

# DESIGNING AN HIV CASE MANAGEMENT SYSTEM FOR VULNERABLE CHILDREN

Community  
Health and Social  
Welfare Systems  
Strengthening  
Program

TECHNICAL BRIEF

*Sihaba Nkinga, former permanent secretary for the MOHCDGEC, approved the NICMS on behalf of the ministry by signing the NICMS Framework and CCW training manuals. Photo by Erick Gibson for JSI.*

**A**lthough recent data from the Tanzania HIV Impact Survey 2016–2017 suggest a decrease in national HIV prevalence (4.7 percent overall from 5.1 percent in the 2011–2012 survey), only 60.9 percent of people living with HIV (PLHIV) in Tanzania know their status. Despite the fact that Tanzania has added 145,000 PLHIV to antiretroviral treatment (ART) in each of the last three years,<sup>1</sup> substantial acceleration of case finding is critical for closing the gap between testing and linkage to care.

Evidence suggests that investing in integrated social protection systems and strengthening the social service workforce can improve the access, reach, and use of proven high-impact interventions to increase HIV case finding and reduce new infections.<sup>2</sup> Data from a national social welfare workforce mapping exercise in 2012 and more recent data from a district capacity assessment document a serious shortage of social welfare workers.<sup>3,4</sup> Many international nongovernmental organizations have hired community volunteers, resulting in an ad hoc and fragmented response that fails to connect child protection, social welfare, and health services and perpetuates a "silo effect" between clinical and community-based service providers. These challenges prevent service providers from reaching last-mile clients and entering and retaining them in the HIV clinical cascade of services.

Tanzania's HIV-Sensitive National Integrated Case Management System (NICMS) fills these gaps by integrating service provision between health, protection, and social welfare sectors to improve HIV outcomes for vulnerable children and adolescents. The NICMS provides a harmonized, standardized, and systematic framework supported at the community level by a recognized cadre of community case workers (CCWs). The NICMS strengthens referral networks and supports HIV status disclosure among families, contributing to improved HIV case finding, linkage to care, ART retention and adherence, and viral load suppression, all of which are needed to achieve the UNAIDS 90-90-90 targets.

<sup>1</sup> Tanzania Country Operational Plan 2019. USAID/PEPFAR.

<sup>2</sup> "Protection, Care, and Support for an AIDS-Free Generation: A Call to Action for all Children" UNICEF, PEPFAR, UNAIDS, et al. (2014).

<sup>3</sup> Assessment of the Social Welfare Workforce in Tanzania. Ministry of Health and Social Welfare, 2012.

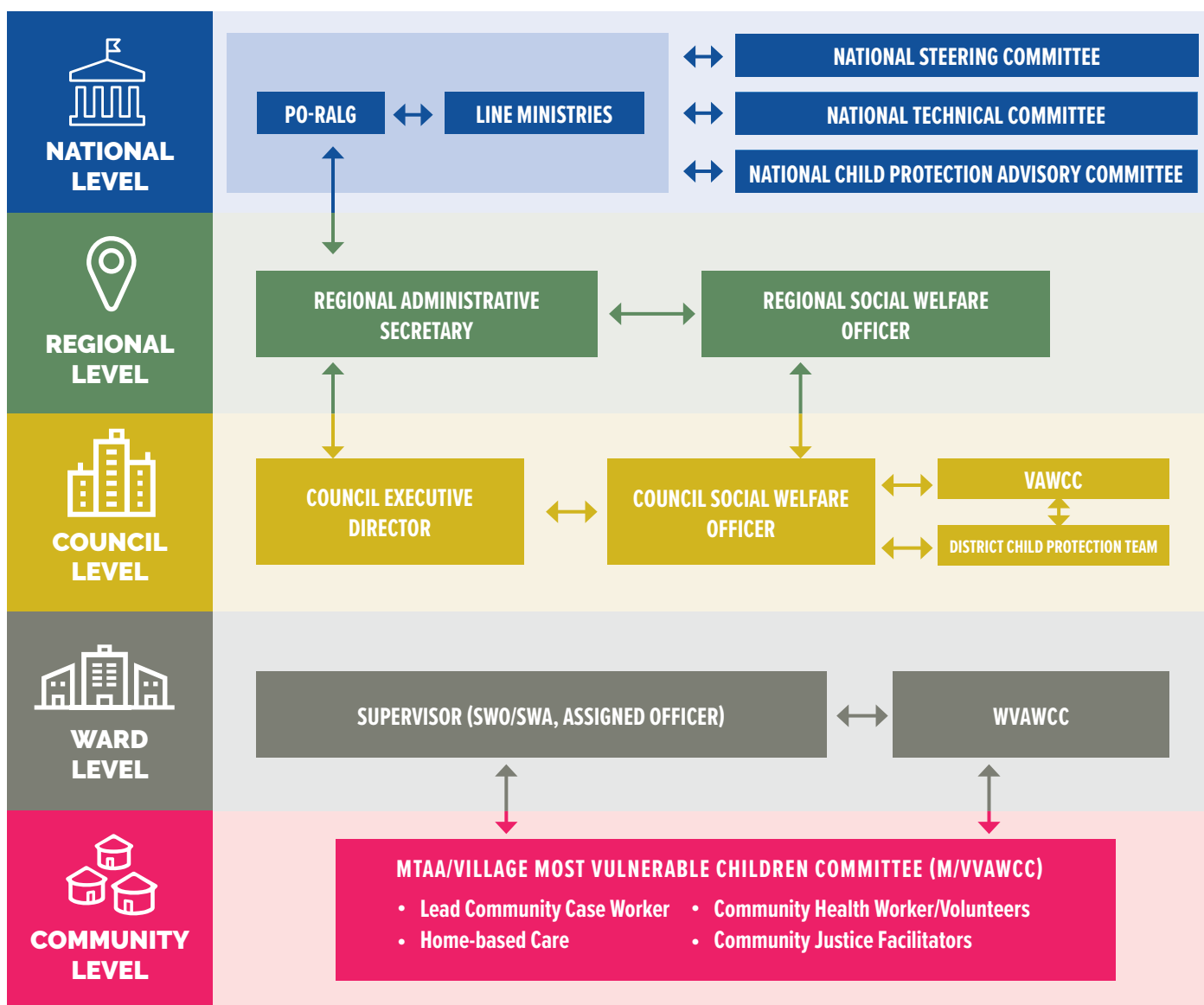
<sup>4</sup> District Capacity Assessment Report, CHSSP, 2020.

## CHSSP Response

Leveraging best practices in most vulnerable children (MVC) case management systems, building on existing structures and cadres in Tanzania, and integrating learning from a case management pilot in Arusha, CHSSP engaged the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PO-RALG) in the NICMS design process from the planning stage. The Government of Tanzania created a NICMS National Task Force comprising technical

experts from MOHCDGEC and PO-RALG who worked with CHSSP and other stakeholders (including UNICEF and other PEPFAR implementing partners) at every stage of the development and rollout of the NICMS. The engagement of the Government of Tanzania in the creation of the NICMS from inception increased local ownership and political will to invest in the system. Through a series of workshops, CHSSP leveraged World Education, Inc./Bantwana's global expertise in integrated MVC case management to develop the NICMS Framework and a CCW training package.

**FIGURE 1. GOVERNMENT COORDINATING STRUCTURE FOR THE NICMS**







*Community Case Worker Rose Kimathi, who was trained by CHSSP, listens attentively to a client who explains that she has adhered to her antiretroviral treatment and her health has improved as a result of Rose's continuous support. Photo by Erick Gibson for JSI.*

## The NICMS supports HIV status disclosure among families, contributing to improved HIV case finding, linkage to care, ART retention and adherence, and viral load suppression.

**The NICMS government coordinating structure** defines the system parameters and connects and coordinates all service providers working with children across the health, protection, and social welfare sectors (Figure 1). The NICMS coordinating structure outlines how to implement an integrated case management system that is comprehensive and complementary to Tanzania's national policies and other legal frameworks. The NICMS defines government coordinating structures and their roles and responsibilities for implementing the system from the national to the village level. The NICMS has standard operating procedures for case categorization and management (including opening, transferring, and closing cases), referrals, service mapping, confidentiality, community-facility-school linkages, documentation, record-keeping, reporting, and recruiting CCWs and lead CCWs. The NICMS includes a series of nine data collection and reporting forms to enable CCWs and lead CCWs

to identify, track, and manage HIV cases. The NICMS also covers the qualifications and standard training requirements for social welfare professionals and para-professionals and community volunteers, and outlines supportive supervision practices.

**The CCW competency-based training package builds** CCW confidence and skills to resolve case-load management challenges. Using a core competency approach, CHSSP developed a five-day training program for CCWs. The training methodology is participatory, experiential, and designed on the case management cycle of case identification, intake, assessment, developing care plans, providing direct services and support, making referrals, following-up, and closing cases. To ensure the training is practical and learner-centered, the training manual includes three case studies, which highlight child welfare, protection, and health issues that CCWs are likely to encounter. The manual also



has a strong focus on gender-based violence (GBV) prevention, adolescent sexual reproductive health, and CCW stress management and self-care.

CHSSP designed [six short](#) interactive e-learning videos in Kiswahili to help CCWs improve case management documentation. The videos, which are five to six minutes each, can be downloaded and viewed on smart phones by CCWs, CCW supervisors, and social welfare officers. CHSSP has shared the e-learning videos via SMS texts and WhatsApp groups, and PO-RALG has agreed to post the videos on its website alongside the NICMS documents, training manuals, and tools.

**Supportive supervision and other forms of monitoring** are used to improve CCW ability to use the NICMS. CCWs and lead CCWs give and receive peer-to-peer support and supportive supervision from CCW supervisors and social welfare officers. CCWs and lead CCWs attend monthly case review meetings at the community level and quarterly case review meetings at the council level, where they receive coaching and guidance, discuss challenging cases, and liaise with HIV clinicians to strengthen bi-directional

referrals between community and facility-based service providers. CHSSP conducts regular joint monitoring visits in collaboration with PO-RALG and MOHCDGEC. A summary of supportive supervision data from 2018–2019 is highlighted in Box 1.

## CCW SUPPORTIVE SUPERVISION DATA (2018–2019)

- 89%** of CCWs were retained and serving MVC.
- 75%** of CCW supervisors submitted monthly reports to councils.
- 75%** of CCWs were reporting monthly case management reports to social welfare officers.
- 67%** of council social welfare officers attended CCW meetings.
- 45%** of CCW supervisors attended CCW meetings.

*Community Case Worker Rose Kimathi, who was trained by CHSSP, reviews her data collection and reporting forms before making routine household visits in her village. The forms help community case workers identify, manage, and track HIV cases. Photo by Erick Gibson for JSI.*



## Results of CHSSP Support

The Government of Tanzania approved the NICMS and the permanent secretaries of PO-RALG and MOHCDGEC signed the NICMS Framework and issued a circular mandating all implementing partners serving vulnerable children and families use the NICMS for case management.

CHSSP helped the government rapidly scale up the NICMS to 81 PEPFAR priority councils by training 15 national facilitators, who in turn trained 577 district master trainers, who in turn trained 1,942 CCW supervisors, 4,279 lead CCWs, and 16,948 CCWs.

Over the life of CHSSP, CCWs supported 731,327 MVC and their caregivers with HIV, GBV, and wrap-around social welfare services and referrals. Of these MVC and their families, 444,652 (61 percent) know their HIV status and have received HIV services.

## Conclusion

Three years after the NICMS was developed and scaled up, it is clear that the Government of Tanzania owns it. The government nationalized the NICMS to ensure all implementing partners working with vulnerable populations and in social services use its data collection and reporting tools. The government also issued a circular to all councils with a mandate to budget and plan for NICMS implementation.

A district capacity assessment conducted in 2020 showed that councils implementing NICMS perform better, particularly in planning, coordination, budgeting, and quality of case management. Moving forward, the national scale-up of NICMS must be closely monitored to ensure that all councils budget for and support NICMS implementation.

### About CHSSP

The USAID Community Health and Social Welfare Systems Strengthening Program (CHSSP) used a systems strengthening approach in line with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) goals to assist the Government of Tanzania to control the HIV epidemic.

CHSSP built the capacity of community structures to better serve their constituents and better coordinate among themselves for a more effective HIV response at the community level. The project also trained community case workers to more effectively link at-risk people to services, especially HIV testing, treatment, and care. CHSSP leaves behind stronger communities that are better able to identify at-risk populations, get them tested for HIV, link them to care, and retain them on treatment.

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Since 1980, JSI has supported the Government of Tanzania and other partners to accelerate progress on the country's health and development priorities. Together, we have strengthened the health and social welfare systems, trained health and social welfare workers, improved data collection and use, introduced new vaccines, and made services more accessible and equitable for vulnerable populations.



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