

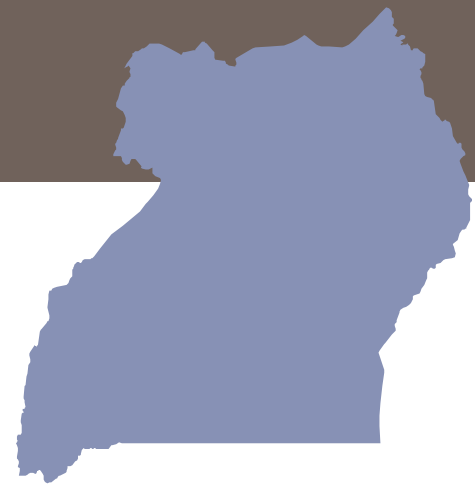
# Uganda

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## The Cost of Case Management in Orphans and Vulnerable Children Programs: Findings from Uganda

### INTRODUCTION

Interventions for orphans and vulnerable children (OVC) are socioeconomically driven, community-based services for children under age 18 who have lost one or both parents to AIDS (United States President's Emergency Plan for AIDS Relief [PEPFAR], 2012). OVC programs aim to improve children's resilience to meet their basic needs of health, safety, stability, and schooling, by providing such services as case management, psychosocial support, early childhood development, and household economic strengthening. The end goal of OVC programming is to reduce vulnerability to HIV and AIDS, contribute to HIV prevention, and bolster access to and retention in treatment among children in high-prevalence communities (PEPFAR, 2015).



Little is known about how much it costs to implement these OVC intervention services. When cost estimate data are available, ranges for unit expenditures are strikingly wide, and comparisons across programs or intervention service areas are difficult (Santa-Ana-Tellez, DeMaria, & Galárraga, 2011). The United States Agency for International Development (USAID)- and PEPFAR-funded MEASURE Evaluation conducted a six-country study for insight on current approaches to case management delivery and the cost of those approaches. The study also explored the context of caseworker (CW) experiences, to inform the cost data. The study was guided by the Coordinating Comprehensive Care for Children (4Children) definition of case management, which encompasses the case management process from start to finish: identification, enrollment, assessment, case plan development, case plan implementation, monitoring, and case closure (Catholic Relief Services, 2017).

### PROGRAM CONTEXT

This brief outlines the findings from the Better Outcomes for Children and Youth (BOCY) project, in Uganda, which is implemented by World Education/Bantwana, in collaboration with four partner organizations and seven local civil society organizations. BOCY is a five-year project (April 2015 to March 2020), which operates in 15 districts in eastern and northern Uganda. It focuses on several areas: economic strengthening, case management, youth programming, early childhood development, and systems strengthening. Approximately 1,300 para social workers (PSWs) are responsible for implementing case management. They are supported by approximately 81 consortium staff and Ugandan government community development officers. BOCY has a well-established case management approach, with one-third of all programmatic efforts going to effective case management. The case management process differs from the 4Children model by adding case conferencing as a key component of the cyclical stages of assessment. Moreover, there is no explicit monitoring step in the case management approach.

Two brothers who were orphaned by AIDS, and live with their grandmother and 10 of their siblings and cousins in a one-room hut in a rural area outside Kampala, Uganda. Photo: © 2011 Rachel Steckelberg, courtesy of Photoshare

Households are identified by means of referrals from health facilities. Some beneficiaries were transitioned from the previous project but were rescreened. Following identification, a team of trained enumerators, instead of the PSWs, determined whether a household met the criteria for inclusion and conducted the subsequent enrollment and full assessment. Detailed case plans are developed primarily for critical cases, such as children who have been sexually abused, who are HIV-positive, who have been abandoned, and who have critical nutritional deficits. The PSWs implement case plans with support from project and government staff. Critical cases are escalated to the child protection system. The project diverges from the 4Children approach in two other ways. First, the PSWs work alongside two other field-based positions—the community-based trainers and district-based trainers, who engage in the community through economic strengthening activities and youth groups. Second, the PSWs report directly to government staff.

## METHODS

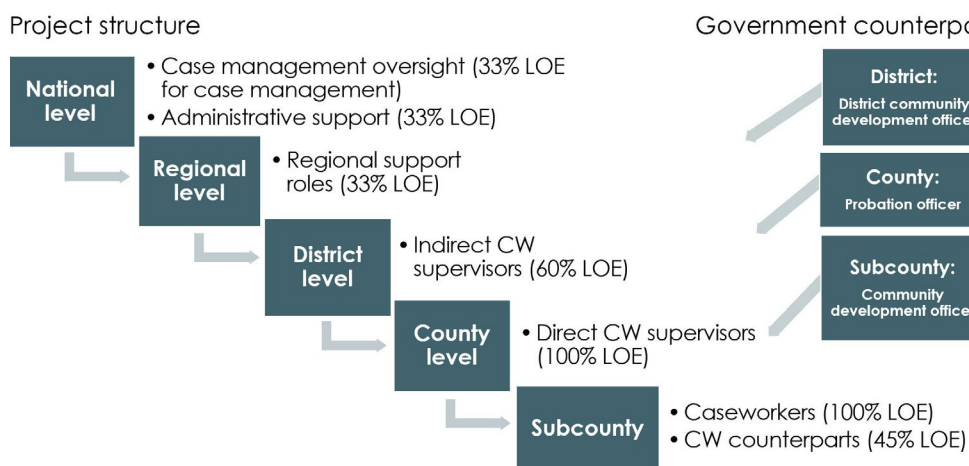
Data collection took place from August 20, 2017 to September 2, 2017 in Kampala, Jinja, and Bujiri Districts, in Uganda. Retrospective financial costs and beneficiary data were collected simultaneously with the implementation of in-depth qualitative interviews with staff and PSWs. Staff self-reported their level of effort (LOE) spent on case management. The interviews explored a wide range of experiences related to case management delivery, capacity, and quality. The case management themes that emerged revolved around training, caseloads, compensation, and perceived quality.

## RESULTS

### Mapping the Program Structure and Government Involvement

The number of project staff engaged in the development of standard operating procedures for case management, oversight, and direct or indirect supportive supervision of the PSWs is high. The PSWs also have field-based counterparts engaged in other service areas who work closely with the same beneficiaries,

**Figure 1. BOCY case management supervision cascade**



relying on the home visiting capacity of the PSWs and referring new beneficiaries to the PSWs. In addition, the project is involved in systems change at the national level around child protection and there is movement to make the OVC PSWs a government cadre. Figure 1 presents the supervision cascade.

## Caseworker Attributes

The BOCY PSWs managed an average of 12.2 households (ranging from 8 to 16), with an estimated caseload of approximately 72.2 beneficiaries. The government selects and supervises the PSWs. Candidates are identified by the local council and assessed for their ability to read and write; the council chooses. Most PSWs have completed junior secondary school. They are paid a small stipend and are provided with materials and bicycles. Table 1 presents some of the attributes of the five PSWs and four supervisors interviewed. The supervisor ratio (36 PSWs) is the second-highest ratio we found among the six projects studied. PSWs attributed their out-of-pocket expenses to transportation for themselves, critical cases, and communication. Two supervisors reported out-of-pocket spending on transportation or beneficiaries.

**Table 1. Attributes of case management staff**

	PSWs (n=5)	Supervisors (n=4)
<b>Pay (monthly)</b>	Stipend \$5.50 + materials	Not applicable
<b>Out-of-pocket expenses (monthly)*</b>	\$1.07	\$8.57
<b>Education level</b>		
Primary (1–7 years)	1	0
J. secondary (8–9)	3	0
Secondary (10–12)	0	0
Certificate/Assoc.	1	0
Bachelors	0	4
<b>Households</b>	12.2 (range: 8–16)	338.7
<b>Beneficiaries</b>	72.2 OVC	Not available
<b>Supervisor ratio</b>	Not applicable	36 CW (range: 30–40)
<b>Experience</b>	2 years	1.3 years
<b>Travel time</b>	2.9 hours per week	Not available

\*Out-of-pocket expenses were in addition to monthly pay, which included salary and transportation allowances.

## Cost of Case Management

The total cost of case management for the 2.5-year project implementation period we studied was \$5.2 million, averaging \$2,093,697 annually. The BOCY project had 55 percent of total costs contributing to case management—a factor related to the high cost per beneficiary (\$47.38). This was because of the large number of staff who supported case management. The BOCY case management model was well-developed and heavily emphasized throughout programming. The supervision cascade and the direct involvement of government staff in case management were also the most advanced, compared with the other projects studied. Direct PSW support accounted for 35.6 percent of case management-related costs. The second largest driver of case management-related costs was general personnel (25.2%), a feature related to the high overall estimate of staff level of effort spent on case management (and therefore attributed to the proportion of support staff time allocated to case management). Moderate spending was observed on supervision (10.4%), training (8.4%), office support (10.2%), and monitoring and evaluation (4.8%) related to case management (Figure 2).

**Figure 2. Case management cost breakdown**

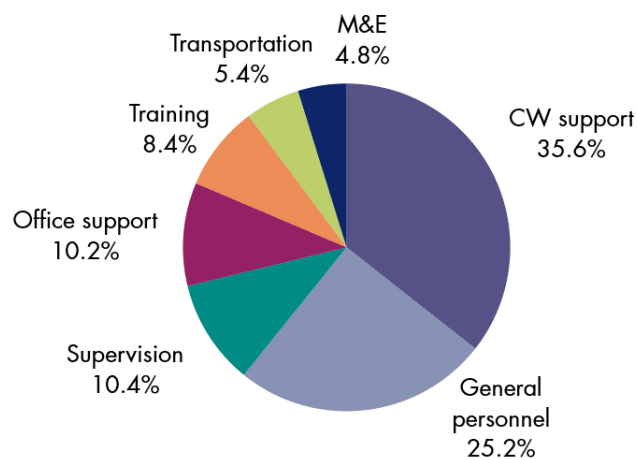


Table 2 summarizes the subcategories in each cost category. As you can see, CSOs and partners bore the costs of direct supervision, field staff transportation, and CW stipend and referral expenses. World Education also covered a lot of identification, indirect supervision, and monthly meeting costs.

**Table 2. Breakdown of costs attributed to case management, by categories and subcategories**

Expenditure category	Headquarters	Partners	CSOs	Total	%
<b>Supervision</b>				<b>\$ 545,848</b>	<b>10.4%</b>
Direct supervision	\$ 14,621	\$ 80,303	\$ 88,934		
Supervision cascade	\$ 210,054	\$ 86,063	\$ 65,873		
<b>Case management &amp; related training</b>				<b>\$ 437,834</b>	<b>8.4%</b>
CW training	\$ 101,707	\$ 274,928	\$ 3,012		
Staff training	\$ 20,296	\$ 1,289			
Training support	\$ 7,868	\$ 22,641	\$ 6,092		
<b>Travel/transportation</b>				<b>\$ 284,448</b>	<b>5.4%</b>
Field staff and CWs		\$ 95,449	\$ 51,305		
Other travel/supervision cascade	\$ 137,694				
<b>Case management &amp; CW support</b>				<b>\$ 1,863,816</b>	<b>35.6%</b>
CW stipends and materials	\$ 124,182	\$ 120,558	\$ 191,578		
Printing of tools	\$ 15,922	\$ 6,610	\$ 19,822		
Monthly meeting costs	\$ 121,600	\$ 3,904	\$ 4,529		
Identification costs	\$ 671,598		\$ 3,612		
Referral costs	\$ 49,175	\$ 124,232	\$ 302,332		
Communication costs	\$ 79,557	\$ 17,127	\$ 7,478		
<b>Other costs</b>				<b>\$ 2,102,297</b>	<b>40.2%</b>
M&E support	\$ 135,363	\$ 45,783	\$ 67,833		4.8%
Labor and personnel general	\$ 606,708	\$ 553,321	\$ 157,477		25.2%
Office support	\$ 412,264	\$ 66,314	\$ 57,234		10.2%
<b>Total cost of case management</b>				<b>\$ 5,234,244</b>	
<b>Annual cost of case management (2.5 years)</b>				<b>\$ 2,093,697</b>	
<b>Cost per beneficiary</b>				<b>\$ 47.38</b>	
<b>Proportion of total project costs spent on case management</b>				<b>55%</b>	

## CONCLUSIONS

Case management was viewed as integral at all levels of programming at BOCY. High estimates from staff on the proportion of their time spent on case management, combined with the large number of staff working on case management, contributed to the high proportion of project spending attributed to this program area. In addition to robust case management staffing, BOCY also expended a lot of effort supporting case workers through the provision of stipends and materials such as books and bicycles, and for activities such as beneficiary identification and referral support for emergency cases. At the field level, handling critical cases was commonly mentioned in relationship to out-of-pocket expenses for PSWs. Though the reported out-of-pocket expenses for PSWs seem small, this accounts for a large proportion of the monthly stipend that PSWs receive. Assessment of the availability of referral funds for critical cases to PSWs should be considered. This study was unable to assess how spending decisions on CW support and general personnel impacted the quality of case management services being delivered. New research should consider the quality of case management relative to cost, to better understand the benefits and drawbacks of CW support-driven case management, such as the BOCY project's approach.

Assessing the cost of a single component of OVC programming is easier to do with a mixed-methods approach, bolstering the quantitative cost data with qualitative research methods. The parallel approach of collecting both quantitative and qualitative data allowed the researchers to better understand the costs as they relate to case management, increasing the validity of the results and the level of detail seen in the data.

The complete study report—The Cost of Case Management in Orphans and Vulnerable Children Programs: Results from a Mixed-Methods, Six-Country Study—is available at <https://www.measureevaluation.org/resources/publications/tr-19-327>.



A student plays on a makeshift swing set during down time from classes at the Adonai Child Development Center in Namugoga, Uganda. The Adonai Center is an orphanage and primary school that serves 275 children, ages 6–16. Children at the school get meals, uniforms, and basic healthcare treatment. Photo: © 2013 Alissa Zhu, courtesy of Photoshare

## REFERENCES

- Catholic Relief Services. (2017). Case management in OVC programming. Retrieved from <https://www.crs.org/our-work-overseas/research-publications/case-management-children-orphaned-or-made-vulnerable-hiv>
- Santa-Ana-Tellez, Y., DeMaria, L.M., & Galárraga, O. (2011). Costs of interventions for AIDS orphans and vulnerable children. *Tropical Medicine and International Health*, 16(11), 1417–1426. Retrieved from <https://europepmc.org/abstract/med/21859439>
- United States President's Emergency Plan for AIDS Relief (PEPFAR). (2012, July). Guidance for orphans and vulnerable children programming. Washington, DC, USA: PEPFAR. Retrieved from <https://www.pepfar.gov/documents/organization/195702.pdf>
- United States President's Emergency Plan for AIDS Relief (PEPFAR). (2015). *Technical considerations provided by PEPFAR technical working groups for 2015 COPS and ROPS: orphans and vulnerable children*. Washington, DC, USA: PEPFAR.