

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.

Learning to Work with Orphans and Vulnerable Children

A Project of

The Social Work HIV/AIDS Partnership for Orphans Vulnerable Children in Tanzania

Skills Workbook

Trainer's Version

Purpose

- **To provide a tool to facilitate skill development by training participants.**
- **To provide a format to guide trainers' assessment of skill development for participants.**

Trainers' Roles

- **Explain clearly the group task assignment for each day**
 - **Guide trainees through skill development tasks**
 - **Assess trainees' performance of the assigned task**
 - **Provide feedback to trainees to improve skill**
- **Record skill assessment in each trainee's workbook**

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Skills Report

Name: _____

District: _____ Ward: _____ Village: _____

Venue: _____

Skill Area	Activity	Facilitator rating	Date	Remarks
1. Outreach and Identification	Complete Client Identification Form			
2. Engaging and Communication with Clients and Families	Demonstrate two communication/ engagement skills			
3. Assessment of Needs and Strengths	Using Eco Framework, Complete CSI form.			
4. Plan of service tied to assessment and	To complete at least 2 steps of client service plan			

Clients' linkage.	and linkage to community programs.			
5. Follow-up and support Plan	Develop at least two activities to follow-up the client and provide support.			
6. Monitoring and Evaluation	Use of report forms to deliver services to MVC.			

Rating scale: 0= not done; 1 = good; 2= very good

First Exercise (Day 1 & 2)

Complete Client identification Form for Identified Client.

Client Identification Form

S/No.	Name of a child (as above)	Priority Needs	Services Received	Service Provider	Information of a Parent/Guardian																		
					Name of Parent/Guardian	SEX (Male=1; Female=2)	Age	Education	Employment	Relationship with a child	No. of dependants in the household												
						[T]					[U]	[V]	[W]	[X]	Male	Female							
[A]	[B]	[P]				[Q]				[R]				[S]	[T]	[U]	[V]	[W]	[X]	[Y]	[Z]		
		1	2	3	4	1	2	3	4	1	2	3	4										

PERSON FILLING IN THE QUESTIONNAIRE

..... Name Title Signature Date
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APPROVAL BY VILLAGE/MTAA EXECUTIVE OFFICER

..... Name Title Signature Date
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Second Exercise (Day 3)

Communication/engagement Skill Worksheet

1. Brief description of child or family member using a case study assigned to your group.
2. What skill will be used to engage or communicate with the child or family in the case assigned to your group?
3. Why is this skill important with this client/family member?

Third Exercise (Day 4)

Using Eco Framework, Complete CSI form based on domain or area on a scale from 1 to 4

SCALE FOR CSI SCORES:

- 4= Good No concerns and no apparent risk for this factor
- 3= Fair generally acceptable. Little concern from caregiver or filed worker
- 2= Bad Concern, additional services or resources are needed
- 1=Very bad Serious risk on this factor, agent attention may be needed

Evaluator's Name or ID:	Child: M/F	Child Name	Child: M/F	Child Name	Child: M/F	Child Name
	Age:	Relationship to caregiver	Age:	Relationship to caregiver	Age:	Relationship to caregiver
II. CSI SCORES	Date	Action taken today/comments	Date	Action taken today/comments	Date	Action taken today/comments
Domains	Scores(Circle One)		Scores(Circle One)		Scores(Circle One)	
1. FAMILY – BASED CARE						
1a. Presence of able-bodied adult	yes/no		yes/no		yes/no	
2- SHELTER						

2a. Child's Sleeping Area	4 3 2 1		4 3 2 1		4 3 2 1	
3.PSYCHOSOCIAL						
3a. Emotional Health	4 3 2 1		4 3 2 1		4 3 2 1	
3b. Social Behavior	4 3 2 1		4 3 2 1		4 3 2 1	
4. EDUCATION AND SKILLS						
4a. Performance	4 3 2 1		4 3 2 1		4 3 2 1	
4b. Education/Work	4 3 2 1		4 3 2 1		4 3 2 1	
5. HEALTH						
5a. Wellness	4 3 2 1		4 3 2 1		4 3 2 1	
5b. Health Care Services	4 3 2 1		4 3 2 1		4 3 2 1	
6. FOOD AND NUTRITION						
6a. Food Security	4 3 2 1		4 3 2 1		4 3 2 1	
6b. Nutrition &	4 3 2 1		4 3 2 1		4 3 2 1	

Growth						
7.ECONOMIC STRHENGTHERN ING						
7a. Source of cash income	4 3 2 1		4 3 2 1		4 3 2 1	
8. PROTECTION						
8a. Abuse & Exploitation	4 3 2 1		4 3 2 1		4 3 2 1	
8b. Legal Protection	4 3 2 1		4 3 2 1		4 3 2 1	
Source of information: (Circle all that apply)	Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family, Friend, Community Worker, Other_____		Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family, Friend, Community Worker, Other_____		Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family, Friend, Community Worker, Other_____	
III.TYPE OF SUPPORT/SERVISSES PROVIDED (at present):	What was provided and to whom?		Who provided services? (NGO, neighbor ,teacher, church or other)			
a. Food and nutrition support(such as supplemental foods)						
b. Shelter and other material support (such as house						

repair, clothes, beddings		
c. Care (care giver received training or support, child placed with family)		
d. Protection from abuse (education on abuse provided to child or caregiver)		
e. Legal support(birth certificate, legal services, succession plans prepared		
f. Health care services(such as vaccinations, medicine, ARV, fees waived, HIV& AIDS education, referrals)		
g. Psychosocial support (clubs ,group support, individual counseling)		
h. education support (fees waived; provision of uniform, school supplies, tutorials , other _____		
i. Livelihood support(vocational training, microfinance opportunities for family, etc)		
j. Other:		
Additional Action Required and/or service needed:		

Fourth Exercise (Day 5)

1. Using Eco Framework or CSI form, complete at least 2 steps of client service including at least one linkage to community program to address client need.
2. Show the plan on the client service plan form.

**SERVICE PLAN FOR
PARA SOCIAL WORKERS**

Child/Family Name: _____
 Contact Info _____
 PSW _____ Date: _____

Needs and Domain*	Goals	Planned Interventions	Referrals Name and Contact Information for Referral	Time Frame (Dates)	Follow up	Comments

*Note CSI domain: 1. Shelter. 2. Psychosocial, 3. Education and Skills Training. 4. Health; 5.Food and Nutrition; 6. Economic Strengthening; 7. Protection

Fifth Exercise (Day 6 & 7)

Activities for Follow-Up and Support of Clients

1. Brief description of client and service plan steps.
2. How will you follow up to see if the client receives the service?
3. List one way you will provide support for the client.

