PATHWAYS FOR EXITING PROGRAMS FOR CHILDREN ORPHANED OR MADE VULNERABLE BY HIV (OVC)

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Cover photo
Karen Kasmauski for CRS

PEPFAR's Orphans and Vulnerable Children (OVC) programming delivers child-focused, family-centered interventions that seek to improve well-being and mitigate the impact of HIV and AIDS on children and families. Interventions are time-limited, based on assessed need, and intended to build resiliency and improve the capacity of families to care for children. Therefore, as part of an integrated approach to OVC programming, enrolled children and families should be supported to achieve a degree of self-sufficiency and independence whenever possible. That is, caregivers should be able to meet the basic needs of the children in their care, including children living with HIV, and be able to provide a safe and healthy environment for children affected by HIV without direct project support. This is the ultimate goal of OVC programs and should help to inform the goals or objectives outlined in case plans for children and families enrolled in OVC programs. Shortly after enrollment, OVC programs should assess the needs and resources of children and families, work together to establish specific, realistic goals, and plan actions to achieve goals, support children and caregivers to implement plans, and monitor the completion of actions and progress toward achieving goals. Plans should outline concrete actions for facilitating the successful exit of children and families from OVC programming, including benchmarks for assessing readiness to exit.

Most children and families exit OVC programs via three main pathways: case plan achievement (previously described as "graduation"), transfer, or attrition. OVC programs should have standard operating procedures for facilitating the exit of children and families via the first two pathways and minimizing the numbers of children and families who will exit through attrition. Children and families, whenever possible, should have a clear understanding of the steps associated with each pathway from the point of enrollment.

CASE PLAN ACHIEVEMENT PATHWAY

> *Definition: Children and caregivers have achieved both the goals of the case plan and the goals of the program.*

Case plan achievement implies successful achievement of case plan goals agreed on by the client (child and family) and the case worker. It is the ideal pathway for exiting an OVC program. Within the context of OVC programs, case plan achievement is broadly understood as the point at which a child and family are able to meet their basic needs and recognized benchmarks in the areas of safety or protection, stability, education, and health, and no longer require the interventions offered by an OVC program.

By contrast, "graduation" within the context of poverty reduction programs is understood as the point at which a family has achieved a degree of economic security. OVC programs support children and caregivers holistically, and include activities intended to improve economic security, as well as activities intended to promote health, protection, access to other services, and psychosocial well-being. Greater economic security can help a family meet basic needs, but even economically secure families may not adequately meet all of the needs of children in the family, e.g., economically secure families in which children are abused, neglected, or encouraged to engage in exploitative child labor. In addition, economically insecure families may be in a position to adequately meet the needs of children in the family by leveraging sustainable support and services for these children from non-PEPFAR sources, e.g., food aid, cash transfer programs, and high-quality, free education and health care.

Circumstances under which children and families exit an OVC program through case plan achievement.

Case plan achievement is appropriate when all recommended interventions within a child and family's case plan have been completed and the family has achieved both the goals of the OVC program, as well as their own goals, within the parameters of the services provided and outlined through a collaborative process in the case plan. Case plan achievement does not necessarily imply that families no longer require support, but rather that the OVC program and members of the household agree that the family no longer requires the services offered by the OVC program. At this point, caregivers in the family should have demonstrated their ability to meet the needs of the children in their care that were previously met through participation in the OVC program, even if meeting these needs still requires working with service providers not supported by the OVC program, e.g., continued monitoring at an HIV clinic. The criteria or benchmarks by which a family's ability to care for children are evaluated should be understood by the OVC program and families from the point of enrollment, and the family's case plan should clearly outline actions required to achieve the agreed-upon goals and indicators or benchmarks for measuring completion of actions and achievement of goals. Examples of potential indicators or benchmarks might include: less than three absences from school over the past three months, adherence to HIV treatment for the past six months, no signs of malnutrition for three months, and demonstrated knowledge and practice of nonviolent parenting techniques for six months (see OVC Well-being Indicators for additional ideas on benchmarks). Indicators or benchmarks should reflect areas of well-being that the OVC program hopes to directly or indirectly improve.

Steps associated with a Case Plan Achievement Pathway:

1. ***Assessment of readiness to achieve case plan.*** After a family completes the activities within the family case plan, including any sub-plans for individual children, and after a period of continuous monitoring and support, the case worker and/or other project staff may meet with the family to review the goals outlined in the case plan, and assess the degree to which goals have been met and caregivers feel confident about their ability to meet the needs of the children in the family in the absence of direct project support. The case worker may also consult with other project staff, community members, teachers, health workers, or other key actors to assess the readiness of the family to graduate from direct project support before making a readiness decision.

2. ***Pre-case plan achievement planning with child and/or family.*** After a family has been identified as having achieved the goals of their case plan, the case worker and/or other project staff may congratulate the family and remind members of the family of the process for exiting the program after case plan achievement, including any additional monitoring, final project support, or activities to be completed prior to exiting, any final review or celebratory event that members of the family would be invited to attend, and a timeline for each of these steps, as well as a timeline for the withdrawal of project support. The case worker should check with each member of the family, including children if age appropriate, to identify any additional steps that should be added to the timeline, as well as any concerns or other feelings about the prospect of exiting, and address these in a positive and supportive manner. The case worker should also communicate this information to relevant program staff and local government officials or other service providers that are familiar with the case.

3. ***Continued monitoring of child and/or family.*** The case worker may monitor the status of a stable family for a period of time after the withdrawal of direct project support—but prior to final exit—to ensure that the family does not revert to a condition of vulnerability. This time period typically lasts two or three months. If the family does revert, and if the project timeline and budget allow, the project may reenroll the family or extend the monitoring period.

4. ***Final case review or case plan achievement ceremony for child and/or family.*** Prior to exiting, the case worker may organize one final meeting with the family to review achievements, respond to any concerns or other feelings associated with exiting, and congratulate members of the family for reaching a level of self-sufficiency and independence. The final meeting may involve respected members within the clients' community or additional project staff. Families may be presented with a certificate or some other form of recognition. Some projects choose to hold case plan achievement ceremonies, giving clients the opportunity to celebrate their accomplishments and share their experiences with other community members. However, in some communities, a formal ceremony may raise concerns about confidentiality.

TRANSFER PATHWAY

> *Definition: Case files and case management responsibilities for the child and/or family have been transferred to another source of support following a written administrative process.*

Not all children and families may be in a position to exit from an OVC program through case plan achievement. When case plan achievement is not possible, OVC programs should seek to transfer children and families to another source of support. Transfer within the context of OVC programs is understood as the shift of responsibility for case management and services from one program to another program, e.g., another PEPFAR-supported program, a program supported by the national or local government, community-supported programs, or a program supported by another donor, etc. "Transfer" occurs at the case level and should be not be confused with "transition," which is defined as the shift of responsibility for an overall OVC response or program within a community from donor support to local support and ownership.

Circumstances under which children and/or families are transferred.

There are several situations wherein the transfer pathway out of OVC programming would occur. These include:

- The child ages out of the program prior to achieving their case plan;

- The child and/or family plans to relocate prior to achieving their case plan;

- The program relocates or closes before recommended interventions have been completed;

- Interventions outlined in the case plan have been completed but the child and/or family still requires support, and the OVC program is not in a position to provide the type of support required.

Steps associated with a Transfer Pathway:

1. *Identification of additional ongoing family needs and resources.* The case worker may identify specific ongoing needs and resources associated with the children and families within their caseloads through assessment and review of case plans. Afterward, the case worker may compile a list of children and families that require ongoing support and a general description of the type of support required.

2. *Identification of sources of support.* Utilizing existing networks of service providers or those identified through service mappings, the case worker and/or other program staff may identify appropriate service providers to receive the transferred case. The case worker may consult with specific service providers to determine the extent to which they can accept additional children and families as clients, how children and families can access services, or what additional assistance providers could offer to expand their services and serve more clients.

3. *Development of Memoranda of Understanding (MOU) or other form of agreement with new or other service providers*. MOUs should clearly articulate the transfer process and roles and responsibilities of each actor involved in the process. Examples of information to be outlined within an MOU include which cases will be transferred, how the transfer will take place, services that will be provided to transferred clients, standards that service providers must meet to demonstrate their readiness to accept cases, any assistance that will be provided to service providers prior to the transfer of caseloads, and the timeline for transfer of cases and the steps involved in transferring cases, e.g., when clients will be notified, when new case workers will be briefed on new clients, when new case workers will meet with new clients, when case files will be transferred to new service providers, when services will be provided to new clients, etc.

4. *Pre-transfer planning with child and family.* The case worker and/or other project staff should explain the transfer process to children and families, describe the services to be provided by the new service provider, describe any final assistance that the current program will provide to clients, and the timeline for transfer. Clients should be given the option to accept new services or exit the program without transfer to a new service provider.

5. *Introduction of clients to new service providers and case workers.* The case worker should introduce the clients to their new case worker and service provider, and review the client's case file, including case plan, with the new case worker, in coordination with the child and/or family.

6. *Formal transfer of case files and other documentation to new service providers.* The OVC project should formally transfer copies of case files in a confidential and organized manner to the new service provider along with any other relevant documentation. Formal transfer of files should be documented by both organizations through signature or other agreement.

7. *Follow-up.* If timing and funding allow, the project may continue to consult with and support the new service provider for a period of time to ensure a smooth transition.

ATTRITION PATHWAY

Definition: Attrition within the context of OVC programs is understood as the premature termination of support to a child and/or family due to circumstances beyond the control of the program. Attrition should be avoided whenever possible. Attrition occurs as a result of the death of a child, a request by a child or his or her caregiver that services be discontinued, or inability to locate the child and/or family.

Steps associated with an Attrition Pathway:

1. *Confirmation.* In the case of refusal of services or failure to abide by project agreements, the case worker and/or project staff should meet with the child and family to determine reasons for refusing services or failing to uphold agreements, and where possible, address those reasons, support efforts to uphold agreements, or confirm that no agreement to continue services can be reached. In the case of failure to locate a child or family, the case worker should consult with neighbors, family, and friends for a pre-determined amount of time to identify possible locations, make multiple attempts to find the child and family, and document each possible location and each attempt to find the child and family. Finally, in the case of child death, the case worker should confirm the death through multiple sources, including neighbors, family, and friends, and take follow-up steps if necessary.

2. *Documentation.* In the case of refusal of services, the case worker should document reasons for no longer wanting services and the final date on which the case worker and child and/or caregiver confirmed that these reasons could not be addressed and services should be terminated. In the case of failure to abide

by project agreements, the case worker should document efforts to support the child and family to uphold agreements, and the final date on which the case worker determined that the agreement could not be upheld and services should be terminated. In the case of failure to locate a child or family, the case worker should document each possible location suggested and who made the suggestion, each attempt to find the child and family, and the date on which the project ended efforts to locate the child and family. Documentation should then be added to the family's case file. In the case of child death, the case worker should document the death, and where possible, the date and circumstances of the death, as well as sources confirming the child's death and any necessary follow-up steps that have been taken.

CASE CLOSURE

Once children and families have officially exited the OVC program through one of the pathways described above, the case may be recommended for closure. Following case plan achievement, transfer, or a determination that children or families have been lost to attrition, files should be reviewed by a supervisor and then "closed" within digital and/or physical file systems. Programs are advised to store files for a period of time following case closure, keeping them accessible should future needs arise. The date on which a file is closed, the case worker responsible for closing the file, and the resolution of the case (case plan achievement, transfer, attrition, or other) must be noted. Once the file is closed, the project or program can withdraw active support or monitoring from the family, and ongoing projects may enroll additional OVC families. If OVC and caregivers whose files have been closed are identified as returning to a condition of vulnerability, they may be reenrolled in the program, files may be reopened, and new case plans, etc., should be developed.

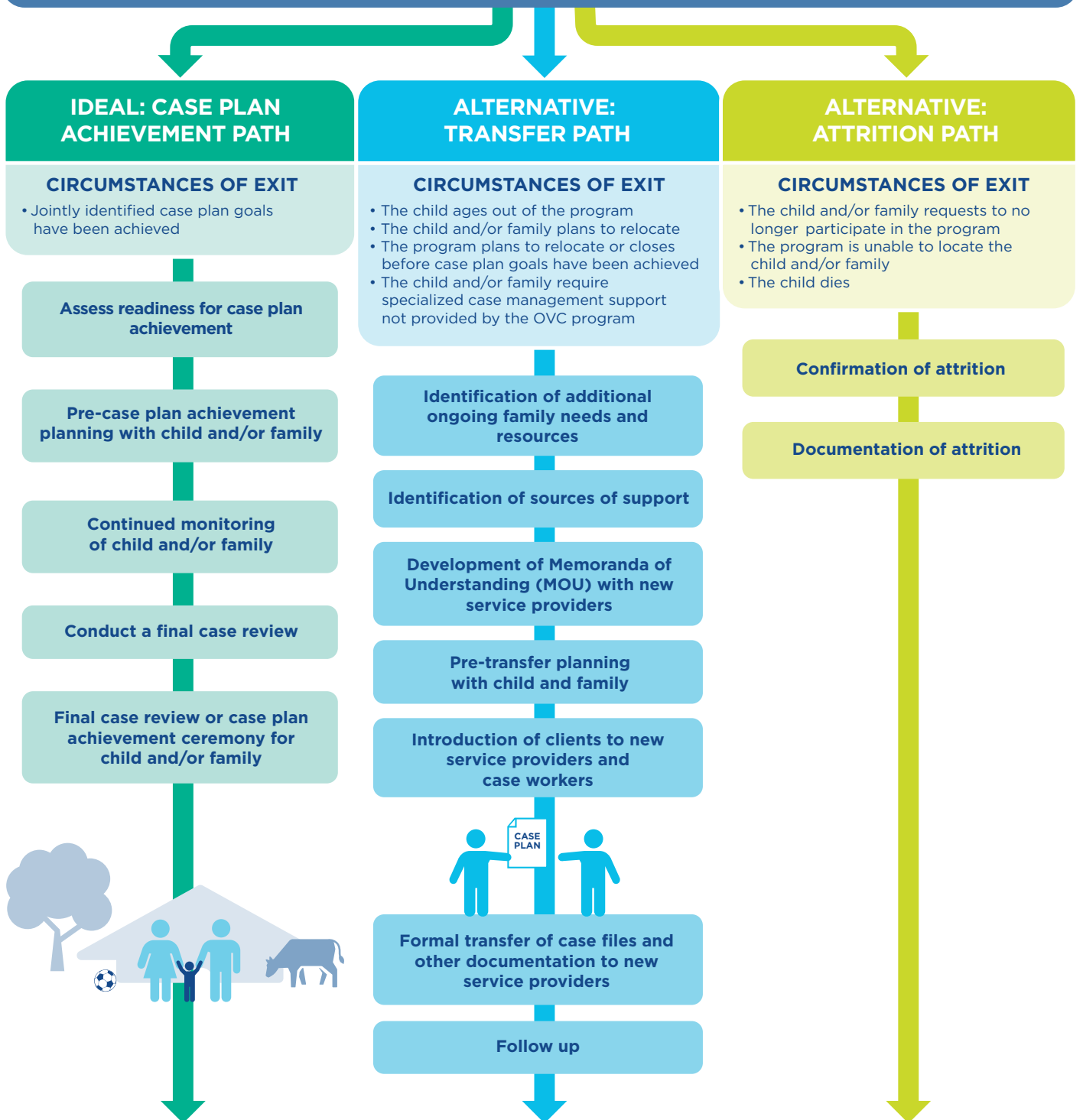# Pathways for Exiting OVC Programming

ONGOING MONITORING OF THE CASE

HEALTHY   **SAFE**   **SCHOOLED**   **STABLE**

IDEAL: CASE PLAN ACHIEVEMENT PATH	ALTERNATIVE: TRANSFER PATH	ALTERNATIVE: ATTRITION PATH
CIRCUMSTANCES OF EXIT • Jointly identified case plan goals have been achieved	**CIRCUMSTANCES OF EXIT** • The child ages out of the program • The child and/or family plans to relocate • The program plans to relocate or closes before case plan goals have been achieved • The child and/or family require specialized case management support not provided by the OVC program	**CIRCUMSTANCES OF EXIT** • The child and/or family requests to no longer participate in the program • The program is unable to locate the child and/or family • The child dies

IDEAL: CASE PLAN ACHIEVEMENT PATH

- Assess readiness for case plan achievement
- Pre-case plan achievement planning with child and/or family
- Continued monitoring of child and/or family
- Conduct a final case review
- Final case review or case plan achievement ceremony for child and/or family

ALTERNATIVE: TRANSFER PATH

- Identification of additional ongoing family needs and resources
- Identification of sources of support
- Development of Memoranda of Understanding (MOU) with new service providers
- Pre-transfer planning with child and family
- Introduction of clients to new service providers and case workers

CASE PLAN

- Formal transfer of case files and other documentation to new service providers
- Follow up

ALTERNATIVE: ATTRITION PATH

- Confirmation of attrition
- Documentation of attrition

CASE CLOSURE

Once children and families have officially exited the OVC program through one of the pathways described above, program support is terminated and case files may be closed.