



Standard Operating Procedures

for Case Management

The Global Case Management Package

Improving targeted support to
children and families affected by
HIV

24 September 2019



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

4Children
Coordinating Comprehensive Care for Children



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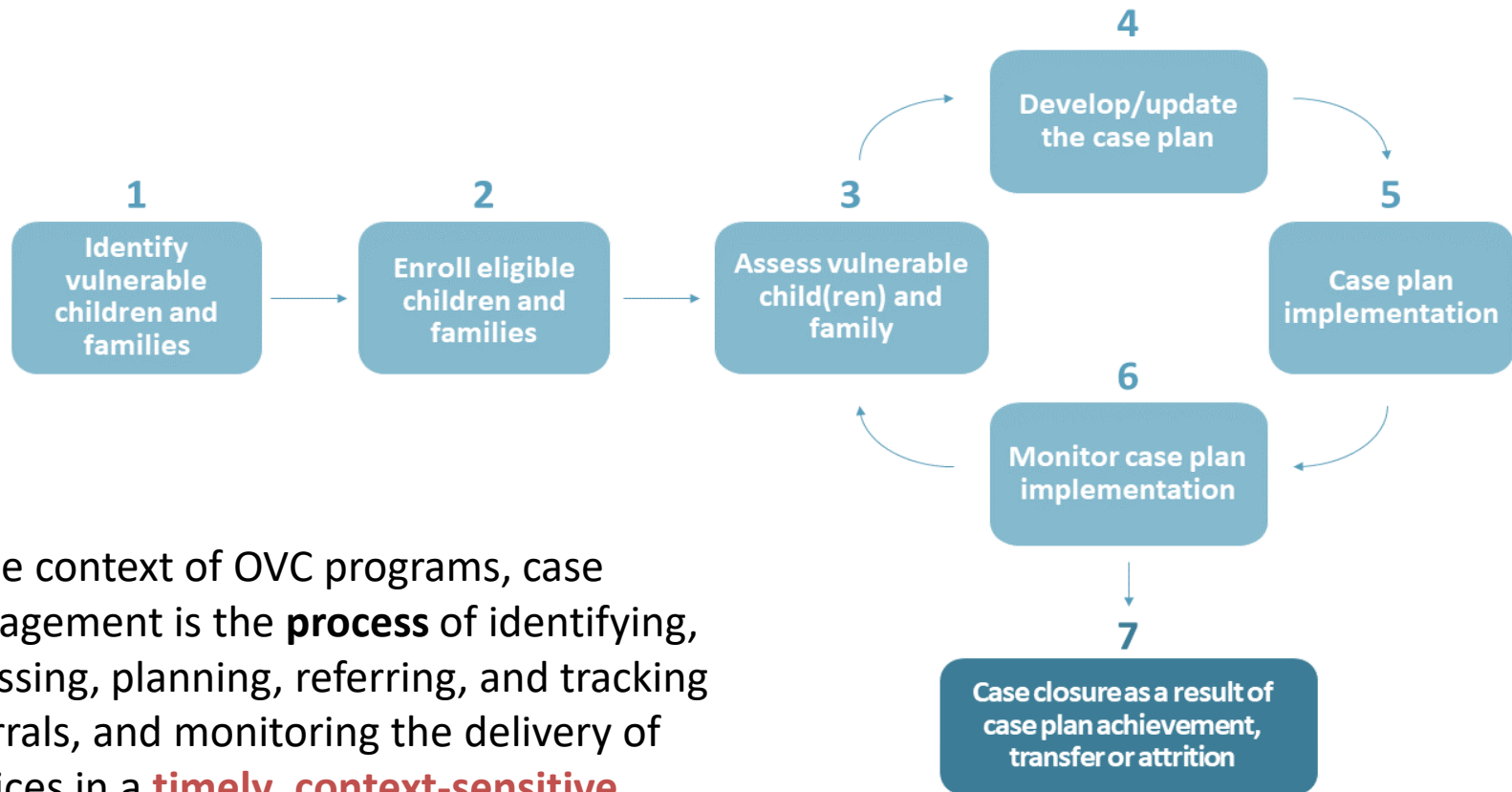


This presentation is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of the Coordinating Comprehensive Care for Children (4Children) project and do not necessarily reflect the views of USAID or the United States Government.

Webinar agenda

- Overview of development and contents of the package
 - The need
 - The development process
 - Highlights of the package components and tools
- Adaptations to the package by MWENDO, Kenya
- Adaptations and working with government by 4C
Lesotho
- Q&A

Defining case management



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:

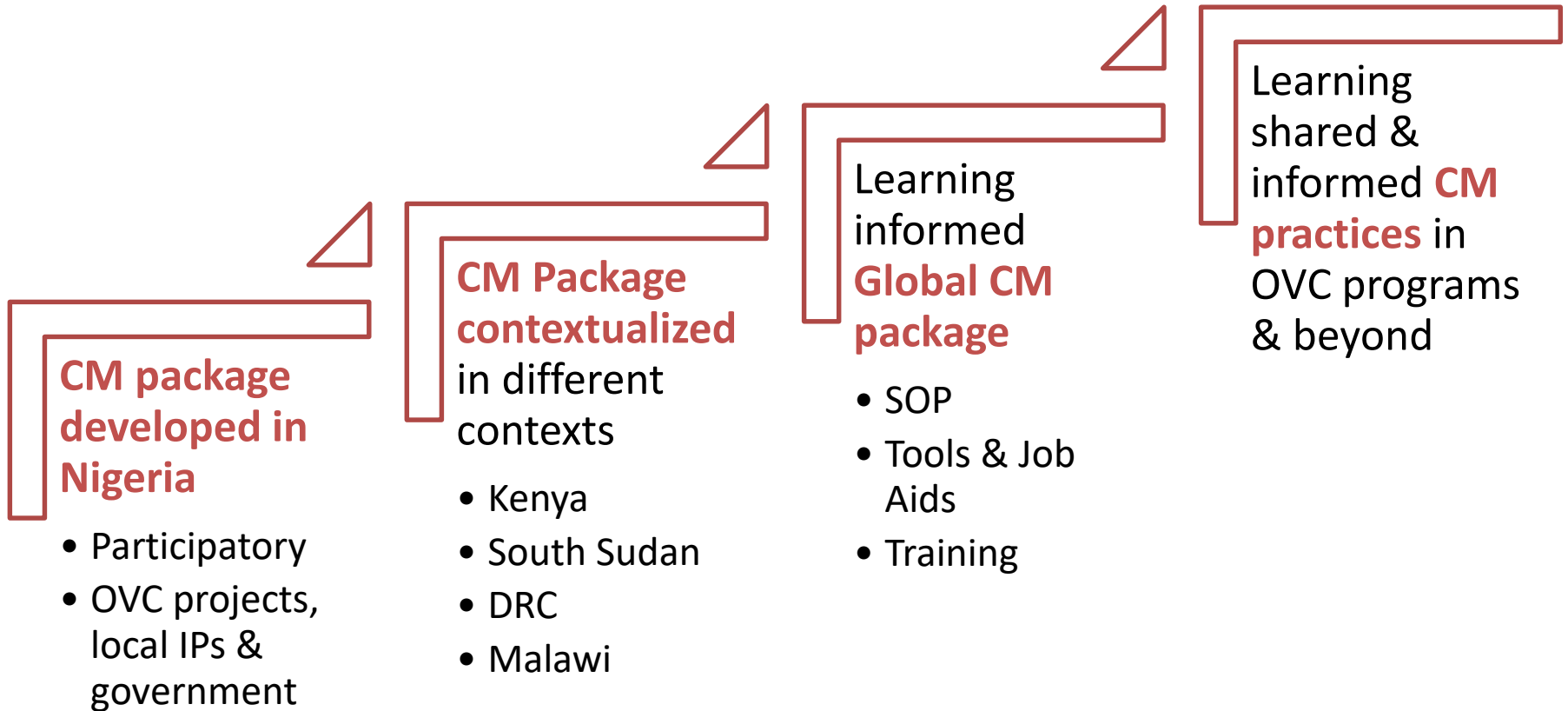
- Move from long-term support and service provision to a **strengths-based, resiliency-**focused approach.
- Intentionally addressed protective and risk factors of **HIV and child protection.**
- Focus on **outcomes** and not inputs.
- **Contribute to** the global effort to reach **95-95-95.**
- **Demonstrate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



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 protec-
tion system



Builds on existing
workforce and
strenghtens required
competencies



Builds on existing case
management, referral
and monitoring
mechanisms

Local ownership through the process

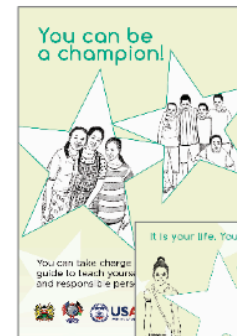
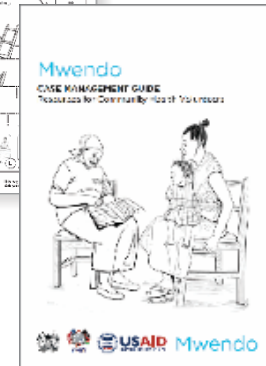
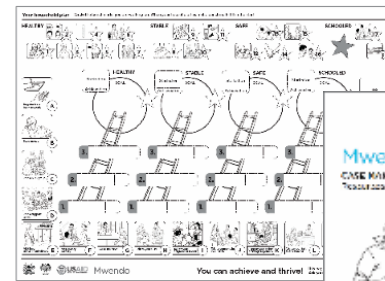
Highlights and Innovations

Updated and aligned with MER 2.3

Package adapted to support
reintegration of children and families



Picture Impact Adaptations





MWENDO

Case Management Package Adaptation

MWENDO Project Experiences

24th September 2019

9/25/2019

13

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

CM Implementation and documentation ongoing

2016

2017

2018

2018

2019

2020

2021

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

Adaptation of CM User friendly picture-based journal

- **Training and rollout** of the picture journals

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.



MWENDO

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



MWENDO

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



MWENDO

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

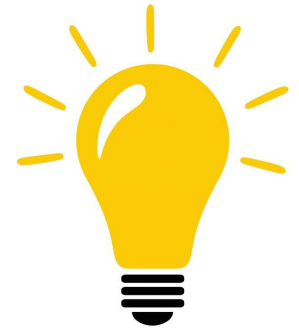
Review and update of the CM package



MWENDO

The pilot informed.....

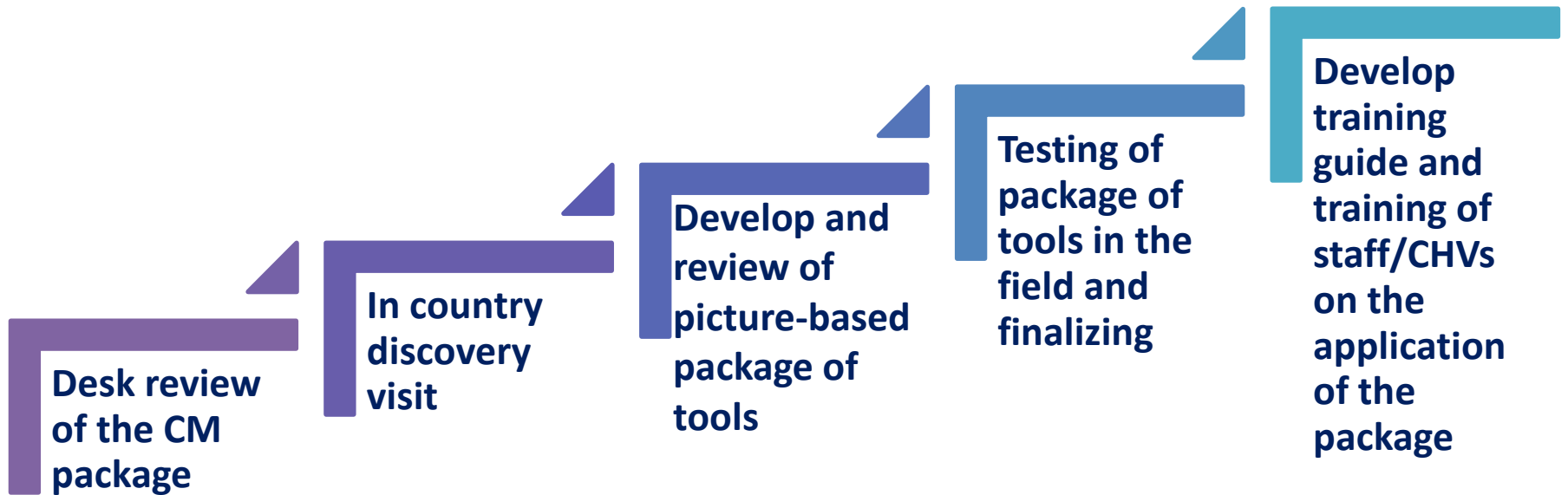
- A review and updating of the MWENDO CM package
- Development of nationally agreed upon benchmarks by the USG OVC partners
- MWENDO's participation in the national OVC TWG-revised and harmonized OVC tools online with the package
- Revised tools adopted by all USG OVC partners
- Revised tools integrated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



MWENDO

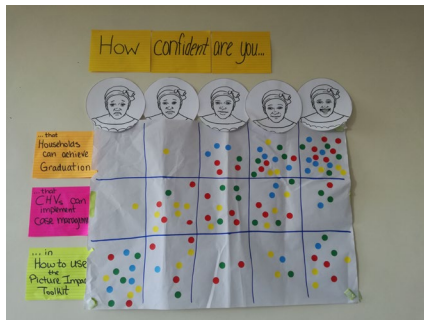
Development process

case management picture-based package



MWENDO

Why the Picture-based Package

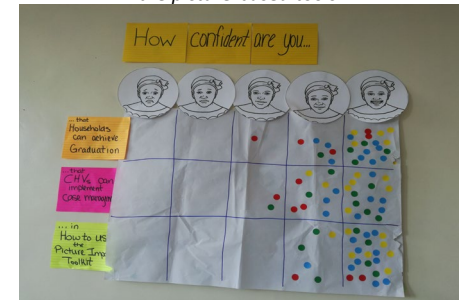


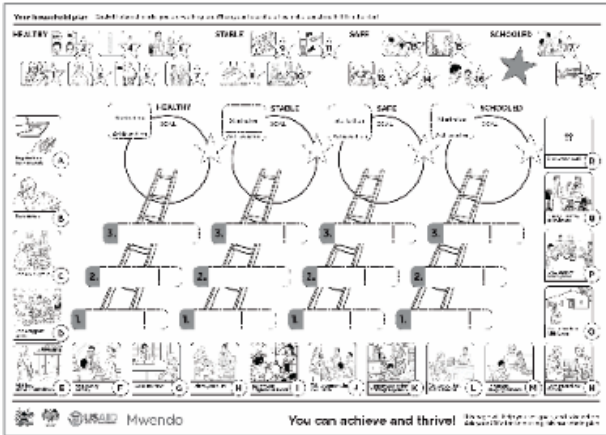
Before training: Participants evaluation on the picture-based tools

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.

After training: Participants evaluation on the picture-based tools





Household Case Plan summary

Adolescent Case Plan summary

You can be a champion!

It is your life. You can take action!

- What you can do for your water
- What you can do for your money
- What you can do for your health
- What you can do for your education

USAID logo and slogan: **You can take charge, guide to teach yours and responsible parents**

Case Management guide for volunteers

Mwendo CASE MANAGEMENT GUIDE
 Tools and Tips for Community Health Volunteers

Households are part of a community
 Each household has people that can help them.

- Ask "How can I help you and your family?"
- Ask "How can I help you and your family?"
- Ask "How can I help you and your family?"

USAID Mwendo logo



Were picture journals beneficial?



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.

COVER

Mwendo

Everyone in the household has been tested.

ACTIVITY CARDS

17 Benchmarks

4 Domains

10 People (OVC Ecosystem)

6 Planning Story

2 Tracking Story



MWENDO

“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.



MWENDO

Benefits of Case Management

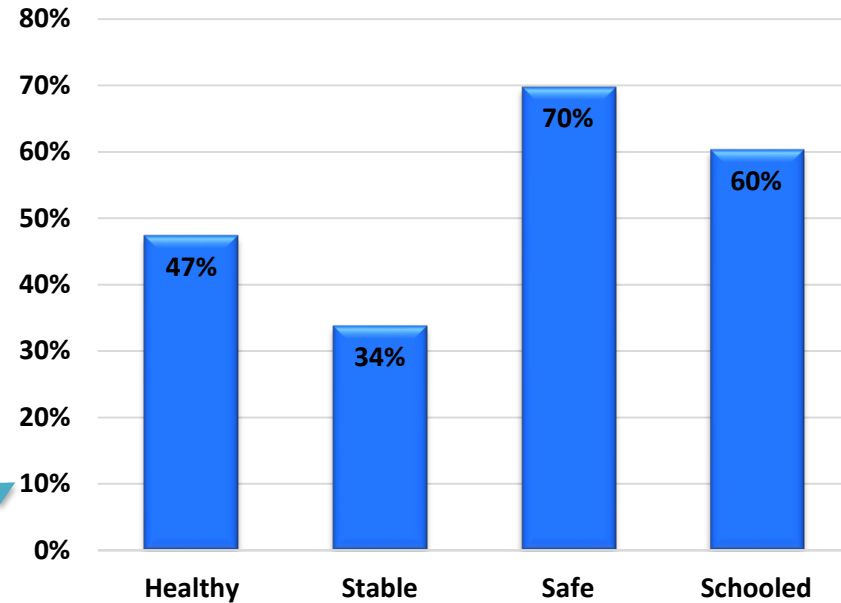
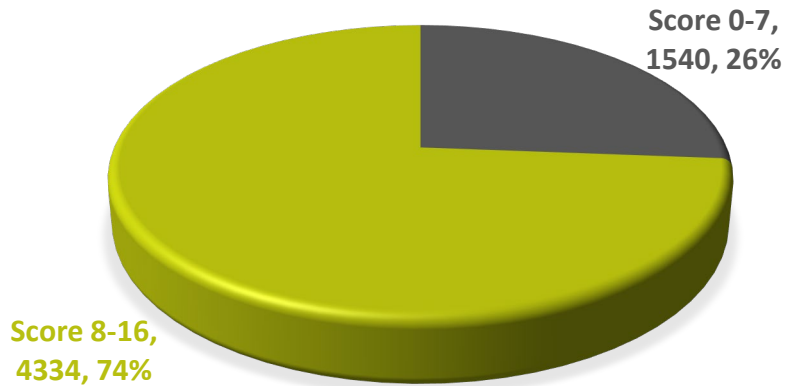
1. Identified and confirm our caseload, and previous project performance.

Assessment results	# of HHs	# Children enrolled	# Children in the HHs	# Children NOT enrolled
On path to CPA	5,874	13,089	19,944	6,855
Caseplan achieved	0	0	0	0
Total	5,874	13,089	19,944	6,855



Benefits of Case Management

2. Helped **categorize households** for targeted support services



3. Helped showcase the **interrelationship** between the four **domains** (schooled, stable, safe and healthy)

It was not as perfect as it sounds.....!

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!!!



MWENDO



MWENDO



journey

Lesotho

Project activities

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

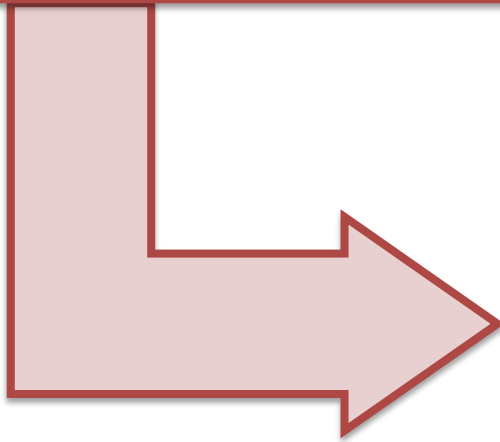
Training of
DCPT's &
Close out
Aug – Sept 19

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.

Systems Strengthening

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

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graph TD; A[SOP's developed and consultations] --> B[Trained Social Workers as Trainers]; B --> C[Trainers trained entire social work component of the Ministry]; C --> D[Piloted SOP, Referral pathways and integrated case management approach]; D --> E[Lessons from pilot incorporated in final National Case Management System];
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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

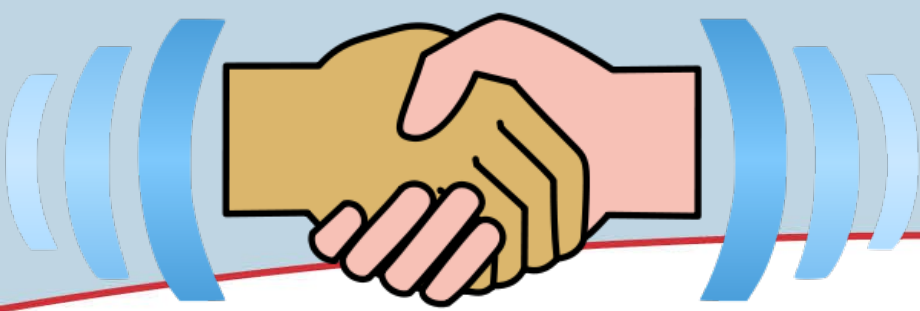
Identification and assessment case management steps ensured children that need protective service were appropriately referred.

DCPT and CCPTS identified and reported cases to district offices.

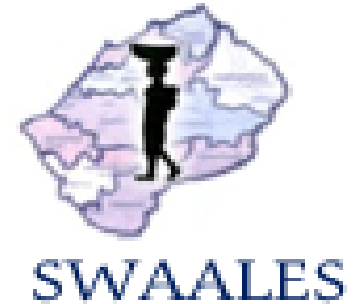
Case conferencing used to manage cases across government and local implementing partners.

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



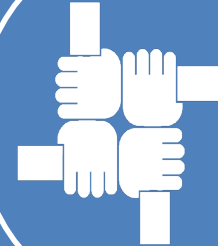
OVC's accessing broad range of Services



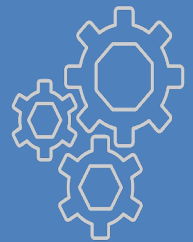
Capacity of Social workers strengthened



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?



A global hub on
children and HIV

www.OVCsupport.org

www.4-children.org

Thank you!



Photo by Jake Lyell/CRS