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Para-social work to address most vulnerable children in sub-Sahara Africa: A case example in Tanzania

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ABSTRACT

Addressing the needs of the most vulnerable children is a universal challenge, particularly in developing countries lacking infrastructure of social welfare services, adequately trained workforce and educational programs. This article describes training and utilization of para-social workers to the social service needs of children and families. These supervised para-professional community based staff and volunteers can fill gaps in serving the needs of children and families, particularly where social welfare systems are undeveloped or severely stretched. We present the development of one such program as a case study, the Social Work Partnership for Orphans and Vulnerable Children in Tanzania. A competency-based training model includes an introductory workshop, a six month-long supervised field component and subsequent training and technical assistance. The curriculum teaches practical skills to assist vulnerable children, especially those HIV affected, including assessing needs, implementing case management resource linkages, counseling, family support, and ongoing service coordination. Over 500 participants have begun the para-social work program in districts throughout the country. Participants report high satisfaction with the training, and knowledge scores consistently and significantly improve throughout the training. This partnership aims to create a sustainable para-professional workforce to address gaps of most vulnerable children in Tanzania and can serve as a model to apply social work principles and techniques in settings where professional and structural resources are highly limited.

1. Introduction

Addressing the needs of orphans and vulnerable children is one of the most significant challenges facing developing countries, where medical and social consequences resulting from the HIV/AIDS pandemic disrupts capacity to develop integrated care systems. The complex interactions of these social forces further exacerbate the problems of structural poverty in countries with few available resources to counteract them. Limited resources available for governmental response affects effectiveness of programs to address vulnerable children's needs, compounded by challenges in integration of social service and medical infrastructures and inadequate work forces in terms numbers as well as education and professional opportunities.

The estimated number of orphans worldwide ranges from 42 million (USAID, 2002) to 210 million (UNICEF, 2008), depending on the definition and ages used. According to a World Health Organization, UNAIDS and UNICEF update, the number of living children under age 17 who have lost one or both parents to AIDS and who were alive and under age 17 is estimated to have grown from 500, 000–740,000 children in 2001 to 850,000–1,100,000 children in 2007 (WHO, UNAIDS and UNICEF 2008). The number of vulnerable children increases considerably when we add those with complex problems including chronic medical problems or disabilities or living with an adult who is very ill, or living in a child headed households. Other related unstable living situations compound these vulnerabilities, e.g. living on the streets and those who have survived armed conflict, assault, or child labor (Andrews, Skinner, & Zuma, 2006; Ebigbob, 2002; Richter & Desmond, 2008; Schenka et al., 2008; Zimmer & Dayton, 2005).

HIV typically reverses the caregiving paradigm: the oldest generation provides care and support to grandchildren and other young children who have lost parents and other relatives to the epidemic (Kaijage & Tibaijuka, 1996). Children faced with orphanhood, stigma, physical and emotional displacement and infection, are further harmed by limited economic opportunity and educational

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opportunities as well as by grief, loss and emotional traumas that accompany parental death and family displacement (Catholic Relief Services, 2007; Kaijage & Makbel, 2003).

In a number of sub-Sahara African countries experiencing large numbers of orphans and other vulnerable children, institutions to oversee child welfare are poorly developed and staffed (Conway, Gupta, & Khajavi, 2007; NCCAN, 1995; Nyandiya-Bundy & Bundy, 2002; September, 2006). Social welfare structures and educational resources vary in terms of the existence of social institutions, such as ministries of social welfare as well as academic institutions to train competent workers. Professionals that do exist often work mainly around urban centers, and/or lack the time, transport, and local community contacts with which to conduct effective, consistent home visits to assess children's needs and those of their families (Conway et al., 2007). Additionally, many professionals work in sub-Saharan areas for extremely short periods of time (Joint Learning Initiative, 2004). Consequently, they are unable to mobilize resources regularly and efficiently to meet the needs of these children for additional support.

Many non-governmental organizations (NGOs) and government services have relied on volunteers to fill the gap, although the reliability and quality-of-care these volunteers provide varies widely. Community volunteers, even with good orientation and support, can only meet part of these needs. With the rapid turnover many local organizations and government ministries experience among volunteers, the lack of trained personnel has increased as a challenge in recent years, as the demand for child-focused, family-centered assistance has grown.

The use of para-professionals to supplement existing social services has emerged as a response to these challenges (Conway et al., 2007; Vaz, et al. 1999; Nyandiya-Bundy & Bundy, 2002; Swart, van Niekerk, Seedat & Jordaan, 2008). Para-social work parallels other para-professional extenders in fields such as paralegal workers, medical assistants or paramedics, and lay-counselors. Local community-based volunteers as para-professionals often have the innate ability to do this work: they understand the local context and culture, speak the local language, and are widely known and trusted by other community members in relation to sensitive issues. A number of descriptors or job titles apply to these sub-professionals, such as outreach workers, peer or lay counselors, community health workers, case managers, and coordinators. These workers are a valuable resource to support children, families and communities and extend the reach of more expensive, high-demand professionals.

Using skilled paraprofessional workers to support vulnerable children and families as well as adults in need of services has a long history in social work, dating back to the pioneers of the field who relied upon "friendly visitors" or volunteers to help in assessing needs and implementing plans of support (Brawley & Schindler, 1989; Brawley & Schindler, 1991; Hesse & Kathrine, 1976). Semi-professionals as well as peer supporters have been used extensively in group activity and group support programs, and in the initial responses to HIV/AIDS trained volunteers have been indispensable. Within the field of case management, workers come from diverse backgrounds and receive appropriate training, monitoring and supervision.

Para-social workers may work in various positions in a variety of countries, particularly across Africa and Asia. Several countries have made efforts to address vulnerable children's needs through para-social work or related methodologies, both through government programs, internationally funded programs or through joint partnerships. For example in Namibia through the Ministry of Gender Equality and Child Welfare a combination of child care workers, community counselors and case managers are being trained to take on some of these functions. In Ethiopia, an American International Health Alliance (AIHA) Twinning Center has created the "Triangle Project" working with Addis Ababa University, the Tanzanian Institute of Social Work and Jane Addams College of Social Work (overlapping with the Tanzanian group described in this article). The Triangle team is training "psychosocial care workers" to address social service needs for people with HIV throughout the life span. Another AIHA Twinning Center team in Nigeria with US based Hunter College, Howard University and two Nigerian Schools of Social Work are training para-social workers as grass-roots volunteers to work with vulnerable children. In South and Southeast Asia, a number of efforts are underway to train community workers in family centered care techniques or HIV counseling. "Family Case Managers" attend family centered care training courses of varied length including classroom learning, a practicum with support from a local supervisor with ongoing visits by senior supervisors beginning within two months of initial training. In Viet Nam and India, government support helps develop social worker and para-social worker roles in caring for vulnerable children.

These efforts each have specific functions and names, however all use social work methodology to educate previously untrained community workers in skills that go beyond visiting and home care tasks to include some assessment, support and referral to other services. They focus on the population in greatest need because of the coexisting epidemics of HIV and structural poverty. A number of them include partnerships between international and country-specific professional social work educational institutions. In each case, the workers complete an established set of training experiences along with supervised practical experience, commensurate with local laws and practices. Ongoing quality improvement, technical assistance and periodic additional training follow initial training. In this way, professional social workers, community leaders and other stakeholders, especially the children and their families who are eligible for assistance, can rely on these workers for consistent, knowledge-driven, coordinated assistance with follow-up support, direct care, and advocacy as needed.

Some countries have developed National Plans of Action and set quality-standards for orphans and vulnerable children, e.g. Tanzania, Ethiopia, Sudan, South Africa, and Malawi (Department of Social Development, 2005; Committee on the Rights of the Child, 2009). Support comes from various government ministries, international donors including the US Presidents Emergency Program for AIDS Relief (PEPFAR) and some local or regional programs such as Philippi Trust in Namibia, Thandanani in South Africa or the Regional Psycho-Social Service Initiative (REPSSI) in several countries.

To support training needs of para-professionals, the field has developed a range of training materials to address the comprehensive needs of vulnerable children. Barkarsh (2005) has developed the program *Journey of Life: Community Workshops to Support Children* as one approach to teach community people to work with vulnerable children. The Star Model (Steinitz, Green, Matengu, Medrano, & Murithi, 2009) is a child-focused and family-centered approach that addresses several foci: children's needs, family context, community involvement and support, prevention and capacity building along a continuum of care. Harber (1998) identified a community based care model for vulnerable children in South Africa.

The purpose of this article is to provide a case example of the development of para-social work in Tanzania, demonstrating the development of the concept, training programs and methods, initial evaluation data and some of the efforts to institutionalize the program.

2. The social work partnership for orphans and vulnerable children in Tanzania

To address these pressing needs, a team of Tanzanian and American partners in social work education and training coalesced. This project developed very informally, as colleagues met at the Council on Social Work Education to consider how US HIV social work providers could work in Tanzania to improve education and service programs. In 2006, the American International Health Alliance

Twinning Center (see www.TwinningagainstAIDS.org) approached the Jane Addams College of Social Work at the University of Illinois at Chicago and its Midwest AIDS Training and Education Center (JACSW/MATEC) to offer support for a Twinning Partnership to work with the Institute of Social Work (ISW) of Dar es Salaam, Tanzania. The plan was to build to address social work education, HIV and issues for vulnerable children. The mission of the partnership is *to improve the quality of social services and support to orphans and vulnerable children by equipping social workers and others with knowledge and skills necessary to ensure comprehensive social services to children affected by HIV/AIDS throughout Tanzania.* The resulting project began in 2006, the Social Work Partnership for Orphans and Vulnerable Children (OVC) in Tanzania. Throughout the partnership the Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare has been a key partner. Throughout, funding and technical support has been provided by PEPFAR, Centers for Disease Control and Prevention-Tanzania, USAID and the US Department of Health Resources and Services Administration of the US Department of Health and Human Services. Two overall project goals have been established: (1) developing the capacity of social workers and para-social workers to provide quality services to vulnerable children to support and their families; and (2) supporting and enhancing the faculty and programs of the Institute of Social Work particularly in the areas of HIV/AIDS, orphans and vulnerable children.

The team initially concentrated on the first goal, a national training program for para-social workers to develop a cadre of trained, organized and supported workers, quickly recruited, supported and supervised to meet the immediate needs of the growing number of families and children. Time and number of participants were also considerations in the process: after designing a satisfactory curriculum, the first phase was to recruit and train 120 people who fit the profile in terms of literacy, interest and community connection, to train within a year to provide grass roots support to vulnerable families and children. However, by the end of the first year the projected target number of participants expanded to 420, which continued into the second year. Overall, we trained 503 para-social workers in the first two and a half years before the program was institutionalized with other partners. The total number of para-social workers trained by January 2010 is over 1900, however only the initial training pool of 503 is reported here.

3. Background

Tanzania has approximately 1,000,000 AIDS orphans and an increasing number of people over age 15 living with HIV/AIDS. Moreover, the medical, social service and civil society resources needed to address the growing needs of the population are insufficient (WHO, UNAIDS, & UNCEF, 2008). However, Tanzania's unique advantages enhance its resilience and resources: Kiswahili is both the national language and the dominant tongue, providing common culture and communication. In other countries where diverse populations speak multitudes of tribal languages, training and communication become extremely complicated at a national level. Secondly, since its founding in 1964 by Julius Nyerere, a unified, stable Tanzania has experienced an era of peace, democratic development of central government structures, and development of independent elements of civil society, among them a university and professional education system and faith and community based organizations. In addition to a history of effective cooperation with international partners, Tanzania has a strong tradition of family care, which provides assistance and support to children facing developmental and family crises.

The child welfare system in Tanzania evolved from the home office system that was overseen by the British before Tanzanian independence (C. Njimba, personal communication, 2008). Since 1973, the Institute of Social Work, Dar es Salaam educates social service providers at certificate, diploma and bachelor's levels, with a Master's program under development. The Department of Social Welfare within the Tanzanian Ministry of Health and Social Welfare oversees social services. District social workers provide case-based reporting, supervision and connections to other civil society institutions such as the courts. Additionally, they oversee standards within orphan homes and child protection. These institutions provide both a contextual structure and a system of process foundation for the formation of para-social work and its training program. DSW received separate funding from PEPFAR to develop a National Costed Plan of Action for OVCs in the AIDS era and to develop a national database and systems reporting (USAID, 2008). Prior to the partnership, the Tanzanian government created a vertically integrated service system, with local grass roots committees including Most Vulnerable Children Committees and Community Mobilization AIDS Committees serving as administrative resources to organize services. These community-based structures provided recruits and continued to anchor the trainees in the system of care after training.

The partnership design was to increase the cadre social service supporters available to communities with great need while connecting to the national professional care network, integrating the services with the national plan, and further developing ongoing supervision and evaluation components. These ties emerged gradually, strengthened as the project proceeded quickly to meet immediate needs as a "just in time" program effort. The first year of the partnership trained workers who could help to meet the needs of orphans and vulnerable children and their families, which accompanied the HIV epidemic. The burgeoning need was validated and underscored by a needs assessment done by Family Health International (Correll, 2006), which concluded that a partnership linking ISW to community-based in service education with the assistance of an internationally recognized School of Social Work would be a viable approach to help meet the need for a trained, supervised community-based caregiving workforce.

4. The development of the para-social work training program

The para-social worker partnership is designed to create a Tanzanian model training program that, ultimately, could and would be completely operated and staffed by trained Tanzanian faculty and trainers.

4.1. Target audience

The program targets community members who work with vulnerable children and their families and do not have professional social working training. District social workers and community development officers, and NGOs working in the field recruited participants. Each program targeted specific geographic districts so that trainees can network with one another and training can to tailored to the specific local needs. The geographic base also makes training more cost effective by lowering travel and per diem expenditures and ensuring that the district and regional level officials are familiar with and supportive of the development of the work force.

4.2. Program development

The primary partners of the project, ISW and MATEC, developed a joint curriculum and the operating plan for the para-social work training program. The curriculum was developed and piloted in March of 2007 with social welfare officers of DSW; this was further refined into a ten day program launched with para-social workers in July of 2007 both in Dar es Salaam and in Iringa, a small city with a high HIV incidence rate, approximately eight hours drive apart. After the initial field test, it was determined that all curricular materials would be in KiSwahili, incorporating the Tanzanian context.

4.3. Ongoing training and evaluation

The American partners increasingly functioned as advisors to the faculty and provided less direct input into the training program. After the initial pilot, partners determined that the program needed to demonstrate participant competencies and that those participants who completed the program receive additional follow-up training before being certified to practice as para-social workers. Rather than formulate a formal certification program, the partnership developed a competency based skills workbook (see below). The total program takes 9–12 months to complete including three stages: (a) an eight to ten day introduction to para-social work, (b) a supervised field practicum and (c) a subsequent five day follow-up training. An evaluation plan included pre and post-training assessments, follow-up telephone contact and quality improvement visits (see below).

4.4. Team development

From its inception, the Tanzanian and American social work faculty have been equal partners in the design and development of the curriculum and all other aspects of the training process. Over time the Tanzanian partners assumed increasing operational, administrative and curricular control of both the process and the products of the partnership. In Tanzania, the staffing initially included an assistant coordinator, whose duties included project coordination and some additional activities at ISW, which later expanded to a full time coordinator and a half time assistant coordinator. Additional team members included lecturers in the social work department, who provided curriculum input and helped facilitate the training. The team at JACSW/MATEC complemented this group, including three part time faculty and a 25% time coordinator. Together the partners developed and provided training at initial exchanges, helped implement the evaluation plan, and planned and hosted training exchanges.

Other structures and processes were required to sustain the program beyond its initial rollout, including linkages with DSW and with NGOs active in the field. We developed policies, procedures and processes to recruit, train and support a consistent, professional level cadre of trainers who would eventually be able to mount and present the PSW training program without international facilitation. During the first year, we updated the materials and curriculum and incorporated technical and cultural content.

5. Content and program description

The training methods are based on adult learning theory (Knowles, 1973) including a mixture of lecture, discussion, brainstorming, group feedback, group case discussion, small group breakouts and small group case discussions. We designed an adult learning approach stressing learner involvement in the process through problem solving and case discussion as an alternative to the traditional lecture approach used in country to focus on skill development, rather than just informing participants about possible approaches. Rather than using highly scripted training materials, the training approach was designed as a training platform, a base from which the trainer could feel grounded in the concepts and procedures of the field but would also feel free to incorporate his/her own experiences and cultural perspectives. The content approach stressed best practices and current knowledge of the field on the international level while also aiming to be simple and clear and to translate from English to Kiswahili as congruently as possible. Even the design of the PowerPoint slides reflected the conditions of the presentation; they are plain white backgrounds with black print to be viewable by the learning community in situations in which the light of the room or the electrical support might not always be optimal. Each trainee receives a manual, which contains each slide and room for notes (available at http://www.twinningagainstaids.org/fp-TZ-ISWJACSW.html). The eight days includes the following content foci:

- the national child welfare plan and legal and ethical issues in working with vulnerable children
- outreach and identification
- engagement of and communication with orphans and families
- assessing needs and strengths
- developing a service plan, including networking and referral
- support and services, including counseling
- ongoing case management, advocacy and follow up
- providing services in the context of HIV/AIDS.

5.1. Daily program structure

Each day begins with a re-iteration of the social work process and then proceeds on to content specific information. Instructors then conduct a related large group activity to apply the content, which includes tools for practice, e.g. identification tools, tools for assessment, tools for a care plan, techniques for developing knowledge of community resources and networks, formats for developing a case management and referral plan.

The trainees elect officers, including chair, secretary, and timekeeper. From the second day forward, the day begins with a recap report-back from the previous day, then a content presentation and discussion of the thematic material (with various other multi-modal learning techniques included depending on the material). The morning concludes with a plenary session, led by the Chair to field questions and to get audience response to the material.

Each day reiterates the theme by breaking up into four small case based skills building groups, which use a case scenario. These workshops used problem-based learning approaches (Albanese & Mitchell, 1993) as well as nominal group techniques and participatory interactive experiences. Role-plays allowed participants to understand the experience of family and community members and engage in the role of para-social worker, particularly in the areas of identifying needy children (case finding), assessing needs and service planning. More structured exercises allowed for practice communication skills, or use specific assessment tools. Each group has a different case. See Fig. 1 for an example of a case vignettes and one of the exercises. The participants, 12–15 to a group, engage in various exercises, including rehearsal of specific skills, completing an assessment tool or role-playing content for the context of the case, and prepare a short report on lessons learned to be presented to the whole group the following morning.

The group case descriptions are broad-stroke outlines. The small group then creates additional details of the case, which illustrate the material presented in the morning. For example, if the topic is identification, the small group defines the implications and processes of identification for their particular case. Once the group agrees upon those details, they may break out into smaller “mini-groups”, conducting the exercise for that day. At the end of the day the group members meet together to review the experience and determine what they have learned. Small group facilitators guide the group discussion, assist in role-playing and advise the leadership on the structure and content of the report. The trainers are assigned to a group for the duration of the training so that the rapport of the group can be sustained and so that trainers and facilitators know how material is received and synthesized by all members of the trainee group.

The assigned trainers assess competencies through a Skills Report Workbook, filled out by each trainee individually as daily homework. Trainees must satisfactorily complete the Skills Report in order to receive certification for the training. The assignments are rated on a three-point scale. The facilitator can provide individual support and feedback, depending on the circumstance. The score sheet of the skills report is included in Table 1.

Case example:--Rehema . Rehema is a 10 year old girl whose parents died of AIDS when she was 4 years of age. She is living with her auntie, her aunt's husband and their 5 children because they were the only members of the extended family who were willing to take her. Rehema's aunt mentions this often. There are problems with school and getting along with family.

Instructions for group activity on case identification:

- Divide into four mini-groups
- Each group to review a case as an example of an to think about and practice outreach and identifying orphan skills
- Conduct the groups tasks: e.g. role play, skills practice, mapping
- Group recorder to report next day at Recap

Fig. 1. Small group case and sample exercise.

The training program is frequently updated and revised based on current information or improvements suggested by previous program evaluations. As the entire team became more experienced with the process, we added elements that increased the depth and breadth of the training and which made the process flow more smoothly or reinforced the theme. For instance, the program developed a KiSwahili motto, roughly translated: children first, strengthening families. This motto, emerged out of the groups and was drummed, sung, used to add energy and to re-enforce the values of the program and of the partnership. This example of multi-modal re-enforcement proved so successful that the leadership of the project developed a KiSwahili song, based on an American model, but completely re-fitted to the language, circumstance and culture of the program. The song has become so popular that virtually all attendees have taken it back to their neighborhoods, and report that it is sung in various programs, far from its origination.

To have a consistent reference case, the project developed a standardized video case to serve as the anchor of the daily discussion. This case is an orphaned child who, with his grandmother and siblings, lives near the site of an early program. The story of the child and his family was edited into a fifteen-minute video production, *Dancing for Mwakaila* (Moges & Linsk, 2008), designed to illustrate the points of the social work process. The video provides consistency, portability and a reference example for further discussion.

Two other elements were added to the program, which have proven effective: the development of a *Resource Fair*, an exchange of information among the trainees so that they can beginning to learn what resources are naturally available in their home communities and to facilitate connections to the people in their training group whose resources they can use as a network. Facilitators distribute a contact list to all trainees as a part of the graduation ceremony, to facilitate development of community-based networks and the probability that participants will maintain the camaraderie that seems to be integral to the training program.

In the second year, we piloted a curriculum for *Supervisor Training*, linked with and presented conjointly with the Para-Social Work Training Program. This program evolved as it became clear that the program's initial eight-day curriculum needed follow up with a supervised field placement and with a re-training inoculation at the end.

The program also developed additional tools to provide training and support for the post-training activities of the para-social workers. For example, we developed an eco-map exercise translated into Kiswahili to help the trainees to assess and understand the social ecology of a target family. We also developed a psychosocial assessment tool with anchored scales including coping, depression, anxiety, trauma and basic needs. Finally, we provided training of the DSW OVC identification form and demonstrated community service mapping for case conferencing.

6. Training faculty

The program was field tested with faculty from the Partnership, teams from JACSW/ MATEC and ISW. Either faculty members were instructors at the schools of social work, Ph. D. level, MSW level faculty or faculty with Advanced Diplomas in Social Work (similar to US Bachelors in Social Work) with additional master degrees in related fields (education, public administration, etc.).

After conducting the program twice, and making appropriate curriculum revisions, the project leadership developed a *Training of Trainer* program (TOT). Participants were selected based on criteria including bachelor degrees or equivalent, experience working with OVC or in social work, willingness to commit to two trainings a year, as well as review of their resumes and an application detailing their reasons to be involved in the program. TOT participants worked in government or NGOs working with vulnerable children, or working as a supervisor in the Social Welfare agency with a minimum qualification of Advanced Diploma or BSW in social work or a related field. While some trainers came from the para-social work pool, others were experienced program implementers, counselors or educators. The TOT included a five-day workshop that included interactive learning methods, large and small group approaches, and reviewed all learning activities, as well as reviewing the content overview, and a teach-back opportunity to practice the training curriculum with feedback. This was followed by a practicum where they participated directly in the training as participant/trainers, conducting portions of the training alongside a facilitator from the partner groups as co-trainers, including all group exercises. Thirty-

Table 1
Skills building workbook score sheet.

Skill area	Activity	Facilitator rating (0 not done; 1 good; 2 very good)	Date	Facilitator comment
Outreach and Identication	Complete client identication form			
Engagement and communication with Clients and Families	Demonstrate two communications/engagement skills			
Assessment of needs and strengths	Complete eco map or psychosocial assessment form for the client			
Plan of service tied to assessment	Complete at least two steps of client service plan			
Linking clients to services	Show at least one linkage to community program to address client need on service plan			
Follow up and support plan	Develop at least two activities to follow up the client and provide support			

eight TOT participants completed the program and then became primary trainers to subsequent programs.

7. Program achievements

With the aim of improving the institutional capacity of ISW to deliver pre-service quality social work education, particularly in the areas of HIV/AIDS, orphans and vulnerable children, 503 para-professionals drawn from Governmental and Non Governmental organizations working with Orphan and Vulnerable children participated in the project through July of 2008. The training participants are currently providing services for about 19,000 reported vulnerable children. All participants indicate that they work directly or indirectly with vulnerable children and HIV/AIDS issues. Male and female participants are equally represented in the training. Fifty-six percent of participants indicated that they work in NGOs while eighteen percent work for government organization as either community development or district welfare officers. Sixteen percent work as members of most vulnerable children committees. Most provide voluntary services. Participants often have had limited exposure to basic issues regarding child development, HIV/AIDS impacts on families, and systematic service models.

8. Evaluation findings

Training participants evaluated the para-social workers training program using a pre-and post-program form, as well as follow-up contacts. Using a ten item participant satisfaction measurement scale, findings indicate that almost all item ratings fall between mean scores of 2.97 to 3.69 on a 4-point scale (1 = Average, 2 = Good, 3 = Very Good, 4 = Excellent). The item rated highest by participant was the "overall effectiveness of the program" ($M = 3.72$), followed by "the effectiveness of the small group work" ($M = 3.60$) that evaluates how the small group work helped participants to link the in class lecture and discussion with practice simulations. Open-ended questions showed several clear thematic results: participants wanted more training, more tools, greater connection to community-based and national networks and follow up programs that could lead to a career ladder in the field. The evaluation revealed that most of the training participants found the training material important to review what they learn and share some of the materials to their colleagues. Participants suggested improvements and indicated the need to give more time to the content.

The project team members designed and validated a 25-item multiple-choice and true false questionnaire to measure participants' knowledge and skill on the above mentioned six-step social work process in working with children and family. Table 2 presents the findings. Seven districts are shown, excluding two districts that served as pilots after which the questionnaire was revised. Across the seven districts, the differences between the pre and post training mean scores were statistically significant in terms of changes in knowledge and skill. The districts are categorized under three locations as metropolitan, small municipal and mostly rural. All project participants gained knowledge and skill due to the intervention. The aggregate data indicates that smaller municipal districts gained the highest knowledge while participants drawn from metropolitan areas gained the lowest (see Table 2). The more rural areas had slightly smaller increases in scores. Two of the smaller municipalities showed the largest changes, with Morogoro showing an increase of mean scores by 5.15, and Mbeya I of 4.94. The more rural Lindi and Mtwara had slightly smaller increases in scores (4.15 and 4.97 respectively), and Mbeya-II a smaller increase (4.03). The smallest increases were in the two metropolitan areas in metropolitan Dar es Salaam (Kinondoni and Ilala).

A paired *t*-test was conducted to see if the difference between the pre and post test means or gained scores are statistically significant and the training contribution was to the desired direction. As indicated in the table, there are significant difference between the pre and post-test scores. Therefore the training impact on the knowledge of the participants was significant.

Table 2
Summary table of participant information, pre, and post training scores.

District by type	Participants by project	Response rate	Total items (*N*)	Output		
				Mean	SD	*P*
Metropolitan						
Kindondoni pretest	57	91	25	11.65	2.68	0.001
Kindondoni posttest	57	91	25	14.58	3.60	
Illala pretest	50	50	25	11.28	3.78	0.001
Illala posttest	50	50	25	14.48	2.74	
Smaller municipalities						
Mbeya-I pretest	60	87	25	9.37	4.15	.001
Mbeya I posttest	60	81	25	14.31	2.87	
Mbeya II pretest	66	88	25	11.47	3.28	.001
Mbeya II posttest	66	88	25	15.50	3.66	
Morogoro pretest	50	94	25	9.96	2.68	.001
Morogoro posttest	50	94	25	15.11	3.67	
Mostly rural areas						
Lindi pretest	53	100	25	11.13	3.15	.001
Lindi posttest	53	100	25	15.28	2.28	
Mtwara pretest	50	92	25	11.37	2.70	.001
Mtwara posttest	50	86	25	15.44	2.48	

9. Discussion

The Partnership is an example of the development and application of a para-social work model to the needs of orphans and vulnerable children. The existing training program is well founded in principles of adult education. Highly interactive and skills based facilitation methods are critical in this training.

9.1. Limitations

The program is a beginning effort to identify, train and support para-social workers, but it has a number of limitations. Program implementation was quick, utilizing existing needs assessments. To address the context of Tanzanian needs, the program is sensitive to stakeholder influence, resource limitations and limited time for program design.

The training program is short to allow para-social workers to begin working in the field as soon as possible. Therefore, the training model focuses on an eight-day competency based training designed to introduce social work skills using adult learning principles of interactive learning and skill development. The training program designed assumes that participants would come to training with previous and/or ongoing interaction with extremely vulnerable children. The training does not intend to teach social work skills in detail; rather, it supplements existing efforts with sufficient knowledge and practical skills to enhance practice of those already concerned with the population. The program aims to be a way to engage community workers in the social work field, and some trainees expect to obtain professional degrees after more experience.

9.2. Workforce development

A career path with appropriate incentives should be developed along with the complete development of the supervisory structure which will provide them with ongoing support and connection to existing structures within the care systems, both non-governmental and governmental. Utilizing para-social workers on a national scale requires considerable stakeholder input recognizing the need for a professional cadre of workers to address the needs of children and

their families. As noted above, plans are evolving to develop such a workforce in partnership with government.

Once established, para-social workers need to be clearly defined, recognized, certified, compensated and supervised. The existing community based training model requires a structured certification program, including formal training, ongoing supervision period and additional training to demonstrate competencies. Certification must be linked to existing legal structures and professional training systems. The Tanzanian project is implementing several levels of certification and training. In addition to the community based para-social workers who receive introductory training, supervised practice and subsequent training, a higher-level position, social welfare assistant, will receive a full year of training and be equipped to supervise para-social workers who work as volunteers or at direct community practice levels.

9.3. Collaboration

Continuing dialogue and interaction with local government, national partners and community-based organizations is needed to enhance and maintain this program, as well as ongoing input from key stakeholders to evaluate and revise program. Local government and national level programs are critical partners for program development and implementation. The program should promote community based care options using an ongoing case management approach. Many of the Tanzania participants were highly involved in community driven programs. However, other participants oversee childcare homes, and they seem to have inadequate knowledge and diverse attitudes about community care. Para-social workers should emphasize the importance of community and family based care.

9.4. Evaluation

Do para-social workers meet needs effectively? The current model of pre-post knowledge begins to describe the para-social workers and suggests that the training was useful for them in terms of satisfaction with the training and acquisition of knowledge. However, more specific follow-up outcome evaluation would add to understanding of what skills are learned and applied in working with children and their families. While the project staff recognize that impact evaluation assessing child outcomes before and after to para-social work services is critical, this is beyond the scope of the current developmental partnership.

10. Conclusion

The needs of African children are great, particularly taking into account the HIV epidemic, other health issues and the poverty, food inadequacies, lack of social and health services that surround them. While a fully developed supportive environment may not be available, community strengths including shared family responsibility, local helping organizations, and existing social structures can support these children.

What makes for good para-social work? Para-social workers should be trained in and follow best-practice principles: that is, based on evidence from the field, they should be both child-focused and family-centered and bring together both prevention and care via an ongoing process of assessment, care-management, service-coordination, and quality improvement, capacity-building and direct support. Where national standards of care exist, these are guiding principles. That said, para-professionals could never do this alone; they must be part of a team with more experienced professionals who have advanced social work training. The para-social work efforts are part of a larger process working in concert with non-governmental organizations, local and traditional leaders, and both national and local government.

Whether volunteers with incentives or paid staff, these workers need additional training, supervision and support in order to identify, develop and provide direct services. They need information and the authority with which to identify and create effective linkages with community resources that can help vulnerable children and their families, and they need to understand how their work fits into national efforts to achieve quality-standards of well-being. Para-social workers and the children and families they serve require improved access to quality-based care. Services must be coordinated and should reflect sustainability and healthy living. Without additional training, support and a formal integration into country's social service system, most volunteers and community-based workers cannot currently ensure these outcomes. They also need a steady, albeit modest, income in order to do this work on an ongoing basis.

The Tanzania para-social work project provides an example of how to supplement an existing set of child and family welfare structures by engaging community workers and assigning them a role as social work para-professionals. While the response to the program has been enthusiastic, a number of challenges remain. The first of these is coordination with existing resources. Tanzania, as other sub-Saharan African nations, has incorporated a number of community based, faith based, and internationally based non-governmental organizations. They work to varying degrees with community service networks as well as with municipal and regional government structures, but achieving agreement on defining problems and designing solutions often seems like one step forward and two steps back. Funders, partners, participants and educators have diverse and sometimes challenging expectations.

Still, the commonly held perceptions of needs may bring these groups together as shared stakeholders, and adding adaptive structures such as para-social workers can engage needed sources of help into local and national programs. Nevertheless, the collaboration is worth the effort, and the alternatives to collaboration are worse, including fragmentation, overlapping services and lack of resources to meet needs.

The caring community's lack of basic information about child and adult development needs leads to an array of practical and ethical dilemmas. These relate to customs and culture as well as knowledge deficits. Training sessions have included lively discussions related to child development, the potential for abuse and neglect in the name of child discipline, and the need for family and community based care as alternatives to orphan homes. Participants have realized that both traditional ways of child rearing and alternatives based on child development research knowledge can come together in designing service plans, service systems and more ethical practice for para-social workers.

Our conclusion is that experimenting with a diverse array of sub-professionals tied to social and governmental structures can result in improvements in care and services for children at risk, while also supporting family and community structures. Supervised para-professionals providing social services may make significant contributions to address burgeoning problem of vulnerable children, in the context of the existing pandemic of HIV/AIDS and the lack of sufficient social workers to address it at the grass root level. To do so, a network of governmental and non-governmental organizations can work together to ensure the program's sustainability and quality of services for the children.

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References

Albanese, M. A., & Mitchell, S. (1993). Problem-based learning: A review of literature on its outcomes and implementation issues. *Academic Medicine*, *68*(1), 52—81.

Andrews, G., Skinner, D., & Zuma, K. (2006). Epidemiology of health and vulnerability among children orphaned and made vulnerable by HIV/AIDS in sub-Saharan Africa. *AIDS Care*, *18*(3), 269—276.

Barkarsh, J. (2005). *Journey of Life: Community Workshops to Support Children.* Randburg, South Africa: Regional Psychosocial Support Initiative.

Brawley, E. A., & Schindler, R. (1989). Professional-Para-professional relationships in four countries: A comparative analysis. *International Social Work*, *32*(2), 91—106.

Brawley, E. A., & Schindler, R. (1991). Strengthening professional and paraprofessional contributions to social service and social development. *British Journal of Social Work*, *21*(5), 515—531.

Catholic Relief Services (2007). A case study: Kilifi Orphans and Vulnerable Children Projects. http://ww.cpc.unc.edu/measure/publications/pdf/sr-07-35.pdf. Retrieved October 18, 2009.

Committee on the rights of the Child. (2009). Office of the United Nations High Commisioner for Human Rights. Retrieved on February 6th, 2009, from http://www2.ohchr.org/english/bodies/crc/

Conway, M., Gupta, S., & Kamiar, K. (2007, November). *Addressing Africa's health workforce crisis.* McKinsey Quarterly.

Correll, L. (2006). Family Health International Trip Report, Unpublished Report.

Department of Social Development (2005). *National Policy Framework and Strategic Plan for the Prevention and Management of Child Abuse, Neglect and Exploitation.* Pretoria: Department of Social Development.

Ebigbob, Peter O. (2002). Challenges facing child protection: II. The effect of poverty on child protection in Africa. *Child Abuse & Neglect*, *26*, 587—617.

Harber, M., (1998). *Developing a Community-based AIDS Orphan Project: A South African Case Study*. Paper presented at "Raising the Orphan Generation" conference, Pietermaritzburg, June.

Hesse, F., & Kathrine, A. (1976). The paraprofessional as a referral link in the mental health delivery system. *Community Mental Health Journal*, *12*(3), 252—258.

Joint Learning Initiative (2004). Human Resources for Health: Overcoming the Crisis. Cambridge, MA: Harvard University Press.

Kaijage, F. J. & Makbel (2003). *HIV/AIDS orphans and shelter: A baseline survey to define indicators of shelter in the poorest sector of urban dwellers in relation to children in distress due to HIV/AIDS: A study of Manzese in Dar es Salaam*. Research report submitted to UN-Habitat Urban Management Program: HIV/AIDS.

Kaijage, F., & Tibaijuka, A. (1996). Poverty and social exclusion in Tanzania. *International Institute for Labor Studies, United Nation Development Program, Research Series*, *109*.

Knowles, M. (1973). The Adult Learner: A Neglected Species. Gulf Publishing Company.

Moges, T. and Linsk, N. L. (2008). *Dancing for Mwakaila,* Tanzania: Social Work Partnership for Orphans and Vulnerable Children, American International Health Alliance and Ethiopia: Synergy Habesha Film Productions.

National Committee on Child Abuse and Neglect (NCCAN) (1995). *Child Abuse: The cutting crisis.* Unpublished memorandum. Pretoria, Department of Social Welfare and Population Development.

Nyandiya-Bundy, S., & Bundy, R. (2002). Challenges facing child protection: III. The influence of HIV and AIDS on child protection. *Child Abuse & Neglect*, *26*, 587—617.

Richter, L., & Desmond, C. (2008). Targeting AIDS orphans and child-headed households? A perspective from national surveys in South Africa, 1995–2005. *AIDS Care*, *20*(9), 1019—1028.

Schenka, K., Ndholvuc, L., Tembod, S., Nsunee, A., Nkhatad, C., Walusikuf, B., & Wattsb, C. (2008). Supporting orphans and vulnerable children affected by AIDS: using community-generated definitions to explore patterns of children's vulnerability in Zambia. *AIDS Care*, *20*(8), 894—903.

September, R. (2006). The progress of child protection in South Africa.*International Journal of Social Welfare*, *15*, S65—S72 Supplement.

Steinitz, L., with Green, K., Matengu, M., Medrano, T., & Murithi, L. (2009). The Way We Care: A Guide for Managers of Programs for Vulnerable Children and Youth. *Family Health International.*

Swart, L., van Niekerk, A., Seedat, M., & Jordaan, E. (2008). Paraprofessional home visitation program to prevent childhood unintentional injuries in low-income communities: A cluster randomized controlled trial. *Injury Prevention*, *14*, 164—169.

UNICEF (2008). *The State of the World's Children 2009: Maternal and Newborn Health.* Retrieved July 14, 2009 from http://www.unicef.org/publications/index_47127.html

USAID (2002). *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies.* Retrieved July 14, 2009 from http://www.usaid.gov/our_work/global_health/aids/Publications/docs/childrenbrink.pdf

USAID (2008). United Republic of Tanzania The National Costed Plan of Action for Most Vulnerable Children 2007–2010, Department of Social Welfare Ministry of Health and Social Welfare. Retrieved July 10, 2009, from http://www.pacttz.org/pdfs/Tanz_NCPA_web.pdf

Vaz, F., et al. (1999). Training medical assistants for surgery. *Bulletin of the World Health Organization*, *77*(8), 688—691.

WHO, UNAIDS, & UNCEF, (2008). *United Republic of Tanzania Epidemiological Fact Sheet on HIV and AIDS: Core data on epidemiology and response 2008 update*. Retrieved July 10, 2009, from http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_TZ.pdf

Zimmer, Z., & Dayton, J. (2005). Older adults in sub-Saharan Africa living with children and grandchildren. *Population Studies.*, *59*(3), 295—312 18p.