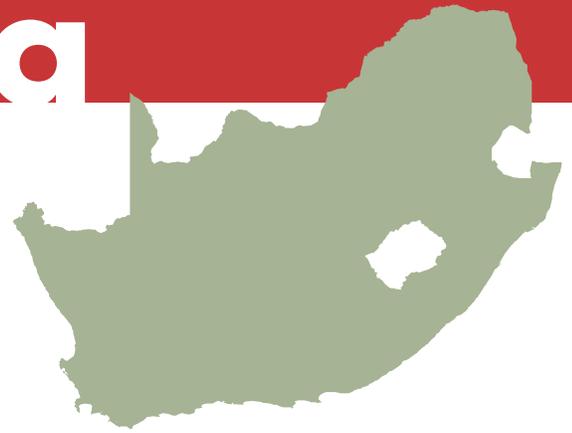


South Africa

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The Cost of Case Management in Orphans and Vulnerable Children Programs: Findings from South Africa



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 project 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 Government Capacity Building and Support (GCBS) project, in South Africa, which Pact implemented with support from three partners and the South African Department of Social Development (DSD). GCBS was a five-year project (2013 to 2018) funded by USAID. It facilitated the integration of HIV prevention and service delivery in the DSD, supporting 287 DSD service points/satellite offices and more than 473 nonprofit organizations (NPOs) in eight provinces. Pact worked to improve the government case management package (forms, procedures, and tools), supported training and targeted HIV behavior change activities, and embedded 86 social workers and 14 social work coordinators in select priority districts. Direct case management delivery was done by the government, through government service points and NPOs. CWs were found at the NPO level. They were supervised by NPO staff and social workers or auxiliary social workers. Service points hired only trained social workers capable of dealing with statutory cases. Pact's social workers were embedded to oversee the NPOs in districts where no social workers were present. Enrollment of beneficiaries varied. NPOs worked in the communities and enrolled those families with children who seemed vulnerable. Engagement with service points relied on statutory involvement. Graduation from services was discussed with several NPOs; it often depended on families having their needs met. The case management approach in South Africa was difficult to align with the 4Children process, because of the wide variation in beneficiary entry points and programming in the government system.

METHODS

Data collection took place from November 8, 2017 to November 17, 2017 in Pretoria, Gauteng, and North West Provinces. Retrospective financial costs and beneficiary data were collected simultaneously with the implementation of in-depth

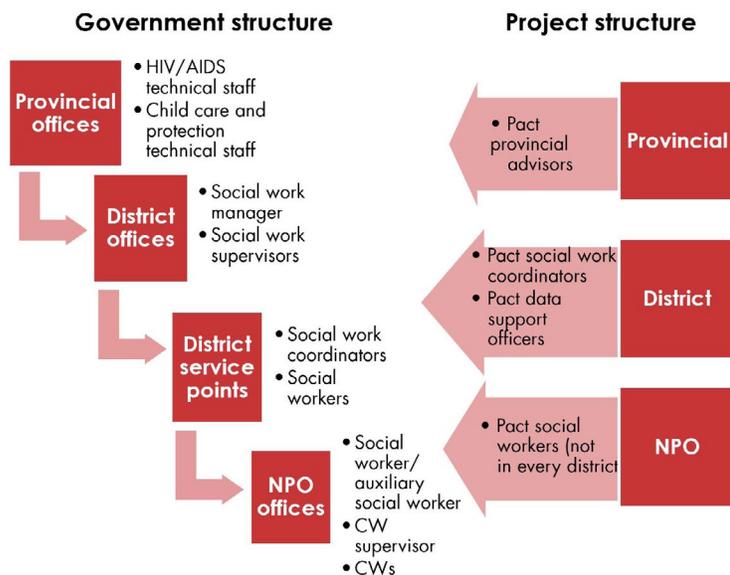
qualitative interviews with project staff and CWs. The interviews explored a wide range of experiences related to case management delivery, capacity, and quality.

RESULTS

Mapping the Program Structure and Government Involvement

The structure of the government social work program can be summarized in terms of the provincial level, district level, service points, and contracted NPOs (Figure 1). The government DSD service points managed the statutory child protection cases, whereas the NPOs were engaged in HIV prevention activities and home visits, case management, and psychosocial support. Significant overlap across government funding streams and units with activities comparable to “traditional” USAID OVC programs occurred in the child protection and HIV units of the DSD. Multiple levels of social work supervisors and management staff were observed at the four levels of government.

Figure 1. GCBS project case management supervision cascade



Caseworker Attributes

CWs with GCBS managed an average of 32.6 households (ranging from 10 to 53 households), with an estimated caseload of approximately 71.3 beneficiaries (Table 1). The CWs were recruited and trained by the DSD-funded NPOs. Most CWs had completed secondary school. The CWs were paid a relatively large stipend by the government (US\$120), although payment of the stipends was said to be unreliable and

significant additional monthly out-of-pocket expenses, especially for transportation, were reported. Table 1 presents some of the basic attributes of the five CWs interviewed. Among the six projects studied, the CWs in South Africa reported the highest average time per week spent traveling to conduct home visits. In addition to home visits and referrals, the CWs were responsible for supporting activities conducted by the NPOs, including after-school care and feeding, education, drop-in centers, or other group-oriented services for children.

Table 1. Attributes of case management staff

	CWs (n=5)
Pay (monthly)	\$120 (from the government)
Out-of-pocket expenses (monthly)*	\$24.03
Education level	
Primary (1–7 years)	0
J. secondary (8–9)	1
Secondary (10–12)	4
Certificate/assoc.	0
Bachelors	0
Households	32.6 (range: 10–53)
Beneficiaries	71.3
Experience (years)	3.7
Travel time (hours per week)	6.7

*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 one year of the GCBS project studied was US\$2,099,808 (Table 2). The project had a low proportion of total expenses related to case management (15%), largely because the researchers found that the South African government covered most field-based service delivery. The low cost per beneficiary (US\$9.77) was related to this, as was the high number of beneficiaries reported to have been reached compared with the amount of project activities determined to be directly linked to case management (215,000). When we analyzed data on the costs of case management implemented by the government, we found that the additional cost per beneficiary in Gauteng Province for the South African fiscal year 2016–2017 was US\$203.11 per beneficiary for households receiving psychosocial support services. The largest cost driver was general personnel costs (35.4%) (Figure 2). Supervision costs (32.0%) were for Pact staff indirectly involved in case management delivery.

Figure 2. Case management cost breakdown

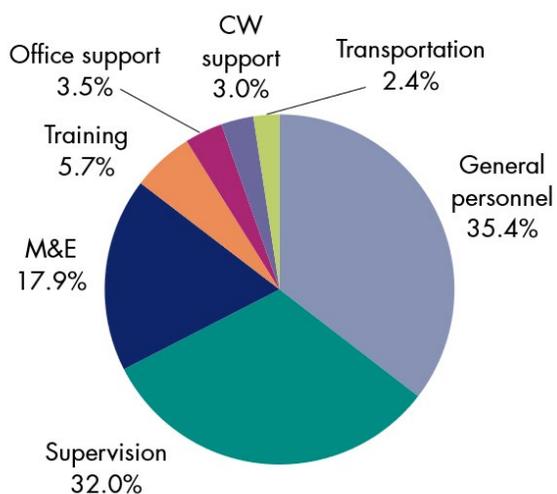


Table 2 summarizes the subcategories in each cost category. The project had no direct CW supervision costs, limited CW support (3.0%), and no costs for CW training or transportation, because the provincial government bore these costs.

CONCLUSIONS

Although the South African government conducts field-level case management delivery (payment of CWs and their direct supervisors), GCBS staff viewed case management as integral to programming. This finding is reflected in the high proportion of spending on staff for indirect supervision, and the other administrative or technical support staff not engaged in direct supervision. The GCBS project had relatively low spending on CW support and training compared with the other projects studied.

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

Expenditure category	Pact	Total	%
Supervision		\$ 671,529	32.0%
Direct supervision	\$ 0		
Supervision cascade	\$ 671,529		
Case management and related training		\$ 119,871	5.7%
CW training	\$ 0		
Staff training	\$ 3,298		
Training support	\$ 116,573		
Travel/transportation		\$ 50,933	2.4%
Field staff and CWs	\$ 0		
Other travel/supervision cascade	\$ 50,933		
CW support		\$ 63,031	3.0%
CW stipends and materials	\$ 0		
Printing of tools	\$ 18,565		
Monthly meeting costs	\$ 23,135*		
Identification costs	\$ 0		
Referral costs	\$ 21,332		
Other		\$ 1,194,445	56.9%
M&E support	\$ 375,740		17.9%
Labor and personnel general	\$ 744,269		35.4%
Office supplies/expenses	\$ 74,436		3.5%
Total cost of case management		\$ 2,099,808	
Annual cost of case management (1 year)		\$ 2,099,808	
Cost per beneficiary		\$ 9.77	
Proportion of total project costs spent on case management		15%	

The cost per beneficiary for case management is related to the lower proportion of project costs estimated to contribute directly to case management, making the project appear less expensive per beneficiary relative to the other projects assessed. 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 about administrative personnel and supervision impacted the quality of case management services being delivered. Further research should consider the quality of case management as it relates to cost to better understand the benefits and drawbacks of labor-driven, capacity-building case management, such as the approach found in the GCBS project. Moreover, the CWs reported out-of-pocket expenses that constituted a large proportion of their stipends. An assessment of the impact of out-of-pocket expenses on CW service delivery should be considered.

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>.

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Two boys in South Africa who are considered orphans and vulnerable children (OVC). Photo: © 2006 Rebecca Callahan, courtesy of Photoshare

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