



# USAID *Tujitegemee* CASE WORKERS CAPACITY ASSESSMENT



SEPTEMBER 2 0 2 3



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# List of Abbreviations

AMURT	Ananda Marga Relief Team
CDOH	County Department of Health
CIPK	Council of Imams and Preachers of Kenya
CPARA	Case plan Achievement readiness assessment
DCS	Department of Children services
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
HFG	HIV Free Generation
HH	Household
KHPQS	Kenya Health Partnership for Quality services
LIP	Local Implementing Partners
MEAL	Monitoring Evaluation And Learning
OVC	Orphan and vulnerable children
TL	Technical Lead
USAID	United States Agency for International Development
WOFAK	Women Fighting Aids in Kenya

# Foreword



I am delighted to introduce this assessment report, which represents a significant milestone in our ongoing efforts to identifying opportunities for growth, and ultimately enhancing the quality of services provided to the OVC population. The information contained within these pages provides valuable insights into Case Workers Capacity and its impact on our organization and its stakeholders.

Assessments are essential tools that help us understand where we stand, identify areas of strength, and pinpoint areas for improvement. This report is the culmination of two months of careful data collection, analysis, and collaboration, and it reflects the dedication and commitment of our entire team.

In the pages that follow, you will find a comprehensive examination of Case worker capacity assessment, including key findings, recommendations, and a roadmap for moving forward. We believe that this report will serve as a valuable resource for improving service delivery and support Case workers.

Special gratitude to Benson Omor (Deputy Chief of Party), Paul Adipo Odongo (MEAL specialist) and Alice Kijala (OVC Technical lead) for leading the process, SPOs case management (Paul Atanga, Fred Maweu and Steve Malowa) MEAL team ( Thomas Chula, Esther Mokiera, Josiah Othieno) and to all who contributed to this assessment.

As we review this report, we encourage you to keep in mind that assessments are not simply snapshots of the past but crucial tools for shaping the future. The findings and recommendations contained herein will guide our decisions and actions as we strive to serve our beneficiaries.

We invite you to read this report with an open mind, and we look forward to your feedback and engagement as we work together to implement the necessary changes and improvements. Thank you for your ongoing commitment to our shared goals.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Juma', with a stylized flourish underneath.

Juma Mwarika Mwatsefu

**Chief of Party**

**USAID Tujitegemee OVC & DREAMS**



# Acknowledgement

USAID Tujitegemee would like to extend our heartfelt gratitude to all the individuals and entities who have contributed to the successful execution of the Case Workers Capacity Assessment. Your unwavering support, dedication, and commitment to improving the lives of Orphans and Vulnerable Children (OVC), is appreciated.

We would like to express our gratitude to the following:

- **Case Workers:** We extend our sincere appreciation to our dedicated Case Workers who participated in this assessment. Your valuable insights, cooperation, and commitment to the well-being of OVC are the driving force behind our mission.
- **LIPs:** We appreciate our implementing partners for the active participation throughout the process
- **Program Coordinators and Case managers:** We acknowledge the crucial role played by Program Coordinators and Case managers in facilitating the assessment process. Your guidance and support have been instrumental in ensuring the success of this initiative.
- **USAID:** We acknowledge the generous funding and support provided by the United States Agency for International Development (USAID). Your commitment to addressing the needs of vulnerable populations is a cornerstone of our program's success.
- **Assessment Team:** A special thank you to the assessment team who meticulously planned, executed, and analyzed the assessment. Your expertise and dedication have been invaluable.
- **All Stakeholders:** To all other individuals, stakeholders, and partners who have contributed in various ways, we offer our gratitude. Your collective effort and commitment are integral to our shared mission.
- **Data Manager:** For your support in ensuring this process adhered to standards and analysis of the data.

This Case Workers Capacity Assessment represents a critical step in our ongoing commitment to enhancing our program's effectiveness and delivering services that transform the lives of OVC and their families. Your involvement and support are the cornerstone of our success, and we look forward to continued collaboration and progress in our mission.



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Paul Adipo Odongo - **MEAL Specialist**  
USAID Tujitegemee - OVC and DERAMS



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Alice Kijala - **OVC Technical Lead**  
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# Introduction

USAID Tujitegemee is a five-year project funded by USAID Kenya and East Africa to implement OVC and DREAMS activities in Mombasa and Kilifi counties under the Kenya Health Partnership for Quality services (KHPQS) framework. The project is implemented by AMURT as the prime partner, and four consortium partners; The Partnership for a HIV Free Generation (HFG), Women Fighting Aids in Kenya (WOFAK), Council of Imams and Preachers of Kenya (CIPK) and KWETU Training Center. The project aims at achieving two KHPQS Sub-purposes: 1) Increased Access and demand to Quality HIV Prevention Services; and 3) Increased Access to Quality Health and Social Services for OVC and their households (HH). The project continued to co-implement with the counties, holding joint reviews with County Departments of Health (CDOH), Directorate of Children Services (DCS), Education, Judiciary, Civil Registration, Gender, Youth and Trade. The USAID Tujitegemee program is dedicated to serving the Orphans and Vulnerable Children (OVC), within this program; Case Workers serve as the frontline agents of support and care, facilitating the delivery of essential services and assistance to OVC and their families. The effectiveness of these Case Workers is instrumental in achieving the program's objectives and improving the well-being of those it serves.

To ensure that our Case Workers are optimally prepared and equipped to fulfill their roles, a comprehensive assessment is imperative. The Case Workers Assessment for the USAID Tujitegemee is a systematic evaluation of the capacity, strengths, and areas for improvement within our Case Worker workforce. This assessment serves as a vital tool for understanding the current state of our workforce, identifying opportunities for growth, and ultimately enhancing the quality of services provided to the OVC population.

## Objective

- **Assess Case Worker Competence:** Evaluate the knowledge, skills, and competencies of caseworkers to determine their capacity to effectively provide services to OVC.
- **Identify Training Needs:** Identify gaps in caseworkers training and capacity and develop a plan for addressing these gaps through targeted training and professional development.
- **Quality Assurance:** Asses the support provided to Caseworkers in case management implementation.
- **Alignment with Government Community Health Services Program:** Identify extent of community work force aligned to Community Health services Program

## Methodology:

- **Stakeholder Engagement:** Involve key stakeholders, including program managers and caseworkers in the assessment process. This provided valuable understanding of the context and challenges.
- **Desk Review:** Review existing program documents, training materials to assess the current state of caseworker's capacity and number of caseworkers in CPIMS.
- **Standardized Tool:** Used standardized assessment tools and checklists to ensure consistency and objectivity in the evaluation. Tool was reviewed and pre-tested by the case management team

- **Interviews:** Conducted interviews with caseworkers, to assess their knowledge, skills, and experiences. These interviews provided insights into specific areas of competence and areas that need improvement.
- **Data Analysis:** Analyze the data collected to areas of strength and weakness in caseworker's capacity and program implementation
- **Report and Recommendations:** Compile assessment findings into a comprehensive report. Provide recommendations for training, capacity building, and any necessary adjustments to the caseworker team or case management systems.
- **Action Plan:** Develop an action plan for addressing identified gaps and implementing the recommended changes. This may include targeted training and mentoring, lobbying for inclusion or replacing caseworkers not aligned to PHC
- **Continuous Monitoring:** Implement a system for ongoing monitoring and evaluation of case worker capacity to track progress and make necessary adjustments over time



Data collection tool orientation



Case worker interview

## Results

### Age range of Case Worker

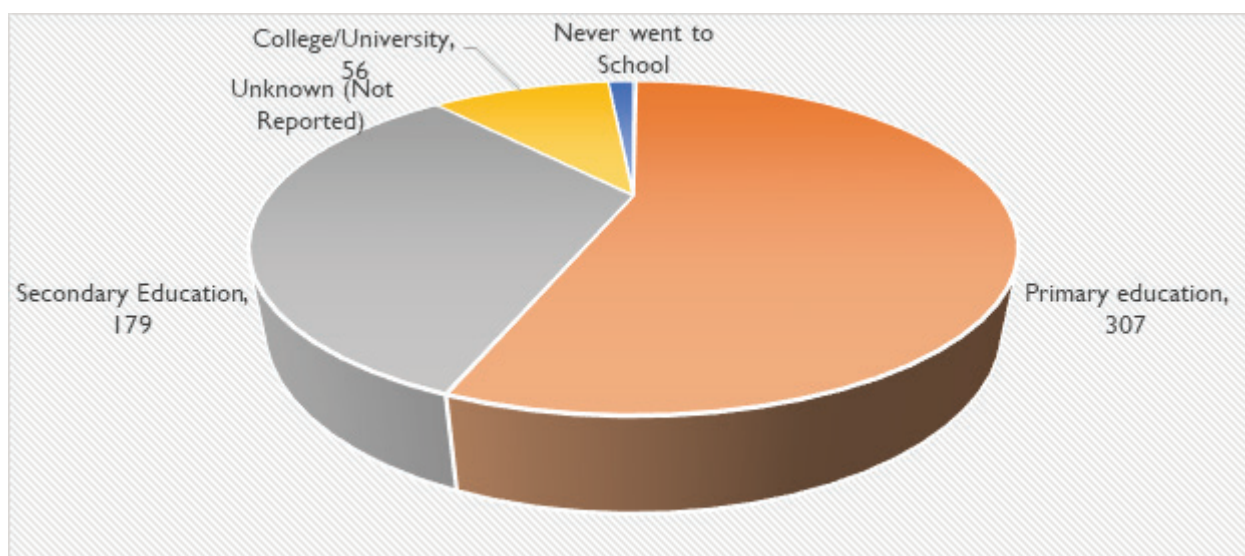
Age range years	AMURT	CIPK	HFG	KWETU	WOFAK	Total
Below 18 years	0	4	0	4	12	20
18-30 years	6	12	1	2	2	23
31-40 years	2	27	4	24	8	65
41-60 years	49	77	27	109	62	324
above 61 years	19	22	11	19	21	92
Missing Age	2	6	0	15	4	27
<b>Total</b>	<b>78</b>	<b>148</b>	<b>43</b>	<b>173</b>	<b>109</b>	<b>551</b>

Majority (76%) of the caseworkers are above 41 years and this cut across all LIPs.

### Level of education of the Case Worker

Majority of the caseworkers had basic education level at least primary level, however it is important to note that 179 had secondary level education and 56 reached tertiary level as shown on the chart below.





## Years of Experience as Case Worker

Majority of the LIPs had 50%-56% of their caseworker having a range of 11-20 years of experience; however, it is important to note that HFG had 72% of their caseworkers with 11-20 years. The table below shows the experience by LIP

Years Range	AMURT	CIPK	HFG	KWETU	WOFAK	Total
0-5 yrs.	8	13	4	12	11	48
6-10 yrs.	17	49	6	48	30	150
11-20 yrs.	39	78	31	102	60	310
21+ yrs.	14	8	2	11	7	42
No Response	0	0	0	0	1	1
Total	78	148	43	173	109	551

## Employment status

LIP	Employed	Farmer	None	other	Self Employed (has a business)	Total
AMURT	4	1	45	0	28	78
CIPK	15	48	25	4	56	148
HFG	0	1	19	3	20	43
KWETU	8	114	13	3	35	173
WOFAK	6	27	58	5	13	109
Total	33	191	160	15	152	551

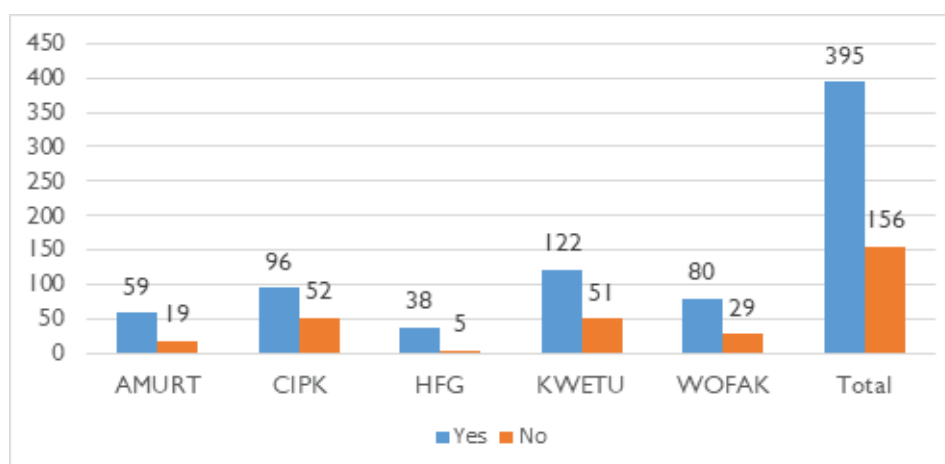
The data presented in the table represents the employment status of Caseworker. Self-employed individuals with their own businesses make up the largest category at 152, followed by farmers at 191, and individuals with no employment at 160. Among the organizations, CIPK has the highest number of self-employed individuals with 56, while KWETU employs the most farmers at 114. The data provides valuable insights into the diverse employment profiles of the caseworkers.

## Caseworkers monthly income levels

LIP	Less than Kshs. 1,000	Kshs 1,001 - Kshs 5,000	Kshs 5,001 - Kshs 10,000	Above Kshs 10,000	Total
AMURT	9	15	7	2	33
CIPK	27	56	22	14	119
HFG	4	12	5	0	21
KWETU	43	79	23	2	147
WOFAK	12	24	8	2	46
<b>Total</b>	<b>95</b>	<b>186</b>	<b>65</b>	<b>20</b>	<b>366</b>

The table above illustrates the distribution of monthly income levels among five different organizations: AMURT, CIPK, HFG, KWETU, and WOFAK. The total sample size for this income analysis is 366 individuals. The majority of individuals across these organizations earn between Kshs. 1,001 and Kshs. 5,000 per month, totaling 186. CIPK stands out with the highest number of individuals falling into this income bracket at 56. On the lower end, 95 individuals earn less than Kshs. 1,000 per month, with KWETU having the highest number in this category at 43. In the Kshs. 5,001 - Kshs. 10,000 income range, 65 individuals fall, with AMURT having seven such members. Only a smaller proportion, 20 individuals, earn above Kshs. 10,000 per month, and this category seems less prevalent across all organizations. The data highlights the varying income levels within these organizations, suggesting the need for tailored support and interventions to address the diverse financial needs of their members. Understanding this income distribution can inform strategies for economic empowerment and poverty alleviation initiatives among these groups.

## Alignment to the Government community strategy



The data above examines the alignment of caseworkers to the Government community strategy in the five organization in USAID Tujitegeme. 551 caseworkers were analyzed in this study. The “Yes” response represents those who are aligned with the strategy, while “No” indicates those who are not. The overall results indicate that 72% of the caseworkers in these organizations are aligned with the Government community strategy. When broken down by organization, with HFG at 88%, followed by AMURT at 76%, KWETU at 71%, and WOFAK at 73%, and CIPK at 65%. This demonstrates varying levels of alignment with the government strategy across these organizations, with HFG having the highest and CIPK having the lowest alignment.

The data suggests that there is room for improvement in ensuring that case workers in these organizations are in alignment with the government's community strategy. A higher percentage of alignment indicates a stronger connection between the USAID Tujitegemee and government policies, which can lead to more effective community initiatives and sustainability of the program. Understanding these levels of alignment is vital for the efficient utilization of resources and the successful execution of community strategies. This will guide conversations with the County governments to absorb the unattached workforce into the CHUs; as key community resource persons responding to unique issues in Households affected by HIV.

## Case plan achievement and services

LIP	Case Plan Achievement	Direct Service Delivery e.g School Fees, Sanitary Towels, Scholastic etc.	House Hold Visits
AMURT	48	29	14
CIPK	99	62	15
HFG	28	13	2
KWETU	154	25	35
WOFAK	77	56	32
<b>Total</b>	<b>406</b>	<b>185</b>	<b>98</b>

NB: A CHV can select more than one response.

The table summarizes the definition of understanding goal of case management by the caseworkers. 406 (73%) were able to identify the goal correctly, while 283 missed. However is important to note that one had a chance to select multiple answers. Caseworkers who were not able to identify case plan achievement as the goal, may need capacity building in this area.

## Knowledge on Case Management

LIP	Total case workers	Knowl- edge of CM Steps: Identi- fication	Knowl- edge of CM Steps: Enrol- ment	Knowl- edge of CM Steps: Assess- ment/ Reass- ment	Knowl- edge of CM Steps: Case Plan Monitor- ing	Knowl- edge of CM Steps: Service Provi- sion/Re- ferral	Knowl- edge of CM Steps: CPA/ Gradua- tion
AMURT	78	77	78	78	77	78	76
CIPK	148	130	134	127	119	121	118
HFG	43	34	35	32	38	34	34
KWETU	173	169	171	172	171	172	172
WOFAK	109	103	104	102	103	102	105
<b>Total</b>	<b>551</b>	<b>513</b>	<b>522</b>	<b>511</b>	<b>508</b>	<b>507</b>	<b>505</b>

In terms of the percentage of Case Workers with knowledge of each CM step, KWETU and AMURT consistently demonstrates high levels of knowledge across all steps, with an average of 97% to 99% of their Case Workers knowledgeable in each category.

However, it is important to note that while CIPK has a larger total number of Case Workers with knowledge in some steps, the percentage of knowledgeable Case Workers is slightly lower in certain categories, indicating potential variations in training and knowledge distribution within the organization. Overall, these insights can guide organizations in identifying areas for improvement and maintaining high standards of case management knowledge among their workers.

LIP	Yes	No	Total
AMURT	44	34	78
CIPK	60	88	148
HFG	20	23	43
KWETU	98	75	173
WOFAC	54	55	109
<b>Total</b>	<b>276</b>	<b>275</b>	<b>551</b>

The data in the table indicates whether Case Workers from five organizations (AMURT, CIPK, HFG, KWETU, and WOFAC) are aware of other organizations operating within their respective areas of operation. This information can be analyzed in the context of referral and leveraging of services:

### Provision of Referral Services:

**AMURT:** Of the 78 Case Workers, 44 are aware of other organizations working in their area. This awareness can enable AMURT to refer individuals they serve to these other organizations, potentially expanding the range of services available to OVC households.

**CIPK:** Among the 148 Case Workers, 60 are aware of other organizations in their area. This knowledge can be used to facilitate referrals, connecting beneficiaries with other organizations that can address their specific needs.

**HFG:** Out of 43 Case Workers, 20 acknowledge the presence of other organizations. This provides an opportunity for HFG to establish referral mechanisms to ensure that beneficiaries receive the appropriate services from these other organizations.

**KWETU:** Among the 173 Case Workers, 98 are aware of the presence of other organizations. This extensive awareness can allow KWETU to develop a robust referral system, ensuring that households receive comprehensive support from various service providers in the area.

**WOFAC:** WOFAC has 54 out of 109 Case Workers aware of other organizations operating in their area. This awareness can be harnessed for referring beneficiaries to additional services that WOFAC may not directly provide.

**Leveraging of Services:** The awareness of other organizations operating in the same area also opens up opportunities for leveraging services. These organizations can potentially collaborate, share resources, and avoid duplication of services to maximize their collective impact in the community.

In summary, the data on Case Worker awareness of other organizations in their area of operation is valuable for establishing referral networks and service leveraging. It underscores the potential for cooperation and coordination among organizations to provide a more comprehensive and holistic support system for the beneficiaries. This can lead to better outcomes and more efficient use of resources in meeting the diverse needs of the OVC and their households.

### Have you made any referrals to the organizations?

LIP	Yes	No	Total
AMURT	33	11	44
CIPK	22	38	60
HFG	5	15	20
KWETU	55	43	98
WOFAK	24	30	54
Total	139	137	276

The table provides information about whether Case Workers from the five organizations have made referrals to other organizations operating in their areas of operation. Here is an analysis of the data:

### Referrals Made:

- **AMURT:** Of the 44 Case Workers who are aware of other organizations in their area of operation, 33 have made referrals. This indicates a proactive approach to connect the Low-Income Population (LIP) with additional services.
- **CIPK:** Among the 60 Case Workers who are aware of other organizations, 22 have made referrals. While the percentage of referrals made is relatively lower, it still shows a willingness to refer LIP individuals to other service providers.
- **HFG:** Out of the 20 Case Workers who are aware of other organizations, five have made referrals. This suggests that some Case Workers in HFG are actively engaging in referrals, though there is room for expansion.
- **KWETU:** Of the 98 Case Workers aware of other organizations, 55 have made referrals. This organization appears to have a robust referral system in place, ensuring that LIP members access services beyond what KWETU offers.
- **WOFAK:** Among the 54 Case Workers aware of other organizations, 24 have made referrals. This indicates a proactive approach to connect LIP individuals with additional support.

In conclusion, the data highlights variations in the extent to which Case Workers are making referrals to other organizations. It suggests that some LIPs have a fairly well established referral system, while others may need to enhance their referral processes and encourage their Case Workers to connect OVC households with additional services. Understanding the reasons behind the differences in referral activity is essential for improving the overall support provided to the project beneficiaries.



## Support and Mentorship By Project staff during household visit

LIP	Less than one month ago	Less than 2 months ago	Over three months ago	Has never accompanied me	Total
AMURT	20	21	34	3	78
CIPK	32	45	67	4	148
HFG	6	9	24	4	43
KWETU	72	36	57	8	173
WOFAK	29	18	59	3	109
<b>Total</b>	<b>159</b>	<b>129</b>	<b>241</b>	<b>22</b>	<b>551</b>

Analyzing the data in relation to the timing of when an LIP staff accompanied Case Workers for household visits and its implications for technical support to Case Workers:

**Less than One Month Ago:** 159 household visits occurred less than one month ago. This indicates that there is an ongoing and recent involvement of LIP staff in accompanying Case Workers during household visits. A higher percentage of Case Workers accompanied by LIP staff within this timeframe could suggest more immediate technical support and guidance provided to the Case Workers, facilitating their work.

**Less than Two Months Ago:** 129 household visits took place less than two months ago. This category also represents relatively recent involvement of LIP staff in household visits. Case Workers accompanied by LIP staff within this timeframe still receive timely support, but it may not be as immediate as in the previous category.

**Over Three Months Ago:** 241 household visits occurred over three months ago, indicating a longer gap between LIP staff involvement in household visits. Case Workers who were accompanied by LIP staff over three months ago might have experienced a delay in receiving technical support and guidance, which could have implications for the quality and effectiveness of their work.

**Has Never Accompanied Me:** In 22 cases, LIP staff have never accompanied Case Workers for household visits. This represents missed opportunities for technical support and guidance, which could affect the Case Workers' ability to provide effective services to the OVC and their Households.

In summary, the timing of project staff involvement in household visits has a direct impact on the level of technical support provided to Case Workers. Involvement that is more recent can ensure timely guidance, while longer gaps or cases where project staff have never accompanied Case Workers may result in limited technical support. Management should consider strategies to ensure that project staff are regularly engaged in supporting Case Workers to enhance the quality of services provided to the beneficiary.

## Involvement in Supporting Graduation:

Across the five LIPs, 424 households have successfully graduated. To achieve this, a certain number of Case Workers have been actively involved in providing support to these households. When considering the total number of Case Workers in each organization, we can calculate the percentage of Case Workers who have been engaged in supporting households to graduate.

### LIP-Specific Analysis:

**AMURT:** Out of 78 Case Workers, 38 have been involved in supporting households to graduate. This represents approximately 49% of AMURT's Case Workers who are actively contributing to the graduation of households.

**CIPK:** Among the 148 Case Workers, 63 have been actively involved in supporting households to graduate. This indicates that approximately 42% of CIPK's Case Workers are dedicated to this effort.

**HFG:** Out of 43 Case Workers, 28 have been involved in supporting households to graduate. This translates to approximately 65% of HFG's Case Workers who are actively contributing to the graduation process.

**KWETU:** Among the 173 Case Workers, 75 have been actively involved in supporting households to graduate. Approximately 43% of KWETU's Case Workers are contributing to graduation efforts.

**WOFAK:** Out of 109 Case Workers, 64 have been involved in supporting households to graduate. This suggests that approximately 59% of WOFAK's Case Workers are actively engaged in this process.

**Collective Case Worker Contribution:** Across LIPs, an average of 52% of the Case Workers were actively involved in supporting households to graduate. This collective effort led to the successful graduation of 424 households, improving their self-sufficiency and overall well-being. In summary, the data highlights variations in Case Worker involvement across the LIPs, with some having a higher percentage of Case Workers actively engaged in supporting households to graduate. This information is valuable for management to assess their Case Workers' participation and, if necessary, strategize on how to engage their workforce to achieve even better outcomes in supporting the beneficiaries.

## Inference Statistics

Does number of years of experience of Case Worker correlates with the number of OVC graduated in FY23.

### Hypothesis

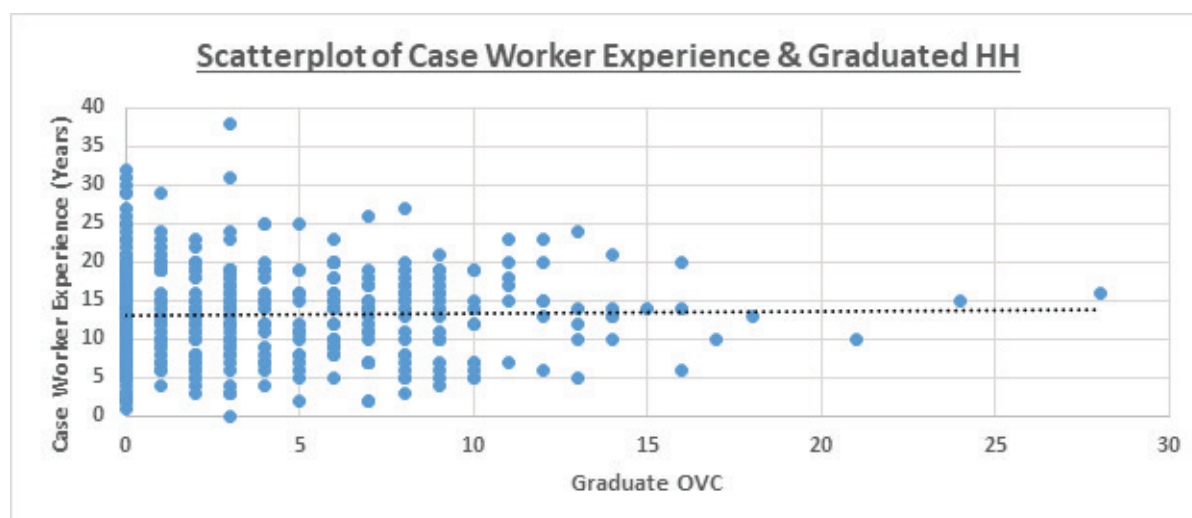
Null Hypothesis: There is no correlation between Years of experience and Number of OVC graduated

Alternative Hypothesis: There is correlation between Years of experience and Number of OVC graduated

$H_0: \rho = 0$

$H_1: \rho \neq 0$

## Visualization



Estimate	Statistic	P.value	Parameter	Conf.low	Conf.high	Method	Alternative
0.01630469	0.3820819	0.7025485	549	-0.06731742	0.09969933	Pearson's product-moment correlation	two-sided

**Interpretation:** Analysis indicate there is a weak positive correlation (0.01630469) between the two variables. However, the high p-value (0.7025485) suggests that this correlation is not statistically significant at a conventional significance level (0.05). Therefore, it is not appropriate to draw strong conclusions about the relationship between these variables.

## Community involved in supporting your roles

LIP	Community Involved in Supervision	Community Involved offering Incentives	Community Involved in Providing Feedback	Community Not Involved	Total
AMURT	25	3	67	5	100
CIPK	10	8	137	5	160
HFG	1	0	42	0	43
KWETU	17	4	154	7	182
WOFAK	1	1	106	2	110
<b>Total</b>	<b>54</b>	<b>16</b>	<b>506</b>	<b>19</b>	<b>595</b>

The data presents information on how the community is involved in supporting the roles of Case Workers from five different organizations (AMURT, CIPK, HFG, KWETU, and WOFAK). This involvement can significantly affect the effectiveness of Case Workers in delivering their services.

**Community Involvement in Supervision:** Across all LIPs, 54 instances were reported where the community is involved in supervising the work of Case Workers. This indicates that community members are actively participating in overseeing and monitoring the services provided by Case Workers.

Community Involvement in Offering Incentives: 16 cases were reported where the community is involved in offering incentives to encourage the work of Case Workers. Incentives can motivate Case Workers and potentially lead to better service delivery.

Community Involvement in Providing Feedback: The most significant form of community involvement is in providing feedback. 506 cases were reported across the organizations. This suggests that community members are actively engaged in giving feedback to Case Workers, which can be valuable for continuous improvement and alignment with community needs.

Community Not Involved: In 19 cases, the community was reported as not being involved in supporting the roles of Case Workers. It is essential to understand the reasons behind this lack of involvement and consider strategies to enhance community participation.

### Organization-Specific Analysis:

- **AMURT:** The community is primarily involved in providing feedback (67 cases) and plays a role in supervision (25 cases). This suggests active community participation in monitoring and giving input on the work of Case Workers.
- **CIPK:** Similar to AMURT, CIPK reports strong community involvement in providing feedback (137 cases). However, the community's involvement in supervision is relatively lower (10 cases).
- **HFG:** HFG reports limited community involvement in supervision (1 case) and feedback (42 cases).
- **KWETU:** KWETU indicates robust community involvement in providing feedback (154 cases) and moderate involvement in supervision (17 cases). This organization has relatively higher community engagement.
- **WOFAK:** The community primarily provides feedback (106 cases) and is minimally involved in supervision (1 case) and offering incentives (1 case).

In summary, community involvement is crucial for supporting the roles of Case Workers. The extent of community participation varies across organizations. Active community engagement in supervision, feedback, and offering incentives can contribute to the effectiveness of Case Workers in delivering services that are well aligned with the community's needs and expectations. Identifying areas where community involvement is lacking and addressing them can lead to more comprehensive and successful support for the OVC and their Households.

### Case Workers with Functional Mobile Phones:

LIP	No	Yes	Total
AMURT	0	78	78
CIPK	1	147	148
HFG	0	43	43
KWETU	3	170	173
WOFAK	1	108	109
<b>Total</b>	<b>5</b>	<b>546</b>	<b>551</b>

Across all organizations, 546 out of 551 Case Workers have functional mobile phones. This represents approximately 99.1% of Case Workers with access to mobile technology.

### Organization-Specific Analysis:

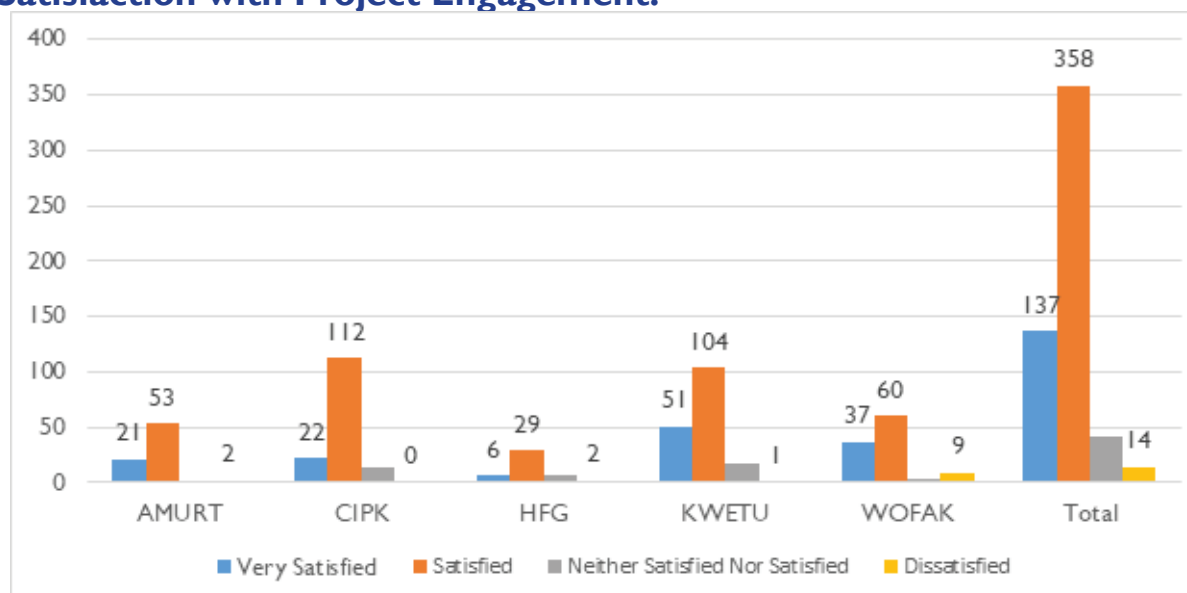
- AMURT: All 78 Case Workers in AMURT have functional mobile phones, which is 100% of their workforce.
- CIPK: In CIPK, 147 out of 148 Case Workers have functional mobile phones, indicating 99.3% mobile phone ownership.
- HFG: All 43 Case Workers in HFG have functional mobile phones, accounting for 100% mobile phone ownership.
- KWETU: In KWETU, 170 out of 173 Case Workers have functional mobile phones, representing 98.3% mobile phone ownership.
- WOFAK: WOFAK reports that 108 out of 109 Case Workers have functional mobile phones, indicating 99.1% mobile phone ownership.

**Developing a Digital Mobile Collection App:** With over 99% of Case Workers having functional mobile phones in all organizations, there is a strong foundation for developing a digital mobile collection app. The widespread mobile phone ownership suggests a high level of mobile technology access and potential readiness for digital solutions.

**Benefits of Mobile Collection App:** A digital mobile collection app can streamline data collection, reduce paperwork, enhance data accuracy, and facilitate real-time reporting. Given the high ownership of functional mobile phones, it can be a valuable tool for improving service delivery and data management.

In summary, the overwhelmingly high percentage of Case Workers with functional mobile phones in these organizations, ranging from 98.3% to 100%, underscores the strong potential for developing and implementing a digital mobile collection app. Such an app can harness the widespread mobile technology access to enhance data collection and reporting, ultimately leading to more efficient and effective support.

### Satisfaction with Project Engagement:





Overall, 137 LIP members are “Very Satisfied,” indicating a high level of contentment with the level of consultation, information, and involvement in the project. An additional 358 LIP members are “Satisfied,” demonstrating a generally positive sentiment toward project engagement.

**Neither Satisfied nor Dissatisfied:** 42 LIP members are categorized as “Neither Satisfied or Dissatisfied.” This group might have mixed feelings about their level of involvement and consultation in the project.

**Dissatisfaction:** A smaller number, 14 LIP members, express dissatisfaction with their project involvement. This dissatisfaction may signal a need for project improvement or a closer examination of their concerns.

### LIP -Specific Analysis:

- **AMURT:** 74 LIP members (21 “Very Satisfied” and 53 “Satisfied”) are content with the project’s level of consultation, information, and involvement. Only two report “Neither Satisfied or Dissatisfied,” and two express dissatisfaction.
- **CIPK:** Among the 148 LIP members, 134 are satisfied (22 “Very Satisfied” and 112 “Satisfied”), and no one reports dissatisfaction. Four members are “Neither Satisfied or Dissatisfied,” indicating a neutral stance.
- **HFG:** In HFG, 35 LIP members are satisfied (six “Very Satisfied” and 29 “Satisfied”), while six members are “Neither Satisfied or Dissatisfied.” Two members express dissatisfaction.
- **KWETU:** A significant number of LIP members (155 out of 173) are content with their project involvement, with 51 “Very Satisfied” and 104 “Satisfied.” Only one member reports dissatisfaction, and 17 are “Neither Satisfied or Dissatisfied.”
- **WOFAK:** In WOFAK, 97 LIP members express satisfaction, with 37 “Very Satisfied” and 60 “Satisfied.” Nine members report dissatisfaction, and three are “Neither Satisfied or Dissatisfied.”

### Service Delivery Implications:

The high level of satisfaction (both “Very Satisfied” and “Satisfied” categories) among LIP members across these organizations indicates that the project’s approach to consultation, information sharing, and involvement has been generally effective.

Dissatisfaction and neutral responses should not be ignored. These could represent areas where improvements in service delivery, communication, or involvement are needed to enhance overall satisfaction and engagement.

In summary, the data suggests that, for the most part, LIP members are satisfied with the level of consultation, information, and involvement in the project, which is a positive indicator of effective service delivery. However, it is essential for organizations to continuously assess and respond to the needs and concerns of LIP members to ensure ongoing satisfaction and project success.

## Key Findings:

**Dedication and Compassion:** The report highlights the dedication and compassion of Case Workers toward their roles in providing services to vulnerable children and families. Their commitment to making a positive impact on the lives of OVC is a significant strength.

**Knowledge and Professionalism:** Case Managers demonstrate a fairly strong knowledge of case management steps, indicating their competence in the field.

**Community Engagement:** The report recognizes the importance of community engagement in the program's success. The ability of Case Workers to build strong relationships with community members and stakeholders is a valuable strength, as it helps in aligning services with community needs and expectations.

**Mobile Technology Access:** The high ownership of functional mobile phones among Case Workers is a notable strength. It provides an opportunity to explore and implement digital solutions, such as a mobile collection app, to improve data collection, reporting, and communication, ultimately enhancing service delivery.

## Weaknesses of Caseworkers Identified in the Report:

**Capacity gaps of Caseworkers:** The report identifies the need for additional training in specific areas, such as case management, child protection, and community engagement. This suggests that some Case Workers have gaps in their training and capacity, indicating room for improvement.

**Inconsistencies in Community Involvement:** While community engagement is recognized as a strength, there may be inconsistencies in the level of community involvement different organizations. Addressing these inconsistencies and ensuring that all Case Workers effectively engage with the community is a potential area for improvement.

**Supporting Graduation:** The report indicates that not all Case Workers have actively supported households to graduate. This limited achievement in graduation could be considered a weakness, as it may impact the program's ability to achieve self-sufficiency for beneficiaries.

**Dissatisfaction and Neutral Responses:** Some caseworkers expressed dissatisfaction or report being "Neither Satisfied or Dissatisfied" with their project involvement. These responses signal a need for project improvement in certain areas and should be addressed to enhance overall satisfaction and engagement.

## Recommendations:

Based on the findings, we propose the following recommendations:

- **Capacity Building:** Prioritize continuous training and capacity building for Case Workers. Develop a structured training plan that covers essential areas like case management, child protection, and community engagement.
- **Community Engagement:** Strengthen community engagement strategies. Foster closer collaboration with community leaders and stakeholders to ensure that they understand our

services and their role in supporting the caseworkers.

- **Digital Solutions:** Explore the development of a digital mobile collection app to improve data collection, reporting, and communication among Case Workers. This initiative can enhance the efficiency and effectiveness of service delivery.
- **Feedback Mechanisms:** Establish robust feedback mechanisms that allow caseworkers to express their concerns and provide suggestions. In addition, project staff should enhance supporting workforce during household visit.
- **Monitoring and Evaluation:** Continue implementing a robust monitoring and evaluation system to track the progress of our Case Workers and the impact of our services on the OVC and their families.

## Next Steps:

Moving forward, USAID Tujitegemee is committed to implementing these recommendations and further strengthening the capacity of our Case Workers. This will help us deliver more efficient, effective, and family-centered services to the OVC. We will continue to engage with our partners, stakeholders, and the community to ensure the success of our program.

## Conclusion

In conclusion, the Capacity Assessment for Case Workers in USAID Tujitegemee has provided valuable insights into the current state of our workforce and their readiness to deliver effective services to vulnerable children and families. This assessment reaffirms our commitment to improving the lives of OVC and underscores the importance of strengthening the capacity of our Case Workers. This Capacity Assessment Report serves as a valuable resource for guiding our efforts to better support vulnerable children and families and create a brighter future for them. We are grateful for the dedication of our Case Workers and the ongoing support of USAID in achieving our mission. The successful implementation of these recommendations will enable us to continue making a positive impact on the lives of our beneficiary.









# USAID *Tujitegemee* CASE WORKERS CAPACITY ASSESSMENT

