Assessment

Investments in Strengthening the Social Service Workforce (SSW)

Global Synthesis Report

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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.

Assessment

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Acknowledgments

Positionality Statement

The United States-based authors would like to acknowledge their orientation to this work as graduate and doctoral-level educated white women with comparatively limited knowledge of the local context, realities, and challenges as understood deeply by the members of the country-specific NLGs 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 each country, and in-person implementation was led by local research 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.

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Figures and Tables

Abbreviations

3PC	Partnership Program for the Protection of Children
APCCA	Advancing Protection and Care for Children in Adversity
CCWC	Consultative Committees for Women and Children
CLASS	Community Level Access to Social Service
CPWO	Child Protection and Welfare Officer
CSO	civil society organization
CSW	community social worker
D4I	Data for Impact
FGD	focus group discussion
GAG	Global Advisory Group
HR	human resources
IZU	Inshuti z'Umuryango / Friends of the Family
KII	key informant interview
MPI	Multi-Dimensional Poverty Index
NGO	nongovernmental organization
NLG	National Leadership Group
SSW	social service workforce
SSWS	social service workforce strengthening
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
TMM	Tubarerere Mu Muryango - Let's Raise Children in Families Program
VCA	Vulnerable Children Account

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 wellbeing of children, families, persons with disabilities, and other groups facing difficult circumstances or challenges (Global Social Service Workforce Alliance, 2010). The United States 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. This whole-of-government approach aims to ensure comprehensive and coordinated efforts to strengthen systems for protecting and caring for children worldwide (United States Government, 2019).

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.

The United States Agency for International Development's (USAID) Children in Adversity Team engaged Data for Impact (D4I) to assess the activities it supports across three countries—Armenia, Cambodia, and Rwanda—that involve strengthening the SSW and broader system related to child care and protection. A brief overview of programming related to social service workforce strengthening (SSWS) and the roles of government, USAID, the United Nations Children's Fund (UNICEF), nongovernmental organizations (NGOs), and other actors in their funding, planning, and technical support in each of the three countries is included in Appendix A. The goal of the assessment was to identify specific approaches that 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 these three countries and as applicable in other countries.

Methods

Conceptual Framework

To explore the connection between workforce strengthening, the broader social service system, 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). 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?

The assessment team relied on the framework's three components and corresponding illustrative interventions (Table 1) to characterize approaches to workforce strengthening that have been supported by the VCA, alongside governments and other key partners, in all three countries. The team then used this framework to categorize identified 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
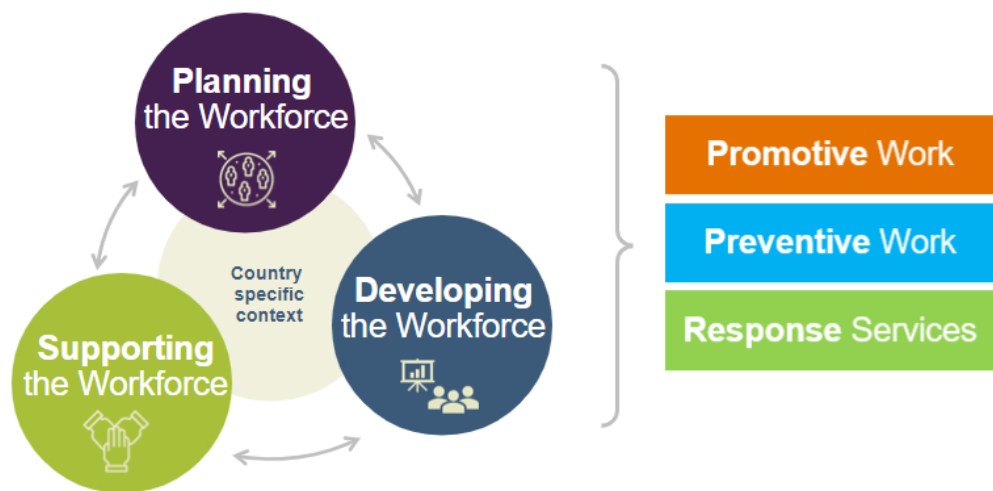
Source: Global Social Service Workforce Alliance, 2010; Design: Denise Todloski, Data For Impact, 2023.

Table 1. Subareas by workforce strengthening component

Planning	Developing	Supporting
- 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	- 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	- 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

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 key informant interviews (KIIs) and focus group discussions (FGDs) at national and subnational levels. While the document review and secondary data analysis were intended to help understand the approaches taken 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.

- **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 specific country context and throughout implementation. These members provided country-specific input on the protocol, instruments, geographic selection, and list of KII and FGD participants. They also assisted in validating the findings and formulating recommendations. More detail on the members of each NLG can be found in the country-specific reports.

- **Document Review:** D4I compiled a total of 111 country-specific documents, policies, frameworks, and other materials related to the SSW in Armenia, Cambodia, and Rwanda. These materials were shared by USAID's Children in Adversity Team, country missions, and implementing partners, in addition to resources and materials suggested by members of the Global Advisory Group (GAG) and NLGs.

- **Secondary Data Analysis:** Data for secondary analysis were obtained on a list of specific indicators of interest via official requests to government and mission officials and via publicly available sources (Appendix C). Data also informed the finalization of locations for subnational data collection, refinements to the KII and FGD guides, and priorities in participant recruitment, as well as highlighted areas in need of additional information in the qualitative portion of the assessment.

- **Geographic Area Selection:** To adequately reflect the range of issues affecting children and families across Armenia, Cambodia, and Rwanda, at least three geographic areas were selected for subnational-level KIIs and FGDs, in addition to national-level data collection. This selection process occurred iteratively through several discussions with USAID and members of the country-specific NLGs, as well as with guidance from local governments on criteria to consider, including rural, urban, and peri-urban diversity; cross-border migration and refugee camp locations; conflict-affected areas; populations of interest; poverty; child labor; early marriage and adolescent pregnancy rates; and the presence of government and nongovernment social service workers and key implementers.

- **KIIs:** 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 protection and care programming. At the subnational level, KII participants were selected based on their work related to social services, with a focus on child protection and care issues.

- **FGDs**: FGDs were held with representatives of the government and nongovernment SSW as well as with beneficiaries aged 15–17 and caregivers of younger beneficiaries. Participants in the beneficiary and caregiver groups were separated by gender to facilitate greater comfort and sharing of personal experiences, especially while exploring sensitive topics related to family and relationships. Workforce groups were mixed gender, with an attempt in selection to speak with equal numbers of men and women.

Table 2 provides more detail on the total number of participants interviewed in KIIs and FGDs across the three countries, by respondent type. Further details, including gender breakdown, can be found in the country-specific reports.

Table 2. Summary table of total KII and FGD participants by country and respondent type

Respondent type	Armenia	Cambodia	Rwanda
Key informant interviews			
Government institutions	5	8	16
Donors/multilaterals	3	2	4
NGOs/civil society organizations (CSOs)	2	8	2
Allied sectors	6	2	3
Educational institutions	2	3	1
Professional associations	1	1	1
Total number of KII participants by country[1]	**19**	**24**	**27**
Focus group discussions			
Professional SSW – Gov't	29	46	13
Professional SSW – Non-Gov't	19	29	14
Community-Level or Paraprofessional SSW	26 (CSWs)	N/A[2]	20 (IZU)
Caregivers	26	63	36
Youth beneficiaries (15–17)	49	57	34
Supervisors of SSW	6	22	9 (through small group KIIs)
Total number of FGD participants by country	**155**	**217[3]**	**126**

Data Management and Ethical Considerations

All data collection instruments were developed in English and translated into the local language (Armenian, Khmer, and Kinyarwanda). After validation, all KIIs and FGDs were administered in person by local research consultants in the preferred language and audio recorded for transcription. All data were simultaneously translated and transcribed in English. KII transcripts, FGD transcripts, and other data were stored on password-protected computers and encrypted storage sites (Microsoft Teams), only accessible to the assessment team. The same team that conducted data collection also analyzed and identified themes under each component of the conceptual framework to produce initial findings.

The assessment team ensured that all requirements were met for ethical research, including gender inclusion and accessibility, child safeguarding measures, informed consent, and confidentiality. Ethical review board or committee approval was obtained in Cambodia through the National Ethics Committee for Health Research and in Rwanda through its National Ethics Committee, as well as through Health MediaLab

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[1] Number of KII respondents by type varied by country depending on: the context of social service administration and SSW management, i.e., centralized versus decentralized, and the need to include more than one staff member to represent institution, i.e. some KIIs included small group interviews of 2–3 people rather than a single participant. In Cambodia, NGO perspectives were gathered through KIIs at the national level whereas in Rwanda they were collected via FGDs at the subnational level.

[2] Only provincial and district members of CWCC were included in FGDs and thus counted under professional government SSW.

[3] Total number of FGD participants higher in Cambodia due to inclusion of four, rather than three, geographic locations for subnational data collection.

IRB, an independent, United States-based review board. Armenia did not require a country-specific ethical review, based on consultation with the Ministry of Labor and Social Affairs, USAID, UNICEF Armenia, and Yerevan State University.

Challenges and Limitations

Data were collected successfully at all levels in line with the assessment protocol. The D4I team did note several challenges and limitations, including 1) limited data and associated disaggregation for secondary analysis from government databases, 2) engagement of people with disabilities in FGDs for some countries (Cambodia and Rwanda), 3) limited engagement of some respondents due to natural disasters (Rwanda), and 4) diverging from the global protocol to hold KIIs instead of FGDs with supervisors to adjust to the limited number of supervisors per district.

Findings

While many findings were unique to each country, some approaches emerged in common and demonstrated success, often accompanied by similar related limitations or potential areas for investment. This section highlights key, shared results from the assessment, which are based on themes synthesized from qualitative insights derived from the KIIs and FGDs, secondary data analysis, and the document review. Under each of the fields of the conceptual framework, an example from one of the three countries assessed is presented in detail to illustrate these shared approaches, strengths, and limitations in a distinct context. Each section concludes with a discussion of the links or connections between these workforce-strengthening approaches and the actual availability and quality of promotive, preventive, and responsive services provided to children and families across the continuum of child care and protection.

Country-Specific Context

Albeit with distinct geographies, socio-cultural, linguistic, and historical contexts, all three countries demonstrated a shared commitment and orientation of their social service-related development programming to the Sustainable Development Goals (United Nations High-Level Political Forum on Sustainable Development, 2024). As shown in Figure 2, though the countries are at different points along the spectrum of decentralization of public services, they showed similar time frames (i.e., since the 1990s) for shifting from community-supported (e.g., private, religious, neighbor) to state-supported provision of social services, especially related to care system reform and the formalization of social work degree programming. All are important characteristics of the environment in which policy makers, implementers, and the workforce function in support of children and families.

Figure 2. Timeline of milestones related to country-specific context

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

ARMENIA

1991 — Became independent, sovereign state from the Soviet Union

1996 — YSU opens Faculty of Social Work and initiates social work bachelor's degree program

1996 — Law on the Rights of the Child

2000 — YSU initiates master's degree in social work program

2002 — Law on Local Self-Governance, which sets ratio of one social worker per 5,000 residents

2005 — Law on Social Assistance, which defines social work as professional activity

2007 — Ministry of Labor and Social Affairs (MOLSA) Decree #32, which describes role of social work specialists

2014 — Amended Social Assistance Law

2019–present — YSU distance-learning certification course on community social work

2020 — Government closure of all residential care institutions and adoption of a 4-year action plan to support deinstutionalization

CAMBODIA

1993 — Restoration of the monarchy, renamed Kingdom of Cambodia

2001 — Start of decentralization and deconcentration reforms[1,2]

2006–08 — Minimum standards for residential and community-based care for children

2008 — Department of Social Work established at RUPP

2011 — Prakas on procedures to implement policy on alternative care for children

2014–15 — Mapping of residential care facilities in five provinces

2015 — Sub-Decree No 119 to reform alternative care in Cambodia

2015–present — 59% reduction in number of children in RCFs

2016–18 — MoSVY Action Plan for improving child care

2017 — Sub-Decree 34 to transfer functions for management of state-run RCIs to capital, city, and district administrations and community-based care services to capital, city, and commune administrations

2019–20 — Social Work Standards for Generalist Practice and Declaration on Strengthening Social Work to accelerate SSWS activities / Guidelines on Case Management during Infectious Disease Outbreak (COVID-19)

2021 — Strategic Plan for Training Social Service Workforce focused on Child Protection, 2021-2025

2022 — Prakas on implementing procedures for kinship and foster care, Guidelines on Reintegration and Transition and Closure of RCIs, Strategic Plan for SSW 2022-2031

2023–27 — MoSVY Action Plan on Improving Alternative Care for Children and Prakas on Code of Ethics for SSW 2023 - 2027

RWANDA

1994 — End of the Genocide Against the Tutsi in Rwanda

1998 — University of Rwanda initiates bachelor's degree program in social work[3]

2003 — Constitution of Rwanda and National Policy for OVC

2010–17 — Suspension of inter-country adoptions, allowing GoR to align policies with the Hague Convention

2011 — National Integrated Child Rights Policy, Law No. 54 related to rights and protection of the child / 1st National Social Protection Sector Strategic Plan

2012 — Survey of government-registered residential care facilities

2012–present — 95% reduction in the number of children in RCFs

2013 — Launch of TMM/Let's Raise Children in Families Program and Assignment of CPWOs to all districts

2016 — Creation of cadre of child protection community volunteers (IZU) to address caseloads and bring services to the lower administrative levels

2017 — National Strategy for Transformation (NST 1) / National Social Protection Policy and Sector Strategic Plan, emphasizing the importance of SSW

2020 — Merger of the National Commission for Children and National Early Childhood Development Program, forming the National Child Development Agency (NCD Agency) under MIGEPROF

2023 — Launch of National Child Protection Case Management System

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[1] https://www.mcs.gov.kh/wp-content/uploads/2017/07/Theory-and-Practice-of-Decentralization-and-Deconcentration.pdf

[2] https://www.adb.org/sites/default/files/publication/28879/deconcentration-decentralization-cambodia.pdf

[3] 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

Planning

Approaches to workforce planning undertaken by the government and its partners ensure that there are the right number and types of workers with contextually-appropriate knowledge and skills to effectively provide services to children and families in need. In all three countries, new positions or cadres were established at district or lower levels to bring the SSW and connections to programming and services closer to children and families in need. These roles, albeit with different educational and training requirements and opportunities for higher-level referrals, included community social workers in Armenia, Child Protection and Welfare Officers (CPWOs) and Inshuti z'Umuryango (IZU)/Friends of the Family volunteers in Rwanda, and assigned provincial and district social workers or focal points and Consultative Committees for Women and Children (CCWC) in Cambodia.

Figure 3. Ratio of frontline government SSW to 10,000 total and child population

The introduction of these workers and volunteers at lower levels made an impact on the overall social service worker to child population ratios (Figure 3), an indicator of service accessibility. In all three countries, the minimum required numbers were outlined in key policy or procedural documents, and in the case of Armenia, via legislation. While significant progress has been made to increase the number of frontline workers, there is limited evidence of the use of demographic data other than population to inform workforce planning across all three countries.
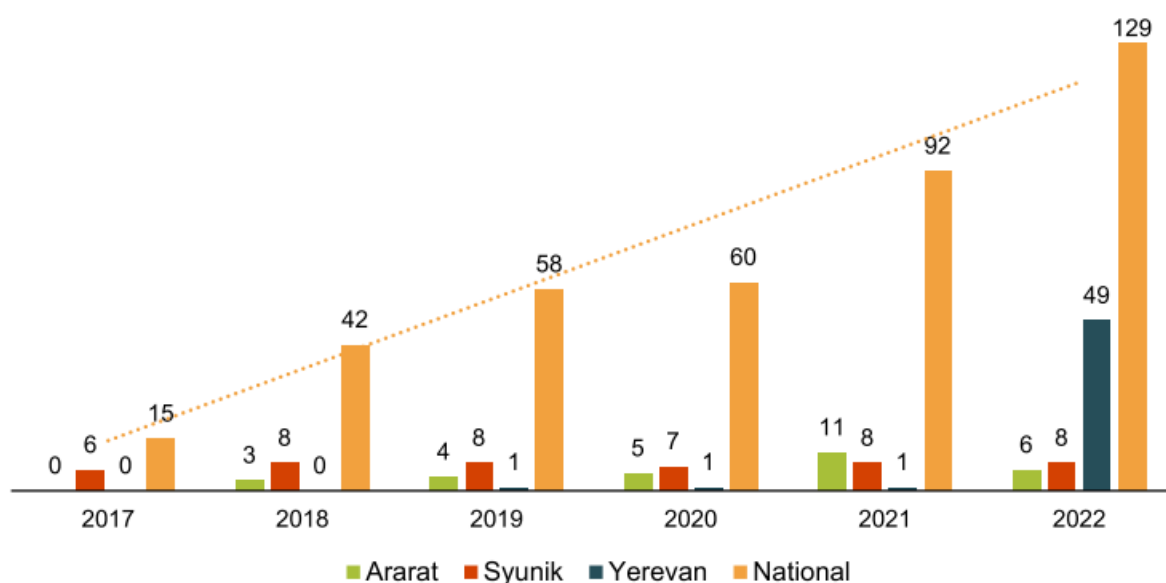
Planning Strategies in Armenia

The Government of Armenia implemented a successful strategy of setting a minimum required number of community social workers. This action was coupled with sustained, local public financing of these positions. The Law on Local Self-Governance adopted in 2002 and subsequent amendments established a requirement of one community social worker per 5,000 population, which previously was closer to one community social worker per one million total population (USAID et al., 2020). From 2017 to 2021, 91 community social workers were recruited and trained in 86 communities. They were incorporated into staff lists and funded by communal budgets. As of 2023, the total number of community social workers has risen to 129, reaching the target of one community social worker per 5,000 children nationally. As described by a key informant,

2017–2019:

- **91** community social workers trained
- **86** communities

2023:

- **129** community social workers total
- One community social worker per **5,000** children nationally

> *When the program started, there were only eight community social workers in the regions and one social worker in Yerevan. Now the number has reached [129]. If we ask the question of whether this number of social workers is enough for a country with so many social problems, the answer is no. But comparatively, this number is huge from the perspective of the importance and effectiveness of having social workers in the communities.*

At the same time, an analysis of community social workers and their current geographic distribution in Armenia, compared with publicly available Multi-Dimensional Poverty Index (MPI) data, shows how current recruitment and deployment practices have yet to incorporate more sources of demographic information to strategically inform workforce expansion. As shown in Figure 4, the highest number of community social workers is concentrated in Yerevan in line with its higher population, while fewer are posted in areas classified as low- to mid-range on the MPI. The lowest number is in Gegharkunik, which has a much smaller population but is at the higher end of the poverty index.

Figure 4. Number CSWs (select marz to national) by year

A key informant from a local educational institution stated, *"We have a serious shortage and uneven distribution of personnel in the regions. We have an accumulated labor force in Yerevan, and we have a problem of finding specialists in the regions."*

In areas where community social workers are scarce, a single worker may serve communities of 10,000 or more, negatively impacting the quality of services provided. One expert interviewed for the assessment states that in such districts, *"high workload for community social workers… is a problem. Community social workers besides their professional duties, as community workers, carry out other duties as well."* Some Armenian communities have advocated for the integration of a second community social worker position in each community, to address workloads and align with the latest legislation.

Similar efforts to increase the number of frontline workers were also reported in Cambodia and Rwanda. These were also based on calculations of workload and workforce-to-population ratios, not the different levels of needs in communities (e.g., measures of poverty, violence against children, child labor, early and forced marriage, etc.).

Figure 5. MPI and number of CSWs by region, 2022 – Data For Impact
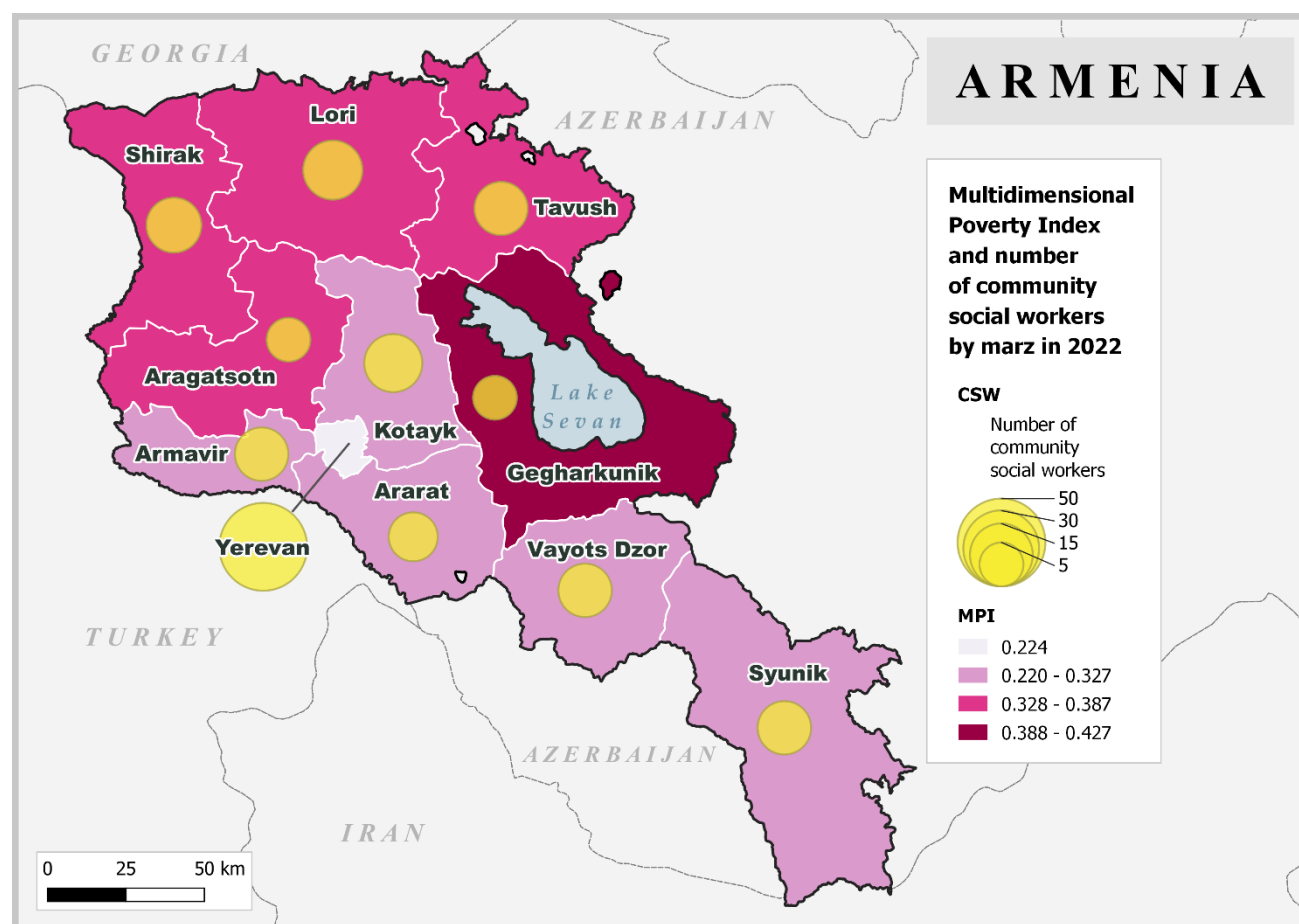
Discussion: SSW Planning Approaches Enable Standards Setting and Expansion of Services

Having a well-planned workforce, with sufficient quantities and types of workers in the right places, is essential for performing promotive, preventive, and responsive work on behalf of children and families. In all three countries, setting a target or required number of frontline workers, such as community social workers (CSWs) in Armenia, IZU in Rwanda, and social work focal points in Cambodia, represents progress in establishing minimum standards for services in terms of the availability of the dedicated SSW at lower levels of government. The recruitment, hiring, and deployment practices put into place have leveraged both governmental and nongovernmental financial and technical resources and have largely achieved a suitable minimum threshold for staff and volunteers at the subnational level. Overall, this increased presence of the SSW facilitates greater public awareness of and demand for available services.

In Rwanda, this increased presence has supported responsive services like in-person attention to violence against children and other child protection concerns, assistance with referrals, and some preventive outreach to at-risk children and families at the village level, including sensitizing communities to make people aware of children's rights. In Armenia, it has contributed to more effective preventive work such as household needs assessments and response services like day care and other family support/crisis centers. In Cambodia, it has facilitated more coordination of services across government and nongovernmental sectors for greater availability and coordination of services. However, across all three countries, achieving an optimal number, structure, and distribution of the SSW, especially those employed by the government, and a lack of clarity around roles and responsibilities across ministries and agencies remain major challenges to effective and equitable service delivery. Many respondents described heavy caseloads and a resulting difficulty in facilitating referrals, as well as delayed action on referrals and the slow escalation of cases due to a limited number of senior social service workers to provide supervision and make formal links to needed services. Available data on service delivery and workforce are not used routinely to assess caseload or performance, let alone to calculate the social service worker to child ratio or other indicators that could inform staffing and management decision making.

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 to ensure that they are equipped with the right skills and competencies to prevent and respond to issues facing children and families. Details on the training provided to the SSW cadres assessed in each country (e.g., issues and skills addressed, duration, etc.) are included in the country-specific reports. The co-creation of training curricula for these cadres by government, domestic, and external educational institutions and NGOs is another promising approach shared across the three countries. It has yielded results in terms of establishing a standardized basic or induction curriculum and related required skills and competencies for frontline social service workers.

In Armenia, World Vision worked in partnership with Yerevan State University and the National Institute of Labor and Social Research to formulate its course methodology for CSWs, both for its induction and lengthier professional in-service training courses. In Cambodia, the development of the National Training Curriculum on SSW with Focus on Child Protection framework and modules for pre- and in-service was coordinated between the National Institute of Social Affairs, MoSVY, other ministries, UNICEF, NGOs, and CSOs engaged in the Family Care First and Partnership Program for the Protection of Children (3PC) networks. In Rwanda,

curricula and other course content for the network of IZU and CPWOs were created as part of the Ministry of Gender and Family Promotion and National Child Development Agency's Tubarerere Mu Muryango (TMM)/Let's Raise Children in Families Program, with support from the University of Rwanda and Tulane University. However, this level of engagement with universities in curricula development and course content did not seem to be maintained across all three countries when it came to ongoing quality monitoring, periodic reviews, and updating of training materials to address evolving practice needs.

Co-Creating Training Curriculum for Workforce Development in Rwanda

Incorporating local and international research and best practices, Rwanda's TMM curriculum has been institutionalized into pre-service education for social work students at the University of Rwanda. A cascade induction and in-service training model coordinated by the National Child Development Agency enables relatively wide-reaching coverage of core content for onboarding and, to some extent, follow-up or refresher training to address priority topics or skills gaps among IZU and CPWOs, who receive cases referred by the IZU and are required to have university degrees in social work or psychology. To reinforce their training, IZU meet monthly with IZU coordinators and are provided with manuals that serve as a reference on their role, expected duties, relevant laws, and policies. An IZU coordinator at the district level 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.*

This approach to standardized curricula development and model of delivery has contributed to ensuring that all active IZU receive initial or induction training. In 2022, there were 29,674 IZU operating across Rwanda (Figure 6) 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, which reinforces the importance of ensuring that these volunteers are consistently trained and prepared for these interactions.

Figure 6. Number of IZU trained and families visited by IZU, by year
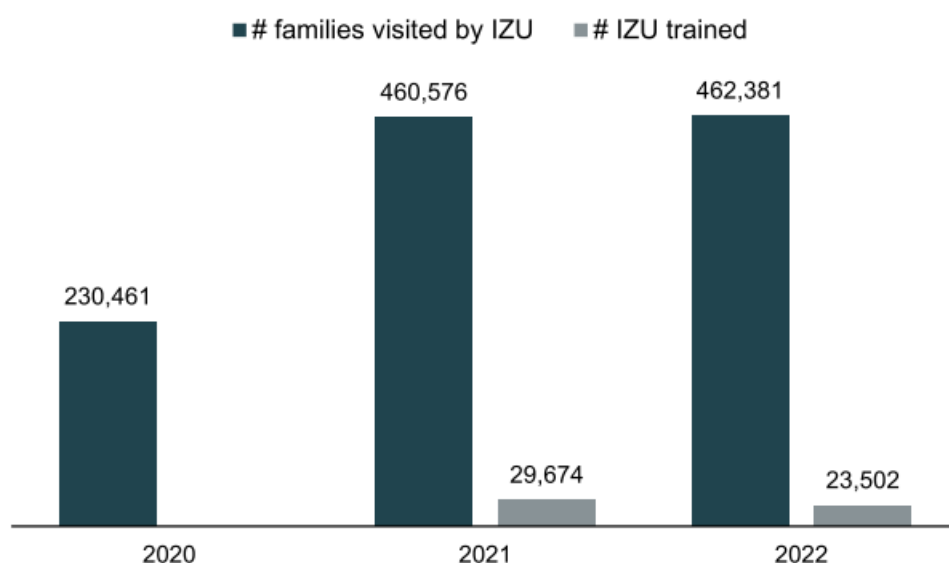
IZU respondents noted that their main reference, the IZU handbook, required updating to remain in sync with their roles and expectations of duties, as it was sometimes inconsistent with content shared in subsequent training. Ideally, these materials should be revised with input from IZU themselves. For example, an IZU coordinator shared,

> *There are girls who got impregnated … 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.*

Data from Armenia and Cambodia also suggest that such academic-major employer partnerships, such as with key ministries and other government agencies, could be an area for improvement to ensure regular reviews of training content and materials are prioritized, with worker feedback incorporated, as part of more comprehensive workforce development investments.

Discussion: SSW Development Approaches Ensure Presence of Trained SSW

Flexible and varied options for frontline SSW training, including a cascade approach in Rwanda and instances of institutionalization of curricula into existing social work pre-service education in Armenia and Cambodia, constitute an important step in the process of setting minimum standards for training, which is essential in ensuring quality service provision to children and families. Investments in these approaches have ramped up the deployment of trained social service workers to the community level, enabling more interactions with potentially vulnerable households. However, locally developed and delivered content for training requires routine revision to remain relevant to practice needs, especially as awareness of and demand for state-provided benefits and referrals to specialized services increase. Similarly, limited numbers of specialists outside of urban areas and a focus on generalist training among social work graduates with inconsistent opportunities for application in field education placement makes it more challenging for frontline workers with more generalist training to address complex cases requiring clinical assessment or intensive case management.

Supporting

Support for the SSW complements efforts in the other two areas of workforce strengthening, 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. In all three countries, there has been an emphasis on establishing mechanisms for coordination or collaboration between government and NGOs to leverage available financial, human, and technical resources for such support to the SSW. In Armenia, the national-level working group formalized by memoranda of collaboration between the government, World Vision, and its other partners as part of the World Vision-led and USAID-funded Community Level Access to Social Service (CLASS) project has helped oversee technical and financial resources in developing the CSW job description, package of basic supplies and equipment, and availability of senior social workers to provide supervision. In Rwanda, the National Coordination Committee under the National Child Development Agency, as well as the Child Development and Protection Sub-Cluster, have been pivotal in organizing the variety of actors involved in TMM and played a guiding role in UNICEF's involvement in the initial financing of CPWO contracts.

Mechanisms for Supporting Coordination and Collaboration among SSW in Cambodia

In Cambodia, an estimated 3,400 national and international agencies of different sizes are involved in social service provision. Although there has not been a formal mapping or census of the nongovernmental workforce, it is likely sizeable in comparison to the 3,764 social work positions identified across the government in 2019 and 4,272 reported in 2020 (Ministry of Social Affairs, Veteran and Youth Rehabilitation, n.d.; UNICEF ESARO, 2019). This disproportionate reality underscores the need to leverage the available human resources from the NGO sector to increase access to and improve the effectiveness of service delivery. These considerations influenced the establishment of child protection coordination mechanisms in the country, which extend down through CCWC at the provincial, district, and commune levels. These committees act not only to disseminate and promote the implementation of relevant

> **National and international agencies:**
>
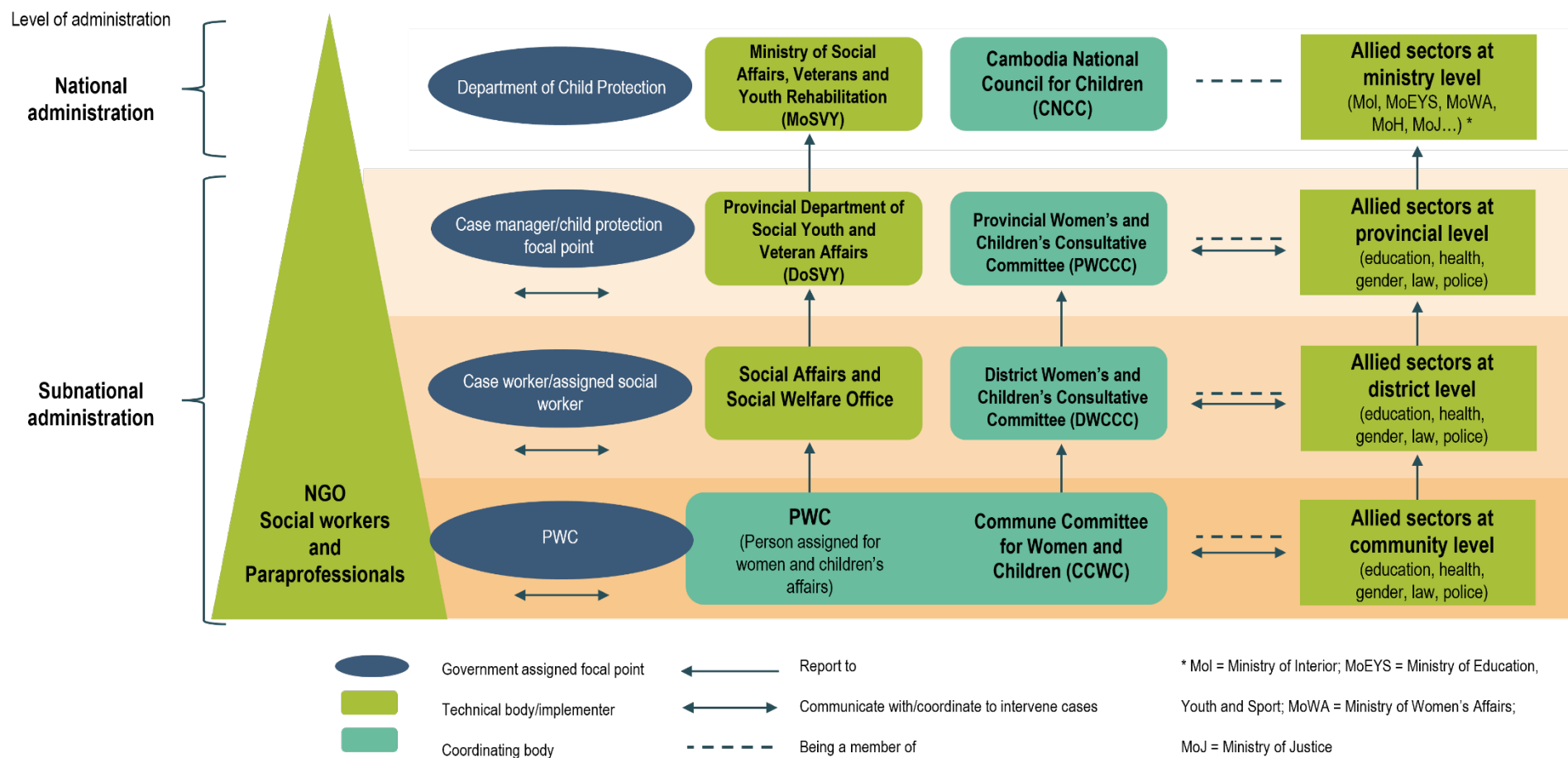> - **3,400** national and international agencies of different sizes
>
> **Governmental workforce:**
>
> - **4,272** social work positions as of **2020**
>
> - **Increase** of **508** positions added since **2019**

laws, policies, and strategies related to child rights and protection, but are also intended to liaise with local and international NGOs engaged in child-related programming (Cambodian National Council for Children, 2019). Through the CCWC, there has been a platform for more coordinated service delivery and information sharing, mitigating the duplication of efforts and ensuring similar and complementary approaches are used in alignment with best practices. Figure 7 illustrates the structure and relationships between these committees, the governmental and nongovernmental SSW, and key ministries and allied sectors at each administrative level.

Figure 7. Structure of SSW for child care and protection in Cambodia – Data for Impact

Level of administration

National administration
- Department of Child Protection
- Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)
- Cambodia National Council for Children (CNCC)
- Allied sectors at ministry level (MoI, MoEYS, MoWA, MoH, MoJ…) *

Subnational administration
- Case manager/child protection focal point
- Provincial Department of Social Youth and Veteran Affairs (DoSVY)
- Provincial Women's and Children's Consultative Committee (PWCCC)
- Allied sectors at provincial level (education, health, gender, law, police)
- Case worker/assigned social worker
- Social Affairs and Social Welfare Office
- District Women's and Children's Consultative Committee (DWCCC)
- Allied sectors at district level (education, health, gender, law, police)
- PWC
- PWC (Person assigned for women and children's affairs)
- Commune Committee for Women and Children (CCWC)
- Allied sectors at community level (education, health, gender, law, police)

NGO Social workers and Paraprofessionals

Legend:
- Government assigned focal point
- Technical body/implementer
- Coordinating body
- Report to
- Communicate with/coordinate to intervene cases
- Being a member of

* MoI = Ministry of Interior; MoEYS = Ministry of Education, Youth and Sport; MoWA = Ministry of Women's Affairs;

MoJ = Ministry of Justice

The designation of a government focal point for child protection, social work, and women and children's affairs, indicated by the dark blue circles, represents efforts to strengthen linkages between these committees, the government SSW, and service providers within the NGO sector for more collaborative and coordinated care and information sharing. Standard operating procedures (SOPs) such as the 2022 Handbook on Child Protection SOP for Municipality District Khan Administration co-released by MOI and MOSVY are meant to further reinforce these mechanisms and better facilitate case management, referrals, consultation, and, in some instances, supervision or coaching across sectors (Ministry of Interior and Ministry of Social Affairs Veteran and Youth Rehabilitation, 2022). For example, a co-case management approach between government and NGO-engaged social service workers (undertaken early on under 3PC) has been further scaled through this network and that of Family Care First, enabling a degree of on-the-job coaching, and was more recently standardized through the Child Protection SOPs. As described by one key informant, these investments in the committees, along with the SOPs, have yielded results related to more efficient action planning and responsiveness to cases.

> *In the past, when we received a case, everyone responded in their own ways: our partner would do one thing, another NGO would do something else. Now we have set a procedure. When we receive a case, all the relevant people meet and discuss an action plan together. We work within our own system, and we must respond quickly to calls from our partners when they need our collaboration and input. (FBGW4, Government SSW, Provincial Level)*

Despite the promise of these committees, designated focal points, and SOPs to support the government and nongovernment SSW in providing more efficient and coordinated care to children and services, they cannot be seen as a substitute for a strong system of supervision for both government and nongovernmental social service workers that contributes over the longer term to monitoring and improving worker performance and service quality. There is potential, though, to model the provision of educational and supportive supervision functions, as evidenced by the engagement of senior social workers through the Family Care First network in Cambodia and the CLASS project in Armenia. Building off that successful practice, these coordination mechanisms could provide a platform for launching or strengthening existing supervision practices, which could include the co-development and promotion of related policies, protocols, and guidance; training of supervisors and supervisees; and ongoing mentoring as these systems and workforce mature.

Discussion: SSW Support Approaches Encourage Scale Up of Different Types of Social Service Workers

Maintaining a motivated, high-performing SSW is critical to providing quality child protection and care services over the long term. Through VCA-supported and other child protection and care programming, a range of strategic interventions to support professional and paraprofessional social service workers 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 government positions in Cambodia and Rwanda at the provincial and district levels, dedicated to child and family welfare, as well as frontline cadres and multi-sector coordination mechanisms down to the community and village level, demonstrates a commitment to expanded services through the leveraging of resources across sectors. Yet, by not uniformly incorporating these positions into the formal staffing structures or providing incremental salary increases, some workers feel undervalued in their roles or limited in their ability to progress in their careers, jeopardizing retention, the sustainability of these positions, and the services they are bringing to communities. Supervision for the SSW is intended to serve three purposes: administrative, educational, and

supportive (Global Social Service Workforce Alliance, 2020). The current systems of supervision (and related staffing structures) for the specific cadres assessed across the three countries fulfill a primarily administrative function, with an emphasis on regular reporting and activity tracking. Some educational and supportive functions are being provided by 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.

Recommendations

This section outlines global recommendations based on the common approaches that emerged with demonstrated success in all three countries, with consideration of actions that could be taken to address related limitations and ongoing challenges. At the country level, D4I formulated recommendations based on the validation of the findings and inputs of the NLG members obtained during the dissemination workshops. More detail on these recommendations can be found in the country-specific reports.

Organized by the three components of SSW strengthening—planning, developing, and supporting—the global recommendations represent areas for advocacy or future investments by countries, USAID, and other development partners, which seem mostly likely to make an impact based on the assessment findings. Ongoing action in these areas can contribute to a stronger SSW and more sustainable social services system in a variety of contexts.

- **Promote the integration and use of available workforce and demographic data and information on local community needs into all SSW planning and budgeting efforts.** Approaches to SSW planning—including proposed amendments to legal frameworks for the SSW and the recruitment and deployment practices funded at the lowest administrative level—must evolve from setting a minimum number or ratio of social service workers to using data-informed estimates of required or necessary personnel. These estimates should reflect the varied needs of local populations in different geographic areas, as well as the number and educational and employment profile of the SSW already in place. Having estimated the number and profile of social service workers required to respond to assessed needs, governments and donors should ensure sufficient funding and resources are allocated in the national and lower administrative level budgets to support their realization. It is important for governments to develop and maintain relevant information systems and make their data secure and appropriately accessible so that they can act as reliable data sources for ministries, other key agencies, and national working groups or committees that conduct or advise on strategic planning. Such systems include child protection information systems and case management information systems that track service delivery and outcomes for children and families, and human resource information systems or HR databases that contain information on the number, type, and training or skill profiles of workers. These systems and related data analytics should be made accessible to lower-level administrators and relevant civil society actors to inform planning and budgeting, ongoing monitoring, and complementary on-government action.

- **Sustain the involvement of educational institutions and the SSW in all phases of SSW development.** Routine training needs assessments, curriculum design, and revisions of induction and in-service training materials should reflect the latest evidence from research on effective practice models and should respond to emerging practice needs. In all three countries, local and foreign universities were key partners in the development of initial training curricula for frontline workers, but there was less evidence of their inclusion in routine updates or revisions of training materials. Future investments in this area should continue these academic-practitioner partnerships, as well as include mechanisms to solicit input directly from the SSW and people with lived experience on their training needs. This recommendation extends to broader training needs

assessments, such as those conducted within ministries or NGOs/CSOs for their staff as part of annual planning and budgeting cycles. Resulting plans and the allocated funding should ensure that opportunities for training are offered as equitably and consistently as possible, including strengthening pathways across different pre- and in-service training options to increase the professionalization of the SSW and opportunities for career advancement. Maintaining these partnerships may also further encourage the institutionalization of these co-developed curricula in pre-service education for social workers and related disciplines, as well as the participation of government and NGO/CSO staff in field education or internships as supervisors or guest lecturers.

● **Expand packages of support for the SSW, leveraging both government and nongovernment resources, to attract and retain qualified workers and volunteers to address issues facing children and families effectively.** To date, interventions in this area have focused on providing basic supplies and equipment and, in some cases, a salary or stipend for workers to support their day-to-day performance. Yet across all three countries, it was clear that current practices were insufficient in motivating and retaining a qualified SSW amidst increasing expectations and heavy caseloads, especially in the resource-constrained public sector. It is essential that governments, donors, and NGOs/CSOs closely examine the monetary and nonmonetary incentives available and that can be offered to the SSW, recognizing their unique knowledge and skills and the importance of their role in a country's social and economic development. The standardization of recruitment and remuneration of the different cadres, especially across sectors, continues to be an area in need of improvement in order to attract students to social work degree programs, graduates to needed positions, and the current SSW to engage in continuing professional development through certificate or diploma programs. Once in these roles, these packages of support should aim to include sufficient resources for tangible items such as transportation and communication, but also intangible items such as regular and routine access to a supervisor, ideally one able to fulfill educational and supportive functions; performance reviews; and recognition or rewards for high achievers. Establishing and strengthening existing coordination mechanisms, such as the CCWC at all levels in Cambodia, should be seen as an intermediary approach while the government SSW and systems of supervision, performance management, and remuneration are further strengthened, alongside clear planning around how relevant learning, models, and practices from NGOs and civil society actors delivering social services can be integrated sustainably into the public sector.

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 groups. The goal of this assessment was to identify specific approaches that countries, USAID, and other development partners should consider advocating for and making future investments, which will contribute to a robust and effective SSW and overall sustainable social services systems in Armenia, Cambodia, and Rwanda, and as applicable in other countries. Common themes emerging under each of the three areas of the assessment's conceptual framework underscore the advantages and limitations of the approaches taken to date to plan, develop, and support the workforce and the actual availability and quality of promotive, preventive, and responsive services provided to children and families. Recommendations related to these findings are formulated for immediate and longer-term promotion among key stakeholders, with an emphasis on those actions with the most potential to make the greatest impact.

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Appendices

Appendix A. Overview of Programming by Country

Armenia

The assessment focused on a select number of activities led by the Government of Armenia (GOA) in partnership with the USAID's VCA.

- World Vision (WV) has been active in Armenia since the 1988 earthquake and introduced community social work in its operations and advocacy. It has advocated for and engaged community social workers (CSWs) in its child protection and wider development programming alongside the Ministry of Labor and Social Affairs (MoLSA) and other key stakeholders starting with the 2004 Child Protection Program. Most recently, the $4.9M **Community Level Access to Social Service (CLASS)** activity, led by WV and funded by USAID, was launched in 2017 to strengthen case management practices and respond to the needs of vulnerable children and families, and to strengthen the resiliency of families living in poverty through social work interventions. Through these activities, WV and its partners have played a variety of roles in SSWS, including promoting increased recruitment and deployment of CSWs by the government, development of training materials and programs, and provision of technical supervision.

- With partners such as the Child Development Foundation (CDF), Women Support Center, and Disaster Risk Reduction National Platform, CLASS works to promote the CSWs' role and strengthen the capacity and cooperation of key social protection actors at local and regional levels in Armenia (USAID et al., 2021). In 2021, a midterm review showed that CLASS had achieved or surpassed almost all indicator targets. The project has been extended for implementation through 2024, adding 48 new communities to the initial 60 and 2 administrative districts in Yerevan. The extension period will focus on project scale-up, advocacy for more state funding, increased awareness of community members on social support services, and support to local social services projects.

- Other highly relevant programming supported by USAID and its VCA has been conducted under **MEASURE Evaluation** and **D4I**, which have worked with the MoLSA since 2017 to address a lack of high-quality data to help target interventions to improve child protection and care for the most vulnerable children and their families. Building on the 2018 self-assessment of care reform, D4I has collaborated with the MoLSA to bolster collection, management, and use of quality routine data; formalized the responsibilities and processes for reporting; and the coordination of staff and resources for monitoring progress. Some key achievements from this collaboration include the development of a roadmap to a comprehensive and interoperable child care and protection information ecosystem, facilitating integration of social services and data exchange across all partners, alongside training to strengthen capacity in key social service system building blocks: policy making, management, financing, and service delivery (Armenia – DataForImpactProject, n.d.).

In addition to its partnership with the GOA and investments in the activities described above, USAID has collaborated closely with UNICEF in supporting care system reform in Armenia. UNICEF Armenia has been a key player in stepping up national efforts around deinstitutionalization, contributing advocacy, technical and other resources toward policy change, capacity strengthening, and creating options for family-based care.

Cambodia

The assessment focused on a select number of activities led by the Royal Government of Cambodia (RGC) in partnership with USAID's VCA and USAID Mission in Cambodia.

- **Collaboration with UNICEF Cambodia**, starting in 2009, including:

    - **Strengthening Systems to Protect Vulnerable Children and Families in Cambodia** (2009 – 2012), led by UNICEF with support from USAID, contributed to research and the development of policies and practice models related to alternative care and strengthening of the SSW. Some key achievements include an influential study on attitudes towards residential care in Cambodia, public awareness campaigns around family-based care, the development of the Prakas on the Procedures to Implement the Policy on Alternative Care and accompanying operational guidelines and training of district- and commune-level social service workers and other staff working in residential care, a case management model for family reunification, and capacity assessment of CCWCs which resulted in a multi-year capacity development strategy for these committees.

    - Additional USAID funding to UNICEF between 2013 – 2020 supported MoSVY's authority over all residential care facilities and its enforcement of a registration requirement for these entities to operate in the country, alongside a National Action Plan for Improving Child Care with the aim of safely returning 30 percent of all children in residential care to their families or other family-based alternative care by 2018. Efforts to reintegrate children and support to families with children at-risk of separation were carried out in coordination with the Partnership Program for the Protection of Children (3PC). Further studies on alternative care and family preservation, including options for children with disabilities, mapping of children in residential care and development of a digital inspection system, public awareness campaigns, and provision of guidance and supplies to support the SSW and families in COVID-19 response were also carried out as part of this collaboration.

    - **Strengthening Child Protection Systems and Integrated Early Childhood Development for Improved Continuum of Care (IECD)** (2020 to 2024), jointly supported by USAID and the Capacity Partnership Development Fund, this activity focused on child rights-related policies and guidelines, along with capacity strengthening in strategic planning and case management. Over five years, it aimed to "support the government and nongovernmental organizations to develop an effective, resilient, resourced, and sustainable child protection system through a professional social service workforce and case management system," including improved coordination at the subnational level in targeted provinces and expansion of reintegration and family-based alternative care for children with disabilities (UNICEF, 2021). This activity played an important role in the development of a national training program for government social workers, promotion of the development of an accreditation and licensing system for social workers, coordination and implementation of the National Action Plan for Early Childhood Development and training in positive parenting, issuing of the Prakas on Kinship Care and Foster Care, and the rollout of a child protection information system using Primero software for government personnel to support case management in line with the Standard Operating Procedures on Child Protection. Child protection services were provided through the 3PC network.

- o **Partnership Program for the Protection of Children (3PC)** (2011 to 2024), implemented by Friends International with support from UNICEF, in collaboration with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), 25 core partners and a network of nongovernmental organizations (NGOs)/civil society organizations (CSOs) operating across nine provinces. Its objectives were to: 1) support coordination of social work services; 2) strengthen the capacity of nongovernment and governmental actors and support learning exchange; and 3) contribute to the creation of a national child protection system (*Our Work | 3PC*, n.d.). In addition to its role via 3PC in the activities above, Friends International was involved in a focused collaboration, Family +, with three Cambodian child protection organizations, Mith Samlanh, Kaliyan Mith, and Komar Rikreay, from 2013 to 2015. Family + aimed to address the rapid increase in residential care for children, primarily through strengthening collaboration between government, civil society and 3PC network members, advocacy campaigns, related surveys and research, and changes to the residential care business model accompanied by new reintegration efforts.

- **Family Care First (FCF) | REACT** (2015 to 2020) and **FCF** (2020 to present), led by Save the Children with support from USAID and the European Union, have worked in coordination with MoSVY to further child protection and care reform efforts through a network of 60 NGOs/CSOs, including international and national partners in ten provinces. Its objectives are to 1) prevent unnecessary child-family separation; 2) reduce the number of children living in orphanages and other residential care facilities; 3) increase the number of children reintegrated into appropriate, protective, and permanent family-based care; and 4) reduce the number of orphanages and other residential care facilities. These activities promoted the development and expansion of OSCaR, an online case management system for CSOs and NGOs involved in child protection, and its interoperability with Primero, alongside direct work with children and families via FCF network members, and contributions to the drafting and release of social work-related guidelines and trainings on child protection and care issues, including supervision and case management in the context of COVID-19.

Rwanda

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

Appendix B. Assessment Team

The core D4I assessment team was composed of experienced senior research and management staff, including three U.S.-based D4I staff and six in-country research consultants. Brief descriptions of the roles and backgrounds of the team members are included below.

- **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 the results of studies and assessments, 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 focus on social welfare systems and workforce strengthening interventions. She led all technical work on the assessment.

- **Caitlin Showalter**, MSGH—Research Advisor. Ms. Showalter is a Technical Advisor 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), the analysis of qualitative data, and the writing of the final assessment reports.

- **Susanna Karapetyan**, MA, and **Mariam Mkhitaryan**, MSW—in-country research consultants and experts in child protection in Armenia. They served as the primary data collectors for the assessment and were responsible for all communication and coordination with local stakeholders; collecting and transcribing (utilizing Armenian 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 Armenian context and qualitative data collection, with their careful approach to the sensitivities around specific child protection topics, they promoted the respectful and accurate representation of the voices of beneficiaries and social service workers within assessment findings.

- **Mouyleng Khan**, MEd and **Veasna Ky**, MSc—in-country research consultants and experts in child protection in Cambodia. They served as the primary data collectors for the assessment and were

responsible for all communication and coordination with local stakeholders; collecting and transcribing (utilizing Khmer 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 Cambodian context and qualitative data collection, with their careful approach to the sensitivities around specific child protection topics, they promoted the respectful and accurate representation of the voices of beneficiaries and social service workers within assessment findings.

- **Jeanine Balezi Mawazo**, BA **and Marie Merci Mwali**, MBA—in-country research 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 and 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, they promoted the respectful and accurate representation of the voices of beneficiaries and social service workers within assessment findings.

Appendix C. Indicators Used for Secondary Data Analysis

Indicator data received from the Ministry of Labor and Social Affairs – Armenia
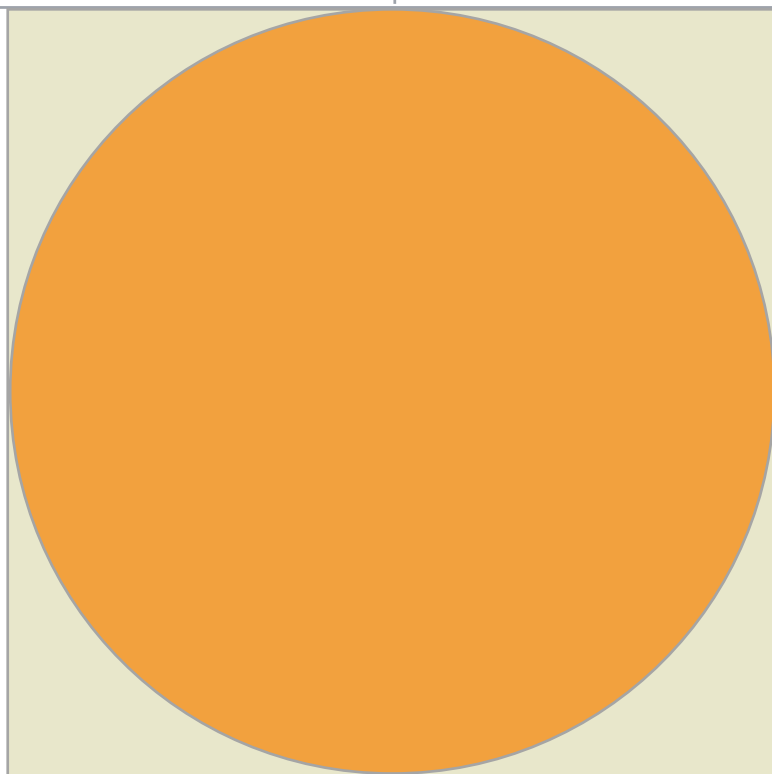
Indicator	Disaggregated by
Number of children in foster care	By year (2017–2022), marz, sex, age, and disability status
Number of children in state-funded residential care institutions (orphanages/boarding facility, emergency support centers)	By year (2017–2022), sex, age, and disability status
Number of families who receive family benefits	By year (2017–2022), marz, type of family (with children)
Number of children with disabilities	By year (2017–2022), marz, sex, type of disability
Number of social workers in residential care and day care institutions	By year (2017–2022)

Indicator Data Extracted from CPIMS Dashboard or Received from MOSVY (*) - Cambodia

Indicator	Disaggregated by
Number of SSW (working with government and NGOs providing social services and child protection services)	By year, geographic area, sex, and age range
Number of children with disabilities receiving disability allowance	
Number of children under 2 years receiving cash assistance from cash transfer programme for pregnant women and children under 2 years	
Number of children living in residential care facilities (RCF)*	By year
Number of children living with formal family-based alternative care providers in the country (foster care and formal kinship care)	
Number of children provided with family reunification or kinship, or community-based care placements*	Cumulative data since 2013; no annual data available in current databases and files
Number of children receiving case management support	By year, district, and gender
Number of children provided with family reunification or kinship, or community-based care placements	By year
Number of children receiving case management support*	By year

Indicator Data Received from the National Child Development Agency - Rwanda

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)