

2018
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The Role of the Social Service Workforce in Social Protection Service Delivery

Case Study Ethiopia

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The Role of Social Service Workforce in Social Protection Case Study from Ethiopia



Outline



1. Productive Safety Net Program (PSNP)
2. The links to social services new-component
3. The role of Social Workers in implementation of the links to social services new-component - the case of the Integrated Nutrition and Social Cash Transfer Pilot Project (INSCT)
4. Achievements and Challenges
5. Lesson learnt

1. PSNP Quick Facts



Program Goal

Resilience to shocks and livelihoods enhanced, and food security and nutrition improved, for households vulnerable to food insecurity in rural Ethiopia

Program components

- Labor intensive Public Works including temporary direct support clients(TDS)
- Permanent Direct Support component(PDS)
- Integrated with livelihood

Clients

7,997,218 (4,113,050 female) in 349 woredas/districts

- 6,868,151 Public Works including temporary direct support clients
- 1,129,067 Permanent Direct Support clients



1.1 PSNP IV and the role of MoLSA



- The Ministry of Agriculture and Natural Resources coordinate the implementation of PSNP
- In 2015 the 4th cycle of PSNP introduced the role of the Ministry of Labour and Social Affairs (MoLSA) to implement the Permanent Direct Support Component (social safety net)
- Clients of the Permanent Direct Support Component include households that:
 - Are chronically food insecure (3 months of food gap or more per year)
 - Are suddenly food insecure as a result of a severe loss of assets or chronic illness, such as AIDS
 - Lack adequate family support and other means of social protection
 - Labour constrained households



2. The Links to social services new-component of PSNP-4



.A new sub-component of the PSNP introduced in recognition of the importance of coordinating a number of interventions in order to ensure rapid progress in reducing maternal mortality and improving nutrition.

(PSNP IV PIM 2015)

- The Integrated Nutrition and Social Cash Transfer pilot project supported by UNICEF helped operationalize the links to social services component in four districts.
- Co-responsibilities are soft conditionalities to be adhered to by TDS and PDS clients by up taking health, nutrition and education services



2.1 Steps in implementation of linkage to social services



Awareness raising regarding access to social services

Identification of eligible clients

Informing eligible clients of co-responsibilities

Clients and care givers taking up services

Monitoring by Health Extension Workers and Social Workers adherence to co-responsibilities

Follow up and counselling by Development Agents, Health Extension Workers and Social Workers for non-complying households

2.2 Co-responsibilities of clients



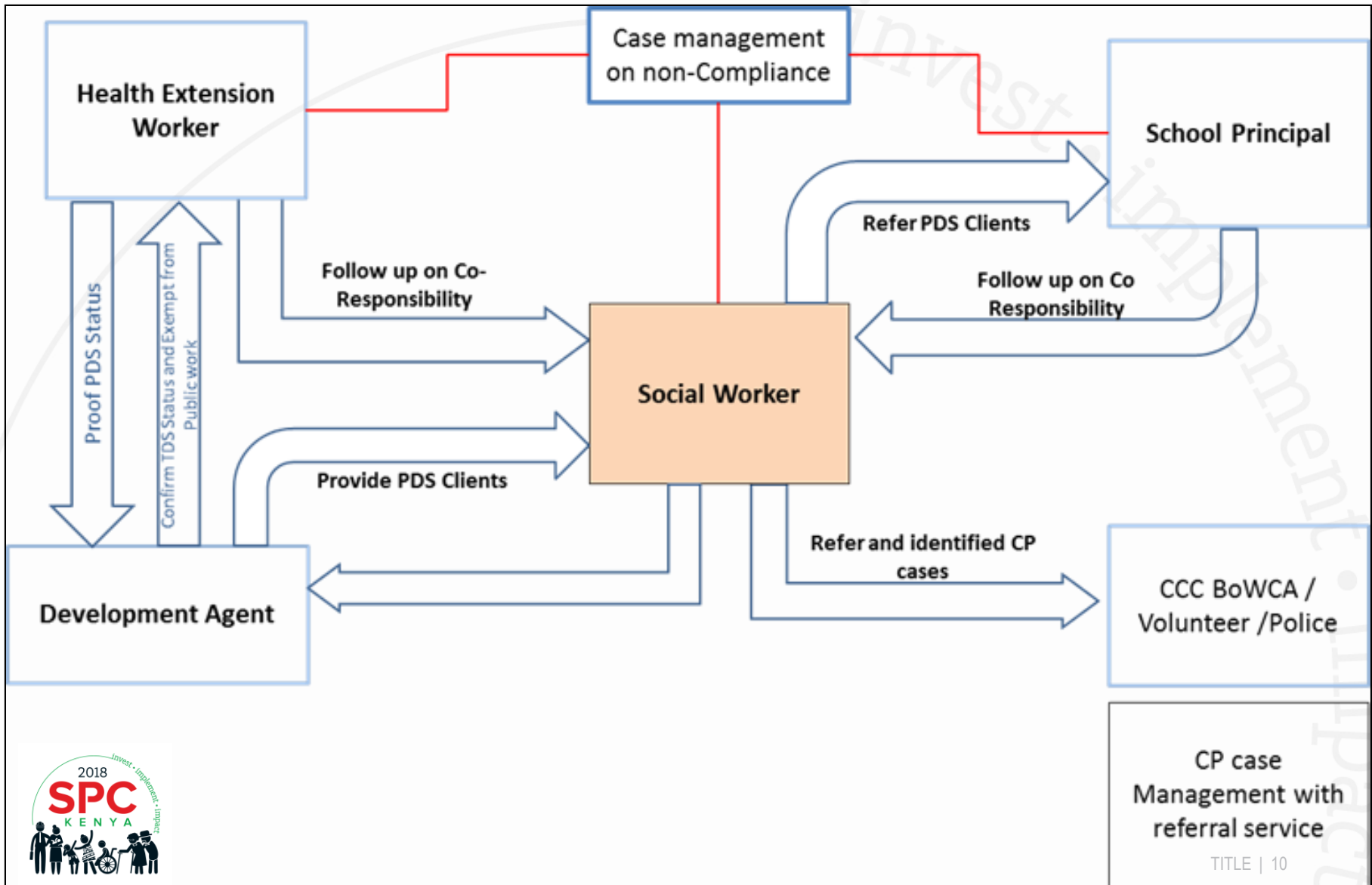
Category of Clients	Co-responsibilities of clients
Members of Permanent Direct Support households	<ul style="list-style-type: none"> • School enrolment and attendance for children > age 6 • Attendance of available health services • Participate in behavior change communication sessions as informed by the Health Extension Worker/HEW/
Pregnant women	<ul style="list-style-type: none"> • Attend at least four ante-natal consultations • To participate in Behavioral Change Communication/BCC/ sessions as informed by the HEW
Lactating women with a child less than one year old	<ul style="list-style-type: none"> • Attend at least one post-natal health facility visit • Attend growth monitoring and promotion/GMP/ for the child • Participate in BCC sessions • Uptake of routine immunization for the child
Primary care-giver of a malnourished child under five years old during treatment	<ul style="list-style-type: none"> • Monthly check up of the child at the closest health facility • Participate in BCC sessions • Participation in treatment (e.g. community management of acute malnutrition or targeted supplementary feeding) as advised

3. Role of Social Workers in management of PSNP – the case of INSCT



- Participate in **targeting** of PSNP clients
- Develop **household profiles** for PDS and TDS clients
- **Identify** appropriate **co-responsibilities** for clients in collaboration with service providers
- Inform clients on their co-responsibilities and **raise awareness**
- **Refer** clients to service providers
- **Monitor compliance** of clients to co-responsibilities
- Strengthen the capacity of Community Care Coalitions

3.1 Referral pathways for management of co-responsibilities - INSCT



3.2. Role of Community Care Coalitions in the management of PSNP



- Participate in **targeting and appeal processes** of PSNP clients
- **Raise awareness** on social protection
- Support the provision of **child care** (for children of Public Work clients during the Public Works sessions)
- Support implementation of the **behavioral change communication (BCC)** sessions for Public Work Clients
- Facilitate the **linkages** of TDS and PDS clients to social services
- **Support frontline workers** in monitoring adherence of clients to co-responsibilities

Community Care Coalitions (CCCs) are community committees formed to respond to vulnerabilities in the community through mobilizing local resources. CCCs are seen as community mechanism for social protection by the SP policy and strategy.

4. Achievements



Captured by a midline qualitative survey

- Established Steering committee at four district help to facilitate the link with social services
- Improved coordination among Social worker, HEW and DA
- Adherence of clients to co-responsibilities helped **improved their awareness** and understanding of need for **education and hygienic practices**
- Case management helped address **child protection issues**
- Presence of social workers **improved awareness of rights and responsibilities** within PSNP, including transfer to TDS



4. Achievements---



- **Positive impacts on school enrolment and hygiene, feeding and health practices** as reported by service providers
- Improved **awareness among all service providers** (and HEWs in particular) contributes to sustained, efficient implementation of co-responsibilities
- Transfer to Temporary Direct Support **reduced burden on women**
- **MIS software** developed and used for case management

4.1 Challenges



- *High ratio of clients to social workers (200:1)*
- Limited coordination among implementers at higher level
- **Delay of payment** transfers undermined clients' abilities to adhere their co-responsibilities.
- Limited availability and accessibility of social services



5. Lesson learnt

- The role of social workers is central in social protection programs. The INSCT Pilot informed the Government's decision to expand the social protection workforce at all levels. New deployments include 400 experts at different levels.
- Collaboration of frontline workers from different sectors is crucial for effective linkages to services for the clients





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