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CASE MANAGEMENT **FOR CHILDREN ORPHANED OR MADE** **VULNERABLE BY HIV (OVC)**

PEPFAR's OVC programming delivers child-focused, family-centered interventions that seek to improve wellbeing and mitigate the impact of HIV and AIDS on children and families.¹ This effort involves working in partnership with children and families to identify, plan, and complete a series of actions in an effort to achieve specific goals. This process is typically referred to as case management.

Approach to case management

In the context of OVC programs, case management can be understood as the process of identifying vulnerable children and families; assessing their needs and resources; working together to establish specific, realistic objectives and goals and planning actions to achieve objectives and goals; implementing plans through completing specific actions and receiving services; monitoring both the completion of actions (including the receipt of services in a timely, context-sensitive, individualized, and family-centered manner) and progress toward achievement of objectives/goals (e.g., child protection and well-being, including HIV prevention, treatment, and adherence).

Case management involves significant collaboration with the client unit—generally a family or household, including a child or children and their caregiver(s)—and utilizes problem-solving

and empowering approaches aimed at increasing resiliency of the child and the family. Ideally, case management should work closely with the client and build on the existing resources and strengths of the client to help inform decisions about what actions the client can complete independently, as well as what additional interventions or services the client may require, to what end, and who can provide services, at what intensity, and for how long. Case management provides a roadmap for improving client well-being, while at the same time increasing coordination amongst different sectors, facilitating the delivery of multiple services, and reducing gaps in services in order to increase clients' access to and uptake of services to improve their well-being.

Case management is typically the responsibility of a case worker. A case worker (also referred to as a case manager or social service worker) may be a community volunteer or

member of a community-based organization (CBO), non-governmental organization (NGO), or government body. Generally, more complicated cases, such as those that involve child abuse and gender-based violence (GBV), should be managed by case workers with higher qualifications and/or experience and those involved in statutory services. In addition, caseloads that include more complicated cases, or cases that require highly specialized support and/or more intense monitoring, should generally be smaller. Cases that require less intense monitoring may be managed by case workers that have basic qualifications and experience, but should include close supervision.¹

Supervision in this context should involve regular meetings with case workers and may include the development of work plans (including performance goals and indicators), on-the-job training (including demonstration of job tasks by a supervisor and observation and mentoring of case workers), one-on-one review of case files (particularly for complicated cases), and individual psychosocial support or counseling to ensure that case workers are able to cope with the stress associated with handling difficult and emotionally charged cases. Supervision may also include group sessions, during which groups of case workers review case files together, share challenges, successes, and lessons learned, as well as problem solve, provide peer support, and promote positive self-care.

There are seven critical steps in the case management process as shown below in Figure 1.² These steps include:

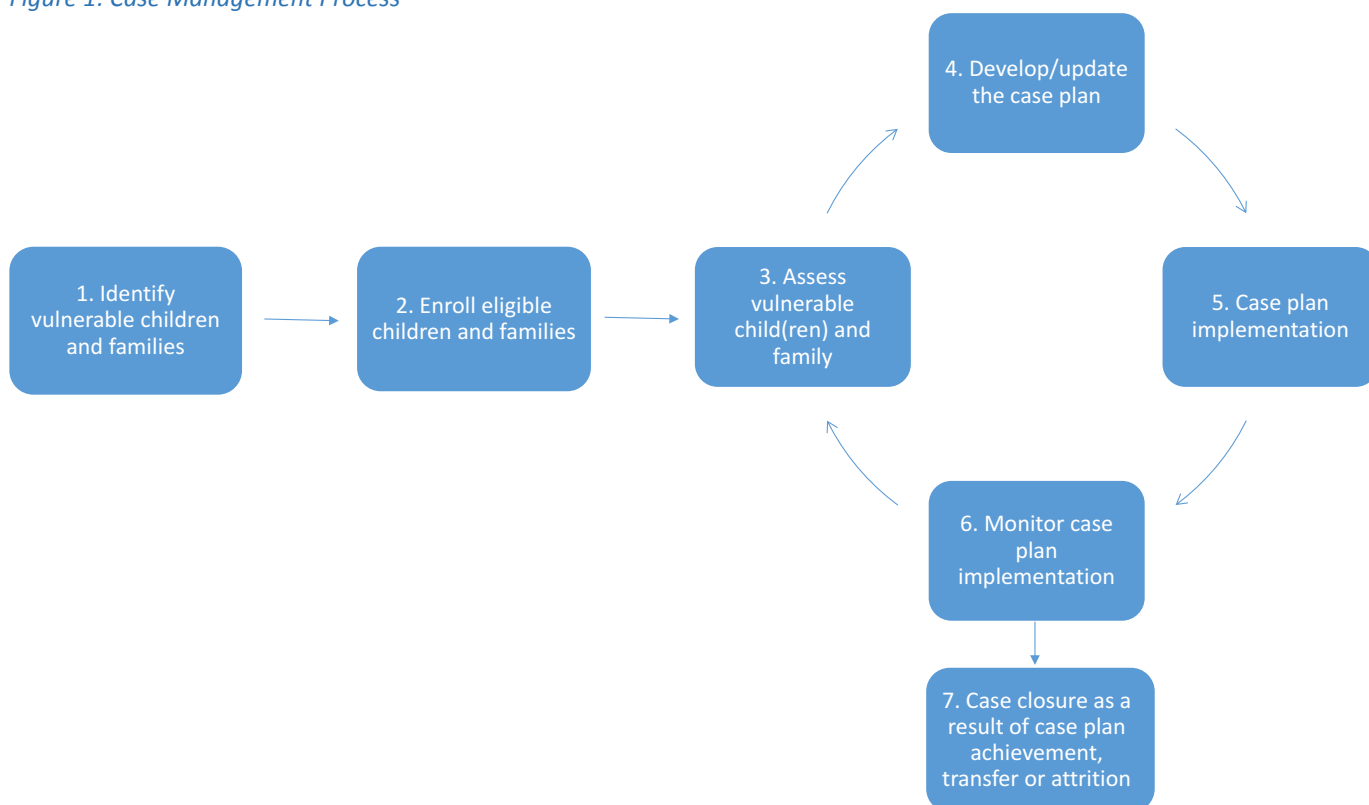
1. IDENTIFICATION: A process of identifying children orphaned, affected, or made vulnerable by HIV and AIDS and other adversities and their caregivers and referring them for

further eligibility verification and assessment. For PEPFAR purposes, in all epidemics, children and the families or caregivers should be identified through: 1) HIV-specific services; 2) social services; 3) key and priority population initiatives. In higher-prevalence areas, community identification of beneficiaries is also key.³ The process used to identify children and their caregivers must be well-established, documented (written), and followed consistently. Having standard procedures, intake tools, and forms, etc., will help to ensure fair and impartial criteria are used to identify appropriate clients, rapidly assess their vulnerability, and determine if their cases would be appropriate and benefit from enrollment in an OVC program.

2. ENROLLMENT: A process used to verify that children and their caregivers meet the criteria for enrollment and registration in the program. Once identified, children and their families are generally screened for eligibility, prioritized for enrollment, and, if enrolled, assigned a case worker who opens a case file. In most cases, this is a family file. However, individual children and caregivers may also have files within the family file.

3. ASSESSMENT/REASSESSMENT: A process for identifying the specific needs and resources associated with children and their families. Assessments can explore issues related to socio-economic status, health, HIV status, nutrition, shelter, psychosocial well-being, education, and protection (including GBV and domestic violence) that affect children and caregivers. It is important to assess individual children as well as conditions affecting the family as a whole. Due to the complex nature of the issues facing OVC and their caregivers, assessment is not a singular event within the case management

Figure 1: Case Management Process





Case workers meet regularly with the child and family to develop and assess a case plan for improving well-being for the child and household.

Photo by Paul Jeffrey for CICS

process. Reassessment may occur as a result of changing circumstances within the household and at regular intervals as determined by the given program.

4. CASE PLAN DEVELOPMENT AND UPDATING: A process for developing a written plan that details how to improve the well-being and safety of children and families and increase their resilience. Within the context of PEPFAR OVC programs, a case plan tends to focus on an entire family. However, the family case plan can include individual sub-plans focusing on individual children and caregivers. Case plans for a family should include, at minimum: a summary and prioritization of needs, strengths, and resources associated with a family; a goal or objectives that the children, caregivers, and case worker hope to define, develop, agree, and achieve together; a series of actions to be taken to achieve the family goal and objectives; the roles and responsibilities for all participants involved in implementing the case plan (including children, caregivers, and the case worker); a clear time frame for completing actions; and indicators for determining when actions have been completed and when the objectives and goal have been accomplished. Note that actions may or may not include services. Some actions may simply be actions to be taken by children and caregivers (e.g., enroll child in school, read to child daily, etc.) The case plan should be regularly reviewed throughout the case management process to determine if the case management goal and objectives are still appropriate, if other concerns should be addressed or resources mobilized, or if original concerns and strengths are no longer relevant. The case plan may be revised to identify a new goal and objectives, additional or more appropriate actions to be carried out by the same or different actors, additional services, and more appropriate indicators.

5. CASE PLAN IMPLEMENTATION: A process for ensuring case plan actions are carried out in an appropriate and timely manner. Actions may be completed by children and caregivers themselves, such as regularly attending school or taking medication without missing a dose. Actions may also be completed with assistance from the case worker and/or through receipt of specific services (such as parenting skills training, financial skills training, and enrollment in a saving

group.) Services may be provided by the case worker or the organization, or provided by another organization to which children and caregivers are referred by the case worker, such as statutory services provided by government bodies. Programs do not typically have the resources or expertise to provide all of the services that a client might require. Making referrals to other organizations can ensure that clients receive high-quality services not available within the case worker's organization, but require additional coordination and follow-up to ensure that services received are of a high quality and have the desired outcome. Referring organizations typically establish a Memorandum of Understanding (MoU) agreeing to specific protocols for managing and tracking referrals and sharing client information, while at the same time maintaining confidentiality.

Case workers meet regularly with the child and family to develop and assess a case plan for improving well-being for the child and household.

6. MONITORING: A process that involves meeting with children and their families (e.g., via routine home visits), service providers, or others who regularly interact with children or caregivers (e.g., teachers or health workers) to determine if and how the case plan is being implemented and to assess the likelihood that the goal and objectives will be achieved. The frequency of monitoring may vary, depending on the level of

Case management within OVC programming is not only good practice, but also helps to ensure coordination with or “layering” of services with DREAMS and other PEPFAR programming, and facilitates community and clinical linkages. This is critical to ensuring the continuum of care for OVC, especially those transitioning from child-focused services to adolescence/youth-focused services.

need and the intervention(s) required. For example, children or families in crisis may require more frequent, intensive, one-on-one support, while more stable or resilient children and families can be supported to take more responsibility for their own well-being and be monitored by case workers less frequently or in group settings.

Through the case management process, case workers record progress and determine when the child and household have met their case management objectives.

7. CASE CLOSURE: A process involving the “closing” of case files within digital and/or physical file storage systems following the exiting of a child or household from the OVC



Through the case management process, case workers record progress and determine when the child and household have met their case management objectives.

Photo by Jake Lyell/CRS

of the OVC program, as well as their own goals within the parameters of the services provided under the given program. Case plan achievement has sometimes been referred to as “graduation,” a term utilized within poverty reduction programs to reflect a state of improved economic stability. However, the term case plan achievement is used in the context of OVC programming to refer to the achievement of a range of objectives/goals, including but not limited to economic stability. Case plan achievement does not necessarily imply that households no longer require support, but rather that the OVC program and members of the household agree that the family has demonstrated the ability to meet the needs of children in their care to a reasonable degree and the interventions offered by the OVC program are no longer required.

Transfer refers to the shift of responsibility for case management and services to children and caregivers from one program to another program. “Transfer” occurs at the case level and should not be confused with “transition,” which is defined as the shift of responsibility for an overall OVC response within a community from donor support to local support and ownership.

Attrition, found only in rare cases, refers to the premature termination of support to children and caregivers due to circumstances beyond the control of the program. Attrition occurs as a result of the death of a child, a request by a child or his or her caregiver that services be discontinued, inability to locate children and caregivers, or the children’s and/or caregivers’ inability to abide by participation agreements.

program through case plan achievement, transfer, or the loss of a child or household to attrition. The date on which files are closed, the case worker responsible for closing the file, and the resolution of the case (case achievement, transfer, or attrition)⁴ must be noted within the case file. A recommendation to close a case should be approved by a supervisor. Case plan achievement is broadly understood as the point at which all recommended interventions within a case plan have been completed, and the household has achieved both the goals

- 1 The United States President’s Emergency Plan for AIDS Relief (PEPFAR) (2012). Guidance for Orphans and Vulnerable Children Programming.
- 2 Graphic informed by Center for International Social Work at Rutgers University’s School of Social Work and International Social Service-USA for USAID (2014). Case Management Toolkit: A User’s Guide for Strengthening Case Management Services in Child Welfare.
- 3 The United States President’s Emergency Plan for AIDS Relief (PEPFAR) (2012). Section 3.2.1 Determining Program Beneficiaries
- 4 A visual illustration of the pathways out of OVC programming is available from 4Children at contact@4-children.org

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