



REPUBLIC OF LIBERIA

SOCIAL WELFARE POLICY



**MINISTRY OF HEALTH AND SOCIAL WELFARE
MONROVIA, LIBERIA**

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SOCIAL WELFARE POLICY



**MINISTRY OF HEALTH AND SOCIAL WELFARE
GOVERNMENT OF THE REPUBLIC OF LIBERIA
MONROVIA, LIBERIA**

MARCH 2009

VISION

The vision is an improved social welfare status of the people of Liberia

MISSION

The mission of the *social welfare sector* is to reform and reorient the social service system to enable it to provide equitable and high quality services targeting vulnerable persons, families and communities, and strengthen modalities that enhance the voice of the vulnerable in defining priority needs and influencing the character and content of service deliver

Foreword

After more than twenty years of civil unrest and violent conflict, peace has been restored, an elected government in place, and Liberians are ready to move forward to rebuild the country all united toward one destiny. This National Social Welfare Policy and Plan that I am presenting today constitutes a demonstration of our joint commitment and willingness to work for a more promising future. Liberia and Liberians deserve that!

Liberia is now privileged to live in a peaceful and ordered environment that gives the Liberians the opportunity to design strategies and plan programs that will help the entire nation to make progress and thrive. The mission of the team that developed the National Social Welfare Policy and Plan was to create the bases for reforming the Social Welfare care sector so that it can effectively deliver quality services to the people of Liberia. The process of formulating this document was faced and carried out with enthusiasm, dedication, and proficiency.

It is our hope that the National Social Welfare Policy and Plan will become an inspirations and guidelines for the Liberian People, partners and Social Welfare workers in implementing the further and needed reforms in our care system. This Social Welfare Policy will assist us in reaching our ideal: a Liberia with improved level of wellbeing and equity; therefore becoming a model of post-conflict recovery in the field. Progressive direction, continuous hard work, consistent prioritization, and generous external support are needed to materialize this achievable plan. The Ministry of Health and Social Welfare shares this vision with our partners in the international development community, and our National Social Welfare Policy and Plan met with unmatched support at the Liberia's Partners Forum held in February 2007. The time is now to capitalize on this impetus, using our collective energy and knowledge to drive our thoughts into reality.

The National Social Welfare Policy and Plan have been prepared with strategy of decentralization in mind, with the understanding that the Liberian People are our most important and fundamental resource. A trained, educated, and skilful staff must be the foundation for increasing access to quality Social Welfare services. The building of the human capacity in Social Welfare is essential components of the national Social Welfare reform process and policy implementation, particularly in rural and, poor urban areas, community level, district, and county levels. This will involve the building of skills at every level in our Social Welfare care system. When we have achieved our first goal of developing the needed skill- and capacity building-the decisions making process concerning resource management and service delivery will be the logical and strategic next step. In this way, the Social Welfare care system can move towards a better and immensely satisfying future.

The Social Welfare services are the cornerstone of the new Liberian National Social Welfare care delivery strategy. The Ministry of Health and Social Welfare is committed to ensuring equity and quality through the

delivery of the Basic Package of Social Welfare Services to be provided at every level of the Social Welfare system, from the village Social Welfare worker to major urban neighbourhoods' service provider.

As stated by President Ellen Johnson Sirleaf, for capacity building in any area of our country's recovery to be truly sustainable, it must be indigenous. It must flow from the people themselves. It must be built on the experience of all Liberians. It must be driven by their present social conditions and by their dreams and desires for the future. We understand that the issue of sustainability is paramount, as is the need for support and assistance from our donors and partners. We all share the goal of developing our internal capacities, so that with the passage of time Liberia will thrive with diminishing dependence on outside support.

We are grateful to our donors who have provided funding for the National Social Welfare Policy and Plan and sincerely thank all those who have spent valuable time preparing these documents. We are confident that implementation of the National Health Policy and Plan is both possible and essential. We ask that you join us in our journey towards transformation and development of our Social Welfare care programs. These documents will constitute the roadmaps that will lead the way.

Dr. Walter T. Gwenigale, MD

Minister/ Ministry of Health and Social Welfare

Acknowledgement

The National Social Welfare Policy and Plan was achieved through a lengthy and intense process. The Social Welfare Policy Core Team, directly led by the Minister of Health and Social Welfare, Dr. Walter T. Gwenigale, is gratified with the completion of the Social Welfare Policy and Plan and is proud to present it today.

And in this occasion, we would like to acknowledge the dedicated support received from several individuals and organizations. Key among them, we would like to acknowledge the financial support from UNICEF that allowed us to count with the appropriate technical assistance in the preparation of this Policy and Plan; the WHO for their financial support; Save the Children UK and Christian Aid Mission for their financial and technical support; Handicap International, SOS-Liberia and UNMIL Human Rights Section for their technical support; as well as all other national and international partners that in many ways contributed towards the development of this National Social Welfare Policy and Plan.

Additional, we are pleased to also thank the collaboration of the Ministry of Justice, Ministry of Education, Ministry of Agriculture, Ministry of Labor, Ministry of Internal Affairs and Ministry of Planning and Economic Affairs. These line Ministries actively contributed with needed technical assistance from their various representatives to components of the National Social Welfare Policy and Plan.

Ministry of Health and Social Welfare staff played a significant part in the development of this Policy, particularly among them; we would like to recognise the following Ministers: Dr. Walter T. Gwenigale, Minister of Health and Social Welfare; Mr. Tornolah Varpilah, Deputy Minister for Planning, Research and Development and Chair of the Social Policy Core Team; Mrs. Vivian Cherue, Deputy Minister for Administration; Mrs. Bendu A. Tulay, Assistant Minister for Social Welfare; and Mr. Nmah Bropleh, Assistant Minister for Planning, Research and Development. We are also pleased to extend our thanks and appreciation to the Office Staff of the Deputy Minister for Social Welfare, the Coordinators and Directors of the Divisions of the Department of Social Welfare, for their tireless support towards the development of the National Social Welfare Policy and Plan. Lastly, we would like to extend our compliments to consultants who provided outstanding professional assistance in the development of this task: Dr. Emmanuel Dolo, the team of Dr. David Cownie and Randolph Moulton, Elizabeth Williams, Alexis Hyder, Sophie Pawon, David Konneh, Ina Christiansen, Susan Grant, Cllr. Johannes Zahn, Mr. David Tambara, and Mr. Ibrahim Sesay.

Kind regards,

Hon. Joseph W. Geebro, MS, MSW

Deputy Minister for Social Welfare and Co-Chair National Social Welfare Policy Core Team

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
LISGIS	Liberia Institute of Statistics and Geo-Information Services
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health and Social Welfare
NGO	Non-Governmental Organisation
SIAPAC	Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd., www.siapac.com.na
TWG	Social Welfare <u>T</u> echnical <u>W</u> orking <u>G</u> roup
USAID	United States Agency for International Development
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

- Photo on inside cover page from www.state.gov/r/pa/ei.
- Photo in the preface and on the back cover page from Liberia's National Poverty Reduction Strategy.
- Maps prepared by Robin Weeks, SIAPAC, siapac@mweb.com.na/robinweeks@telkomsa.net.

Map 1: Map of Liberia Showing its Position in West Africa and Neighbouring Countries



Map 2: Map of Liberia Showing Counties



COUNTRY AT A GLANCE

Topic	Status
Geographic Size	111,369km ²
Terrain	1) mangrove swamps and beaches along the coast; 2) wooded hills and semi deciduous shrub lands along the immediate interior; 3) dense tropical forests and plateaus in the interior
Annual Rainfall	4000mm
Independence	26 July, 1847 from the American Colonization Society
Constitution	6 January, 1986
Executive	Current President: Ellen Johnson Sirleaf Current Vice President: Joseph Nyumah Boakai
Legislature	Bicameral establishment with a Senate and a House of Representatives
Judiciary	Current Chief Justice of the Supreme Court: Johnnie N. Lewis
Political Conflict	Political instability and civil war from the 1980s through 2003
Population Displacement (civil war)	Est. 800,000
Population Killed (civil war)	Est. 270,000
Child Soldiers (demobilised)	12,000
Population Living Outside Liberia	12% (450,000)
Gross Domestic Product	US\$473.9m (2007 estimate)
Per Capita Gross Domestic Product	US\$185.50 (2006)
Gross Domestic Product Growth Rate	-4.2% (1970-1990); 2.2% (1990-2006)
Roads	10,000kms, of which est. 500kms accessible year round
Natural Resources	Iron ore, rubber, timber, diamonds, gold, tin
Agriculture	Coffee, cocoa, sugar cane, rice, cassava, palm oil, bananas, plantains, citrus, pineapple, sweet potato, corn, vegetables
Population	3.49m (2008 figure)
Population Growth Rate	2.1% (2008 figure)
Life Expectancy	42.5 years (2005)
Underfive Mortality Rank	5 worst in the world
Underfive Mortality	235/1000 live births (1990), 199/1000 live births (2006)
Maternal Mortality Rate	1,200/100,000 live births
Stunting in Underfives	39%
Wasting in Underfives	8%
Access to Improved Drinking Water	61% (2004) (72% urban, 52% rural)
Access to Adequate Sanitation	27% (2004) (49% urban, 7% rural)
Underfive Mosquito Net Access	11% (2003-2006 average)
HIV seroprevalence	1.5% (2007); 1.9% female, 1.2% male
Contraceptive Prevalence	10% (2000-2006)
Supervised Childbirth	51% (2000-2006)
Institutional Deliveries	36% (2000-2006)
Vaccination Coverage (full vaccination)	33.7% (2007)
Birth Certificates	3.6% (2007)
Health Facility Destruction	Over 300 of 325 facilities destroyed, in part of in full
Physical Violence Against Women	44% (aged 15-49)
Physical Violence Against Children	15.2% (aged 2-14)
Orphanhood	7.2% (aged 0-17)
Child Labour	9% (5-14 year olds)
Literacy	20%
Net Enrolment Primary School	74% male, 58% female (2000-2006 average)
Net Enrolment Secondary School	37% male, 27% female (2000-2006 average)
Proportion of Teachers Trained	60% (2006)
Population in Poverty	63.8% (est. 1.7m people); 48% living in extreme poverty (67.7% rural, 55% urban)
Population Living on Less than a Dollar a Day	76.2%
Workforce	70% agriculture, 15% industry, 2% services; formal sector employment estimated at 15% of the workforce

* Sources: UNICEF website, Liberia Human Development Report (2006), Demographic and Health Survey (2007), UNDAF framework (2008), Liberia Poverty Reduction Strategy (2008), Core Welfare Indicator Questionnaire (2007).

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EXECUTIVE SUMMARY

INTENT OF THE POLICY

This Social Welfare Policy is intended to provide direction for **reforming** the social welfare sector. Reform objectives focus on improved efficiency and effectiveness among the various actors in the sector, increased accountability and probity, and an enhanced ability to support vulnerable persons. The Policy specifically aims at providing direction for the **reorientation** of the social welfare sector towards a developmental social welfare approach. This approach focuses on the establishment of a demand-driven, community-focused social welfare response with strengthened institutions capable of delivering quality services. It requires the forging sustained partnerships between Government ministries, parastatals, non-governmental organisations, community-based organisations, the private sector, and development partners.

It is meant as an enabling document, allowing actors to align and harmonise support for priorities as expressed in the national strategic plans for social welfare.

VISION AND MISSION

The **vision** is an improved social welfare status of the people of Liberia. The **mission** of the social welfare sector is to *reform* and *reorient* the social service system to enable it to provide equitable and high quality services targeting vulnerable persons, families and communities, and strengthen modalities that enhance the voice of the vulnerable in defining priority needs and influencing the character and content of service delivery.

POLICY ORIENTATION

The social welfare sector commits to a process of reform and reorientation that will: a) enable better co-ordination of social welfare service delivery; b) strengthen the influence of vulnerable groups in decision-making in society; and c) enhance the socio-economic conditions of vulnerable groups in Liberia. Central to this is the reform of the Ministry of Health and Social Services and the reform of systems of inter-sectoral collaboration. The Social Welfare Policy focuses priority attention on: 1) sector strengthening; and 2) protecting most vulnerable groups. In the longer term, the policy emphasis is on: 1) the decentralisation of social welfare services and the reinforcement of partnerships to effect this; 2) the strengthening of community social capital, and family and extended family networks; and 3) the enabling of systems and structures that allow the effective and equitable access to social welfare services among those most in need.

Short-term in this policy refers to the period 2009-2011, while *long-term* refers to any time thereafter. The overall intention of this Policy is to have an effective, functional and robust social welfare response in place by no later than 2025.

Priority sector strengthening shall comprise:

- 1) training and skills development and commensurate compensation;
- 2) beginning a process of sectoral reform and Government restructuring to improve efficiency and effectiveness, decentralisation of activities, a strengthened referral network for those most in need, and support for institutional development as required;
- 3) improving the co-ordination of services;
- 4) gradually incorporating social services currently delivered by commissions and similar bodies into the remit of the Ministry of Health and Social Welfare;
- 5) policy, plan, and strategy development, and strengthening relevant laws and regulations;
- 6) the development of a basic framework for the delivery of social welfare services that would outline social services;
- 7) conducting priority research to better understand those in need of varied social welfare services and modes of delivery, using participatory methods as appropriate;
- 8) elaborating a straightforward monitoring and evaluation system for the sector overall; and
- 9) holding county and district level consultations on the roll out of the social welfare policy and plan.

Protecting Liberia's most vulnerable means the prioritisation of the following:

- 1) consistent with Liberia's position that institutionalisation is a last resort, reunification of children outside of family care with family and extended family members. This includes the improved regulation and monitoring of welfare institutions, including orphanages, and the closure of welfare institutions that are not in compliance with Government regulations. For registered and approved institutions and for places of safety, infrastructure will be improved and expanded;
- 2) strengthening outreach to, and the conditions of, those living with disabilities;
- 3) specific policy and action plan development and alignment associated with emergency planning, juvenile justice, child trafficking, child labour, vulnerable elderly, most vulnerable children, substance abuse, and prisoner welfare; and
- 4) gradual expansion of successful pilot social transfer initiatives, and strengthening outreach to the vulnerable.

Over time, as the capacity of the sector to respond improves, the full mandate of the social welfare sector will be fulfilled. Central to this will be: 1) the expansion of the role and improvement in the functioning of the Ministry of Health and Social Welfare, in particular the Department of Social Welfare; 2) the effective mandating and functioning of the social welfare system at the sub-national level, operating under a devolved structure; 3) the proper oversight and co-ordination of other actors in the social welfare sector; and 4) the diversification of financial resources. Attention shall be devoted to the decentralisation of service delivery, focusing on the enabling of systems for the co-ordination of service delivery, demand assessment, and strengthened social security systems. This will begin with a process of decentralisation of trained personnel to a temporary regional level (west, central, south east), deconcentration to the county level, and thereafter devolution to the county and district levels. Deconcentration refers to strengthened vertical systems from central to sub-national level, while devolution refers to shifting decision-making and control over personnel to local authority level.

Equally important, Government, in collaboration with other development partners, shall establish transparent and accountable systems that support effective demand from vulnerable groups, shall endeavour to strengthen social capital and kinship ties, develop a full range of policies, plans, strategies and systems associated with vulnerable groups, and will contribute to the re-establishment of livelihoods among vulnerable groups.

APPROACHES

Various, robust social reform approaches that promote accountability, sustainability and partnership, will be elaborated in a sequence of national social welfare plans of action. These are based on the extent that institutions involved in the social welfare sector are capable of adequately fulfilling these responsibilities and mandates. Government will constructively engage its development partners to elaborate a sequence of plans and prepare a national strategic framework for the social welfare sector. This approach will support sector reform and help to consolidate gains over time, allowing the adaptation of strategic approaches to counter setbacks and exploit opportunities as they arise.

The first plan covers the period 2009/10 - 2010/11, with subsequent plans each of five years in duration. The first plan covers two years so as to be aligned with the timeline of the health plan of action of the Ministry of Health and Social Welfare (2007-2011).

For the 2009-2011 Plan of Action period, approaches are grouped under two overall strategies:

1. Effecting an enabling environment at the national and sub-national levels.
2. Designing and implementing strategies and plans that respond to the demands and rights of vulnerable groups in a meaningful and effective manner.

For the *enabling environment*, the actors in the social welfare sector shall do the following:

- The Government of Liberia shall endeavour to secure expanded financing for the social welfare sector, within the context of its commitment, in the poverty reduction strategy, to the protection of vulnerable groups and enhanced livelihoods for the poor.
- All actors in the social welfare sector shall align their programmes and activities with this Social Welfare Policy, and set priorities based on the Plan of Action.
- The Ministry of Health and Social Welfare shall ensure alignment of the Social Welfare Policy and the National Health Policy.
- The Ministry of Health and Social Welfare shall lead a process aimed at strengthening consultative channels with other actors in the social welfare sector at the national level. As systems are strengthened over time, attention will be turned to similar efforts at the sub-national level.
- The Ministry of Health and Social Welfare shall lead a process of policy, plan, strategy and regulatory design aimed at providing strategic direction and guidance in the social welfare sector. The Ministry shall also advocate in the area of legal and regulatory development to protect the rights of the vulnerable. Once these are put into place, attention will be focused on review and enhancement.
- Government shall create appropriate co-ordinating mechanisms to effect this policy. This includes the establishment of a *Social Welfare Advisory Committee* including representatives from Government, civil society, development partners, the private sector, and other relevant agencies and institutions to provide policy guidance, assist with resource mobilisation, and resource oversight.
- It also includes the establishment of a *Social Welfare Technical Working Group* focused on overseeing implementation of the plans of action. It will comprise representatives from Government, civil society, development partners, the private sector and other agencies as appropriate. Sub-committees will be established at various levels as required. The effectiveness of these structures will be reviewed over time.
- The Ministry of Health and Social Welfare will mobilise support from its partners to increase and improve the competencies of County Health and Social Welfare Teams. These Teams will strengthen the decentralised response in the following ways: 1) overseeing the scaling-up of structured and on-going consultations with vulnerable groups and other community members and groups; 2) helping re-establish and empower community action groups (e.g., child welfare committees, HIV&AIDS associations, local associations for persons recovering from addiction, etc.) that represent the interests of the vulnerable; and 3) co-ordinating social welfare actors and actions under their remit.

For the *design and implementation of strategies and interventions* that better respond to demands and need, the actors in the social welfare sector commit to the following:

- The development and implementation of broad-based programmes designed to reach the majority of the vulnerable.
- Strategic guidance to central sectors serving children, including health, education, water and sanitation, and housing, ensuring that the needs of the vulnerable are taken into consideration.
- Advocacy for the social welfare sector for purposes of fund-raising and influencing national policy and strategy development.
- Improve institutional capacity to enable co-ordination, oversight, and case management service provision.
- Focus on building and strengthening community consultative channels and institutions aimed at creating effective demand that will give voice to the vulnerable, prioritise those most in need, and strengthen social capital and kinship ties. Link the supply response to these demand issues.

DESIRED RESULTS

Through the implementation of activities consistent with the Social Welfare Policy, and through a commitment among all actors in the social welfare arena to the principles, strategies and priorities noted in the policy, the Social Welfare Policy aims at the following desired long-term results:

Social Welfare Sector

1. An influential and powerful social welfare sector with highly-motivated professionals dedicated to the provision of quality services.
2. An accountable and responsive social welfare sector, led by a strong Government response.
3. An efficient and effective sector led by highly motivated, professional officers dedicated to improving the lives of Liberia's vulnerable population.

Vulnerable Populations

1. Voice and influence over decisions, with most decisions made at the community level.
2. As rights holders, vulnerable populations take ownership of interventions.
3. Enhanced social capital and social organisation.

Characteristics of the sector to help yield these results include:

- an influential social welfare sector able to attract resources and conduct its affairs efficiently;
- a significantly strengthened social welfare system with effective implementation capacity, operating in a transparent and accountable manner;
- a diverse social welfare sector involving a number of competent actors responsive to changing needs over time;
- a social welfare sector that responds to effective demand from vulnerable groups;
- a properly co-ordinated and well regulated sector;
- a social welfare sector that makes a powerful contribution towards the enhancement of social capital in communities, the strengthening of families and extended families, and the increased use of positive coping mechanisms to resolve problems.

THREATS

The following threats may challenge the success of policy implementation:

1. The social welfare response does not make the transition to a focus on developmental social welfare services and a demand-driven response linked to effective supply.

2. The social welfare sector does not get the balance right between a focus on high visibility populations and broader efforts to strengthen community-based mechanisms for effective demand among the larger population of the vulnerable.
3. Sectors central to improving the social welfare of vulnerable groups, notably education and health, as well as water and sanitation and housing, do not devote sufficient attention to the particular needs and circumstances of vulnerable groups.
4. Capacity enhancement and structural reform of the Ministry of Health and Social Welfare, and capacity and orientation to a developmental social welfare approach, is inadequate to such an extent that the Department of Social Welfare cannot co-ordinate activities effectively, plan strategically, harness resources, and begin a process of decentralisation.
5. The social welfare sector is unable to attract sufficient resources to effect planned activities, or is unable to effectively manage expenditure in an accountable manner.
6. Acute shortages of trained social welfare officers and managers involved in the planning, co-ordinating, and assessment of social welfare services, and a shortage of community-based organisations and volunteers that implement the social welfare response.

THE WAY FORWARD

Government recognises that there is a high number of vulnerable persons resulting from years of mis-rule, political instability and civil war. The Government of Liberia therefore commits itself to taking the lead in mobilising funding and ensuring the availability of human and other resources for the effective implementation of this policy, working closely with development partners. The Government of Liberia will devote sufficient time and energy to engage effectively with stakeholders and actors in the social welfare arena to properly expand the remit of the social welfare sector. Implementing partners in the social welfare arena commit themselves to assisting the Ministry of Health and Social Welfare, as a lead agency in this regard.

Further, both Government and its partners in the social welfare sector are aware of the enormous challenges facing the sector, and that they cannot do everything at once. In recognition of this key constraint, Government and its partners commit themselves to the prioritisation of activities noted in this policy.

DEFINITION

SOCIAL WELFARE

Social welfare is the condition or collective well-being of large numbers of peoples. Social welfare, therefore, is a broad term that encompasses social work, public welfare, and other related programs and activities. It is primarily based on three premises: (1) that the individual is important, (2) that the individual has personal, family, and community problems resulting from interaction with others, and (3) that something can be done to alleviate these programs in order to attain a more satisfying standard of life.

Social Welfare Systems

A social welfare system is an organized system of social services and institutions, designed to help people meet their physical, educational, mental, spiritual, and economic needs that are fundamental to the maintenance of society. In its simplest form, the social welfare system can be conceptualized as four interrelated parts: (1) social issues; (2) policy goals; (3) legislation/regulations; and (4) social welfare programs. The social welfare system starts with the identification of a social issue. A policy goal is then articulated, which then results in a public position created through legislation or regulation. Lastly, the legislation is translated into action through the implementation of a social welfare program.

SOCIAL WORK

Social work is defined as an art, an applied science, a profession that helps people enhance or restore their capacity for social functioning and one that effects societal changes that are favourable to the well-being of all people. Social work ultimately aims to improve the social welfare of large numbers of people by helping not only communities, but also individuals and groups, especially families. Social work requires great skills and knowledge of human development and behaviour as well as social, economic, and cultural institutions.

(a) The categories of social work are as diverse as its practice and include the following:

1. Clinical Social work
2. Community Social Work
3. Court Social Work
4. Family Social Work
5. Hospital Social Work/ Medical Social work
6. Mental Health/Psychiatric Social Work
7. Prison/ Institution Social Work
8. School Social Work/ Guidance Counseling

(b) Social Work Title

Case worker

Case manger

Social worker

Counselor

(C) Helping professional above social work

Psycho-Therapist

Psychiatrist

Psychologist

Therapist

INTRODUCTION

1.1 STATEMENT OF INTENT OF THE POLICY

Liberians have endured decades of poor governance, instability and war that have destroyed livelihoods and weakened the social ties that bind families, neighbourhoods and communities together (social capital). With the onset of peace, Liberia has an opportunity to recover from this devastation. But the very institutions and conditions that are needed to effect this recovery are weak, and it is no doubt that it will take a number of years to recover.

The National Poverty Reduction Strategy of Liberia (see Ministry of Planning, 2008) estimates that some 63.8% of the population lives in poverty, and most of these (48%) live in absolute poverty. One-quarter of the rural population was dislocated on at least one occasion between 1990 and 2003, and the lives of almost all households, rural and urban, disrupted. Recovery has been undermined by the destruction of the country's physical and social infrastructure, the loss of many of its trained cadres, continued instability in the region, and the fragility of institutions.

Social welfare is a policy agenda for responding to risk and vulnerability. The social welfare approach adopted by Liberia incorporates social welfare in terms of responding to the basic needs of the most vulnerable, social protection, the strengthening of systems of social capital, and socio-economic enhancement.

With a considerable population of vulnerable people, households, and communities, in an environment of institutional and economic weakness and frail social systems, the establishment of an effective social welfare infrastructure is imperative. Co-ordinated by the Ministry of Health and Social Welfare (MOHSW), this emergent social welfare response relies on effective partnerships within the country, draws upon the goodwill of the international community, and is dependent on the peace and stability that the country currently enjoys.

Given the overwhelming needs of the country and its people, it is especially important to have a common understanding of how to proceed with the social welfare response. Central to this is a clear policy document that will guide the sector into the future. This Social Welfare Policy is therefore intended to provide guidance to those involved in the social welfare sector in Liberia, including Government, civil society organisations, interest groups, service delivery agencies, associations and activists, the private sector, and development partners. It is meant as an *enabling* document, allowing actors to align themselves with priorities as expressed by the people of Liberia and their representatives, and with the procedures determined by Government.

This Policy also provide a national strategic vision for reforming the social welfare sector, and guides the development of a sequence of national social welfare plans aimed at reorienting the sector towards developmental social welfare approach, covering welfare, protection, and enhancement activities to improve the lives of the vulnerable.

1.2 SOCIAL WELFARE POLICY CONTEXT AND PROCESS

This Social Welfare Policy draws attention to priorities agreed by the Government of Liberia and its partners, established through a participatory process involving a variety of stakeholders and a careful development process. Government and its partners in the social welfare sector recognise the particular institutional limitations facing any

response, and further recognise that those very factors that could enable an effective response -- well functioning extended families, communities and cultures -- have been severely weakened by ill-governance and war.

In such a situation, diffusing attention across a variety of fronts would undermine progress on all fronts, and could do more harm than good. Overly ambitious goals could divert attention from the urgent need to reform the sector and build solid institutions and the necessary regulatory infrastructure that is central to the long-term success of the social welfare response. Urgent priorities will therefore be addressed first. Government will devote priority attention to creating a more enabling environment for the sector, specifically involving the strengthening of institutions and developing a more coherent, and more encompassing, regulatory setting, and to focusing service delivery on those most in need. As the system itself gains strength, other challenges will be tackled.

Government is confident that adherence to this policy, and the corresponding action plans, is a precondition for success, and Government and its partners involved in the sector hereby commit themselves to doing everything they can to enable the policy and support planned activities. As progress is made, some sub-sector policies shall be elaborated to refine the social welfare response, with the continued involvement of development partners and other stakeholders.

1.3 THE POLICY AND THE PLAN

Plans of action shall be aligned to the Social Welfare Policy, with various actors in the sector involved in both policy review and plan design. The plans shall take cognizance of the severe structural and institutional limitations facing the sector and its management. Given the absence of adequate information on many aspects of relevance to social welfare, and in order to allow eventual integration of the Social Welfare Plan with the National Health Plan, the first, transitional Social Welfare Plan covers a two year period (2009/10 - 2010/11). Thereafter, if deemed appropriate by Government, five year integrated health and social welfare plans will be developed.

1.4 THE SOCIAL WELFARE POLICY AND THE NATIONAL HEALTH POLICY

The National Health Policy was issued by MOHSW in 2007. The intentions of the Social Welfare Policy are consistent with those of the National Health Policy -- sectoral strengthening and a focus on meeting most urgent needs. There are also institutional matters, in particular associated with capacity enhancement, planning and policy development mechanisms, and monitoring and information management, that are consistent across the two policies. The Social Welfare Policy shall undergo reviews and revisions consistent with MOHSW procedures. These reviews will track performance and set annual priorities, as well as provide strategic guidance for longer-term planning.

2 SITUATION ANALYSIS

2.1 OVERVIEW

Liberia is located in West Africa, and covers a total area of 111,369km². It has a coastline of 560 kilometres, which receives approximately 4000mm in rainfall largely during the rainy season from May to October.

2.1.1 DEMOGRAPHY

According to the 2008 national census (see LISGIS, 2008), there were 3,489,072 people living in Liberia. Between 1984 and 2008, the population grew by 2.1%, reflecting a reduced population growth rate from previous years, but also the demographic impacts of the deaths of some 270,000 people during the fourteen year civil war (1989-2003). Dislocations due to the civil war heightened a trend towards increased urbanisation, with over one-quarter of the population now living in the capital Monrovia.



2.1.2 HISTORICAL OVERVIEW

Liberia declared itself independent of the American Colonization Society on 26 July, 1847. However, in the years that followed, little attention was paid to the development of a majority of Liberia's people. This misallocation of resources coupled with the distorted patterns of economic growth resulted in increased instability. This culminated in a coup in 1980, and civil war from 1989.

By 2003, when the civil war finally ended, the economy had been ruined, over 80% of the population dislocated and traumatised, and the country's infrastructure destroyed. An estimated 95% of schools were partially or completely destroyed, almost all rural health facilities destroyed, and only 500 out of 6000 kilometres of roads are usable year round. Housing status has declined in both rural and urban areas, with a growing population of people living in slums especially in Monrovia. Much of the country's skilled human resources fled overseas, worsening an already precarious human resource situation. Developmental services, from health to education to protecting the most vulnerable, all collapsed.

2.1.3 ECONOMIC SITUATION

With the onset of instability, the economy, heavily reliant on agricultural produce and natural resource exports, collapsed. Gross Domestic Product fell by almost 90% between 1987 and 1995. Per capita gross domestic product in 2006 was US\$195.50, down from US\$1,269 in 1980 (Ministry of Planning, 2008). Liberia has a huge external debt burden of US\$3.7 billion as of mid-2005, equivalent to 800% of Gross Domestic Product and 3000% of export value (see MOHSW, 2007a). Unemployment has reached an astonishing 85% (Ministry of Labour, 2008).

Since stability returned in 2003 and governance improved from 2006, there has been some progress. Economic growth for 2007 was estimated at 9%, and domestic and foreign direct investment has improved. Many schools and health facilities are being rebuilt, human resources trained, and there have been important gains in terms of primary health care service provision and road rebuilding. Nevertheless, the challenges that remain are enormous, and it will take decades to recover from the damage done.

2.2 POVERTY, HOUSEHOLD ECONOMY AND SOCIAL CAPITAL

The collapse in the overall economy and the corresponding collapse of the rural economy heightened poverty. An estimated 63.8% of the population lives in poverty, of which 48% live in absolute poverty and the remaining 15.8% live in poverty (Ministry of Planning, 2008). It is especially high in rural areas, where two-thirds of the population live in poverty, and is especially severe in the south central and north western parts of the country. Today, the population is far worse off than twenty five years ago.

Rural livelihoods in particular were affected. Assets were sold or lost during the war, and the inputs required to re-establish rural livelihoods are severely lacking. Agricultural implements, seeds, fertilizers, pesticides, finance, rural roads and markets are all lacking. Farms abandoned during the war have had to be rebuilt, and this requires significant labour investments. Those who are short of labour are in an especially difficult situation (Schubert, 2008), comprising over one-quarter of all rural livelihoods, with an estimated 8%, or some 25,000-30,000, of all rural households having no adults able to work.

At the macro level, overcoming poverty is severely constrained by the collapse of infrastructure, and the depressed macro-economic situation. Overcoming poverty is also constrained by the dearth of skilled human resources that could assist in the recovery. It will be years before employment in the civil service or private sector is attractive enough, and sufficiently resourced, to attract the many skilled Liberians who left the country. Equally important, it is constrained by the structural problems with the economy arising from decades of misallocation of resources and the benefits of economic activity. It is not just the challenge of recovering from the war, it is the challenge of overcoming decades of misrule.

The most serious impact of instability, war and mis-rule is the collapse in the system that brings people together for purposes of mutual protection and development. This system of 'social capital' -- the extent to which people can rely on each other in times of need, and the extent to which people organise locally to attain shared objectives -- has been severely weakened, with particularly negative implications for the most vulnerable. At the level of the family and household, there has been a parallel weakening of social capital within extended families and kinship structures.

The establishment of trust, the strengthening of a sense of community, the resolution of problems through means other than violence -- these are all central to livelihoods re-establishment and poverty alleviation.

2.3 VULNERABILITY

Vulnerability can be defined as the susceptibility to harm due to forces outside of one's control (see Thywissen, 2006). Not all persons and households are vulnerable, and not all of those who are vulnerable are vulnerable in the same manner. In a situation such as Liberia finds itself today, two aspects of vulnerability are especially important to understand. One is the magnitude of the problem -- the number of people who are vulnerable. With almost two-thirds of the population living in poverty, there are vulnerabilities that constrain choice and opportunity among a majority of the population. The second is the depth of the problem. Almost half of the population lives in chronic poverty, 16% of the population is disabled, 7.2% of all children are orphaned, there are over 100,000 demobilised former soldiers, there are over 12,000 demobilised children, and there are an unknown of adults and children subject to trafficking.

Of these vulnerable populations, there are those who are especially vulnerable, including children in trouble with the law, children living outside of family care (e.g., children living on the street, abandoned children, children living in child-headed households, children living in institutions, substance abusers, etc.), elderly persons living alone, elderly-headed households, households without any labour resources, and adults and children subject to trafficking. Many of these are vulnerable across a variety of factors, including violence and abuse, insecurity and trauma, hunger, labour-shortages, chronic illness, and a lack of investment in their future (e.g., education, health).

As a conceptual tool, it is important to consider vulnerability in the context of the resilience of social systems that can mitigate the impacts of vulnerability in ordinary and extraordinary times, the strength of livelihoods strategies to weather short-term and long-term crises, and the quality and quantity of resources that can be drawn upon to minimise the impacts of vulnerability.

2.4 OVERALL CHALLENGES

At this point in time the social welfare sector in Liberia is ill-equipped to respond to the problem of vulnerability and the necessary shift to a development focus in the social welfare sector. The social welfare sector lacks sufficient resources, skills, institutional framework, influence, sustained partnerships, regulations, policies, laws, and mandate to respond to the needs of the vulnerable. Equally important, the social welfare sector lacks the orientation to enable a community-based response to build a demand-driven approach that strengthens the voice and influence of vulnerable groups themselves.

Further, the social welfare sector lacks an agreed definition of the populations under its remit, the advocacy skills and experience needed to influence others to reach the most vulnerable, the procedures to prioritise those most in need, and the co-ordination infrastructure necessary to guide a coherent response.

These framework conditions, when combined with the magnitude and depth of the problem noted above, raise numerous social welfare challenges. This is further complicated by the particular problems facing different vulnerable groups. In this situation, it is insufficient to simply list the populations most in need of support from the sector, and prepare a standardised intervention. While agreeing on such a list, and prioritising groups and determining broad-based actions in response to their problems remains important, for many social welfare interventions this needs to take place within the context of understanding the socio-economic environment they find themselves in, and the constraints and opportunities they face. Overall, the acute shortage of human resources, trained and otherwise, demotivation of social welfare officers, weak institutional capacity and scarcity of resources remain the most critical challenges facing the social welfare sector.

2.5 THE SOCIAL WELFARE SECTOR'S RESPONSE TO VULNERABILITY

2.5.1 THE POLICY RESPONSE AND GAPS

Despite the magnitude of the problem, the social welfare response has not included the design of coherent policies, plans, and strategies. The absence of a broad social welfare policy, from which specific policies can be developed, was a particular constraint. While this particular constraint has been overcome by the development of this Social Welfare Policy and the first Social Welfare Plan of Action for the Period 2009-2011, there are still a number of sub-sector policies, specific response plans, and detailed strategies to responding to social welfare challenges in Liberia.

Further, the lack of effective policy development and implementation has undermined the emergence of a coherent response in the social welfare sector, and slowed efforts to reform the sector.

2.5.2 INSTITUTIONAL AND CO-ORDINATION STRUCTURES AND GAPS

The mandate of MOHSW in the social welfare arena is to oversee the administration of welfare institutions, supervise the distribution of relief and welfare funds granted by the Government, co-operate with the judicial system in the administration of laws relating to juvenile justice, provide non-clinical support to persons in need of health services, (e.g., mentally disabled, physically disabled, abused children, etc.), lend assistance to persons in need in case of emergencies, design and participate in programmes aimed at the promotion of child welfare and the prevention of delinquency, oversee care for juvenile delinquents, secure living arrangements for homeless children and support their training, oversee the provision of rehabilitation services, support the needs of the disabled, provide support to day care services, promote research in the social welfare arena, offer assistance and oversight regarding the actions of charitable organisations, and secure financing. MOHSW has a broader mandate to support developments that improve the lives of Liberia's vulnerable population.

Nevertheless, despite these considerable responsibilities, the structure of the sector and the urgent need for reform makes it difficult to respond effectively. This is primarily due to weak institutions, a lack of co-ordination capacity, a lack of focus on co-ordination and the broader development focus on vulnerable populations, inadequate resource allocation, and a weak legislative and institutional environment that yields confusion in terms of function and responsibility as well as orientation. While it is inevitable that the social welfare sector will engage with a variety of actors responsible for different aspects of vulnerability, clarity and streamlining are needed.

At this juncture, key actors in the social welfare sector include the following:

- Community Action Groups - informal and formal organisations that assist with activities in their neighbourhoods and communities. Reach is not known.
- Local Volunteers and Local Development Workers - individuals who are active in local development initiatives. Reach is not known.
- Non-Governmental Organisations and International Non-Governmental Organisations - formal organisations involved in development activities: Reach is not known.
- Decentralised Authorities - county and district authorities involved in service delivery: Reach is not known.
- National Commissions - there are national commissions whose mandate covers key social welfare areas, including reintegration, refugees, disabilities, etc.
- National Social Security and Welfare Corporation - responsible for the administration of social security and social insurance schemes for formal sector workers. Reaches around 6% of the national formal sector labour force, or around 15,000, out of a total potential workforce of approximately 1.5 million. Oversees the National Pension Fund, an Employment Injury Fund, and a National Welfare Fund (although the latter is currently dormant).
- Ministry of Health and Social Welfare - responsible for co-ordinating the social welfare response. Responsible for delivery of health services, including mental health services.
- Ministry of Education - responsible for the delivery of education services.
- Ministry of Justice and the judiciary - oversees the delivery of legal services to juveniles in conflict with the law or in need of legal services. Probate Court oversees all domestic and international adoptions.
- Ministry of Gender and Development - advocacy and strategic response to gender issues.

As noted in this listing, many of those involved in programme design and implementation, including those experimenting with innovative approaches to working with vulnerable groups, as well as those caring for most vulnerable groups, fall outside of the Government sector. Community volunteers, local associations and organisations, and other non-state actors are key partners in the social welfare arena, and are especially important in reaching vulnerable populations. While these actors often have a great deal more flexibility than Government in terms of implementing innovation approaches and reaching especially disadvantaged groups, the ability of Government to co-ordinate the response and learn from the various actors involved in the system is weak.

3 POLICY FOUNDATIONS

3.1 INTRODUCTION

The primary task of the social welfare sector is to help Liberia overcome the problems of the past, effect a developmental social welfare response that empowers vulnerable persons and strengthens social capital, and improve the efficiency and effectiveness of service delivery.

3.2 VISION

The **vision** of the social welfare sector is an improved social welfare status of the people of Liberia.

3.3 MISSION

The **mission** of the social welfare sector is to reform and reorient the social service system to enable it to provide equitable and high quality services targeting vulnerable persons, families and communities, and strengthen modalities that enhance the voice of the vulnerable in defining priority needs and influencing the character and content of service delivery.

3.4 GOALS AND OBJECTIVES

The policy goals and objectives are as follows:

- | | |
|--------|---|
| Goal 1 | A strengthened enabling environment for social welfare, protection and enhancement |
| Goal 2 | Relevant social services provided to populations in need in a cost effective manner, based on systems that support effective demand |
| Goal 3 | Improve and enhance social capital systems that increase choice, reduce risk, and protect the most vulnerable |

Goal 1: Enabling Environment

- | | |
|-------------|--|
| Objective 1 | To enhance institutional capacity in Government, among partner organisations, and among decentralised institutions |
| Objective 2 | To strengthen the Government regulatory system |
| Objective 3 | To improve the policy, planning and strategy environment |

Goal 2: Social Services

- | | |
|-------------|--|
| Objective 1 | Design and implement a multi-pronged, multi-sectoral social welfare system that targets those most in need with priority social welfare services, supports the attainment of basic needs services such as education, health, water and sanitation among all vulnerable groups in need, and is capable of responding to emergency needs |
| Objective 2 | To design and implement improved systems of financing for the provision of social welfare services, and enhanced accountability |

Goal 3: Social Capital

- | | |
|-------------|---|
| Objective 1 | To implement effective consultative approaches to programme design and implementation and community capacity enhancement, taking care to ensure the inclusion of the disenfranchised throughout the process, as rights holders, not beneficiaries |
| Objective 2 | To focus attention at the community and sub-community levels aimed at strengthening the influence and social organisation of the most vulnerable |

Objective 3 To strengthen local systems of governance in communities and build the capacity of community groups to map a way forward to overcome negative coping strategies associated with, among others, violence, alcohol and drug abuse, discrimination based on gender, ethnicity, beliefs, or health status

The intended **results** of the Social Welfare Policy are to:

- 1) support the enabling and establishment of community-based structures, enabled by the social welfare sector;
- 2) reduce the number of those in need of social welfare services;
- 3) strengthen systems of social capital that protect the vulnerable; and
- 4) enhance the voice and influence of the vulnerable.

3.5 GUIDING PRINCIPLES AND STRATEGIC APPROACHES

The guiding principles for the Social Welfare Policy are organised around the themes human rights, partnership and co-ordination, decentralisation of authority and responsibility, the central role of family and community in improved social welfare, improved access to services, and a focus on mutual respect and progressive change.

Guiding Principles

Human Rights - people hold inalienable rights in the areas of survival, development, protection and participation. A human rights approach aims to empower people to make their own choices, advocate for themselves, influence others who impact on their lives, and exercise control over their lives. At its core it is based on active participation by rights-holders throughout any process.

Partnership and Co-ordination - the social welfare sector is comprised of a multitude of actors whose actions need to be enabled, within the framework of a coherent social welfare approach. Successful partnerships within the sector across state and non-state actors, strategic alliances at various levels, including at the community level, and effective co-ordination of actors and actions is needed. Enabling partnerships and co-ordinating actors and actions with an aim of expanding reach is the central purpose of Government involvement. It also requires effective communications, and better understanding of the roles and functions of social work in Liberian society.

Decentralisation - decentralisation will involve the eventual devolution of authority and responsibility to sub-national actors, giving these levels decision-making authority across sectors. Devolution requires the strengthening of government's social welfare infrastructure at sub-national levels, specifically county and district levels, and the shifting of decision-making authority to local authorities that oversee, among others, social welfare activities. Equally importantly, it requires working with leaders, organisations, vulnerable persons and others at the community level to respond effectively to demand for social welfare services, and to support local solutions to developmental challenges.

Family and Community - The family is the basic unit in society, and social welfare sector activities are focused on enabling the family unit, and enhancing community social capital that strengthens the family.

Care and Protection of Children - The family is the basic structure to care for and protect children. Within the context of the best interests of the child, social welfare sector activities are aimed at creating a nurturing environment for child care, protection, and development.

Access - Access to services is a basic pillar of Government poverty reduction strategy. The social welfare sector has an especially important role to play in helping vulnerable people to secure access. Particular attention will be devoted to overcoming historical problems associated with the maldistribution of resources across urban and rural locations.

Embracing Diversity and Encouraging Positive Change - Socio-cultural norms help societies manage social relations and socio-economic change, cope with challenges and exploit opportunities. These norms need reinforcement when they enable all to achieve their rights, and encouragement for change when they do not.

3.5.1 HUMAN RIGHTS

The Government of the Republic of Liberia, as a signatory to the United Nations Charter on Human Rights and the Convention on the Rights of the Child, regards all human beings as having inalienable rights. These rights span the areas of survival, development, protection and participation. A narrow welfare focus emphasises survival. A human rights focus for social welfare considers all rights arenas.

The realisation of these rights requires equal attention to the *process* by which results are achieved and the *results* themselves. The right to be heard requires attention to enhancing the voice of the vulnerable, the strengthening of social organisations that enhance the decision-making and agenda-setting roles of the vulnerable, attention to strengthening systems of social capital at the extended family and community levels, and improved participation in democratic institutions. A human rights approach to social welfare also recognises that people can be in very similar situations, but have very different vulnerabilities. Government recognises that gender roles play an important role in this respect, as does family structure, labour availability, access to land, asset holdings, etc. Government and its development partners will ensure that these differences, and their impacts on vulnerability, are elaborated and understood through the process of implementing a demand driven approach cognizant of people as rights holders. In the execution of this Policy and its corresponding plans of action, Government will ensure that the rights and liberties of all vulnerable persons are respected and protected.

3.5.2 PARTNERSHIP AND CO-ORDINATION

Given the diversity of actors necessary to effect a social welfare response, Government and its development partners believe that it is especially important to develop sound and sustained partnerships. While this partnership clearly includes those involved in funding social welfare interventions and those involved in programme implementation, it also includes a commitment to partnership with emergent organisations that represent the interests of the vulnerable. The various agencies involved in the social welfare sector shall support effective partnerships with informal and formal groups and associations at neighbourhood and community levels, community-based organisations, and national non-governmental organisations (NGO) aimed at enhancing voice and influence among the disenfranchised and supporting positive change. Government shall ensure that actors align and harmonise their approaches and programmes regarding social welfare to enhance co-ordination, prevent overlap, and improve efficiency and effectiveness to achieve the sector vision.

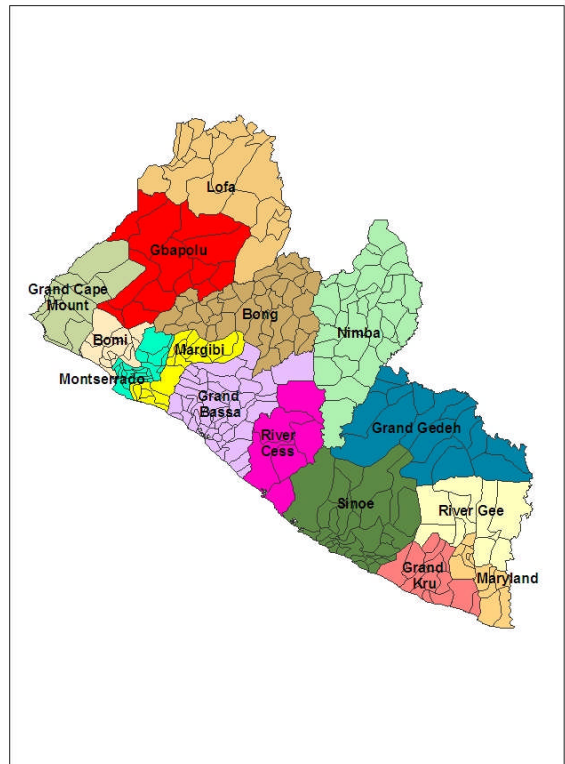
3.5.3 DECENTRALISATION

Government is committed to decentralisation as an effective and efficient means to support recovery and development. To help effect this, Government will continue to seek the co-operation of development partners involved in the social welfare arena to contribute towards the attainment of decentralisation objectives.

For the foreseeable future, this will involve the deconcentration of human and financial resources, with officers falling under a sectoral ministry and accountable within that line ministry hierarchy. The eventual objective is the devolution of such authority to county and district and community levels, whereby decisions over resource allocation and finance are made at sub-national levels. Government commits itself to the decentralisation of authority, and others involved in the social welfare sector commit themselves to support this process.

3.5.4 FAMILY AND COMMUNITY

The family -- immediate and extended -- is the basic unit of social organisation in Liberia, as it is elsewhere in Africa. The improved functioning of family structures and community mechanisms is an intended result of social welfare sector actions. This strengthening is dependent on the vigour of systems of social capital that help neighbourhoods and communities function and govern their affairs, largely destroyed by two decades of instability, war and dislocation. The social welfare sector shall focus particular attention on strengthening extended family structures and systems of social capital.



3.5.5 THE CARE AND PROTECTION OF CHILDREN

The family unit is the primary unit of care for children, and the reintegration of children outside of family care is of paramount importance. Where family structures cannot adequately care for children, or where these structures threaten the best interests of the child, the focus will remain on these children being cared for in a family environment, through fostering and national adoption. Institutionalisation of children and international adoption will remain a means of last resort, and will only be allowed when all other options have been exhausted.

3.5.6 ACCESS

Increasing access to basic social services is one of the fundamental pillars of Government's poverty reduction strategy. As rights holders, Government is aware that the vulnerable have the right to information about available services, the right of access to these services, and a right to prioritise service needs, all done in a transparent manner. Government is determined to constructively engage partners to secure support from development partners, and allocate Government resources, to expand access in a manner that expands both access and influence among vulnerable groups.

Actors in the social welfare sector commit themselves to a multi-sectoral approach that will bring systems of service delivery closer to the people, and in so-doing help to enable a demand-driven approach, linked to the supply of quality services through strengthened institutions. Access will include attention to overcoming the historical geographical maldistribution of resources.

3.5.7 EMBRACING DIVERSITY AND ENCOURAGING POSITIVE CHANGE

Government recognises the diversity found among Liberia's people, and the variety of situations they face. Through this Policy, those involved in the social welfare response recognise the strengths that come from this diversity, and endeavour to respect this in the implementation of the Policy and social welfare plans.

At the same time, those involved in the social welfare sector recognise that there are cultural norms, many distorted by instability and war, that increase vulnerability, and make some more vulnerable than others, and that restrict opportunities for some more than others (gender roles are especially important in this regard). Social change, while taking due cognizance of varied social norms, will be effected by social welfare sector actors in an effort to overcome the particular vulnerabilities facing some groups through a broader commitment to gender equity, the reduction in gender-based violence, positive approaches to child discipline, and engendering patience, respect and empathy for others.

3.6 THEMATIC AREAS

There are five thematic areas that the policy responds to:

1. Sector reform
2. Sector reorientation
3. Co-ordination and policy management
4. Legal and regulatory framework
5. Monitoring and evaluation and an evidence-based response

3.6.1 SECTOR REFORM

Sector reform is a priority, without which little progress will be made in the social welfare sector. Reform is particularly critical within MOHSW, aligning mandated responsibilities with structures, functions and orientation. Sector reform must allow MOHSW to meet critical mandates related to:

- Policy, plan, strategy and guideline development and oversight
- Proposing and monitoring social welfare legislation and enforcement
- Resource mobilisation, allocation, and accountability
- Technical oversight of service delivery, regulation, research and development initiatives
- Monitoring, evaluation and oversight

Government shall aggressively pursue a reform agenda that will ensure that MOHSW restructures in a manner that better serves the needs of the vulnerable. Particular attention will be devoted to decentralisation of services and systems to county and district levels, and the enabling of a community-level social welfare response.

Further, as MOHSW is leading the establishment of a developmental social welfare response, reforms are even more urgent and relevant, and require reorientation of approach and adjustment of existing structures and functions to ensure that this happens. While attention to improving the supply side of social welfare services is extremely important, reform to effect this will need to be based on desired results associated with a demand-driven approach. Reform must therefore focus on intended results as a starting point.

3.6.2 SECTOR REORIENTATION

A central focus of the plan period 2009-2011 is to make progress on the reorientation of the sector to take on a developmental focus. Government and its development partners commit to a social welfare response that will shift from

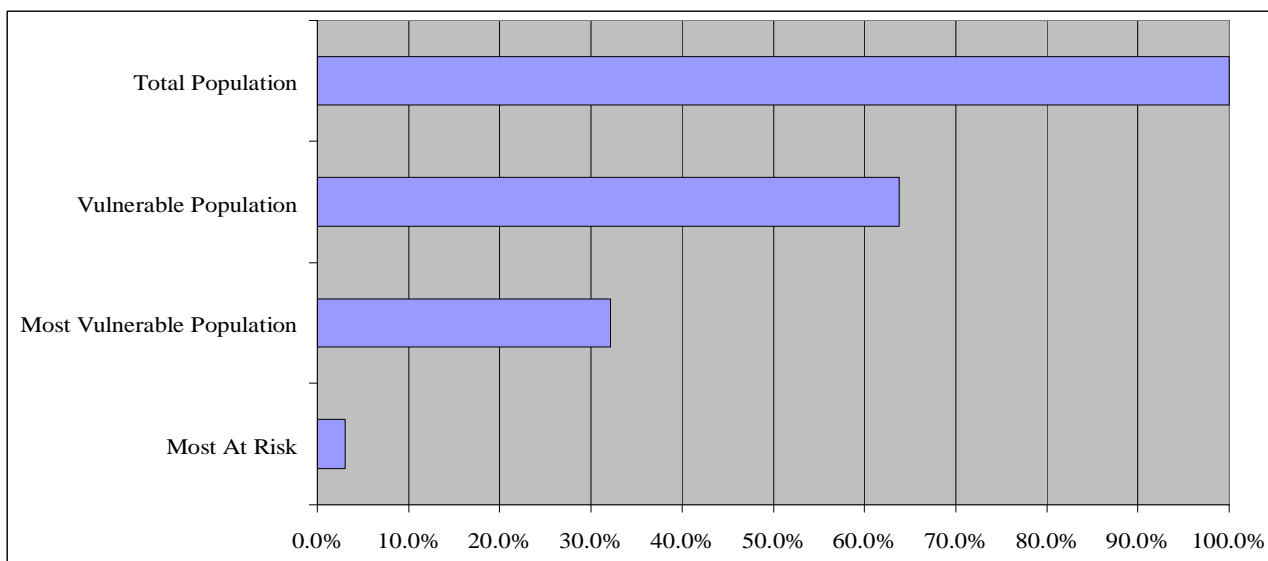
reactive to proactive approaches, and will better serve the needs of Liberia's vulnerable persons. A developmental social welfare approach will respond to the broad range of needs of vulnerable persons, with strategic responses covering:

- the full population of the country (e.g., education, health, emergencies);
- those living in poverty (e.g. income support, livelihoods enhancement, training and skills development);
- those who especially vulnerable (e.g., children living outside of family care); and
- those who are in urgent need of services (e.g., trafficked persons, juveniles in trouble with the law, children living rough).

It also requires attention to the particular needs facing sub-populations where their vulnerability of multi-faceted, and therefore request more focused attention, such as persons living with disabilities, households without labour resources, and those subject to gender-based violence. The response here includes advocacy and effective co-ordination, but the emphasis is on partnerships with those capable of providing the particular types of services required (focusing on both process and result objectives).

An example calculation of the total population who are vulnerable, including a example calculation of those who are likely to be most vulnerable, is shown in the following figure. While these are obviously just broad estimates, *and should not be considered as the actual proportion of vulnerable persons in Liberia*, they do highlight both the magnitude and depth of the problem of vulnerability in Liberia, and the need to consider this when responding to the problem:

Figure 1: Example of Viewing the Vulnerability Problem in Liberia



In approaching the problem at these levels, better clarity of purpose and the identification of problems, prospects and actors can be attained. This requires three approaches in working with vulnerable populations:

- *Most At Risk* - for those who are most at risk, three levels of response are required:
 - Targeting - to help cope with particular vulnerabilities
 - Collaboration - with specialised agencies that have experience in relevant fields (e.g., non-governmental organisations who have worked with trafficked populations), or who have an institutional arrangement to support those in need (e.g., prison authorities, agencies running orphanages, etc.)
 - Population-Based - social transfers or working with agencies that reach a majority of vulnerable persons (e.g., education authorities, health authorities) and, through careful procedures for inclusion, reach most at-risk populations

- *Most Vulnerable Population* - for those who are not most at risk, but who have particular vulnerabilities, two levels of response are required:
 - Collaboration - with specialised agencies that have experience in the relevant fields (e.g., non-governmental organisations who have experience on community-based systems for enhancing demand), or who have skills working with specialised populations (e.g., community-based organisations with peer educators)
 - Population-Based - social transfers or working with agencies that reach a majority of vulnerable persons (e.g., education authorities, health authorities) and, through careful planning and attention to the effects of hidden costs, reach most vulnerable populations. It also includes agencies with particular skills in working with populations made vulnerable due to disasters.

- *Vulnerable Population* - for those who are not generally at risk, but who have some vulnerabilities, one response approach will be considered:
 - Population-Based - social transfers or working with agencies that reach almost all vulnerable persons (e.g., education authorities, health authorities), or agencies involved in emergency preparedness, food for work, food relief programmes, etc. While this means that those who are not vulnerability are reached by these services, this concern is outweighed by two considerations: 1) the scope and depth of poverty in Liberia means that there would be relatively few such cases; and 2) over time, means testing may be incorporated into the response.
 - Population-Based - Vulnerable persons and non-vulnerable persons share a common problem of loss of social capital networks that weaken systems of positive coping. A central focus of social welfare activities will be to

support the reestablishment of social capital systems. Building this 'sense of community' across income groups helps to support local systems that protect the vulnerable.

Currently the social welfare response is heavily focused on those who are most at risk, but approaches employed mean that only a small number of these persons are reached. Human resource and skills development consistent with expanding these persons are warranted, but sector reorientation requires that this be viewed within the broader developmental social welfare response. With this reorientation, 'most at risk', 'most vulnerable', and 'vulnerable' populations can be reached.

3.6.3 CO-ORDINATION AND POLICY MANAGEMENT

The reorientation of the social welfare sector requires considerable strengthening of co-ordination arrangements in the sector. This should not be employed to hamper social welfare service delivery, legal and regulatory reform, etc, but should rather enable positive change.

MOHSW plays a central role in co-ordinating the sector, with effective co-ordination based on influence, persuasiveness, and competency. This can only be effected through successful reform.

To assist the effectiveness of reform activities, two enabling structures are proposed:

- Establishment of an Advisory Social Welfare Committee to oversee policy implementation.
- Establishment of a Social Welfare Technical Working Group to oversee plan implementation.

These structures will be supported by a Plan Co-ordinator and an Assistant Plan Co-ordinator. These officers, and these two committees, will support reform by ensuring that recommendations emerging from various activities inform the process.

3.6.4 LEGAL AND REGULATORY FRAMEWORK

The social welfare sector needs to be enabled by a strong legal and regulatory framework. Human rights represents the starting point, which yields a legal and regulatory environment intended to respond to social problems but also help people in particular need. For example, legal reform in the area of substance abuse is required so that the law focuses attention on punishment, but also rehabilitation.

As there are numerous gaps in the legal and regulatory framework, and possible conflicts with the Social Welfare Policy, Government shall develop laws, regulations, guidelines and other mechanisms that are critical to strengthening Social Welfare Policy implementation.

While a strong legal and regulatory framework is important, it must be recognised that, for the foreseeable future, most of those in need of protective services are unreached by these services. Most people are protected, and violators prosecuted, based on local socio-cultural norms and local systems of governance. These have been undermined by the collapse of systems of social capital due to the war. Helping societies to rebuild positive local systems of governance is an important intended result of the reorientation of the social welfare sector. A developmental social welfare approach focuses attention on this.

With this in mind, Government will oversee the development of a framework for legal and regulatory matters, contained in the Strategic Framework for the Social Welfare Sector.

3.6.5 MONITORING, EVALUATION AND AN EVIDENCE-BASED RESPONSE

The central purpose of monitoring and evaluation is to improve performance and operational efficiency. For this reason, a priority activity will be to establish a comprehensive Social Welfare Strategic Framework that will include elaboration of monitoring and evaluation needs and procedures. This framework will elaborate the structure and functioning of the M&E system, details roles and responsibilities and human resource and skills needs, information technology requirements, and other areas.

Government shall ensure the integration of the emergent social welfare M&E system into the national M&E framework.

The reform and reorientation of the social welfare sector must be guided by evidence. This evidence is associated with, among other things, the following:

- Populations in need.
- Types of needs.
- Systems of social capital and their functioning and effectiveness.
- The national response and how social welfare can fit in.
- Legal and regulatory gaps.
- Institutional information gaps.

Overall, Social Welfare Policy implementation shall be enabled by an evidence-based response.

4 POLICY IMPLEMENTATION

4.1 INTRODUCTION

Government is responsible for co-ordinating the social welfare response. It does this through: 1) enabling a developmental social welfare response that emphasises community-based needs identification and solutions, resourced by external actors as required; and 2) engaging with state and non-state actors to deliver services and strengthen a demand-driven approach supported by quality social welfare service systems.

While various Government departments have implementation functions in terms of the provision of social welfare services, and while MOHSW has a key role in this regard, the main role of Government is to enable the delivery of services by a variety of actors. Reorientation towards a developmental social welfare approach will allow Government, including MOHSW, to fulfil its mandate in this regard.

4.2 ORGANISATIONAL POLICY

The capacity enhancement and reform of the social welfare sector shall reflect Government's commitment to a rights-based approach to social welfare, the protection of Liberia's most vulnerable, livelihoods enhancement and the strengthening of systems of governance.

Government shall focus attention on the co-ordination of a diverse range of actors needed to effect the social welfare response, and to target especially vulnerable groups. As Government capacity expands, and as decentralisation advances, Government shall take increased responsibility for decentralised oversight. Government shall allocate adequate resources to the social welfare sector, with a target of at least 7.5% of total budget allocation by 2017.

4.3 INSTITUTIONAL ARRANGEMENTS

4.3.1 INTRODUCTION

The social welfare *sector* involves numerous actors, including a number of Government ministries. Of particular importance to the delivery of services that protect vulnerable populations and improve their lives are education, health, agriculture, enterprise development and infrastructure. Effecting social change, as a strategy to reduce vulnerability, is equally important, and those with mandates in this respect are central to the social welfare response, including gender, justice, and children.

Those who reach vulnerable populations with services, and strengthen local coping mechanisms, are key actors. Most important among these are community activists, community-based organisations (formal and informal), and local leaders, helping the vulnerable cope with the challenges they face. Non-governmental organisations, associations, trusts, charitable foundations and other civil society actors are central to the delivery of services and strengthening effective demand. Local government co-ordinates actors and actions associated with strengthening communities and delivery mechanisms. Central level actors strengthen the enabling environment and play a broader co-ordination role with actors in the sector.

4.3.2 CENTRAL LEVEL

The social welfare sector involves a diverse set of state and non-state actors at the central level. As noted above, this includes ministries and non-state actors involved in service delivery, such as education, health, and infrastructure

development. It also involves ministries and non-state actors involved in enhancing economic activity and poverty reduction.

Operationally, the co-ordination of social welfare activities is manifested in the Ministry of Health and Social Welfare. MOHSW is headed by the Minister of Health and Social Welfare, and contains four departments, each of which is headed by a Deputy Minister (see Annex B; to be modified based on institutional reforms). These departments comprise Health Services; Planning, Research, Development and Statistics; Administration; and Social Welfare. The departments are sub-divided into bureaus each headed by an Assistant Minister. The bureaus comprise several divisions, headed by directors.

Key roles and functions of the central level Ministry are:

- Policy, plan, strategy and guideline development and oversight
- Proposing and monitoring social welfare legislation and enforcement
- Resource mobilisation, allocation, and accountability
- Technical oversight of service delivery, regulation, research and development initiatives
- Monitoring, evaluation and oversight

4.3.2.1 CENTRAL LEVEL CO-ORDINATION ARRANGEMENTS

For purposes of overall guidance for the Social Welfare Policy, the National Health Advisory Council is responsible for health and social welfare matters, working directly under the Minister. The members of the Council shall be presidential appointees based on recommendations from the Minister of Health and Social Welfare. Council membership is elaborated in the National Health Policy. The Council shall hold sessions to consider major policy issues and strategic direction for social welfare, and advise the Minister accordingly.

As noted in the National Health Policy (MOHSW, 2007a), a Programme Co-ordination Team advises the National Health Advisory Council, and is involved in policy oversight and review, and would perform this function for the Social Welfare Policy. It also reviews progress made in terms of planned activities, and does this for the Social Welfare Plan of Action.

For policy oversight, the social welfare responsibilities of Government will be overseen by an *Advisory Social Welfare Committee*, comprising members from state and non-state actors. For social welfare plan oversight, the social welfare responsibilities of Government shall be supported by the establishment of a *Social Welfare Technical Working Group* (Social Welfare TWG), working directly with the Deputy Minister, Department of Social Welfare and the Deputy Minister of Planning and Research. The members of the Social Welfare TWG shall be appointees of the Minister of MOHSW, advised by the Deputy Minister for Social Welfare and the Deputy Minister of Planning and Research.

Most Government responsibilities for direct social welfare service provision shall be deconcentrated to sub-national authorities, and thereafter devolved as capacities improve. This is of particular relevance to social transfer interventions, the enforcement of regulations and standards, and overseeing the performance of partner agencies. As the bulk of social welfare services will be delivered by non-state actors, and as the bulk of solutions to the challenges posed by vulnerability are at the community level, Government and its partners will endeavour to strengthen these bodies.

4.3.3 OPERATIONAL LEVEL

At the county level, the County Health and Social Welfare Service Administration is the operational management structure, which includes the County Health and Social Welfare Team. Social welfare is represented on this team by the

Senior Social Welfare Officer. This Senior Social Welfare Officer is mandated to co-ordinate social welfare service delivery in the county through oversight of subordinate officers and co-ordination with non-state actors. This Officer also has an important advocacy role in co-ordinating actions with other sectors, most notably primary health care and primary education. Further, within various counties, there are social welfare officers attached to key institutions, including the main hospitals and orphanages. A County Health Board exists that incorporates social welfare matters.

The county level structure is replicated at the district level, with a District Health and Social Welfare Service Administration serving as the operational management structure, including the District Health and Social Welfare Team, represented by a District Social Welfare Officer. The District Social Welfare Officer is responsible for co-ordinating activities in the social welfare sector and, as required, direct social welfare service delivery. At the community level, Government shall enable a community-based structure that enhances social capital, reduces conflict, helps to prevent neglect and abuse, and supports a referral network for social welfare services.

Non-state actors play an especially important role in the social welfare sector. These include the private sector and trusts established by the private sector, donor agencies, non-governmental organisations, community-based organisations, faith-based organisations, interest groups and associations, and others. There are also numerous unregistered, informal groups that are instrumental in defining priority social welfare needs, and ensuring effective implementation of interventions at the community level. Further, activists, politicians, and others have an important role in advocacy and oversight. For this reason, the co-ordination and facilitation role of Government's social welfare infrastructure is especially important.

The key actors in the social welfare sector, and the central role played by MOHSW and the local authorities at county, district, and community levels, are noted in the following figure:

Figure 2: Actors in the Social Welfare Sector in Liberia



4.3.3.1 Human Resource Needs

At community level, community development workers will assist with local development efforts, including supporting social welfare. There should be at least one such officer for every 1500 persons at the community level, meaning that roughly 2000 community development officers are required in Liberia; this structure and its effectiveness will be reviewed at regular intervals, and the scope for the establishment of a community-based social welfare officer cadre may be considered. These community officers cannot reach all persons in need, and therefore it is important that they work with community action groups and other community activists to deliver services and work with community members. These community officers shall refer cases to social welfare officers or others as appropriate, where professional interventions are required.

The community development workers will receive in-service training and over time support, using standardised curriculum and training approaches to ensure coherent service delivery. Care will be taken to ensure that an evidence-based approach is employed so that training is consistent with felt needs. Guidelines will be developed on recruitment, training, ethical protocols, performance appraisal, and related areas.

At the district level, there should be at least one social welfare officer for every ten community officers, plus support officers as determined through planning and review activities. At the county level, there should be at least one co-ordinating district social welfare officer, plus at least four supervising social welfare officers and support officers for reporting etc. At the national level, there should be at least three social welfare officers to cover the fifteen counties across three regions. Additional case management and outreach social welfare officers are required, operating at various levels, to cover institutional requirements. These numbers and positions should also be reviewed with each planning cycle.

4.3.3.2 Operational Limitations and Strategies

Currently, not all counties and only a few districts have trained and experienced social welfare officers. Where they exist, their effectiveness is undermined by inadequate training and supervision, and a case management focus that is inconsistent with a developmental social welfare orientation. They also lack resources to support the population in need, and there is a lack of strategic focus for the sector overall.

Government will build a cadre of *developmental* social welfare officers, at the country and district levels, to effectively co-ordinate social services under their responsibility. At these levels, there will be a mix of professional and practical social workers, able to respond to case management needs and referrals. There will also be other social welfare officers with co-ordination and facilitation skills, with training and background in other social sciences.

The Government is committed to the training and deployment of Government social welfare officers at the county and district levels that will eventually co-ordinate social welfare services. With systems to enhance demand in place, and with other sectors reaching vulnerable groups, social welfare officers will be in a better position to co-ordinate various actors involved in the social welfare sector.

While the roles of various actors operating in the social welfare sector are not yet fully elaborated, Government and its development partners will play a co-ordinating role, and will work with its partners to provide direct social welfare services. For the foreseeable future direct delivery of more specialised services, as well as community-based activities that enhance social capital and strengthen the voice of the vulnerable in decision-making, will necessarily be conducted by non-state actors. To support this, MOHSW social welfare officers shall play a co-ordination and facilitation role.

Government shall enable a social welfare response that strikes a balance between curative services through case management and legal services, and preventive services that require strengthened community-level actions. To the extent feasible and warranted, the system will move from reacting to social welfare problems to proactively preventing the problems arising.

4.4 SOCIAL WELFARE SECTOR FINANCING AND RESOURCE MOBILISATION

Government is committed to financing social welfare services to an extent consistent with institutional capacity and available revenues, taking into considering various competing priorities. Despite these competing priorities, Government strives to progressively increase the share of its budget apportioned to the social welfare sector.

Given the expansive needs of the sector, and considering Liberia's precarious economic situation, a large portion of social welfare expenditure will necessarily be covered by donor contributions. In the early days this will include a variety of interventions financed and implemented by international NGOs and their national partners, development partners financing direct project activities, international agencies involved in emergency relief, feeding programmes, and related arenas.

This situation will persist for some time to come. Over time, the progressive improvement of public finances can be expected to allow more domestic financing of social welfare services, and the growth in private sector financing and corporate social responsibility initiatives. Until then, there is

Government shall strengthen the revenue base of decentralised institutions over time. As revenue streams improve, it will become increasingly possible to set priorities and finance social welfare activities at decentralised levels. Nevertheless, given the nature and extent of the development challenges facing Liberia, external revenues will dominate for years to come.

an urgent need to better co-ordinate external assistance. Government shall negotiate with donor agencies to introduce, and manage, financial transfer modalities that are appropriate to the evolving Liberian context, and financial management systems and auditing services that improve financial management and system accountability. Government shall incorporate social welfare financing into the Pool Fund.

A key aim of the social welfare response shall be to improve the livelihoods of vulnerable groups. As lives improve, needs can be expected to decline. In the interim, given extraordinary levels of poverty, the social welfare sector shall endeavour to advocate for cost waivers or other means to cover the costs for those who cannot afford to pay, in some cases for all persons and in other cases for those in need, as appropriate, for various services. Government commits to subsidising the provision of affordable basic services for those who cannot afford to pay, as feasible, and as elaborated as plan implementation proceeds.

Government is also responsible for finance co-ordination in terms of responding to national disasters, with the social welfare sector (state and non-state actors) playing an important role.

4.5 HUMAN RESOURCES REQUIRED FOR AN EFFECTIVE SOCIAL WELFARE RESPONSE

Government and its development partners recognise that human resources represent one of the most valuable assets in the social welfare sector. Priority attention will therefore be devoted to this particular aspect of sector strengthening, with a particular objective of increasing specialisation as skills improve and experience is gained. Government shall lead the human resource development efforts, to be implemented based on a human resources plan. Specific measures related to human resource policy, management and planning, and training were elaborated in the National Health Policy, and are adapted herein for social welfare (see MOHSW, 2007a):

Measures related to *human resource policy* include:

- The Human Resources Plan will elaborate supply constraints and opportunities, and plan accordingly.
- The Department of Social Welfare has a Training Division, which will continue to co-ordinate the training and skills upgrading of social welfare officers, working closely with the Ministry of Health and Social Welfare's

Training Unit. It is Government's intention that a single training structure will be established within the Ministry.

- The Ministry shall establish adequate capacity for planning the long-term development and management of the workforce, consistent with overall social welfare sector development. This will include upgrading the Ministry's Training Unit.
- The Ministry will revisit existing legislation related to human resources and will formulate proposals to update legislation, as necessary. The Ministry will study the impact of private social welfare providers on the workforce and introduce measures to effectively manage the human resource market.
- Government and its partners shall develop social welfare officer recruitment, retention and deployment incentive schemes for the state and non-state sectors, respectively. This will require negotiation with civil service authorities and non-state actors on the status of social welfare officers and their contracting conditions. Salaries and benefits shall be set in accordance with education, qualifications, market value, experience and performance, and state and non-state actors commit themselves to establishing consistent approaches across state and non-state entities.
- Government shall estimate staffing needs in the public social welfare sector, in light of recovery plans, cost limitations, workload, the size of the population needing services, the efficient utilisation of human and other resources, and the requirements of service provision. Government will also consider the impact on the labour market of other programmes. Government will work closely with non-state actors to estimate these needs outside of Government.

Measures related to *human resource management and planning* include:

- All existing job descriptions shall be reviewed in light of the Social Welfare Policy, covering the public, non-governmental, and private sectors. Existing job categories shall be appraised to bring them into line with the demands of the sector. Government shall assess the need for changes in the existing professional profiles or creating new categories of social welfare officers. Adequate career structures and progression paths shall be introduced for all categories.
 - The review of job descriptions is especially important for decentralised personnel, as many will shift to a stronger co-ordination function, and needs the skills and structures consistent with this mandate.
- MOHSW shall formulate public staffing criteria, according to the services to be delivered and staff workloads, paying adequate attention to productivity and the affordability of the proposed social welfare positions. Succession plans shall be established. Similar initiatives will take place governing non-state social welfare officers.
- A human resource database linked to the core MOHSW management information system database shall be developed.
- Government shall establish a registration body, in collaboration with international partners with the requisite skills, to review the qualifications of social welfare professionals who are not already covered by existing boards and test their skills. Non-standard qualifications shall be progressively converted into nationally approved job categories, through dedicated training if necessary. This process will provide crucial information for the design of pre-service and in-service training programmes. Successful outcomes related to these examinations shall form the initial basis for licensing to practice by nationals and non-nationals within Liberia.
- Government shall produce guidelines for the hiring of expatriate social welfare professionals.
- Government shall introduce measures to improve workforce performance, such as providing tools and standards, rehabilitating facilities, programming in-service training, improving supervision, establishing open performance appraisal and improving co-ordination.

Government recognises that the strengthening of the human resource base of the social welfare sector is central to the success of Social Welfare Policy implementation.

Measures related to *training* shall include:

- MOHSW shall design and launch a rapid training programme to upgrade the skills of active public sector social welfare officers. This will entail significant strengthening of training infrastructure in MOHSW.
- Government shall review training programmes within three years to ensure their consistency with the Social Welfare Policy, and emergent plans of action.
- Government shall develop an accreditation and investment programme to strengthen the physical and functional capacity of social welfare officer training institutions and training programmes.
- The training of skilled social welfare officers will be expanded to cover priority social welfare needs.

- On-going in-service training activities will be progressively absorbed into a comprehensive institutionalised in-service training programme within MOHSW in order to improve the performance of active public sector social welfare officers on the basis of documented service needs.
- Government will support other actors in the social welfare sector to effect similar initiatives governing non-state social welfare officers.

State and non-state social welfare officers shall fall under a Social Welfare Sector Peer Review Board. The Board shall review terms and conditions and service, consider and advise on professional standards, advise on performance problems, assist in the development of regulations and establishing standards of conduct and service delivery, and undertake other functions as per agreed terms of reference. Government commits to the establishment of this Social Welfare Sector Peer Review Board which will include state and non-state agents, enabling the Board, and strengthening its institutional capacity to allow the provision of quality services.

Also as per the National Health Policy, with reference to ethical standards and research (MOHSW, 2007a: 24), similar procedures will be established for social welfare officers.

4.6 INFRASTRUCTURE

Government is responsible for infrastructure in two respects: 1) as part of its oversight responsibilities, Government shall ensure that organisations providing facility-based social services meet minimum requirements; and 2) Government shall provide office space and associated infrastructure. Non-state actors are key in the provision of infrastructure.

All institutions delivering social welfare services that fall under the remit of the Ministry of Health and Social Welfare shall periodically be assessed at stipulated intervals, and license and accreditation based upon set standards of operation (as developed by Government in collaboration with non-state actors), as per the National Health Policy (MOHSW, 2007a: 24). Institutions below par shall be required to conform to standards within a specified period to avoid being down-graded or closed, and their licenses revoked. Public subsidies and contracts shall only be awarded to providers upholding the required standards. Government will develop standards for infrastructure development, and will arrange oversight of physical infrastructure building and maintenance.

Having noted the above, the necessarily fragmented nature of social service delivery means that social welfare infrastructure falls under a variety of ministries. In most respects social welfare services are therefore not delivered in institutions under the purview of MOHSW. Government overall is responsible for co-ordination, including the co-ordination of infrastructural matters.

4.7 TECHNOLOGY AND INFORMATION MANAGEMENT

The technology needs of the social welfare sector have not been fully assessed. Once such an assessment has been completed, the provision of technology will be appropriate to the needs of the department, the resource environment, and sector needs. Strengthened accountability structures will support this. Due consideration will therefore first be given to an assessment of technology needs, the capacity of systems to handle the introduction of this technology, and broader infrastructure constraints.

Government recognises the central role of improved technology, particularly improved connectivity, in the functioning of the social welfare sector. It is especially important that the ability to use technology keeps pace with technology improvements.

It is the intention of Government, and its partners that justified technology needs be met. In the long-term, particular attention will be devoted to the provision of computer technology (hardware and software), internet access, copiers, fax machines, and related equipment. The integrated

information technology network referred to in the National Health Policy will include the social welfare sector. This system will connect levels by linking databases including client records, service provision facilities, human resources, financing and health statistics. Existing systems will be rationalised over time, with an aim towards efficient operations.

The Ministry shall enforce the standardisation of basic equipment by adapting World Health Organisation Equipment Guidelines to the Liberian context, as per the National Health Policy. Similarly, as per the National Health Policy, the comprehensive donation policy that will be formulated and implemented will ensure coverage of the needs of the social welfare sector.

4.8 EMERGENCY PREPAREDNESS AND RESPONSE

The Ministry of Internal Affairs is responsible for co-ordinating emergency preparedness, supported by other ministries with regard to areas of technical competence. The Ministry of Internal Affairs' role is to ensure that "a comprehensive emergency preparedness program will be developed in collaboration with concerned NGOs, many of whom have significant experience in this area. This will include the formulation of standard operational guidelines, training for field managers, drug and equipment stockpiling, and ensuring the quick mobilization of funds, staff and tools as need arises."

The Ministry of Health and Social Welfare has a mandate over assembling information on the needs of the provision of social welfare services, and co-ordinating support to those in need (including through delegation). MOHSW shall therefore prepare an integrated emergency preparedness plan associated with its duties, aligned with the national emergency preparedness plan and its implementation, integrating health and social welfare services.

4.9 ASSUMPTIONS

The following assumptions underlie this Policy, that:

- Government is committed to effecting a developmental social welfare focus.
- Funds shall be made available in response to sound proposals in the social welfare sector.
- The capacity of the national authority in charge of co-ordinating the social welfare response is enhanced.
- No major crises occur that result in significant population dislocation.
- Government remains focused on improving accountability, and ethical standards of governance remain a national priority.
- The economy will recover in a manner that increases employment, particularly among the unskilled.
- National physical infrastructure will continue to improve.

Should any of these assumptions prove invalid, it is likely that attainment of policy results will be seriously compromised.

4.10 RISKS

There are numerous risks facing the success of the implementation of this Policy. The planning process associated with operationalising this Policy shall consider these risks in planning its strategies. Nevertheless, there are some risks that could divert attention from the goals and objectives as elaborated in this Policy, including the following (also see the National Health Policy, MOHSW, 2007a: 25):

- Liberia succumbs to another cycle of governance vacuum and perhaps violence. There is a shift from development back to emergency response. Fragmentation and inefficiency in service delivery prevails.
- External assistance and internal fund-raising is insufficient to meet even the most basic needs of the social welfare sector.
- Powerful external actors continue to implement activities in isolation.
- The policy is ignored within the Ministry and across agencies.
- Proliferating priorities and political pressure compromises the enforcement of the Policy and the implementation of the Social Welfare Plan of Action.
- Poor leadership and confused decision-making processes reduces the credibility and influence of the Policy and the Plan of Action.
- The Ministry mandated as responsible for social welfare gives priority attention to other sectors.
- Implementation capacity does not grow as intended.

5 MONITORING, EVALUATION AND INFORMATION MANAGEMENT

As noted earlier in this Policy, the central purpose of monitoring and evaluation is to improve performance and operational efficiency. For this reason, a priority activity will be to establish a comprehensive Social Welfare Strategic Framework that will include elaboration of monitoring and evaluation needs and procedures. This framework will elaborate the structure and functioning of the M&E system, details roles and responsibilities and human resource and skills needs, information technology requirements, and other areas. Importantly, the framework will be divided into two components, focused on the next eight years (2009-2016; coinciding with the 2009-2011 and 2012-2016 planning period) and thereafter. This will help to ensure that the framework recognises the limitations facing the sector, and it also allows flexibility in framework revision as implementation proceeds.

This Social Welfare Policy and the plans of action shall be reviewed on a quarterly and annual basis, as well as prior to revision of any plans and this policy. This will comprise a joint review of the health and social welfare sectors by structures established by Government.

Of specific relevance to the social welfare sector, and of importance to the framework, there is a need for the Ministry to have the necessary technology and software to allow it to consider, for planning and strategic purposes, the implementation activities of a variety of implementing agencies, including other ministries and departments (notably health services in the same Ministry, and the Ministry of Education), and to consider progress made in particular in terms of poverty alleviation activities, physical infrastructure, agriculture and enterprise support. This capacity would need to be established within the Department of Planning and Research, with a specific mandate to support the social welfare sector.

Because of the extensive constraints facing human resources in the social welfare sector, the demands associated with the short-term should link specifically with these short-term priorities (sector strengthening and targeting those most in need of support). As the system expands and capacity improves, the Ministry commits to an expanded monitoring programme that would develop standardised tools for monitoring throughout the social welfare sector (covering state and non-state actors), and the meta-monitoring of vulnerabilities and responses across sectors that would track broader trends in vulnerability, and key gaps. The former is a management tool, the latter a strategic tool. At present, there is no intention of designing a separate management information system for social welfare outside of the management information system operating for MOHSW. Therefore, the intention is to influence the design of a single management information system operated by MOHSW.

At this point in time, capacity to commission, oversee and utilise the results of evaluations is weak, and will remain so for the foreseeable future. In such an environment, it will take time for the emergence of a coherent evaluation framework that is implementable. There are some particular opportunities, such as the strength of M&E systems for monitoring and evaluation under the global fund, and these opportunities should be exploited if they arise.

Overall, it is unlikely that any coherent evaluation process can be effected in the near future, although this is a long-term goal of the Ministry. Three strategic approaches shall be applied in the interim: 1) in reviewing the intended projects of key social welfare service delivery agencies, including international organisations and NGOs, the M&E Unit at the Ministry will review the quality and character of the monitoring and evaluation systems proposed for the policy and the plans, and make recommendations thereto; 2) commissioning focused evaluations of initiatives that are meant to

quickly inform programme development; and 3) focusing initial research efforts on larger populations of the vulnerable, and vulnerability itself.

5.1 ETHICAL PROTOCOLS

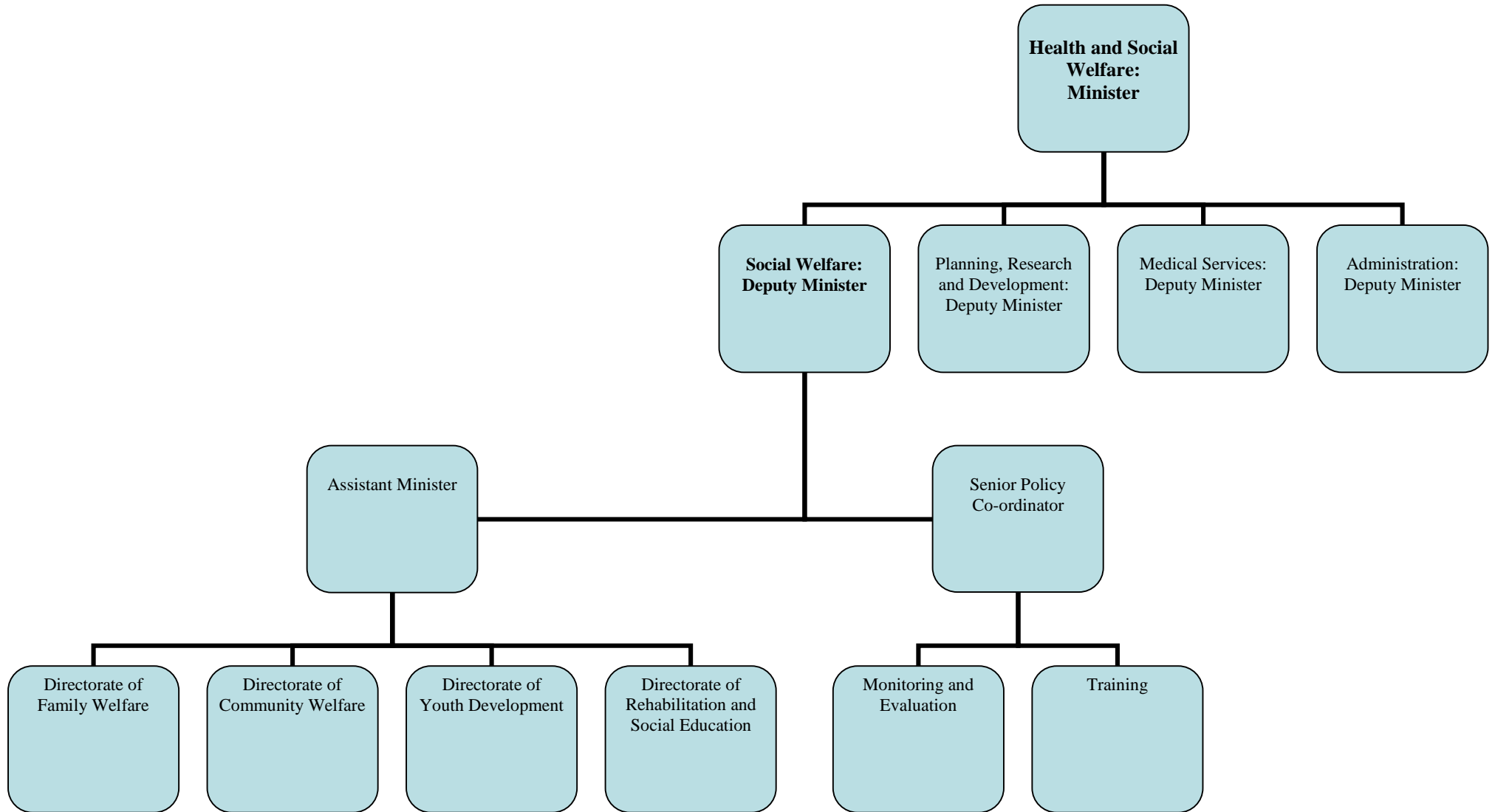
The social welfare sector will be guided by ethical standards to be established during the 2009-2011 Plan of Action period. These standards will be based on best practice standards from national and international lessons learned. In the interim, social welfare officers are guided by the same standards as apply for health workers in Liberia. The standing MOHSW Ethical Standards Committee will continue to oversee ethical matters in the social welfare sector. Research in the social welfare arena will be overseen by the Ethical Standards Committee, with specific guidelines for research to be developed during the 2009-2011 Plan of Action period.

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ANNEX B: CURRENT ORGANOGRAM OF THE DEPARTMENT OF SOCIAL WELFARE, MOHSW



ANNEX C: TERMS OF REFERENCE FOR THE DEPARTMENT OF SOCIAL WELFARE

According to the amended Executive Law of 1972, the Department of Social Welfare of the Ministry of Health and Social Welfare shall be responsible for the management of the social welfare system of the Ministry, and its functions shall be to:

- a. Ensure through the provision and/or regulation of services, proper care for children in need of special protection.
- b. Protect the elderly, pensioners and rehabilitation of the disabled.
- c. Collaborate in the administration of juvenile justice system and the prevention of juvenile delinquency.
- d. Ensure care for those suffering from psycho-social trauma.
- e. Supervise the operations of orphanages and foster care programmes.
- f. Promote child welfare.
- g. Provide assistance for victims of public disasters.
- h. Create an enabling environment to prevent juvenile delinquency and oversee the care of delinquent children.
- i. Provide special education.
- j. Other related matters that may be assigned by the Minister of Health and Social Welfare.



Guinea

Sierra Leone

Liberia

Ivory Coast



**MINISTRY OF HEALTH AND SOCIAL WELFARE
GOVERNMENT OF THE REPUBLIC OF LIBERIA
MONROVIA, LIBERIA**