

USAID AMPATH Uzima



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SOP for OVC Service Provision and Referrals

What: Service provision and referrals represent the process for ensuring that children and households receive the services that they require in a timely manner. Depending on the type of OVC service, services may be provided by the Case Worker. This is called “direct service provision.” Examples of services that a Case Worker may provide include information or trainings on hygiene or positive parenting. A very important service that all Case Workers provide is psychosocial support. This is the result of routine friendly interactions with members of the household through regular case management meetings. Spending time with children and their families, and simply providing support through their presence and attention, can contribute to the household members’ overall wellbeing.

Because OVC USAID AMPATH Uzima program does not typically have the resources or expertise to provide all the services that a household may require, a Case Worker may refer a family to another organization for some services (e.g. cash transfer programs, positive parenting, savings and loans groups, child welfare services, educational support or health care). In these situations, a system for tracking and monitoring referrals is necessary to ensure that referrals are effective and that children and families are receiving the services they need to meet their goals.

USAID AMPATH Uzima OVC program places referrals at four levels: the national or implementing partner level; the County or Sub County implementing partner level; the community level and the case level (Figure 1).

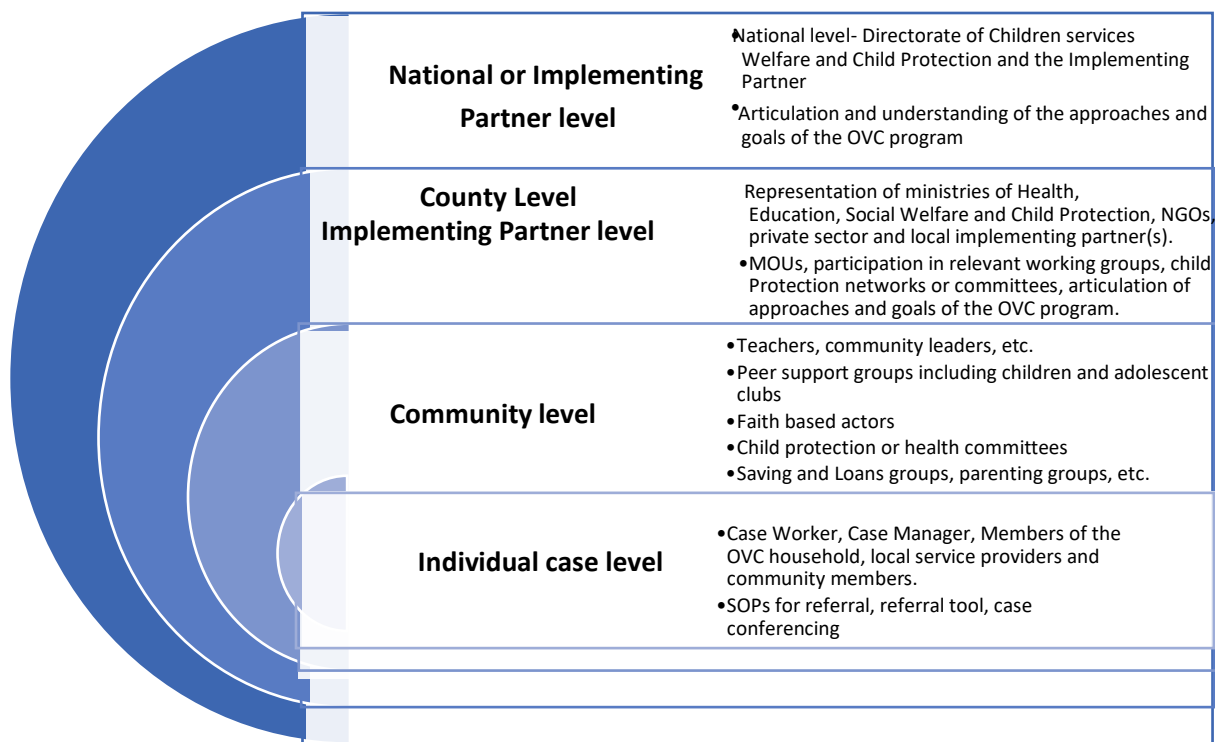


Figure 1. Levels of Referrals

At the national or programmatic level, the USAID AMPATH Uzima OVC program must work closely with other key stakeholders whose engagement is critical. This is for example: The National departments for Social Development and Directorate of Children Services; and other relevant social service providers. These could be governmental, non-governmental or faith based. Conducting a rapid mapping of who these players are at both national and regional or county level is an important part of program design and implementation. Ensuring that the service providers are aware of the OVC programs, the target population and the need for effective referrals should be discussed, agreed upon and outlined in a Memorandum of Understanding. This will recognize the key role of other actors in supporting the provision of a range of services for OVC and hopefully facilitate referrals at the case and implementing partner level.

At the County, sub-county or implementing partner level - The USAID AMPATH Uzima OVC program in collaboration with the Directorate of children services will conduct a service provider mapping, establish and formalize (via a Memorandum of Understanding (MOU) relationships with key service providers, organize and/or participate in relevant meetings or case conferences and ensure that goals and approaches of the OVC program are clearly articulated to and understood by providers of social services at the county, sub-county or local implementing partner level. One way of facilitating cross-sectoral referrals for OVC at this level is through establishing regular case conferencing meetings engaging relevant service providers and the OVC program representatives.

At the community level, the local implementing partner/Case Managers should be sure to identify relevant service providers such as positive parenting groups, child and adolescent clubs or psychosocial support groups, safe spaces, savings and loans groups and faith based initiatives as well as organizations that identify and refer child protection concerns/cases such as Child Protection Committees, teachers and other school staff, health care workers and faith based actors. Ensuring that these services are identified, informed of the OVC program and that a MOU is established is a critical first step where applicable.

At the individual case level, the need for referrals is identified when conducting the assessment and developing the case plan and/or when monitoring case plan implementation. The Case Worker should identify services needed, discuss with the members of the household and then follow the SOPs for Service Provision and Referrals (below) for making a referral. It is very important to remind all of those engaged in the referral process that a referral does not really matter until it is completed.

Tools:

- CPARA
- Case Plan Template
- Service Referral Form

Who facilitates: Case Worker, Case Manager

Who participates: all members of a household, representatives from receiving service providers

How: The Case Worker should carry out the following steps:

- a. Based on the needs, strengths, and assets identified in the assessment and goals set in the case plan, the Case Worker should complete sections A and B of the Service Referral Forms for services that the OVC program cannot provide directly. While completing the form, the Case Worker should engage the child and caregiver to ensure that they are part of the decision making process and are engaged in following up on the referral.
- b. Record all individuals, organizations, and government services that should be or have been contacted or referred to by the Case Worker on the Case Plan Template.

Members of the household should carry out the following steps:

- I. The member(s) of the household should then take the Service Referral Form to the receiving service provider and receive the service. **Note: If the child and/or caregivers do not take the referral form to the receiving service provider, the Case Worker should meet with the family to discuss why. In some cases, the Case Worker may need to escort the child and caregivers to the service provider or work with the family to address challenges related to transport.**

A representative from the service provider should carry out the following steps:

1. Provide the service outlined in the referral.
2. Complete Section C of the Service Referral Form (Counter Referral) and maintain record of it in their files as well as send the client with a duplicate copy/Counter Referral to initiating facility/Organization.
3. Regularly engage with the Case Worker, Case Manager or Facility to ensure that referrals are being completed in a timely and effective manner.
4. Participate in case conferences on an as needed basis. The Case Worker should check during the next visit if the service was provided, the quality of the service provided, the result of the service provided and then document it in the case file.