Technical Brief: USAID Kizazi Kipya

Support for implementation of the National Integrated Case Management Framework

November 2017

USAID Kizazi Kipya collaborates with the Government of Tanzania to provide case management to households with orphans and vulnerable children (OVC) in 130 councils.

Case management is a social work service delivery approach that allows vulnerable individuals and families to access services that meet their individual needs in a timely and coordinated manner. Case management is “a step-by-step process of identifying, providing support, referring and following up MVC cases.” The steps in the typical case management cycle are: 1) case identification, 2) screening and enrollment, 3) needs assessment, 4) care plan development, 5) direct service provision and support, 6) referrals and linkages, 7) care plan monitoring, and 8) graduation and case closure.

To standardize delivery of case management services within the social welfare system, the government of Tanzania drafted the National Integrated Case Management Framework in 2016 and developed standardized case management tools and forms for tracking case management service delivery. District Social Welfare Officers (DSWO) at council level, and Assistant Social Welfare Officers (ASWO) at Ward Level, are trained professionals responsible for Case Management Services. Due to high level of need, Lead Case Workers (LCWs), who are typically trained Para-Social Workers, and Community Case Workers (CCWs), are volunteers under the supervision of the social welfare department, assist in delivery of basic case management services. By the end of FY17, the Department of Social Welfare had trained approximately 15,000 CCWs to deliver case management services.

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Emmakulata Ibosi, a mother of five children who lives in Chunya District (Mbeya Region), pictured above, enrolled in the Kizazi Kipya project in December 2016. She says, “This Kizazi Kipya project has caused remarkable changes in my life personally and my entire family more generally...I can see more friends and neighbors coming to me and want to know how I turned things around. That people want to learn from me is an indication that I’m still valuable in my community.”
USAID Kizazi Kipya approach to case management in the social welfare context

USAID Kizazi Kipya collaborates with the Ministry of Health, Community Development, Gender, Elderly and Children, the President’s Office – Regional Administration and Local Government, and the Ministry of Labour Empowerment, Elders, Youth, Women and Children in Zanzibar, and with stakeholders such as JSI CHSSP and MEASURE Evaluation, to strengthen delivery of case management services for orphans and vulnerable children, youth, and their household members in councils with high HIV burden. The approach responds to the first objective under the National Costed Plan of Action II for Most Vulnerable Children 2013-2017: Strengthen the capacity of households and communities to protect, care for, and support the most vulnerable children.

Kizazi Kipya’s case management approach is guided by a Standard Operating Procedure aligned with the draft National Integrated Case Management Framework, the National Costed Plan of Action II for Most Vulnerable Children, the National Plan of Action to End Violence against Women and Children, and Tanzania’s Law of the Child Act. (See Figure 1).

With support from the Kizazi Kipya project, 650,796 OVC and their household members received at least one service between October 2016 and September 2017.

Case Management Support to Local Government Authorities

Kizazi Kipya’s implementation focus is at council, ward, community and household level. The project selected 48 Civil Society Organizations (CSOs) through a competitive process to strengthen case management service delivery in 67 councils. The CSOs each signed Memorandum of Understanding with the Local Government Authority (LGA) to guide coordination of case management and other activities targeting OVC and their household members.

Kizazi Kipya provides financial and technical inputs to CSO staff to support the delivery of quality case management services to OVC and their household members. Each CSO hired a Case Management Officer responsible for collaboration with the DSWO. The CSO Case Management Officer (CMO) supervises one or more Case Management Coordinators (CMCs), each responsible for overseeing case management services in eight wards in coordination with ASWO. CSO activities under Kizazi Kipya include:

- Holding monthly meetings with LCWs and CCWs at ward level
- Providing in-service refresher training for LCWs and CCWs to strengthen case management skills and improve their ability to provide quality services
- Linking CCWs to referral sites
- Monitoring referrals to ensure completion
- Improving models of case management services to reach hard-to-reach children
- Paying monthly LCW and CCW stipends
- Ensuring LCWs and CCWs are using national tools for data collection
- Reporting data into the National MVC-MIS

Generally, a CSOs’ CMO spends 10 working days and CMCs spend 15 days per month providing supportive supervision, and they are frequently joined by DSWO/ASWO for joint supportive supervision and co-facilitation of monthly LCW and CCW meetings.
Screening, Enrolment and Family and Child Asset Assessment

In Year 1, the Kizazi Kipya project provided at least one core service to a total of 650,796 OVC and caregivers (283,348 male and 367,448 female) in 130 councils. The majority of these households were “rolled over” from the previous Pamoja Tuwalee project.

Kizazi Kipya defined project-specific beneficiary enrollment criteria with a focus on households with HIV-related vulnerabilities. The project field staff and CSOs transitioned OVC and caregivers off of PEPFAR support to other local service providers if they did not meet enrolment criteria. In 67 scale up councils, 227,080 OVC and caregivers who were previously served by Pamoja Tuwalee who did not meet the Kizazi Kipya enrollment criteria were transitioned, and 81,821 beneficiaries in 63 sustained (low HI burden) councils were transitioned (the project closed all activities in these 63 councils). The majority of beneficiaries transitioned to the oversight of Most Vulnerable Children Committees, or were linked to Village Savings and Lending Groups or Care and Treatment Clinics.

Following transition, LCWs and CCWs provided core services to 493,743 OVC, adolescents, and caregivers in 67 councils between July 1 – September 30, 2017, and female beneficiaries made up 57% of the total. To enroll more beneficiaries that met enrolment criteria, Kizazi Kipya collaborated with care and treatment implementing partners, CHMTs, and CTC staff in 41 scale-up councils to screen and enroll 13,437 caregivers and 30,830 OVC from 192 high volume CTCs as well as PLHIV support groups.

In Year 1, Pact developed the Family and Child Asset Assessment tool to assess caregivers’ and children’s needs and strengths in various areas, including education, health, and nutritional status. Community volunteers administered the Family and Child Asset Assessment to 87,730 households as they were newly enrolled or re-enrolled into the project. Results from the assessment informed CCW of immediate service delivery needs of the household and provided the project as a whole with baseline data.

Delivery and Supervision of Case Management Services

General OVC: LCWs and CCWs provide case management services to OVC households, making monitoring visits for each family at least once per month and provide basic services (e.g., psychosocial support, nutrition assessment, child development and parenting skills, child protection, monitoring school attendance, referrals to community-level services). Kizazi Kipya supports quality service delivery through in-service training and mentorship, supportive supervision visits with DSWO/ASWO, monthly volunteer meetings, and payment of monthly volunteer stipends.

Children Living and Working on the Streets (CLWS): Kizazi Kipya partner Railway Children Africa conducted a headcount of CLWS in six major cities in Tanzania,² which revealed a total of 10,595 CLWS (6,393 are <18 years and 4,202 >18 years) in these areas. Six CSOs specialized in CLWS received training in case management, street work, family work, and youth work, reinforced through learning visits. Between July – September 2017, CLWS CSOs delivered direct services to 878 CLWS through street outreach activities. Of the 869; 114 CLWS were provided with emergency shelter and/or referred to a long-term care center; and of the CLWS rescued from the streets, 68 were reintegrated with caregivers/guardians. Of those reintegrated with their families 58 were re-enrolled in school. In addition, 161 CLWS were supported to access medical care through referral to health centers. The project reached a total of 284 youth living and working in the street and introduced them the youth association model through which they received life skills training. These youths will be engaged for a period of two years, after which they will graduate.

Children in the artisanal gold mining communities: Kizazi Kipya partner Ifakara Health Institute (IHI) conducted formative research to inform the design of the service delivery model for children in the artisanal gold mining communities in Bukombe (Geita), Chunya (Mbeya) and Songwe (Songwe). The case management services will roll out in Year 2 as part of the service delivery model.

² Dar es Salaam, Mwanza, Arusha, Dodoma, Iringa, and Mbeya
Case Management in Action

Felista Gitao Mtorela, a trained community case worker (CCW) in Arusha, visits Kizazi Kipya households to provide case management services. In one home, a blind grandmother (pictured above with CSO and Kizazi Kipya staff) single-handedly cares for six orphaned grandchildren. One of the grandchildren is a 14-year old girl, Aisha*, who has been living with her grandmother since she was 2½ months old after the death of her mother. Aisha was diagnosed with HIV at age 8, and was taking anti-retroviral medication (ART) until a myth in the community that ART kills made her decide to stop taking the medicine. Through long persuasion and education by Felista, the grandmother agreed that Aisha return to health services for HIV. Felista escorted Aisha to the Care and Treatment clinic (CTC), where she restarted ARVs and was linked to a club for adolescents living with HIV for psychosocial support, sexual and reproductive health education, and ART adherence support. Felista also escorted the grandmother to test the other grandchildren for HIV screening. All were diagnosed HIV negative. However, the four-year old grandchild was found to be malnourished, and with nutrition counseling and linkage to community food basket donations, the child’s body weight increased from 9kgs to 15kgs. The grandmother also received a sewing machine from TASAF, which she rents out to generate income. She uses the income for basic needs and to buy shares in the village savings and lending group.

*The family has given permission to share their names and their story. Kizazi Kipya changed the name as an added measure of child protection.

Referrals and Linkages

Kizazi Kipya collaborated with the government of Tanzania and MEASURE Evaluation in the development of the National MVC Referral Form to standardize the social welfare system for issuing and tracking referrals to health and social services.

Between July – September 2017, the project referred 20,543 OVC and caregivers to service providers, including to health facilities, social welfare officers, and community groups. Kizazi Kipya improved community-based referrals by developing and cascading Standard Operating Procedures for Bi-Directional Referrals and Linkages and nurturing relationships between CSOs, LCWs, and CCWs with health facilities and other service providers. Of the 20,543 issued referrals, 8,940 (44%) were referred for HIV Testing Services, of which 7,662 (86%) were complete referrals (i.e., CCWs and CSOs received verification of services provided.)

Kizazi Kipya mapped available health and social services in 67 councils which will be printed before the end of 2017 and circulated to all CCWs as a resource when issuing referrals. The service directory includes locations of where services can be accessed, costs of services, hours of operation, name of focal person, contact details, and functionality status.

Kizazi Kipya developed an electronic platform which supports the paper based referral system to enable real time tracking of referral between the community program and other health and social services. The electronic system consists of USSD, android application, and a dashboard. Two tiers, Android, and dashboard, were operational at the end of Year 1, while the USSD application waits until all Tanzanian Mobile Network Operators by the end of 2017.

Referrals of OVC and their household members will greatly increase in Year 2 due to access to more copies of the National Referral Tools; distribution of the council-specific referral directories; installation of referral boxes in all high-volume CTCs; and operationalization of the electronic bi-directional referral system.
Figure 1: The Kizazi Kipya Case Management Cycle
Way Forward: Year 2 plans
(October 1, 2017 – September 30 2018)

Screening and Enrolment: Kizazi Kipya will enroll an additional 269,922 OVC and 111,006 caregivers in 79 councils to reach Year 2 targets. As government structures begin to use the new National MVC Registration Form, CSOs will coordinate with LGAs to use MVC registers to screen families for Kizazi Kipya eligibility. Beneficiary identification entry points include:

- High volume CTCs (400+ adult clients on ART and 40+ pediatric clients on ART).
- PMTCT sites, working closely with CHMTs and PEPFAR care and treatment partners.
- Child Protection Committees to ensure that vulnerable families are screened.
- CSOs in six cities will continue the identification, enrolment and service provision for CLWS.
- CSOs in three councils will screen and enroll OVC in the artisanal gold mining communities.

Integrated Case Management Services: Kizazi Kipya will continue to collaborate with the government of Tanzania to implement the National Integrated Case Management Framework in 79 councils. LCWs and CCWs will continue to provide case management services to OVC households and receive stipends from Kizazi Kipya on the basis of providing case management services, attending monthly meetings and submitting reports. Additional activities for Year 2 include:

- supporting HIV-positive children, youth, or child headed households to obtain CHF/Tika cards;
- providing increased number of escorted referrals;
- screening caregivers for mental health needs and providing appropriate referrals (using a tool piloted with MUHAS);
- integrating parenting messages and nutrition assessment (using mid-upper arm circumference tape) into routine case management visits;
- administering the HIV Risk, Service and Adherence Assessment Tool to all active beneficiaries to ensure referrals and linkages for HIV testing and treatment services.
- Based on the graduation criteria, process, and tool, Kizazi Kipya will conduct its first round of assessing readiness for graduation among the 144,275 OVC households enrolled in Year 1.

Supportive supervision: Pact will work closely with the government and JSI Community Health and Social Welfare Systems Strengthening Project (CHSSP) in the development of standardized supportive supervision tools for case management. Pact Cluster staff will engage Regional Social Welfare Officers on supportive supervision visits to councils and strengthen the regional-level collaboration between government offices and the project. CSO staff will continue to engage District and Assistant Social Welfare Officers on supportive supervision. Kizazi Kipya will strengthen monthly LCW/CCW meetings by outlining the monthly in-service training topics and making short in-house videos to reinforce case management procedures and improve quality of reporting.

About USAID Kizazi Kipya

USAID Kizazi Kipya is a five-year USAID and PEPFAR-funded project (July 2016 to June 2021) that aims to enable 1 million orphans and vulnerable children (OVC) and adolescents ages 0–19 years to access comprehensive HIV-related services and other services for improved health, nutrition, education, protection, livelihoods, and psycho-social wellbeing. Pact, the prime organization on the award, is joined by consortium partners Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Aga Khan Foundation (AKF), Railway Children of Africa (RCA), and Ifakara Health Institute (IHI).