Figure 5).

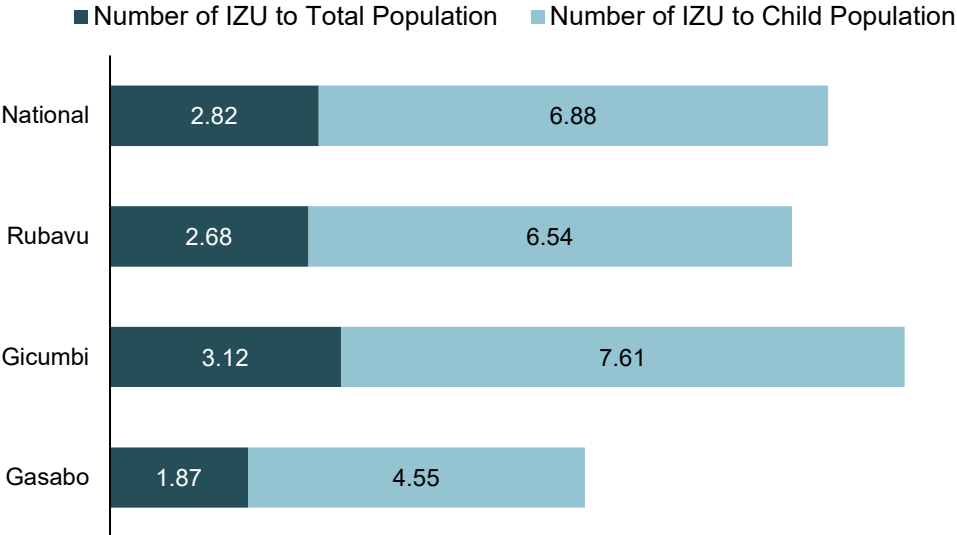
Figure 5. Ratio of CPWOs to 100,000 population in 2022



Drawing on Rwanda’s tradition of shared responsibility for community well-being, a cadre of child protection community volunteers, known as IZU/Friends of the Family, was created in 2015 to address caseloads and bring services even closer to levels below the districts. Nominated by community members, then recruited and trained by social workers with the NCD Agency, IZU act as an early warning system for prevention and response. Every village in the country selects a man and a woman to serve as IZU, and an IZU coordinator is voted in by the IZU in that area at the cell, sector, and district levels to provide supervision and help with compiling monthly reports. At all levels, the mandate of the IZU is to protect children from violence, abuse, and exploitation, curb early pregnancy and school dropouts, support family reunification, raise awareness on the importance of family-based care, support the recruitment of foster carers, and promote equal rights of children with disabilities (Maestral, 2021; UNICEF, 2021). IZU carry out their mandate through home visits to vulnerable families identified through community referrals, as well as awareness-raising activities (Republic of Rwanda, 2018). IZU receive RWF 6,000 annually (USD\$~5) for airtime or phone credit, although some have also been given phones, wet weather equipment, and other supplies. They are expected to conduct about 8–10 home visits per month (or about 5–10 hours per week). However, a 2021 rapid skills assessment noted that IZU are spending closer to 1–3 hours per day in home visits, primarily on school reenrollment support such as liaising with administrators, paying fees, or providing uniforms and supplies, with the remaining time spent responding to active cases of VAC referred by the community (Maestral, 2021).

Expanding the workforce through the IZU cadre changes the social service worker to population ratio dramatically, demonstrating the far greater reach made possible by these village-level volunteers. The IZU to child population ratio nationally is about 7 IZU per 1,000 children, slightly more in the Gicumbi district and lower in the Gasabo district, where it is closer to 4.5 IZU per 1,000 children (Figure 6). Greater numbers of IZU enable increased opportunity for interaction with community members and identification of children and families at risk, which can be seen as a factor contributing to effective response by the SSW.

Figure 6. Ratio of IZU to 1,000 population in 2022



Although they do not have the same level of training or resources as professionals, IZU play a valuable role in prevention and response efforts through their knowledge of the local context, community connections, accessibility to children and families, and the ability to manage certain types of cases and make referrals. Between 2020–2021, as the numbers of IZU grew and COVID-19 restrictions eased nationally, the number of families visited nearly doubled, while the number of reported cases of child abuse decreased by 78% (2525 to 564 cases) in 2021, and by 22% in 2022 (439 cases). It is important to underscore the complexity of child abuse reporting, given how many cases go underreported and the many factors involved, while still noting the decrease in cases as more IZU were recruited and trained in prevention and identification of violence against children and possibly able to connect families at risk to available services.

We have also what we call “Umugoroba w’imiryango” (Family evening—a community-based initiative that seeks to promote harmonious and stable families). In these meetings, the IZUs take time to discuss different topics, health, life in the village, nutrition, communication between spouses, families living in conflicts and what needs to be done, etc. The families that are in the meeting discuss and propose solutions in this meeting. As IZUs present in the meeting and having much more knowledge in these areas by the training received, take the time to talk to them. (IZU, district-level)

Other volunteers engaged to support children in the community include the Malayika Murinzi, or guardian angels (GAs), who serve as short- or long-term caregivers for children without biological parents or deprived of parental care. They are selected at the community level, registered at the cell and sector level to receive training, and work closely with IZU. In addition to GAs, children without parental care can also be placed with special foster caregivers if they have disabilities for which caregivers receive additional training and government support, or with adoptive families.

Planning

This area of the conceptual framework encompasses the approaches undertaken by the government and its partners to ensure that there are the right number and types of workers (including trained volunteers) in the right places to effectively provide services to children and families in need. These efforts range from the policy and legal environment; allocation of funds for the SSW; collecting and using HR data for decision making; implementing processes for the recruitment, hiring, and deployment of social service workers; and promoting strong leadership, coordination, and collaboration among stakeholders. This section presents findings specific to each of the four planning subareas in the conceptual framework, describing strengths and limitations of what has been invested in to date supported by qualitative insights from KIIs and FGDs and information gleaned from the document review and secondary data analysis.

Planning Subareas

- Strategic approaches to planning the workforce
- Human resources (HR) data for decision making
- Recruitment, hiring, and deployment practices and systems that consider urban, peri-urban, and rural areas and decentralization plans
- Alliances to strengthen leadership and advocacy among stakeholders

Strategic Approaches to Planning the Workforce

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> Established CPWO position and recruited a minimum requirement of two CPWOs per district New cadre of community child protection volunteers (IZU) created and deployed nationally 	<ul style="list-style-type: none"> Lack of policy or a guidance document to inform planning of SSW focused on child protection and family issues Limited use of HR, population, and other demographic data to inform workforce planning beyond assigning required two CPWOs to districts; scale-up/replacement of IZU Little to no integration of CPWOs or other professionals in lower-level government units to strengthen capacity for prevention; currently focused mainly on response activities

Under TMM, a strong baseline or minimum required number of CPWO positions and nominated IZU has been achieved, bringing the SSW and connection to programming and services closer to children and families in need. Initially introduced with support from USAID and UNICEF, these roles have responded to a gap in human resources dedicated to child care and protection issues at the district and lower levels and are now seen as essential players within the overall system. The requirements for becoming an IZU are widely understood among government and nongovernment actors, enabling rapid and decentralized scale up and integration into service delivery mechanisms and referral systems.

For a person to become IZU, it comes from the decision of the community meeting. You can have this vocation, but also others can see this vocation in you. It is done in community meetings at the village level... your family must be living in harmony and you must observe your children’s rights...In general, those are criteria based on to be an IZU. (IZU coordinator at the sector level)

NGO social service workers highlighted the ease with which they have worked with IZU, specifically in terms of their availability and responsiveness, which is a testament to the numbers generated through planning approaches. However, there were discrepancies among respondents as to the full scope of IZU responsibilities and a lack of awareness of the procedures that should be followed to formally engage IZU outside of their mandate from NCD Agency. There are also questions around the influence of incentives provided to IZU and how they prioritize work with NGOs alongside government-assigned tasks, which could indicate a need for collaboration around standard procedures for IZU engagement and remuneration, and robust dissemination.

We find them whenever we need them. For example, if I call an IZU, he understands me and gives me a report because we have MoU, but he can refuse to pick up the call from the cell or the sector. The Executive Secretary of Sector 13 used to pass through me whenever he wanted the IZU. They are comfortable with us because we give them water or something else whenever we call them. (NGO respondent)

At the same time, there is an opportunity to build upon these successful scale-up approaches in the next phase of workforce planning. For example, possibilities include introducing more comprehensive guidance on workforce planning; use of HR and other demographic and service data to inform decision making around any expansions of CPWOs, IZU, or other roles such as a senior CPWO or supervisor role; and/or integration of CPWOs into sector- or cell-level government offices. For example, a district-level respondent

stressed that there is no standard procedure in place for establishing a president or coordinator of IZU at the district level, who oversees reporting and acts as a liaison between the district, the sector, and cell-level IZU coordinators and IZU at the village level. The president or district-level coordinator is also responsible for attending trainings and cascading this knowledge to IZU at lower levels. There were repeated references to the framework and guidance related to the community health worker (CHW) cadre and a sense that it could provide a relevant model for bolstering the IZU cadre, in planning and other areas of workforce strengthening.

As of now, we do not have a ministerial order guiding [the] social service workforce. We get concept notes to follow. We have guiding principles for only CHWs from the Ministry of Health, but for IZU, there is no ministerial order. There should be harmonization...either ministry of family promotion or MINALOC to guide that. (Supervisor, district level)

Human Resources (HR) Data for Decision Making

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> • Monthly paper-based or digital reporting by IZU to coordinators; some shared with local authorities/government staff • Use of toll-free phone number/Unstructured Supplementary Service Data (USSD) by IZU to report cases and feed into a data system that can be accessed at district and NCD Agency/national levels 	<ul style="list-style-type: none"> • Duplication of reporting efforts into various databases and information systems • Focus on service delivery or case management, little analysis of caseloads, worker (i.e., CPWO) performance or productivity based on monthly reporting

Approaches to information systems and data use to date have focused on establishing regular, mostly aggregate reporting on services, and to some extent tracking of cases to prompt or support response or referrals, but with little to no analysis of these data as they relate to the workforce and what could be done to improve prevention and response services through HR planning. Such workforce-specific analysis could include calculating and responding to high or low caseloads with reassignment or redistribution of staff, even on a short-term basis, targeting training to specific community needs or worker knowledge and skills gaps, or assessing the performance or productivity of workers or volunteers as part of advocacy for additional supportive resources or staff.

IZU referenced two ways of reporting on their work—paper-based and digital—and primarily in the context of aggregate reporting on services. Paper forms, or “family books,” are used to report at least monthly to their respective IZU coordinators and village leaders, which are then compiled by the IZU coordinators at the cell and sector levels and submitted to the district authorities for data entry/digital reporting. In some cases, these compiled reports are shared with local government staff to inform them about child and family issues being addressed in their district or other jurisdiction.

The IZU write in family books. When they visit a family, they have a book with a written questionnaire, and they use it to write all the information that they received. When they come for weekly meetings, they submit those books to the volunteer working at the cell level, and he/she is the one to perform data entry. Since the books might be many, the one from the sector level also assists in data entry. (NGO representative)

For digital reporting, IZU have the option to report case-level data to prompt or support response services by dialing *711# using USSD, a text message-based system for sending information that feeds into an IZU-specific information system accessible by the district and NCD Agency. IZU also make use of a toll-free hotline centralized at the NCD Agency, where they can escalate or refer cases directly to the national authorities, which can be directed to appropriate staff at the district level. Both forms of digital reporting are relatively new, and IZU and others involved in this data flow shared that while CPWOs can access cases in the IZU system, they face challenges with cell- and sector-level counterparts also being able to view these reports. In a discussion at the district level, the supervisor of CPWO challenged the operationalization of the system into which IZU report, stating, *“We say that the system is working but most of the data shared is outside the system.”*

NGO staff and volunteers described another reporting dashboard in which the IZU are the primary data collectors. NGOs reported collecting data on similar indicators in this dashboard as in the NCD Agency’s IZU system, reflecting a possible duplication of efforts that could compromise data quality as well as overburden IZU as a volunteer cadre. Some NGO respondents also confirmed providing field staff at certain levels with tools to facilitate digital data entry:

We gave Samsung smartphones to cell mentors and they are always online. They have books called family notebooks that they have to fill. All information about the families is recorded in that book, and the cell mentor enters that information into the system.

IZU also reported using communication platforms like WhatsApp to coordinate with other IZU and local government authorities, although smart phones are not uniformly provided by the government to support this use. A CPWO supervisor observed that IZU *“were given phones a long time ago and the phones are old and might not be functioning well.”* Among IZU, there was mention of some formal facilitation or administration of these groups, which can facilitate virtual supervision, assistance with referrals, and ensure confidentiality of client information, or aggregation and use of data shared for workforce planning, performance, or assurance of service quality.

There is a group of IZU and guardian angels. Every communication is passed through the WhatsApp group. If a child is sick, I post that on the group, and everyone knows it. District authorities are also in that group. They get to know the problems arising and find a solution. (Female caregiver and guardian angel, district-level)

The need to expand the focus of reporting beyond service delivery into a more holistic one, with the potential for analysis related to caseloads, worker performance, or productivity, is illustrated in the quote below. It underscores the role that the GoR envisions for itself in developing a case management information system and its use to coordinate interventions across public and non-profit sectors (Data for Impact, 2022; NCD, 2024).

We are thinking about developing strong systems, child protection case management system (MIS) so that we can visualize all these cases on the dashboard, in that way we could have a big picture of how many cases we received this month, they have been addressed this way, how many are still pending, how to coordinate with partners that work in the same area, etc. So, this is our role, which is mainly the coordination of the interventions implemented by our workforce or our partners. (Government representative, national level)

Recruitment, Hiring, and Deployment Practices and Systems that Consider Urban, Peri-Urban, and Rural Areas and Decentralization Plans

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> • 29,674 IZU in place at national, village, sector, and cell levels nominated and engaged by communities • Some districts have successfully added more than two CPWO positions to address caseload • Job descriptions for CPWOs and IZU outline requirements are used for decentralized recruitment and community nomination 	<ul style="list-style-type: none"> • Limited consideration in current practices of the distinct needs of children and families across different geographic areas and where the remaining institutions operate • Less effective mobilization and sensitization work of IZU among youth; potential for younger community members and those with lived experience to be nominated as IZU for this specific role • Limited awareness among NGOs of procedure involving NCD Agency for engaging IZU in their programs and of understanding/knowledge of IZU's existing responsibilities and scope

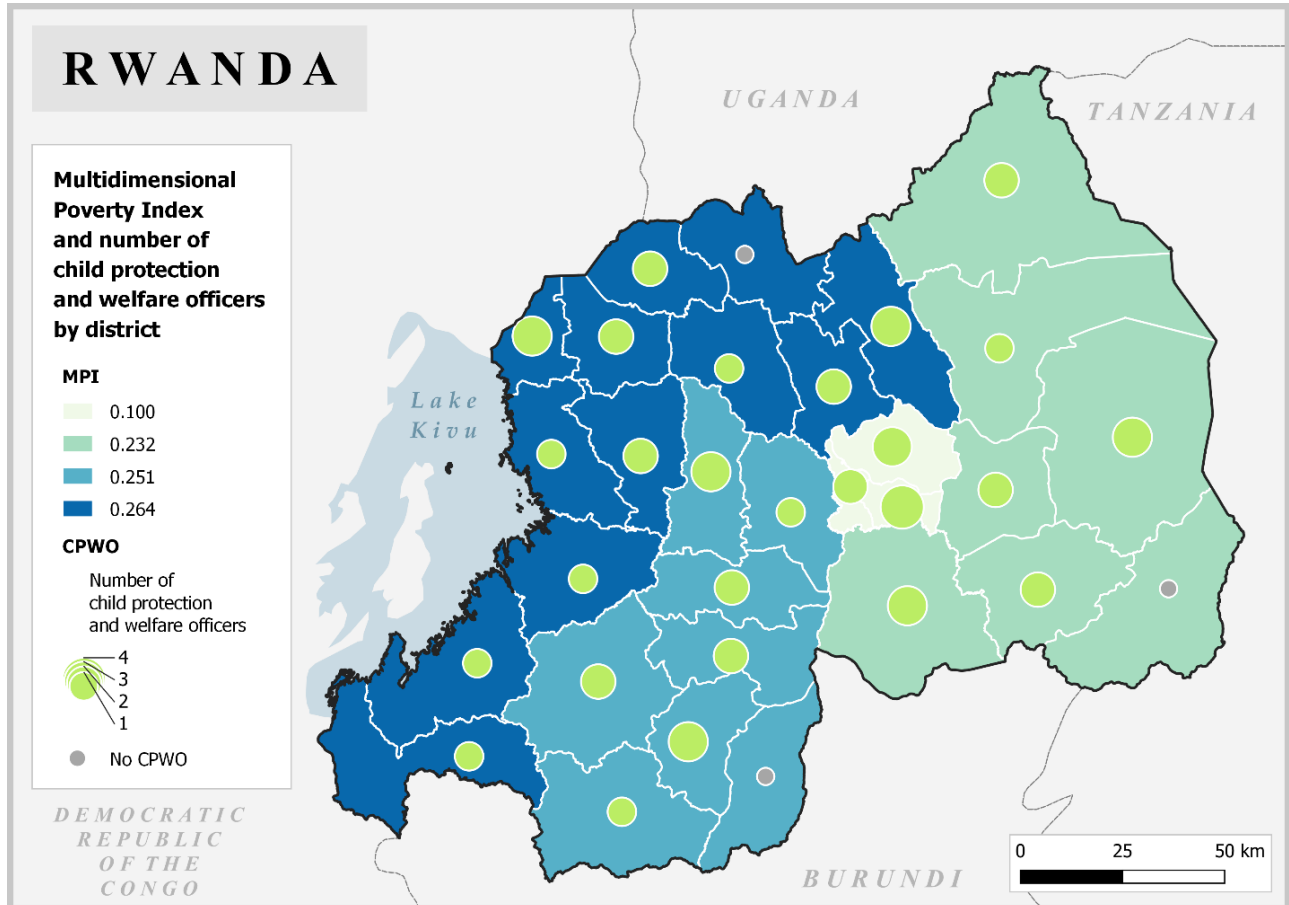
Decentralization of social and child protection programming and services is an important contextual consideration in Rwanda. In the assessment, both the advantages and the limitations specific to the TMM program and other related activities supporting this process and structure came through. Specifically, and overlapping with the findings on strategic HR planning approaches, having achieved a baseline of CPWO positions and IZU is a significant advantage for Rwanda and represents progress toward sustainable systems change. Job descriptions for CPWOs and IZU outline requirements and are used for decentralized recruitment and community nomination. Of the initial cohort of 34 social workers and 34 psychologists engaged under TMM with funding from USAID and UNICEF, 30 have been engaged by the NCD Agency on contracts and are paid by the GoR, but have not been formally absorbed into the civil service (e.g., are outside the Civil Service Wage Bill). Additional professionals recruited in 2019 and 2021 to focus on work with children with disabilities have brought the total number of CPWOs to 55, inclusive of those in the initial cohort and new hires due to attrition. They are present in all but two districts due to turnover, with some districts having successfully added more than two CPWO positions to address caseloads.

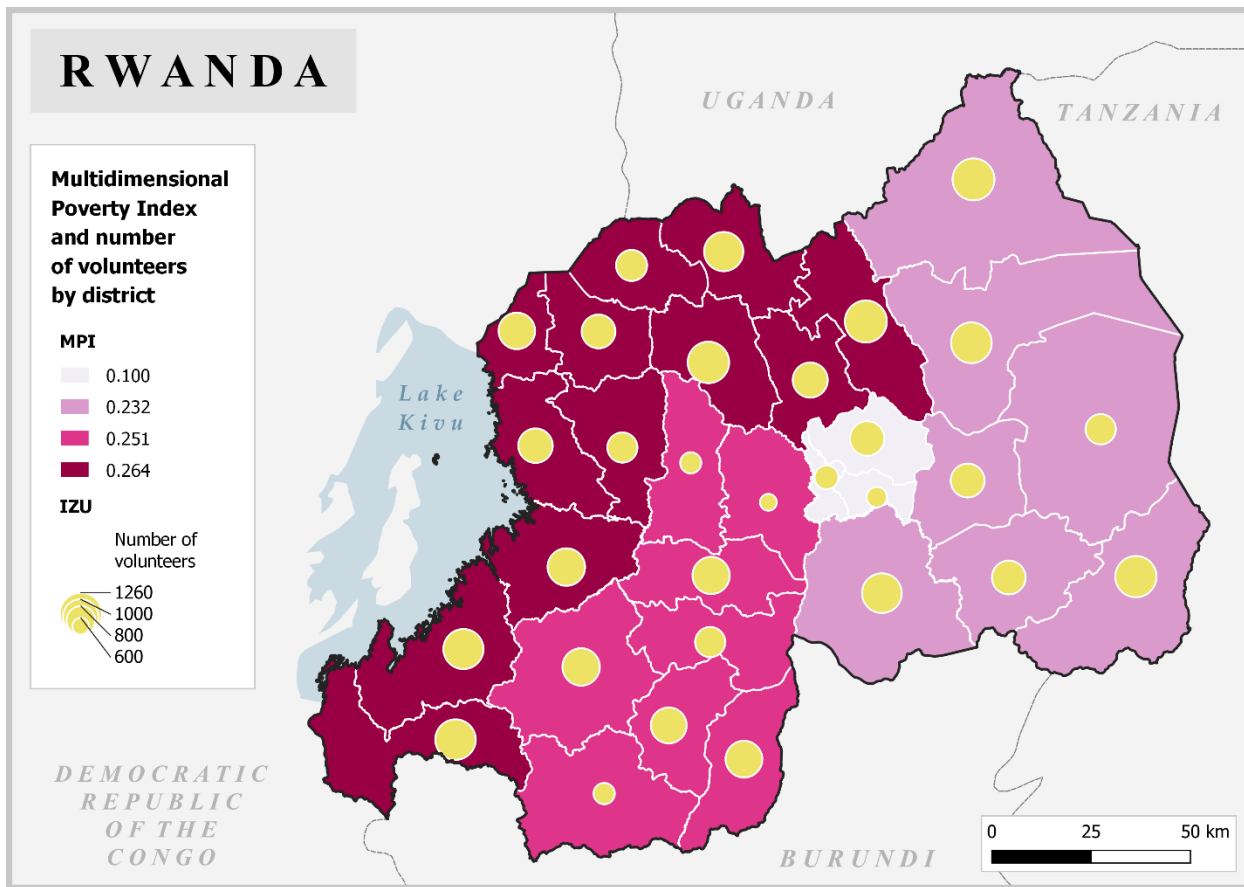
There are social service workers from the district to the sector level. There is a worker in charge of social affairs in the sector...and one in charge of family promotion. At the cell level, we have 2 workers in social services. At the village level, we have one social service worker and the village committee. Then regarding health, we have CHWs working with IZUs and NWC (National Women Council) which has family promotion in its responsibilities, and this includes child protection as well as a child and a mother welfare. (Sector Social Affairs)

Despite this progress, the size of the professional workforce is still insufficient. CPWOs do not have the capacity to serve everyone in their district, and some interviewees expressed a desire for even greater numbers of IZU than the two per village nominated to date, including IZU coordinators. Expansion of these cadres entails extensive resourcing, and yet there seems to be limited use of HR, population, and other demographic data to inform workforce planning beyond assigning the required two CPWOs to districts and village-led nomination of a male and female IZU. An analysis of CPWO and IZU stock and distribution alongside publicly available multi-dimensional poverty index data reinforced how current recruitment and deployment practices, especially CPWOs, are not taking this kind of information into account. Similar

numbers of CPWOs are stationed across the country, with seemingly less focus on increasing their numbers in more impoverished areas, a trend that is also seen with the numbers of IZU according to the number of villages in a district rather than level of poverty in a district.

Figure 7. Multi-Dimensional Poverty Index and number of CPWOs and IZU by district, 2022





An insufficient workforce was found to affect the quality of work, where CPWOs feel rushed in their work amidst heavy caseloads.

They [CPWOs] are few. District officials always ask us if we could increase their number so that they are at least three to deal with children's issues, we had two before, today we have one again—the support from UNICEF working under contract. It's constantly changing. Till now, we work with what we have but if we could have means, we could have additional social workers working for the best interest of children and the promotion of their rights. The professional social workers expressed the overwhelming work to the extent that one mentioned being in the same duty for ten years but never had time to get training during their service period. (Government representative, national level)

An area for potential investment would be to determine how to evolve these HR planning practices feasibly and with adequate public sector budget allocations to consider the distinct needs of children and families in different geographic areas, different priority issues and infrastructure, and even the possibility of expanding IZU to include youth-focused, peer friends of the family. A youth beneficiary recommended the IZU cadre diversify their recruitment and “enroll youth IZU because we would be free to tell them anything.” Others voiced the need to have youth friendly spaces to engage with IZU, who often help youth to make big decisions in their lives.

IZU can be holding meetings to tell us about the bright future, development stages, and good and bad things a person faces as they grow up, and then we can have study visits and

experience sharing meeting to teach other children on what to do to prevent consequences of wrongdoings. (17-year-old, in-school male youth beneficiary, Gasabo district)

Alliances to Strengthen Leadership and Advocacy among Stakeholders

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> Prominent examples of government ownership and multi-actor coordination at national level 	<ul style="list-style-type: none"> Less ownership of TMM by district- and lower-level government actors; seen as 'national' program Limitations around including all IZU in sector-level quarterly meetings—important platforms for sharing learning, discussing challenges, and escalating issues—due to budget constraints

Interventions or approaches to build and sustain alliances among stakeholders typically focus on furthering dialogue among different ministries at national and subnational levels, as well as with NGOs and civil society, to promote coordinated advocacy around policy, budget allocations, and implementation of strategies related to the workforce and improved service delivery. In Rwanda, there are prominent examples of government ownership and multi-actor coordination at the national level. The National Coordination Committee under the NCD Agency, and most recently the Child Development and Protection Sub-Cluster, have been viewed as pivotal in organizing the variety of actors involved in reintegrating children into family-based care under TMM. For SM, results of the pilot and expansion of the intervention are credited to its multiple stakeholder coordination body and layering of the 12-module intervention with the existing government social protection program and workforce, specifically the IZU (Sarah KG Jensen et al., 2021). Stakeholders in the assessment’s national leadership group identified the JADF as an important coordination mechanism, bringing together actors from civil society, private, and government sectors, to review what is occurring in community development more broadly, inclusive of child care and protection, and even down to the district level.

We work together with the stakeholders in child protection and we coordinate their daily activities that fosters the right of the child... We ensure that, they are doing properly what they do. All the NGOs working in child protection, JADF or other staff working in child protection, we coordinate their activities and work together to promote the child’s rights. (Allied sector representative)

There was less evidence of this leadership and advocacy at district levels, an improvement that could contribute to the sustainability of investments in this area. From document review and among some respondents, TMM is seen as a national program, which may influence the awareness of and sense of ownership felt by district and lower-level government actors in how it is managed and resourced. For example, under the first phase of TMM, only seven out of 30 social welfare units were created at the district level, with even those not fully functioning as of the evaluation (Republic of Rwanda et al., 2017). In day-to-day practice, quarterly meetings held at sector level are seen as important platforms for local leadership, coordination, and ongoing learning among IZU, their coordinators, and CPWOs. However, not all IZU from cell or village level can be brought to these meetings due to the volume of attendees that would entail and limited resources—rotation or selection of representatives from these levels could be considered.

Most of the time these quarterly trainings are given to the committee on the sector level. We are not still at the level of saying that sectors have the budget, because there is budget issue involved. We do not have the transport reimbursement at the sector level so that IZUs from the cells can come to the sectors. (Child protection and welfare officer)

Discussion: SSW Planning Approaches Enable Standards Setting and Expansion of Services

Having a well-planned workforce with the correct quantities and types of workers in the right places is essential for performing promotive, preventive, and responsive work on behalf of children and families. Setting a target or required number of CPWOs and IZU through the TMM program represents progress in establishing minimum standards for services, in terms of availability of dedicated social service workers at lower levels of government. The recruitment, hiring, and deployment practices in Rwanda have achieved a staffing and volunteer baseline, with government and nongovernment SSW effectively engaging and coordinating with IZU. Overall, this increased presence of the SSW facilitates responsive services like in-person attention to VAC and other child protection concerns, assistance with referrals, as well as some preventive outreach to at-risk children and families at the village level, including sensitizing communities to make people aware of children's rights. Yet stock and distribution of social service workers remain a major challenge to effective service delivery, with many respondents describing delayed action on referrals and slow escalation of cases due to limited CPWO numbers and resources, even with digital solutions like USSD and toll-free numbers that report directly into information systems accessed at the district and national levels. There are routine reporting processes in place, but through multiple mechanisms and the data are focused on tracking cases or services, rather than HR. These data are not used strategically for caseload or performance assessment, let alone to calculate social service worker to child ratios or other indicators that might reflect a need for increased numbers or different types or skill sets of workers to be deployed on a short- or longer-term basis. Strong national leadership and coordination of TMM are present, but do not currently translate to lower administrative levels. Limited ownership of TMM by local authorities is potentially constraining effective grassroots advocacy for integration of more CPWOs or other professionals in the district office, or even within sectors or cells, to strengthen the capacity for both prevention and response services and to retain SSW staff over time.

Developing

While planning approaches aim to ensure the right number and types of workers in the right places, efforts to develop the workforce are focused on pre-service, in-service, and continuing education of workers and volunteers to ensure they are equipped with the right skills and competencies to prevent and respond to issues facing children and families. This section reviews the approaches invested in to date to produce and maintain a well-trained workforce, inclusive of volunteers, and reflects on their advantages and limitations based on findings from the document review and data analysis.

Developing Subareas

- Education and training aligned with effective workforce planning efforts
- Curricula incorporate both local/indigenous knowledge as well as international best practices for improving the well-being of children and families
- Faculty and teaching methods strengthened
- Broad range of professional development opportunities for workers

Education and Training Aligned with Effective Workforce Planning Efforts

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> • Cascade training model from TMM CPWOs/NGOs to IZU to fast-track recruitment and deployment and address turnover • Basic training content for IZU reflects skills and competencies required for volunteer cadre, additional training responsive to gaps 	<ul style="list-style-type: none"> • Inconsistent training post-induction among IZU in different locations and levels; dependent on NGOs • Information sharing between education sector and employers to promote skills and curricula development in line with practice need

Training investments for IZU have yielded results for fast-tracking recruitment and ensuring a standardized basic curriculum and related required skills and competencies for this volunteer cadre. The cascade model from TMM, where content is channeled through CPWOs and/or NGOs to IZU coordinators and down to IZU at the lowest levels, has enabled relatively wide-reaching coverage of core content, and, to some extent, the capacity to deliver follow-up or refresher training to address priority topics or skills gaps. The NCD Agency coordinates the training model, preparing district-level CPWOs and IZU coordinators to act as master trainers in their respective districts, delivering the training to IZU coordinators at sector level, who in turn train IZU at cell and village level, although some expressed concern that Training of Trainers (TOT) were not conducted regularly.

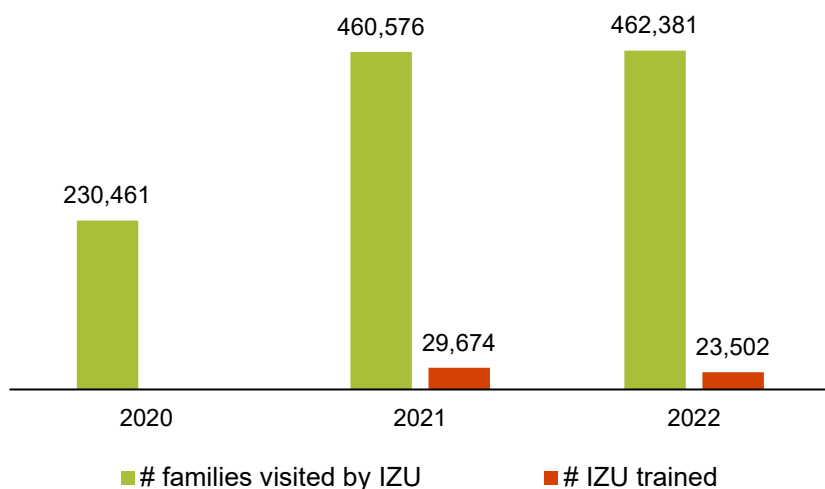
To reinforce their training, IZU are provided with manuals by the NCD Agency at the start of their work, which serve as a reference on their role, expected duties, relevant laws, and policies. An IZU president or coordinator commented,

There are books we were given with information of what we are supposed to do. We have the books and we receive the training. Those from the sector levels get all information to ensure they are also able to train their colleagues from lower levels.

Some IZU reported receiving additional manuals on specific topics after they had begun their work. In discussions with IZU, they reported having received training from government and nongovernmental organizations on various topics, including child's rights, how a family should live in harmony and care for their children, and help to identify adoptive families. Most in-service training content was specific to an intervention or program they were involved in delivering and not standardized like induction training.

Using available quantitative training data on IZU, the assessment team sought to visualize how some of these approaches have been playing out. Specifically, how the cascade approach to training IZU through NCD Agency CPWOs, IZU coordinators, and collaboration with CSOs and NGOs has contributed to ensuring that all active IZU receive initial or induction training, but also in-service training on specific priority topics, such as working with children with disabilities. In 2022, there were 29,674 IZU operating across Rwanda, and nearly 80% (23,502 out of 29,674) were reached with some form of training. Coinciding with the lifting of COVID-19-related movement restrictions, the number of households receiving visits from IZU doubled from 2020 to 2021, reflecting how training has enabled more productive and quality interactions with potentially vulnerable households.

Figure 8. Number of IZU trained and families visited by IZU, by year



Among CPWOs and other professional social service workers engaged by NGOs and CSOs, there seemed to be greater emphasis on recruitment of personnel with the requisite education and training than investments in on-the-job training. As shared by one CPWO,

We don't get training to show us how things are done. We get a job and everybody tries to adjust him/herself to the atmosphere of the job. Since I joined this job, I had training around 2008 or 2009.

TMM-hired social workers and psychologists have a general degree in their field from one of several institutions offering degrees in psychology, social work, and other relevant fields, such as the UoR, Institut Polytechnique de Byumba, and the Catholic University of Rwanda, topped up with the TMM specialized training (one-week course followed by two to four weeks of training over a year) (Spitzer & Twikirize, 2014). NGO and CSO social service workers reported having advanced education and relevant degrees.

The theme of inconsistency in post-induction training emerged among CPWOs and IZU in qualitative interviews and discussions. Many IZU reported that those in coordinator roles or at higher levels, like at the district, or in areas with more activities supported by CSOs and NGOs, were offered more in-service

opportunities. There is not a certificate program or other formal recognition of training completed by IZU, but the NCD Agency reported having it in the pipeline.

We are thinking about taking all the training packages we gave them and design certificate according to this and provide them with certificates. (NCD Agency representative)

Findings suggest that such a program could represent an area for improvement, facilitating the collection and tracking of data on trained IZU, enabling more consistent and targeted delivery of training among government and nongovernment partners, and ultimately improving their effectiveness in addressing issues among children and families. A recent capacity assessment highlighted IZU's requests for additional training related to VAC, relevant laws and policies, psychosocial support, conflict management, communication strategies for children (including those with disabilities), mapping community resources, and making referrals, ideally via refresher trainings every three to six months, which was reinforced in IZU FGDs (Maestral, 2021).

...doing the responsibilities in which you are not specialized from school needs regular training. You see that doctors have 6 years of primary school, 6 years of secondary school, and 6 of the university. You understand that 18 years are many. Us, we are only 7 years into these responsibilities. So, you understand the need for regular training to understand more and acquire knowledge for us to fulfill our responsibilities better. (Male IZU, Rubavu)

The following quotes, from an IZU coordinator, IZU, and a CPWO, reflect both the strengths of the current approach to induction training as well as where investments might be explored related to on-going training to not only advance skills and competencies but to also reinforce the value of the work being undertaken as pressures mount to perform.

After being elected, we were trained about our responsibilities and our limitations so that we do not coincide with other people's responsibilities. They showed us that we are going to work together with other authorities in the village to serve the citizens. (IZU coordinator, district level)

We received training. That is why we said that they trained us again when we received the IZU aid to know how we will be delivering speeches in meetings and talking to the children we will be serving...We are trained and receive advice from different authorities from the headquarters though it would be better if the training is regular. (IZU, Rubavu)

The number of cases has increased and the way of facilitating the work and the capacity building has not increased. You can't expect this employee to deliver a great result when there has been no contribution to the achievement of this result. The results I am asked to deliver should be proportional with the facilitation I get. (CPWO)

There also appeared to be a gap in coordination between major employers like government and educational institutions. For example, there did not appear to be sustained engagement in tailoring pre-service education curricula and intake of students to produce a pipeline of graduates prepared for the realities of a CPWO or other related role, or in taking advantage of educational institutions' expertise or existing platforms for updating in-service training course content or developing and delivering more flexible in-service training options. Beyond the UoR establishing a national trainers' group to cascade

institutionalized TMM curriculum down to additional NCD Agency staff and in initial curricula development, there was limited evidence of this academic-employer collaboration, and thus potential for more investigation and support to bring these sectors together. With fewer CPWO positions to fill (only two per district) compared to other NCD Agency hiring needs, there may be less sense of urgency to collaborate with social work departments or other educational institutions to produce graduates equipped to fill those roles. Further discussion of the collaboration between local training institutions and the development of professionals and paraprofessionals is included in the subsequent sections on curricula, faculty and teaching methods.

Curricula Incorporate both Local/Indigenous Knowledge as well as International Best Practices for Improving the Well-Being of Children and Families

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> • IZU curriculum developed by the UoR and Tulane University reflects local and international research and practices • TMM curriculum incorporated into pre-service education programs for social work students at the UoR 	<ul style="list-style-type: none"> • IZU handbook content inconsistent with updated materials shared in subsequent training; in need of periodic review and revision with input from IZU

The second subarea posits that training curricula will be most effective when it is most relevant to the workforce’s context and issues they are facing, incorporating local knowledge and practices, and not relying on social work education, research, and practice originating in the United States, United Kingdom, and Western Europe or via external donors from those geographies. In this area, findings underscored the advantages of developing course content for TMM and SM in partnership with local institutions like the UoR and incorporating this content into existing educational programs. Curricula and other course content for TMM and SM have been developed and validated by the UoR, Tulane University, and Boston College, ensuring local and international research and best practices are reflected. Currently, the TMM curriculum consists of a one-week course followed by 2–4 weeks of training over a year using case reviews and other participatory exercises on the following topics:

- Self-care and mutual support techniques to address stress and burnout
- Realities of life for vulnerable households
- Roles of different stakeholders in child care and protection
- Importance of child participation
- Case management
- Making referrals
- Supervision by the NCC (now NCDA)
- Responding to child protection violations

Furthering sustainability, the TMM curriculum was incorporated into pre-service education programs for social work students at the UoR. A representative from the UoR spoke to the standard curriculum available, as well as recognition of different skill areas needed, sharing that,

There are general courses, but there are also specific courses related to their profession of being social workers...courses related to children, especially psychology, children's growth/human growth, welfare for children and family in general...We plan to introduce the Master's program in Child and Family Welfare.

However, this level of engagement with local universities in curriculum development and course content did not seem to be maintained when it came to periodic reviews and updating of training materials. IZU respondents noted that their main reference, the IZU handbook, required updating to remain in sync with their roles and expectations of duties, as it was sometimes inconsistent with content shared in subsequent training. Ideally, these materials should be revised with input from IZU themselves. For example, an IZU president shared,

There are girls who got impregnated by their family members and those issues are not included in the job description. There is a need for enough training to ensure that even those from the lower levels are aware of how to handle such issues, just from the curriculum.

Learning from the document review and interviews suggests that such academic-employer partnerships, such as committees or working groups inclusive of representatives from local universities, training institutions, and major employers such as government and larger NGOs, could be an area for improvement to ensure regular reviews of training content and materials are prioritized. Such reviews could incorporate feedback from workers and individuals with lived experience as part of more comprehensive workforce development investments.

Faculty and Teaching Methods Strengthened

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> • Future social workers prepared through coursework related to psychology, child development, and child welfare in addition to field placements • Internship and partnership programs in place to support applied learning and research 	<ul style="list-style-type: none"> • Unclear what support exists to assess and strengthen local training institutions, including faculty, curricula, and field education • Many field instructors do not have a background in social work, limiting capacity for technical and supportive supervision

This subarea focuses on the capacity of faculty and the teaching methods they employ to train workers. It should be noted that within the scope of the assessment, the team had limited opportunities to engage with academic representatives than from other sectors. Overall, CPWOs and other professionals and faculty consulted spoke to preparation through existing social work and psychology undergraduate training programs. However, the potential for strengthening these programs in the immediate term would be through field education, or opportunities to practically apply classroom-based learning and receive supervision and feedback on their performance.

A representative from the UoR shared that:

In practice 1, we emphasize case work. In practice 2, we emphasize community work and administration. In internships, they combine both case group and community work...[and] deal with different leaders [and] NGOs to see how to influence policies and strategies to handle problems of children.

It is unclear what support exists to assess and strengthen local training institutions, including faculty, curricula, and field education. Many field instructors do not have a background in social work, limiting their capacity to provide technical and supportive supervision. Efforts to innovate or bring further support to field placements via e-Learning have had varied success and could represent an area for improvement for future professional workers, as well as a teaching methodology that could apply in a modified form to IZU training reinforcement.

For e-learning, [students] use a program called Moodle [...] students can learn online, receive assignments, and submit them. The challenge is that this program has not yet been fully established because of limited means. When they are in their internships, they are not in accessible areas and they do not have sufficient data bundles (Representative, educational institution)

A Broad Range of In-Service Professional Development Opportunities Exists for Workers

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> Although inconsistent, IZU receive opportunities for in-service training from the government and NGOs on a range of topics related to their scope of work 	<ul style="list-style-type: none"> Limited flexible or distance learning options to respond to CPWOs expressed desires for professional development or IZU reporting a need for additional topical training

Opportunities for in-service training are critical for professionals like CPWOs and paraprofessionals like IZU, not only to ensure that their knowledge and skills remain up-to-date and they can provide quality services, but also as a means of motivation and retention. Overall, the same theme of inconsistent offerings emerged for both cadres, dependent on location, level of assignment, and the extent of NGO/CSO activity in the area. Among government social service workers, there were different opinions on the availability of in-service training, likely related to this same lack of consistency.

We get so much training such as pre-service training, in service training, and clinical supervision every year. (Family Promotion and Child Protection Officer)

The latest training we had was in November last year. It was case management advanced trainings but, it is not enough. (CPWO)

IZU did speak to receiving in-service training from the government and NGOs on a range of topics related to their scope of work on how to support children and families. This includes cases like children and families with mental health issues, family conflict resolution, psychological issues, laws on child protection and safeguarding, children with disabilities, coordinating with other social service cadres, referral pathways, and child abuse.

SOS trained us on self-development by becoming members of saving groups, modern farming, and child development...It was about how to raise a newborn...how to change the behavior of a child...They also trained us on how to do networking, partnership...[and] how to behave and what questions to ask when you visit a beneficiary and what to avoid while talking to a beneficiary. (IZU Coordinator, sector level)

Learning from the assessment suggests a potential area for improvement in the development and provision of more flexible or distance learning options with lower IT or bandwidth requirements to meet expressed desires by CPWOs and IZU as possible for ongoing training that could be undertaken while on the job rather than leaving their posts. An IZU from Rubavu district reported, “*We are trained and receive advice from different authorities from the headquarters thought it would be better if the training is regular.*” If organized according to a certification or other official recognition of training achievements, these could also contribute to increased professionalization and progress toward further career opportunities.

Discussion: SSW Development Approaches Ensure Presence of Trained SSW

Institutionalizing the TMM curriculum into social work pre-service education and cascading the approach to training IZU represent important progress in setting minimum standards for training professionals and paraprofessionals and are essential in ensuring quality service provision to children and families. Investments in these approaches have ramped up the deployment of trained CPWO and IZU, enabling more interactions with potentially vulnerable households. But social work graduates were reportedly prepared for a generalist practice, and there appears to be a need for additional attention or support in applied practice for students in field education placements and capacity strengthening of the faculty, field instructors, and supervisors who oversee them. Locally developed and delivered content for training still requires routine revision and inclusion of updates into training materials, including training to address more complex cases like VAC, psychosocial support, and working with children with disabilities. Currently, in-service training opportunities are influenced by geographic location, administrative level, and access to technology and connectivity. Without investing in making these offerings more consistently available, such as through flexible or low bandwidth e-Learning options, it will be more challenging for social service workers to address complex cases requiring clinical assessments or intensive case management. In addition, sustained training of local leaders at all lower administrative levels and allied sector representatives, like justice, could facilitate improved response to child protection issues, connection to parenting or other support programs, and identification of foster parents.

Supporting

Support for the SSW complements efforts in the other two areas of the conceptual framework, ensuring that investments resulting in the right number and types of workers in the right places and with the appropriate knowledge and skills are sufficiently resourced, supervised, and recognized to provide quality services to children and families. The three subareas of support consist of: (1) systems that enable high performance, such as standard operating procedures or job aids, supervision, performance evaluation and management, (2) tools and other resources that target job satisfaction and mitigate turnover, like remuneration, other monetary and non-monetary incentives, and career progression, and (3) professional associations that can provide benefits to members to further their growth and advocate on behalf of the profession for greater recognition and value. These subareas were investigated to learn more about the

strengths and weaknesses of what had been tried to date, according to workers and volunteers and those interacting with them and receiving services.

Supporting Subareas
<ul style="list-style-type: none"> • Systems to improve and sustain SSW performance • Tools, resources, and initiatives to improve job satisfaction and retention • Professional associations supported to enhance the professional growth and development of the workforce

Systems to Improve and Sustain SSW Performance

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> • Deployment of CPWOs in pairs enabled peer supervision • Intrinsic motivation by CPWOs and IZU to remain in position to help people • Quarterly meetings organized at district level to understand IZU concerns, refresh knowledge, and assess turnover; monthly meetings with IZU coordinators for reporting 	<ul style="list-style-type: none"> • Supervision provided to CPWOs varies by district and is dependent on the background of district directors in charge of good governance or vice mayors in charge of social affairs • CPWOs cannot supervise IZU in the field due to caseload, limited time, and resources (1 CPWO to 587 IZU per district) • Available budget limits the number of IZU who are invited to quarterly district meetings • IZU seek out CPWOs when they face cases requiring support beyond their capacities, but recognize that CPWO time and availability are limited and can affect their ability to support IZU and respond to cases

Lines of reporting for CPWOs differed across the districts, with most identifying their supervisors as directors in charge of good governance or vice mayors in charge of social affairs. IZU report to a cell- or sector-level IZU coordinator, with whom they meet at least once a month to compile reports. Supervision received by CPWOs and IZU was described as primarily administrative, especially for IZU with monthly required reporting to their coordinators, and with more variation among CPWOs depending on the background of whoever headed social affairs or good governance in their district. Some CPWOs described their supervisors as not understanding the demands of their work and/or unable to contribute to their professional growth. TMM’s initial deployment of CPWOs in pairs between 2013 and 2018 provided a platform for peer supervision or consultation. However, at present, eight of the 30 districts have only one CPWO in place, meaning a quarter of districts cannot count on this type of supervision to support workers.

Other supervisory functions, such as technical to educate or supportive to help mitigate secondary trauma or job-related stress and burnout, were more difficult to provide with the current staffing structure and available resources. A variety of professionals interviewed indicated the stress and mental health challenges they face due to the cases they work on. One CPWO noted the distress this lack of technical supervision has caused them, sharing that *“the problems are all around that is why we need clinical supervision where we meet and discuss the most challenging problems we faced and find solutions.”*

The government should think that this social service worker should not suffer from the consequences that this work brings into their life. (Social service worker, district level)

Another issue to mention that professional social workers here at the district face is the psychosocial issues they face because of the many problems they address. They get overwhelmed to the extent that I realize it myself. They become rude and harsh but as a psychologist, I understand why. I did advocacy for them to get counselling, but nothing was done. (Supervisor of CPWO, district level)

I used to go with my colleague] and solve the family problems but she could be crying on our way back. The problems are associated with emotions and stress. You can even dream of that when you sleep. (CPWO, district level)

Access to a supervisor with additional knowledge and skills is essential for paraprofessionals, volunteers, or lay workers who are practicing in a field with limited training. Working with families of separated children or children at risk of violence often comes with complex challenges requiring time and specialized expertise in dealing with issues of extreme poverty, family breakdown, conflict, and abuse. IZU identified cell and sector staff in charge of social affairs as their supervisors but described that supervision as limited to sharing reports. Due to caseload, limited time, and resources, CPWOs are not able to supervise IZU in the field (1 CPWO to 587 IZU per district). Rather, IZU described working with CPWOs as a way of escalating urgent cases and issues of children and families in their area, but that those interactions did not routinely consist of professional oversight of their performance or the quality of their work. IZU seek out CPWOs when they face cases requiring support beyond their capacities but recognize that these professionals' time and availability is limited. Some IZU also requested a subsidized platform for peer-to-peer support or supervision, such as a toll-free number like the one they use to report cases of abuse and neglect, so that they can connect with other IZU and professional social service workers when they have a challenging case.

The supervision is not done [to IZU]. How can we supervise them when we do not have the budget for that? On-site supervision requires transport, per diem, etc. We only do on-phone supervision. You can't go to each village for supervision due to financial capacity. We simply call and ask about the activities being done and actions being taken, but they only call an IZU where there's a problem. (Supervisor of CPWO, district level)

As a stopgap, CPWOs reported holding quarterly meetings with IZU at the district level to refresh their knowledge, reinforce roles, and discuss lessons learned. Unfortunately, and as described earlier, these sector-level meetings do not include all IZU due to budget constraints. Government institutions at the national level recognized the need to have sector-level meetings for IZU coordinators to meet all IZUs in the sector, share learning, and address challenges.

The supervision we mainly offer them is following up the training we give them on a quarterly basis, and checking the list of participants as well as updating it when we have new members or replacement of them because sometimes IZUs leave for other opportunities, so it requires us to update their lists, we have the updated list of IZU operation in our district. (Professional Social Service Worker, district level)

The current capacity of the supervision system does not enable meaningful links to performance management, such as an annual performance review process, and resulting changes in remuneration, incentives, or other merit-based means of motivation to retain professional workers or volunteers. A national-level respondent stated,

Actually there is no performance evaluation except the supervision my colleague mentioned, when we go to the field to see how they address the issues they note, data quality of the data they report in the system and the challenges they face.

Both CPWO and IZU cadres reported familiarity with their job descriptions but did not describe the extent to which they are used to assess performance according to measurable deliverables or other benchmarks.

One national-level respondent reported the need to integrate professional social workers into lower-level government units. This expansion would enable a professional worker to supervise IZU and, at some points, visit the families with IZU and help identify any knowledge or skills gaps as they work to address children and family issues, and provide on-site coaching rather than waiting on reports at the district and in the IZU system.

There is only one staff on the sector level in charge of social affairs, who is responsible [for] all the social issues in the sector, it's too many responsibilities for one person. On the cell level, SEDO [Sector Economic and Development Officer] is the one in charge of social affairs, but [they are] also in charge of agriculture and livestock in addition to the people's general welfare which is an obstacle to a good service delivery as well as accessing [them] whenever you need [their] assistance. Visiting families, sharing information with [them] is not always possible. (Male IZU, Sector Coordinator)

Another respondent called attention to the budget that would be required to accomplish this integration of CPWOs at the sector level, but that such funding had been deployed in correctional centers.

The work is done on the sector level, but the sector level does not have the budget for social [work]. For example, National Rehabilitation Service's budget- big budget is used in correctional centers. If that budget is reduced to employ 416 clinical psychologists and 416 social workers and distributed them in all 416 sectors of sectors in Rwanda, there would be a very big improvement. (Supervisor of professional workforce at the district)

Mitigating the weaknesses in the approaches to supervision and performance management, and in turn, related stress, burnout, and turnover, is the intrinsic motivation expressed by IZU and CPWOs to remain in their roles to help people. One IZU coordinator at the cell level stated,

We are IZU for passion. If we are not passionate, we could report the issue to the cell and wait for it to act yet you know such issues would take long because the government levels have procedures to follow.

It is important to emphasize that IZU are volunteers, with most IZU juggling other responsibilities or paying jobs to support their families.

The only thing that strengthens us is to see people who have benefited from our services. There are people who come here to appreciate how we helped them to take another step ahead at the level of helping others. Otherwise for the salary and facilitation, it is the job no one really

cares about and even for the employers they have many complaints like our work is not important...but trust me this work has a great impact [but it] is not measurable. (Family Promotion and Child Protection Officer, district level)

Tools, Resources, and Initiatives to Improve Job Satisfaction and Retention

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> • Incentives of basic supplies and equipment for IZU contribute to reports of more activity and better ability to support families • Standard operating procedures for referrals and illustrated job aids support IZU and partially mitigate issues of high caseload and the bottleneck of reporting through the USSD 	<ul style="list-style-type: none"> • Concern over relationship between IZU motivation and provision of basic resources, sustainability of approach • Stagnant compensation for CPWOs—some staff reported to have been in their roles for a decade without a salary increase • CPWOs not included on the district staffing structure; instead, they are on fixed, short-term contracts, which limits their access to some financial services such as loans

The second subarea relates to strategies, tools, and approaches to ensure job satisfaction and retention. Strengths included the provision of a small stipend, basic supplies, and equipment to IZU, along with standard operating procedures (SOPs) and job aids reinforcing their training and aiding in their day-to-day performance and feeling capable in their roles. Incentives of basic supplies and equipment for IZU contributed to reports of more activity and better ability to support families. Providing supplies such as wet weather equipment or a mobile phone was found to help IZU provide services. SOPs for referrals and illustrated job aids support IZU to respond to VAC and partially mitigate issues of high caseload and the bottleneck of reporting through the USSD and slow response and assessment of referred households by professionals at the district level.

We love this work and want to perform it well, but the challenge we have is not having a way of sharing information. We need smartphones. Again, they should ease our transport because we need transport regularly to go to visit different families and our transport is not catered for. They should give us bicycles or motorbikes or transport fees. It would be a motivation and make us solve problems better if there is a certain amount of money for a certain problem resolved. (IZU)

Yet, IZU in all three provinces reported there not being enough material support to respond to all children and families in need, and frustration with their manual and accompanying SOPs and job aids as insufficient.

There is a difference between what is written in the book, and the reality on the ground. When we are on the ground, sometimes we are required to provide financial support because you can't say words only to a person who didn't eat. That would be useless. It would be better if those guides directed us to where we can get financial support for people who need it too. Otherwise, words only never help. It is like doing zero work. For example, returning a street kid home does not mean that we removed the challenge which made him go on the street. I think the best approach is first removing that challenge because most of the children become street kids due to poverty. (Male IZU Cell Coordinator, Rubavu)

Some IZU reported having WhatsApp groups to consult with each other and on occasion mobilize resources for emergency cases, but not all IZU have smartphones, and among those provided with phones, they are not always compatible with the application or have the data plan to support its use. One IZU coordinator shared, *"In terms of the internet, we use our own airtime and since our job is for volunteering, you may need to share information, [but] do not have airtime...those are challenges."*

For IZU, respondents had conflicting opinions regarding the role of incentives and whether they were contributing to higher performance or less commitment by these volunteers. Some flagged differences in incentives provided by the government vs. CSOs or NGOs and concerns over whether these resulted in IZUs prioritizing their nongovernmental supported work rather than their duties under the NCD Agency. Others considered what the most sustainable approach to take to providing these incentives without compromising the spirit of volunteerism at the heart of the cadre or affecting the expectations of IZU in other regions.

We were motivated because this is good work, especially supporting at-risk-children. Another motivation is that citizens showed us that they trust us. So, we accepted the responsibilities and work as well as possible not to lose the trust. (IZU)

If we can get the other support, it can be a bonus...it can be given though the group, it can help us more than when it is given individually in our hands. So, you can feel that you have received motivation. Another thing I think, there are awards. They may say that for this year, there will be an award for friends of the family who will work better; USAID or UNICEF can organize this event as sponsors. They may say that a friend of the family who will do an extraordinary deed, like rescuing a child from drowning, why can't that IZU be rewarded? So, it can encourage others to work hard so they can get awarded too. (IZU)

There appeared to be weaker or less emphasis when it came to approaches or investments to motivate and retain CPWOs, some of whom reported little change in their salaries over time. More concerning among some CPWO respondents was that their position remains outside of the district staffing structure and was disincentivizing in many ways. For example, their status as fixed, short-term contracts kept some from accessing loans.

Sometimes we can wish for something and find it difficult to be met like asking for regular salary increases is not possible. Then they should provide a long-term contract instead of a yearly contract. Or if they can decide to increase the salary for five thousand per year that could work, we are not asking for an additional hundred thousand on salaries. (CPWO)

First thing when we say promotion it is to say that you move from A to B and in our cases of child protection there are no promotions. Secondly, the chances to go to study for those of us who signed a contract are not allowed. If you want to study it would mean that you leave a job. Lastly, if you mention the additional money on the salary. I started my job in 2014 and up to now my salary decreased by 28 thousand and we really don't understand if that is a motivation or something else! (CPWO)

We don't have those advantages. Imagine a person who spent 30 years on a job with fifty thousand salary and now around four hundred salaries, and when you look back to find some promotions that they received there are not there keeping in mind that inflation is really bad in our current situation. We really have no advantages. (CPWO)

Professional Associations Supported to Enhance the Professional Growth and Development of the Workforce

Advantages/Strengths	Weaknesses/Areas for Improvement
<ul style="list-style-type: none"> Member of International Federation of Social Workers; adopted its code of conduct to guide effective and ethical practice Advocacy to establish a council, with mandate to register or license social workers 	<ul style="list-style-type: none"> Limited number of currently registered members; all voluntary, with a challenge to attract members based on current benefits offered No mandate for council or other regulatory body to ensure the workforce meets education and other minimum qualifications for practice Limited progress toward “social workers clusters” to categorize different practice domains and build partnerships with other associations

Professional associations are commonly viewed as key contributors to the professional growth and development of the SSW. In Rwanda, the assessment team sought inputs from the RNASW via a KII. Association-related questions were also included in the FGD with CPWOs, NGO workers, and IZU to assess experiences with other formal associations like the Society of Psychologists or even informal groups. What emerged from these conversations was that the role of RNASW is very limited. Through its affiliation with the International Federation of Social Workers, it has adopted its code of conduct to guide effective and ethical social work practice and delivery of quality services, which it then extends to its members.

Being a member of the International Federation of Social Workers means that automatically we have principles, we have a code of ethics. Being member of the International Federation of Social Workers, even if we don't yet have a Rwandan Social Workers' Association code of conduct, a social worker cannot behave against the International Federation of Social Workers' code of conduct. (Professional Association)

However, membership in RNASW is voluntary, and so not all practicing social workers in Rwanda are required to register and adhere to this code and principles. Those able to join must demonstrate a professional and educational background in social work, and there is no discussion as to how the association might represent (and potentially benefit from) the growing network of IZU without professional training but engaging in the broader social service system. As stated by the RNASW president,

The most important criterion is the qualification because we need professionals. These are people who have been trained on social work or studied it. As of now we prioritized those who studied it.

Without sufficient membership and resulting dues payments, the association is limited in the benefits that it can provide, like opportunities for continuing professional education credits, networking, or publicity and evidence sharing through events and conferences. These limitations further contribute to not attracting the number of members needed to offer more benefits or amplify related advocacy efforts, such as for more robust regulation for the social work profession and establishing a professional council and systems for licensing and accreditation. However, there is some progress related to collaborating with other practice domains to bolster its network and overall reach through the development of professional “clusters” with social workers employed in health and justice sectors.

Discussion: SSW Support Approaches Encourage Scale Up of Different Types of SSW

Maintaining a satisfied, high-performing SSW is critical to providing quality child care and protection services over the long term. Through TMM and other child care and protection programming, a range of strategic interventions to support professional workers and IZU have been undertaken and can be linked to how effectively this workforce is delivering across a continuum of promotive and preventive work and response services. The creation of the CPWO position at district level, as well as IZU and their coordinators down to the village level, demonstrates a commitment to expanded services. Yet by not uniformly incorporating CPWOs into the formal staffing structure, or providing incremental salary increases, some workers feel undervalued in their roles or limited in their ability to progress in their careers. This can result in low rates of retention and jeopardize the sustainability of these positions and the services they are bringing to communities. The current system of supervision (and related staffing structure) is fulfilling a primarily administrative function, with an emphasis on regular reporting and activity tracking. Some educational and supportive functions are being accomplished through peers or senior staff with relevant background or training, but not on a large scale, limiting it as a platform to analyze or address caseload, referrals, other important performance trends, and by extension, indicators of service quality. Finally, investments in USSD/toll-free numbers are enabling IZU to make referrals to district and national levels, which is especially needed when a statutory or multi-sectoral response is required. However, IZU without day-to-day supportive resources like phones, airtime, and transportation may be limited in being able to detect early or respond to some cases and continue to rely on their own personal or pooled resources to provide immediate aid.

Child- and Family-Related Issues

The assessment investigated, at a high level, the issues affecting children and families and the extent to which they are effectively addressed by the current system and workforce. Table 5 provides a summary of common themes or responses from the FGDs with caregivers and youth, supported by interviews with other stakeholders and the document review. It is important to note how many issues in the “effectively addressed” column consist of responsive services, whereas those in the “less effectively addressed” column are cross-cutting or a mix of promotive and preventive across the continuum of child care and protection services.

Table 5. Summary of child- and family-related issues and effectiveness of current SSW

Effective	Less Effective
<ul style="list-style-type: none"> • Responding to family conflicts, lack of parental supervision • Identification and addressing basic needs (nutrition, school attendance/fees, seeking health care) related to poverty • Addressing GBV, especially among adolescent girls and young women and responding to unplanned pregnancies • Supporting families in reintegrating children from institutions (e.g., understanding behaviors like withdrawal) 	<ul style="list-style-type: none"> • Prevention and response to sexual exploitation and abuse of children • Support to children living with parents with no capacity to take care of them (e.g., physical or mental illness, incarcerated, substance abuse, absent) • Addressing abandonment of newborns, especially among adolescent girls and young women • Access to specialized services for children living with disabilities • Addressing stigma around disabilities, providing support to families for children to remain at home

Issues Addressed Effectively and Contributing Factors

Family conflicts were reported as the most common issue involving a response from the SSW, by workers, volunteers/IZU caregivers, and youth. When related to poverty or unmet basic needs and GBV, actions taken by IZU specifically were perceived as helpful, especially among female caregivers and youth. As one IZU explained, “another problem is poverty in families whereby a man can’t satisfy the whole family’s needs, and this led to domestic conflicts.” A female caregiver shared, “my husband and I used to have conflicts and fight each other. IZU talked to us, and we are now okay [...] They told us that our children would not have a better future if we kept having conflict.”

One 17-year-old beneficiary recalled,

My father used to come back home drunk and beat my mother, he then chased me out of the house [...] Then, I went to stay at the home of an IZU [and his family]. He advised me to study hairdressing. Now I know how to do hairdressing. So far so good.

Another caregiver described her experience interacting with a CHW, also serving as an IZU:

The CHW reached out to me and told me that he is an IZU. He is both a CHW and an IZU. I asked who told him to come to me. He said they know everyone pregnant in the village, and that he had realized it some time ago. Then, I felt relieved and comfortable talking to them...They continued the discussion by telling us that misunderstanding brings conflicts and

quarrels...He also agreed to accompany me for [a] pregnancy follow-up, and the situation started coming back to normal. They continued visiting us like two or three times a week.

Another IZU added,

We do stop the violence. Husband and wife quarrel every day, we talk to them, and the problem gets resolved. If we are not there, people would be dying daily, and orphans would be a burden on the government. You understand that IZU is important.

In cases of sexual violence, IZU refer to the Isange One Stop Centers for basic medical assistance, like prevention of sexually transmitted diseases, as well as support with the justice system. One IZU shared, "we advocate for children who have unplanned and early pregnancies. Their parents sometimes do not know where to get justice or help. So, they reach out to us, and we guide them." A representative from the Isange One Stop Center added that "the IZU intervene first to report the cases that happened in the cell, and to bring the victim here."

Finally, findings from the document review and FGDs with CPWOs and other nongovernment social service workers underscored the critical support they provide in counseling children in institutional care through the process of returning to their families and in providing follow-up support, and that this work had a wider impact on community and institution directors' attitudes on deinstitutionalization.

The second pillar is that every child must be raised in a family. You will find us in this second pillar because it concerns taking the child in his/her family and following up the family as well. We go through almost 12 steps in order to take back the child in his/her family, and the last one is the "case closure" where we are sure that the family is safe and can take care of the child and give it him/her all he/she needs. (Child Protection and Welfare Officer)

A 2019 review by the GOR of children whose reintegration was supported by professionals found that they had higher levels of self-esteem and satisfaction with their placement compared to children who did not receive this support. Additionally, families receiving professional support from the SSW reported greater understanding of certain behaviors exhibited by children who had lived in institutions, such as acting withdrawn, and responded more appropriately (Republic of Rwanda et al., 2019). However, insufficient numbers of professional workers proved a significant limitation, as about one third of children reported being unsatisfied or very unsatisfied with the support received upon returning to family care, primarily due to infrequent visits (Republic of Rwanda et al., 2017, 2019).

Another factor reported as contributing to effective response by the SSW is the availability of sector-level and other funds with which professional workers and IZU can intervene. A staff member from the Sector Social Affairs confirmed there is a social assistance budget at the sector level to support meeting basic needs in cases of emergency.

In case of an issue, we can solve it at the sector level. We are given a budget for social assistance for the district. So, for example, if a child is found not to have notebooks, we can support him with that. We also talk to the street kids and make sure they return to their homes. If a child is an orphan and doesn't have food, we can use that assistance to support them. Again, some babies are left by their parents when they are still little, we use the social

assistance budget to buy milk for them to reduce the burden on the people who are raising them. (Sector Social Affairs)

IZU addressed poverty-related issues by helping families access relevant services, but in some instances by providing support or resources directly to beneficiaries from their own personal finances or pooling among other IZU. As one IZU coordinator elaborated,

Many children drop out due to poverty like if they lack scholastic materials or school uniforms. We come together as IZU and support those children with those specific needs. Other children drop out of school due to not having school fees.

Issues Addressed Less Effectively and Contributing Factors

Other issues were perceived as less effectively addressed by the current system and workforce, specifically those related to sexual exploitation and abuse of children, especially among street-connected children, children living with parents with no capacity to care for them, newborn abandonment, access to specialized services for children living with disabilities, and addressing stigma related to disabilities and support for remaining at home. As reported by a female CPWO:

[...] We have a high number of street children and it increases day to day. Not only street children but also prostitution is another worrying problem we have in families and the children especially here in Kigali and other towns. Some girls and women who are in prostitution have children. But the problem is not only about those who are in prostitution, but also their children live a hard life. Most of these children live on the street because they are not cared for, they are not raised with love from their mothers. These ones gave birth to them...and in an unplanned way. These children also do not know their fathers in most cases because their mothers have had sexual intercourse with several men who may be Rwandans or foreigners. The rights of these children to live in a family are not observed.

A female IZU cell coordinator shared:

We have community meetings at the village level. IZUs ask for time in these meetings to talk about family conflicts and their consequences, among others, that children from these families often drop out from school, leave their homes to go live in the streets. There are children who cannot tolerate the everyday screaming in his/her family and choose to go to live in the streets."

An allied sector respondent from an Isange One Stop Center explained that unresolved sexual abuse cases were reported as caused by a lack of awareness of children's rights by both community members and village leaders, cell, and sector authorities. IZU reported parents and community members often hide perpetrators of sexual abuse and prefer to handle issues outside of the legal system. Even more troubling were cases of sexual abuse perpetrated against children with disabilities and the challenges faced by the current system and SSW in responding, as one government representative described:

One of them which was reported is related to sexual abuse, is that these children are unable to explain what happened to them and people do not believe them. If a child with disability tries to explain what happened to her as best as she can, people will say that the clumsy child from such family was sexually abused. The same goes to her parents who may say that they do not

understand what their clumsy child is saying. They may also not pay attention to that due to the disability of their child thinking that she doesn't know what she is saying.

Local leaders from the cell-level Social Economic and Development Office and sector-level Social Affairs expressed concern around this issue and how it may lead to the spread of sexual abuse. According to an NCD Agency representative, cases of sexual violence against children with disabilities were among those reported, but that such cases may be difficult to pursue because children, especially those with mental disabilities, cannot interpret what happened and are likely not to be believed.

Caregivers of children with disabilities and IZU respondents reported there is still stigma around people with disabilities in Rwanda. As emphasized by a government representative at the national level:

They [children with disabilities] are discriminated against by their parents and most of the time these children are the source of conflict within the family. A woman who has given birth to a child with a disability becomes a problem, her husband leaves her. In many households, children with disabilities are raised by single mothers, we see this in the reports.

An IZU respondent at the district level stated,

There is also the fact that the parents are ashamed of such a child...It's a big issue which requires much effort. For us, IZU, who have other issues to address, it requires much time which we do not really ensure 100%. We do not have the support to be able to fulfil all these responsibilities and it can be discouraging. IZUs also have families and children to take care of.

At the same time, some caregivers stressed the important role IZU had played in helping them confront such stigma.

The IZU helped me so much. I have a child living with disabilities. They helped me by integrating him with other children. I was always concerned that the child would face stigmatization. They came and talked to me and told me that I should let my son go out...let the child be free and ignore those who laugh at the child...Now he sees himself as part of the other children. IZU helped in making other children comfortable with my child. (Caregiver with a child with disability)

The GoR has made commitments to enact inclusive education policies and related strategies, assumed responsibility for providing assistive devices, and encouraged caregivers to enroll their children with disabilities in school. However, specialized education and related health and other rehabilitation services are expensive for children from poorer households and only located in certain areas. As one IZU shared, this reality is a challenge that IZU face as they seek to connect families of children with disabilities with services:

We still have challenges in this domain. Considering the geography of Rwanda, it's a country of hills, buildings we have, most of them were built long time ago, except for the new buildings, which have a passage where people living with a disability can pass. When it comes to schools that were built before, this passage is not there. For children with disabilities, it is difficult to feel comfortable at school. Even their specific games are difficult.

An IZU coordinator further reinforced the unaffordability of medical treatment and assistive devices, as well as limited options for education, stating:

I can't say that today we have a response to people with disability. Their wheelchairs are expensive, their prostheses are expensive, [and] this is for children with one disability. For children with combined disabilities, their schools are expensive. In our District, we have only one school for these children and there are requirements to be accepted. So, you will find that in a poor family, when they have a child with combined disabilities, it will be very hard for the child to have access to education.

People, including children, with disabilities require an official card registering their disability status to qualify for some services, which can prove to be another barrier to services and a time-consuming and detailed process that IZU may be called on to support. One IZU coordinator described the procedure to obtain this card, starting with the local government at the village level, where there is a committee of people living with disabilities that provides written confirmation. The card applicant then goes through the Cell Social Economic and Development Officer and Sector Social Affairs personnel to acquire a signature that confirms the disability. Finally, the card is submitted to the district, where the approved card is given to the child or person with disabilities. One caregiver reported a child with disability was unable to access services because they were not on the list of persons with disabilities, which raises concerns over the functioning of the registration system.

Recommendations

D4I formulated the following recommendations based on the validation of findings and inputs of the NLG members obtained during the dissemination workshop. They are organized by component—planning, developing, and supporting the workforce. For all, it is strongly advised that they are acted on through sustainable and appropriate public sector budget allocations. Cross-cutting recommendations were also developed that could be promoted immediately among the workshop participants, as follows:

- Share assessment findings with all government administrative levels, including down to sector and cell. This dissemination could be accomplished through standing meetings (e.g., quarterly USAID partners and DREAMS meetings), relevant events, institutional websites, and email listservs, led by the NCD Agency with support from USAID, UNICEF, educational institutions, and/or RNASW. Equipping local administrators and other community-level actors with this information and validating findings according to their own context and experience will promote ownership and action to address child and family issues.
- Advocate for the establishment of child protection technical working groups at district level that will bring together stakeholders to develop joint action plans and convene regularly to share progress and maintain accountability. The formation of these groups could be based on the experience of the recently established Child Protection Technical Working Group at the national level, with guidance from the NCD Agency and some support for coordination and facilitation from key implementing organizations in each district.

Planning

- Conduct a stakeholder mapping exercise across the districts to visualize synergies and potential duplication of efforts among those providing social services and engaging the SSW. Promote multi-actor coordination for investment into SSW cadres to maximize resources and reduce overlapping scopes or responsibilities (e.g., MINALOC creation and recruitment of para social workers, a cadre with similar responsibilities to the IZU).
- Explore the feasibility and costs of absorbing CPWOs into the formal government staffing structure as well as increasing the number of CPWOs deployed to each district based on socio-demographic and other key population-needs data.
- Build evidence for assigning at least one CPWO (or other social service worker) to every 1 to 3 sectors. Develop a data-informed and costed plan to support a locally led—and likely staggered—response across the 416 sectors to increase the availability of the workforce and their capacity to support NGO/CSO workers and IZU, as well as directly serve children at the village level. Government stakeholders should secure a budget to increase the number of CPWOs deployed per district and sector.
- Harmonize data information and reporting systems, ideally through the new case management information system, which should enable all legally responsible and appropriate administrative levels involved in reporting child and family cases to have the same information to make informed decisions.
- Conduct periodic workforce assessments to determine the gaps in human, workplace physical environment, and training resource requirements for IZU and CPWOs. Longer term, this action could include establishing a Human Resources Information System (HRIS) to monitor recruitment and deployment of IZU and CPWOs to inform additional training needs and distribution of resources.

Developing

- Collaborate with local educational institutions and NGOs/CSOs to solicit input from IZU and make needed revisions to the IZU handbook, along with the development of further in-service training materials for these volunteers. In the longer term, this collaboration should be expanded to create new and strengthen existing child welfare and protection policies and practice courses in pre-service education degree curricula, as well as field education opportunities for social work students and other relevant degree university students to work with the government and NGOs and gain practical experience ahead of graduation.
- Promote a certification system for IZU to recognize their training credentials with both in-person and flexible/virtual offerings, facilitating retention and enabling a potential career pathway for those interested in advancing a career in the social services sector.
- Develop a training database, in collaboration with the NCD Agency and partners, at the district level to record which trainings have occurred, when they occurred, who facilitated them, and any feedback from participants to ensure consistency of offerings, that the needed topics are covered at the appropriate frequency for the correct participants, and to minimize duplication/overlapping of trainings from different NGOs.

Supporting

- Absorb the current 64 CPWOs (all on one-year contracts, including the 30 who are already in district-level positions) into the government structure to respond to concerns of sustainability and incremental salary increases. While this action will not address the limited numbers of CPWOs per district, it represents a reasonable next step toward improving the retention and motivation of social service workers so that they can better serve children and families.
- With the NCD Agency, formulate a plan to best introduce a standardized incentive structure for IZU, including costed steps for implementation and possible alignment with CHWs and other volunteer cadres (e.g., para social workers) engaged by other ministries and agencies. The last strategy included training IZU on income-generating activities to gauge how to provide for children and families at the household level. Currently, there is no available budget at the national level to introduce monetary incentives for IZU, so efforts need to focus on coordinating with NGOs to ensure these incentives are uniform across government and nongovernment partners to not conflict with national program objectives.
- Strengthen the capacity of IZU coordinators at the cell level to organize more regular meetings, both through training and provision of resources, so that they can be a platform to provide supervision and additional in-service training opportunities.

Conclusion

A social service workforce with the right number and types of social workers and other social-service personnel providing quality services where they are most needed is essential for the well-being of children, families, persons with disabilities, and other vulnerable and marginalized groups. The goal of this assessment was to identify specific approaches that governments, USAID, and country partners should consider advocating for and making future investments in, which will contribute to a more robust SSW and overall sustainable social services systems in Armenia, Cambodia, and Rwanda, and as applicable in other countries. Key themes emerging under each of the three areas of the assessment's conceptual framework underscore the advantages and limitations of the approaches undertaken to date to plan, develop, and support the workforce and the links between actual availability and quality of promotive, preventive, and responsive services provided to children and families in Rwanda. Recommendations related to these findings are formulated for immediate and longer-term promotion among key stakeholders.

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Appendix A. Rwanda National Leadership Group

In Rwanda, the NLG consisted of representatives from the National Child Development Agency under the Ministry of Gender and Family Promotion, USAID Rwanda, UNICEF Rwanda, University of Rwanda, the Rwanda Association of Social Workers, donors, and other key civil society, non-profit, and faith-based organizations providing social services, reflecting the spectrum of stakeholders involved in planning, training, managing, and supporting the social services system and its workforce. They are listed in the table below.

Name	Title, Organization	Email
Theresa Betancourt	Salem Professor in Global Practice at the Boston College School of Social Work; Director of the Research Program on Children and Adversity	theresa.betancourt@bc.edu ; betancth@bc.edu
Libby Evans	Boston College	evansdw@bc.edu
Gabriela Phend	Boston College	phendg@bc.edu
Anhared (Anna) Price	Child Protection Specialist, UNICEF	aprice@unicef.org
Leon Muwoni	Chief of Child Protection, UNICEF Rwanda	lmuwoni@unicef.org
Genevieve Uwamariya	Child Protection Officer, UNICEF Rwanda	guwamariya@unicef.org
Esrone Niyonsaba	OVC Specialist, USAID Rwanda	eniyonsaba@usaid.gov
Esperance Uwicyeza	Head of Child Development Protection and Promotion Department, National Child Development Agency	esperance.uwicyeza@ncda.gov.rw
Georges Kwehangana	National Child Development Agency	georges.kwehangana@ncda.gov.rw
Monique Mukamana	National Child Development Agency	monique.mukamana@ncda.gov.rw
Mireille Batamuliza	Permanent Secretary; Ministry of Gender and family (MIGEPROF)	mbatamuliza@migeprof.gov.rw
Innocent Habimfura	Country Director, Hope and Homes for Children	Innocent.Habimfura@hopeandhomes.org

Name	Title, Organization	Email
	President, Rwanda National Association of Social Workers	
Jean Marie Vianney Havugimana	Program Manager for Sugira Muryango at FXB Rwanda	havumajinus57@gmail.com ; jmvhavugimana@fxbrwanda.org
Charles Kalinganire	Lecturer, University of Rwanda; UNICEF project with Tulane and Hopes & Homes for Children	kalinganirecharles@gmail.com
Joseph Hahirwa	Lecturer, University of Rwanda	jhahirwa@gmail.com

These members provided country-specific inputs on the protocol, instruments, geographic selection, and list of KII and FGD participants, and assisted in validating the findings and in formulating recommendations. They also informed finalization of locations for subnational data collection, refinements to the KII and FGD question guides, and priorities in participant recruitment, as well as highlighted areas in need of additional follow up or understanding, which were explored in the qualitative portion of the assessment.

Appendix B. Assessment Team

Irit Sinai, PhD—Activity Lead. Dr. Sinai is a Senior Technical Advisor with Palladium, with nearly 25 years of experience in operations research, implementation science, and evaluation. She has expertise in the design, implementation, and dissemination of results of studies and assessment, using a variety of quantitative and qualitative methodologies. She coordinated all management activities, contributed to technical work, and ensured the overall quality of the assessment.

Alexandra Collins, MSW, MPH—Social Service Workforce Expert/Technical Lead. Ms. Collins is a global social work professional with more than ten years of experience managing and providing technical assistance to USG, UN, and foundation-funded international development activities. She has expertise in project design and implementation throughout the life cycle, with a technical focus on social welfare systems and workforce strengthening interventions. She led all technical work on the assessment.

Caitlin Showalter, MSGH—Research Technical Advisor. Ms. Showalter is a Senior Associate with Palladium with more than six years of experience in global health. She holds a Master of Science in Global Health from Northwestern University. She supported background research, the development of assessment documents (assessment questions, protocol, consent forms, data collection tools), analysis of qualitative data, and writing of the final assessment reports.

Jeanine Balezi Mawazo, BS and **Marie Merci Mwali, MS**—local data collection consultants and experts in child protection in Rwanda. They served as the primary data collectors for the assessment and were responsible for all communication and coordination with local stakeholders; collecting, transcribing (utilizing Kinyarwanda when appropriate and translating to English); coding, and analyzing all data obtained from KIIs and FGDs; drafting the initial findings report; and providing guidance on the country-specific issues surrounding the social service workforce and child protection system. Utilizing their expertise in the Rwandan context and qualitative data collection, with their careful approach to the sensitivities around specific child protection topics, promoted the respectful and accurate representation of the voices of beneficiaries and social service workers within assessment findings.

Appendix C. Data Collection Instruments (English Version)

All data collection instruments were developed in English and translated into Kinyarwanda.

Appendix C.1. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Donors

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Guide

Type: Donors

1. To start, could you please tell me about your work with DONOR NAME as it relates to social services/child protection in COUNTRY NAME?
2. What is the overall strategic goal or mission of DONOR NAME concerning the social services and child protection systems, and any specific objectives related to the social service workforce?
3. What kinds of issues or problems does COUNTRY NAME's child protection and care/social service system address effectively? (Probe: share any relevant sources)
 - a. What factors contribute to effective action regarding child protection and care/social services?
4. What kinds of issues or problems of children and families are addressed less often or less effectively? (Probe: share any relevant sources)
 - a. What contributes either to some issues or problems not being addressed effectively or addressed at all?
5. About how much does DONOR NAME contribute annually for social service/child protection activities in COUNTRY NAME? For social service workforce development? Has this funding been relatively constant over the past few years, or has it varied?
6. What kinds of activities related to the social service/child protection workforce in COUNTRY NAME does DONOR NAME support? What is the rationale for focusing support on these activities?

PLANNING

7. Now let's consider social service/child protection and care workforce policy and strategic planning. How would you describe the current policy and program environment for the social service/child protection and care workforce in COUNTRY NAME?

Probes:

- Specific cadres (social workers, paraprofessionals, other care and protection workers in communities)
- Key interventions (prevention and response services, disability inclusion, others)
- Coordination
- Implementation
- Funding
- Commitment of donors, countries, USAID

8. What specific policies, strategies, or guidelines have been used by DONOR NAME to advance social service workforce strengthening and address child and family issues more effectively and at scale in COUNTRY NAME?
 - Which ones have been the most effective?
 - What are the remaining gaps?
9. What ministries, departments, agencies, organizations, or donors do you collaborate with related to social service or child protection activities?
 - a. Could you describe the aims of this coordination or collaboration?

Probes:

- Workforce planning / scaling up the workforce
 - Policy development and implementation
 - Training or other capacity building
 - Budget and resources allocation
 - Advocacy and professionalization
 - Establishing professional practice standards or criteria (such as for minimum qualifications, supervision, career advancement)
- b. Can you give an example of a time that DONOR NAME coordinated successfully with another entity to strengthen a social service in COUNTRY NAME? What was the role of the workforce in this success?
 - c. What has worked well for DONOR NAME in making coordination around social services more effective? What needs improvement?
10. What kind of support does DONOR provide to information systems related to social services or child protection and the workforce delivering them?
 - a. What types of data do these systems make available?
 - b. How are these systems being used by DONOR, or key partners in government or civil society, for improving social services? For case management or oversight? For workforce planning and management?
 - c. How could these systems be made more useful?
 - d. What are the challenges you see with these systems as they are currently? (Probes: cost, accessibility, usability, keeping systems and software up to date)
 11. What discussions, if any, are underway around human resources information systems for the social service workforce?

DEVELOPING

12. What do you consider as the major strengths of the social service/child protection and care workforce related to effectively addressing issues of children and families in COUNTRY NAME?
13. What do you consider the major weaknesses of this workforce in COUNTRY NAME?
14. Has DONOR NAME supported capacity-building activities in COUNTRY NAME? If so, what has worked well?
15. Are there additional measures or interventions that you think would develop the social service workforce and broader social service system in COUNTRY NAME?
 - a. Are any of these interventions are under consideration by the government, DONOR NAME, or any other donor?
 - b. If or when these interventions are implemented, what factors could strengthen or undermine this process?

SUPPORTING

16. What do you think are the greatest challenges that COUNTRY NAME faces in producing, hiring, and retaining an adequate social service workforce?
17. How has DONOR NAME worked to address these challenges?
18. How does DONOR NAME assess the effectiveness of its investments in social service/child protection programming? How is the performance of these programs monitored over time?
19. What strategies have been used in COUNTRY NAME to motivate, incentivize, and recognize social service workers to reduce turnover and burnout? How effective have they been? What strategies would DONOR NAME consider supporting in the future?
20. What are some of DONOR NAME's most important milestones and achievements in the last five years related to strengthening the social service workforce and the broader social services system in COUNTRY NAME?

Probes:

- What worked well
 - Challenges
 - Any specific data available on DONOR NAME's activities contributing to changes at the child or household level
21. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?
 22. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.2. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Government

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Introduction Sheet

Type: Government

1. To start, please tell me about your work as it relates to providing social services, including child care and protection services for children and families in COUNTRY NAME?
2. What kinds of issues or problems does the country's child protection and care/social service system address effectively? What kinds of issues or problems of children and families are addressed less often or less effectively?
3. What factors do you think contribute to addressing these issues or problems effectively or not?
4. From your perspective, who makes up the social service workforce, or who are the workers providing social services, in COUNTRY NAME?

Probes:

- Professionals
 - Paraprofessionals, including volunteers
 - Government sector
 - Nongovernment sectors (private, faith-based, not-for-profit, civil society)
 - Based in allied sectors (teachers, health workers, police, probation officers, lawyer/judges)
5. What are the requirements for the different types or cadres of social service/child protection workers in each of the following categories: Are these requirements captured in standard job descriptions?
 - a. What other major elements do these job descriptions include?
 - b. What are they missing?
 - For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)
 - For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)
 - For supervisors of professionals and paraprofessionals (INSERT RELEVANT JOB TITLES)

PLANNING

6. Now let's consider social service workforce policy and strategic planning. What policies or legislation are you aware of that specify:
 - a. the role or functions of social workers, or related cadres of workers, in COUNTRY NAME?
 - b. the education or other qualifications required for social workers? If there are other categories of social service personnel, what are their educational requirements?
 - c. the staffing requirements, or recommended numbers and types of social service workers hired at each administrative level and/or in relevant sectors?

7. What has been your and your department's role in developing or implementing these laws and policies?
8. From your perspective, what have been the advantages of having these laws and policies in place? Have there been any limitations or negative effects?
9. What additional national laws, guidelines, or policies, if any, do you think are needed to strengthen the social service workforce and address child and family uses more effectively and at scale in COUNTRY NAME?
 - a. What process, if any, is in place to review and update these policies? To monitor progress on their implementation?
 - b. What existing laws, guidelines, or policies do you think need to be revised, and how?
10. What role does your office or department have in the budgeting process and determining investments in social services and child protection services for children and families?
11. What is the process for deciding how many social service/child protection personnel are needed and where? For example, in estimating the number of workers needed at your administrative level, filling vacant positions, or establishing new positions.
 - a. Who is involved?
 - b. What kinds of data are used?
 - c. How are the necessary budget allocations determined?
 - d. How frequently is this process conducted?
12. What kind of information management system or systems are in place regarding the social service/child protection workforce and/the services they provide? Are these systems paper-based, electronic, or a mix of both?

Probes:

- Names of systems
 - Users
 - Training received by users
 - Accessibility of the systems
 - Interoperability, or data sharing/extraction with and between other government systems
 - How accurate and up to date are the data
 - Examples of decisions made using data from these systems for case management? For workforce planning? For training, or supporting/retaining workers?
13. Apart from your department, which other ministries, departments and agencies are involved in supporting or providing social service/child protection and care services?
 - a. Which of them do you collaborate with and in what ways?
 - b. What factors contribute to effective coordination?
 - c. What factors make effective coordination difficult?

- d. Can you provide examples of how social service/child protection personnel from different sectors make referrals to each other or coordinate their activities?
- e. What works well with cross-sectoral collaboration?
- f. What are the biggest challenges?

DEVELOPING

14. What are some of the issues currently affecting the numbers of social service/child protection workers in COUNTRY NAME?

Probes:

- Hiring challenges
- Too few qualified or interested individuals to fill available positions
- Too few budgeted positions within public sector to hire the workers needed
- Other budget issues (please describe)
- Low salaries
- Burnout
- “Brain drain” or emigration
- Lack of motivation/incentives

15. What are the greatest challenges that COUNTRY NAME faces in producing, hiring, and retaining qualified social service/child protection workers?

Probes:

- Low salaries
- High workload
- Low motivation
- Limited authority
- Individuals hired without the relevant training and skills
- Inadequate operations support for field personnel such as transportation, office space, computer access, internet connectivity
- Lack of clarity in roles/performance expectations
- Inadequate systems for supervision and support (including all four functions of supervision: administrative, education, supportive, and mediation)
- Ineffective interagency collaboration
- Weak information management, records, data management

16. How has your department or ministry taken action to address any of these issues?

17. What pre-service training is required for social service/child protection workers engaged by your department?

18. What in-service training opportunities are available for staff? For supervisors? For community-level workers?
 - a. Who provides this training?
 - b. Is it in-person or remote training?
19. To have a qualified social service/child protection workforce, what three priority kinds of training that you think are needed? Be specific about topics.
 - a. Who needs to be trained?
 - b. What currently exists (e.g., training programs, qualified trainers, scholarship programs) versus what is needed to make these training programs more effective?
 - c. Methods of delivery—is virtual or e-learning a possibility? For which cadres of workers?

SUPPORTING

20. How is social workforce staff performance evaluated within your department?
 - a. Who is involved in this process?
 - b. What options, if any, are available to reward high performers?
 - c. What processes, if any, are in place to address and improve poor performance?
21. Supervision has been shown to directly impact the performance of social service/child protection workers and the services they provide to children and families. How would you describe supervision provided by your department or agency?

Probes:

- For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)
 - For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)
 - Functions or types of supervision currently provided vs. require additional capacity building to provide:
 - Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
 - Educational: providing information and teaching new methods/skills
 - Supportive: listening to problems, helping with emotional support, job-related stress
 - Mediation/Advocacy: advocating for my supervisee within the agency
 - Any current initiatives underway related to the supervision system? Any areas for improvement?
22. Lack of motivation and burnout among social service workers can contribute to turnover of staff. How has your department addressed this issue?
 - a. What other initiatives or responses to this issue do you think could be beneficial?
 23. What actions have been or could be taken to provide paraprofessionals (e.g., IZU in Rwanda) with opportunities progress in their careers?

24. What would you suggest to better equip workers at the community level who do not have a professional qualification in social work, to provide services to children and families? What about workers at the subnational and national level who are in positions where they must perform social work functions, but who do not have a degree or diploma in social work?

Probes:

- Training (and in what topics)
- Certification
- Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)
- Salary or other remuneration

25. What are some of COUNTRY NAME's most important milestones and achievements in the last five years related to strengthening the government social service/child protection and care workforce?

Probes:

- What has worked well
- What have been the challenges

26. What current initiatives are underway related to planning, developing, or supporting the workforce in COUNTRY NAME that you think should be highlighted?

27. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?

28. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.3. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Government (with supervision)

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Introduction Sheet

Type: Sub-National Government with Supervision Focus

1. To start, please tell me about your work as it relates to providing social services, including child care and protection services for children and families in COUNTRY NAME?
2. What kinds of issues or problems does the country's child protection and care/social service system address effectively? What kinds of issues or problems of children and families are addressed less often or less effectively?
3. What factors do you think contribute to addressing these issues or problems effectively or not?
4. From your perspective, who makes up the social service workforce, or who are the workers providing social services, in COUNTRY NAME?

Probes:

- Professionals
 - Paraprofessionals, including volunteers
 - Government sector
 - Nongovernment sectors (private, faith-based, not-for-profit, civil society)
 - Based in allied sectors (teachers, health workers, police, probation officers, lawyer/judges)
5. What are the requirements for the different types or cadres of social service/child protection workers in each of the following categories: Are these requirements captured in standard job descriptions?
 - a. What other major elements do these job descriptions include?
 - b. What are they missing?
 - For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)
 - For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)
 - For supervisors of professionals and paraprofessionals (INSERT RELEVANT JOB TITLES)

PLANNING

6. Now let's consider social service workforce policy and strategic planning. What policies or legislation are you aware of that specify:
 - a. the role or functions of social workers, or related cadres of workers, in COUNTRY NAME?
 - b. the education or other qualifications required for social workers? If there are other categories of social service personnel, what are their educational requirements?
 - c. the staffing requirements, or recommended numbers and types of social service workers hired at each administrative level and/or in relevant sectors?

7. What has been your and your department's role in developing or implementing these laws and policies?
8. From your perspective, what have been the advantages of having these laws and policies in place? Have there been any limitations or negative effects?
9. What additional national laws, guidelines, or policies, if any, do you think are needed to strengthen the social service workforce and address child and family uses more effectively and at scale in COUNTRY NAME?
 - a. What process, if any, is in place to review and update these policies? To monitor progress on their implementation?
 - b. What existing laws, guidelines, or policies do you think need to be revised, and how?
10. What role does your office or department have in the budgeting process and determining investments in social services and child protection services for children and families?
11. What is the process for deciding how many social service/child protection personnel are needed and where? For example, in estimating the number of workers needed at your administrative level, filling vacant positions, or establishing new positions.
 - a. Who is involved?
 - b. What kinds of data are used?
 - c. How are the necessary budget allocations determined?
 - d. How frequently is this process conducted?
12. What kind of information management system or systems are in place regarding the social service/child protection workforce and/the services they provide? Are these systems paper-based, electronic, or a mix of both?

Probes:

- Names of systems
 - Users
 - Training received by users
 - Accessibility of the systems
 - Interoperability, or data sharing/extraction with and between other government systems
 - How accurate and up to date are the data
 - Examples of decisions made using data from these systems for case management? For workforce planning? For training, or supporting/retaining workers?
13. Apart from your department, which other ministries, departments and agencies are involved in supporting or providing social service/child protection and care services?
 - a. Which of them do you collaborate with and in what ways?
 - b. What factors contribute to effective coordination?
 - c. What factors make effective coordination difficult?

- d. Can you provide examples of how social service/child protection personnel from different sectors make referrals to each other or coordinate their activities?
- e. What works well with cross-sectoral collaboration?
- f. What are the biggest challenges?

DEVELOPING

14. What are some of the issues currently affecting the numbers of social service/child protection workers in COUNTRY NAME?

Probes:

- Hiring challenges
- Too few qualified or interested individuals to fill available positions
- Too few budgeted positions within public sector to hire the workers needed
- Other budget issues (please describe)
- Low salaries
- Burnout
- “Brain drain” or emigration
- Lack of motivation/incentives

15. What are the greatest challenges that COUNTRY NAME faces in producing, hiring, and retaining qualified social service/child protection workers?

Probes:

- Low salaries
- High workload
- Low motivation
- Limited authority
- Individuals hired without the relevant training and skills
- Inadequate operations support for field personnel such as transportation, office space, computer access, internet connectivity
- Lack of clarity in roles/performance expectations
- Inadequate systems for supervision and support (including all four functions of supervision: administrative, education, supportive, and mediation)
- Ineffective interagency collaboration
- Weak information management, records, data management

16. How has your department or ministry taken action to address any of these issues?

17. What pre-service training is required for social service/child protection workers engaged by your department?

18. What in-service training opportunities are available for staff? For supervisors? For community-level workers?
 - a. Who provides this training?
 - b. Is it in-person or remote training?
19. To have a qualified social service/child protection workforce, what three priority kinds of training that you think are needed? Be specific about topics.
 - a. Who needs to be trained?
 - b. What currently exists (e.g., training programs, qualified trainers, scholarship programs) versus what is needed to make these training programs more effective?
 - c. Methods of delivery—is virtual or e-learning a possibility? For which cadres of workers?

SUPPORTING

20. How is social workforce staff performance evaluated within your department?
 - a. Who is involved in this process?
 - b. What options, if any, are available to reward high performers?
 - c. What processes, if any, are in place to address and improve poor performance?
21. Supervision has been shown to directly impact the performance of social service/child protection workers and the services they provide to children and families. How would you describe supervision provided by your department or agency?

Probes:

- For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)
- For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)
- Functions or types of supervision currently provided vs. require additional capacity building to provide:
- Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
- Educational: providing information and teaching new methods/skills
- Supportive: listening to problems, helping with emotional support, job-related stress
- Mediation/Advocacy: advocating for my supervisee within the agency
- Any current initiatives underway related to the supervision system? Any areas for improvement?

22. What are your responsibilities as a supervisor?
 - a. Do you feel you have enough time to complete these duties, in addition to your other work?
 - b. Do you feel you have sufficient resources to perform these duties well?

Probes

- Airtime
- Transportation or travel stipend

- Job aids such as a supervision checklist
- Equipment such as laptop, mobile phone

23. What do you appreciate most about your relationship with your supervisee?

c. What are the challenges with your supervision relationship?

Probes:

- Limited availability
- Gender differences
- Supervisee is younger than me
- Cultural or social differences
- Supervisee's poor expertise
- Supervisee's attitude toward me
- Sexual harassment/attraction

24. Lack of motivation and burnout among social service workers can contribute to turnover of staff. How has your department addressed this issue?

a. What other initiatives or responses to this issue do you think could be beneficial?

25. What actions have been or could be taken to provide paraprofessionals (e.g., IZU in Rwanda) with opportunities progress in their careers?

26. What would you suggest to better equip workers at the community level who do not have a professional qualification in social work, to provide services to children and families? What about workers at the subnational and national level who are in positions where they must perform social work functions, but who do not have a degree or diploma in social work?

Probes:

- Training (and in what topics)
- Certification
- Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)
- Salary or other remuneration

27. What are some of COUNTRY NAME's most important milestones and achievements in the last five years related to strengthening the government social service/child protection and care workforce?

Probes:

- What has worked well
- What have been the challenges

28. What current initiatives are underway related to planning, developing, or supporting the workforce in COUNTRY NAME that you think should be highlighted?

29. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for

strengthening the social service workforce do you believe should be prioritized to achieve those changes?

30. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.4. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Implementing Partners

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Guide

Type: Implementing Partners/Non-Governmental Organizations

1. To start, could you please tell me about your work at your project/organization as it relates to providing social services for children and families in COUNTRY?
2. What kinds of issues or problems does the country's child protection and care/social service system address effectively? What kinds of issues or problems of children and families are addressed less often or less effectively?
3. What factors do you think contribute to addressing these issues or problems effectively or not?
4. How does your or your project/organization's work relate to that of (Armenia: Community Social Workers; Cambodia: government social workers; Rwanda: district-level Child Protection and Welfare Officers or IZU)?

Probes:

- Capacity building (pre- or in-service training, continuing professional development or education)
- Financial or in-kind support such as transportation, office supplies, communication
- Making or receiving case referrals; if so, in what areas of service provision (e.g., child welfare/protection, family reunification and reintegration, prevention of children's separation from their family, alternative care, domestic adoption)
- Service delivery (see list below)
- Prevention:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - Organize community groups to protect children and promote positive social norms
- Response:
 - Provide support and services to VAC, secure justice, and quality care
 - Ensure child participation and best interests of the child during interventions

- Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
 - Deliver rehabilitative and reintegration services
 - Inclusion of children and caregivers with disabilities
 - Performance evaluation
 - Planning and budgeting
 - Program management and monitoring
 - Technical support or exchange on social service practice issues (such as through educational or supportive functions of supervision)
 - Quality assurance / regulation (certification, licensing or registration)
 - Other
5. Could you describe the types or cadres of social service workers that your project/organization engages to directly provide social services?
- a. What requirements does your project/organization have for hiring? Are there job descriptions that you could share?
 - b. How do the formal qualifications of social service personnel in your organization compare with those of social service personnel in the public or national social services system?

PLANNING

6. Now let's consider social service workforce policy and strategic planning. What local laws, policies, or guidelines, if any, inform your project/organization's hiring of social service workers and provision of social services in [COUNTRY]?
- a. What additional laws, guidelines, or policies, if any, do you think are needed to better support the social service workforce responsible for providing services to vulnerable children and families?
 - b. What existing ones do you think need to be revised, and how?
7. What advocacy efforts has your project/organization undertaken related to leveraging resources for workforce development and support within government?
- a. Which of these actions have produced results and what more could be done to make these actions more effective?
8. What are some of the issues currently affecting the numbers and distribution of:
- a. non-government social service workers in [COUNTRY]?

Probes:

- Too few qualified candidates to fill available positions
- Low salaries
- Other budget issues (please describe)
- Qualified individuals are taking jobs outside the country
- Motivation/incentives to fill rural or remote posts
- Other

- b. What about government social service workers?
9. What actions has your project/organization undertaken or is considering to involve more paraprofessionals (e.g., IZU in Rwanda) in the implementation of social services?

Probes:

- Including roles for paraprofessionals in programs
 - Revising the qualifications required for hiring
 - Developing career pathways to higher paying jobs
10. How does your project/organization collaborate with other key partners, including from allied sectors (such as education, health, justice), to provide social services?
- a. Which key partners/actors/sectors do you collaborate with and in what ways?
 - b. What factors contribute most to effective collaboration?
 - c. What issues or problems make collaboration more difficult?

Probes:

- Which sectors/actors
 - Existing multi-sectoral coordination mechanisms
 - Gaps and barriers to coordination
 - Access to data and flow of information between sectors/actors
11. How has your project/organization contributed to strengthening referral systems used by social service workers to connect children and families to needed services?

Probes:

- Collaboration with allied sectors (specific examples)
 - Access to data and MIS
 - Variations by admin level and regions
 - Strengths
 - Challenges
12. How do you track and manage information on social service workers and the social services being provided?

Probes:

- Names of information sources or systems
 - System users, how to access, and training
 - Types of information available
 - How easy or difficult is it to access the systems (or to get information you need)
 - Interoperability, or data sharing with and between systems
 - How reliable, up to date are the data
13. Can you provide examples of an action taken using data from these systems?

Probes:

- To provide needed services
 - To plan for the right number and type of workers to deliver needed services
 - To target trainings according to skills gaps or population needs
 - To better support workers such as through incentives for performance or retention to keep them in position where services are needed
14. What would you consider the key barriers or challenges to using the sources of information that you mentioned above?

Probes:

- Access to computers/tablets/smart phones
 - Internet connectivity
 - Lack of interoperability and coordination with data systems for other sectors (education, justice, health)
 - Limits on access or use
15. What strategies are needed to improve the use of relevant data in practical decision making and providing services?

DEVELOPING

16. What in-service training opportunities are available for staff? For supervisors? For community-level workers?
17. What would you suggest to better equip workers who do not have a professional qualification or degree in social work, to provide services to children and families at the following levels?
- a. Community
 - b. Subnational
 - c. National

Probes:

- Training
- Certification
- Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)
- Salary or other remuneration

SUPPORTING

18. Supervision has been shown to directly impact the performance of social service workers and the quality of services they provide to children and families. How would you describe supervision structures or processes in place for social service workers engaged by your project/organization?

Probes:

- For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)
 - For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)
 - Functions or types of supervision currently provided vs. require additional capacity building to provide:
 - Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
 - Educational: providing information and teaching new methods/skills
 - Supportive: listening to problems, helping with emotional support, job-related stress
 - Mediation/Advocacy: advocating for my supervisee within the agency
 - Any current initiatives underway related to the supervision system? Any areas for improvement?
19. Lack of motivation and burnout among social service workers is common and can contribute to poor performance and turnover of staff. How has your project/organization addressed this issue?

Probes:

- Supervision ((including all four functions of supervision: administrative, education, supportive, and mediation)
 - Staff discussions or retreats
 - Feedback channels to senior staff
 - Skills training
 - Satisfaction surveys
 - Increased salary or other incentives
20. How is staff performance evaluated within your project/organization?
- a. Who is involved in this process?
 - b. What options, if any, are available to reward high performers?
 - c. What processes, if any, are in place to address and improve poor performance?
21. What do you think are the greatest challenges that COUNTRY NAME faces in addressing key children and family issues effectively and at scale?
- a. Which of these challenges are related to producing, hiring, and retaining social service workers to provide needed services?

Probes:

- Inadequate number of social service positions/jobs
- Low salaries
- High workload
- Low motivation/stress/burnout
- Low authority

- Lack of clarity in roles/performance expectations
- Inadequate training and professional knowledge (either in education/training institutions or among existing workforce)
- Poor supervision and support system
- Inadequate funding
- Ineffective interagency collaboration
- Poor work conditions/facilities
- Weak information management, records, data management
- Other

22. How has your project/organization addressed these challenges?

23. What current initiatives are underway related to planning, developing, or supporting the workforce to improve child protection and social services in COUNTRY NAME that you think should be highlighted?

- a. What are the issues or problems being addressed by these initiatives? What's working well or not?

24. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?

25. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.5. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Allied Sector

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Introduction Sheet

Type: Allied Sectors

1. To start, could you please tell me about your work with ORGANIZATION NAME? What are your main responsibilities and activities?
2. From your perspective, who makes up the social service workforce, or who are the workers providing social services, in COUNTRY NAME?

Probes:

- Professionals
- Paraprofessionals
- a. Government sector?
 - Nongovernment sectors (private, faith-based, not-for-profit, civil society)
 - Based in allied sectors (schools, health facilities, police or courts)
- 3. With which of these workers, does your organization engage directly?
- 4. For what kinds of issues or problems do you or others in your organization have contacts or interaction with social services and child protection personnel?
 - a. Which of these issues do you feel are addressed effectively? Which are not? Why?
- 5. In what ways does your organization work with other entities/sectors in relation to social service provision or protection for children and families?
 - a. In your experience, what has contributed to effective collaboration?
 - b. What factors have hindered effective collaboration among the different sectors and with social service workers?
- 6. What are the most common social or child protection services for which your organization or sector makes referrals?

Probes:

- Prevention:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - Organize community groups to protect children and promote positive social norms
- Response:
 - Provide support and services to VAC, secure justice, and quality care
 - Ensure child participation and best interests of the child during interventions

- Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
 - Deliver rehabilitative and reintegration services
7. What referral processes or procedures do workers in your sector follow with social service or child protection workers?
 8. Are there guidelines or a formal agreement in place between your organization or sector and social service or child protection entities to which you most commonly refer?
 - a. What is covered in these guidelines/agreement?
 - a. What service providers are included?
 - b. If nothing formal is in place, do you think some type of guidelines/agreement would be helpful? What might it cover?
 9. How are referrals made to and received by your sector or institution tracked or documented?
 10. Does your organization or sector use a referral system to accept or receive referrals from other sectors? Such systems could be paper-based forms and files, electronic databases or platforms, or a mix of both.

Probes:

- Names of systems
 - System users, permissions, and training
 - How accessible are the systems
 - Interoperability, or data sharing/extraction with and between other government systems
 - How reliable, up to date are the data
 - Examples of decisions made using data from these systems in workforce planning, developing/training, and supporting/retaining workers
11. What training is provided, if any, to improve referrals between sectors?
 - a. Who receives this training?
 - b. Who provides this training?
 - c. When was it last provided?
 12. What additional training do you think is needed to improve coordination of services for children and families between the social services/child protection sector and your sector?
 - a. Who needs to be trained? Which cadres?
 - b. What issues or topics should such training include?
 - c. What currently exists (e.g., training programs, qualified faculty, scholarship programs) versus what is needed to make these training programs a reality?
 - a. Continuous or one-time training?
 - b. Methods of delivery—is virtual or e-learning a possibility? For which cadres of workers?

13. What role does your organization play with COORDINATING MECHANISM NAME in relation to social services or protection for children and families in COUNTRY NAME?
14. Which other ministries, departments, agencies, or organizations are involved in COORDINATING MECHANISM NAME?
15. What are some of COUNTRY NAME's most important milestones and achievements in the last five years related to strengthening the coordination of services for children and families between the social service/child protection sector and your office/program?

Probes:

- What has worked well?
 - What challenges have there been?
16. What current initiatives are underway related to strengthening the coordination of services for children and families between the social service/child protection sector and allied sectors in COUNTRY NAME?
 - a. What are the most important changes they are seeking to make? Which should be considered for future support?
 17. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.6. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Professional Association

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Guide

Type: Professional Association

1. To start, please tell me about the mission and vision of your association (RWANDA NATIONAL ORGANIZATION OF SOCIAL WORKERS) and what led to its creation in COUNTRY NAME?
2. Approximately how many members does it currently have?
 - a. What can you tell me about the requirements for membership?

Probes:

- Minimum education/training
- Registration application/fee
- Renewal (frequency, costs)
- Annual fees or dues
- Sign code of ethics
- Continuing education requirements

- Other
 - b. Are there any types of cadres of social service workers who cannot be members of your association? What discussion is underway, if any, to make the association more inclusive of these workers or to form a separate association to represent them?

3. What measures are in place to make membership in the association more accessible?

Probes:

- Scholarships or financial support for member fees or dues
 - Reduced fees or dues for student members
 - Office locations in more than one geographic area
 - Accept electronic submissions of registration/applications
 - Virtual options for meeting attendance, consultations, official proceedings, and training opportunities
 - Other
4. What kinds of information does the association collect on its members?

Probes:

- Gender
 - Location or geographic area of practice
 - Level of education or training (license, degree, diploma)
 - Employer
 - Areas of specialization/types of services provided
5. How does the association track and manage information on its members?

Probes:

- Use of paper-based information system (membership files), digital database or information system, or combination
 - Name(s) of system(s)
 - What kind of data are obtained/managed in the system(s)
 - System users, permissions, and training
 - How accessible are the systems
 - Interoperability, or data sharing/extraction with and between other government systems
 - How reliable, up to date are the data
6. Could you share any examples of decisions that the association makes using data from these systems?
7. What sources of funding does your association have to support its operations?

PLANNING

8. What kinds of issues or problems does the country's child protection and care/social service system address effectively?

- a. What kinds of issues or problems of children and families are addressed less often or less effectively?
 - b. What factors do you think contribute to addressing these issues or problems effectively or not?
9. Considering the issues faced by children and families, how adequate is the size of the social service workforce in COUNTRY NAME?
- a. What are some of the factors that currently affect the numbers of social service workers in COUNTRY NAME?

Probes:

- Too few budgeted positions within public sector to hire available workers
 - Too few qualified workers to fill available positions/high vacancy rates
 - Limited number of social work training programs
 - Hiring freeze
 - “Brain drain” or emigration
 - Lack of motivation/incentives to retain current workers
 - Students not interested in entering social service sector, Other
10. Does your association play a role in social service workforce planning efforts? If so, please describe.

Probes:

- With educational and training institutions around number of students to admit each year
 - With government to determine numbers and posts needed for new and existing workers
 - With the private or not-for-profit sectors
 - Other
11. Now let's consider social service workforce policy and strategic planning. What policies or legislation are you aware of that specify:
- a. the role or functions of social workers, or related cadres of workers, in COUNTRY NAME?
 - b. required education or other qualifications for social workers, or related cadres of workers, in COUNTRY NAME?
 - c. staffing requirements, or recommended numbers and types of social service workers hired at each administrative level in COUNTRY NAME?
 - d. an official body (e.g., association, council, union) with a legal mandate to regulate social work practice in COUNTRY NAME?
12. What has been the association's role, if any, in developing or implementing these policies?
13. What additional national laws, guidelines, or policies, if any, do you think are needed to strengthen the social service workforce and address child and family uses more effectively and at scale in COUNTRY NAME?
- a. What process, if any, is in place to review and update these policies? To monitor progress on their implementation?

- b. What existing laws, guidelines, or policies do you think need to be revised, and how?
14. How does your association collaborate with allied sectors (e.g., education, health, justice), regarding social services?
- a. Which key partners/actors/sectors do you collaborate with and in what ways?
 - b. What are the perceived strengths contributing to effective collaboration?
 - c. What hinders effective collaboration?
 - d. What expectations do other sectors have regarding social service workers in providing social services to children and families?

Probes:

- Which sectors/actors
- Existing multi-sectoral coordination mechanisms
- Gaps and barriers to collaboration
- Access to data and flow of information between sectors/actors

DEVELOPING

15. What role, if any, does your association play in reviewing and/or accrediting social work educational or training curricula and programs for institutions in COUNTRY NAME such as SPECIFIC INSTITUTIONS' NAMES?
16. What educational or training opportunities does the association make available to association members?
- a. Which are required versus optional?
 - b. What opportunities would you association like to offer its members if it had the needed resources?
17. What would you suggest to better equip workers at the community level who do not have a professional qualification in social work, to better provide services to children and families? What about workers at the subnational and national level who are in positions where they must perform social work functions, but who do not have a degree or diploma in social work?

Probes:

- Training (describe)
- Certification
- Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)
- Salary or other remuneration
- Promotions or other career advancement opportunities

SUPPORTING

18. What role, if any, does your association play in regulating the social service workforce? For example, overseeing certification, licensing, and/or registration of workers qualified to deliver social services in accordance with local laws and regulations?
19. Lack of motivation and burnout among social service workers is common and can contribute to turnover of staff. Has your association addressed this issue? If so, how?
 - a. What other initiatives or responses to this issue do you think could be beneficial?
20. What, if anything, does your association do related to professional supervision within the social service workforce?

Probes:

- For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)
 - For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)
 - Functions or types of supervision currently provided vs. require additional capacity building to provide:
 - Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
 - Educational: providing information and teaching new methods/skills
 - Supportive: listening to problems, helping with emotional support, job-related stress
 - Mediation/Advocacy: advocating for my supervisee within the agency
 - Any current initiatives underway related to the supervision system? Any areas for improvement?
21. What do you think are the greatest challenges that COUNTRY NAME faces in addressing key children and family issues effectively and at scale?
- a. Which of these challenges are related to producing, hiring, and retaining social service workers to provide needed services?

Probes:

- Low salaries
- High workload
- Low motivation
- Limited authority
- Individuals hired who don't have the relevant training and skills
- Lack of clarity in roles/performance expectations
- Inadequate systems for supervision and support (including all four functions of supervision: administrative, education, supportive, and mediation)
- Limited resources to work with (ask for examples of the kinds of resources needed)
- Ineffective interagency collaboration
- Poor work conditions/facilities

- Weak information management, records, data management
 - Other
21. Could you describe how your association has worked to address these challenges?
 22. What are some of COUNTRY NAME's most important milestones and achievements in the last five years related to strengthening the government social service workforce?
- Probes:
- What has worked well
 - Challenges
23. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?
 24. Do you have anything to add related to what we talked about today?

Appendix C.7. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Education Institution

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Introduction Sheet

Type: Education/Training Institution for Social Services

PLANNING

1. To start, please tell me about your work as it relates to training workers to provide social services, including child care and protection services, to children and families in COUNTRY NAME?
2. From your perspective, who makes up the social service/child protection workforce, or who are the workers providing these services in COUNTRY NAME? Which of these workers do you train?

Probes:

- Professionals
 - Paraprofessionals, including volunteers
 - Government sector
 - Nongovernmental personnel (private, faith-based, not-for-profit, civil society)
 - Based in allied sectors (teachers, health workers, police, probation officers, lawyer/judges)
3. In what kinds of settings do those personnel work? (like communities, government, NGOs or CSOs, schools, health facilities, police, or courts)
 - a. What types of issues are students trained to address in these settings?

4. What academic degrees/diplomas/certificates does your institution offer in the social service and child protection fields?
 - a. What are the entry requirements for these programs?
 - b. What is the typical amount of time required to complete each program?
 - c. In what settings are these programs offered, in a classroom, in the field, online/virtual/distance learning, blended?
 - d. In what languages are these programs offered?
 - e. Any specializations within these programs, such as child welfare and protection, counselling/psychotherapy, community mobilization, disability, medical social work, school social work?
5. What is the main teaching methodology, textbooks or other reading, lectures, interactive/student-led discussions, small group work?
 - a. What do you see as the opportunities and challenges of the structure and teaching methodologies of these programs? Resources? Access to literature? Capacity of instructors?
6. Are these accredited programs? If yes, what institution or organization is responsible for accreditation? How often does the re-accreditation process happen? What advantages does accreditation confer for your organization?
7. For this current academic year, how many first-year students are enrolled? How many graduates do you expect at the end of this academic year?
8. Please describe how field education is provided.

Probes:

- Where students are placed
 - How placements are selected or assigned, individually or in groups
 - How many hours are required per semester or academic year
 - How and by whom students are supervised and evaluated
 - How the field practice experience, classroom instruction, and reading assignments are integrated, like field seminars or other activities incorporated into the regular curriculum
9. What is your perception of the quality of the field placements and supervision for students?
 - a. What issues are students being trained to address in field placements, which are they able to effectively address versus which are they struggling to address?

Probes:

- Students get meaningful work experience vs used for administrative/office tasks
 - Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)
10. Recruiting students to work in rural, remote, or otherwise under-resourced areas has been a concern in many countries. What strategies has your institution used to address this issue?

11. What kind of information system or systems do you maintain on enrolled students? On graduates/alumni? Such systems could be paper-based forms and files, electronic databases or platforms, or a mix of both.

Probes:

- Names of systems
 - System users, permissions, and training
 - Types of data collected (age, gender, socioeconomic status, ethnicity, geographic representation, grades, field education placements, projected graduation date)
 - How accessible are the systems
 - Interoperability, or data sharing/extraction with and between other government systems
 - How reliable, up to date are the data
 - Examples of decisions made using data from these systems in workforce planning, developing/training, and supporting/retaining workers
12. What coordination body/ies or mechanisms, linkages or partnerships are in place between educational/training institutions and major employers such as government agencies and NGOs:
- a. For sharing information on priority knowledge/skills gaps to fill?
 - b. Current hiring needs / employment opportunities for graduates?
 - c. For pre-service education of the workforce, including field work/internships?
 - d. For in-service training of governmental and nongovernment staff?
 - e. Continuing education such as seminars, workshops, courses?
13. What are the greatest challenges that your institution faces in
- recruiting new students to the field of social work and other related professions?
 - producing qualified graduates?
 - facilitating employment of recent graduates?
14. Could you describe how your institution has addressed these challenges?
15. What initiatives are underway related to planning, developing, or supporting the workforce in COUNTRY NAME that you think should be highlighted?
16. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?
17. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.8. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Social Service Workers

(Country Name) Assessment of the Social Service Workforce

Focus Group Discussion Guide

Type: Social Service/Child Protection and Care Workers

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your title, how many years you have been working in the field of social services, what education or training you have completed and from what institution.

Participant ID	SSW Position /Title	Years of experience as SSW	Education/formal training (institution, degree, certification type)	Number of participants by sex	
				Female	Male

1. Why did you decide to become a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE)?
2. What kinds of issues or problems does COUNTRY NAME's child protection and care/social service system address effectively?
3. What factors contribute to effective action regarding child protection and care/social services?
4. What kinds of issues or problems of children and families are addressed less often or less effectively?
5. What contributes either to some issues or problems not being addressed effectively or addressed at all?
6. Now let's talk about your day-to-day work. Could you describe what you typically do?

Probes:

- Prevention:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - Organize community groups to protect children and promote positive social norms
- Response:
 - Provide support and services to VAC, secure justice, and quality care
 - Ensure child participation and best interests of the child during interventions

- Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
- Deliver rehabilitative and reintegration services
- Reasonable accommodation/inclusion of children and caregivers with disabilities

7. Do your daily tasks align with a written job description and how?

Probes:

- What aligns
- Doesn't align
 - a. Has the job description ever been revised/updated?

8. What are the most important issues that you address in your job?

Probes:

- child victims of abuse/neglect/sexual violence. Among boys and girls who are mostly affected?
- juvenile justice clients. Among boys and girls who are mostly affected?
- children/youth with mental illness
- children/youth with disabilities
- victims of trafficking/exploitation. Among boys and girls who are mostly affected?
- children in residential care
- caregivers with domestic violence
- caregivers with substance abuse
- caregivers with mental health issue

9. Can you describe a difficult situation in your job and how you handled it?

Probes:

- consulted with peers/colleagues
- consulted with supervisor
- consulted with technical expert
- followed formal process (describe)
- wrote email or report
- used case management system

10. Responding to difficult problems or social issues can be stressful. What do you or your colleagues do to handle the stress and challenges of this job?

Probes:

- seek support from peers/colleagues
- seek support from your supervisor
- speak with a mentor or technical expert (such as a professional social worker, professional association, other)

- practice self-care (exercise, faith or religion, practice hobbies, take time off from work)
- follow formal process (describe)

11. Could you speak more about the support and guidance (supervision¹) you receive as a (INSERT SPECIFIC TITLE OR CADRE HERE).

a. What kind of supervision do you most often receive?

Probes

- Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
- Educational: providing information and teaching new methods/skills
- Supportive: listening to problems, helping with emotional support, job-related stress
- Mediation/Advocacy: advocating for my supervisee

b. Do you have a specific person who is your direct supervisor?

c. Who does that person work for?

d. How do you interact with him/her?

Probes:

- One-on-one in person
- In a group meeting
- By phone call or text
- Skype
- Email

e. How often do you meet with him/her for supervision? How long does the session last?

f. What do you appreciate most about your relationship with your supervisor?

g. What are the challenges with your supervisor relationship?

Probes:

- Limited availability for consultation
- Gender differences
- Supervisor is younger than me
- Cultural or social differences
- Supervisor's poor expertise
- Supervisor's attitude toward me
- Abuse of authority or power
- Sexual harassment/attraction

h. What would you like to use supervision meetings or discussions to learn more about?

- i. Do you meet with anyone other than your direct supervisor and if yes, what type of supervision do you receive from him/her?
12. Next, let's talk about your education or training.
- a. What were the education or training requirements to qualify for your current job?
 - b. What training have you had since you started your current job?
13. Tell me about the last training you received related to your job. How easy was it to participate?

Probes:

- Enrollment requirements
 - Timing of classes/exams
 - Distance/transportation
 - Cost
 - If remote, connectivity issues
- a. Have you used what you learned in that training in your job and if so, how?
 - b. If you haven't used it, why not?
 - c. Do you feel you have the knowledge and skills to perform your job well? What additional education or training do you feel you need?

Probes:

- most useful skills you gained
 - gaps in knowledge or skills you need
 - suggested additional information or skills needed
14. Please describe a situation where you used your position, knowledge, and skills as a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE) to assist a child or family experiencing difficult conditions or a child who was outside of family care.
- a. Which of the child or family's needs did you feel you were able to meet? What helped you meet those needs?
 - b. Were there any needs that you felt unable to meet? What prevented you from meeting those needs?

Probes:

- Inadequate time to do what was needed because of other work requirements
- Insufficient preparation/knowledge
- Unable to access financial assistance or material resources needed (like a mobility aid or school fee voucher)

- Specialized services were needed that were not available locally (health, rehabilitation services, mental health services)
- Weak or ineffective working relationships with allied sectors
- Delay or extensive follow up required for services

15. Is there opportunity for you to advance in your current job?

- a. If yes, what opportunities are there?
- b. If no, what would help you most to advance in your career?

Probes:

- supportive supervision, mentorship, or coaching
- promotions
- responsibility for training or supervising other staff or workers
- continuing education, trainings, or workshops
- financing options for continuing education (diploma, degree, other certification)

16. What are the biggest challenges that you face every day in your work?

Probes:

- burnout
- high workload
- inadequate technical support or guidance
- inadequate authority or influence
- insufficient training
- ineffective interagency collaboration
- lack of career advancement opportunities
- lack of clear roles/performance expectations
- limited resources
- low salary
- poor working conditions/facilities
- weak information systems, data management, and record keeping

17. What motivates you to keep working in this job, despite the challenges?

18. What do you think would be the most helpful future change to improve the work you do to help children and families?

Probes:

- Change in responsibilities
- Change in education, training
- Change in resources available to do job
- Change in remuneration/salary

- Change in supervision
- Change in recognition / formal role in government social services system

Thank you for your participation.

Appendix C.9. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Supervisors

(Country Name) Assessment of Investments in the Social Service Workforce

Focus Group Discussion Guide

Type: Supervisors

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your title, how many years you have been working in social services, approximately how many staff you supervise, what education or training you have completed and from what institution.

Participant #	SSW Position / Title	Years of experience as SSW / supervisor	Current number of staff supervised	Education / formal training (institution, degree, certification type)	Number of participants by sex	
					Female	Male

1. What led you to become a supervisor of social service workers (INSERT SPECIFIC TITLE OR CADRE HERE)?
2. What kinds of issues or problems does COUNTRY NAME's child protection and care/social service system address effectively?
3. What factors contribute to effective action regarding child protection and care/social services?
4. What kinds of issues or problems of children and families are addressed less often or less effectively?
5. What contributes either to some issues or problems not being addressed effectively or addressed at all?
6. What are your responsibilities as a supervisor?

7. Do you feel you have enough time to complete these duties, in addition to your other work?
8. Do you feel you have sufficient resources to perform these duties well?

Probes

- Airtime
 - Transportation or travel stipend
 - Job aids such as a supervision checklist
 - Equipment such as laptop, mobile phone
9. Now think about your day-to-day work. Could you describe what you typically do?

Probes

- Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
 - Educational: providing information and teaching new methods/skills
 - Supportive: listening to problems, helping with emotional support, job-related stress
 - Mediation/Advocacy: advocating for my supervisee within the agency
10. Are your supervisory responsibilities reflected in a written job description? Has the job description ever been revised/updated?
 11. Could you speak more about the support and guidance (supervision¹) you provide to (INSERT SPECIFIC TITLE OR CADRE HERE). How many people do you supervise?
 - a. How do you interact with him/her?

Probes:

- One-on-one in person
 - In a group meeting
 - By phone call or text
 - Skype
 - Email
- b. How often do you meet with him/her for supervision? How long does the session last?
 - c. What are the most common issues that your supervisee brings up during these sessions? Which are the most challenging for you to address with them?

Probes:

- child victims of abuse/neglect
- juvenile justice clients
- children/youth with mental illness
- children/youth with disabilities
- victims of trafficking/exploitation
- children in residential care

- caregivers with domestic violence
 - caregivers with substance abuse
 - caregivers with mental health issue
 - caregivers who are not motivated
 - clients who are hostile/resistant
 - clients with low mental capacity
 - overly demanding clients
- d. What do you appreciate most about your relationship with your supervisee?
- e. What are the challenges with your supervision relationship?

Probes:

- Limited availability
 - Gender differences
 - Supervisee is younger than me
 - Cultural or social differences
 - Supervisee's poor expertise
 - Supervisee's attitude toward me
 - Sexual harassment/attraction
12. Now let's talk about your education or training. What was the education or training requirement for your role as a supervisor?
13. Can you share an example of how you applied what you have learned in your day-to-day work?
14. Do you feel you have learned enough to perform your job, including supervisory duties, well? What additional education or training do you feel you need?

Probes:

- most useful skills you gained
 - gaps in skills you need
 - suggested additional skills
15. Can you give an example of when you used your position, knowledge, or skills as a supervisor to help improve services for children and families?
16. What do you do when you have a question about how to handle a difficult situation as a supervisor?

Probes:

- formal process to follow
- consult with peers/colleagues
- consult your direct supervisor
- consult a technical expert (such as a professional social worker, professional association, other)
- write a formal email or report

17. What helps you to handle the stress and challenges of being a supervisor?

Probes:

- organization or supervisor arranges opportunities away from work
- seek support from peers/colleagues
- seek support from your direct supervisor
- speak with a mentor
- practice self-care (e.g., exercise, faith or religious practice, practice hobbies, take time off from work, others)

18. Please describe how you evaluate your supervisee's performance.

Probes:

- main criteria for evaluation (job description, scope of practice, other)
- formal versus informal feedback
- frequency
- rewards or corrective actions available to you as a supervisor to address and improve performance

a. If a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE) is not performing well, in what ways are you able to help them make improvements or changes?

19. Is there opportunity to advance in your current job? If yes, what is available to you to do that? If no, what would help you most to advance in your career?

Probes:

- supportive supervision, mentorship or coaching
- promotions
- responsibility for supervising other staff or workers
- continuing education, trainings or workshops
- Training of trainers (TOT)
- financing options for continuing education (e.g., diploma, degree, other certification)

20. What are some of the achievements you are most proud of in your work?

21. What are the three biggest challenges that you face in supervising social service personnel and their work?

Probes:

- difficult problems with no clear solution
- low salary of the social service workers
- high workload
- difficult work situation or line supervision of a social service worker
- low motivation / burnout

- little authority or influence
- lack of clear roles/performance expectations
- lack of career advancement opportunities
- lack of training
- poor supervision and support system
- limited resources
- ineffective interagency collaboration
- poor or unsafe working conditions/facilities
- weak information systems, data management, and record keeping

22. What motivates you to keep working in this job despite these challenges?

23. How do you think supervision of (INSERT SPECIFIC TITLE OR CADRE HERE) will continue once the PROJECT NAME ends?

Probes:

- Who will provide it (e.g., government staff, NGO staff, others)
- How often
- What settings
- Accountability

24. What do you think would be the most helpful future change to help the workers you supervise respond more effectively and at scale to the issues faced by children and families in COUNTRY NAME?

Probes:

- More personnel (at what level? where?)
- More relevant university courses
- More training on how to address key issues (which issues?)
- Social service personnel having better access to the support that they need (e.g., transportation, basic supplies, internet access, equipment (what kind?))

25. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.10. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Paraprofessionals

(Country Name) Assessment of Investments in the Social Service Workforce

Focus Group Discussion Guide

Type: Paraprofessionals

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your title, how many years you have been working in the field of social services, what education or training you have completed and from what institution.

Participant #	SSW Position /Title	Years of experience as SSW	Education/formal training (institution, degree, certification type)	Number of participants by sex	
				Female	Male

1. Why did you decide to become a (INSERT SPECIFIC TITLE OR CADRE HERE)?
2. Now let's think about your day-to-day work. Could you describe what you typically do?

Probes:

- Prevention:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - Organize community groups to protect children and promote positive social norms
 - Response:
 - Provide support and services to VAC, secure justice, and quality care
 - Ensure child participation and best interests of the child during interventions
 - Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
 - Deliver rehabilitative and reintegration services
 - Reasonable accommodation/inclusion of children and caregivers with disabilities
- a. About how many hours do you spend on this work in a typical week?
 - b. Do you have a written job description?

c. How well does it describe the work that you do?

Probes:

- What aligns
- Doesn't align

d. Since you started doing this work, has the job description ever been revised/updated?

3. Could you speak more about the support and guidance (supervision¹) you receive as a paraprofessional (INSERT SPECIFIC TITLE OR CADRE HERE).

a. What kind of supervision do you most often receive?

Probes

- Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
- Educational: providing information and teaching new methods/skills
- Supportive: listening to problems, helping with emotional support, job-related stress
- Mediation/Advocacy: advocating for my supervisee

b. Do you have a specific person who is your direct supervisor?

c. Who does that person work for?

d. How do you interact with him/her?

Probes:

- One-on-one in person
- In a group meeting
- By phone call or text
- Skype
- Email

e. How often do you meet with him/her for supervision? How long does the session last?

f. What do you appreciate most about your relationship with your supervisor?

g. What are the challenges with your supervisor relationship?

Probes:

- Limited availability for consultation
- Gender differences
- Supervisor is younger than me
- Cultural or social differences
- Supervisor's poor expertise
- Supervisor's attitude toward me
- Abuse of authority or power

- Sexual harassment/attraction
 - h. What would you like to use supervision meetings or discussions to learn more about?
 - i. Do you meet with anyone other than your direct supervisor and if yes, what type of supervision do you receive from him/her?
4. Next, let's talk about your education or training.
- a. What were the education or training requirements for you to become a (INSERT SPECIFIC TITLE OR CADRE HERE)?
 - b. What training have you received since you started with that work?

5. Please tell me about the last training in which you participated. How easy was it to participate?

Probes:

- Distance/transportation
 - Time required to be away from home
 - Cost
 - Enrollment requirements
 - Timing of training (conflict with other responsibilities)
- a. Do you feel you have learned enough to perform your job well? What additional education or training do you feel you need?

Probes:

- most useful skills you gained
- gaps in skills you need
- suggested additional skills

6. Can you describe a case when you used your position, knowledge, or skills as a paraprofessional (INSERT SPECIFIC TITLE OR CADRE HERE) to assist a child or family?

- a. Which of the child or family's needs did you feel you could help to meet? What helped you meet those needs?
- b. Were there any needs that you were not able to help them meet? What kept you from meeting those needs?

Probes:

- Unable to access material resources needed (like a mobility aid or school fee voucher)
- Challenges of the family, like lack of transportation
- Insufficient preparation/knowledge
- Specialized services are not locally available (disability services, mental health services)
- Weak or ineffective working relationships or communication channels with allied sectors
- Delay or extensive follow up required for services

7. Can you tell me about a difficult situation in your work and how you handled it?

Probes:

- Talked with the family
- Talked with a local leader
- Consulted with peers/colleagues
- Consulted direct supervisor
- Requested help or guidance (from mentor, technical expert like a professional supervisor, professional association or other)
- Used SMS via phone
- wrote an email or report
- What do you or your colleagues do to handle the stress and challenges of this work?

Probes:

- seek support or advice from peers/colleagues
- seek support or advice from your coordinator or other supervisor
- seek support or advice from a technical expert such as a professional social worker, professional association, or other
- speak with a village leader
- practice self-care (exercise, faith/religion, practice hobbies, take time off from work, others)

8. What motivates you to do this work?

9. How has your work as a (INSERT SPECIFIC TITLE OR CADRE HERE) affected you?

- a. How has it affected children or families beyond the specific issue you addressed with them?
- b. How has it affected your community? Your fellow (INSERT SPECIFIC TITLE OR CADRE HERE)?

10. What are the biggest challenges that you face in your work?

Probes:

- cost or time required to travel for work or meetings
- more needs and problems than you can respond to
- behavior of families you try to help
- limited resources
- communication challenges
- reporting requirements
- inadequate training
- low motivation / burnout
- little authority or influence
- lack of clear roles/performance expectations
- lack of career advancement opportunities

- inadequate supervision and support
- ineffective interagency collaboration
- poor working conditions/facilities

11. Do you think the work you have been doing could lead to another job related to social services? If yes, how might that happen?

Probes:

- Knowledge and skills gained
- Receiving information or encouragement
- Supportive supervision, mentorship, or coaching
- Promotions
- Becoming responsible for supervising other staff or workers
- Continuing education, training, or workshops
- Training of trainers (TOT)
- Financing options for continuing education (e.g., diploma, degree, other certification)

If there is a professional association in the country applicable to the group of workers you are talking with, ask the following:

12. Are you a member of a professional association?

- a. What is it called?
- b. How do you feel you benefit by being a member of the association?

Probes:

- Certification, licensure, or registration
- Access to continuing education or resources to support learning (library, guest lectures, scholarships)
- Involvement in advocacy efforts / more professional recognition
- Increased employment opportunities
- Access to network of peers and/or mentors
- Others

c. What else could the professional association offer to help you in your job?

Probes:

- Certification, licensure, or registration
- Access to continuing education or resources to support learning (library, guest lectures, scholarships)
- Involvement in advocacy efforts / more professional recognition
- Increased employment opportunities
- Access to network of peers and/or mentors

13. What do you think would be the most helpful future change to improve the work you do to help children and families?

Probes:

- Change in responsibilities
- Change in education, training
- Change in resources available to do the work

Thank you for your participation.

Appendix C.11. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Caregivers

(Country Name) Assessment of Investments in the Social Service Workforce

Focus Group Discussion Guide

Type: Caregivers

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share some information on your children, your occupation and level of education.

Participant #	Gender	Occupation or type of work	Level of Education	Number of children in household	Age range of children in household	Disability Status (from consent forms)

1. What are your hopes for your children’s future?
2. Could you describe any social services or assistance your children and/or household receive currently?

Probes:

- Prevention:

- Support at-risk children and their families
- Organize parenting programs
- Provide gatekeeping to prevent unnecessary family separation
- Provide social protection support, including Cash Plus Care
- Organize community groups to protect children and promote positive social norms
- Response:
 - Provide support and services to VAC, secure justice, and quality care
 - Ensure child participation and best interests of the child during interventions
 - Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
 - Deliver rehabilitative and reintegration services
 - a. How long have you been receiving them?
 - b. From which agency or organization(s)?
- 3. What additional social services or assistance have your children and/or household received in the past?
 - a. When did you receive them?
 - b. From which agency or organization(s)?
 - c. Why did you stop receiving them?
- 4. How did you access these services?

Probes:

- Agency or organization(s)
 - Level of government (community, district)
 - School
 - Health Facility
 - Online
 - Telephone or call center
4. Have you encountered any difficulties in accessing these services?

Probes:

- Distance/transportation
- Cost
- Hours of operation
- Application requirements (such as for a childcare grant)
- Lack of reasonable accommodation for person(s) with disabilities
- Other

5. Who are the workers with whom you have interacted, either in the past or currently, to access and receive these services?

Probes:

- Social service workers (INSERT SPECIFIC TITLES OR CADRES HERE)
- Health workers
- Police
- Lawyers
- Teachers
- Other

6. Tell me a story about a time that you had to interact with a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE)

Probes:

- Who reached out first, you or the social service worker?
- How long did it take to get help?
- Then what happened?
- Who was involved?
- What went well in that interaction?
- What could have been improved or made your experience better?

7. How has your experience interacting with a (INSERT SPECIFIC TITLE OR CADRE HERE) affected you?

- a. How has it affected your family beyond the specific issue you addressed with them?
- b. How has this type of service affected your community?

8. How helpful was the worker you interacted with in providing you the services you needed?

Probes:

- Understood/assessed your needs appropriately?
- Explained any opportunities or services in a way you could understand?
- Involved you in planning for services?
- Able to get services for you or make referrals?
- Was available/contacted you back quickly?
- Followed up with you about the services you were supposed to receive?
- Provided reasonable accommodation for person(s) with disabilities?
- Were the services you received helpful to you and your family? How?

9. How, if at all, is you and/or your family's situation different now because of the services you received from (INSERT AGENCY OR ORGANIZATION NAME)?

10. When you or another member of your family or community have needed social services or other assistance, have you felt there were:
 - a. Enough workers to serve you? (worker was available, had sufficient time)
 - b. Workers treated you in a respectful and professional way?
 - c. Workers understood your needs?
 - d. Workers seemed knowledgeable about the resources, program or other services available to you?
 - e. Workers had access to adequate resources to provide these services?
 - f. Other?
11. Would you recommend that other families who need services seek help from a social service worker (INSERT SPECIFIC TITLES OR CADRES HERE)? Why or why not?
12. In your opinion, how could the social services available for children and families like yours be improved in COUNTRY NAME?

Thank you for your participation.

Appendix C.12. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Youth Beneficiaries

(Country Name) Assessment of Investments in the Social Service Workforce

Focus Group Discussion Guide

Type: Beneficiaries (15 – 17 years old)

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your age, what level or form you are in school, or your occupation if you are out of school.

Participant #	Age	Level/Form in School	Occupation (if not in school)	Disability Status (from consent forms)

1. What do you hope to do or become when you are older?
2. Could you describe the kinds of social services or assistance you or your families have received?
 - a. When did those services begin?
 - b. Who provided them? If you know, who does that person work for?
3. What kinds of social services or assistance are now or have been provided in your community? Who provides them?

Probes:

- Local titles for social service personnel, teachers, health workers, others

Probes:

- Prevention:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - Organize community groups to protect children and promote positive social norms
- Response:
 - Provide support and services to VAC, secure justice, and quality care
 - Ensure child participation and best interests of the child during interventions
 - Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
 - Deliver rehabilitative and reintegration services

4. How did you or your family access these services?

Probes:

- Agency or organization(s)
- Government office (community, district)
- School
- Health Facility
- Online
- Telephone or call center

5. Have you or your family had difficulties in accessing these services? If so, what made getting the service difficult?

Probes:

- Distance/transportation
 - Cost
 - Hours of operation
 - Application requirements (such as for a childcare grant, etc.)
 - Lack of reasonable accommodation for person(s) with disabilities
6. Who are the workers with whom you have interacted, either in the past or currently, to access and receive these services?

Probes:

- Social service workers (INSERT SPECIFIC TITLES OR CADRES HERE)
 - Health workers
 - Police
 - Lawyers
 - Teachers
7. Could you tell me about a time that you interacted with a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE)? What was the reason for that interaction?

Probes:

- Was anyone else involved?
 - Did anything happen as a result?
 - What went well in that interaction?
 - What could have been improved or made your experience better?
8. How has your experience interacting with a (INSERT SPECIFIC TITLE OR CADRE HERE) affected you?
- a. How has it affected your family beyond the specific issue you addressed with them?
 - b. How has it affected your community?
9. How helpful was the worker you interacted with in providing you the services you needed?

Probes:

- Assessed needs appropriately
- Explained services in a way you could understand
- Involved you in discussing and planning your services
- Able to get services for you or make relevant referrals
- Was available/contacted you back quickly
- Reviewed your plan with you/followed up on services you received
- Provided reasonable accommodation for person(s) with disabilities

10. Were the services you received helpful to you and your family? How? How, if at all, is you and/or your family's situation different now because of the services you received from (INSERT AGENCY OR ORGANIZATION NAME)?
11. When you or another member of your family or community have needed social services or other assistance, have you felt there were:
 - a. Enough workers to serve you? (i.e., worker was available, had sufficient time)
 - b. Workers treated you in a respectful and professional way?
 - c. Workers understood your needs?
 - d. Workers seemed knowledgeable about the resources, program or other services available to you?
 - e. Workers had access to adequate resources to provide these services?
12. In your opinion, how could the social services available for children and families like yours be improved in your community?

Thank you for your participation.

Appendix D. Consent Forms

All consent forms were developed in English and translated into Kinyarwanda. Here we share only the English versions.

Appendix D.1. Assessment of Investments in the Social Service Workforce Consent Form: Key Informant Interviews

Assessment of Investments in the Social Service Workforce

Key Informant Interview Consent Form

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting key informant interviews with multiple stakeholders from the national and subnational levels involved in implementing these activities. You were identified by our assessment team, with help from the national leadership group, as having a valuable perspective to share on these activities and the overall state of the social service workforce in Rwanda.

Respondents will include personnel in relevant government institutions, multilateral and bilateral donor organizations and international organizations, universities, professional associations, non-governmental and faith-based organizations providing social services, and relevant civil society organizations. These interviews will provide the policy and program perspective of the Vulnerable Children Account-supported activities in Armenia, Cambodia, and Rwanda. The interview should take one hour to complete.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called ‘informed consent’.

Your participation is completely voluntary, and if you decide not to participate there will be no consequences. If you choose to participate, you will be asked to answer some questions about social services in Rwanda and your work related to the social service workforce. Answering these questions will take about one hour.

Should you decide to participate, you may stop the interview at any time. You are not required to respond to all the questions and may skip questions if you wish. There is no monetary incentive for participating in the interview, but the information you share will help the assessment team to provide suggestions and recommendations to improve this programming in the future. Your name and any identifying information will not be used in the assessment report. Responses to questions will be synthesized and aggregated at the country or administrative level. Due to the limited number of people who will be participating in each

country and their positions, we cannot guarantee confidentiality. However, the assessment team will take all possible precautions to keep the information you provide confidential.

With your consent, the conversation will be audio-recorded. It will then be transcribed for analysis. Only the D4I assessment team will have access to the audio and transcript files. All final assessment documents produced from the findings of these interviews will not include personally identifiable information about any participant.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.
2. I confirm that I had an opportunity to ask questions.
3. If I asked questions, I confirm that they were answered fully.
4. I understand that my signature below means that I have agreed to participate in the assessment,
5. I allow to have the interview audio recorded. I understand that the audio file will only be used to make scripts for the interview and will not be used for any other purpose not indicated in this form. (If you do not consent to the audio record, do not provide your initial in the box)
6. I understand that my participation is voluntary, and that I am free to stop the interview at any time.
7. I understand that a copy of this consent form is available to me should I request one.
8. I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's signature _____

Date _____

Participant's name (print) _____

Signature of interviewer _____

Date _____

Appendix D.2. Assessment of Investments in the Social Service Workforce Consent Form: Social Service Workers

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

Social Workers

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country including supervisors. We are inviting you to participate in this assessment because you are a social worker or hold a similar role in your host-country that provides social service support to children and families.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services you provide and how they have affected children and families. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary, and if you decide not to participate there will be no consequences and it will not affect your job/work in any way. If you choose to participate, you and the discussion group participants will be asked to answer some questions about the social services you provide and how they affect children and families, as well as your work environment. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. Your responses will not be shared with your co-workers or supervisors. The focus-group discussion will be done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted from the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room during the discussion.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There are no direct benefits for participation in the assessment.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.
2. I confirm that I had an opportunity to ask questions.
3. If I asked questions, I confirm that they were answered fully.
4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.
5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.
6. I understand that a copy of this consent form is available to me should I request one.

7. I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's name (print) _____

Participant's signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix D.3. Assessment of Investments in the Social Service Workforce Consent Form: Supervisors

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

Supervisors of Social Workers

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country including supervisors. We are inviting you to participate in this assessment because you are the supervisor of one or more social workers who provide social services support to children and families.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services your social worker(s) provide, your role as a supervisor, and how these services affect children and families. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary, and if you decide not to participate there will be no consequences and it will not affect your job/work in any way. If you choose to participate, you and the discussion group will be asked to answer some questions about how the social services are provided and how they affect children and families. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. Your responses will not be shared with your co-workers or supervisees. We chose to do the interviews in this room, because no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud service, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted from the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There are no direct benefits for participation in the assessment.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.
2. I confirm that I had an opportunity to ask questions.
3. If I asked questions, I confirm that they were answered fully.

4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.
5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.
6. I understand that a copy of this consent form is available to me should I request one.
7. I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's name (print) _____

Participant's signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix D.4. Assessment of Investments in the Social Service Workforce Consent Form: Caregivers

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

Caregivers of Children (<15 years old) who have received social services

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. We are inviting you to participate in this assessment because you are the parent, caregiver or official guardian of one or more children younger than 15 years, who has (or your family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services your child and/or your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called ‘informed consent’.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services your child and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services your children and families received affected them. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the discussion, and there will be no way to connect it to your answers. Electronic copies of this consent form will also be saved on a secure cloud server and only accessible by the assessment team.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus group discussions will be done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted from the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room during the discussion.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the room, should you require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.
2. I confirm that I had an opportunity to ask questions.
3. If I asked questions, I confirm that they were answered fully.
4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.
5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.
6. I understand that a copy of this consent form is available to me should I request one.
7. I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's signature or thumbprint _____

Date _____

Participant's name (print) _____

Signature of interviewer _____

Date _____

Appendix D.5. Assessment of Investments in the Social Service Workforce Consent Form: Caregivers, Illiterate

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form Script: Illiterate Participants

Caregivers of children (15-17 years) who have received social services

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-17), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. We are inviting you to participate in this assessment because you are the parent, caregiver or official guardian of one or more children between the ages of 15-17 years who has (or your family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your child's perception of the services your child and your family have received and how they have affected your child's or family's situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to allow your child to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing for your child to participate. This process is called 'informed consent'. Your child will also be required to provide 'assent' to participate in the assessment, in a separate form.

Your child's participation is completely voluntary. If you decide not to allow your child to participate there will be no consequences, and the social services your child and your family receive will not be affected. If you choose to allow your child to participate, your child and other group participants will be asked to answer some questions about how the social services your children and families received affected them. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from your child during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address your child during the discussion to ensure anonymity and flow of the conversation. The only place that your child's real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your child's answers.

There is no physical risk to your child participating in this assessment. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus group discussion will be done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on their body. Audio-recordings will be deleted from the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on your child and the other participants. We ask that your child does not share with anyone not present in the room during the discussion any of the information that was heard.

It is possible that some topics or questions may make your child uncomfortable. If that occurs, remember that your child is not required to answer these questions and can take a break at any time. Your child may also leave the discussion early if they wish. There will be a trained social worker available nearby, but not directly in the room, should your child require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

I will now read to you several clauses before you sign for consent.

1. You confirm that I have read the consent form to you, and that you understand the explanation of this assessment.
2. You confirm that you had an opportunity to ask questions.
3. If you asked questions, you confirm that they were answered fully.
4. You understand that your child’s participation is voluntary, and that they are free to stop the interview at any time.
5. You understand that a copy of this consent form is available to you should you request one.
6. You understand that the assessment team will keep your child’s information confidential.

Do you have any questions about what I just read?

By drawing an “X” on the line below, you are agreeing to the terms I’ve just read to you and for your child to participate in this assessment and be audio recorded. The witness present will also provide a signature to confirm that the consent script was read to you, that you had the opportunity to ask any questions you may have, those questions were answered to your satisfaction, and that you understood consent on behalf of your child.

Participant’s name (print) _____

Caregiver signature or thumbprint _____

Date _____

Witness name (print) _____

Witness signature _____

Date _____

Signature of interviewer _____

Date _____

Appendix D.6. Assessment of Investments in the Social Service Workforce Consent Form: Parents or Guardians of Youth Beneficiaries

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

Parent or Guardian of Youth Beneficiaries (ages 15-17 years) who have received social services

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. Your child [ENTER NAME] has been invited to participate in this assessment because they are a youth between the ages of 15-17 years old, who has (or whose family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your child's perceptions of the services they and/or your family have received and how they have affected their individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether your child can participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing for your child to participate. This process is called 'informed consent'. Your child will receive a similar form called an 'assent form', where they agree to participate. Both you and your child must agree to their participation before they can join the focus group discussion

Your child's participation is completely voluntary, and there will be no consequences if your child does not wish to participate, or if you do not consent to their participation. If you decide that your child may participate, they will be asked to answer some questions about how the social services they and your family received affected them and your family. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from your child during the discussion. At the start of the discussion, each participant will be assigned a number that the interviewer will use to address your child during the discussion to ensure anonymity and flow of the conversation. The only place that your child's real

name will appear is on this consent form and their ascent form. These forms will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your child's answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus-group discussion will be done in a room no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud servicer, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on your child and the other participants. We ask that your child does not share any information heard in the discussion with anyone not present in the room. That includes you.

It is possible that some topics or questions may make your child uncomfortable. If that occurs, remember that they are not required to answer these questions and can take a break at any time. They may also leave the discussion early if they wish. There will be a trained social worker available nearby, but not directly in the room, should your child require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to your child's participation, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. I confirm that I have read the consent form or had the consent form read to me, and that I understand the explanation of this assessment.
2. I confirm that I had an opportunity to ask questions.
3. If I asked questions, I confirm that they were answered fully.
4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.
5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.
6. I understand that a copy of this consent form is available to me should I request one.
7. I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Parent/guardian name (print) _____

Child name (print) _____

Parent/guardian signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix D.7. Assessment of Investments in the Social Service Workforce Consent Form: Parents or Guardians of Youth Beneficiaries, Illiterate

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form Script: Illiterate Participants

Parents/guardians of children (<15 years) who have received social services

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. We are inviting you to participate in this assessment because you are the parent, caregiver or official guardian of one or more children younger than 15 years who has (or your family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services your child and your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services your child and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services your children and families received affected them. The discussion will take no more than two hours in total.

Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers. Electronic copies of this consent form will also be saved on a secure cloud server and only accessible by the assessment team.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus group discussion will be done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted from the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share with anyone not present in the room during the discussion any of the information that was heard.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the room, should you require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

I will now read to you several clauses before you sign for consent.

1. You confirm that I have read the consent form to you, and that you understand the explanation of this assessment.
2. You confirm that you had an opportunity to ask questions.
3. If you asked questions, you confirm that they were answered fully.
4. You understand that your participation is voluntary, and that you are free to stop the interview at any time.
5. You understand that a copy of this consent form is available to you should you request one.
6. You understand that the assessment team will keep your information confidential.

Do you have any questions about what I just read?

By drawing an “X” on the line below, you are agreeing to the terms I’ve just read to you and to participate in this assessment and be audio recorded. The witness present will also provide a signature to confirm that the consent script was read to you, that you had the opportunity to ask any questions you may have, those questions were answered to your satisfaction, and that you understood consent.

Participant’s name (print) _____

Caregiver signature or thumbprint _____

Date _____

Witness signature _____

Date _____

Signature of interviewer _____

Date _____

Appendix D.8. Assessment of Investments in the Social Service Workforce Assent Form: Youth Beneficiaries

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Assent Form:

Youth Beneficiaries (ages 15-17 years) who have received social services

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-17), parents/caregivers of younger beneficiaries, and various social-workforce cadres per. We are inviting you to participate in this assessment because you are a youth between the ages of 15-17 years old, who has (or whose family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perceptions of the services you and/or your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Assent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You may read the assent form yourself, or it can be read aloud to you, whichever you are more comfortable with. You should ask any questions about the assessment or about this assent form before agreeing to participate. This process is called 'informed assent'. Because you are not yet 18 years old, we first sought consent from your parent or guardian and have a signed informed consent form from them. Both your parent/guardian, and you, must agree to your participation before you can join the focus group discussion. We will not share your responses or anything you say in the focus-group discussion with your parents or guardians.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services you and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services you received affected you and your family. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this assent form and the consent form that your parent/guardian will sign if they agree to your participation. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. We will do the focus-group discussions in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted from the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room during the discussion.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the

room, should you require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help provide improved social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this assent form is available at your request.

Assent to participate

Please initial each box.

1. I confirm that I have read the assent form or had the assent form read to me, and that I understand the explanation of this assessment.
2. I confirm that I had an opportunity to ask questions.
3. If I asked questions, I confirm that they were answered fully.
4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.
5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.
6. I understand that a copy of this assent form is available to me should I request one.
7. I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant’s name (print) _____

Youth signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix D.9. Assessment of Investments in the Social Service Workforce Assent Form: Youth Beneficiaries, Illiterate

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Assent Form Script- Illiterate Participants

Youth Beneficiaries (ages 15-17 years) who have received social services

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-17), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country including supervisors. We are inviting you to participate in this assessment because you are a youth between the ages of 15-17 years old, who has (or whose family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perceptions of the services you and/or your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should ask any questions about the assessment or about this assent form before agreeing to participate. This process is called 'informed assent'. Because you are not yet 18 years old, we first sought consent from your parent or guardian and have a signed informed consent form from them. Both your parent/guardian, and you, must agree to your participation before you can join the focus group discussion. We will not share your responses or anything you say in the focus-group discussion with your parents or guardians.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services you and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services you received affected you and your family. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this assent form and in the consent form that your parent or guardian signs if they agree to your participation. This form will be kept in a locked box, separate from the recording of the discussion and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus-group discussions will be done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings

will be deleted from the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share with anyone not present in the room during the discussion any of the information that was heard.

It is possible that some topics or questions may make you uncomfortable. If that happens, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the room, should you require any support. There are no direct benefits for participation in the assessment. The information we learn will help improve social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

I will now read to you several clauses before you sign for assent.

1. You confirm that I have read the assent form to you, and that you understand the explanation of this assessment.
2. You confirm that you had an opportunity to ask questions.
3. If you asked questions, you confirm that they were answered fully.
4. You understand that your participation is voluntary, and that you are free to stop the interview at any time.
5. You understand that a copy of this assent form is available to you should you request one.
6. You understand that the assessment team will keep your information confidential.

Do you have any questions about what I just read?

By drawing an “X” on the line below, you are agreeing to the terms I’ve just read to you and to participate in this assessment and be audio recorded. The witness present will also provide a signature to confirm that the assent script was read to you, that you had the opportunity to ask any questions you may have, those questions were answered to your satisfaction, and that you understood assent.

Participant’s name (print) _____

Youth signature or thumbprint _____

Date _____

Witness name (print) _____

Witness signature _____

Date _____

Signature of interviewer _____

Date _____

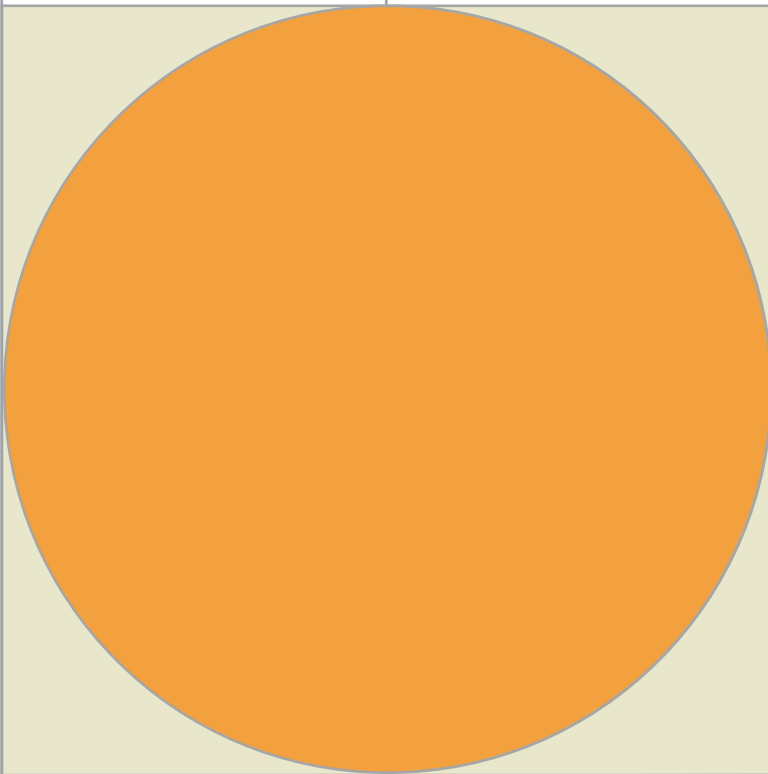
Appendix E. Summary of Legislation to Protect Children and their Rights in Rwanda

Year	Title	Summary
2003	Constitution of Rwanda	Include child rights such as to be raised and protected in family-based environment (Article 18 and 19)
2003	National Policy for Orphans and Other Vulnerable Children	Developed by the Ministry of Local Government with the following objectives: protect children from all forms of exploitation and abuse; assure access to health services; assure access to free primary education and continued education (secondary and/or vocational); ensure provision of psychosocial support to children in need; strengthen the capacity of families, communities, and social service providers to care for and protect vulnerable children; support income generating activities for OVC and their families; and enhance coordination of all OVC-related interventions and programs to support systematic M&E. The OVC Policy outlines strategies to address children living in homes headed by children, children in foster care, street children, children in care facilities, children in the justice system, children with disabilities, children affected by conflict, children who are sexually exploited or abused, working children, children infected or affected by HIV/AIDS, children in poverty, children with mothers in prison, refugee or internally displaced children, children of single mothers, and those affected by child marriage.
2008	Girls' Education Policy	Developed by the Ministry of Education to link the national education and gender policies and to ensure all children (girls and boys) have equal access to education. The Policy offers guiding principles to eliminate gender disparities in education, training, and management structures. These strategies focus on access (access to school and removal of barriers to stay in school), quality/achievement (improved learning environment to encourage girls to take advantage of opportunities within the education system), and retention/completion (promoting the retention and completion of schools and higher education for girls).
2011	National Integrated Child Rights Policy (ICRP) and strategic plan	Consolidation of all related child rights policies for improved coordination among ministries. Seven themes including alternative care, commits government support to families and alternative care, and kinship care as first option, institutions as last option. Strategic plan includes concrete actions needed to

		close institutions and strengthen families, with commitment to developing professional social service workforce and cadre of community volunteers dedicated to child protection, establishes NCC (now NCDA).
2011	Law No. 54/2011 related to the rights and the protection of the child	According to the Better Care Network, this law includes articles on the rights of child to have a family and live with their family and the duties of the parent/caregiver to the child. In addition, it includes placement of children into foster care, the reason for placement, and the right of the child to express their opinion on the placement.
2012	Cabinet Brief – Strategy for National Childcare Reform	Detailed action plan for closing institutions, including social worker capacity building, awareness raising of harmful effects, creating foster care options, reintegration process, and turning institutions into family support centers. MIGEPROF, with NCDA, is explicitly responsible for this plan.
2012	Law N°46/2012 of 14/01/2013	Law establishing the Rwanda Allied Health Professions Council and determining its organization, functioning and competence.
2014	Justice for Children Policy	An instrumental achievement for the justice of children in Rwanda was the enactment of the Child Rights and Protection Law. The JCP aims to make "the justice system more responsive to the needs of the children" and ensure "maximum contribution to the survival, development, participation, and protection of the child, within an overall child protection system". The Policy outlines the international principles and best practices for Justice for Children. References the Orphans and Other Vulnerable Children Policy and the Integrated Child Rights Policy strategies as highlighting the need for diversionary measures in juvenile justice.
2015	Health Sector Policy	Includes focus on people-centered services, especially for women and children. This includes malnutrition and mental health, like trauma or psychosocial support for children and adolescents. Other intersectoral activities include promotion of early child development, adolescent health and family hygiene, support for GBV, and social integration of people living with disabilities.
2016	Early Childhood Development Policy and five-year Strategic Plan (revised)	Outlines interventions across multiple sectors in child health, nutrition, water, sanitation and hygiene, early childhood education, child and social protection
2016	Law N°32/2016 of 28/08/2016 governing persons and family	According to the Revised National Gender Policy, Law Number 32 "governs persons and family as well as relations between

		persons. It contains different provisions relating to rights and obligations of both men and women."
2018	Law N°71/2018 of 31/08/2018 relating to the protection of the child	According to the Revised National Gender Policy, Law Number 71 "guarantees the protection of all children against abuse." The law stipulates that the child has the right to attend any proceedings around potential separation from the family/guardian and offer their opinion. The hearing may include a psychologist or adult of the child's choice. (United Nations)
2018	Special Needs and Inclusive Education Strategic Plan 2018/2019-2023/24	<p>Developed by Ministry of Education to ensure basic education services are available to all Rwandan children and youth and that schooling is responsive to educational needs of all learners. Special needs & inclusive education policy goals support Rwanda's national vision to "achieve equitable access to quality education provision for all children and youths irrespective of their differences and guides the education sector to plan educational provision for children and youths with special educational needs (SEN) in order to enable them to become productive and valued members of the society." The SN&IE targets learners with SEN, who need adjusted educational provisions, and/or may face barriers within the traditional education system in Rwanda.</p> <p>The five-year strategy aims to improve the quality education for all learners who may, for any reason have temporary or permanent needs for adjusted educational services through five main approaches: "1) Promoting access, retention and completion of 12 years of schooling by learners with special educational needs; 2) Improving the quality of SN&IE services; 3) Developing schools of excellence in SN&IE for early assessment, placement and intervention of learners with SEN; 4) Capacity development for SN&IE services; 5) Promotion of inclusive and child-friendly approaches. "</p>
2019	Rwanda Child Online Protection Policy	Developed by the Ministry of ICT and Innovation to mitigate risks and harms for children online by providing a framework to protect the child's rights and safety in digital environments.
2020	National Social Protection Policy and Social Protection Sector Strategic Plan 2018/19 – 2023/24	Developed by the Ministry of Local Government to shift away from simply eradication of poverty, but to the prosperity and wellness of all people in Rwanda. Supports National Constitution to tackle various forms of vulnerabilities like the elderly, persons with disabilities, genocide survivors, and other special need groups of people. The Policy has a vision to establish a comprehensive, life-cycle-based social protection

		<p>system that "ensures a minimum level of income security to all Rwandans at critical points in their lives and protects them against a wide range of socio-economic risks while contributing to the social transformation of the society." The Policy focuses on four pillars: social security, social care services, short-term social assistance, and livelihood and employment support. Social care services include child protection, psychosocial support, referrals, and social inclusion of the most vulnerable populations, such as rehabilitation, reintegration, response to VAC and abuse, and supporting children and elderly to stay in families.</p>
2021	<p>National Policy of Persons with Disabilities and Four-Year Strategic Plan (2021-2024)</p>	<p>Developed by the Ministry of Local Government. The Policy 1) recognizes the historical, cultural, and social barriers that have excluded persons with disabilities from fully participating in society, and 2) commits to aligning policy objectives with national policies and strategies in Rwanda. The Policy also identifies the need for a more responsive and inclusive social protection system for children and adults living with disabilities, who are also facing poverty, and stresses the importance of a concerted effort to prioritize the needs of children with disabilities.</p>
2021	<p>Revised National Gender Policy</p>	<p>Developed by the Ministry of Gender and Family Promotion. Differs from the 2010 Policy in that it emphasizes effective engagement of men and boys to accelerate gender mainstreaming in the private sector, a huge player in the Rwandan economy. The goal of the Policy is to " improve gender equality and equity in various sectors while increasing women's access to productive economic resources and opportunities and ensuring that women and men are free from any form of gender based violence and discrimination."</p> <p>IZU mentioned under policy priorities.</p>



Data for Impact

University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: 919-445-6945

D4I@unc.edu

<http://www.data4impactproject.org>

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