The President’s Emergency Plan for AIDS Relief

Technical Considerations
Provided by PEPFAR Technical Working Groups for 2015 COPS and ROPS
INTRODUCTION

PEPFAR’s Technical Considerations consolidates into one document recommendations for program planning and implementation across a range of programmatic areas. The Technical Considerations are not intended to serve as policy guidance or establish required criteria within PEPFAR country programs, nor are they guidelines, as these are produced by normative bodies (e.g., the World Health Organization (WHO), the United Nations Programme on HIV/AIDS (UNAIDS)). Rather, the Technical Considerations are meant to assist PEPFAR teams and implementing partners in applying those normative guidelines, as well as the most recent scientific evidence, to the planning and implementation of programs.

PEPFAR’s give action agendas – Impact, Efficiency, Sustainability, Partnership and Human Rights – direct our work and catalyze the goal of controlling the epidemic and achieving an AIDS free generation. This goal and these five agendas are underpinning the content of 2015 Technical Considerations. PEPFAR program technical decisions must focus on doing the right things in the right places at the right time.

Doing the right things means improving our site monitoring, strengthening our program quality, and scaling-up our core interventions—ART, PMTCT, VMMC and condoms. Scaling-up the core interventions for maximum impact on the epidemic, with substantial declines in HIV incidence, is the only way to reach a truly sustainable response and the final pathway to ending AIDS one country at a time. The right things also means targeting populations - HIV/TB co-infected, and populations at highest risk for HIV - to increase their access to these core interventions, strengthen resilience, and decrease gender-based violence, discrimination and other barriers to HIV prevention, treatment and care.

The right places mean we will focus our efforts on pinpointing the geographic areas at sub-national levels with the highest disease burden in every country. To maximize resources and reach epidemic control, we should be focusing on geographic areas with the greatest need for treatment and prevention. We must become even more efficient and strategic with our efforts to achieve the greatest impact, save the most lives, prevent the most infections and change the course of the epidemic.

The 2015 Technical Considerations adopt a structure that brings together core program areas, focus or priority populations, systems, and supporting elements for quality and sustainability. Each technical section leads off with the key programmatic priorities that should feature in your technical COP 2015 planning discussions. Each section concludes with a reference to the SIMS (Site Improvement through Monitoring Systems) Core Essential Elements (CEE), providing a reference for technical approaches for quality program improvement.

PEPFAR team members with technical questions may contact headquarters Technical Working Groups (TWGs), keeping their PEPFAR Coordinator and Country Lead (CL) at the State Office of the Global AIDS Coordinator and Health Diplomacy (S/GAC) informed. CLs can provide contact information for relevant TWG co-chairs, as needed. Country and Regional teams needing on-site technical support (TS) should send their request through their PEPFAR Coordinator (or Point of Contact) to their CL. The CL will forward the request to the chairs of the appropriate HQ TWG.
1 **Technical Priorities**

During FY 15 the impact of Orphans and Vulnerable Children’s programs should be maximized through the following strategic actions:

**Plan for Geographic Shifts:** Locate (and where practical co-locate) OVC interventions in close proximity to other PEPFAR supported HIV services and interventions and within PEPFAR defined geographically prioritized areas. While geographic shifts over time are expected to occur it is paramount that OVC programs plan to end interventions within a realistic timeframe and with careful planning and phasing to minimize impact on children. Ideally, regular meetings between community and clinically based program managers/points of contact should be held during the COP planning process to ensure that synergies are maximized. Recommendations regarding maintenance interventions in geographical areas scheduled for phase out are further discussed below.

**Focus on Core Interventions:** Focus on OVC Core/Near Core Interventions in PEPFAR defined geographically prioritized areas and on maintenance interventions in geographical areas being phased out. More information on the Core Interventions can be found in the table below. Each country team should plan with full consideration of local data and context.

**Improve Targeting to Address the Most Vulnerable and HIV Positive Children and Adolescents:** Identify target populations for OVC services/interventions based on the shared priorities of the PEPFAR program to mitigate the impact of AIDS by building resiliency in children (and families) and preventing and treating child and adolescent HIV infection.

Aligned with the 2012 OVC Guidance programs should actively reach out to and target potential direct beneficiaries from three sources:

1. HIV-specific services – PMTCT, HCT, Adult and Pediatric HIV Comprehensive Care Centers, home-based care, support groups for people living with HIV, etc.
2. Social services – child welfare referrals, post-rape care center referrals,
3. Key population’s initiatives – including prevention programs for high-risk persons <18
4. FBOs and CBOs - Community volunteers and workers working with HHs are particularly important in identifying orphans including child headed households; skip generation households, and other extended family care.

Once identified, it is essential for OVC programs to employ a strengths-based assessment of the child and family prior to determining enrollment. Establishing formal networks with HIV specific services (including and importantly adult HIV care) is essential to ensuring children living with or exposed to HIV have access to a full continuum of medical and socio-economic services. In higher-prevalence areas where populations at large have been impacted by HIV and there is greater opportunity for broader-scale interventions, community identification of beneficiaries is also key.

Forging such linkages will also be crucial to accomplishing the goals of ACT (Accelerating Children’s HIV/AIDS Treatment). OVC plays a key role in mobilizing community based entities to proactively identify children for testing and treatment and to provide support to retention. Through early child development platforms (home visiting, preschools) OVC programs should continue to play an important role in addressing the developmental delays experienced by children infected, exposed to and affected by AIDS (Boivin, 2013). This can be particularly effective by linking with and targeting mothers in PMTCT programs.

Additionally, OVC programs are expected to play a key role in the accomplishment of the DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, Safe) Partnership to substantially reduce new HIV infections in adolescent girls and young women. OVC programs are well positioned to support elements of the core package of evidence-based interventions to reduce new infections in adolescent girls through interventions such as education and psychosocial support, cash transfers and other combination socio-economic approaches. Programs should proactively identify subgroups of girls at high risk of HIV infection (based on the local epidemic and social context) including importantly out-of-school girls. Establishing formal cross referral mechanisms with child welfare and protection services will be essential to identifying girls and boys at high risk of maltreatment and HIV infection including children living outside of family care and/or child survivors of maltreatment (Sommarin, 2014).

Support at the systems-level (E.g., capacity building in social protection programs and child welfare services) should be clearly linked to PEPFAR goals to mitigate the impacts of HIV and AIDS by building resiliency in children (and families). Trained child welfare workers are essential to the success of intervention to protect and care for children affected by violence, especially adolescent girls, as well as to all OVC requiring access to key social services (High Caseloads: how do they impact Health and Human Services? Research Brief, 2010) (Kidman, 2014). Partnerships that specify government co-investment in this area are essential. Where mutual goals have been set PEPFAR’s efforts to expand and equip the child welfare workforce have successfully leveraged government investment in closing these critical gaps.
**Invest in Referral Networks:** Invest in cross-referral networks & mechanisms to promote a true continuum of care across community and clinical services for children. As noted above cross-referral networks are essential to ensuring a continuum of care for children and their families. OVC programs should invest in establishing formal links with medical and other service providers. Numerous models exist to link community-based providers with medical providers such as setting up a referral hub and regular multi-disciplinary team meetings, signing of formal MOUs between clinic and community partners that clearly outline expectations for working together, mobile networking, and designating one day per week for community representatives to be based at clinics. Tools to support referral network design and monitoring can be found in the “further resources” section below.

**Emphasize family-centered socio-economic care:** OVC should continue to emphasize family-centered socio-economic care as the most appropriate approach to working with children and families, and as an essential support the full continuum of response (Casale, 2013). Socio-economic interventions that strengthen familial stability and promote children’s resiliency also have the double benefit of reducing HIV risk, and supporting client retention in care and treatment (Cluver L., 2014) (Cluver, Boyes, & Orkin, 2013) (Wang, 2014).

**Measure Outcomes for Program Impact:** Aligned with expectations on MER level 1.5 (essential survey indicators), OVC programs should articulate their plans in regard to measurement of outcome indicators. As part of the 2012 OVC Program Guidance, country teams should allocate sufficient funds (10% of the 10% recommended) for monitoring and evaluation of OVC programs.

**Ensure Adequate Staffing:** Ensure that OVC programs have adequate staffing to meet additional requirements for coordination and linkages with other technical platforms (i.e.: DREAMS, ACT and SIMS).

2 **Supporting material/evidence behind these priorities**

In addition to supportive evidence captured in the citations, the following articles from the recent peer reviewed literature are noted for their relevance to Orphans and Vulnerable Children Programming. Presentations made on these two articles as well as complementary findings from other global experts can be found at: [http://www.pepfar.gov/awarenessdays/232356.htm](http://www.pepfar.gov/awarenessdays/232356.htm)

Relevant evidence:


3 Core OVC Interventions

3.1 Definitions:

**Core** – Socio-economic activities critical to mitigating the impact of HIV/AIDS on children including meeting their most basic needs of health, safety, stability and schooling, prioritizing those which contribute to epidemic control, and those which PEPFAR is uniquely positioned to undertake.

**Near Core** – Activities that provide for sustainable social infrastructure to ensure children affected by HIV/AIDS are healthy, safe, stable and schooled and remain AIDS-free in the long-term (into adulthood) and that cannot yet be done well by other partners or the host government.

**Non-Core** – Activities that do not directly serve our goal of mitigating or preventing the impact of HIV/AIDS on children and/or can be taken on by other partners.

**Maintenance (Transition areas)** – In areas where the larger PEPFAR program is phasing out of HIV clinical services there will likely be OVC programs that should be maintained until such time that closure of services can be enacted without causing undue harm to children. While decisions about maintenance interventions should be determined based on local context and priorities identified in the below table, interventions where disruption would be of particular concern include – discontinuing support for students who are currently receiving PEPFAR support to attend school, discontinuation of support to sites/partners providing care related to violence against children (including GBV); discontinuation of support to savings group prior to planned graduation. **Countries should outline their plans for transition in non-priority areas.**

Orphans and Vulnerable Children programs provide socio-economic services that mitigate the impact of AIDS on children by reducing vulnerability, contributing to prevention goals, and supporting access to and retention in treatment.

3.2 OVC Intervention Categories:

3.2.1 Case Management

Case management provides the foundation through which all direct services and interventions are delivered by ensuring children, adolescents and families have access to a continuum of prevention, mitigation, care and treatment. An initial assessment of child, adolescent and caregiver vulnerability ensures that PEPFAR resources are targeted to those most impacted by and vulnerable to the AIDS pandemic. A strengths-based approach to case management emphasizes building the resilience and resources of children and families to function independently of the program in the future. Reducing loss to follow up and ensuring continuity of care across community and clinic-based service providers are essential outcomes of successful case management. Case management also serves to identify the most vulnerable children in the household, including adolescent girls who may be vulnerable to HIV infection. A workforce of professionals, para-professionals, and volunteers is needed to achieve outcomes in case management.

3.2.3 Healthy

This category encompasses the role of OVC programs in monitoring health outcomes, building health and nutrition knowledge and skills in caregivers, and facilitating access to key health services including and especially HIV testing, care and treatment and
services that serve to help vulnerable children, especially girls, stay HIV-free. The healthy category reflects the range of critical health outcomes across the age span from infancy to adolescence.

3.2.4 **Safe**

This category is comprised of services and interventions that OVC programs support to prevent and mitigate maltreatment of children and adolescents including gender-based violence. Children and adolescents lacking adequate adult care are at higher risk of maltreatment that in turn contributes to immediate and long term risk of HIV infection. Therefore this category also includes services to ensure children and adolescents are in the care of safe and nurturing family (biological, close kin, fostered or adopted) and neither institutionalized or otherwise living separately from a family environment. This category also includes special provisions made for adolescents (particularly girls) who are vulnerable to or have experienced violence, including sexual violence, or is separated and unable or unwilling to return to family (i.e. street children, domestic workers).

3.2.5 **Stable**

This category is comprised of economic strengthening (including social protection) interventions that reduce economic instability in adolescents and families affected by and vulnerable to HIV. Economic stability empowers families to provide for the essential needs of their children, contributes to treatment retention through ability to pay for transport and food costs, and reduces vulnerability to transactional sex and exploitation among adolescent girls.

3.2.6 **Schooled**

This category supports children and adolescents affected by and vulnerable to HIV to overcome barriers to accessing education including enrollment, attendance and progression. Special focus is required for those children most impacted by AIDS including under 5’s through early childhood development interventions that address developmental delays, and transition to secondary education that reduces the vulnerability to HIV infection in adolescent girls. This category also includes interventions to improve the safety of children and adolescents at home (through for example identification and referral by teachers to child protection resources) and at school (through for example safe schools programs that address GBV).
### Case Management

**CORE**
- Identification of children and adolescent subpopulations made vulnerable by or to HIV and AIDS.
- Assessing child, adolescent & family socio-economic status and risk (across all areas: healthy, safe, stable, schooled)
- Developing strengths based case management plans for children and families with monitoring of referral completion and stated case closure goals
- Implementing special studies to identify gaps in programming impact

**NEAR CORE**
- Mapping services within targeted communities and developing service directories
- Supporting the development of national MIS
- Training in case management for CHV and voluntary children’s officers (including tracing of children LTFU) within PEPFAR catchment areas.

**NON CORE**

### Healthy (Access to Health/HIV Services)

**CORE**
- Promotion of HIV testing of OVC program participants, including EID, and confirmatory HIV testing
- Referral to interventions focused on keeping adolescents HIV-free for those who test HIF-negative, especially adolescent girls,
- Coordination with commodity and counseling providers to ensure that dual protection is accessible to adolescent OVC
- Integrating ART adherence assessment, counseling and support into routine household support for family members with HIV.
- Coordination with NACS (E.g. referral of suspected malnutrition, education)
- Facilitating uptake of and monitoring completion of

**NEAR CORE**
- Establish and strengthening referral mechanisms and other systems to ensure cross referrals between clinic and social services (cross-referrals)

**NON CORE**
- Providing HH supplies such as blankets and mattresses
- Carrying out home visits solely for the purpose of clinical linkages
- Providing food package
referrals for:
- Nutrition and food security programs
- TB/HIV testing, treatment and care services for all children and partners of index cases
- Child survival services
- Age specific health care needs Adolescents for SRH and FP services, especially adolescent girls, and immunization for Under 5’s.

**Safe (Protection & Psychosocial Support)**

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<tr>
<th>CORE</th>
<th>NEAR CORE</th>
<th>NON CORE</th>
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<tbody>
<tr>
<td>- Supporting community and national level child protection/GBV prevention and response activities, and referrals to other services</td>
<td>- Strengthening government-managed and case management systems to prevent and respond to child abuse and support family placement and permanency for children</td>
<td>- Strengthening birth registration systems</td>
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<td>- Supporting clinic-based child abuse and GBV response services (including emergency medical services/PRC)</td>
<td>- Strengthening structures for community-based mediation of child abuse cases</td>
<td>- Supporting placements in long-term residential care facilities</td>
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<td>- Addressing psycho-social health among children and their caregivers through individual, group-based and relationship based activities</td>
<td>- Professional Development for social and para-social workers in child protection, GBV and permanency</td>
<td>- Carrying out large-scale child rights awareness campaigns</td>
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<td>- Succession planning and Permanency support</td>
<td>- M&amp;E systems for National child protection/ social welfare efforts</td>
<td>- Dissemination of Child protection laws</td>
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<td>- Positive Parenting skills (including discipline, communication on adolescent risk, HIV disclosure)</td>
<td>- Supporting advocacy and policy efforts to improve safety of children from violence</td>
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<td>- Support to “safe spaces” approach for adolescents at high risk especially girls (i.e., street children, domestic workers)(^{16})</td>
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**Stable (inc. Economic Strengtheningand social protection support)**

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<tr>
<th>CORE</th>
<th>NEAR CORE</th>
<th>NON CORE</th>
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<tr>
<td>- Facilitating group-based</td>
<td>- Supporting market linked</td>
<td>- Directly supporting IGAs</td>
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<tr>
<th>Household Economic Strengthening (HES) activities, such as savings groups</th>
<th>vocational training and other individual HES activities</th>
<th>with funds and other inputs unless incentivizing investments from beneficiary families (e.g., matching funds)</th>
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<tr>
<td>• Supporting access to and uptake of social protection efforts (such as social grants, cash transfer programs, bursaries, etc)</td>
<td>• Carrying out market assessments for Income generating Activities (IGAs)</td>
<td>• Establishing or supporting business cooperatives</td>
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<td>• Limited and temporary emergency cash (generally required for &lt;10% of cases)</td>
<td>• Linking businesses/agricultural projects to markets/value chain development</td>
<td>• Providing Micro-credit</td>
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<td></td>
<td>• Targeted food security initiatives</td>
<td>• Providing Housing</td>
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<td></td>
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<td>• Covering vocational training and/or IGAs without established market potential</td>
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### Schooled (Education)

**CORE**

- Based on analysis of gender disparities in completion rates (primary and secondary levels) identify key at risk groups for education support
- Facilitating access to primary and secondary education through temporary and targeted support,
- Providing temporary school block grants to promote enrollment and progression
- School-based psychosocial support and safety from violence
- Supporting early childhood development (ECD) – (in coordination with PMTCT & Pediatric HIV)
- Integrating ECD into HIV care & treatment for children under five

**NEAR CORE**

- Facilitating access to primary (and secondary education for girls) through long-term or open-ended subsidies
- Providing long-term or open-ended school block grants or support for ECD centers
- Improving education quality, especially making classroom environments gender and HIV sensitive
- Supporting community education councils and PTAs to provide support to OVC

**NON CORE**

- Supporting tertiary education (including university subsidies and scholarship)
## 4 Tracking to CEEs

<table>
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<tr>
<th>CEE Number</th>
<th>Standard</th>
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<tr>
<td><strong>Domain 12: OVC</strong></td>
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<tr>
<td><strong>12.1 Early Childhood Development</strong></td>
<td>Each site monitors developmental milestones for children ages 0 to 2 years, and refers children presenting with developmental delays for further assistance.</td>
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<tr>
<td><strong>12.2 Case Management Services</strong></td>
<td>Each intervention point has standard procedures for identifying, assessing, enrolling, and monitoring children and families affected by and vulnerable to HIV in an OVC program.</td>
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<tr>
<td><strong>12.3 Child and Family Support for Psychosocial Wellbeing</strong></td>
<td>Community-based child and family services support nurturing environments for children and their caregivers, ensuring that child and caregiver are functioning at adequate levels psycho-socially, and that children are in the care of family (biological, close kin, fostered or adopted) and neither institutionalized or otherwise living separately from a family environment.</td>
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<tr>
<td><strong>12.4 Education Services</strong></td>
<td>The intervention point supports families affected by and vulnerable to HIV to overcome barriers to accessing education including enrollment, attendance and progression.</td>
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<tr>
<td><strong>12.5 Economic Strengthening Services</strong></td>
<td>Economic strengthening interventions reduce the economic vulnerability of families affected by and vulnerable to HIV and empower them to provide for the essential needs of the children in their care, rather than relying on external assistance. For example: Economic Strengthening Interventions (savings group, micro finance, income generating, vocational training), Social Protection Support (cash transfers, fee waivers, food support).</td>
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<tr>
<td><strong>12.6 Referral Systems (Health and HIV/Socio-Economic Coordination)</strong></td>
<td>All children affected by HIV should also be tested for HIV. All community-based programs for OVC should be able to demonstrate successful referrals of beneficiaries to HIV testing and counseling services.</td>
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<tr>
<td><strong>12.7 Girls Secondary Education Transition</strong></td>
<td>The intervention point supports girls vulnerable to HIV to successfully transition to and complete secondary education.</td>
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<td><strong>12.8 Protection Services</strong></td>
<td>Violence can be defined as abuse (physical, verbal, sexual), neglect and/or exploitation of children, women, and populations affected by and vulnerable to HIV.</td>
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<td><strong>12.9 Preventing HIV in Girls</strong></td>
<td>The intervention point supports households caring for children affected by and vulnerable to HIV to identify girls who are vulnerable to HIV and to ensure families and girls receive the</td>
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support and services they need.

| 12.10 Social Protection/Child Protection Management Information Systems | The organization regularly collects and submits data, has routine access to data, and uses data to inform targeting and improve programming through a nationally recognized social protection/child protection information management system. |


