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SOP Title: STANDARD OPERATING PROCEDURES IN HIV/AIDS CARE: CASE MANAGEMENT

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ART guidelines advocate for **case management** in clients with sub-optimal outcomes or various challenges that may put them at high risk of sub-optimal outcomes.

- I. **Purpose:** To guide the implementation of the case management intervention for patients receiving HIV/AIDS care in the program. *Note:* These guidelines do not replace or supersede other National or County guidelines.
- II. **Definition:** Case management is a collaborative, multidisciplinary, client - centred process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet a client's comprehensive health needs. It is "a range of client-centered services that link clients with healthcare, psychosocial, and other services provided by trained professionals." *Ryan White HIV /AIDS Program.*
- III. **Key roles of a Case Manager (CM):**

- Assessing needs and planning for services in alignment with the general CM plan
- Tracking and coordinating a multidisciplinary management for their cases
- Navigating newly enrolled clients through the first 6 months of treatment to ensure complete linkage and early retention
- Conducting/ensuring home visits are done as recommended by the MDT, or as deemed necessary
- Ensuring their cases have received appropriate care packages e.g DSD, RTT, EAC, as necessary
- Presenting their cases in TWG(s) and overseeing the implementation of ensuing recommendations
- Championing the needs of their designated case (s) including linkage to social networks/services
- Reviewing previously discussed issues if any with their client and planned activities according to the **case management plan**
- Updating case processes, progresses and outcomes for goals achievement, and reporting

IV. Categories of patients for assignment to a case manager

1. Children and adolescents in the following categories:
 - a. With High Viral Load (HVL) / detectable VL
 - b. Who have unstable caregivers
 - c. Living with elderly caregivers, with poor social, economic and psychosocial support
 - d. With poor appointment keeping behavior
 - e. Orphans and Vulnerable Children (OVC)



- f. On transitions (Paeds to adolescents to adulthood, day school to boarding etc)
2. Pregnant and Breast-feeding Women in the following categories:
 - a. HIV positive pregnant and lactating mothers aged between 14-19 yrs.
 - b. Pregnant or lactating mothers with HVL / detectable VL
 - c. With poor appointment keeping behavior
3. Clients with alcohol and/or substance abuse disorders
4. Elderly - (Senior citizens of 65 Years and above)
5. Persons with disability e.g hard of hearing (deaf), blind or other as necessary
6. Clients with unstable mental illness
7. Clients with suspected or confirmed treatment failure, regardless of their age
8. Newly diagnosed/enrolled HIV clients (*initial 6 months of Rx **)
9. Poor adherence or at high risk of defaulting e.g IPV, recent job loss, bereaved, homeless
10. Clients with AHD (Advanced HIV Disease)
11. ITT - (LTFUs returned to care) * *LTFUs not for CM until they are found.*

V. Considerations when assigning cases :

- A Super CM will co-ordinate the generation and distribution of cases to the care team
- Cases can be assigned during MDT meetings, or as they are picked out at SDPs
- The **Super Case Manager** assigns cases as soon as possible to avoid unnecessary delays & each case should be followed for at least six (6) months
- Appropriate referral for other interventions should be done during the process
- Cases should be allocated equitably to avoid unfair overloads and exited when goal & sustainability is achieved
- Any member of the care team can function as a case manager; Nevertheless, the status of a case may necessitate assignment to a specific cadre
- The CM is required to introduce themselves to their clients / cases by name and location

Notes: Case management is not parallel to the mainstream system but rather an integral part
CM can provide direct care including HV, or coordinate to ensure services are offered

VI. Co- opting and delegation of cases

Through the Super Case Manager in the event that:

- Primary CM feels they are not making headway with a client
- Identifies challenges facing their client or that may need immediate action such as: physical abuse, neglect or deterioration. In such situations, the case manager should report to authority/ supervisor
- Primary CM is to proceed on long leave of absence
- CM faces harm or threats from arising from an assignment

VII. Key roles of Super Case Managers:

- Generate an active line list of eligible cases
- Assignment cases to CMs within a week of eligibility
- Keep a log of CM managers and their cases
- Supervise CMs and facilitate execution of tasks through coordinating referrals, HVs and linkages
- Ensure fair distribution of workload across the case managers.
- Provide recommendation for recognition of good performance

VIII. Tools and Documentation

The following tools will be used in the follow-up of cases



1. SOP for Case management
2. Home visit encounter form (guides on assessment areas)
3. Home visiting guidelines
4. Case management tracking register (Online or paper)

