

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

# **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 Zambia Family (ZAMFAM) project in Zambia, implemented by Expanded Church Response (ECR), five partners, and 73 community-based organizations (CBOs). ZAMFAM is five-year project (2015–2020) funded by USAID. It aims to strengthen family capacity and community structures to support vulnerable children and improve services for caregivers and children living

with HIV. ZAMFAM focuses on two provinces in Zambia: Copperbelt and Lusaka.

Community volunteers (CVs) are unpaid community members who serve as the project's CWs. They are recruited by the CBOs, which are often affiliated with local churches. Capacity to read and write is not a requirement, but most CVs are literate and are required to complete a training program that provides a formal government certificate. The CVs are responsible for assessing households, conducting monthly visits, and referring issues to their supervisors or to appropriate government services. They also

Children at Kawaza School in Zambia. Photo: Scott Russell, courtesy of Flickr Creative Commons engage in community savings groups and provide psychosocial support and education on health issues.

Beneficiaries are identified by church and community structures and are assessed and enrolled if they meet the criteria. Case files are started for a family, needs are identified, and support is provided through home visits, referrals, and one-stop service points. The CVs participate in monthly meetings to review performance.

### **METHODS**

Data collection took place from October 17, 2017 to October 27, 2017 in Copperbelt and Lusaka Provinces. Retrospective financial costs and beneficiary data were collected simultaneously with the implementation of in-depth qualitative interviews with project staff and CVs. 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.

### **RESULTS**

Mapping the Program Structure and Government Involvement

ZAMFAM has a moderate level of government involvement: the Department of Social Welfare refers cases to the project for enrollment; CBOs informally report to the Department of Social Welfare through community welfare assistance committees; and many CBO staff and CVs serve as members of community welfare assistance committees and on area coordinating committees. The CVs are supervised by CBO coordinators, who report monthly visit data to the district and provincial coordinators. Zone leaders are CVs who support the CBO coordinators, by collecting all necessary paperwork and following up with other CVs.

# Caseworker Attributes

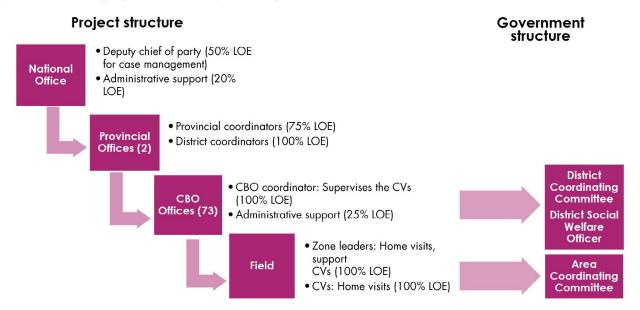
ZAMFAM's CVs manage an average of 9.8 households (ranging from 4 to 25 households), with an estimated caseload of approximately 22.2 beneficiaries (Table 1). Most CVs have completed junior secondary or secondary school and can read and write. The CVs reported visiting several houses per week and spent 3.6 hours traveling, on average. The CVs are not compensated; however, they receive government-certified training and materials, such as bicycles, bags, and phones. The materials they receive vary with the CBO, but the CVs interviewed reported getting a small transportation stipend of 30 Kwacha (approximately US\$5.00) per month. The CVs reported spending US\$13.11 per month of their own money on transportation, phone calls, and support of beneficiaries. Table 1 presents some of the basic attributes of the 22 CVs interviewed.

Table 1. Attributes of case management staff

	CVs (n=22)					
Pay (monthly)	Unpaid plus materials					
Out-of-pocket expenses (monthly)*	\$13.11					
Education level						
Primary (1–7 years)	3 12					
J. secondary (8–9)						
Secondary (10–12)	7					
Certificate/assoc.	0					
Bachelors	0					
Households	9.8 (range: 4–25)					
Beneficiaries	22.2					
Experience (years)	2.8					
Travel time (hours per week)	3.6					

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

Figure 1. ZAMFAM project case management supervision cascade





In Zambia, a 10-year-old boy, feeding his brother, acts as the primary caregiver in his family since the death of his parents. Photo:© 2002 Alison Hill, courtesy of Photoshare

# Cost of Case Management

The total cost of case management for the two years of the ZAMFAM project studied was US\$5,624,068, for an annual expenditure of \$2,812,034 (Table 2).

The ZAMFAM project invested large amounts in CW training (32.9%) and general personnel not directly involved in supervising the CWs (22.3%), driving the proportion of costs spent in these areas (Figure 2). Case management costs constituted approximately 22 percent of total project costs,

the same as in Rwanda, but there appeared to be a more even distribution of case management costs across the main cost categories in Zambia. ZAMFAM had the highest cost per beneficiary of the six projects studied, at US\$50.41 (Table 2).

Figure 2. Case management cost breakdown

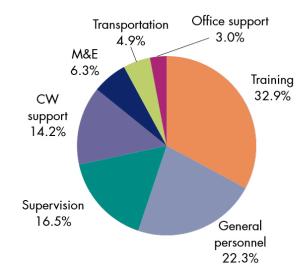


Table 2 summarizes the subcategories in each cost category. The two primary drivers of cost are located at the ECR level: CW training and general labor/personnel.

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

Expenditure category	Headquarters		Partners		CE	CBOs (73)		Total		%
Supervision								\$	927,000	16.5%
Direct supervision	\$	-	\$	28,877		\$	74,492			
Supervision cascade	\$	518,272	\$	305,358						
Case management and related training								\$	1,851,345	32.9%
CW training	\$	1,202,316	\$	85,020		\$	436,753			
Staff training	\$	-	\$	34,934						
Training support	\$	79,904	\$	12,41 <i>7</i>						
Travel/transportation								\$	273,878	4.9%
Field staff and CWs	\$	106,533	\$	50,6612		\$	24,8301			
Other travel/supervision cascade	\$	21,492	\$	70,360						
Case management and CW support								\$	795,882	14.2%
CW stipends and materials	\$	-	\$	-						
Printing of tools	\$	233,506	\$	-		\$	24,831			
Monthly meeting costs	\$	351,753	\$	-		\$	5,518			
Identification costs	\$	27,833	\$	113						
Referral costs	\$	20,307	\$	7,8689		\$	49,661			
Communication costs	\$	-	\$	-		\$	74,492			
Other								\$	1,775,963	31.6%
Monitoring and evaluation support		\$ <i>7</i> 8,436		\$ 114,730		\$	159,056			6.3%
Labor and personnel general	\$	1,250,601		\$ 1,826						22.3%
Office supplies/expenses		\$ 90,851		\$ 30,801		\$	49,661			3.0%
Total cost of case management						\$	5,624,068			
Annual cost of case management (2 years)					\$	2,812,034				
Cost per beneficiary  Proportion of total project costs spent on case management					\$	50.41 22%				

### **CONCLUSIONS**

ZAMFAM is a large program that works to bolster ongoing government efforts to link vulnerable families to services through the Department of Social Welfare. The largest cost driver was pre-service training of the CVs. Case management was viewed as integral to programming, as seen by the high staff estimates for time spent on case management-related activities and the large proportion of spending on the supervision cascade and general labor and personnel. The qualitative data indicated that despite the high cost per beneficiary, ZAMFAM had yet to graduate any beneficiaries and was struggling to increase the resilience of families enrolled in the OVC program. The project's CVs received no compensation for their time and reported significant out-of-pocket expenses. Further assessment of the impact of out-of-pocket expenses on CV service delivery should be considered.

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 related to case management, increasing both the validity of the results and the level of detail that could be seen in the data. This study could not assess how spending decisions on training and general personnel impacted the quality of case management services being delivered. New research should consider the quality of case management as that relates to cost, to better understand the benefits and drawbacks of training-driven case management, such as the approach found in the ZAMFAM project.

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 <a href="https://www.measureevaluation.org/resources/publications/tr-19-327">https://www.measureevaluation.org/resources/publications/tr-19-327</a>.

### **REFERENCES**

Catholic Relief Services. (2017). Case management in OVC programming. Retrieved from <a href="https://www.crs.org/our-work-overseas/research-publications/case-management-children-orphaned-or-made-vulnerable-hiv">https://www.crs.org/our-work-overseas/research-publications/case-management-children-orphaned-or-made-vulnerable-hiv</a>

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 <a href="https://europepmc.org/abstract/med/21859439">https://europepmc.org/abstract/med/21859439</a>

United States President's Emergency Plan for AIDS Relief (PEPFAR). (2012). Guidance for orphans and vulnerable children programming. Washington, DC, USA: PEPFAR. Retrieved from <a href="https://www.pepfar.gov/documents/organization/195702.pdf">https://www.pepfar.gov/documents/organization/195702.pdf</a>

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.





