

Nigeria

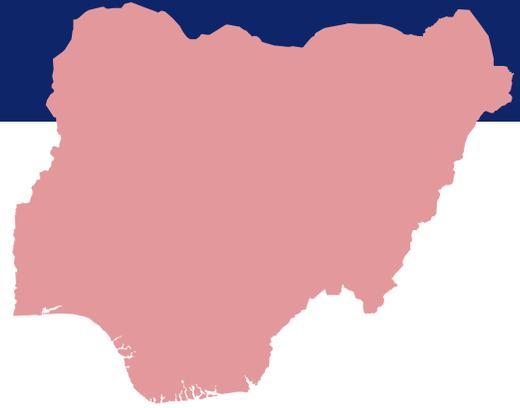
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The Cost of Case Management in Orphans and Vulnerable Children Programs: Findings from Nigeria

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 (CM), 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 CM delivery and the cost of those approaches. The study was guided by the Coordinating Comprehensive Care for Children (4Children) definition of CM, which encompasses the CM 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 Systems Transformed for Empowered Actions and Enabling Responses (STEER) project, in Nigeria. The project was implemented by Save the Children International, with support from four partners and 58 civil society organizations (CSOs). STEER initially focused on five states in northern Nigeria but expanded to include Lagos and Cross River States. The project operated from 2013 to 2018 and was funded by USAID. STEER's CM approach was integrated across the focus areas of social work, nutrition, quality improvement, household economic strengthening, and

HIV/tuberculosis. Households were identified through facilities and community leaders. During enrollment, issues in a household were identified. It was then the responsibility of a caseworker (CW) to follow up with home visits, to ensure that the issues were addressed in a timely way. CWs were supervised by the CSO staff leading the focus areas, and the CSO social work leads were responsible for overall reporting by the CWs. STEER had state offices with staff providing capacity building to and supervising the CSOs. The criteria for graduation from the project included the child having a birth certificate and being in school; caregivers having some economic stability; and the child being healthy, safe, and stable.



Children play with tires in Jere ward, Kaduna state, Nigeria. Photo: © 2016 Simi Vijay, courtesy of Photoshare

The project transitioned from having volunteers to employing community case management workers (CCMWs) the year before data for this study were collected. The CCMWs had higher selection criteria and received a salary and more training. The project advertised the CCMW position. They were selected following a written test and interview. Some CCMWs had previously served as volunteers. The transition from volunteers to CCMWs was done to increase accountability to the project. The CCMWs came from the communities served and were expected to manage approximately 40 households each.

METHODS

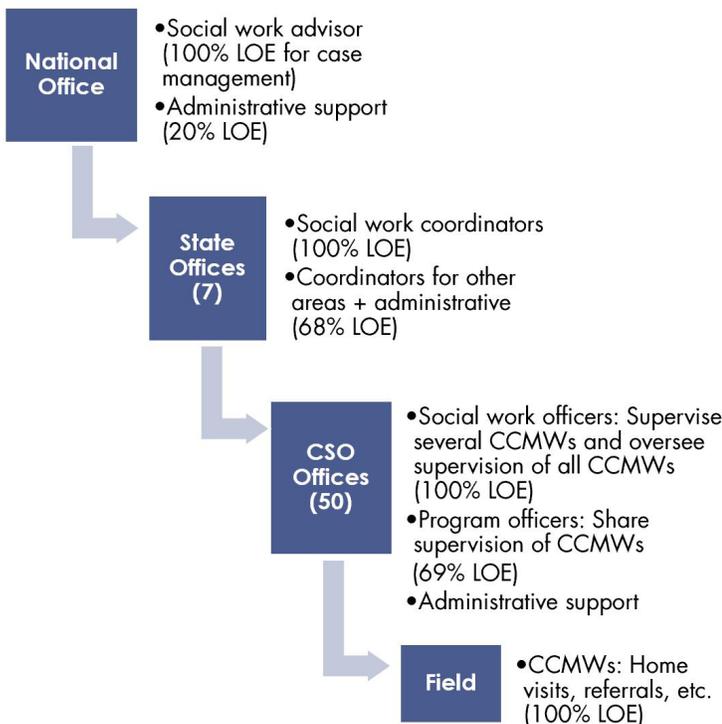
Data collection took place from October 3, 2017 to October 13, 2017 in Abuja, Kano, and Kaduna, Nigeria. Retrospective financial costs and beneficiary data were collected simultaneously, through in-depth qualitative interviews by project staff and CCMWs. Staff self-reported their level of effort (LOE) spent on case management. The interviews explored a wide range of experiences related to CM delivery, capacity, and quality.

RESULTS

Mapping the Program Structure and Government Involvement

STEER had four levels of supervision and a unique setup, in which most technical staff at the CSO level were responsible for sharing CCMW supervision responsibility (Figure 1), thereby distributing supervision responsibility across CSO

Figure 1. STEER project case management supervision cascade



staff and reducing the average CW-per-direct-supervisor ratio. These technical staff provided supportive supervision to a set number of CCMWs, ensuring that the CCMWs correctly implemented activities relevant to their technical area, and were also responsible for overall reporting by the CCMWs. Above the CSO level, social work coordinators based at the seven STEER state offices provided indirect supervision of CSO staff, with support and training offered by the social work advisor at the national office. The project engaged higher levels of government, inviting government stakeholders to training sessions, and in instances of child protection cases, government involvement was less related to direct CM service delivery.

Caseworker Attributes

The STEER CCMWs managed an average of 30.9 households (ranging from 26 to 42 households), with an estimated caseload of approximately 117.2 beneficiaries—the highest caseload found among the six projects studied (Table 1). The CCMWs completed a two-part training on social work and CM. Most CCMWs had a certificate, associate, or bachelor's degree—the highest level of education achieved among the six projects assessed. The CCMWs were paid a stipend equivalent to the government minimum wage, approximately US\$55. Payment of the CCMWs' salaries was contingent on their completion of home visits and the necessary paperwork documenting their work. Table 1 presents some of the attributes of the 10 CCMWs and four social work officers interviewed. The supervisor ratio of 4.3 CCMWs to one program officer was the lowest ratio we found. The CCMWs reported out-of-pocket expenses for transportation, phone calls, and beneficiary support averaging US\$10 per month.

Table 1. Attributes of case management staff

| | CCMWs (n=10) | Social work officers (n=4) |
|--|---------------------|----------------------------|
| Pay (monthly) | \$55 | Not applicable |
| Out-of-pocket expenses (monthly)* | \$10.02 | Not reported |
| Education Level | | |
| Primary (1–7 years) | 1 | 0 |
| J. secondary (8–9) | 0 | 0 |
| Secondary (10–12) | 1 | 2 |
| Certificate/assoc. | 6 | 1 |
| Bachelors | 2 | 1 |
| Households | 30.9 (range: 26–42) | Not available |
| Beneficiaries | 117.2 | Not available |
| Supervisor ratio | Not applicable | 4.3 CCMWs (range: 2–7) |
| Experience (years) | 2.5 | 1.4 |
| Travel time (hours per week) | 2.7 | 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 CM for the four years of the STEER project was US\$7,129,766, equal to 33 percent of total project costs and an average annual expenditure of US\$1,782,441 (Table 2). With 215,000 beneficiaries reached over the four-year project period, the cost per beneficiary for CM was US\$21.73. STEER had an extensive supervision cascade, with most CSO staff involved in CCMW supervision in some way, which is reflected in the high proportion of spending on direct and indirect supervisors (34.6%) (Figure 2). CCMW support costs constituted 19.4 percent of CM costs—the highest of all projects studied except Uganda—and were driven by the minimum wage salary provided to the CCMWs. Like Uganda, Nigeria had high estimates for staff LOE related to CM, contributing to the large costs for general personnel (27.7%). The project had fewer costs attributable to CM training when compared with other projects (5.5%), even though intensive retraining was done when the project transitioned from volunteers to CCMWs.

Table 2 summarizes the subcategories in each cost category. The costs for CM were primarily at the CSO level, which makes sense, because CM activities occur in the field. This was not the case for all projects studied; STEER therefore provides a good

example of cost distribution favoring CSOs providing direct services. The high costs of direct supervision, CCMW wages, and other labor reflect the overall cost drivers of the project. STEER was the only project that used actual expenditures (as opposed to allocation) to determine costs by program area when reporting to USAID. The annual cost of CM reported to USAID for two of the four years was approximately US\$545,347, or 11 percent of total expenditures (data not shown).

Figure 2. Case management cost breakdown

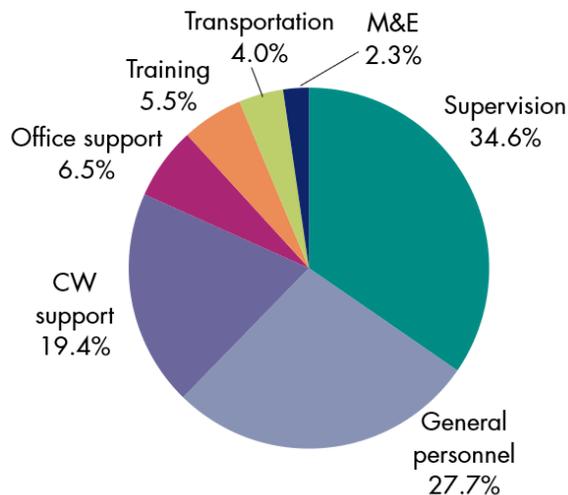


Table 2. Breakdown of costs attributed to case management, by categories and subcategories

| Expenditure category | Headquarters | Partners | CSOs | Total | % |
|---|--------------|------------|--------------|---------------------|--------------|
| Supervision | | | | \$ 2,468,181 | 34.6% |
| Direct supervision | | | \$ 1,909,692 | | |
| Supervision cascade | \$ 470,657 | \$ 87,832 | | | |
| Case management and related training | | | | \$ 393,548 | 5.5% |
| CW training | | | \$ 15,267 | | |
| Staff training | | | \$ 77,979 | | |
| Training support | \$ 264,770 | \$ 35,532 | | | |
| Travel/transportation | | | | \$ 282,111 | 4.0% |
| Field staff and CWs | | | \$ 14,137 | | |
| Other travel/supervision cascade | \$ 158,750 | \$ 76,236 | \$ 32,987 | | |
| Case management and CW support | | | | \$ 1,381,807 | 19.4% |
| CW stipends and materials | | | \$ 1,222,070 | | |
| Printing of tools | \$ 2,594 | | \$ 57,519 | | |
| Monthly meeting costs | | | \$ 14,244 | | |
| Identification costs | | | | | |
| Referral costs | | | \$ 3,561 | | |
| Communication costs | \$ 16,161 | | \$ 65,659 | | |
| Other | | | | \$ 2,604,118 | 36.5% |
| Monitoring and evaluation support | \$ 98,894 | | \$ 64,444 | | 2.3% |
| Labor and personnel general | \$ 571,974 | \$ 131,749 | \$ 1,273,128 | | 27.7% |
| Office support | \$ 151,529 | \$ 185,611 | \$ 126,788 | | 6.5% |
| Total cost of case management | | | | \$ 7,129,766 | |
| Annual cost of case management (4 years) | | | | \$ 1,782,441 | |
| Cost per beneficiary | | | | \$ 21.73 | |
| Proportion of total project costs spent on case management | | | | | 33% |

CONCLUSIONS

Case management was viewed as an integral part of programming in Nigeria. This was especially true at the field level, with staff reporting high estimates for the proportion of their time spent on CM, and CSO technical staff sharing supervision responsibility for the CCMWs. The reselection and training of CCMWs to replace project volunteers resulted in a CM cadre with high levels of education compared with the other five OVC projects studied. Relatively low spending on staff and CCMW training was observed, although the costs of direct and indirect supervision were the largest drivers of expenditures, suggesting that in-service training and mentorship may have been used to replace formal training activities. The CCMWs received monthly salaries, constituting most of the project's spending on direct CW support—the second primary driver of CM costs for the project. The CCMWs reported out-of-pocket expenses equal to almost one-fifth of their salary. Further assessment of the impact of out-of-pocket expenses on service delivery should be considered. The annual cost of CM reported by STEER to USAID was lower than the amount calculated by this study, potentially because of the high estimates for CM-related LOE reported by staff. However, this finding may also be related to the parameters used for CM (based on the 4Children definition), which were broader than those used by the project in estimating CM costs.

STEER's CM approach relied heavily on the time and supervision capacity of project staff and significant monetary investment in the CWs themselves. 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 CM, increasing the validity of the results and the level of detail seen in the data. This study could not assess how spending decisions about CW support and supervision affected the quality of CM services being delivered. New research should consider the quality of CM as it relates to cost, to better understand the benefits and drawbacks of supervision-driven CM, such as the approach found in the STEER 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 <https://www.measureevaluation.org/resources/publications/tr-19-327/>.

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). 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.