GUIDANCE NOTE
Disengagement/Exit Strategies for the Discontinuation or Handover of Programming

Planning for possible disengagement and exit is an important part of all IMC MHPSS programming. This is especially important if activities are handed over to local partners or when patients need to be transferred or receive information about other services. The following is an overview of general and MHPSS specific considerations.

There are Three Approaches to Disengagement/Exit Strategies:

1 Phasing Down
A gradual reduction of program activities, drawing on local organizations to sustain program initiatives while original implementing agency/donor deploys fewer resources.

2 Phasing Out
The withdrawal of involvement in a program, without turning it over to another institution or partner for continued implementation.

3 Phasing Over
The transfer of program activities to local institutions or communities so that services can continue.

Part I: General Best Practices for Phasing Out [1]

General Guiding Principles
- Emergency humanitarian activities should be phased out when the needs arising from the emergency no longer exists and normal health and related services, together with ongoing development activities, can meet the needs of the population.
- The phasing out of emergency assistance and activities must be envisaged from an early stage of the operation – preferably at the time when projects are planned.
- Ideally, there would be a smooth transition from relief through recovery and into normal and development activities.
- Often, humanitarian assistance sometimes has to be phased down or phased out earlier because of a lack of resources.
- The phasing out of individual activities and of the whole emergency program and operational set-up (including any field sub-offices) must be carefully planned and managed.
- It is essential to do everything possible through advocacy and resource mobilization efforts to ensure a smooth, timely transition.
- An evaluation and/or lessons-learned exercise should be undertaken in all cases.

General Strategies for Phasing Out
- Emergency projects should be phased out into ongoing regular programs, transferring responsibility to the relevant technical programs, or into the development activities of other partners. The scale of operations may be reduced progressively to a scale that can be sustained in the long term.
- When this is not possible, try at least to ensure equality in treatment for different areas and population groups, the delivery of residual emergency assistance and services on the basis of need, and avoid leaving vacuums
- On completion of each emergency project, materials and equipment should normally be handed over as a donation to a designated national entity.

Phasing out program activities
- Monitor the health status of the population, public health threats, and the performance (quality and coverage) of health services provided by (i) the various elements of the normal health system, and (ii) short-term emergency health actors
- Discuss exit strategies, potential synergies, phasing-out and handover plans within the cluster/sector group
- Progressively focus resources and efforts on the least well-served areas and least well-performing services, and encourage other international health actors to do the same in a coordinated effort
- Consult with regional technical advisers and inter-country program team leaders to identify possibilities for activities that need to be continued to be taken over by regular programs.
- In consultation with other partners directly concerned, draw up a plan and timetable for handing over specific activities and terminating others, defining who will do what, when

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1 General guidelines adapted from WHO Field Handbook, Chapter 11: Phasing Out, http://www.who.int/hac/techguidance/tools/manuals/who_field_handbook/11/en
2 Examples for health actors

Organizing an evaluation or "lessons learned" exercise

Evaluations and/or least lessons-learning exercises should be organized – usually separately – at appropriate moments for both individual projects and the overall sector response:

- They must be organized at a time when it is feasible to generate information that is accurate, reliable and useful
- They may be organized at national level or within particular operational zones
- They must enable partners to identify critical technical and operational issues and fine-tune the techniques to address them. Areas of weakness must be identified so that steps can be taken to rectify them. The findings should lead to policy, operational and technical recommendations that will produce a faster and more effective response to future emergencies

For any major crisis, a final lessons-learned exercise should be undertaken not later than one month after the end of humanitarian operations. It should cover both program and operational aspects.

The purpose of each evaluation or lessons exercise must be clearly defined. Projects and the overall sector response should be evaluated against the defined objectives and targets set, taking account of international standards.

A national workshop with nationals and international partners to identify lessons-to-be-learned from successes and shortcomings, and the publication of the experience, is probably the best means to ensure learning and institutional memory.

PART II: Considerations for Phasing Over [3]

Key Considerations

- How strong is the community's sense of ownership or commitment to continue program activities?
- To what extent does the community value the program activities? What is the level of demand for services to be "phased over"?
- Do community members, groups, & service providers have the knowledge & skills needed to implement the program activities?
- Do local organizations being considered for the "phasing over" of activities have sufficient institutional and human resource capacity?
- Are the organizations responsible for implementing phased over programs resilient to challenges and changes in the sociopolitical environment?
- Is there a viable plan to procure supplies required to implement activities?

PART III: Practical Guidance to Developing Exit Strategies [4]

Discuss and conduct this process with key stakeholders in a group meeting or a facilitated workshop.

1) What is the program's objective?

2) What parts of the program & which of its outcomes should be sustained?

Component	Key Questions	Guiding Principles	Challenges
1. Plan for exit from the earliest stages of program design	• How will we phase down the program? Phase out or phase over? • What is the appropriate timeline? • What indicators or benchmarks will we use to know we are on track? How will we monitor them? • What are specific action steps to reach the benchmarks?	• Flexibility, e.g. with timeline • Ongoing program review & revision • Transparency • Participation	• Balancing firm commitments with flexibility as conditions change • Allowing adequate time to develop capacity, while working within program funding cycle • Responding to changing needs of affected individuals & communities

3 Adapted from C-SAFE's "What We Know About Exit Strategies: Practical Guidance for Developing Exit Strategies in the Field"
  http://reliefweb.int/sites/reliefweb.int/files/resources/A02C7B78FB2B408B852570AB006EC7BA-What20%We20%Know20%About20%Exit20%Strategies20%-20%Sept202005%.pdf
4 Adapted from C-SAFE's "What We Know About Exit Strategies: Practical Guidance for Developing Exit Strategies in the Field"
  http://reliefweb.int/sites/reliefweb.int/files/resources/A02C7B78FB2B408B852570AB006EC7BA-What20%We20%Know20%About20%Exit20%Strategies20%-20%Sept202005%.pdf

Component	Key Questions	Guiding Principles	Challenges
2. Develop partnerships & local linkages	• With what types of organizations should we partner? • What will our partners bring to the partnership? What can we offer? • How will the partnership prepare for exit? • How can the partnership help facilitate a successful exit?	• Diversity: obtain other program inputs • Complementarity: consider all possible partners • Clear & common goals	• Aligning the needs & objectives of diverse stakeholders • Supporting local partners without building dependency • Time needed to identify, select & build partnerships
3. Build local organizational & human capacity	• What capacities are needed? • What capacities already exist? • What indicators will we use to monitor progress in building capacity?	• Build on existing capacity whenever possible • Sponsoring organizations & partners model • Create environments that support new behaviors & skills • Monitor progress	• Designing a monitoring system to track capacity building • Providing appropriate, sustainable incentives • Retaining experienced staff in program areas
4. Mobilize local & external resources as an exit strategy	• What inputs will we need to maintain services? • Who can provide these inputs? To what extent are they available locally? Externally? • Which benefits of the program can be sustained without continued inputs? To what extent can the benefits be sustained without ongoing inputs?	• Continue to progress toward sustainability • Generate / procure resources locally where possible • Increasingly, bring external resources under local control • Advocate for long-term needs of communities & individuals	• Difficulty finding adequate or available local resources • Sources of other funding may not buy in to original program's objectives • Sustaining program impacts
5. Stagger phase-out of various activities	• What are the key elements of the program? • Which elements are dependent on others? • What is the graduation and exit plan & timeline for program components? How will it be implemented & monitored?	• Flexibility – the logical sequence may change once activities have been implemented	• Sufficient time in program cycle to start seeing impact of activities for an effective transition
6. Allow roles & relationships to evolve & continue after exit	• What types of ongoing support would be most useful? (e.g. advice, mentoring) • How will such ongoing support be funded when the project finishes?	• Prevent slippage of program results by re-entering/re-engaging if necessary	• Availability of funding for ongoing support • Availability of program staff who can dedicate time & energy for ongoing support where full programming doesn't exist

3) Defining the Exit Strategy & Planning Exit Activities

Questions:
1. What should the strategy achieve? (What are the objectives?)
2. What exit strategy do you propose for this program or specific components of your program?
3. What will be your overall criteria for exiting?
4. What exit activities (as different from program activities) need to be implemented to meet the exit criteria of the exit strategy & to achieve the objectives?
5. Specify who (identify partners, stakeholders) should do what exit activity and when.
6. What are benchmarks for measuring the implementation and results of each exit activity?
7. Decide who should monitor each benchmark and when to monitor them
8. Develop the budget for your exit strategy.
9. Be sure to include the costs for each exit activity, & for monitoring.
10. Record your responses to the above questions (e.g. via matrix below).

Exit Activity	Who will do this?	When will this be done?	How will it be monitored? What benchmarks will be used?	Who will do the monitoring? When?	Budget associated with this activity?

4) Developing Exit Strategy Timeline

Considerations:
- Planning is a process; you will need to continuously reassess
- Phasing out vs. phasing over
- How does your exit strategy relate to other exit strategies being undertaken?
- How does your exit strategy link with other partners?
- Has advocacy been included as a component in your exit strategy? If yes, have partners been identified to participate in this effort?
- Utilize local partners to collect monitoring information, where possible
- How will you maintain contact & support phased-over activities after exit?
- Share exit strategy plan with staff & partners

PART IV: Sector-Specific Best Practices & Special Considerations MHPSS

1) Overall considerations:

- **Identify Scenarios:** Discuss with IMC staff regarding budgetary concerns impacting overall programming, including MHPSS services/activities
  - Clear messages regarding different scenarios:
    - Phase-out or end to all MHPSS activities
    - Possibility of finding alternate funding for continuation of services
  - Immediate need to determine feasibility of handing over some or all components of MHPSS programming (see Point 2 below).

- **Map available MH services & resources:** Creation of a list of available MHPSS resources in the geographic vicinity (e.g. health facilities, pharmacies), including contact details & services offered. Contact available service providers if possible to verify location, contacts, types of services. Discuss with potential service providers the need to serve potential IMC clients. Ensure you have their contact details so you can inform them if/when IMC services resume.

- **MHPSS Staff action points:**
  - **Identify Priority Cases:** Each PSW/psychiatrist/mhGAP-trained GP to review list of active cases and to triage based on the following criteria:
    - High priority:
      - Clients determined to be high-risk (e.g. recent/current suicidal/homicidal ideation/attempt; protection concerns)
      - Clients with chronic & severe mental illness with no reliable support system
      - Clients with epilepsy with no reliable support system
      - Clients with severe developmental or intellectual disorders with no reliable support system
      - Clients relying on medications (e.g. psychotropics & anti-epileptics)
    - Medium priority:
      - Clients with chronic & severe mental illness with a reliable support system
      - Clients with epilepsy with a reliable support system
      - Clients with moderate-to-severe developmental or intellectual disorders with a reliable support system
      - Clients with moderate emotional distress/mental illness with a reliable support system
    - Low priority:
      - Moderate- to high-functioning clients with reliable support system
      - Clients who have nearly achieved most goals in care plan

- **Schedule sessions:** Start contacting clients (and families as appropriate) to schedule as many sessions as possible within the remaining timeframe, with priority given to clients triaged as per above guidelines.

- **Provide information to clients and families:** Discuss above messages to ensure transparency and clarity of updates (it may be helpful to give staff some guidance on wording/key messages). Let them know you will inform them if/when IMC services will resume (ensure to have contact details such as phone # of person, others who can contact them)

- Discuss current challenges/risks & strengths/resources; conduct comprehensive safety planning when needed and involve supportive persons (e.g. family) if appropriate.

- Offer each client list of available services and resources (as per mapping)

- Offer client refills of medication to the extent possible [5]

- Offer each client documentation including diagnosis, medication list with name & dosage; care plan if desired [6]

2) Determination of possible handover ("phasing over") of MHPSS programs:

- **Map available MH services and resources:** Complete an updated mapping of MHPSS actors in geographic areas of programming

- **Determine technical and programmatic capacity to provide/implement different components of MHPSS services/activities**
  - Community-based PSS activities
  - MHPSS Case Management Services – assessment, referrals, basic supportive counseling
  - Advanced mental health care – psychological support; psychiatric evaluation
  - MHPSS capacity of health professionals –mhGAP-trained; familiarity with psychotropic medications
  - Availability of psychotropic & antiepileptic medications – similar list of medications? Cost of medications?

- **Procedures for handover**
  - Documentation for each client – diagnosis, medication list with name & dosage; care plan
  - Consent waiver for transfer of files to external provider – to be signed & shared
  - Joint meeting between IMC service provider and new service provider if possible and deemed important (e.g. priority case with reluctance to see other service provider)
  - Protocols for management of supply of psychotropic medications – in clinics; in warehouses (donor likely to define procedures)

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[5] Discuss with psychiatrist: Can we ensure patients have their medications if needed? In some cases, could extra refills be provided? (Address any safety considerations, e.g. for suicidal clients who might overdose.)

[6] A simple form could be created for this