

Note: This training material is continually being evaluated and updated to reflect current needs and best practices therefore it should be viewed as work in progress.

Any person, organization, or institution making use of these materials must acknowledge that they were developed by the Tanzania Institute of Social Work, Jane Addams College of Social Work, and the Midwest AIDS Training and Education Center with support from the US President's Emergency Plan for AIDS Relief (PEPFAR), USAID/Tanzania, and the American International Health Alliance's HIV/AIDS Twinning Center.

Chapter 6 — Evaluating Para Social Work

The Para Social Work evaluation is divided into two main parts:

1. the knowledge assessment; and
2. the follow up/process evaluation.

Evaluation instruments for Para Social Work I and II follow this introduction.

The knowledge assessment involves administering a pre- and post-test questionnaire at each training event to assess changes in knowledge before and after the training. The pre-test is administered on the first day of the training before participants have been exposed to any content of the curriculum, while the post test is administered at the end of the training after participants have gone through the training.

The test comprises a total of 25 multiple choice questions. The same questions are used in the pre- and post-test; however, their ordering is reversed and mixed in the post test. The tool also captures demographic variables of participants and includes general, as well as specific, program evaluation items. Versions for both Para Social Work I and Para Social Work II follow.

Follow up or process evaluation seeks to capture changes in practice and attitude of participants in the field. The follow up evaluation is administered six months after participants have gone through Para Social Work I training.

This tool comprises of a total of 25 closed and open-ended items based on the key competences of the program. Essentially it seeks to capture information on how participants have managed to link knowledge from the training to their practice with children, families, and the community.

**Pre-Post Knowledge and skill evaluation instrument
Learning to Work with Orphans and Vulnerable Children
A Project of the Social Work HIV/AIDS Partnership for Orphans
Vulnerable Children in Tanzania
PSW I**

Pre Training Form.

First Name _____ **Last Name** _____
District _____

Region _____ **Training Venue** _____
Date _____

Part A. About you and your activities:

1. Male, Female

2. The highest level of education you have completed?

- Primary
 Ordinary secondary
 Diploma: Type: _____
- Advanced Secondary
 Degree: Type _____

3. Your Occupation: _____

4. Are you currently employed or serving as a volunteer? Yes No

5. If yes, what organization are you affiliated with? _____

6. Years of experience in working with Children or on HIV/AIDS _____

7. What is your role or your position working with Orphans and Vulnerable Children? (Tick all that apply)

- Staff of NGO dealing with
 Children
 HIV/AIDS
- Volunteer in NGO dealing with
 Children and/or
 HIV/AIDS
- Member of Most Vulnerable Children Committee
 Community Development Officer
 District Welfare Officer
 Student
 Other. Describe: _____

8. Explain your activities with orphans and vulnerable children

9. On a monthly basis, how many vulnerable children do you serve through your activities?

Part B: OVC and HIV/AIDS—Test Your Knowledge

Please mark one appropriate answer for the following multiple choice questions

1. The major Law affecting Most Vulnerable Children in Tanzania is:
 - a. Law of the Child 2009
 - b. HIV/AIDS Prevention Policy
 - c. National guidelines for Care and Support of Most Vulnerable Children
 - d. National Investments Act

2. Estimated number of children (ages 0-14) living with HIV/AIDS by the end of 2009 in Tanzania.
 - a. 55,000
 - b. 110,000
 - c. 200,000
 - d. 430,000

3. How many children in Tanzania are now either a single or double orphan
 - a. More than a million
 - b. Less than a million
 - c. One million
 - d. None of the above

4. Which of the following is NOT a principle of OVC programming?
 - a. Strengthen the caring and economic coping capacities of families and secondary caregivers (guardian angels) through community based approaches
 - b. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children, and their caregivers
 - c. Strengthen the protection and care of orphans and vulnerable children within their extended families and communities
 - d. Encourage approaches that allow children to be placed in institutionalized foster care

5. Human development occurs along all of these except
 - a. Physical
 - b. Cognitive or mental
 - c. Occupational

- d. Social
- e. Moral

6. Social Work Process for Working with Orphans and Vulnerable Children affected by HIV begins with
- a. Assessing Needs and Strengths
 - b. Identifying vulnerable children and their families
 - c. Developing a Plan of Service
 - d. Engagement of vulnerable children and their Families
7. Which one of the following is NOT an area of assessment with a child?
- a. Psychosocial
 - b. Health
 - c. Protection
 - d. Happiness
8. The Ministry of Health and Social Welfare recommends that each volunteer should serve
- a. 100 children each month
 - b. As many as possible
 - c. All children in need in your area
 - d. Not more than 20 children each month
9. A vulnerable child is any child who is
- a. Currently experiencing or likely to experience lack of adequate care and protection
 - b. An orphan
 - c. Sick
 - d. Doesn't play well with other children
10. Which of the following is an open- ended question?
- a. How old are you?
 - b. Are you a Para Social Worker?
 - c. Does anyone else know?
 - d. Who else knows?
11. Which is NOT "Good Listening" to a child:
- a. Having good eye contact
 - b. Interrupting the child to focus on the desired response
 - c. Give the child your undivided attention
 - d. Listening with a loving, caring attitude
12. Which of the following is not a requirement in making plans of service for Vulnerable Children and their families?
- a. Based on the assessment, we define the services needed
 - b. Address emergency and priority needs first
 - c. Consider services available for each need and domain

- d. Provide services according to what we judge to be the needs of children and their families

13. The HIGHEST risk factor for HIV transmission for women in Tanzania is

- a. Prostitution
- b. Sharing Needles
- c. Female genital mutilation
- d. Husbands who have had sexual contact with others.

14. Which statement is NOT true about the Role of Para Social Workers in supporting people taking HIV medications?

- a. Helping the person with HIV decide if they are ready to take the medications
- b. Helping with access to care and treatment and refills of medications
- c. Helping a person with HIV stop using medication
- d. Assisting the person or their family to solve personal, familial or social problems relating to medication adherence

15. The contemplation or thinking stage in the behavioural change process is the stage at which

- a. Person has no desire to change, either not aware of the problem or is ignoring it.
- b. Person is determined to change, has made a decision to do so but has not yet put the decision into practice
- c. Person starts thinking about change, feeling somewhat concerned about the behaviour, but not having yet made commitment to change.
- d. Person takes steps to change

Please mark which of the following are True or False

| | | |
|---|------|-------|
| 16. Assessment continues throughout our work with the child and family | True | False |
| 17. We collect data to help us measure our challenges and achievements | True | False |
| 18. We should overlook ethnic and cultural issues and just focus on the client's problem. | True | False |
| 19. All children grieve the same | True | False |
| 20. A social orphan is a child who has been abandoned or who has lost contact with his or her biological parent(s) | True | False |
| 21. Medication given to mother and child before, during and after child birth can reduce HIV transmission | True | False |
| 22. HIV can be transmitted from mother to child before birth, during birth, and through breast feeding | True | False |
| 23. We can usually select the services a client needs based on our reaction to how they look without a formal assessment. | True | False |
| 24. One of the best things we can do for vulnerable children is to link them to support and services | True | False |

| | |
|---|---------------|
| 25. The Para Social Worker should be able to deal with cases of severe mental distress, child abuse or children who appear to be a danger to themselves or others | True False |
|---|---------------|

**Learning to Work with Orphans and Vulnerable Children
A Project of the Social Work HIV/AIDS Partnership for Orphans
Vulnerable Children in Tanzania**

OVERALL/POST Training Evaluation Form PSW I

First Name _____ **Last Name** _____ **District** _____

Region _____ **Training Venue** _____ **Date** _____

Part A: About the program

We are interested in knowing how this program helped you. Please respond to the following questions and return this form. Thank you very much for your response.

1. List up to three (3) ideas from the program that are the most important and useful in your work with OVC: _____

2. Describe how you plan to use what you learned during the program?

- a. Expected changes in current activities

- b. Other ways you may use this content (please tick)

- Teaching others this material
- Use in your own family or community situation
- Use to develop new programs

Use in supervision of:

- Staff
- Students
- Volunteers
- Other: _____

Part B: Please mark one appropriate answer for the following multiple choice questions

1. The major Law affecting Most Vulnerable Children in Tanzania is:
- a. Law of the Child 2009
- b. HIV/AIDS Prevention Policy
- c. National guidelines for Care and Support of Most Vulnerable Children

- d. National Investments Act
-
2. Estimated number of children (ages 0-14) living with HIV/AIDS by the end of 2009 in Tanzania.
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 - c. One million
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 4. Which of the following is NOT a principle of OVC programming?
 - a. Strengthen the caring and economic coping capacities of families and secondary caregivers (guardian angels) through community based approaches
 - b. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children, and their caregivers
 - c. Strengthen the protection and care of orphans and vulnerable children within their extended families and communities
 - d. Encourage approaches that allow children to be placed in institutionalized foster care

 5. Human development occurs along all of these except
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 - b. Cognitive or mental
 - c. Occupational
 - d. Social
 - e. Moral

 6. Social Work Process for Working with Orphans and Vulnerable Children affected by HIV begins with
 - a. Assessing Needs and Strengths
 - b. Identifying vulnerable children and their families
 - c. Developing a Plan of Service
 - d. Engagement of vulnerable children and their Families

7. Which one of the following is NOT an area of assessment with a child
 - a. Psychosocial
 - b. Health
 - c. Protection
 - d. Happiness

8. The Ministry of Health and Social Welfare recommends that each volunteer should serve
 - a. 100 children each month
 - b. As many as possible
 - c. All children in need in your area
 - d. Not more than 20 children each month

9. A vulnerable child is any child who is
 - a. Who is currently experiencing or likely to experience lack of adequate care and protection
 - b. An orphan
 - c. Is sick
 - d. Doesn't play well with other children

10. Which of the following is an open-ended question?
 - a. How old are you?
 - b. Are you a Para Social Worker?
 - c. Does anyone else know?
 - d. Who else knows?

11. Which is NOT "Good Listening" to a child:
 - a. Having good eye contact
 - b. Interrupting the child to focus on the desired response
 - c. Give the child your undivided attention
 - d. Listening with a loving, caring attitude

12. Which of the following is not a requirement in making plans of service for Vulnerable Children and their families?
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 - c. Consider services available for each need and domain
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13. The HIGHEST risk factor for HIV transmission for women in Tanzania is
 - a. Prostitution
 - b. Sharing Needles
 - c. Female genital mutilation
 - d. Husbands who have had sexual contact with others.

14. Which statement is not true about the Role of the Para Social Workers in supporting people taking HIV medications?
- e. Helping the person with HIV decide if they are ready to take the medications
 - f. Helping with access to care and treatment and refills of medications
 - g. Helping a person with HIV stop using medication
 - h. Assisting the person or their family to solve personal, familial or social problems relating to medication adherence
15. The contemplation or thinking stage in the behavioural change process is the stage at which
- a. Person has no desire to change, either not aware of the problem or is ignoring it.
 - b. Person is determined to change, has made a decision to do so but has not yet put the decision into practice
 - c. Person starts thinking about change, feeling somewhat concerned about the behaviour, but not having yet made commitment to change.
 - d. Person takes steps to change

Please mark which of the following are True or False

| | | |
|---|------|-------|
| 16. Assessment continues throughout our work with the child and family | True | False |
| 17. We collect data to help us measure our challenges and achievements | True | False |
| 18. We should overlook ethnic and cultural issues and just focus on the client's problem. | True | False |
| 19. All children grieve the same | True | False |
| 20. A social orphan is a child who has been abandoned or who has lost contact with his or her biological parent(s) | True | False |
| 21. Medication given to mother and child before, during and after child birth can reduce HIV transmission | True | False |
| 22. HIV can be transmitted from mother to child before birth, during birth, and through breast feeding | True | False |
| 23. We can usually select the services a client needs based on our reaction to how they look without a formal assessment. | True | False |
| 24. One of the best things we can do for vulnerable children is to link them to support and services | True | False |
| 25. The Para Social Worker should be able to deal with cases of severe mental distress, child abuse or children who appear to be a danger to themselves or others | True | False |

**Pre-Post Knowledge and skill evaluation instrument
Learning to Work with Orphans and Vulnerable Children
A Project of the Social Work HIV/AIDS Partnership for Orphans
Vulnerable Children in Tanzania
PSWII**

Pre Training Form.

First Name _____ **Last Name** _____
District _____

Region _____ **Training Venue** _____
Date _____

Part A. About you and your activities:

10. Male, Female

11. The highest level of education you have completed?

- Primary
 Ordinary secondary
 Diploma: Type: _____
- Advanced Secondary
 Degree: Type _____

12. Your Occupation: _____

13. Are you currently employed or serving as a volunteer? Yes No

14. If yes, what organization are you affiliated with? _____

15. Years of experience in working with Children or on HIV/AIDS _____

16. What is your role or your position working with Orphans and Vulnerable Children? (Tick all that apply)

- Staff of NGO dealing with
 Children
 HIV/AIDS
- Volunteer in NGO dealing with
 Children and/or
 HIV/AIDS
- Member of Most Vulnerable Children Committee
 Community Development Officer
 District Welfare Officer

Student
Other. Describe: _____

17. Explain your activities with orphans and vulnerable children

18. On a monthly basis, how many vulnerable children do you serve through your activities?

**Para-Social Work II:
Practice Skills to Intervene with Vulnerable Children and Families in
Special Circumstances.**

OVERALL Training Evaluation Form

Part A: About the program

We are interested in knowing how this program helped you. Please respond to the following questions and return this form. Thank you very much for your response.

1. List up to three (3) ideas from the program that are the most important and useful in your work with OVC: _____

2. Describe how you plan to use what you learned during the program?

a. Expected changes in current activities

b. Other ways you may use this content (please tick)

- Teaching others this material
- Use in your own family community situation
- Use to develop new programs
- Use in supervision of

- Staff
- Students
- Volunteers
- Other _____

Part B: OVC and HIV/AIDS—Test Your Knowledge

Please mark one appropriate answer for the following multiple choice questions

- 1) Women require their male sexual partner's cooperation to be faithful or use condoms to protect themselves from HIV infection.
 - a) Never
 - b) Rarely
 - c) Sometimes
 - d) Always

- 2) Mothers of infants who are HIV positive should be aware of which other means of transmission to their child.
 - a) Skin to skin contact
 - b) Breast feeding
 - c) Sneezing
 - d) All of the above

- 3) When HIV positive mothers successfully take anti-retroviral drugs before childbirth and the baby is treated with anti-retrovirals immediately after birth and during breast feeding the chance of the baby being HIV-free six months later is:
 - a) 30% chance of baby being free of HIV
 - b) 50% chance of baby being free of HIV
 - c) 98-100% chance of baby being free of HIV
 - d) it makes no difference whether mother and child obtain anti-retroviral drugs

- 4) Problem-solving question The role(s) of the Para Social Worker in problem solving for HIV infected and affected children and families is:
 - a) Listen
 - b) Refer to resources
 - c) Provide accurate and updated basic information based on para-social workers knowledge
 - d) All of the above

- 5) An Eco-map displays (choose one):
 - a) A child's emotions
 - b) A child's school adjustment
 - c) A Parent and child's relationship
 - d) All of the above

- 6) Which of the action(s) is/are an example(s) of a child feeling stigma because they are an orphan affected by HIV?
- a) Being forced to give information
 - b) Being refused services
 - c) Being called names
 - d) All of the above
- 7) The first step for stigma reduction is:
- a) Implement the plan
 - b) Confronting the stigma
 - c) Identify stigmatizing situation
 - d) Support – help the child to cope, and use of resources
- 8) The structure of local government starts with one of the following. Please circle the correct answer.
- a) Region.
 - b) District
 - c) Ward
 - d) Village/Street
- 9) Deciding who to tell about one's HIV status is based on:
- a) What the medical provider tells the person to do
 - b) The legal status of the person
 - c) How large the person's family is
 - d) The person's own judgment about who needs to know their status and who it is safe to tell.
- 10) When is it appropriate to disclose someone else's HIV status?
- a) as a family member
 - b) As a neighbor
 - c) As a Para Social Worker
 - d) It is never appropriate
- 11) Which of the reasons listed below is not an important reason to adhere to antiretroviral therapy, especially for children?
- a) To prevent disease progression
 - b) To prevent symptomatic progression
 - c) To get rid of HIV
 - d) To prevent resistance
- 12) When talking with older children and teenagers, Para Social Workers can be most effective to help them reduce their risk for HIV
- a) by providing general health instructions
 - b) by answering questions about HIV

- c) by helping all older children and teenagers understand and plan to reduce HIV risk
 - d) by answering parent requests to help tell their child about HIV
- 13) Which of these is not a way to reduce HIV risk among older children?
- a) Educating about alcohol and drug abuse
 - b) Helping resist peer pressure
 - c) Educating about sexuality and safe sexual practices
 - d) Encouraging early sexual behavior
- 14) Child sexual abuse according to Tanzanian and International Law is best described as
- a) Sexual relationships with a child who is not willing
 - b) Sexual relationships with a child, whether willing or not
 - c) Sexual relationships with a child who is willing
 - d) Only sexual relationships with a child who is a family member
- 15) Research has shown that the following resilience/protective factors are linked to a lower incidence of child abuse and neglect (Choose all that apply):
- a) Knowledge of parenting and of child and youth development
 - b) Social connections
 - c) Concrete supports for parents
 - d) All of the above
- 16) Which sexual activity is youth at least risk for HIV infection?
- a) Early sexual initiation
 - b) Unprotected sex with consent
 - c) Sex for money or drugs
 - d) Sex with a condom
- 17) When helping children and families affected by HIV it is important to
- a) avoid cultural and community and cultural issues
 - b) understand how the person's community and culture affects them may help us to understand and work with a problem
 - c) address only the specific problem given by the referral source.
 - d) None of the above
- 18) Which of the following is not an obvious sign that a child is being abused and/or neglected?
- a) The child reports nightmares or bedwetting
 - b) The child has unexplained bites, bruises, burns, or black eyes
 - c) The child is frequently absent from school
 - d) The child refuses to eat rice
- 19) Child abuse or neglect has consequences in which of the following areas?
- a) Psychological

- b) Physical
- c) Behavioral
- d) Societal
- e) All of the above

20) Which of the following is not a parental/family protective factor for child abuse and/or neglect?

- a) positive and warm parent/ child relationship
- b) Household rules and structure
- c) Less involvement of extended families
- d) Parents model competence and good coping skills

21) Information about children and their families can be shared by the Para Social Worker

- a) When the problem is very severe
- b) When working with another provider who needs to know information about the child
- c) When there is a reason to share the information and the parent and or child agrees
- d) When the Para Social Worker believes the information will benefit others.

22) PSWs need to always record entries which include

- a) Purpose of contact
- b) Summary of what occurred during contact
- c) Outcomes of contact including agreed upon next steps
- d) All of the above

23) Which of the following are examples of “empowerment” where Para-Social Workers can assist individuals and communities better address their HIV health needs:

- a) advocacy for a comprehensive family policy that would deliver a variety of preventive treatment, care and support services to families
- b) looking at the family structure to identify the distribution of decision-making power and how family resources and family responsibilities are allocated.
- c) Provide watchdog services against child abuse and neglect at community level
- d) All of the above

24) According to the Law of the Child, 2009 (Section 95), if you are a member of a community where a child’s rights are being infringed by not having adequate food, shelter, right to play or leisure, clothing, medical care, and education and you know about it you must

- a) report it to the local government

- b) consult the parents
- c) provide the needed resources to the family
- d) all of the above

25) Besides local government officials, what other practitioners should be displayed as part of Eco-Map for vulnerable children.

- a) Teachers
- b) Extension officers
- c) Religious leaders
- d) All of the above

Para Social Work Follow-up Evaluation Tool

Practice/ Process evaluation Tools

| | |
|--------------|--|
| Partnership: | Intrahealth International [TzH Capacity Project] Institute of Social Work, Dar es Salaam, Tanzania. Jane Addams College of Social Work, Midwest AIDS Training and Education Center, University of Illinois at Chicago. |
|--------------|--|

Checklist and Guideline for site visit to follow-up Para-social Workers

Introduction

Thank you for taking the time in participating in this exercise on your para-social work experience. This will provide us with important information on your experience as a para-social worker and help us know what has worked for you, and will inform us on ways to improve the program for your future work and for others who are addressing the issues of most vulnerable children.

The objectives of this exercise are as follows:

- To understand your overall level of satisfaction with your para-social work experience;
- To describe the quantity and quality of support and services provided by both the Institution you are working with, the government, communities and other stakeholders;
- To find out what additional support, resources, and/or services, if any, could be provided to you and other para-social workers in order to improve the overall Para Social Work experience.

| | |
|--|---|
| Date of interview: dd\mm\yy | |
| Name of Data Collector | |
| Name of the Para social worker: | |
| Sex (Tick) | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Email/postal Address: | |
| Phone Number: | |
| Education Qualification: | <input type="checkbox"/> Primary <input type="checkbox"/> Ordinary Secondary <input type="checkbox"/> Advanced Secondary <input type="checkbox"/> Diploma: Type: _____ <input type="checkbox"/> Degree: Type: _____ |
| Position: | <input type="checkbox"/> Staff of NGO <input type="checkbox"/> Volunteer in NGO <input type="checkbox"/> Member of Most Vulnerable Children Committee <input type="checkbox"/> Community Development Officer <input type="checkbox"/> District Welfare Officer <input type="checkbox"/> Student <input type="checkbox"/> Other: Describe: _____ |
| Duration at the site: | Number of Months at Site: _____ |
| Location | District/Region: _____ Ward/Street/Village: _____ |
| Organization: | |
| Name of the Supervisor: | |

Thanks again and we appreciate your participation!

A: Identification of MVCs and Progress to date:

1. Tell us briefly about your work as a PSW Worker. What kind of services are you providing? (Mark all that apply)

| Service category | Service Provided (Mark) | Comment (If any) |
|------------------------------------|-------------------------|------------------|
| 1. Shelter | | |
| 2. Psychosocial | | |
| 3. Education | | |
| 4. Health & Nutrition | | |
| 5. Food & Nutrition | | |
| 6. Economic Strengthening | | |
| 7. Legal/Protection | | |
| 8. Other: Please specify: _____ | | |

2. How many children have you identified in the past six months? _____

3. How many clients have you served in the past six month? **(Please verify with registration forms and describe any inconsistency observed)**

| | Number of Clients | Comments (if any) |
|------------------------------------|-------------------|--------------------|
| 1. Shelter | | |
| 2. Psychosocial | | |
| 3. Education | | |
| 4. Health & Nutrition | | |
| 5. Food & Nutrition | | |
| 6. Economic Strengthening | | |
| 7. Legal/Protection | | |
| 8. Other: Please specify: _____ | | |
| Total Number | | |

Which of these sources of information have helped you identify your clients? (Mark all that apply)

- Referred by MVC committee
- Referred by social welfare officer
- Using the MVC Register
- Referred by Village or Ward Administrations or supervisor(s)
- Referred by others: List _____
- Identified in community visits: Explain _____

4. If the identification was done through community visits, who participated in community visits? Mark all that apply

- MVC committee member
- Social welfare officer
- PSW supervisor
- Others _____

B: Identification of Client/MVC Needs

5. How do you identifying the needs of your clients? (Mark all that applies)

- Interview the child alone
- From family member
- Collect information from others
- From OVC register
- Discuss with (School, village/town councils)
- Other/specify _____

6. What assessment tools have you used? (Mark all that apply)

| | All clients | The majority of clients | Few Clients | Never use | Comments |
|------------------------------|-------------|-------------------------|-------------|-----------|----------|
| Eco Map | | | | | |
| Child Status Index | | | | | |
| Psychosocial assessment tool | | | | | |
| Other tool/specify _____ | | | | | |

NB: Ask to show the tools

7. What are the major needs of your clients? (Mark 2 (two) items that you feel are most important)

| Service | Mark 2 items | Comments (if any) |
|------------------------------------|--------------|--------------------|
| 1. Shelter | | |
| 2. Psychosocial | | |
| 3. Education | | |
| 4. Health & Nutrition | | |
| 5. Food & Nutrition | | |
| 6. Economic Strengthening | | |
| 7. Legal/Protection | | |
| 8. Other: Please specify: _____ | | |

8. Have you developed Service Plan for your clients? Yes No

If yes go to question 11, if No go to question 13

9. You developed a service plan for how many of your clients? _____
Can you show us some copies of service plans?

10. If you have one or more service plans, how often are they usually updated

Never Once in a year three to four times a year monthly

C: Resources to support MVCs

11. What are funding sources for the services you have provided?

| CSI | Village funding | CSOs funding | Money you raise | Other Sources |
|---------------------------|-----------------|--------------|-----------------|---------------|
| 1. Shelter | | | | |
| 2. Psychosocial | | | | |
| 3. Education | | | | |
| 4. Health & Nutrition | | | | |
| 5. Food & Nutrition | | | | |
| 6. Economic Strengthening | | | | |

| | | | | |
|---------------------|--|--|--|--|
| 7. Legal/Protection | | | | |
|---------------------|--|--|--|--|

12. How do you identify service resources?(Check all that apply)

- Create a resource guide
- Map out resources
- Get information from District Councils
- Get information for municipality
- Others/discribe _____

D: Capacity to Support MVCS

13. What is your level of knowledge in working with the group of client you are serving?
Mark your level of knowledge for each population

| | Very knowledgeable | Generally knowledgeable | Need more knowledge | Need a lot more knowledge | Comments |
|--------------------------|--------------------|-------------------------|---------------------|---------------------------|----------|
| 1. Single Orphans | | | | | |
| 2. Double orphans | | | | | |
| 3. HIV positive children | | | | | |
| 4. HIV affected children | | | | | |
| 5. Family members | | | | | |
| 6. Other (Specify)_____ | | | | | |

14. Do you have a supervisor? Yes No

15. How often do you meet with your supervisor?

- Weekly
- Twice per month
- Monthly
- Every two months
- At least once per 6 months
- Never

18a. What was the last date you were supervised? _____

18b. When you meet with your supervisor, usually how long do you meet?

- Less than 10 minutes
- 10 to 20 minutes
- 21 to 30 minutes
- 31 or more minutes

16. What kind of help or direction does your supervisor provides?

| | Always | Most often | Sometimes | Not very often | Never |
|--|--------|------------|-----------|----------------|-------|
| 1. OVC identification | | | | | |
| 2. Help decide about assignment | | | | | |
| 3. Problem solving | | | | | |
| 4. Developing service plan | | | | | |
| 5. Fund or other resource allocation | | | | | |
| 6. Determining successful outcome for case | | | | | |
| 7. How to document activities (Fill out forms) | | | | | |
| 8. Training in specific skills | | | | | |
| 9. Other/specify _____ | | | | | |

17. What additional support would you like to get from your supervisor which will help you carry out your activities effectively?

E: Collaboration with MVC stakeholders

18. What is the level of collaboration you get from other stakeholders?

| Collaborators | None | Poor | Good | Average | Excellent | Comment |
|---------------------------------|------|------|------|---------|-----------|---------|
| 1. Local government (VEO & WEO) | | | | | | |
| 2. Civil Society Organization | | | | | | |
| 3. Community members | | | | | | |
| 4. Volunteers from other | | | | | | |

