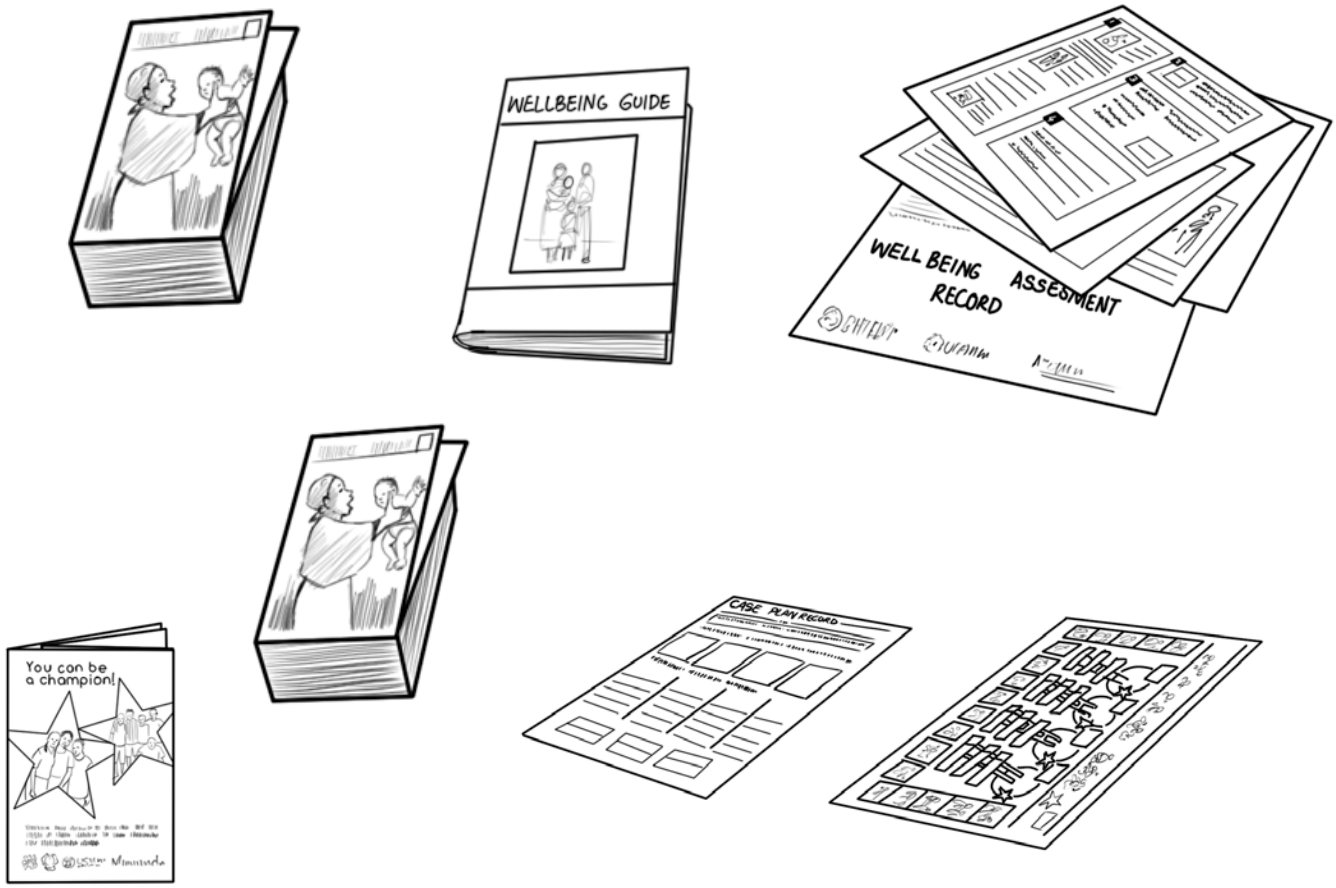
Pictorial Tools for HIV-Sensitive Community Case Management



A toolkit to deliver Standard Operating Procedures for Case Management

USAID FROM THE AMERICAN PEOPLE

PEPFAR U.S. President's Emergency Plan for AIDS Relief

4Children Coordinating Comprehensive Care for Children

Acknowledgements

Coordinating Comprehensive Care for Children (4Children) is a five-year, USAID-funded global program designed to improve health and wellbeing outcomes for orphans and vulnerable children (OVC) affected by HIV and AIDS and other adversities. 4Children is a consortium of organizations that brings together decades of experience, expertise, and commitment to strengthening the capacity of key actors within a child-sensitive social welfare system of care and support to improve the lives of children. 4Children is led by Catholic Relief Services (CRS) with partners IntraHealth, Maestral International, Pact, Plan and Westat. The Standard Operating Procedures (SOP) for Case Management package was adapted from the 4Children SOP for Case Management and SOPs from other countries in the Eastern and Southern Africa regions. Through each of the iterations, the tools, standard operating procedures and job aids have all maintained an approach that promotes active involvement of families and increased resilience whilst working towards the end goal of case plan achievement. Several people contributed to these SOPs, including: 4Children: Atieno Odenyo, Kelley Bunkers, Katie Januario, Janet Du Preez, and Meg Langley; CRS: Laruen Oleykowski; Picture Impact: Katrina Mitchell, Sara Thompson, and Anna Martin; and USAID PEPFAR. The Pictorial Tools for HIV-Sensitive Community Case Management is a toolkit to deliver the Standard Operating Procedures for Case Management. The pictorial toolkit was developed by Picture Impact in collaboration with the 4Children consortium of partners, local implementing partners and the funding partner.

Find the tools in this toolkit, and additional resources on the 4Children and OVCSupport websites:

- 4-children.org
- ovcsupport.org/

A full set of files, including high-quality printer files, are also available for download through Picture Impact:

pictureimpact.co/case-management-toolkit/

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For Program Managers

This toolkit is a set of resources and tools for delivery of case management for OVC programming in low-literacy settings. This toolkit is based on and simplifies delivery of HIV-Sensitive Case Management for OVCs, while maintaining the integrity of the Standard Operating Procedures that were developed in partnership by USAID, PEPFAR and 4Children. The toolkit was developed by Picture Impact in collaboration with 4Children and is intended to assist you, as the program manager, to budget for the printing, distribution, and training on the complete toolkit for case management.

The toolkit is designed as a comprehensive and complete package. While each tool is useful in and of itself, the tools have been specifically designed to be used together. We highly recommend that OVC programs integrate the entire toolkit into the training and implementation of case management procedures for optimal results. Failure to integrate the entire package may affect the integrity of the tools.

Before beginning, it is important to consider customization of the toolkit to the country and implementing partner contexts. Customization, validation, and training will help to preserve the integrity of the suite of tools and ensure the tools are in line with national and programmatic guidelines.

Quantity needed for toolkit use across the program

Wellbeing Assessment Guide	1 per Case Worker, 1 per Case Manager
Wellbeing Assessment Records	1 per Household Member (specific to age/role), plus 1 per Household
Counseling Cards	1 per Case Worker, 1 per Case Manager
Case Plan Record	1 per Household
Household Action Plan	1 per Household
Adolescent Action Plan	1 per Adolescent
Child Engagement Tool	1 per Case Worker, 1 per Case Manager
Activity Deck	1 per Case Worker, 1 per Case Manager
Graduation Readiness Assessment	1 per Household
Case Worker Guide	1 per Case Worker, 1 per Case Manager

Tool and Toolkit users

Adolescents

Each adolescent receives:

- Adolescent Action Plan

This action plan is theirs to use and keep. Only adolescents should mark on their action plan. They may choose to keep their action plan private or share their action plan with siblings, friends, caregivers, or Case Workers. The Adolescent Action Plan is not intended for monitoring and may not be taken from the adolescents for data collection.

Households

Each household will receive:

- Household Action Plan

This is theirs to keep. They own the action plan and should keep it in a safe place. Only household members should mark on their Household Action Plan unless they specifically request assistance from their Case Worker.

Case Workers

Each Case Worker should receive a package including 1 of each:

- Wellbeing Assessment Guide
- Counseling Cards
- Activity Deck
- Child Engagement Tool

These copies belong to the Case Workers and should be kept in a safe, dry location to be used multiple times throughout the course of their work.

In addition, each Case Worker should have access to sufficient copies of each of the tools to be able to conduct their work. These copies can be kept at the LIP. This includes multiple copies of:

- Household Action Plans to distribute to households (1/household)
- Adolescent Action Plans to distribute to adolescents (1/adolescent)
- Wellbeing Assessment Records including household records, caregiver records, child 0-5 records, child 6-9 records, adolescent female 10-17 records, adolescent male 10-17 records.
- Case Plan Records to be used and placed in the household case file.
- Graduation Readiness Assessments to be used and placed in the household case file.

Case Managers

Each Case Manager should receive:

- Case Manager Guide

The Case Manager Guide provides information on all of the tools, training techniques, and job aids for quick reference.

Additionally, the Case Managers should have access to a copy of all materials in the toolkit in order to increase their understanding, deepen training, and have reference for Case Worker questions.

Contextualization

This toolkit is based on the Standard Operating Procedures for Case Management. The original Standard Operating Procedures for Case Management was developed as part of 4Children Nigeria. It was later contextualized to fit the needs of OVC programming in the Democrative Republic of Congo (DRC), Kenya, Uganda, South Sudan, Malawi, and Mozambique. The toolkit was first developed with 4Children in Kenya through the Mwendo program. The toolkit was further adapted through work with 4Children in Mozambique. This toolkit represents an integrated suite of tools that can be contextualized for each country and program context.

Further contextualization of this package of tools will be crucial to the overall success of the toolkit for case management in each context and in each program.

Country-specific contextualization

Country-specific contextualization is needed in the areas of image adaptation, national guidelines, and local language translation.

Image adaptation: The images contained throughout this toolkit were created for a Kenyan context and may work in many countries within Africa. However, it is critical to the function of the tools that the images reflect the country-context in facial features, dress, housing, and local objects or scenes. Image adaptation will be essential outside of the African continent and may be needed for regions other than East Africa.

National guidelines: The toolkit will need to be customized to be in-line with the national standards of the country of implementation. This includes guidelines from multiple national government departments such as the department of social welfare or department of health. Additionally, PEPFAR guidelines vary by country context as well. Key areas that will need to be addressed in customization include graduation benchmarks, HIV viral-load levels, and HIV-disclosure procedures. A thorough review for additional contextualization will be needed regarding other aspects of the toolkit.

Local language translation: The toolkit is presented in English. Translation will be needed for non-English speaking country contexts. It is recommended the toolkit is translated in collaboration with low-literacy experts to ensure that simple language is used that maintains the integrity of the tools.

Program-specific contextualization

Program-specific contextualization is needed in the areas of program-service offerings, service-referral offerings, and customized validation and training of Case Managers.

Service offerings: Service offerings vary by implementing partner. Not all services are available through each OVC program, and adaptation of the tools to match service provision will be needed.

Service-referral offerings: Each region may have varying referral services available, including but not limited to national health insurance policies, health and community partner programs, and social safety nets. Adaptation of tools for local referral-service offerings will be needed.

Validation and training: The tools have been validated across multiple country contexts. However, after customization it will be essential to validate the tools with the current implementing partner Case Managers. Additionally, the tools, while easy to use, benefit greatly from participatory training techniques.

Picture Impact is available for contextualization of toolkit components, validation, and training. For more information on contextualization please contact Picture Impact at connect@pictureimpact.co

Case Management Toolkit Overview

The toolkit is designed as a comprehensive and complete package. While each tool is useful in and of itself, the tools have been specifically designed to be used together. It is highly recommended that OVC programs integrate the entire toolkit into the training and implementation of case management procedures for optimal results.

Specifically, the following tools are intended to be used together in a set.

Wellbeing Assessment Tools 1

- Wellbeing Assessment Guide
- Wellbeing Assessment Records
- Counseling Cards

Case Planning Tools 2

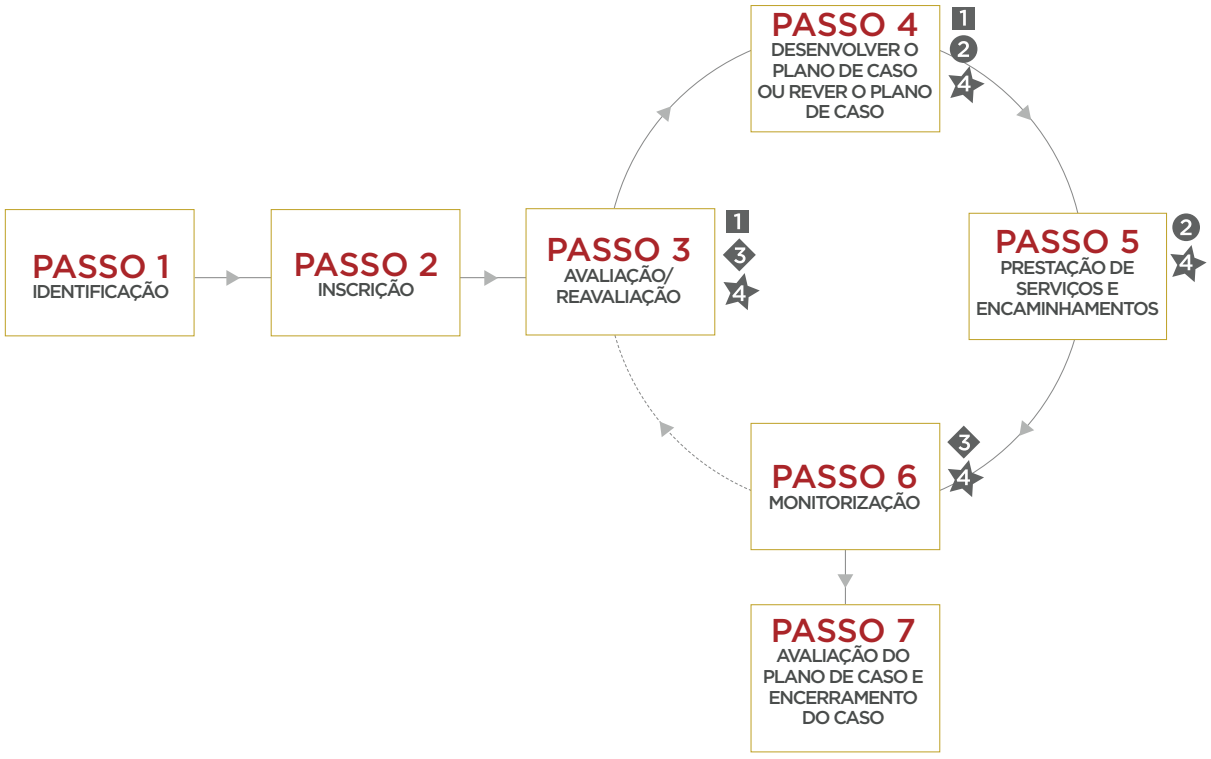
- Case Plan Record
- Household Action Plan
- Adolescent Action Plan
- Child Engagement Tool

Graduation Readiness Assessment Tools 3

- Activity Deck
- Graduation Readiness Assessment

Tools and Job Aids to support Case Workers 4

- Case Manager Guide



Wellbeing Assessment Tools

WHAT IS INCLUDED?

- Wellbeing Assessment Guide
- Wellbeing Assessment Records
- Counseling Cards

WHAT DOES THE SET DO?

Within OVC programming, an assessment of the strengths, barriers, and needs of a household is essential. Wellbeing assessments allow Case Workers to build trust with a household while learning the particular assets and needs a household has. This assessment is the basis of case planning. Together this set of tools completes a wellbeing assessment.

WHAT DOES EACH TOOL DO?

Wellbeing Assessment Guide: the Case Worker will follow the guide, asking the household questions directly and marking answers on the wellbeing assessment record.

Wellbeing Assessment Records: the Case Worker will bring 1 sheet for each family member and 1 for the household. The Case Worker mark answers to the questions on the record with a pen or marker as they go.

Counseling Cards: the wellbeing assessment guide will let the Case Worker know when a counseling card is available for a more in-depth conversation on a topic.

Printing specifications can be found at the end of this document.

A full set of files, including high-quality printer files, are available for download: http://pictureimpact.co/case-management-toolkit/

HOW CASE WORKERS WILL USE THE SET

1. Ask the household about their wellbeing

The Case Worker will follow the Wellbeing Assessment Guide, asking the household questions and referring to the counseling cards when useful. Remember, the purpose of the wellbeing assessment is to discover a household's strengths and needs to make a case plan that responds to their situation.

2. Make a record of the conversation

The Case Worker will mark the answers to the questions on the Wellbeing Assessment record. They will mark answers, as they go, about each person in the household.

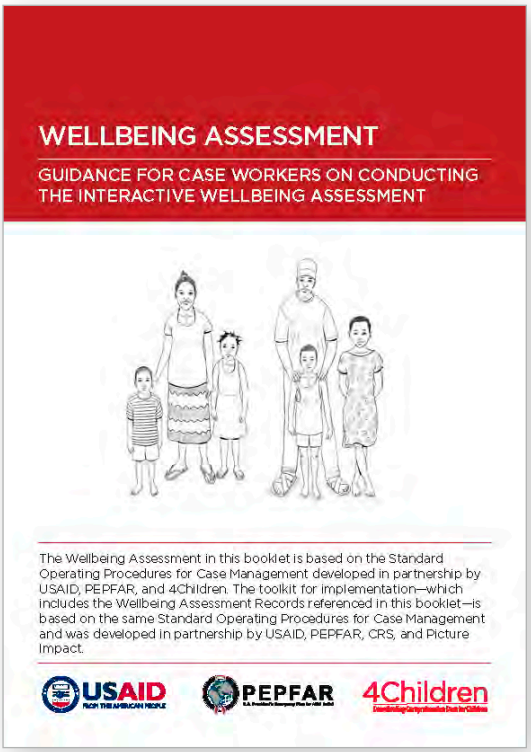
If a question is about a caregiver, they will mark the caregiver's sheet. If a question is about a child, they will mark the child's sheet. It is important there is a separate sheet for each member of the household.

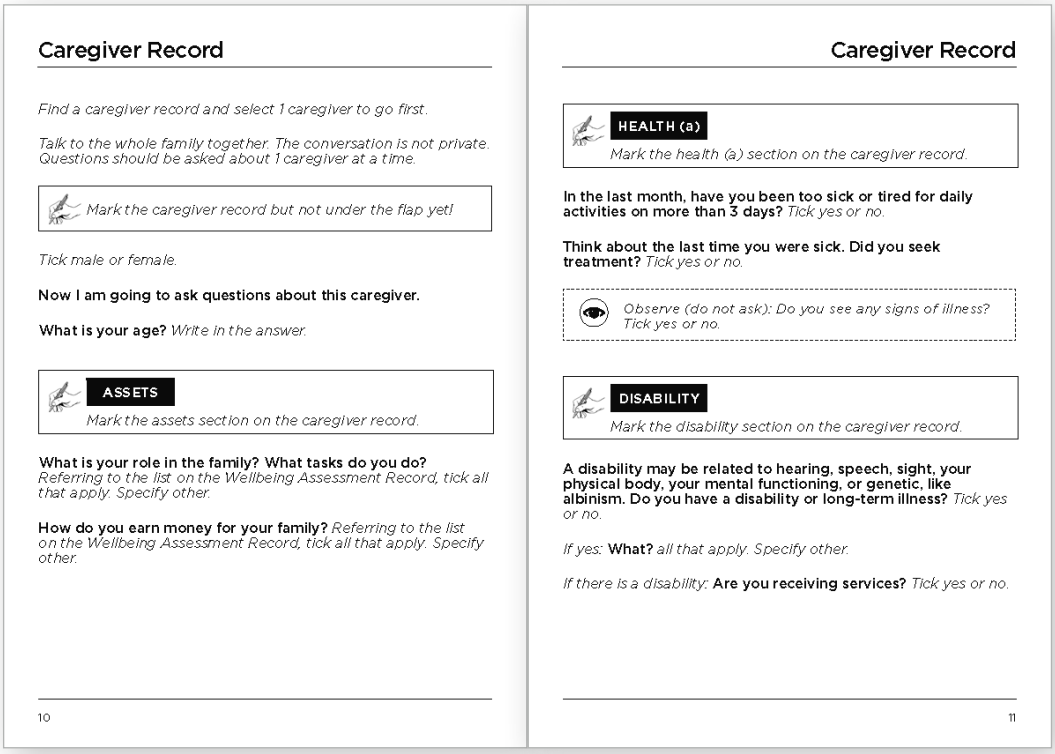
3. Thank the family for their time

The Case Worker will thank the family for their time. The Case Worker will encourage the family to think and talk about their goals for the future. On the next visit, they will talk through a case plan together and create a household action plan.

SAMPLE PAGES : WELLBEING ASSESSMENT GUIDE

The Wellbeing Assesssment Guide is a 66-page A5-size booklet designed to guide a community-based Case Worker in administrering the Wellbeing Assessment. It is a script that walks them through the assessment, question by question, indicating how to mark the records, and which counseling cards the Case Worker can use to support the interaction.





Caregiver Record

Find a caregiver record and select 1 caregiver to go first.

Talk to the whole family together. The conversation is not private. Questions should be asked about 1 caregiver at a time.

Mark the caregiver record but not under the flap yet!

Tick male or female.

Now I am going to ask questions about this caregiver.

What is your age? *Write in the answer.*

ASSETS

Mark the assets section on the caregiver record.

What is your role in the family? What tasks do you do? *Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.*

How do you earn money for your family? *Referring to the list on the Wellbeing Assessment Record, tick all that apply. Specify other.*

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Caregiver Record

HEALTH (a)

Mark the health (a) section on the caregiver record.

In the last month, have you been too sick or tired for daily activities on more than 3 days? *Tick yes or no.*

Think about the last time you were sick. Did you seek treatment? *Tick yes or no.*

Observe (do not ask): Do you see any signs of illness? Tick yes or no.

DISABILITY

Mark the disability section on the caregiver record.

A disability may be related to hearing, speech, sight, your physical body, your mental functioning, or genetic, like albinism. Do you have a disability or long-term illness? *Tick yes or no.*

If yes: **What?** *all that apply. Specify other.*

If there is a disability: **Are you receiving services?** *Tick yes or no.*

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Child 6-9 Record

HEALTH

Mark the health section on the child 6-9 record.

In the last month, have you been too sick or tired for daily activities on more than 3 days? *Tick yes or no.*

Think about the last time you were sick. Did you get treatment for your illness? *Tick yes or no.*

Observe (do not ask). Make your best judgement. Do you see any signs of illness? Tick yes or no.

Are your vaccinations complete and up to date? *Tick yes or no.*

Are you enrolled in the national health plan? *Tick yes or no.*

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Child 6-9 Record

SCHOOLING

Mark the schooling section on the child 6-9 record.

Are you enrolled in school? *Tick yes or no.*

If yes: **Do you attend regularly?** *Tick N/A if they are not enrolled in school. If enrolled, tick yes or no.*

If not enrolled in school: **Have you ever attended school?** *Tick yes or no.*

If the child is not attending school now: **Are you enrolled but no longer attending?** *Tick N/A if they are attending school regularly. If they are not attending school regularly, tick yes or no.*

Do you have a school uniform to wear? *Tick yes or no.*

Do you have books for school? *Tick yes or no.*

Are you making progress like other students in your class? *Tick yes or no.*

PARENTING

Mark the parenting section on the child 6-9 record.

Observe (do not ask). Use your best judgement. Have you seen the caregiver interacting lovingly with the child? Tick yes or no.

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Adolescent 10-17 Record (PRIVATE)

Mark the adolescent record in the sections under the flap.

HEALTH (b)

Mark the health (b) section on the adolescent record.

Counseling Card 10 "Pregnancy."

GIRLS (FEMALES) ONLY

Are you pregnant? *Tick yes or no.*

Do you have reason to think you might be pregnant? *Tick yes or no.*

Are you attending ANC? *Tick yes or no.*

Did you know that if you are HIV+ it is possible to receive special care to prevent your baby from getting HIV? This is called PMTCT. *Tick yes or no.*

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Adolescent 10-17 Record (PRIVATE)

BOYS (MALES) ONLY

Do you know what male circumcision is? *Tick yes or no.*

Are you circumcised? *Tick yes or no.*

Male circumcision can reduce the risk of HIV. Would you like to know more about this? *Tick yes or no.*

PSYCHOSOCIAL (a)

Mark the psychosocial (a) section on the adolescent record.

Who are the members of your household that have an encouraging attitude and help you? *Does this adolescent have someone in the family who encourages them? Tick yes or no. Record any details in the notes area.*

Do you feel that you can go to your caregiver for help and advice with problems and they will listen to you and help you to solve them? *Tick yes or no.*

When you have a problem, who do you talk to for help outside of your household? *Does this adolescent have someone outside of the family who encourages them? Tick yes or no. Record any details in the notes area.*

When things get tough, do you feel that you can cope? Have you felt sad or withdrawn recently, are you struggling with your feelings? *Tick yes or no.*

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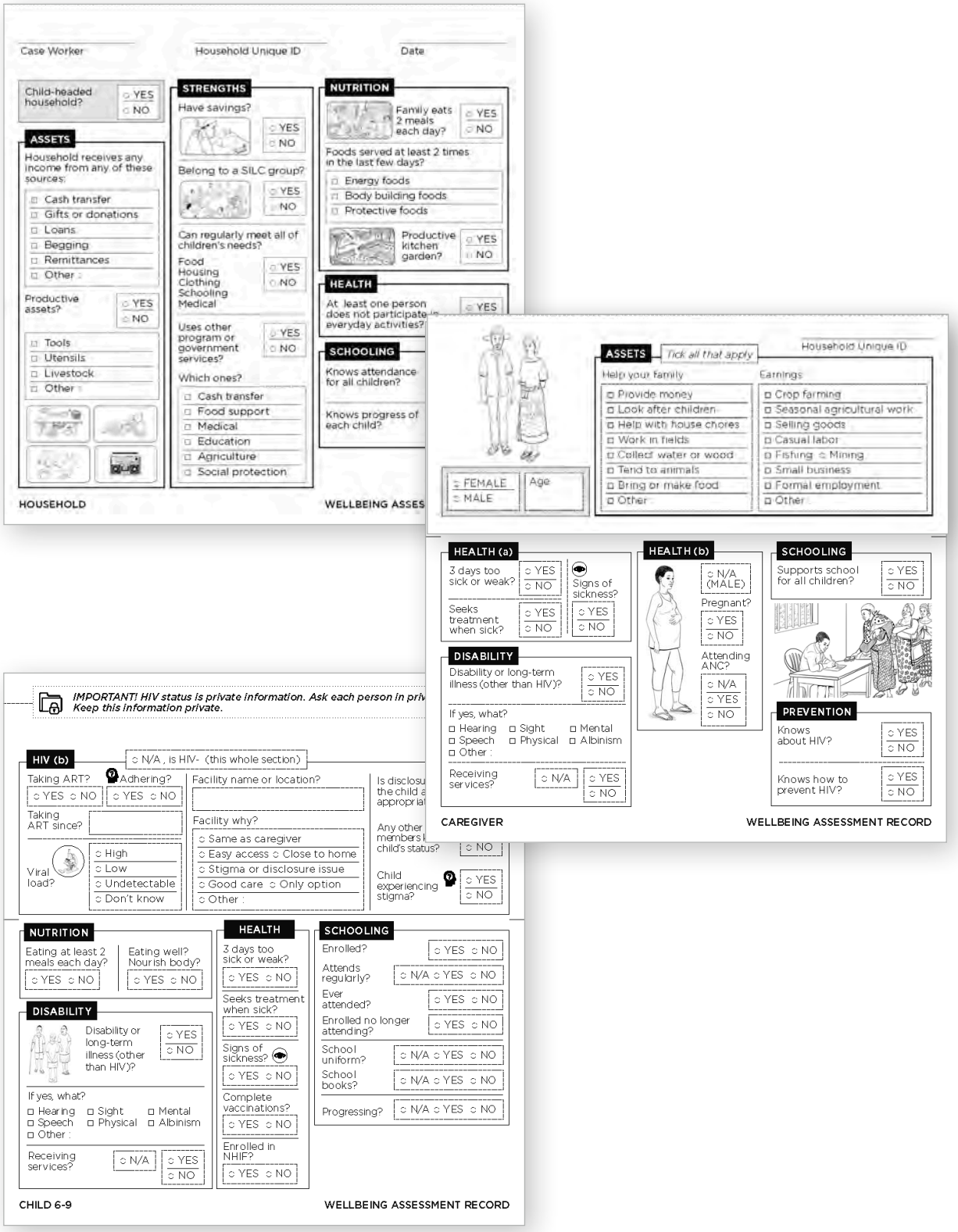
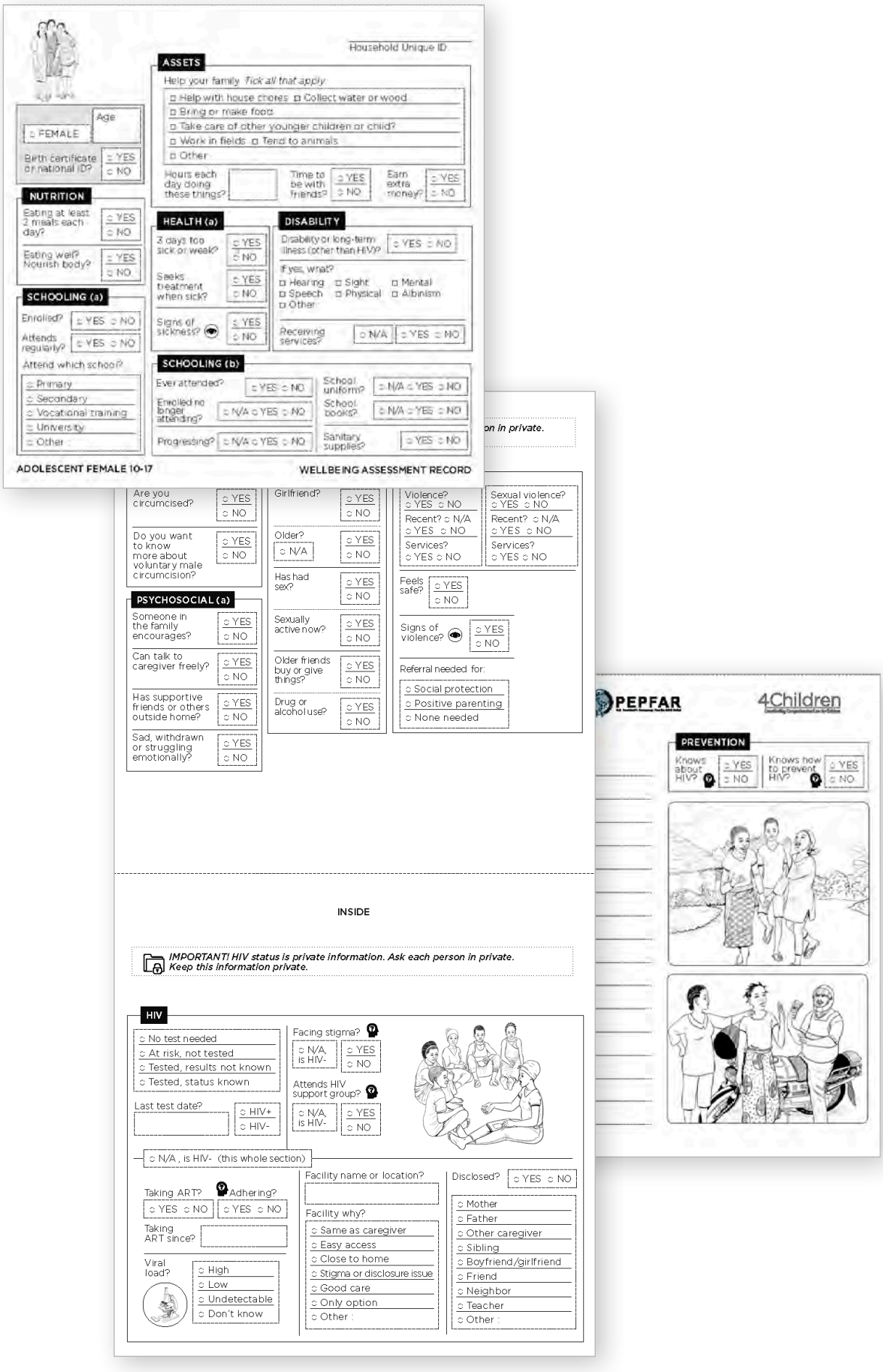
SAMPLE PAGES : WELLBEING ASSESSMENT RECORD

The Wellbeing Assesssment Records are each a 1-sheet, 2-page document. There are 6 versions, including 1 for the household as a whole and 1 for each specific household member. This includes a record for caregivers, children ages 0-5, children ages 6-9, female adolescents ages 10-17 and male adolescents ages 10-17. Once printed and folded, the records are 210 mm x 210 mm (the width of an A4 sheet), and can be secured within a standard case file.

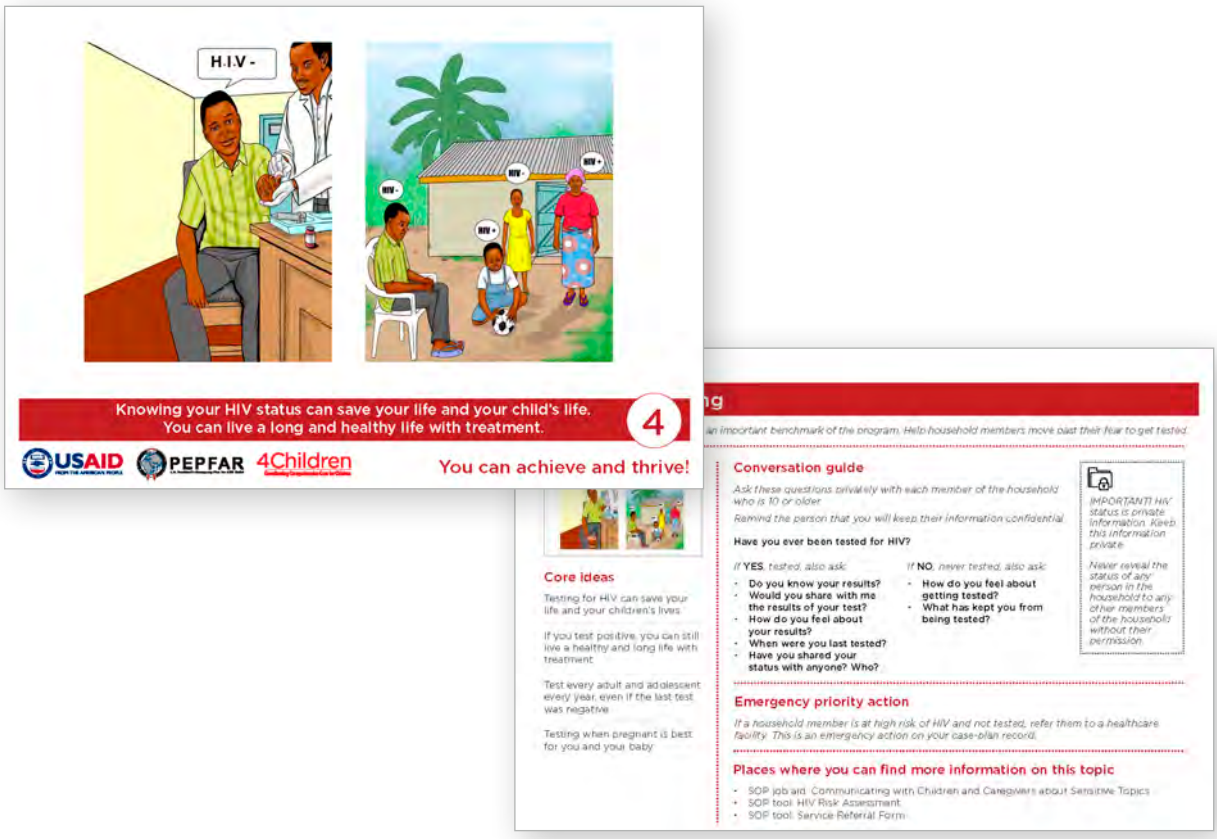



Household Unique ID
ASSETS
Help your family Tick all that apply
Help with house chores
Collect water or wood
Bring or make food
Take care of other younger children or child?
Work in fields
Tend to animals
Other
Hours each day doing these things?
Time to be with friends?
Earn extra money?
FEMALE
Age
Birth certificate or national ID?
NUTRITION
Eating at least 2 meals each day?
Eating well? Nourish body?
HEALTH (a)
3 days too sick or weak?
Seeks treatment when sick?
Signs of sickness?
DISABILITY
Disability or long-term illness (other than HIV)?
If yes, what?
Hearing
Sight
Mental
Speech
Physical
Albinism
Other
Receiving services?
SCHOOLING (a)
Enrolled?
Attends regularly?
Attend which school?
Primary
Secondary
Vocational training
University
Other
SCHOOLING (b)
Ever attended?
Enrolled no longer attending?
Progressing?
School uniform?
School books?
Sanitary supplies?
ADOLESCENT FEMALE 10-17
WELLBEING ASSESSMENT RECORD
Are you circumcised?
Do you want to know more about voluntary male circumcision?
PSYCHOSOCIAL (a)
Someone in the family encourages?
Can talk to caregiver freely?
Has supportive friends or others outside home?
Sad, withdrawn or struggling emotionally?
Girlfriend?
Older?
Has had sex?
Sexually active now?
Older friends buy or give things?
Drug or alcohol use?
Violence?
Recent?
Services?
Sexual violence?
Feels safe?
Signs of violence?
Referral needed for:
Social protection
Positive parenting
None needed
PEPFAR
4Children
PREVENTION
Knows about HIV?
Knows how to prevent HIV?
INSIDE
IMPORTANT! HIV status is private information. Ask each person in private. Keep this information private.
HIV
No test needed
At risk, not tested
Tested, results not known
Tested, status known
Last test date?
HIV+
HIV-
Facing stigma?
Attends HIV support group?
N/A, is HIV-
N/A , is HIV- (this whole section)
Taking ART?
Adhering?
Taking ART since?
Viral load?
High
Low
Undetectable
Don't know
Facility name or location?
Facility why?
Same as caregiver
Easy access
Close to home
Stigma or disclosure issue
Good care
Only option
Other
Disclosed?
Mother
Father
Other caregiver
Sibling
Boyfriend/girlfriend
Friend
Neighbor
Teacher
Other

SAMPLE PAGES : COUNSELING CARDS

The counseling cards are formatted for A4 and can be printed as a flip chart or as a set of individual, unbound cards. There are 19 Counseling Cards in this set covering a range of topics in the SOP.

1. The Farmer Who Took Action
2. Graduating from Case Management
3. Overcoming Setbacks
4. HIV Testing
5. Antiretroviral Therapy (ART)
6. Viral Load
7. Living Positively with HIV
8. Disclosure
9. Psychosocial Support
10. Adolescent HIV Prevention
11. Child and Adolescent Protection
12. Positive Parenting
13. Nutrition
14. Household Assets
15. Stability through Finances
16. Building an Income-Generating Activity
17. Disability or Chronic Illness
18. School
19. Pregnancy and PMTCT



It is important to have someone to talk to that you trust.
The more support you have the healthier you can be.

9

USAID PEPFAR 4Children

You can achieve and thrive!

cial Support

to be as connected as possible to their community. People affected by HIV need emotional support.

Core ideas

It is important to have someone to talk to that you trust.

There are many different ways you can find support in your community.

Case Workers are just one support for you, you will need others.

The more support you have, the healthier you can be.

You can be a great parent when you have support.

Conversation guide

What do you see in this picture?

What different types of support does this family have?

Are these types of supports in your community?

What other types of supports are in your community?

Do you have someone you trust that supports you?

Places where you can find more information on this topic

- SOP tool: Service Referral Form.
- SOP job aid: Strengths-Based and Resilience-Based Case Management

Pregnant and breastfeeding women living with HIV can help prevent the spread of HIV to their infant.

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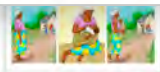
USAID PEPFAR 4Children

You can achieve and thrive!

g Mother to Child Transmission (PMTCT)

living with HIV understand the importance of ANC, adherence, breastfeeding, and infant HIV testing.



Core ideas

It is possible to prevent your unborn baby from having HIV.

Attending ANC is important for a healthy baby.

Adherence to ART during pregnancy and breastfeeding is necessary.

Exclusively breastfeeding for 6 months makes your baby strong, even if you are HIV+.

Testing your baby for HIV in the first 6 weeks is important.

Conversation guide

For pregnant, HIV+ women:

Have you visited your doctor since becoming pregnant?
How do you feel about becoming a parent?
Do you have any worries?
How do you feel about breastfeeding?

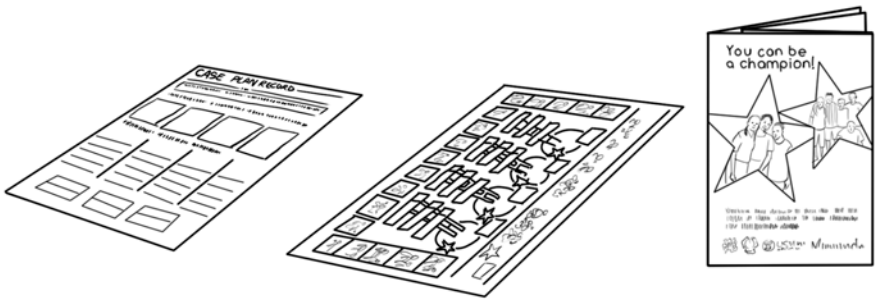
For mothers of young infants who are HIV+:

How are you and your baby doing?
Have you visited the clinic since you gave birth?
Has your baby been tested for HIV?
How do you feel about breastfeeding?

Places where you can find more information on this topic

- SOP job aid: Key Message for Caseworkers A6

Case Planning Tools



WHAT IS INCLUDED?

- Case Plan Record
- Household Action Plan
- Adolescent Action Plan
- Child Engagement Tool

WHAT DOES THE SET DO?

Within OVC programming, case planning is essential to case management. Case planning includes the process of creating a case plan, retaining an official case plan record in the casefile, and engaging the household, adolescents, and children in their own case plan. Together, this set of tools engages all family members in creating a case plan with their Case Worker.

WHAT DOES EACH TOOL DO?

Case Plan Record: The Case Worker, through case plan conferencing will use the Wellbeing Assessment Records to fill in the Case Plan Record. This Case Plan Record becomes the case plan for the household and is filed in the casefile.

Household Action Plan: The households, with assistance from the Case Worker, will fill in the Household Action Plan. The Household Action Plan helps to prioritize the goals of their case plan, breaking them into small, more manageable goals. The household can immediately take action on their action plan and track their own progress.

Adolescent Action Plan: Each adolescent, with assistance from the Case Worker can privately fill in their own action plan. This gives adolescents the assistance they need to set goals and begin to take action for their own health, safety, stability, and schooling.

Child Engagement Tool: The Case Worker will interact with children and plays the multiple games included in the Child Engagement Tool. This can be done during case planning or any home visit to increase engagement by children in the case planning process.

Printing specifications can be found at the end of this document.

A full set of files, including high-quality printer files, are available for download: http://pictureimpact.co/case-management-toolkit/

HOW CASE WORKERS WILL USE THE SET

1. Participate in Case Plan Conferencing

There are 2 tools to make the case plan case conferencing useful.

- Wellbeing Assessment Record
- Case Plan Record

Set-up

- *The Wellbeing Record:* the Case Worker will use this to find the data necessary to mark the case plan record.
- *Case Plan Record:* the Case Worker will mark with a pen

Using peer learning through case conferencing can help the Case Workers become more confident with creating a case plan from the wellbeing assessment and recording it on the case record. Encourage Case Workers to bring their most challenging cases to the case conferencing time.

Split Case Workers into small groups of 3-4 people each. Lead the groups of Case Workers through the following conversations. This will help the Case Workers create a unique case plan for each household and become ready for action planning with the household.

Household Strengths

- Strengths are often categorized as human, physical, or psychosocial.
- Human assets are those skills and knowledge a person has and can use.
- Physical assets are items and things we own or have access to.
- Psychosocial assets are our relationships and support.

Case Workers can refer to the wellbeing assessment and recall counseling-card discussions. Discuss as a group:

- What strengths were easy to identify for this family?
- What can they build from to increase their income and overall stability?
- What positive relationships did you notice?
- Did you have a hard time finding something positive in a family? Let's find something together.

Action: Mark 1 human, 1 physical, and 1 psychosocial asset on Case Plan Record "Household Strengths" section.

Emergency Needs and Referrals

Case Workers can refer to the wellbeing assessment and recall activity-card discussions. Discuss as a group:

- What most concerned you for this family?
- Were there any red flags that caught your attention?
- What can't you stop thinking about?
- How do you feel knowing these details about this family?

Action: Check carefully for each of the emergencies listed, and mark if they are present and if you have referred the family for services. Report all emergencies you identified to the Case Manager.

Priority Needs

Ask Case Workers:

- What priority needs or emergencies were you able to identify during the wellbeing assessment?
- Are you encountering a lot of emergency level needs? How are you feeling about that?
- How do you decide where to start when a family has a lot of needs? There is no right answer, it may be different for each family. Please share examples with the group.
- What needs are you seeing that are outside of what the program can do?

Action: Mark any emergencies on the case plan record. For each domain, mark priority needs for this family on the case plan record.

Direct Services and Referrals

Ask Case Workers:

- For each identified priority need, how are you able to respond in your role as a Case Worker?
- What is the family's part? What action do they need to take?
- Please share any situations or needs you are not sure how to respond to, let the group help you with ideas.
- What results from referrals are you seeing? Are there any referrals which are harder or causing problems? How so?

Action: For each domain, draw an arrow from each priority need to an appropriate direct service or referral on the case plan record. Note any actions needed from the family.

2. Engage the household in Household Action Planning

There are 2 tools to make household action planning easy.

- Case Plan Record
- Household Action Plan

Using the case plan records

Case Workers will use the case plan records to aid the family in completing a household action plan. The case plan records are easy to understand and useful in transferring case plan information into small doable actions for the household.

The Household Action Plan is a tool that helps the Case Worker and household:

- Prioritize and set goals
- Plan steps to reach those goals
- Track progress towards the goals
- Celebrate when the goals have been achieved

The Case Worker uses the results of assessments to complete a case plan. This case plan often has many large goals. The Household Action Plan helps to prioritize those goals and break them into small, more manageable goals. The household action plan is done with the family.

Prioritizing Goals

It is the role of the Case Manager to help Case Workers prioritize the goals for the household.

Goal priorities should include:

- 1 goal in each domain
- 90/90/90 benchmark goals first
- At least one specific goal that leads to quick completion of a benchmark
- Goals that will affect multiple benchmarks

Setting Goals

Goals need to be specific and small. They need to be something the family can accomplish in a 3-to-6-month period of time or sooner. Not all benchmarks are achievable goals.

- “Meeting all basic needs” is not a manageable goal
- “Improving my business” is a manageable goal

Selecting actions

After setting goals, the household and Case Worker needs to select actions to achieve those goals. Actions are :

- Something the family can do
- Can work with several domains
- Quick to accomplish

Examples of actions are:

- Talk to a neighbor, spouse, family, friend, or Case Worker
- Go to the clinic, bursary, or child’s school
- Join a group - SILC, youth, entrepreneur training, or parenting class

It is very important for the families to take action. This builds resilience, confidence, and planning skills.

Using the case plan summary as a program tool

The household case plan summary can be used for program monitoring at the household level as a tool to:

- Check benchmark progress as the household colors in the benchmark star for each they have completed
- Check the progress of the Case Worker in the case management process
- Check the progress of the family towards case plan achievement
- Identify barriers to success and needed help

Celebrating success!

It is important to celebrate the success of the family in accomplishing their goals. Encourage the Case Worker and household to celebrate each completed goal.

3. Engage adolescents in Adolescent Action Planning

The Adolescent Action Plan is a tool to help Case Workers:

- Engage youth in the case planning process
- Inform youth on positive action they can take
- Assist youth in choosing their own goals in each domain

The Case Worker will present each adolescent, age 10-17, in the household with their own Adolescent Action Plan. The adolescent now owns this action plan. The adolescent is the only one that should write inside of the action plan. The action plan is private and belongs to the adolescent. The adolescent can choose to share the information with the Case Worker or their parents. They can also choose to keep the information private. The Adolescent Action Plan is not a monitoring tool. It is an engagement tool.

Adolescents have agency

It is important to let the adolescent know that there are ways that they can contribute to their own health, safety, stability, and schooling. There are a lot of things that adolescents cannot control. The Adolescent Action Plan gives ideas on how adolescents can take action. This is encouraging and engaging for adolescents.

Adolescents can set goals

The Case Worker will encourage the adolescent to think about each domain - Healthy, Safe, Stable, and Schooled. The Case Worker will ask the adolescent to choose 1 action in each domain that they can take. This is a personal commitment by the adolescent. Remember, they can choose to keep it private.

Encourage conversation

The Case Worker can encourage the adolescent to share their goals with someone. The adolescent may choose to share their goals with the Case Worker, their caregiver, a sibling, or a friend. Sharing goals increases engagement and accountability. The Case Worker may not force the adolescent to share their goals but should encourage this.

4. Engage children in action planning

The Child Assessment and Engagement Tool helps Case Workers and children interact. It is meant to be used with children ages 10 and under. Case Workers can use the tool in many ways at many times.

How to play

Domain puzzles: The card deck includes a 4-piece puzzle of each domain: healthy, stable, safe, schooled. To play, arrange all 16 cards with the question side down on a flat surface. The 16 pieces can be mixed up, and the children can then find the different pieces and arrange them into the 4 pictures. Very young children might need to do only 1 puzzle at a time.

16 questions: Each card has a question on the back. Case Workers or parents can ask the children the questions. Or children can ask each other the questions. Children can randomly choose cards from the deck to add an element of surprise/fun.

Matching game (memory game): On the other side of each card there are small images (8 pairs) and questions. To play the matching game, mix up the cards and arrange them question-side-down in a 4 x 4 grid. The goal is to match sets of cards. Have children take turns. Each player flips over 2 cards in their turn, revealing the images underneath. If the images are not a matching set, both cards must be placed back as they were. If the cards are a match, that player takes the matching set.

When to use

- To start a conversation when a child is quiet or withdrawn by playing
- During case planning the children can build a puzzle of the domains while the family discusses it
- During wellbeing assessment and case plan achievement readiness assessment the questions on the cards can be asked of children under age 10

For engagement

Children are very important in OVC programming. Often Case Workers spend much of their time with the caregiver, and the children may not be involved. Playing a game together gets children involved and builds connection and trust.

For assessment

There are questions in the wellbeing assessment tool and the case plan achievement readiness assessment that are intended to be asked of children under 10 years of age. Pictures can help children understand the questions and feel more comfortable answering.

SAMPLE PAGES : CASE PLAN RECORD

The Case Plan Record is a 6-page, black-and-white document printed double-sided on A4 paper. It can be hole-punched at the top to secure it in the case file.

CASE PLAN RECORD

Household ID: Case Worker: Date:

IMPORTANT! The Case Plan Record contains private information. Keep the case plan record in the case file in a secure location.

HOUSEHOLD STRENGTHS

Identify one human asset, one physical asset and one psychosocial asset this family has and uses.

EMERGENCY NEEDS AND REFERRALS

If any of these are true for any family member, please report to the LIP.

☐ Child 0-5 malnourished	*Refer to facility:*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
☐ Child-headed household	*Refer to child protection services*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
	Link to adult caregiver:	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
☐ Child/adolescent violence	*Refer to child protection services*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
☐ Child/adolescent sexual abuse	*Refer to child protection services*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
☐ HIV+ and not linked to facility	*Refer to facility:*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
☐ High risk and not tested	*Refer to facility:*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
☐ HIV+ and not taking ART	*Refer to facility:*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed
☐ High viral load	*Refer to facility:*	☐ Referred on: ☐ Action taken (in progress)	☐ Completed

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3. SAFE

CASE PLAN SUMMARY
PAGE 4 : SAFE

PRIORITY NEEDS

Tick identified needs: ✓

Signs of violence, abuse, neglect, or exploitation	☐
No birth certificate or ID	☐
Does not participate in everyday activities	☐
Sad, withdrawn or unusual behavior	☐
HIV+ and cannot name 2 sources of support	☐
Caregiver does not play with child(ren)	☐
No time to play	☐
	☐
	☐
	☐
	☐
	☐

SERVICES & REFERRALS

Connect needs to referrals. Specify who or where. Tick if family is taking action: Referred on ✓ Tick when complete: Completed on ✓

☐	Positive parenting training			☐		☐
☐	Counseling			☐		☐
☐	Psychosocial support			☐		☐
☐	Health services, etc.			☐		☐
☐	Birth certificate			☐		☐
☐	GBV and/or other violence services			☐		☐
☐	Legal assistance			☐		☐
☐				☐		☐
☐				☐		☐
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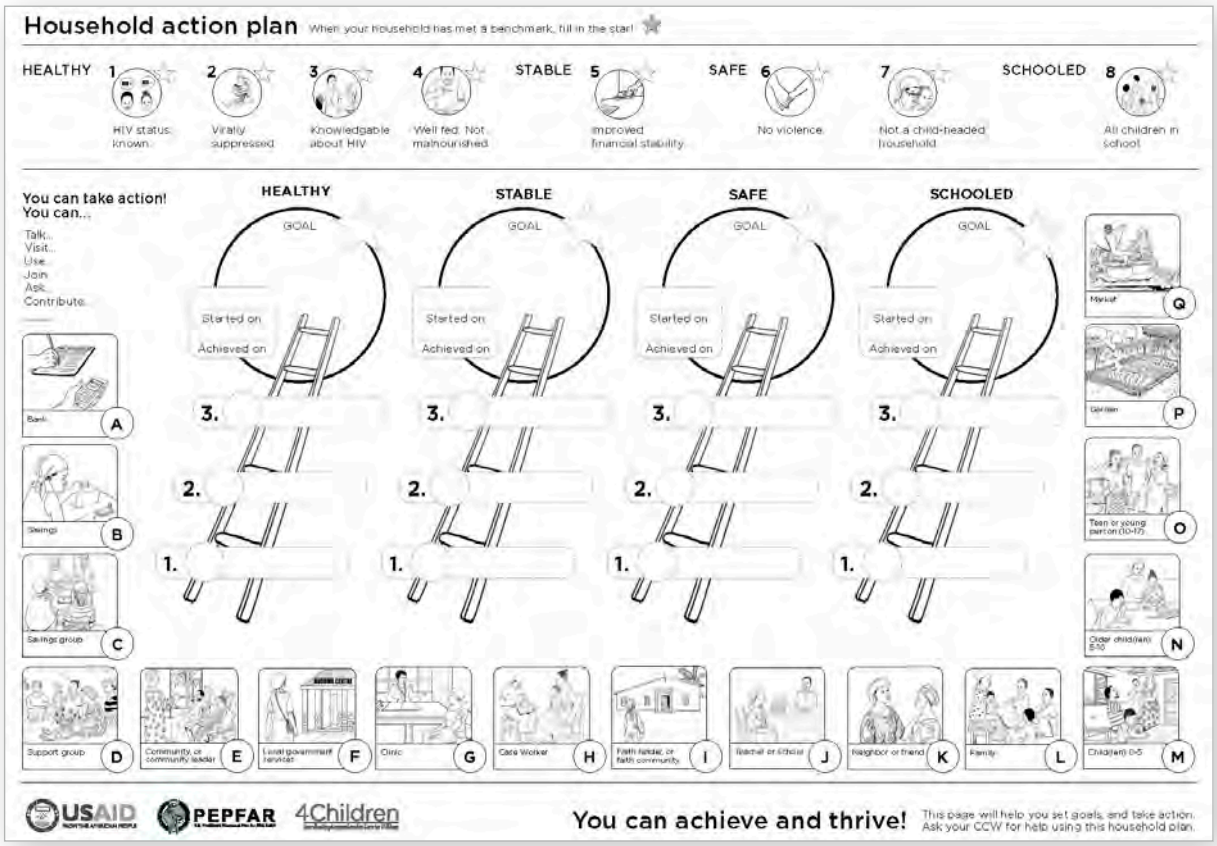
☐				☐		☐
☐				☐		☐
☐				☐		☐

FAMILY ACTIONS

SAMPLE PAGES : HOUSEHOLD ACTION PLAN

The Household Action Plan is a 1-page, black-and-white document printed on A3 paper. It can be doubled on both sides of a single sheet of paper, providing families with additional goal-setting and planning opportunities.



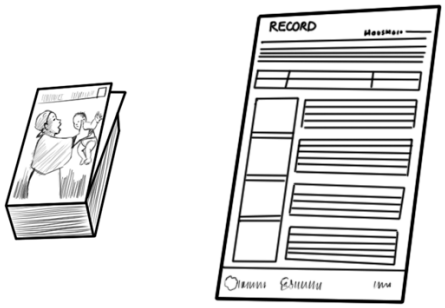
SAMPLE PAGES : ADOLESCENT ACTION PLAN

The Adolescent Action Plan is a single sheet of A3 paper printed on both sides in full color, and map-folded into a pocket-sized (A6) booket.

SAMPLE PAGES : CHILD ENGAGEMENT TOOL

The Child Engagement Tool can be printed on 2 sheets of A4 paper. It is printed on both sides in full color, and then trimmed to make 16 playing cards.

Graduation Readiness Assessment Tools



WHAT IS INCLUDED?

- Activity Deck
- Graduation Readiness Assessment

WHAT DOES THE SET DO?

The goal of OVC programming is to help households graduate from the OVC program. In order to graduate, everyone in the household must achieve the benchmarks of the program in the domains of Healthy, Stable, Safe, and Schooled. Benchmark monitoring is an interactive and ongoing process between the household, Case Worker, and the program.

WHAT DOES EACH TOOL DO?

Benchmark cards (part of the activity deck): the case worker and household will use the benchmark cards from the activity deck together on a table, blanket, or other flat, clean surface. The Case Worker will ask each benchmark card and sort the cards into a "yes" pile and a "no" pile, depending on the answer. Benchmarks which "do not apply" go in the "yes" pile.

Graduation Readiness Assessment: the Case Worker will use a pen or marker to fill this out. From the benchmark card piles, the Case Worker will record the results of benchmark progress and achievement on the Graduation Readiness Assessment.

Printing specifications can be found at the end of this document.

A full set of files, including high-quality printer files, are available for download: http://pictureimpact.co/case-management-toolkit/

HOW CASE WORKERS WILL USE THE SET

1. Sort the benchmark cards

The Case Worker will show the household the picture on the front of the card.

The Case Worker will ask the household questions and assess whether the statements on the back of the card are **yes**, **no**, or **does not apply**.

- If **does not apply,** place in the "**yes**" pile.
- If **yes**, place in the "**yes**" pile.
- If **no**, place in the "**no**" pile.

Remember, when there are multiple questions a **no** to any question should be placed in the "**no**" pile.

Pause and celebrate each "**yes!**" Celebration is important. Then put the "**yes**" pile aside, you are finished with it. Have the household color the star of that benchmark on the household action plan.

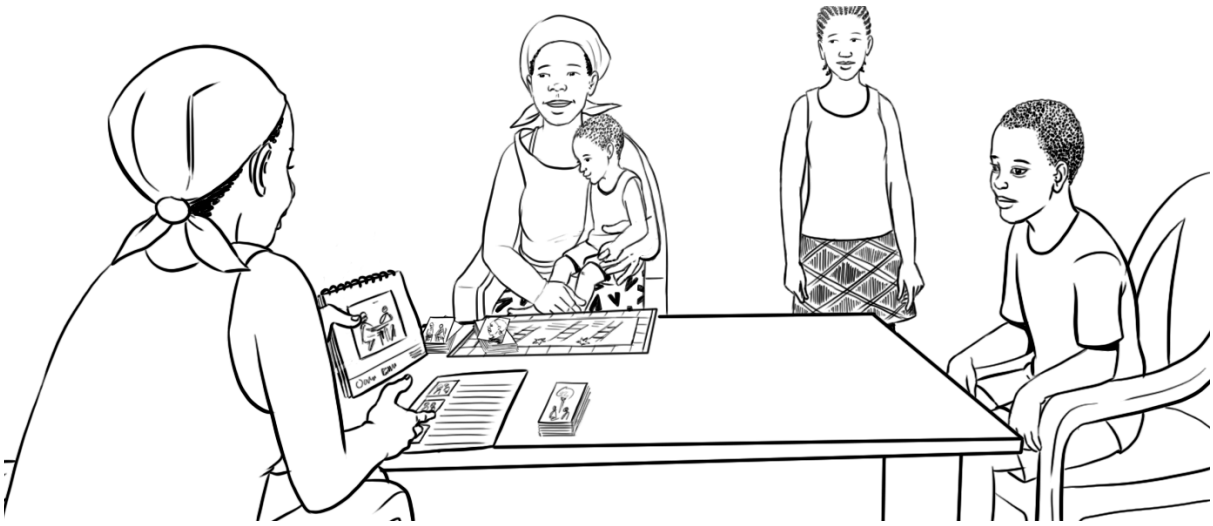
2. Make a record of the benchmark results

The Case Worker writes the date in the next open "visit date" box. All marks should be made in the corresponding column for each benchmark.

The Case Worker looks at the "**no**" pile and circles the benchmark on the Graduation Readiness Assessment for each "**no**."

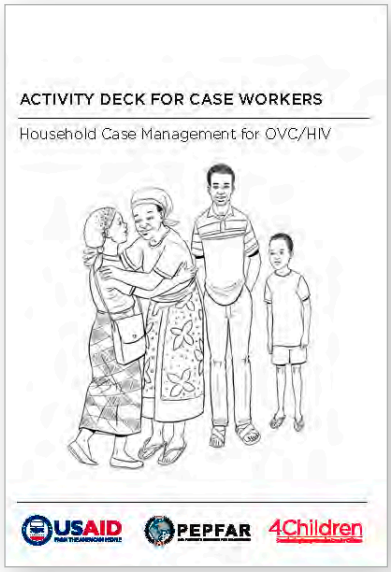
Each family member matters! For each benchmark with a person icon, the Case Worker will mark on the Graduation Readiness Assessment how many people in the household can say "**yes**" to a benchmark.

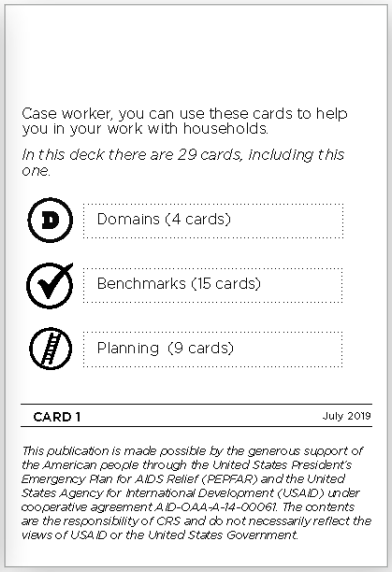
The caseworker then marks the rest of the benchmarks with an ✓ to record a "**yes.**"

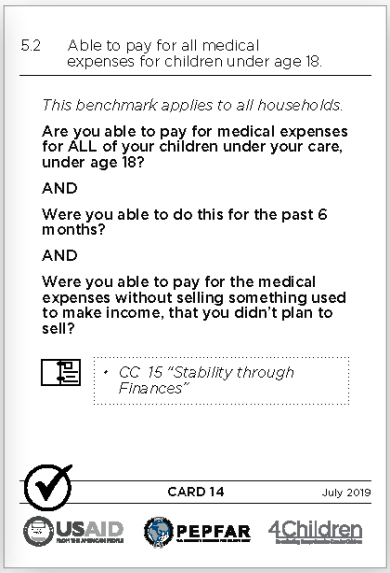


SAMPLE PAGES : ACTIVITY DECK

The Activity Deck is a set of 34 cards designed to be printed at A6 size. We recommend the cards are drilled in the upper left corner. They can be put on a metal ring or chain, or kept together with a piece of string. The cannot be bound permanently, as the cards need to be able to be shuffled and sorted freely during activities.







Benchmark 4

Children are not malnourished.

4 Every young child in the household is free from malnourishment.

This benchmark applies to children ages 6 months through 5 years.

Does each of your children have a MUAC of greater than 12.5cm?

AND

Is each of your children free from signs of bipedal edema?

- *CC 13 "Nutrition"*

CARD 12 July 2019

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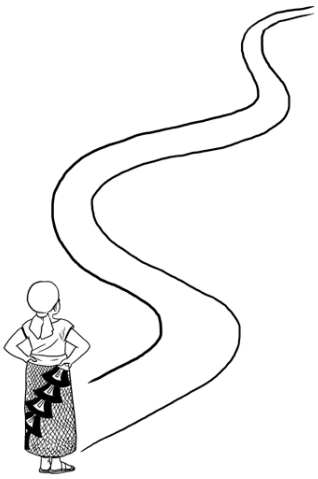
PLANNING STORY



This is a good activity to do with families. It will help them have confidence before they do the household-action plan. All members of the family should participate.

1. *Give the family all the cards in the story, mixed up.*
2. *Say,* "**Look at these cards.**"
3. *Ask,* "**What is happening on each card?**"
4. *Ask the family to put the cards in order to make a story. Pause to give them time.*
5. *Have the family tell the story when they are ready.*
6. *Take 1 card out of the card order.*
7. *Ask,* "**What happens if 1 part of the story is gone?**"
8. *Ask,* "**How much time passed for the family in the story?**"

Encourage the family that goals are met step by step.

Encourage the family that goals take time to be accomplished.

Celebrate how well the family did!

CARD 21 July 2019

USAID PEPFAR 4Children

PLANNING STORY

Selling the harvest (5)

CARD 26 July 2019

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SAMPLE PAGE : GRADUATION READINESS ASSESSMENT

The Graduation Readiness Assessment is a single-page, black-and-white document printed on A4 paper. There is space on the left side to punch holes so that the form can be kept in the household's case file.

Graduation Readiness Assessment

Household ID: _____

Use this form as a record of the household's progress toward graduation. During the CPARA activity, you will sort the Activity Deck benchmark cards into 2 piles: benchmarks that are complete, and benchmarks that still need some action. For questions on how to use this tool, see the job aid "CPARA Tools" in the OVC Case Management Guidance for Activista Supervisors booklet.

◯ *Circle benchmarks the family has NOT completed (those in the "no" pile).*

☑ *Tick all benchmarks that are not applicable, or that have been completed (those in the "yes" pile).*

For benchmarks with write in how many household members HAVE completed that benchmark. Watch the household make progress over time!

Visit 1 *(date)*	Visit 2 *(date)*	Visit 3 *(date)*	Visit 4 *(date)*	Visit 5 *date)*	Visit 6 *(date)*

Healthy		
1	☐☐☐☐☐☐☐	HIV status of all children, adolescents, and caregivers is known. *For how many of the members is this complete?*
2	☐☐☐☐☐☐☐	All HIV+ people are virally suppressed OR on ART for 12 months. *For how many of the members is this complete?*
3	☐☐☐☐☐☐☐	Adolescents have key knowledge about preventing HIV infection.
4	☐☐☐☐☐☐☐	No child under age 5 is malnourished.
Stable		
5	☐☐☐☐☐☐☐	Caregivers are able to pay school fees and medical expenses for all children.
Safe		
6	☐☐☐☐☐☐☐	All household members are free from violence and sexual abuse.
7	☐☐☐☐☐☐☐	All children and adolescents are under the care of a stable adult caregiver.
Schooled		
8	☐☐☐☐☐☐☐	All children ages 6-17 are enrolled, attending, and progressing in school. *For how many of the members is this complete?*

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** Remember: **"Does not apply" means Yes!**

Tools and Job Aids to support Case Workers

WHAT IS INCLUDED?

- Case Manager Guide

WHAT DOES EACH TOOL DO?

Case Manager Guide: The Case Manager Guide contains instructions on the toolkit components, facilitation and training techniques, and quick-reference job-aid material.

HOW CASE MANAGERS USE THE TOOL

This tool was created specifically for Case Managers. Case Managers can use the Case Manager Guide for 3 purposes:

1. Training Case Workers

Case Managers will be responsible for training Case Workers on the use of the toolkit and on the SOP. The Case Manager Guide contains simplified language for training Case Workers on the concepts of the SOP and the uses of the toolkit. The Case Manager Guide also contains facilitation and training-technique recommendations.

2. Quick Reference to Tool Instructions

Case Workers may ask Case Managers for assistance in administering the tools of case management. Also, Case Managers will be responsible for monitoring that Case Workers are administering the tools appropriately. Case Managers can refer to this guide to answer Case Worker questions and monitor Case Worker implementation of case management.

3. Quick Reference to SOP Job Aids

The SOP contains essential information for accurately conducting case management. The information in the SOP is technical in nature. It is critical that the integrity of the job aids remain intact. It is also important that Case Workers comprehend the information in the SOP. The Case Manager Guide simplifies the language of the SOP job aids to support Case Managers in training Case Workers.

SAMPLE PAGES : CASE WORKER GUIDE

The Case Worker Guide is a 52-page A5-size booklet. It contains instructions on how to use each of the tools, guidance on facilitation, and simplified job aids based on the SOP.

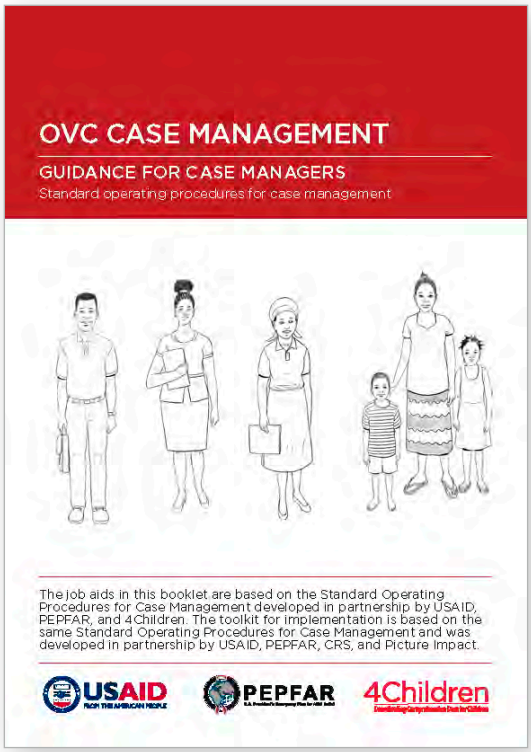
The contents include:

Part 1: Toolkit Use

1. Toolkit for OVC Case Management
2. Wellbeing Assessment Tools
3. Case Plan Conferencing
4. Using and Supporting the Household Action Plan
5. Benchmark Monitoring Tools
6. Child Engagement Tool
7. Adolescent Action Plan
8. Facilitation Techniques

Part 2: Job Aids and References

1. Case Management for Children affected by HIV or living with HIV (see SOP annex 1)
2. The Best Interests of the Child (see SOP annex 7)
3. Supportive Supervision (see SOP annex 2)
4. Caseload Management (see SOP annex 3)
5. Data Protection Protocols (see SOP annex 14)
6. Obtaining Informed Consent and Assent (see SOP annex 10)
7. Explaining Case Management and Case Plan Achievement to the Families (see SOP annex 9)
8. Strengths-based and Resilience-based Approaches (see SOP annex 4)
9. Communicating with Children and Caregivers about Sensitive Topics (see SOP annex 8)
10. Communicating with Children about Trauma (see SOP annex 8)
11. What is Viral Load and How to Discuss It (see SOP annex 21)
12. Guiding Questions for Preparing a Household for Case-Plan Achievement (see SOP annex 25)



Facilitation Techniques

The case management tools contained in Part 1 of this Case Manager Guide are all well-suited for low-literacy Case Workers. Sometimes, it can be challenging to train volunteer workers. Often traditional forms of training, such a formal presentations, do not work well in these contexts.

KEY POINTS

People learn by doing!

Role-playing works well for all the case management tools.

Games bring energy to training.

Stories help people remember what they have learned.

There are 3 facilitation techniques that case managers can use to improve their training of case workers.

- Role-playing
- Game-playing
- Storytelling

Role-playing

All of the tools in Part 1 of this guide are well-suited for role-playing. Role-playing allows case workers to pretend to be a character (caregiver, child, adolescent, case worker) in a fictional household interaction. This allows case workers to learn how to use the case management tools in a fun, interactive way while in a safe, learning environment. Role-playing builds confidence in Case Workers and helps Case Workers to develop creative communication techniques they can use with households. Role-playing also increases the Case Workers' ability to problem-solve.

Uses

Role-playing likely will work best with the following sets of tools. Remember, teach first, and then have a group act out the interaction with the household using that set of tools.

- Wellbeing Assessment tools: Wellbeing Assessment Guide, Wellbeing Assessment Records, Activity Deck
- Case Plan Conferencing: Wellbeing Assessment Records and Case Plan Summaries
- Benchmark Monitoring tools: Activity Deck, Graduation Readiness Assessment

Game-Playing

Another engaging way to train Case Workers is through game-playing. Playing games as a group helps to build confidence, solidarity, and a sense of joy. Case Workers will benefit from increased logical reasoning, critical thinking, and spatial reasoning skills. Also, Case Workers will be more likely to retain the information they learn in training through game-play.

Several components of the tools work well for game-playing in a large group.

Child Engagement Tool: The child engagement tool has 3 ways to play - puzzles, a question-asking card game, and a memory matching-game.

Planning Story: Each activity deck contains 6 cards that are part of the planning story. Case Managers can encourage Case Workers to shuffle the 6 cards, arrange into a story, and tell the story to another Case Worker. Or this can be done as a large group activity with 6 volunteers standing at the front of the training space.

Create your own: Case Managers can also create their own games or activities that will help to liven the training and assist Case Workers in retaining important information. Get creative and have fun!

Storytelling

Storytelling is another way to encourage learning and engagement from the Case Workers. Storytelling is an integral part of all cultures, and it helps to create shared language and characters to build group understanding. Storytelling helps to build curiosity, imagination, and communication. When done well, storytelling can help Case Workers retain the information they have learned and have a deep comprehension of the material learned.

Example:

Bucket Story: A family has a bucket with a hole in it. They ignore the hole and more holes appear. The family is very tired from always trying to keep the bucket full. They are not doing well. The family decides they are going to work together to patch the holes. They do. Each person in the family joins in. They all fill the bucket and can all draw from the bucket. When the family sees their problems and works together to fix them, they can thrive!

Create your own:

Case Managers can also create their own stories that will help Case Workers remember important concepts and build a shared story with other Case Workers.

Obtaining Informed Consent and Assent

KEY POINTS

Consent is when a capable person makes a choice on their own, agreeing to specific conditions or actions.

Informed consent is when a person fully understands an agreement.

Children cannot give informed consent, but they can give assent.

What is consent?

Consent means that a person has the capacity to make choices on their own. The person voluntarily agrees and gives permission for an action to take place.

What is informed consent?

Informed consent means that the individual giving permission has complete understanding of the situation. They need to understand the:

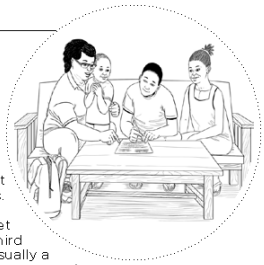
- Purpose
- Risks
- Benefits
- Limitations

Specifically, **what needs to be understood?**

- The service that will be provided.
- The information that will be collected.
- How and by whom the information will be used.
- Their right to refuse to participate or answer questions.
- Their right to withdraw consent at any time.
- What confidentiality is and its limitations.

What is the Case Worker's role in ensuring consent?

- Use language that is clear, understandable, and age-appropriate when you explain case plan achievement.
- Let household members ask questions and be sure to respond to each question.
- If you are not sure they understand, ask the client to explain the process or service in their own words.



Program information can be given verbally and then documented. It can also be given in a written form. It needs to be written in the language most familiar to the client.

Sometimes the client cannot give consent for themselves. You should protect the client's best interests and get permission from a trusted third party. A family member is usually a trusted third party. Obtaining consent for a child to participate, is one example of consent from a caregiver.

Asking the Child for Their Permission (Assent)

Children are too young to give informed consent, but decisions affect them. Caregivers give consent for their child. A child's view should also be respected and considered when making a decision that will affect them. You can seek their informed assent.

Informed assent is a child agreeing to participate. When you try to get informed assent, be sure to use child-friendly language. You want the child to understand you.

Documenting Consent

- Always seek a caregiver's or adolescent's informed consent and a child's informed assent, and document it.
- Print the tool for Consent of Household to Participate in OVC Program.
- This should be explained and signed before doing the Wellbeing Assessment.

Communicating with Children about Sensitive Topics

KEY POINTS

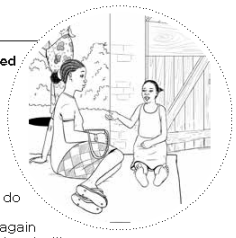
In all cases, you should reassure the child, adolescent or caregiver that you are available to provide support to the child and family.

Effective Communication is Necessary in Case Management

This is especially true when talking about sensitive topics like HIV, child protection, death or inheritance. How you and the Case Worker communicate, and interact with children and caregivers, is very important. Good communication involves asking the right questions to receive good information. It also includes listening, in respectful ways, to build trust.

You Can Build Trust in Many Ways

- Explain that you will keep your conversations confidential.
- Make sure to keep those conversations confidential.
- Always tell the truth and communicate what will happen.
- Try to see the world from the child or caregiver's point of view.
- Be sensitive to social and cultural norms or stigmas.
- Listen with concentration and a desire to understand.
- Don't assume you know how they feel. Respond with compassion.
- Avoid strong emotional responses of your own, but acknowledge the feelings of others.
- Show understanding and provide information while promoting household ownership.
- Resist distractions, like your phone.
- Focus entirely on the person in front of you; think of their best interest.
- Avoid showing lack of care, lack of attention, or disapproval.



Communicating about HIV-Related Issues Can Be Challenging.

It is important that you:

- Remind the children and caregiver that they do not have to answer questions if they are uncomfortable.
- Remind them you do not need to ask lots of questions, if they do not want you to.
- Tell the children and caregiver again that all answers are confidential and will not be shared.

When communicating with a child about HIV you should:

- use clear and age-appropriate explanations.
- discuss the topics with confidence.
- talk with the child, not at the child; allow the child to tell their story.
- let the child ask questions and respond to all the questions as clearly as possible.
- discuss with the child what information the child feels comfortable sharing, and who they are comfortable knowing the same information.

When communicating with an adolescent you should:

- make sure the adolescent is fully informed of their choices.
- provide information so the adolescent can make good choices.
- help adolescents take responsibility for their health and wellbeing.
- let the adolescent direct the conversation.

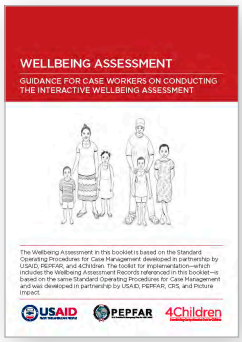
It Is Important to Be Sensitive to Gender and Other Dynamics.

Factors to take into consideration during these conversations:

- Girls and boys going through puberty may be experiencing other pressures and can be very sensitive.
- Age and sex of a caregiver can define the child/caregiver relationship.
- Gender roles and gendered expectations can shape interaction and relationships.

Printing Specifications

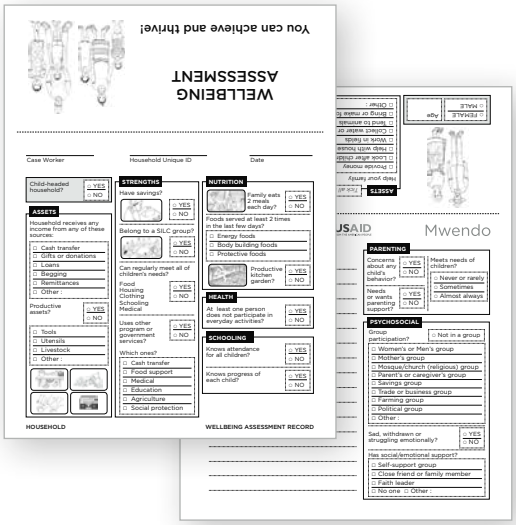
Wellbeing Assessment Guide



DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided, booklet)
Reader's Page Count: 64
Printer's Page Count: 32
Flat Size: A4
Finished Size: A5
Bleed: Covers only
Ink Colors (cover): Digital color
Ink Colors (interior): Black only
Paper (cover): 215 gsm coated white
Paper (interior): 90 gsm uncoated white
Collated: Yes (booklet)
Finishing: Trim, fold, pamphlet stitch

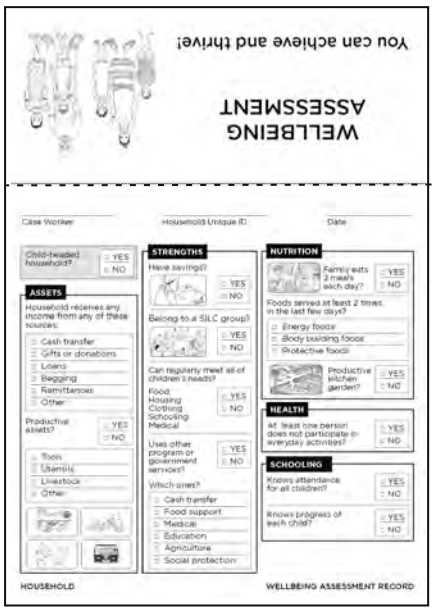
Wellbeing Assessment Record, HH, Caregiver, Child 0-5, Child 6-9



DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

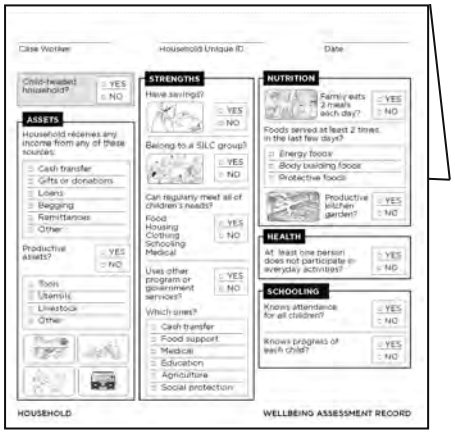
Sides: 2-sided (double-sided), flip on the long edge
Page Count: 8
Printer's Page Count: 8
Flat Size: A4
Finished Size: 210 mm x 210 mm
Bleed: No
Ink Colors: Black only
Paper: 90 gsm uncoated white
Finishing: Fold, 2-hole drill (see below for more instruction son the folds and the drilling)

Folding Instructions



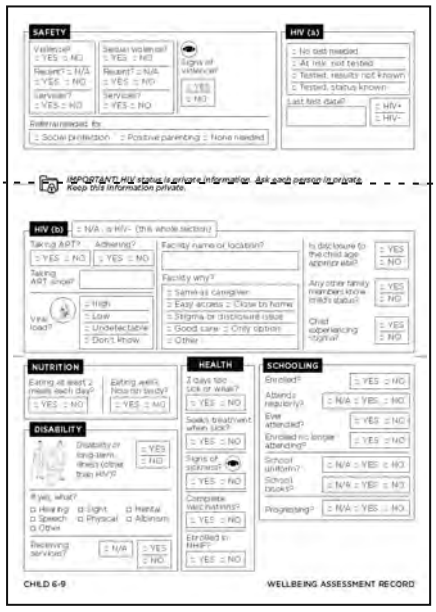
A4
210 mm × 297 mm

FINISHED HOUSEHOLD RECORD



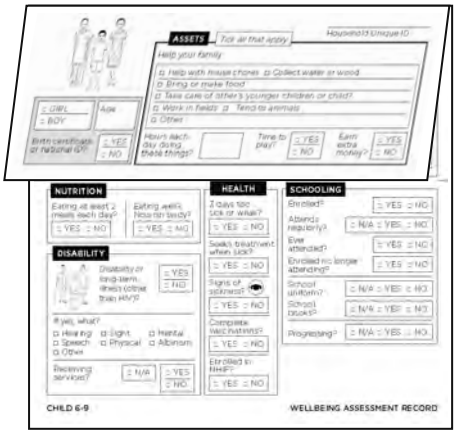
210 mm × 210 mm

HIDDEN INFORMATION



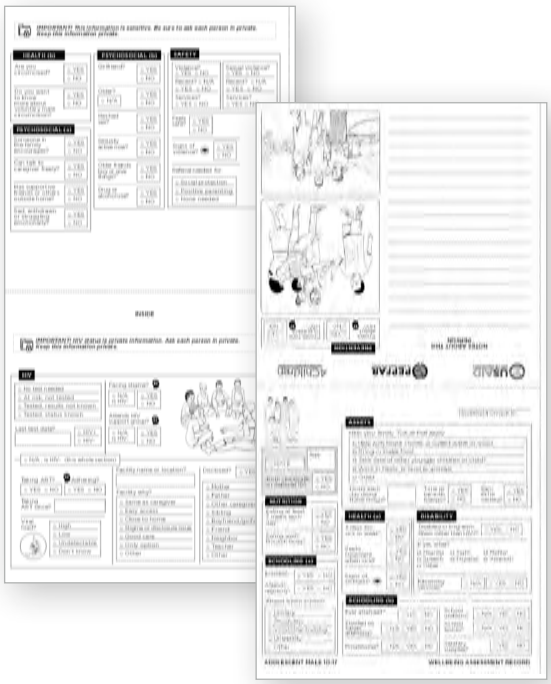
A4
210 mm × 297 mm

FINISHED CAREGIVER, CHILD 0-5, CHILD 6-9 RECORDS



210 mm × 210 mm

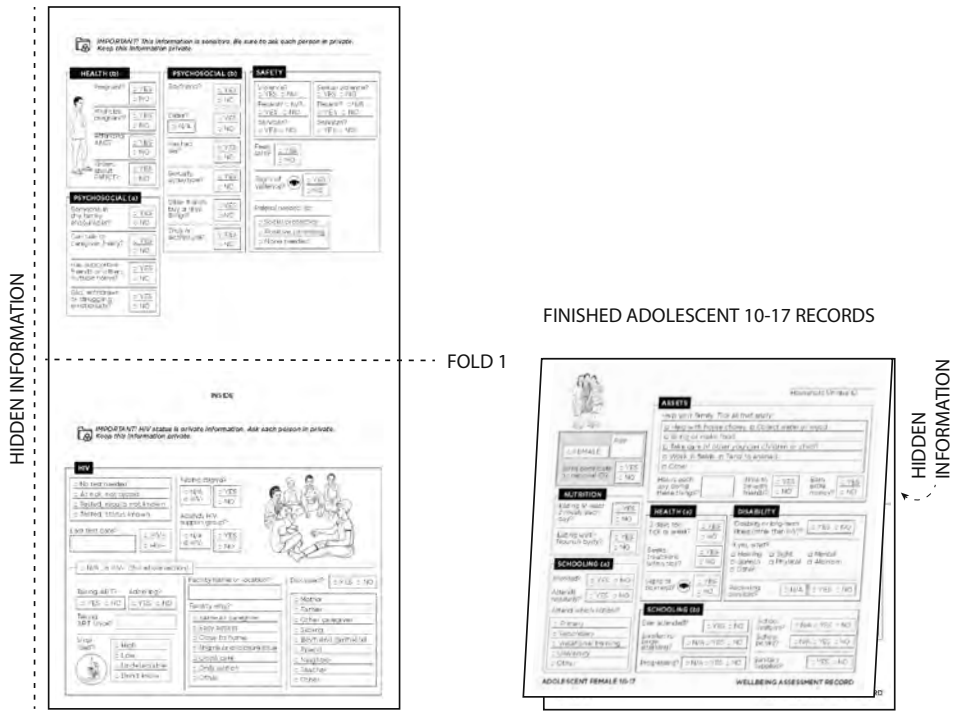
Wellbeing Assessment Record
Adolescent Female 10-17, Adolescent Male 10-17



DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided, same on both sides), flip on the short edge
Reader's Page Count: 4
Printer's Page Count: 4
Flat Size: A3
Finished Size: 210 mm X 210 mm
Bleed: No
Ink Colors: Black only
Paper: 90 gsm uncoated white
Finishing: Trim, fold, 2-hole drill (see below for more instruction on the folds and the drilling)

Folding Instructions

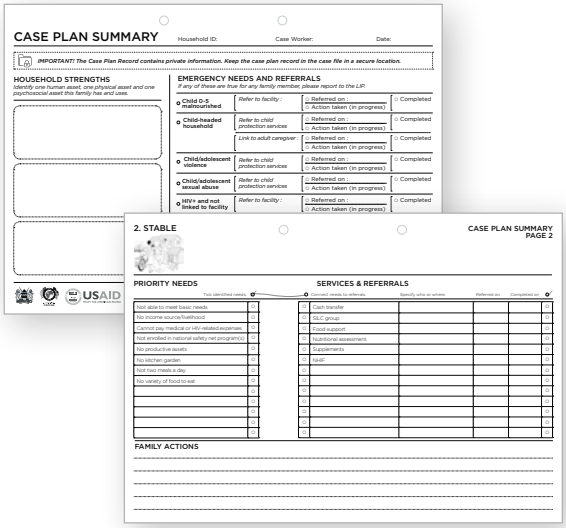


Counseling Cards

DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided
Reader's Page Count: 44
Printer's Page Count: 44
Flat Size: A3
Finished A3
Bleed: No
Ink Colors: Full color
Paper: 110 gsm uncoated white
Finishing: These can be printed either as a set of counseling cards, with matched content on the front and back, or as a flip-book, bound at the top, where the card front faces the household, and the card back faces the Case Worker at the same time.

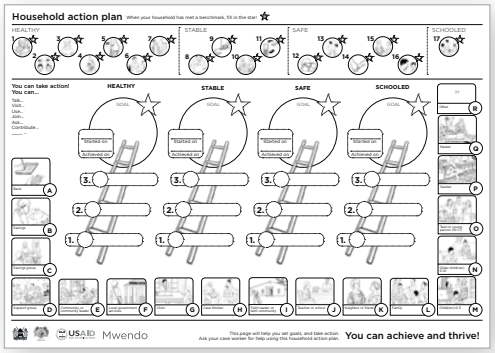
Case Plan Record



DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided), flip on the long edge
Reader's Page Count: 6
Printer's Page Count: 6
Flat Size: A4
Finished Size: A4
Bleed: No
Ink Colors: Black only
Paper: 90 gsm uncoated white
Collated: Yes
Finishing: Staple, drill 2-hole

Household Action Plan



DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

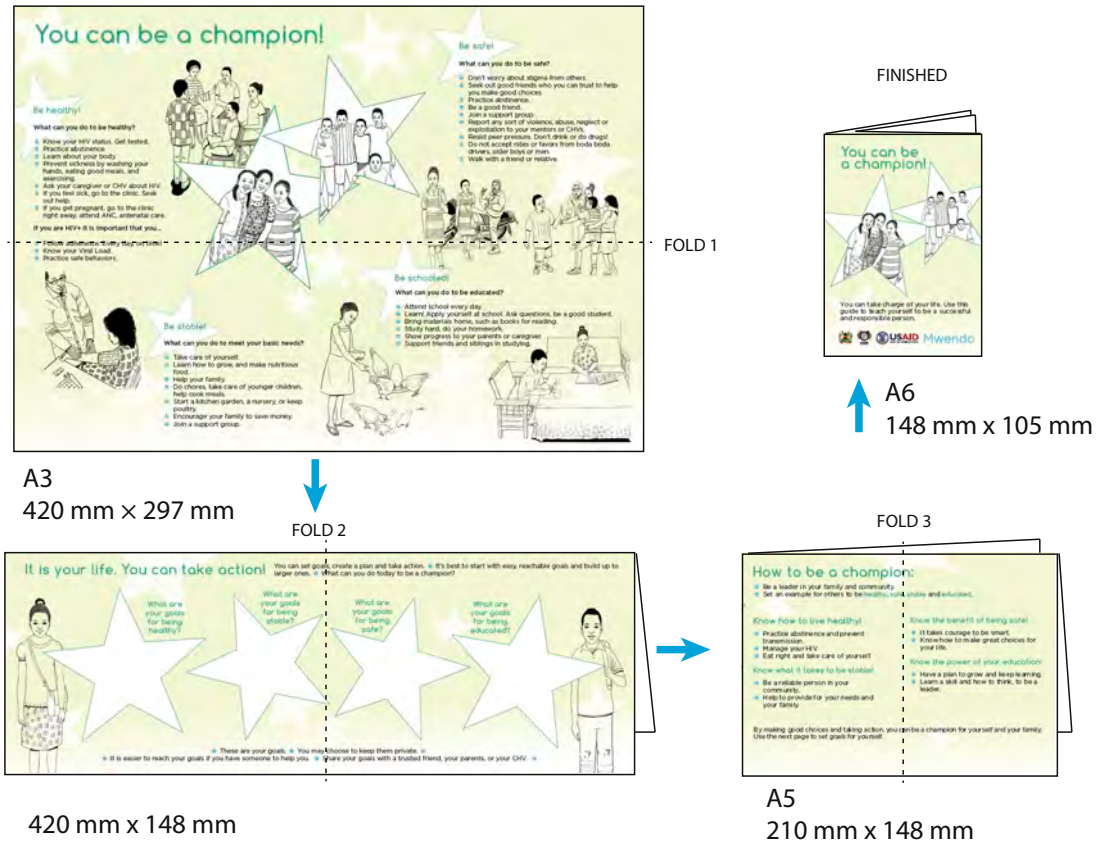
Sides: 2-sided (double-sided, same on both sides), flip on the short edge
Page Count: 1
Printer's Page Count: 2
Flat Size: A3
Finished Size: A3
Bleed: No
Ink Colors: Black only
Paper: 90 gsm uncoated white
Finishing: None

Adolescent Action Plan

DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided), flip on the short edge
Page Count: 2
Printer's Page Count: 2
Flat Size: A3
Finished Size: A6
Bleed: No
Ink Colors: Digital color (full color)
Paper: 120 gsm uncoated white
Finishing: Fold (multiple folds, see below for more instructions on the folds)

Folding instructions

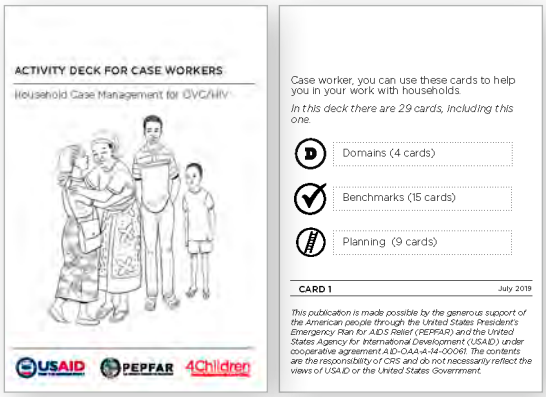


Child Engagement Tool

DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided, 45 cards)
Reader's Page Count: 4
Printer's Page Count: 4
Flat Size: A4
Finished Size: 69 mm X 98 mm
Bleed: No
Ink Colors: Digital color
Paper: 298 gsm coated white
Finishing: Trim

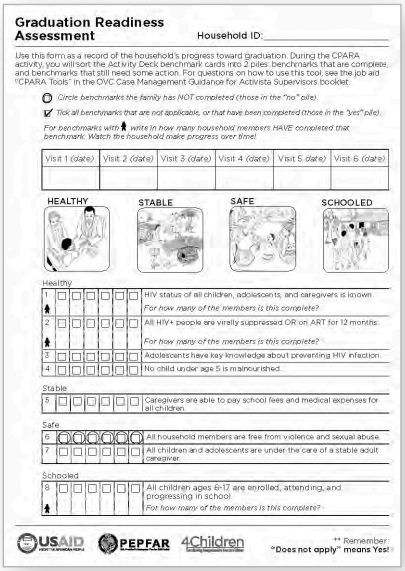
Activity Deck



DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided, 29 cards)
Reader's Page Count: 58
Printer's Page Count: 58
Flat Size: A5
Finished Size: A5
Bleed: Covers only
Ink Colors (1st page only): Digital color
Ink Colors (other pages): Black only
Paper: 298 gsm coated white
Collated: Yes
Finishing: Trim, drill 1-hole

Graduation Readiness Assesssment


Graduation Readiness Assessment

Household ID:

Use this form as a record of the household's progress toward graduation. During the CPARA activity, you will sort the Activity Deck benchmark cards into 2 piles: benchmarks that are complete, and benchmarks that still need some action. For questions on how to use this tool, see the job aid "CPARA Tools" in the OVC Case Management Guidance for Activista Supervisors booklet.

Circle benchmarks the family has NOT completed (those in the "no" pile).

Tick all benchmarks that are not applicable, or that have been completed (those in the "yes" pile).

For benchmarks with write in how many household members HAVE completed that benchmark. Watch the household make progress over time!

Visit 1 (date)	Visit 2 (date)	Visit 3 (date)	Visit 4 (date)	Visit 5 (date)	Visit 6 (date)

HEALTHY STABLE SAFE SCHOOLED

Healthy

1		HIV status of all children, adolescents, and caregivers is known. For how many of the members is this complete?
2		All HIV+ people are virally suppressed OR on ART for 12 months. For how many of the members is this complete?
3		Adolescents have key knowledge about preventing HIV infection.
4		No child under age 5 is malnourished.

Stable

5		Caregivers are able to pay school fees and medical expenses for all children.

Safe

6		All household members are free from violence and sexual abuse.
7		All children and adolescents are under the care of a stable adult caregiver.

Schooled

8		All children ages 6-17 are enrolled, attending, and progressing in school. For how many of the members is this complete?

USAID PEPFAR 4Children

** Remember: "Does not apply" means Yes!

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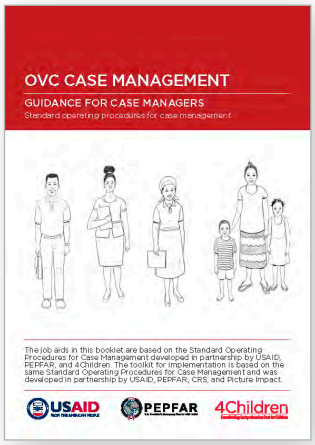
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided), flip on the long edge
Page Count: 2
Printer's Page Count: 2
Flat Size: A4
Finished Size: A4
Bleed: No
Ink Colors: Black only
Paper: 90 gsm uncoated white
Finishing: Drill, 2-hole

Case Worker Guide



DELIVERED AS: PDF (web and press)
EDITABLE FILE FORMAT: InDesign on request

Sides: 2-sided (double-sided, booklet)
Reader's Page Count: 52
Printer's Page Count: 26
Flat Size: A4
Finished Size: A5
Bleed: Covers only
Ink Colors (cover): Digital color
Ink Colors (interior): Black only
Paper (cover): 215 gsm coated white
Paper (interior): 90 gsm uncoated white
Collated: Yes (booklet)
Finishing: Trim, fold, pamphlet stitch

Coordinating Comprehensive Care for Children (4Children) is a five-year (2014-2019), USAID-funded project to improve health and well-being outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International and Westat.