USAID Kizazi Kipya Project 2016-2021

Toward a sustainable, locally led OVC response in Tanzania

pact building local promise.

Thursday, March 3rd, 2022

PEPFAR U.S. President's Emergency Plan for AIDS Relief

USAID FROM THE AMERICAN PEOPLE

pact building local promise.

Event Overview

Welcome and opening remarks

Caroline Anstey, President and CEO, Pact

David Ernest Silinde, Deputy Minister of State, PO-RALG, Government of Tanzania

Dr. Michelle Chevalier, S/GAC Chair for Tanzania

Clint Cavanaugh, Director, Office of HIV/AIDS, USAID

Alexander Klaits, Deputy Mission Director USAID/Tanzania

Meeting the needs of HIV-affected children and caregivers: Kizazi Kipya's approaches, key results, and achievements

Dr. Morice Kakiziba, former Chief of Party, Kizazi Kipya

Turning policy into practice: Rolling out the HIV-inclusive National Integrated Case Management System

Mr. Rasheed Maftah, Assistant Director - Social Welfare, PO-RALG

Christina Kyaruzi, former Senior Technical Advisor, Kizazi Kipya

Peaks and pitfalls in OVC & clinical collaboration: Successes, challenges and lessons learned in working together to achieve epidemic control among C/ALHIV

Dr. Asheri Barankena, former Deputy Chief of Party, Kizazi Kipya

Dr. Theopista Masenge, Senior Technical Advisor - Pediatrics, EGPAF

Paving the road for an AIDS-free generation: HIV and sexual violence prevention among girls and boys aged 9-14

Esther Ndyetabura, former Youth and Gender Advisor, Kizazi Kipya

Boosting economic resilience: Economic strengthening for OVC caregivers and youth

Esther Ndyetabura, former Youth and Gender Advisor, Kizazi Kipya

The OVC program horizon: What the future holds for a sustainable, locally-led OVC response

Gretchen Bachman, Senior Technical Advisor for Orphans and Vulnerable Children, S/GAC

USAID Kizazi Kipya Project 2016-2021

Meeting the needs of HIV-affected children and caregivers

Kizazi Kipya's approaches, key results, and lessons

Dr. Morice Kakiziba, former Chief of Party– USAID Kizazi Kipya, Pact Tanzania

USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

USAID Kizazi Kipya (2016 – 2021)

Project overview

Total served:

1,704,050 vulnerable, HIV-affected children, adolescents, and caregivers

Timeframe: July 2016 – Sept 2021

Donor: PEPFAR/USAID

Geographic Coverage:
Tanzania, 25 regions, 85 councils

Budget:
$162,425,181
over 5 years

Implemented:
by Pact

Partnerships:

- Government of Tanzania
- 5 consortium partners
- 67 CSOs
- Other stakeholders

KIZAZI KIPYA GOALS AND OBJECTIVES

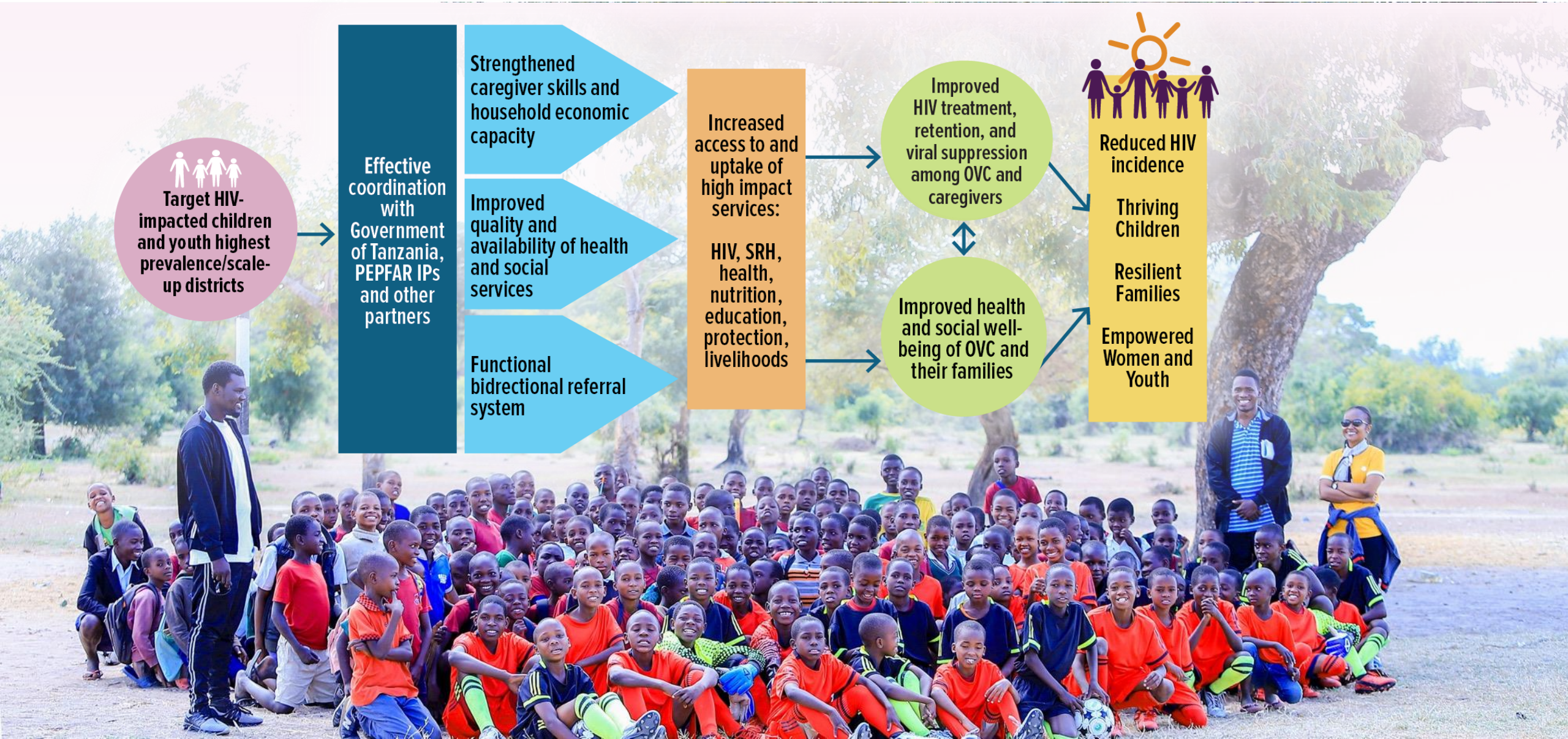
GOAL

Improve health and wellbeing of OVC, young people, and their families through strategic service delivery and support

PROJECT RESULTS

1. Parents and caregivers have the financial resources to meet the needs of vulnerable children and adolescents
2. Parents and caregivers have the skills to meet the needs of HIV-infected and vulnerable children and adolescents
3. High-quality services are available to HIV-infected and vulnerable children and adolescents
4. High-quality services are available to "hard-to-reach" HIV-infected and vulnerable children and adolescents

USAID Kizazi Kipya Theory of Change



OVC Comprehensive: A Snapshot

28,940 community case workers (CCWs) trained and supported to conduct HIV-inclusive case management for **442,014** families

1,468,421 of OVC and caregivers received family-based case management with multiple supportive interventions (HIV, health, nutrition, education, economic strengthening, parenting, etc.)

CCWs issued a total of **723,880** referrals (**90%** completion rate) to children, adolescents, and caregivers for HIV, health, and social services

Targeted and tailored approaches and package of services

- Age, sex, and schooling
- Children and adolescents living with HIV
- Children of female sex workers, children living and working on the streets, children in mining areas

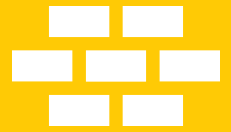
OVC Comprehensive: **Key Interventions**

Healthy

- HIV risk screening
- C/ALHIV service package
- HIV prevention knowledge
- Nutritional assessment, counseling, and support
- Evidence-based psychosocial support
- Provision of health insurance for poor households

Safe

- Parenting skills through Care for Child Development, positive parenting messages, and Furaha Caring Families for Parents and Teens
- VAC/GBV identification and escorted referrals
- Family reunification and residential care for CLWS



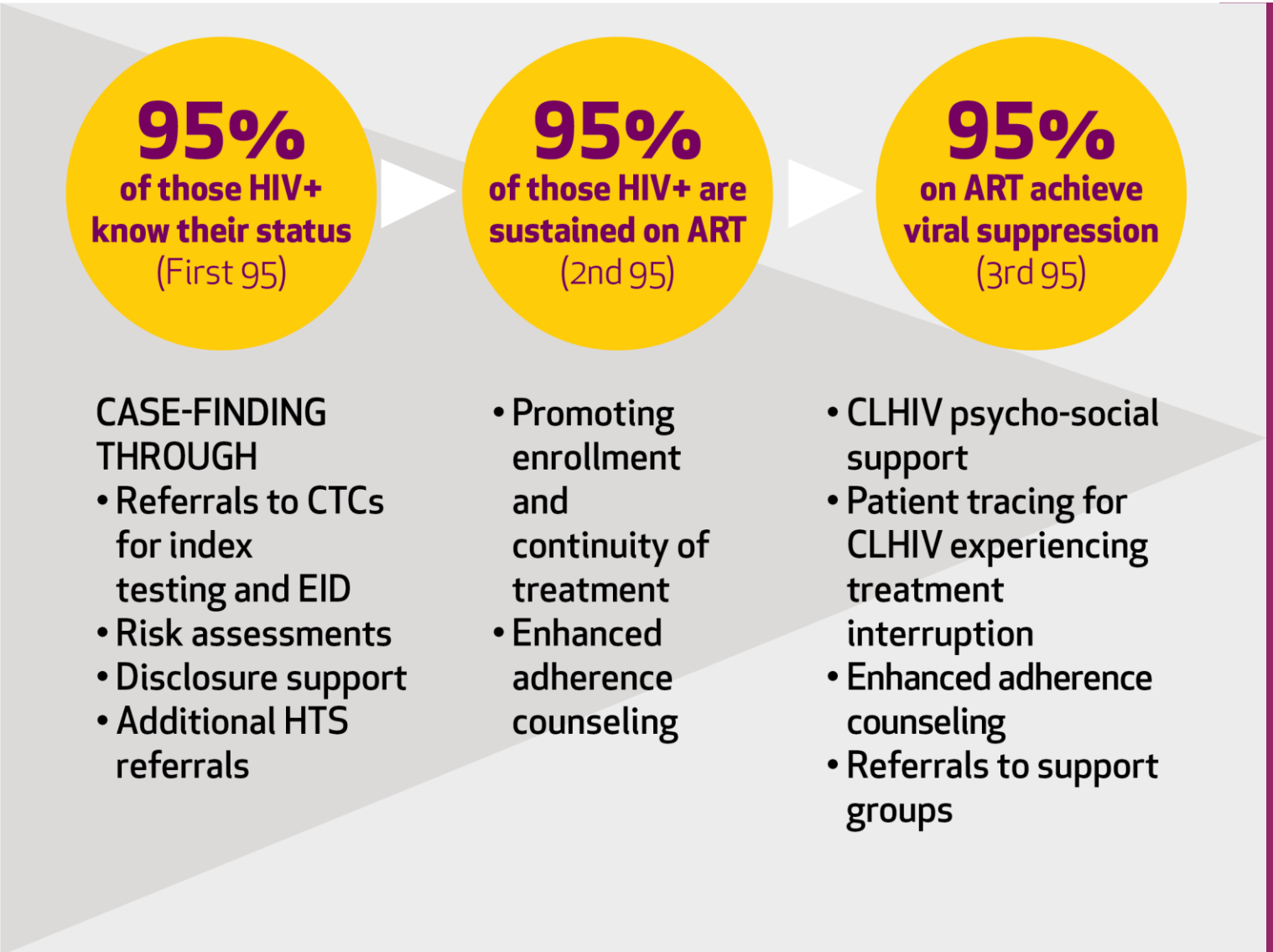
Stable

- WORTH Yetu savings and lending groups
- Financial literacy, money management, and entrepreneurship training
- Technical skills training and business start-up kits
- Linkage to social protection

Schooled

- Monitoring of school attendance and progression
- Re-enrollment into school for eligible children
- Education subsidies for poor households
- Menstrual hygiene kits to decreased period related absences
- Vocational scholarships for older adolescents (with a focus on girls)

OVC Comprehensive: HIV Approaches and Results



BY END OF PROJECT:

- **60,871** C/ALHIV enrolled in Kizazi Kipya
- **903** C/ALHIV were newly identified as HIV positive
- **98%** adherence to ART among C/ALHIV on ART
- **91%** viral load suppression among C/ALHIV with reported results *(clinically confirmed)*

DREAMS: Key Interventions and Results

107,405 in-school AGYW age 10-14 completed the full-service package from including:

- Adolescent sexual and reproductive health education
- Educational subsidies (uniforms, backpacks, mathematical set, notebooks, etc.)
- Reusable menstrual hygiene kits
- Financial literacy
- Parenting for Lifelong Health adapted to Tanzania (Furaha Caring Families for Parents and Teens)

4,653 out-of-school AGYW age 15-19 received:

- Guidance in selecting vocation al training courses
- Vocational scholarships
- Bi-weekly mentoring
- Business start-up kit

OVC Preventive: Key Interventions

Kizazi Kipya began implementing OVC preventive programming in FY20

KEY INTERVENTIONS:

6,585 girls and boys age 9-14 years reached with group-based National Adolescent and Sexual Reproductive Health curriculum (with PEPFAR's HIV and sexual violence prevention modules)

98,057 boys age 9-14 years reached with Coaching Boys into Men (CBIM) intervention aimed to teach boys the importance respecting themselves and others, particularly women and girls

USAID Kizazi Kipya (2016 – 2021)

Lessons learned in reaching 1.7 million HIV-affected children, adolescents, and caregivers:

- Partnerships from village to national level enable impact that lasts.
- Agility is critical to respond to changing priorities, needs, and community feedback.
- Tailored solutions adapted to the most pressing needs of OVC and caregiver sub-populations have greater impact than universal services.
- Implementation and monitoring must be intentional and systematic for effective scale-up of quality services.

Asanteni!
Thank You!

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

USAID Kizazi Kipya Project 2016-2021

Turning Policy into Practice: Kizazi Kipya Lessons

Mr. Rasheed Maftah, Assistant Director Social Welfare Services, Tanzania PO-RALG
Ms. Christina Kyaruzi , former Senior Technical Advisor – USAID Kizazi Kipya, Pact Tanzania

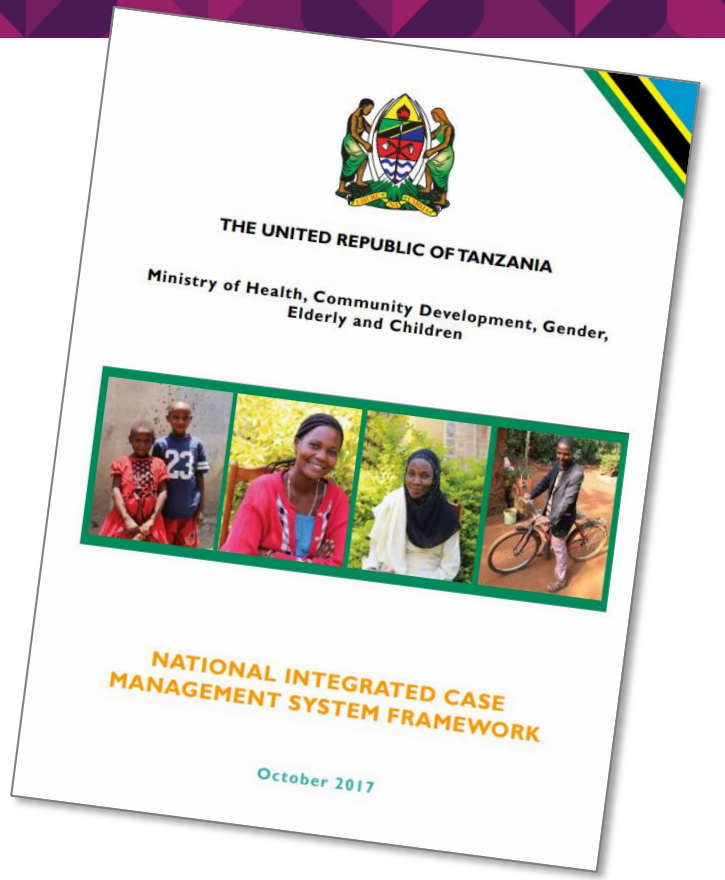
USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

The National Integrated Case Management System (NICMS)

The Government of Tanzania launched a new NICMS system in 2017 to standardize how social welfare services are delivered to vulnerable families throughout the country.



Prior to NICMS:

- Coordination for social service delivery differed by district and region
- Volunteers with varying qualifications hired by programs delivered social welfare services
- Programs trained volunteers without a standardized curriculum
- Programs used their own data collection tools and M&E systems
- Social welfare offices lacked necessary equipment (computers, modems, printers)
- NICMS activities not included in council plans/budgets

The NICMS:

- Includes a framework to connect and coordinate all service providers working with children to meet their HIV/health, protection, and social welfare needs
- Defines qualifications and training requirements for Lead Community Case Workers (LCWs) and Community Case Workers (CCWs)
- Provides a standardized training curriculum for LCWs and CCWs
- Includes a national M&E system to track service provision to OVC and their caregivers
- Defines the expectations for NICMS work so councils can begin to build these works into budgets

Kizazi Kipya partnered with Government of Tanzania to roll out NICMS at council, ward, community, and household levels across 81 high HIV burdened councils.

Case Management

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.

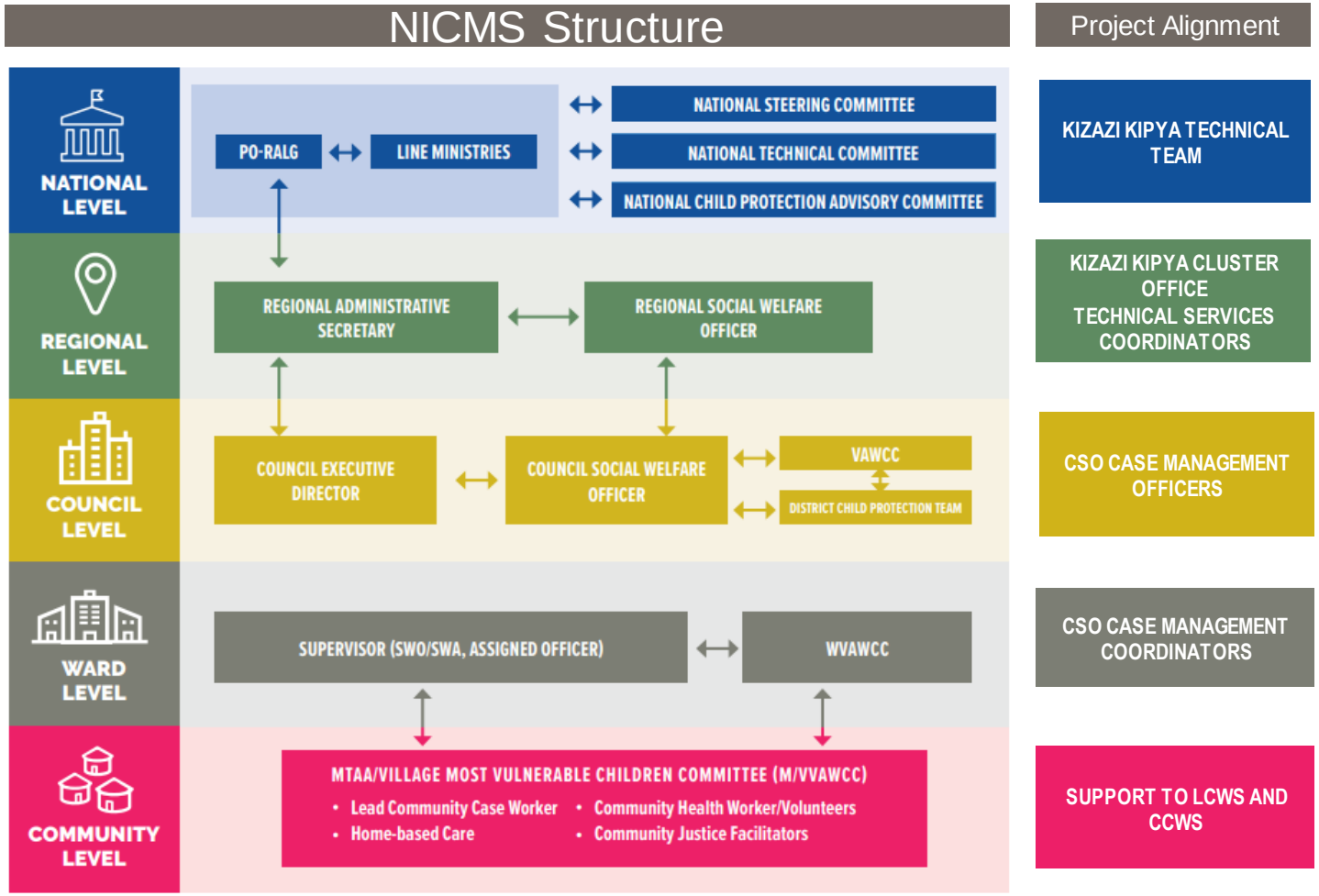
- Identification
- Screening and enrollment
- Strengths-based needs assessment
- Care plan development
- Direct services, referrals and linkages
- Care plan monitoring
- Graduation and case closure

Kizazi Kipya Contributions to NICMS

Kizazi Kipya provided financial resources and technical assistance to partner CSOs supporting the implementation of NICMS.

At council level:

- CSOs worked hand in hand with local government, providing extra human resources and social welfare budget support to achieve joint goals.
- Partner CSOs worked in alignment with the NICMS coordination structures under the Department of Social Welfare.
- Given the shortage of government social workers available to oversee the LCWs and CCWs, partner CSOs filled this gap, and in each council CSOs signed a Memorandum of Understanding with local government authorities to guide coordination of case management.



Adapted from JSI 2019

Kizazi Kipya Contributions to NICMS: Volunteer Management and Support

- To further reinforce HIV-inclusive case management processes, Kizazi Kipya trained 28,940 LCWs and CCWs on standard procedures such as conducting assessments, issuing and monitoring referrals, and identifying and responding to cases of abuse. Over life of project LCWs/CCWs:
  - Issued 802,071 referrals, 90% of which resulted in families accessing essential services
  - Identified and facilitated referral of 32,411 VAC/GBV cases
- Kizazi Kipya scaled up the National Pediatric HIV Supplemental Orientation for LCWs and CCWs to equip these volunteers with HIV knowledge and skills
- The project also invested in developing two critical systems for volunteer management:
  - USSD based system for LCWs and CCWs to input data from the National MVC MIS forms using their mobile phones
  - Mobile payment system, allowing stipends to be paid directly to volunteers.

Kizazi Kipya Contributions to NICMS: Volunteer Management and Support

At the CSO level, each organization hired a Case Management Officer (CMO) responsible for collaboration with the District Social Welfare Officers (DSWOs).

CSO activities under Kizazi Kipya included:

- 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 LCWs and CCWs to referral site and monitoring referrals to ensure completion
- Paying for refreshments and transport to LCWs and CCWs when attending monthly meetings.

Kizazi Kipya Contributions to NICMS: M&E

- Collaborated with PO-RALG and other implementing partners to develop MVC reporting tools
- Printed national MVC reporting tools for data collection
- Mentored LCWs and CCWs to correctly fill out national MVC reporting tools
- Provided 79 regional and district social welfare offices with computers, printers, and modems to use the national MVC database
- Automated project database to link with MVC_MIS system for aggregate data
- Conducted Routine Data Quality Assessments
- Held quarterly data review meetings and annual data summits

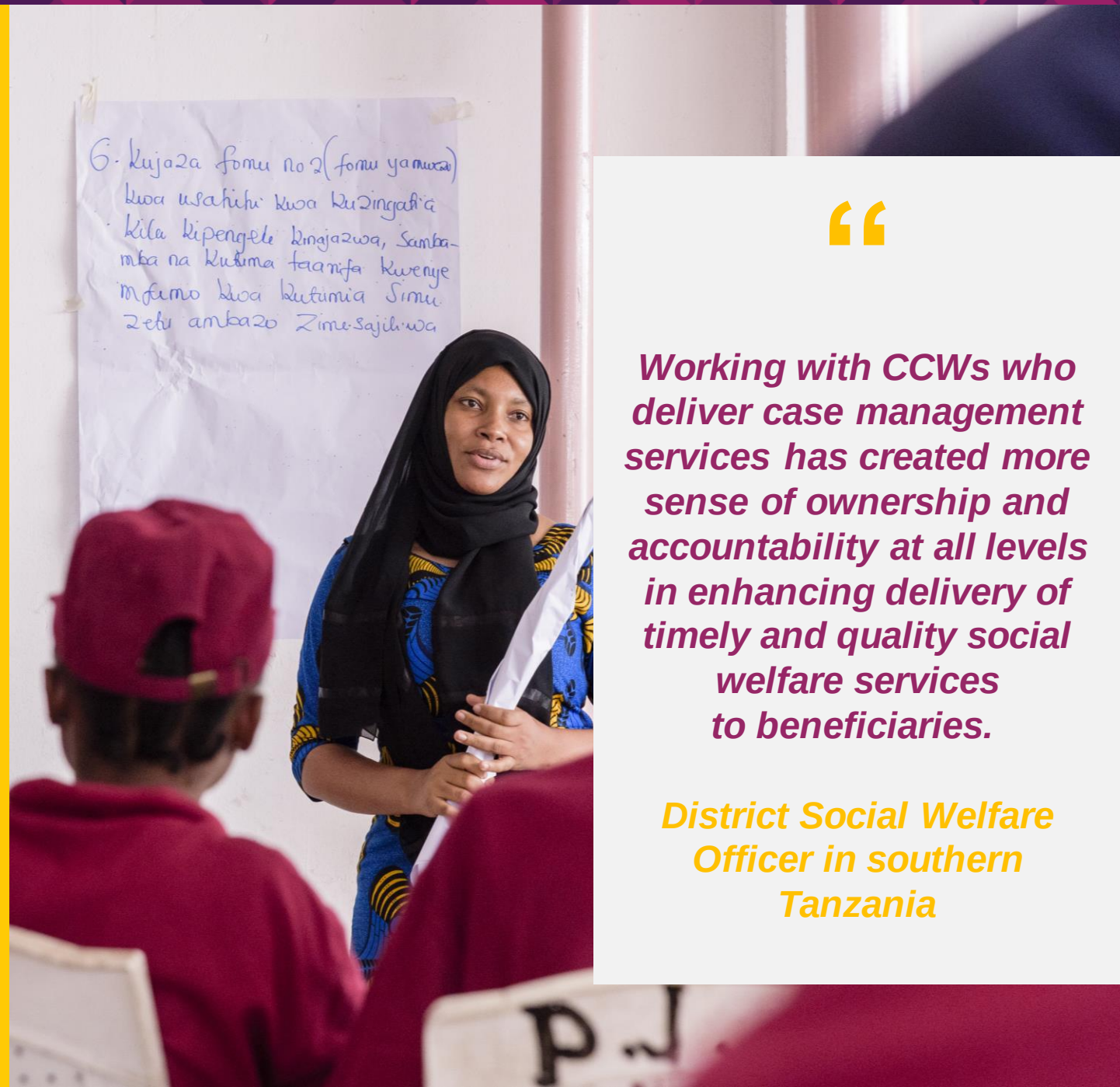
Sustaining NICMS

Kizazi Kipya and PO-RALG strategized on ways for local government authorities to assume more direct responsibility for NICMS:

- From 2020, Kizazi Kipya supported the identification and trained 1,591 ward level NICMS-focal persons
- Supported NICMS-focal person to attend monthly CCW meetings
- Collaborated with local government staff to conduct readiness assessments to determine if they were ready to receive and maintain OVC case files
- By project end, Kizazi Kipya transferred case files to government ward level offices in 1,591 of 1,746 wards (91%)
- Advocated for LGAs to include NICMS budget in their annual plans
- Coordinated RHMT/CHMT supportive supervision visits

Lessons learned

- Government engagement and participation in the design and delivery is vital for ownership and sustainability
- NICMS supported access of quality, timely and coordinated services to OVC and their household
- Strengthening NICMS coordination supported effective bidirectional referral and linkages for OVC and caregivers
- NICMS implementation reduced disintegration of duties and avoided duplication of efforts from different partners supporting OVC
- Local government appreciation and acknowledgement of LCWs and CCWs help to keep this cadre motivated to continue serving OVC and caregivers



Working with CCWs who deliver case management services has created more sense of ownership and accountability at all levels in enhancing delivery of timely and quality social welfare services to beneficiaries.

District Social Welfare Officer in southern Tanzania

Asanteni!
Thank You!

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

USAID Kizazi Kipya Project 2016-2021

Peaks and Pitfalls in OVC and Clinical Collaboration

Asheri Barankena, MD, MPH, Deputy Chief of Party, USAID Kizazi Kipya (Pact)
Theopista Masenge, MD, MMED, Senior Technical Advisor, USAID Boresha Afya (EGPAF)

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

Presentation Outline

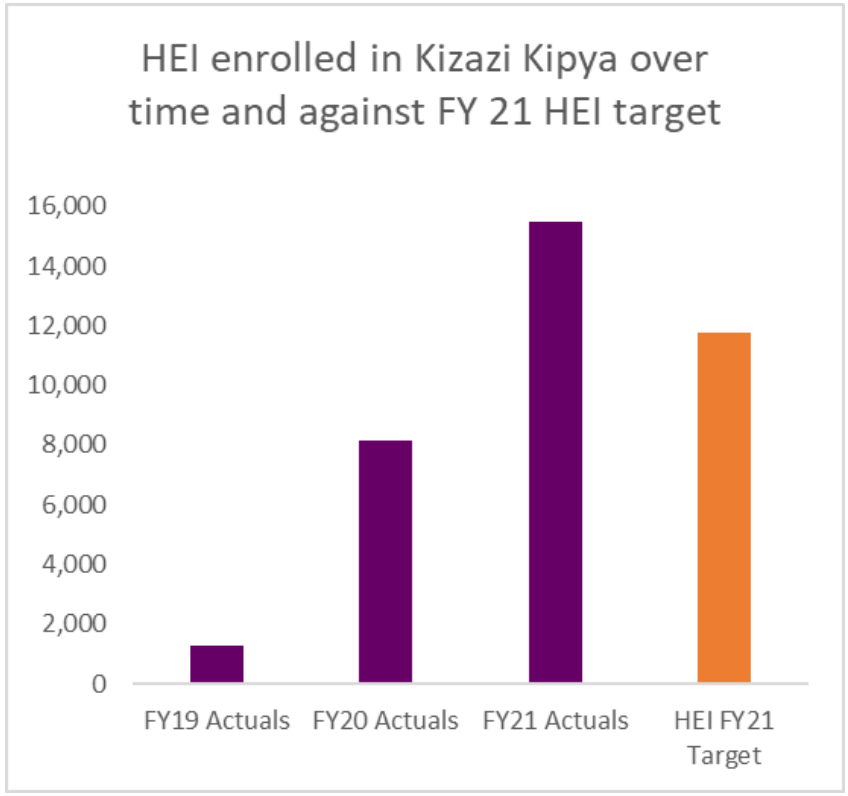
- Kizazi Kipya role of case identification
- Kizazi Kipya enrollment and support across HIV continuum of care
- Working with clinical IPs
- Kizazi Kipya and USAID Boresha Afya (north and central) collaboration
- Challenges and responses

1st 95 HIV Case Identification

HIV risk screening tool

- CCWs conduct standardized HIV risk screening (including identifying index cases) for OVC during case management visits
- HIV risk screening tool with 18 risk factors incorporated risks from the four items from Bandason et al (1) and other national guidelines
- At-risk OVC with unknown status were referred for HIV testing services (HTS); HIV status was self-reported to volunteers
- Analyzed data collected between January 2018 to March 2019 in 18 regions; out of the 47,701 OVC who self-reported their HIV status after their HTS referrals, 1.0% (n = 549) were HIV positive

Supported HIV exposed infants for early infant diagnosis



(1) Bandason T, McHugh G, Dauya E, Mungofa S, Munyati SM, Weiss HA, et al. Validation of a screening tool to identify older children living with HIV in primary care facilities in high HIV prevalence settings. AIDS Lond Engl. 2016 Mar 13;30(5):779–85.

Validation of the HIV risk screening tool

This study (2) validated a 12-item risk screening tool from 5 regions of Tanzania in 2019:

- Lay workers administered the tool; nurses enrolled (eligible) and tested all
- Enrolled 21,008 children and adolescents
- Undiagnosed HIV-positive children was low (n=76; 0.36%)

Algorithm	Sensitivity	Specificity
A screening algorithm	89.2%	37.5%
At least 2 items	64.6%	69.1%
A shorter tool*	85.3%	44.2%

**a score of "1" or more on these items: relative died, ever hospitalized, cough, family member with HIV, and sexually active performed (Optimal results)*

Short-tool options (3–5 items) can achieve an **optimal balance** between reduced HIV testing costs with acceptable sensitivity.

In low prevalence settings, changes in **yield may be negligible** and the cost may remain high even for an effective tool.

(2) Antelman G, Gill MM, Jahanpour O, van de Ven R, Kahabuka C, Barankana A, et al. (2021) Balancing HIV testing efficiency with HIV case-identification among children and adolescents (2–19 years) using an HIV risk screening approach in Tanzania. PLoS ONE 16(5): e0251247.

The study (3) assessed the fidelity and acceptability of delivering home-based screening coupled with HIV testing:

CCWs (n=32) participated in 166 observations

Fidelity	Acceptability
Skipped items: malnutrition (34%) sexual activity (20%) pregnancy (45%)	Screening process acceptable (34 CCWs in FGDs)
Re-worded items: child abuse (22%) malnutrition (15%)	Adolescents (17), caregivers(25): satisfied with screening and testing

Sub-optimal fidelity but **improvements to questions** and their delivery and ongoing mentorship could strengthen tool performance.

Overall, home-based HIV risk screening and testing were **acceptable** to beneficiaries and CCWs.

(3) Gill MM, Jahanpour O, van de Ven R, Barankena A, Urasa P, Antelman G (2021) HIV risk screening and HIV testing among orphans and vulnerable children in community settings in Tanzania: Acceptability and fidelity to lay-cadre administration of the screening tool. PLoS ONE 16(3): e0248751.

Enrollment of C/ALHIV in OVC program

Indicator	# and %
TX_CURR Target	71,810
TX_CURR age 0-17 reported by CTCs	62,819
Reported A/CLHIV in Q4	51,146
TX_CURR target coverage	71%
TX_CURR coverage	81%

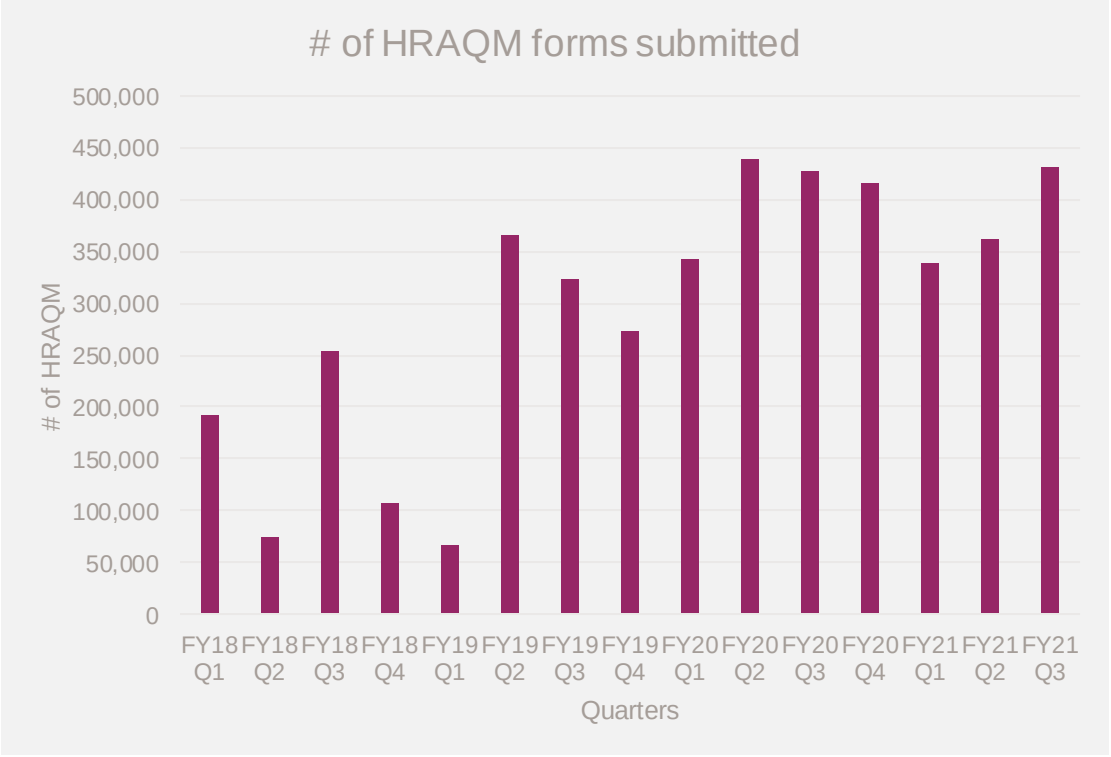
- In FY21, Kizazi Kipya aimed to enroll 90% of TX_CURR in K2 supported councils
- Clinical IPs share list of CLHIV with Kizazi Kipya project
- Working with clinical IPs to enroll CLHIV in K2 councils
- CCWs are linked to CLHIV and their families for enrollment upon consent

2nd and 3rd 95

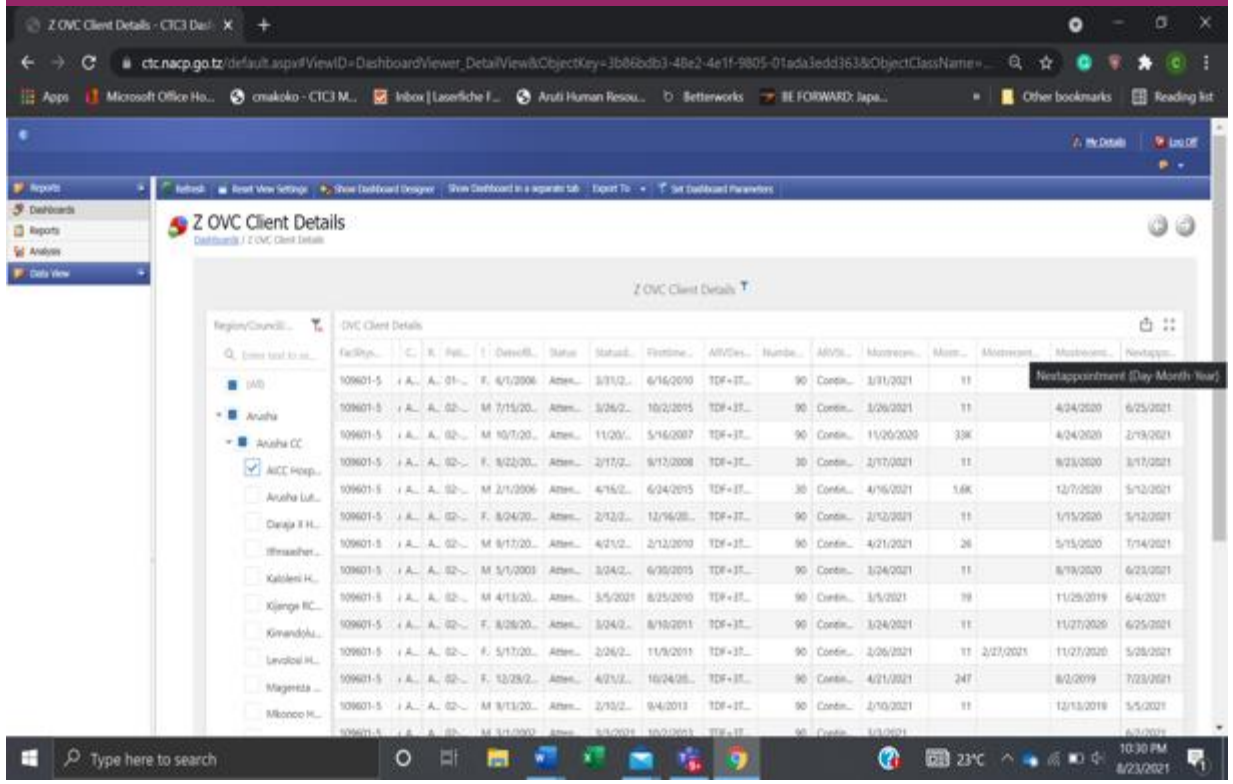
- Self-reported OVC on ART: **98.7%**
- Self-reported OVC with good adherence: **98.1%** (Q4FY21)
- Monitoring and supporting continuum of care:
  - HRAQM: Through electronic report system (USSD)
  - Clinical data access through National CTC3 macro database
  - Health and HIV supportive supervision tool
  - CLHIV service package

Monitoring OVC programs in closing the pediatric treatment gap interventions

1st: HRAQM: Through electronic report system (USSD)

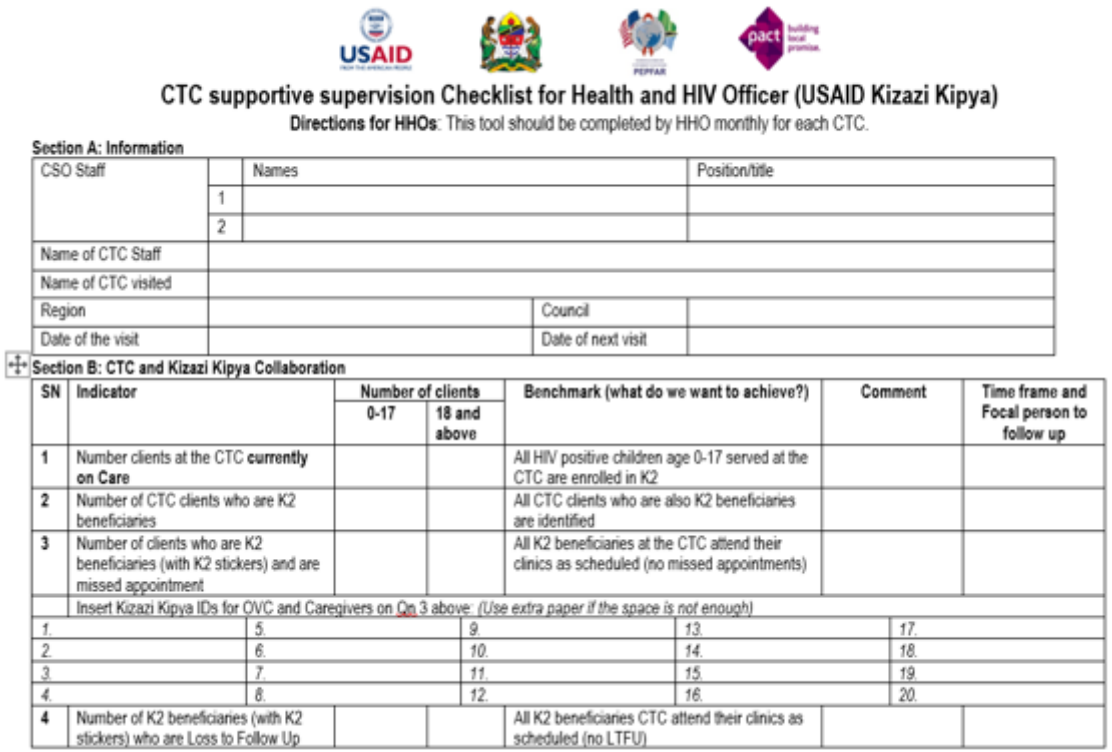


2nd: Clinical data access through National CTC3 macro database



Monitoring OVC programs in closing the pediatric treatment gap interventions (continued)

3rd: Health and HIV Supportive supervision tool



CTC supportive supervision Checklist for Health and HIV Officer (USAID Kizazi Kipya)

Directions for HHOs: This tool should be completed by HHO monthly for each CTC.

Section A: Information

CSO Staff		Names	Position/title
	1		
	2		
Name of CTC Staff			
Name of CTC visited			
Region		Council	
Date of the visit		Date of next visit	

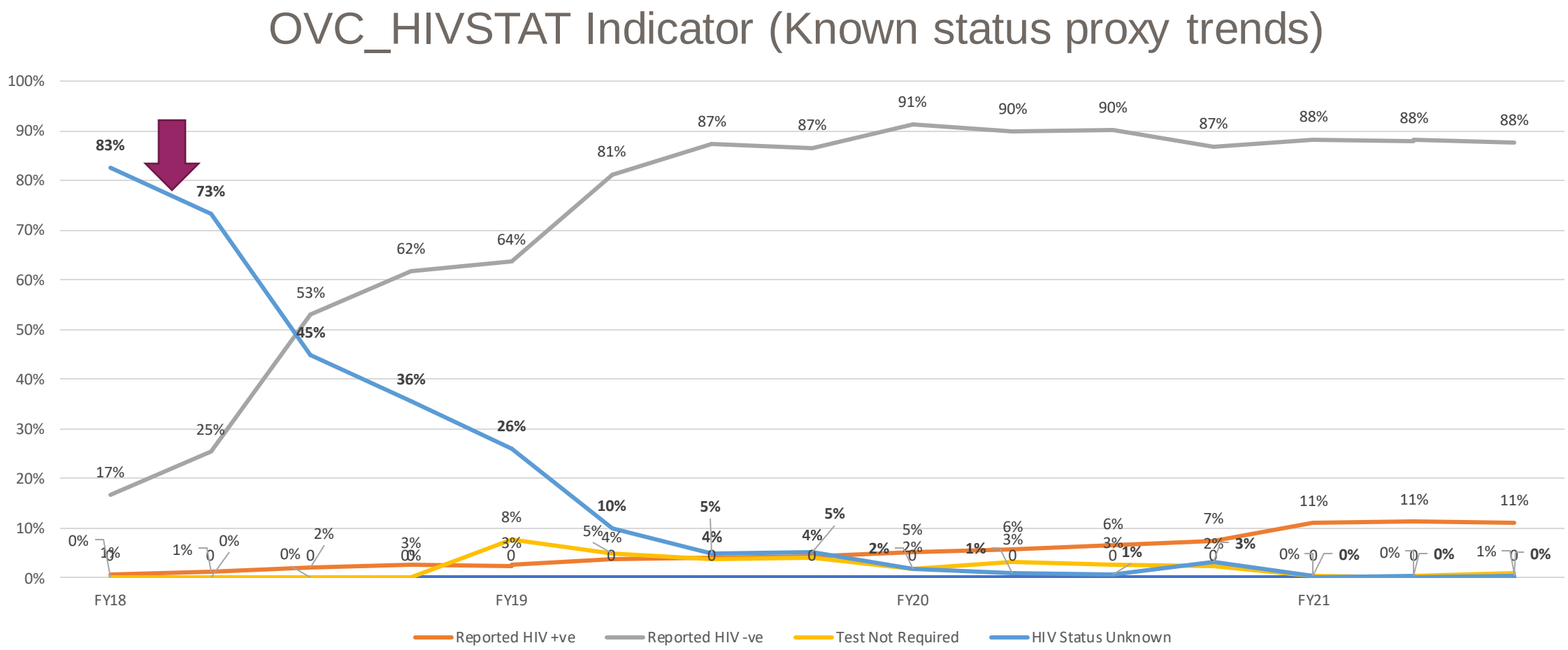
Section B: CTC and Kizazi Kipya Collaboration

SN	Indicator	Number of clients		Benchmark (what do we want to achieve?)	Comment	Time frame and Focal person to follow up
		0-17	18 and above			
1	Number clients at the CTC **currently on Care**			All HIV positive children age 0-17 served at the CTC are enrolled in K2		
2	Number of CTC clients who are K2 beneficiaries			All CTC clients who are also K2 beneficiaries are identified		
3	Number of clients who are K2 beneficiaries (with K2 stickers) and are missed appointment			All K2 beneficiaries at the CTC attend their clinics as scheduled (no missed appointments)		
	Insert Kizazi Kipya IDs for OVC and Caregivers on Qn 3 above: *(Use extra paper if the space is not enough)*					
1.	*5.*	*9.*	*13.*	*17.*		
2.	*6.*	*10.*	*14.*	*18.*		
3.	*7.*	*11.*	*15.*	*19.*		
4.	*8.*	*12.*	*16.*	*20.*		
4	Number of K2 beneficiaries (with K2 stickers) who are Loss to Follow Up			All K2 beneficiaries CTC attend their clinics as scheduled (no LTFU)		

4th: CLHIV service package

Package items	Age				Focus
	0-5	6-9	10-14	15-17	
Escorted referrals	✓	✓	✓	✓	Facility support
Clinical home visits	✓	✓	✓	✓	Advanced home support
Social welfare home visits	✓	✓	✓	✓	CLHIV denied services
ART uptake calendar	✓	✓	✓	✓	All: ART tracking
CCWs' EAC session attendance	✓	✓	✓	✓	CLHIV with high HVL
Peer home visits		✓	✓	✓	Home-based psychosocial support
CHF/TIKA	✓	✓	✓	✓	All CLHIV
Vocational scholarship				✓	Out-of-school adolescents
Educational subsidies		✓	✓		In-school adolescents
Startup kits for caregivers of CLHIV	✓				CG of under fives

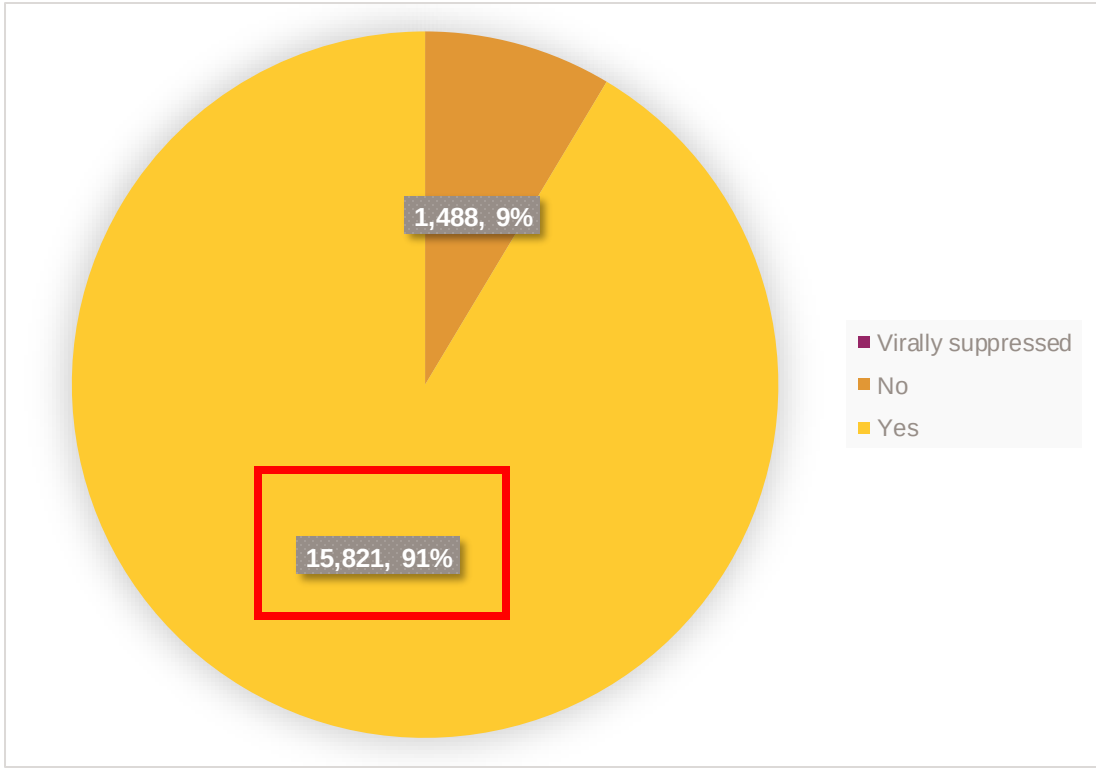
Monitoring OVC programs in closing the pediatric treatment gap interventions (continued - HRAQM)



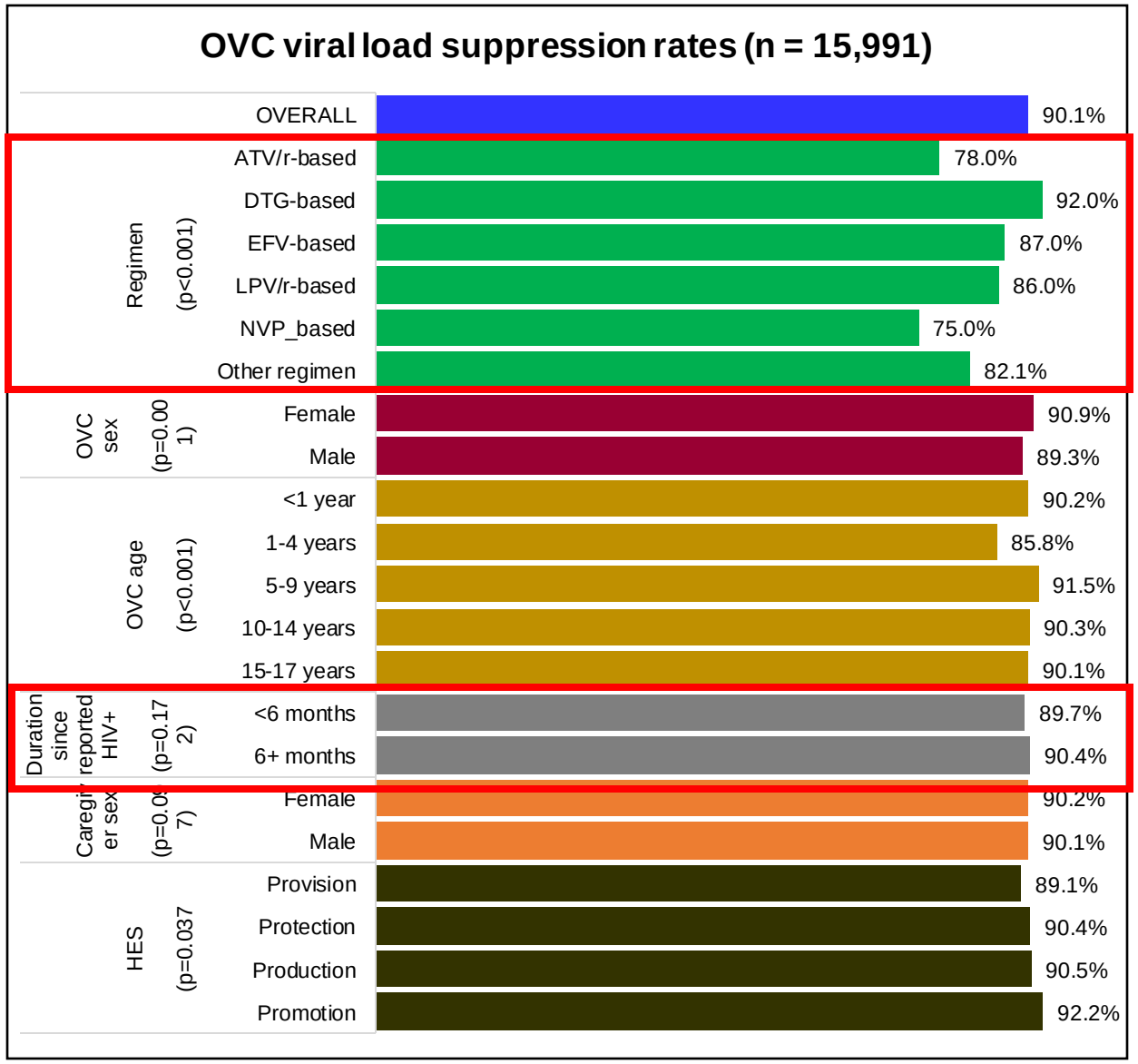
Viral Load Suppression (Use of CTC3 macro database)

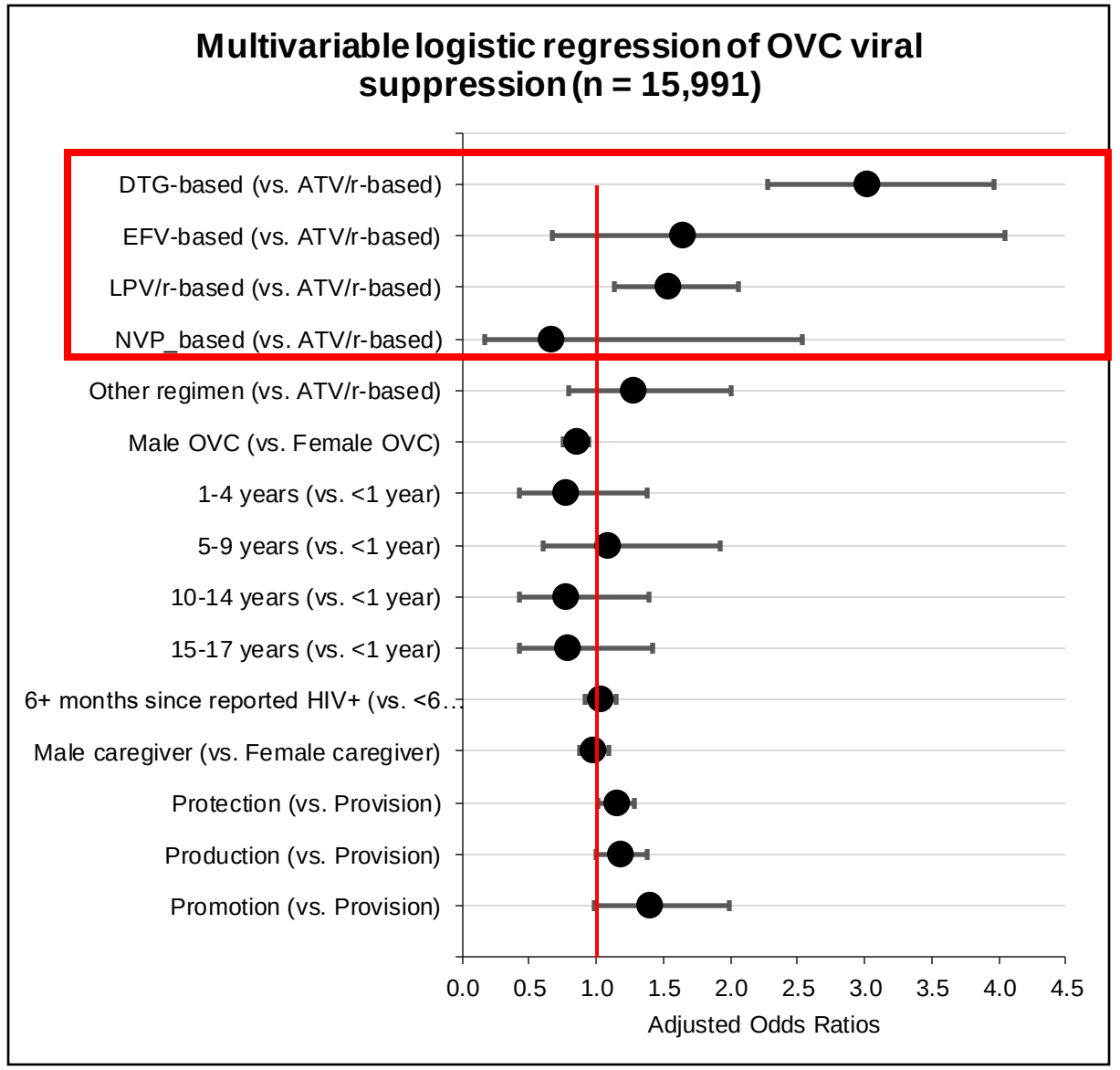
- Kizazi Kipya worked with clinical partners to enroll C/ALHIV, prioritizing those:
  - With a high viral load
  - With treatment interruption
  - With specific needs identified by health care providers and implementing partners
- Project began applying USAID OVC custom indicators (VLR, VLS) in FY21
- Working with the NACP and facility-based partners, **the OVC program is now able to access clinical data while ensuring confidentiality**

Viral suppression among C/ALHIV with verified CTC ID enrolled in Kizazi Kipya, as of end of FY21 Q4 (based on clinical data)



Looking Further at OVC Viral Load, Data as of FY21 Q3





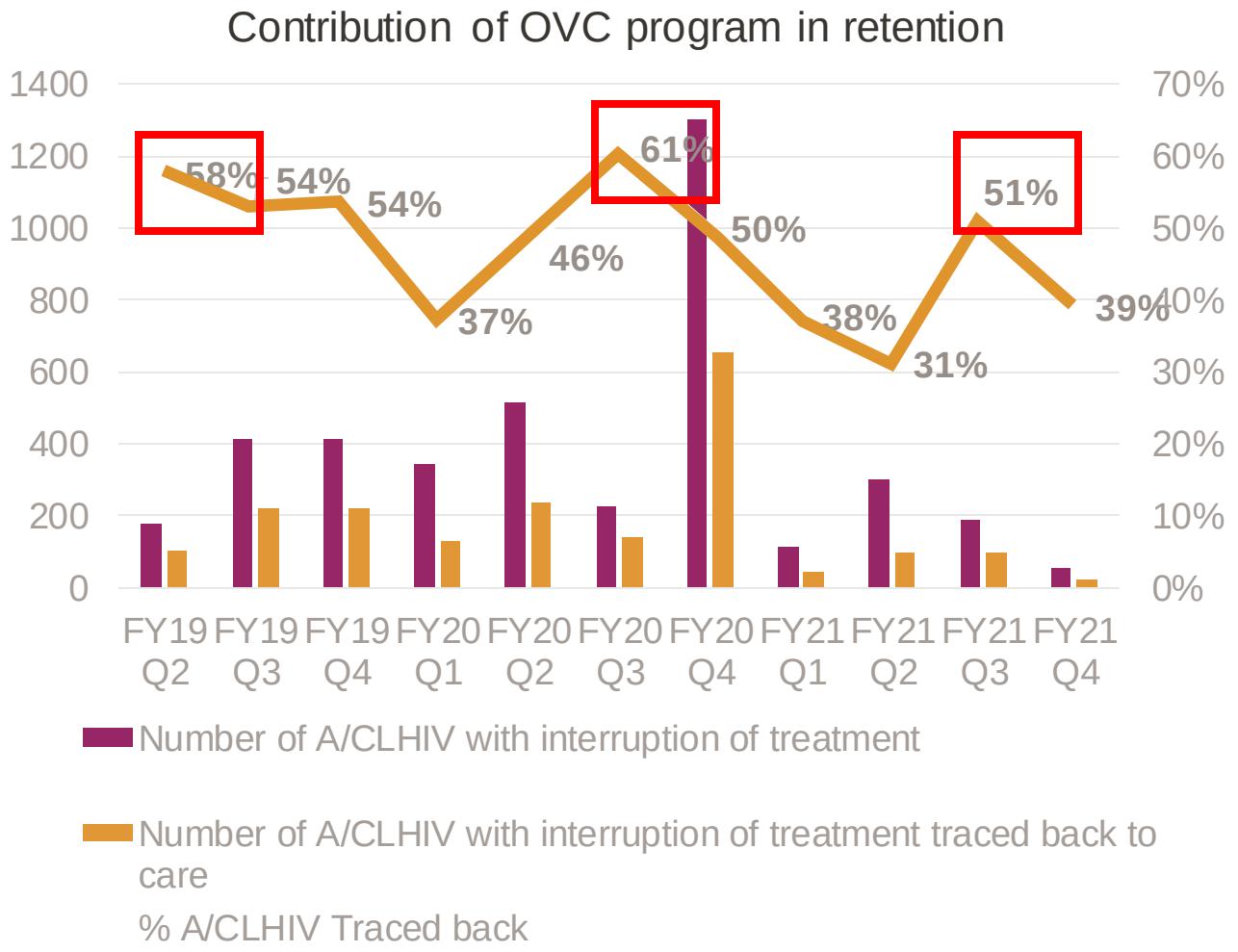
Working with clinical IPs: HHO supportive supervision and the K2 sticker model's contribution to retention

- In FY18, Kizazi Kipya introduced a mechanism for CTCs to indicate on clients' files that the client is enrolled and served by Kizazi Kipya
- This is done by simply placing a 'K2' sticker on the files of A/CLHIV who are enrolled in the project
- HHO follows up the sticker model in high volume CTCs using HHO supportive supervision

<u>K2 sticker model aids in:</u>

- Enrollment of A/CLHIV into the project
- Missed appointment and LTFU tracking
- Index testing
- Patient monitoring

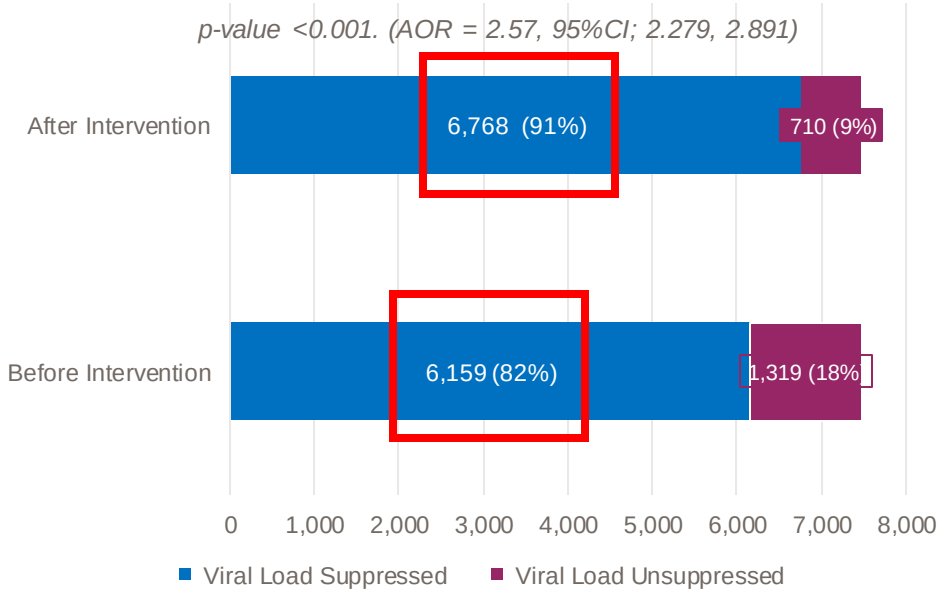
By FY21 Q4, the project worked with 521 CTCs in 81 councils.



CLHIV Service Package - Outcome

- Developed and rolled out the CLHIV package in FY20 to all 81 supported councils
- 7,478 A/CLHIV sampled and included in the analysis; 6,159 (82%) had VL suppression before intervention while 6,768 (91%) had VL suppression after intervention

Distribution of Beneficiaries According to VL (n = 7,478)



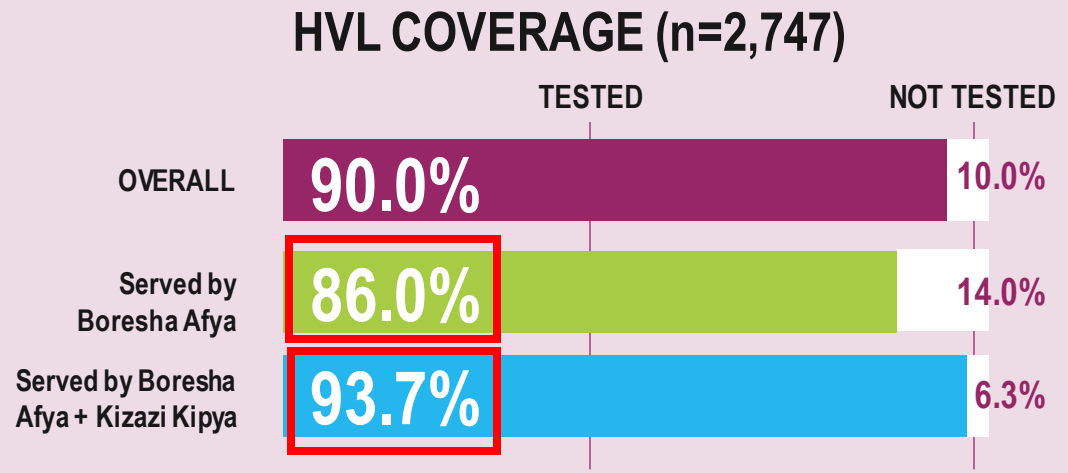
Adjusting for other factors, the following A/CLHIV receiving the following services were likely to have viral load suppression:

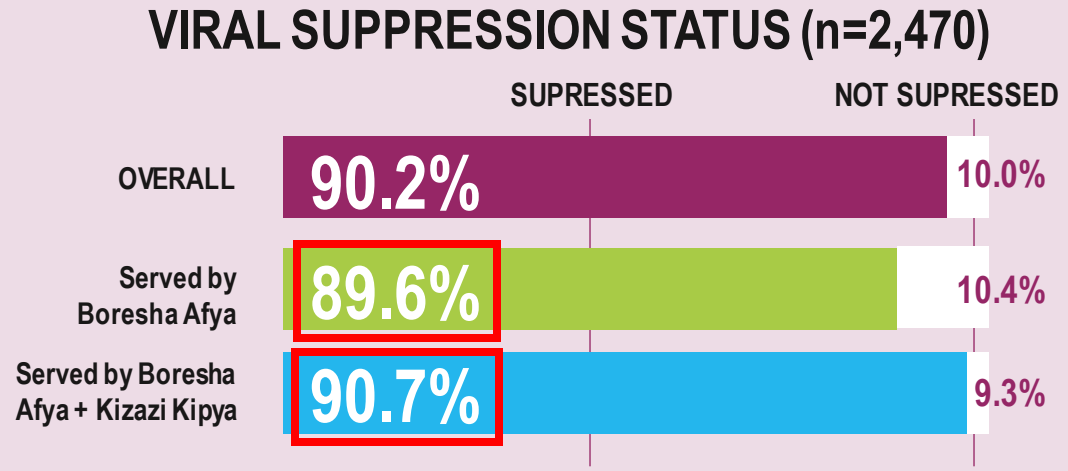
- Clinical home visits: 1.88 (1.50-2.35) P<0.001
- ART uptake calendar: 1.42 (1.04-1.94) P=0.026
- CCW'S EAC sessions: 2.72(2.11-3.51) P<0.001

USAID Boresha Afya Collaboration with Kizazi Kipya

- Collaboration with USAID Kizazi Kipya across 5 councils: Dodoma CC, Iramba DC, Arusha CC, Arusha DC and Moshi DC
- By FY20 Q4, a total of **2,747 (51%)** of all under 19 children/adolescents were enrolled in OVC support
- Among 2,747 CLHIV attending CTCs in the K2 and Boresha Afya supported councils, 2,471(90%) had a HVL sample collected in the past 12 months
- HVL coverage among those CLHIV served by both projects is 94% compared to 86% among those CLHIV served by Boresha Afya
- Overall HVL suppression is 90%; HVL suppression among CLHIV served by both projects is 91% compared to 90% among CLHIV served by Boresha Afya.

HVL Coverage and suppression

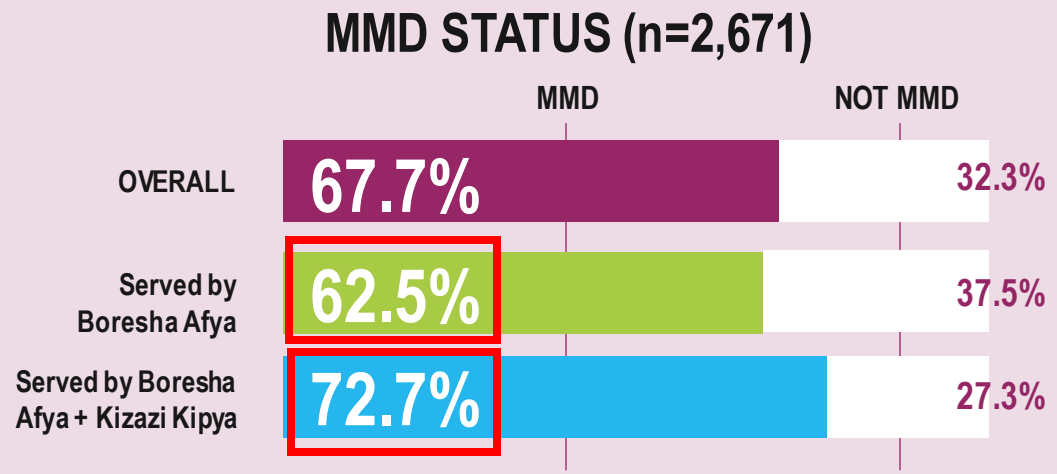




USAID Boresha Afya Collaboration with Kizazi Kipya

- Among 2,671 CLHIV with ART information attending CTC in the supported K2 and Boresha Afya councils who had ART dispensed, **68% were on MMD** whereas 32% were not on MMD.
- MMD coverage among CLHIV served by both projects is 73% compared to 62% among CLHIV served by Boresha Afya.
- Among the 2,470 CLHIV who had a HVL result documented in the past 12 months, 1,947 (79%) had <50 copies/ml which is considered as eligible for MMD.
- MMD coverage among stable CLHIV is 1,634 (84%) whereas 16% missed the opportunity; 85% of stable CLHIV served by both projects are on MMD compared to 82% of those who are served by Boresha Afya.

MMD



mmd	ovcpts non-OVC	ovc	Total
85-167d	730 82.49	904 85.12	1,634 83.92
<84d	155 17.51	158 14.88	313 16.08
Total	885 100.00	1,062 100.00	1,947 100.00

Pearson chi2(1) = 2.4872 Pr = 0.115

Challenges and Responses - Collaboration

Challenges	OVC Program Support/Response
Collaboration with clinical partners (Slow paced enrollment! OVC program acceptable by the facilities and clinical IPs! What's new that the OVC program offers?)	Strengthen collaboration among partners (**Memorandum of Understanding** for quarterly meetings across all levels, collaboration framework, data sharing mechanism, joint data analysis, distribution of CLHIV package items at the CTC).
Access to clinical data: • Shared confidentiality among partners • At the community facility level, are CCWs capable of handling HIV information?	**Sharing of data** with partners at all levels (facility level biweekly meetings, national level access to clinical data through NACP, building capacity of CCWs on pediatric HIV).

Asanteni!
Thank You!

pact
building local promise.

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

pact
building local promise.

USAID Kizazi Kipya Project 2016-2021

Paving the way to an AIDS-free generation:

HIV and sexual violence prevention among girls and boys aged 9-14

Esther Ndyetabura, former Youth and Gender Advisor – USAID Kizazi Kipya, Pact Tanzania

USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

HIV Prevention Delivered Across Program Types

DREAMS
(FY 18-21)

- Individual and group-based interventions targeting at risk AGYW age 10-14 years
- PEPFAR defined service packages
- Layered service delivery

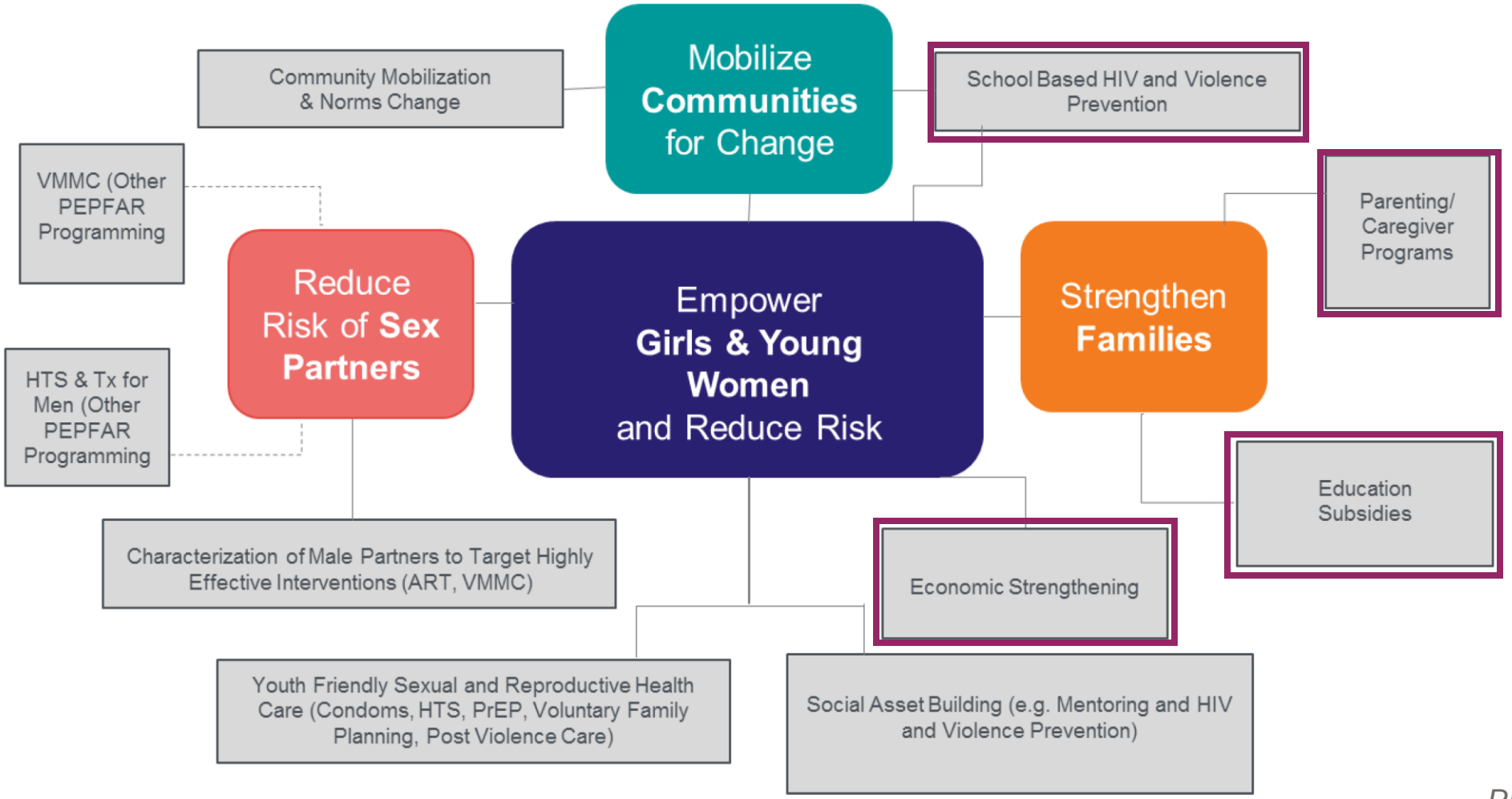
OVC Preventive
(FY 20-21)

- Group-based targeting boys age 9-14 years in highest risk areas
- Single evidenced-based intervention (HIV prevention curriculum)

OVC Comprehensive
(FY17-21)

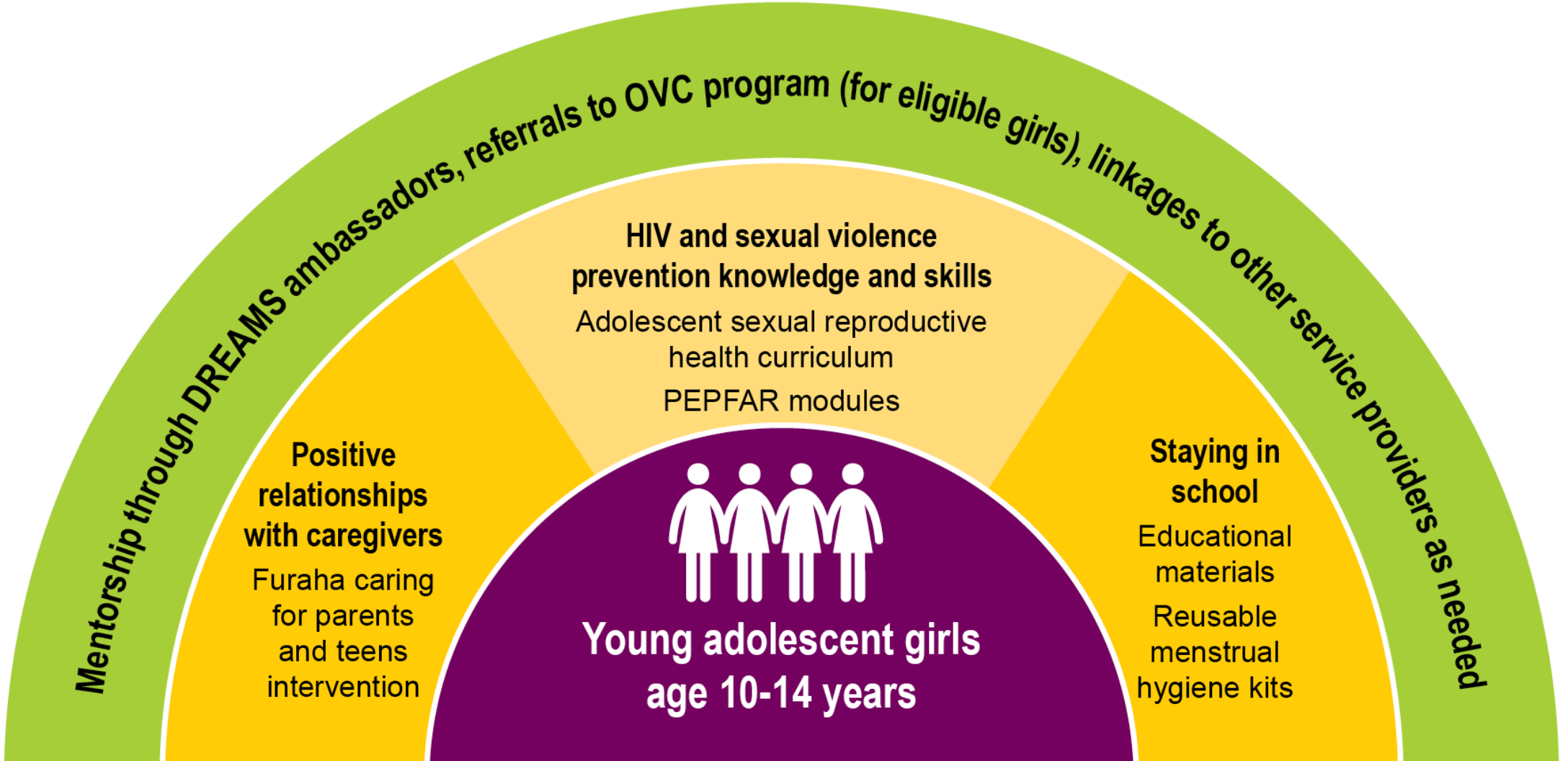
- Family-based
- Children (age 0-17 years) with known risk factors
- Case management and supportive interventions
- HIV prevention activities included but not main focus

DREAMS Core Package



PEPFAR 2021

DREAMS: Kipya Kipya interventions for in-school girls age 10-14 years



DREAMS Results: A Snapshot

107,405 in-school AGYW age 10-14 years completed the full-service package

86% reported improved knowledge of ways to avoiding pregnancy

55% reported improved knowledge about safe sex practices

91% had improved knowledge on HIV prevention

46% adolescents who completed the Furaha intervention reported improved communication with their caregivers about HIV risk behaviors

16% of adolescents showed reduction in reporting experiencing harsh physical discipline after completing the Furaha intervention

OVC: HIV prevention interventions and results

In 30 councils (non-DREAMS), Kizazi Kipya implemented HIV prevention interventions through both OVC preventive and OVC comprehensive programming reaching:

98,057 boys age 9-14 years reached with Coaching Boys into Men (CBIM) intervention

10,936 adolescent girls and boys age 10-19 years completed the Furaha Parenting intervention

6,585 girls and boys age 9-14 years reached with group-based HIV and sexual violence prevention curriculum

44,920 adolescent girls age 9-14years received reusable menstrual hygiene kits

Lessons learned in reaching over 250,000 young adolescents with HIV prevention interventions

- Evidence-based programs are effective but require time and effort to roll out at scale with fidelity
- Altering the DREAMS delivery model for girls age 10-14 years where teachers were trained to support provision of educational subsidies and deliver the parenting program resulted in greater efficiencies
- Introduction of PEPFAR's OVC Preventive component, where case management was not required, enabled the project to massively scale up HIV prevention activities for young adolescents

Asanteni!
Thank You!

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

USAID Kizazi Kipya Project 2016-2021

Boosting Economic Resilience

Economic Resilience for OVC Caregivers and Youth

Esther Ndyetabura, former Youth and Gender Advisor – USAID Kizazi Kipya, Pact Tanzania

USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA

Economic Strengthening Approach for OVC Households

Household economic category	Provision	Protection	Production	Promotion
For households	In destitution	Struggling to meet most basic needs	Struggling to meet some basic needs	Able to save some and take more risks in business investment
Goal	Meet basic needs, provide immediate consumption support	Build basic assets and match income to expenses	Improve basic income-generating activities to build surplus	Grow income and expenses
Kizazi Kipya tailored approach and support	· Obtain CHF cards · Enroll TASAF recipients into WORTH-Yetu	· WORTH-Yetu groups · Our group and Road to Wealth curriculum · Mafanikio Money Management training	· WORTH-Yetu groups · Selling Made Simple training · Technical skills trainings (informed by market assessments) · Business start-up kits (informed by market assessments)	· Link mature WORTH-Yetu groups to external credit providers · Leverage partnerships (INGO, government programs, private sector) for specialized training, inputs, and linkages

Livelihoods Approach for Youth

Identifying the skills and opportunities for entrepreneurial growth

Identifying the most vulnerable and at-risk youth

Youth are guided to select vocational training courses

COMPREHENSIVE ECONOMIC STRENGTHENING SUPPORT

Financial support for technical, vocational and employment training

Bi-weekly meetings to monitor vocational training course progression

Graduate from vocational training course

Better-capacitated youth entrepreneurs and wage earners

Continued tracking at:

6 months and through regular case management visits.

Economic Strengthening Results: A Snapshot

12,238 WORTH Yetu village savings and lending groups with **$11.3M savings** and **$11.2M loans** reaching **56,170** Kizazi Kipya OVC caregivers

10,238 older adolescents were supported with vocational scholarship and **9,183** received business start-up kits across the 82 Kizazi Kipya councils

- **80%** reported an increased monthly income.
- **59%** have started their own small businesses
- **32%** are either employed or in apprenticeship

Of these, **4,653** were out-of-school DREAMS AGYW age 15-19 years

Asanteni!
Thank You!

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

UHURU NA UMOJA