The Global Case Management Package

Improving targeted support to children and families affected by HIV

24 September 2019
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Webinar agenda

• Overview of development and contents of the package
  o The need
  o The development process
  o Highlights of the package components and tools

• Adaptations to the package by MWENDO, Kenya

• Adaptations and working with government by 4C Lesotho

• Q&A
In the context of OVC programs, case management is the **process** of identifying, assessing, planning, referring, and tracking referrals, and monitoring the delivery of services in a **timely, context-sensitive, individualized, and family-centered** manner.
Need for Global Case Management SOPs & Tools

• Transition process
  – 900,000 OVC identified as “exiting” OVC program in Nigeria
  – Supporting the transition process in a responsible (i.e. do no harm) manner

• Children and families not progressing towards resiliency to successfully exit the OVC program
  – Services received not targeted to needs
  – Approach focused on deficiencies rather than strengths
  – Limited progression to resiliency

Designed a process and related tools that helped OVC programming to:

• Move from long-term support and service provision to a strengths-based, resiliency-focused approach.
• Intentionally addressed protective and risk factors of HIV and child protection.
• Focus on outcomes and not inputs.
• Contribute to the global effort to reach 95-95-95.
• Demonstrate impact on OVC and their families.
Focus on Resilience

- Tools organized around Healthy, Safe, Stable, Schooled Domains
- Look at strengths and needs of all enrolled family members
- Identify actions, services and referrals in individualized case plans
- Ensure ongoing follow-up
- Supports progression to case plan achievement (graduation from program support)
Development Process

CM Package developed in Nigeria
- Participatory
- OVC projects, local IPs & government

CM Package contextualized in different contexts
- Kenya
- South Sudan
- DRC
- Malawi

Learning informed Global CM package
- SOP
- Tools & Job Aids
- Training

Learning shared & informed CM practices in OVC programs & beyond
Dissemination and Application

- Contextualized and **applied across numerous OVC projects**: Kenya, South Sudan, Malawi, Uganda, DRC, Mozambique, Zimbabwe, Namibia, Eswatini, Lesotho, Cameroon, Haiti, etc.

- Informed **HIV sensitive national case management system** and related efforts led by the government: Namibia, Eswatini, DRC, Uganda

- Informed **Graduation Benchmarks**

- Informed **SIMS**

- Informed **Picture Impact Tools** in Kenya and Mozambique
Building capacity of the workforce

**Multi-Method Capacity Building**

- Training packages developed/adapted for various contexts
- Initial trainings, followed up by refresher trainings
- On-the-job training and support
- Coaching, mentoring, supportive supervision

**Multiple Cadres trained**

- Government sponsored social workers and parasocial workers
- Project-level community case workers
- Project-level case management supervisors
- Project management and technical staff
Multiple Approaches to Adaptation

• Adopting/adapting entire package, often at the start of a new project.

• Using global package to ground, refresh, and reorient already trained cadres in approach to family-centered, strengths-based case management.

• Using specific tools from global package to improve and redesign steps/tools in an already functional case management system.
Best Practices for Adaptation

- Reflects best practice to support children and families
- Complements local, sub-national and national child protection system
- Builds on existing workforce and strengthens required competencies
- Builds on existing case management, referral and monitoring mechanisms

Local ownership through the process
Highlights and Innovations

Package adapted to support reintegration of children and families

Updated and aligned with MER 2.3

Picture Impact Adaptations
Case Management Package Adaptation

MWENDO Project Experiences

24th September 2019
The adaptation journey

Adaption of the IMARISHA/4C Kenya CM package

- Internal CM learning forum
- Full rollout of CM
- MWENDO CM and MEAL review meeting
- Joint USAID, USAID/CDC OVC partners CM package review

2016
- Training - MWENDO, LIP staff and Community Health Volunteers
- Piloting of CM - piloted in 5 regions/counties

2017

2018
- Adaptation of CM User friendly picture-based journal
- Training and rollout of the picture journals

2018

2019

2020

2021

CM Implementation and documentation ongoing
Adaptation of the CM package

*HIV and Child Protection Sensitive Package*

- OVC programs have to demonstrate their contribution to global efforts to contain HIV and AIDS.
- The CM SOPs and tools were developed through HIV and child protection lens recognizing the links between HIV risk and child protection vulnerabilities as well as protective factors.
- The tools, especially the benchmarks were developed to show evidence on how OVC projects contribute to the 95-95-95 efforts.
Trainings and Rollout

How and Who did we train?

Two tier training:

- 5 days facilitators training- MWENDO and Partner staff
- 5 days training of project volunteers- Community Health Volunteers (four days classroom-based and one day field exercise)
- Quality assurance- sample supportive supervision and pair-up volunteers for support
- Three-day basic training for government staff- Department of Children Services and Ministry of Health
Case Management rollout

Rollout approach

- **Piloted** CM in 5 regions/counties. The CM package
- **Why** this Approach? Wide project coverage, New concept in the regions, Learn from experience and build up during the full rollout
- Rolled out case management in all the HIV positive households
- Full rollout across the 13 regions/counties
What happened after the pilot?

Held an internal MWENDO learning forum (3 themes):

• Training process
• Assessment and case planning process
• Tools validity
• Dissemination of findings

Review and update of the CM package
The pilot informed....... 

- A review and updating of the MWENDO CM package
- Development of nationally agreed upon benchmarks by the USG OVC partners
- MWENDO’s participation in the national OVC TWG-revised and harmonized OVC tools online with the package
- Revised tools adopted by all USG OVC partners
- Revised tools integrated into CPIIMS- tracking and monitoring CM process now active
Development process

Case management picture-based package

Desk review of the CM package

In country discovery visit

Develop and review of picture-based package of tools

Testing of package of tools in the field and finalizing

Develop training guide and training of staff/CHVs on the application of the package
Why the Picture-based Package

Developed (by Picture Impact) to:

- Complement the case management package at the household and CHV level.
- Ensure active engagement of users and drive social behavior change at the household level.
- Be used by households (HH) and community health volunteers (CHV) to engage OVC households in the case management approach and support CHVs in their role.
The activity cards and case plan summaries were well-received:

- As the households and adolescents could see themselves in the characters.
- Made case plan achievement readiness assessment (CPARA) for volunteers easy and simple.
- Made the CPARA process well understood by the CHV and households and helpful during the planning.

Were picture journals beneficial?
“It was more comprehensive and made me feel more involved than what we used to do.” –CHV during supportive supervision session.

“It is not about giving hand-outs (or goodies) any more. This is about giving services and ensuring they are services they need. It makes my work more fulfilling.” --CHV

More Learning!!!!

MWENDO planning for internal assessment to determine the type of impact the tools have had on CM outcomes.
Benefits of Case Management

1. Identified and confirm our caseload, and previous project performance.

<table>
<thead>
<tr>
<th>Assessment results</th>
<th># of HHs</th>
<th># Children enrolled</th>
<th># Children in the HHs</th>
<th># Children NOT enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>On path to CPA</td>
<td>5,874</td>
<td>13,089</td>
<td>19,944</td>
<td>6,855</td>
</tr>
<tr>
<td>Caseplan achieved</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>5,874</td>
<td>13,089</td>
<td>19,944</td>
<td>6,855</td>
</tr>
</tbody>
</table>
2. Helped **categorize households** for targeted support services

3. Helped showcase the **interrelationship** between the four **domains** (schooled, stable, safe and healthy)
MWENDO faced some resistance during the process:

- Length- the tools were too long .... consuming more CHVs’ time yet are volunteers
- Information- too much information being asked than what the CHVs were used to in the past
- Services- households used to receiving handouts as opposed to targeted services....some households opting out of the project.
- Participation- households resisting to take part in meeting their own needs..... It’s My Right!!!! Dependency!!!
ASANTE!!!
Strategic objectives

1. **OVC package**, including ensuring quality OVC CM, using URC OVC CM tools

2. **Quality improvement**, focus on district and community level monitoring

3. **Harmonized case management framework**, under remit of MoSD

Key considerations

- Lead - Ministry of Social Development
- Consultative Structure within with National Organising Committee Children providing guidance, oversight, technical review
- Placement of technical adviser within MoSD
- Proposed harmonized CM framework, with clear referral process
- Focus is NSPVC – case management integrated across key systems
- Must be aligned to social protection strategy
In Lesotho......

Agreement signed Oct 17

Project Start up & buy-in Nov – Dec 17

SOP Dev. Jan-Jun 18

Training of Social Workers Jul – Dec 18

Pilot Jan- Jul 19

Training of DCPT’s & Close out Aug – Sept 19
Adaptation: Government Leadership & Ownership

Development of comprehensive child protection legislation aligned with international instruments

- Child Protection and Welfare Act
- Child Protection Policies
- Alignment to social protection strategy & HIV Policy

CPWA formed the foundation for the case management approach
Adaptation of the Global Case Management Package

Reference point and adapted for statutory case management.

Strengthened the understanding of the link between child protection, HIV and VAC.

Informed case conferencing, case planning and supportive supervision adopted by government system.

Revived community structures - DCPTS AND CCCPTS in identification of child protection cases.
Buy in of political principals and senior management

Increase understanding that case management is a key approach to:

- Organize the work of social workers and other paraprofessionals.
- Provide coordinated, comprehensive family-focused care, and reduce family separation and placement of children into alternative care.
- Provide services to all vulnerable groups.

Promote referrals to all actors in the child protection system and strengthen collaboration and co-ordination at all levels of government and civil society organisations.
Development Process

- SOP’s developed and consultations
- Trained Social Workers as Trainers
- Trainers trained entire social work component of the Ministry
- Piloted SOP, Referral pathways and integrated case management approach
- Lessons from pilot incorporated in final National Case Management System
Interface with OVC & DREAMS program

Identification and assessment case management steps ensured children that need protective service were appropriately referred.

DCPT and CCPTS identified and reported cases to district offices.

Case conferencing used to manage cases across government and local implementing partners.

Co-ordination and collaboration between stakeholders improved service delivery.

Service access and received increased for OVC’s and adolescents.
Partnership
Achievements to date

CM is HIV sensitive

OVČ’s accessing broad range of Services

Capacity of Social workers strengthened

Improved HIV, CP & VAC link

Enhanced Partnerships

Successful System strengthening on CM
Referrals, collaboration, communication = improved results for us!
Impact

- Child protection system strengthened.
- Improved integration between all stakeholders, referrals and thus service provisioned.
- Institutional gaps identified in the Ministry specifically related to supportive supervision.
- Increased data, monitoring and reporting, data for program planning and decision making.
- Prompted the need for the development of business case to increase funding for social welfare services.
- Entire Ministry behind the institutionalization of CM as a way of work across entire department.
Re a Leboha.....
Where can you find it?

www.OVCsupport.org

www.4-children.org
Thank you!

Photo by Jake Lyell/CRS