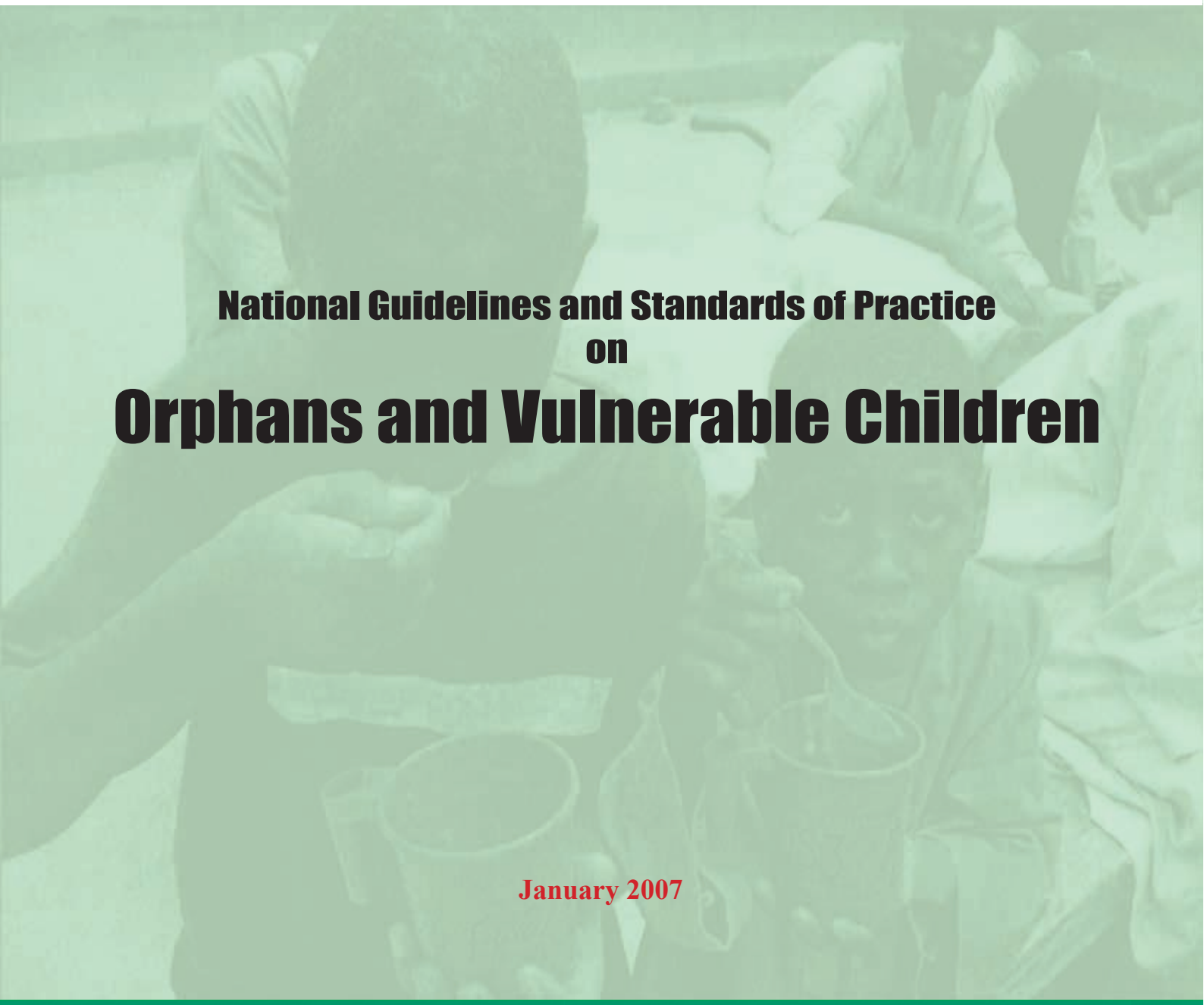
Federal Ministry of Women Affairs and Social Development

National Guidelines and Standards of Practice on Orphans and Vulnerable Children



January 2007

Federal Ministry of Women Affairs and Social Development

National Guidelines and Standards of Practice on Orphans and Vulnerable Children

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on

Orphans and Vulnerable Children

To assure and improve the quality of services for the well being, protection and development of orphans and vulnerable children in Nigeria

Published by: **Child Development Department**
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FOREWORD

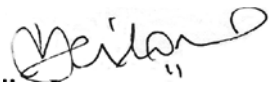
The National Guidelines and Standards of Practice on Orphans and Vulnerable Children represents an important milestone in the history of the national response on orphans and vulnerable children in Nigeria. It is a demonstration of the commitment of the current administration in the Federal Ministry of Women Affairs and Social Development to ensure that every Nigerian child has access to a better quality of life.

We affirm that a Government-led and coordinated response to strengthen family, community and children's capacity to care for orphans and vulnerable children is the most effective and sustainable strategy. The aim is to strengthen existing safety nets, and the provision of additional resources in a manner that does not undermine community and family values and capacity.

At all times, ensuring that the best interest of the child, child participation, community ownership and participation, public-private partnerships, and awareness that any support to children is not a favour, but a contribution to the attainment of their fundamental human rights, should remain key principles for all interventions to care, support and protect orphans and vulnerable children.

Consequently, I urge all programmes to continually monitor and assess the quality and quantity of interventions for children and their families, so that ineffective efforts can be amended and effective efforts scaled up in a timely fashion.

It is my hope and belief that the participatory and inclusive process that generated the National Guidelines and Standards of Practice will spur all stakeholders to an unfailing commitment to adopt and use them as a guide in all care, support and protection interventions for orphans and vulnerable children in Nigeria.



Hajiya Inna Maryam Ciroma
Honourable Minister,
Federal Ministry of Women Affairs and Social Development

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Tract Infection
ART	Anti Retroviral Therapy
CBO	Community-Based Organisation
CRA	Child's Right Act
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
DFID	Department for International Development
ECD	Early Childhood Development
ENHANSE	The Enabling HIV/AIDS+TB and Social Sector Environment Project
FBO	Faith-Based Organisation
FHI	Family Health International
FIDA	International Federation of Women Lawyers
FMOH	Federal Ministry of Health
FMWA & SD	Federal Ministry of Women Affairs and Social Development
GHAIN	Global HIV/AIDS Initiative Nigeria
GFATM	Global Funds to fight AIDS, Tuberculosis and Malaria
HBC	Home-based Care
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
ITN	Insecticide Treated Net
LGA	Local Government Area
NASCP	National HIV/AIDS and Sexually Transmitted Infection Control Programme
NGO	Non Governmental Organisation
OVC	Orphans and Vulnerable Children
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PLWH	Person(s) Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
PSS	Psychosocial Support
SOP	Standard Operating Procedure/Standard of Practice
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

SECTION 1

INTRODUCTION

1.1 Nigeria: Country Profile

Nigeria, made up of 36 states and the Federal Capital Territory, is the most populous country in Africa, and the tenth in the world. The recently released population figures by the National Population Commission in December 2006 put the population of the country at over 140 million. With a rapid population growth of 3.2 %, the population in 2006 is made up of relatively young people (Federal Ministry of Health 2006). Christianity and Islam are the major religions. The national revenue is derived mostly from crude oil.

1.2 Overview of HIV/AIDS in Nigeria

The first AIDS case in Nigeria was officially reported in 1986. Since then the epidemic has steadily grown, until the recent drop in prevalence rates. The adult prevalence increased from 1.8% in 1991, to 4.5% in 1996 and 5.8% in 2001, but declined to 5.0% in 2003 and 4.4% in 2005 (FMOH 2006). With an estimated 2.86 million people (2.62 million adults > 15 years; 238,000 children) living with HIV in the country by the end of 2005, Nigeria has the third largest number of people living with HIV in the world, after South Africa and India (FMOH 2006). All states in the country have general population prevalence over 1% among pregnant women. Furthermore, states in the North West and South West have lower HIV prevalence. High HIV prevalence is concentrated in Benue (10%) and its adjoining states. Overall, HIV prevalence is generally higher in urban sites than in rural sites except in the South East where the reverse is the case.

1.3 National OVC Response

In 2003 alone 800,000 children orphaned by AIDS were added to the estimated 7 million orphans in Nigeria (RAAAP Report — FMWA/UNICEF 2004). By 2010, 8.2 million children are projected to be orphans from all causes. Recently published data (UNAIDS 2006) show that 1.3 million children (0 – 17 years) lost one or both parents to AIDS in Nigeria in 2005. Other causes of orphaning include maternal mortality and sectarian and ethnic conflict (RAAAP Report 2004). While a large number of children are made vulnerable by orphaning, HIV and AIDS, a larger number are vulnerable due to poverty, conflict and gender inequality.

To date the response to the orphans and vulnerable children (OVC) crisis has been driven by communities, which provide the initial safety net to affected children, outside of their immediate families. For the most part, these responses have been limited in scope and size, and largely driven by non-governmental organisations (NGOs), with gaps in the quality and consistency of care provided (RAAAP Report 2004).

Some notable national level OVC responses include:

February 2004	National OVC Conference
June - August 2004	Rapid Assessment, Analysis and Action Planning Process, and Development of draft action plan
September 2004	Establishment of the OVC Unit, in the [1]Federal Ministry of Women Affairs
March 2005	Inauguration of the National Steering Committee on OVC
April 2005	Inauguration of the National OVC Stakeholders Forum
September 2005	Inauguration of the National OVC Plan of Action Task Team
October – November 2005	Zonal Consultation workshops to develop the National OVC Plan of Action (2006 - 2010)
November 2005	Development of the National M&E Framework for the National OVC Plan of Action
January- February 2006	Costing workshop for the National OVC Plan of Action (2006-2010)

In view of the current plans to accelerate and scale up the national OVC response through the National Plan of Action (2006 - 2010) efforts to assure and improve the quality of services provided for the well-being, protection and development of children considered most vulnerable in Nigeria are timely. At the centre of the concept of quality are the needs of the orphan and vulnerable child, the family and community. The main purpose therefore, is to create an environment where all stakeholders support quality in the provision of care, support and protection to orphans and vulnerable children in compliance with agreed guidelines and standards of practice.

1.4 Goal of the National Guidelines and Standards of Practice

To provide comprehensive, efficient and effective care, support and protection of orphans and vulnerable children in Nigeria

1.5 Objectives of the National Guidelines and Standards of Practice

1. Provide guidance for the development and implementation of interventions for the care, support and protection of orphans and vulnerable children in Nigeria.
2. Provide minimum standards in quality of services and activities related to all areas of care, support and protection of orphans and vulnerable children that are socially and culturally acceptable, in accordance with the Federal Government of Nigeria

[1]The Federal Ministry of Women Affairs (FMWA) became the Federal Ministry of Women Affairs and Social Development in January 2007

policies, international instruments and internationally accepted best practices.

3. Provide a clear understanding of the guiding principles, and define roles and responsibilities for all stakeholders.
4. Enhance collaboration and strategic partnership among stakeholders through effective referral and coordination.

1.6 Guiding Principles

The guidelines and standards of practice outlined in this document are based on the following guiding principles:

Best interests of the child: All programme activities and interventions must always put the best interests of the child first by promoting and protecting their well-being.

Equal opportunities with other children*:* All services to orphans and vulnerable children should be provided at the same level with other children in the communities. This will ensure that orphans and vulnerable children receive equal treatment with other children in the community, and at the same time interventions do not create disparities between programme beneficiaries and other children in the community.

Family-centred approach: Children should be reached through a family-centred approach to minimize friction, stigma, and disharmony in their households, while at the same time maintaining focus on children who are most in need, and at risk of falling through the cracks, through improved targeting**.**

Rights-based approach: Programmes and interventions should adopt a rights-based approach. This recognizes that any support to orphans and vulnerable children is not a favour, but an effort to enhance attainment of their fundamental human rights.

Child Participation: Programmes and interventions shall be based on meaningful participation of children in planning, implementation, monitoring and evaluation. Children's opinions should be heard, respected and considered equally for girls and boys.

Community participation and ownership: Community participation, empowerment and ownership should be emphasized as key elements in mitigating the social impact of HIV/AIDS, and other causes of vulnerability on children.

Life cycle approach: A young person's age and stage of development should be considered in determining the kinds of care, support and protection he or she needs for a healthy and productive life.

Gender & Diversity: There should be equal opportunities for boys and girls, with proper gender sensitivity and mainstreaming in all OVC programming.

Targeting the most vulnerable: During the implementation of interventions, priority should be given to the most vulnerable households, rather than targeting the children alone. Singling out orphans runs the risk of perpetuating and exposing them to further stigma and discrimination.

Sustainability: Efforts to care, support and protect vulnerable children should not only focus on their immediate survival needs such as food, water, shelter and clothing, but also on long-term development needs that reduce children's vulnerability (e.g. education, life skills, vocational training, health care, food security, child protection, legal support and household economic strengthening).

Linkages and Partnerships: Programmes should develop strategic partnerships and linkages with other stakeholders and actors, including community responses, to ensure that children receive the continuum of care and support necessary for optimal development and attainment of their full potential. This will in turn enhance synergy, enlarge each partner's key competencies, and increase the number of children and households reached, as well as scale of interventions.

Integration and Holistic Approach: Activities to care, support and protect the most vulnerable children should be integrated and harmonized with other interventions and services relating to the care and welfare of the children.

Reducing stigma and discrimination: No child shall be discriminated against or segregated in the provision of services on the basis of HIV sero-status. Programme activities should as much as possible also not single out selected children, for instance, in schools and communities for special attention, as this can mark them as "different."

Quality of services: Programmes should continually monitor and assess the progress and trends in their efforts, by focusing on type, quality and quantity of services provided to orphans and vulnerable children and their families so that ineffective efforts can be amended and effective efforts scaled up in a timely fashion.

Enabling environment: An enabling environment should be created for OVC programming at all levels –federal, state, local government and community

Registration: The Federal Ministry of Women Affairs shall maintain a directory of Community-based organisations (CBOs) or NGOs implementing care, support and protection activities for orphans and vulnerable children. All such organizations shall be required to register with the Social Welfare Department at the State and Local Government levels.

1.7 Concepts and Definitions

The following are the definitions of various terms and concepts used in the National Guidelines and Standards of Practice.

Caregiver: The individual who takes primary responsibility for the physical, mental and emotional needs and well being of a child.

Child: A person who is below the age of 18 years.

Child work: Children's participation in economic activity that does not negatively affect their health and development or interfere with their education. Work that does not interfere with their education (light work) is permitted from the age of 12 under the International Labour Organisation (ILO) Convention 138. **(**See **Child Labour, Economic activity, Hazardous work).**

Child labour: refers to children working in contravention of the above standards (i.e. Child work). It means all children below age 12 years working in any economic activities, and those aged 12 to 14 years engaged in harmful work, and all children engaged in the worst forms of labour (i.e. being enslaved, forcibly recruited, prostituted, trafficked, forced into illegal activities and exposed to hazardous work) **(**See **Child work, Economic activity, Hazardous work).**

Community: A group of people, usually living in an identifiable geographical area, who share a common culture, and are arranged in a social structure that allows them to exhibit some awareness of a common identity as a group.

Community Development Committee (responsible for child welfare): A group comprising of men, women, girls and boys, which should be established and/or strengthened in communities, and will be responsible for identifying orphans and vulnerable children, implementing, and monitoring OVC programmes in communities. It could be an existing village or community committee, age grade, and so on, which can effectively take on the added responsibility of ensuring child welfare.

Disability: The state in which a person has a visual, hearing, speech, physical, mental, emotional or intellectual impairment that may be present singly or in combination; or, of a mild, moderate or severe nature.

Duty Bearers: Individuals or institutions that are responsible for the progressive realisation of specific rights. Duty bearers acquire duties through designation, position or election. They will include the family, community, national, state and local government.

Economic Activity: A broad concept that encompasses most productive activities undertaken by children, whether for the market or not, paid or unpaid, for a few hours or full time, on a casual or regular basis, legal or illegal. It excludes chores undertaken in the child's own household or schooling. To be counted as economically active, a child must have worked for at least one hour on any day during a seven-day reference period (ILO 2006). **(**See **Child Labour, Hazardous work).**

Extended family: A collection of a number of households or families of individuals who are related by blood and with social ties and responsibilities towards one another. Most communities especially in the rural area depend on extended families for nutrition, care and support.

Extreme Poverty: The state in which a persons is living at a subsistence level that is below the minimum requirements for physical well-being, usually based on a quantitative proxy indicator such as income (less than one dollar a day) or calorie intake, but sometimes taking into account a broader, qualitative package of goods and services.

Family: A group consisting of one or more parents and their offspring and close relations that provides a setting for social and economic security, transmission of values, protection and affection for the family members.

Field Officer: A generic term that refers to the programme staff or community volunteer, paid or unpaid, full-time or part time who has direct, everyday contact with orphans and vulnerable children and their households (programme beneficiaries).

Field Supervisor: A generic term for programme staff or community volunteer, paid or unpaid, full time or part time, who has less frequent contact with orphans and vulnerable children and their households (programme beneficiaries). He/She supervises a number of field officers, and often has oversight for the programme.

Gender: The social relationship between women and men as opposed to biological sex differences.

Gender mainstreaming: A strategy to ensure that an analysis of the relationship between males and females is used to incorporate the needs of women and men, constraints and potentials into all development policies and strategies and into all stages of planning, implementation and evaluation of development interventions.

Gender sensitivity: The ability to recognize issues related to the relationship between males and females, and especially the ability to recognize differences in perceptions and interests between males and females arising from their different social position and different gender roles.

Guardian*:* Any person caring for a non-biological child.

Hazardous work: Any activity or occupation that, by its nature or type, has or leads to adverse effects on the child's safety, physical or mental health, and moral development. Hazards could also derive from excessive workload, physical conditions of work, and/or work intensity in terms of duration or hours of work, even where the activity or occupation is known to be non-hazardous or safe (ILO 2006). Hazardous work is a subcategory of child labour, which in turn is a subcategory of economically active children. **(**See **Child Labour, Child work, Economic activity).**

Household: A group of people who normally live and eat together in one spatial unit and share domestic functions and activities. Although a household is similar to a family, the two are not identical. A household may be a family living in the same house or compound. A household may consist of one or more parents, children, and often includes extended family and friends.

Human Rights: Human rights are the rights people have simply because they are human beings, regardless of their nationality, ethnicity, gender, language, race or other status. They are the basic standards without which people cannot live in dignity. They are held by all persons equally, and forever. Human rights are universal, interdependent, inalienable and indivisible, and are based on equality, human dignity, non-discrimination and responsibility.

Marginalized: A term used to refer to persons who are deprived of opportunities for living a respectable and reasonable life that is regarded as normal by the community to which they belong.

Minimum Package of Services and Rights: Proposed priority interventions that have been selected through a national consultative process that should provide a supportive environment for orphans and vulnerable children to live to their full potential.

Nutrient dense: A term that refers to a lot of nutrients in a food serving (Nutrients are Proteins, Fats, Carbohydrates, Vitamins, Minerals, and Water). Dark coloured foods are often more nutrient dense than light colours. For example, whole grain flour is more nutrient-

dense than white coloured highly processed flours; and dark leafy greens like the African spinach are more nutrient dense than lighter leafy greens like lettuce or cabbage.

Orphan: A child who has lost one parent [maternal/paternal orphan] or both parents [double orphan]. However, in some parts of Nigeria, a child is not regarded as an orphan if the father is alive. In other parts, a child is regarded as an orphan only if both parents are dead. Most Nigerian languages do not have an equivalent for the term "orphan."

Poor or in need: The segment of the population that is defined, using a set of accepted criteria by the community, as belonging to the lowest socio-economic strata in terms of access to opportunities, social services and wealth (See **Extreme Poverty** and **Poverty**).

Poverty: The inability of an individual, family or community to attain a minimum standard of living, as defined in the millennium development goals. This is evidenced by the lack of basic needs and services such as food, clothing, bedding, shelter, basic health care, roads, markets, education, information and communication. (See **Extreme Poverty** and **Poor or in need**).

Resilience: The human capacity to face, overcome and be strengthened by or even transformed by the adversities of life, and the ability to bounce back after stressful and potentially traumatizing events. A child's ability to cope depends a lot on his/her resilience. Resilient children generally cope better with life's adversities.

Vulnerable Child: A child who, because of circumstances of birth or immediate environment, is prone to abuse or deprivation of basic needs, care and protection, and thus disadvantaged relative to his or her peers**.** Below are the categories of vulnerable children, as defined during consultations with stakeholders from the six geopolitical zones in Nigeria:

- Children who have lost one or both parents
- Children living with terminally or chronically ill parent(s) or caregiver(s)
- Children on or of the street/ Child hawkers
- Children living with aged or frail grandparent(s)
- Children who get married before 18 years
- Neglected children
- Abandoned children
- Children in child-headed homes
- Children infected with HIV
- Child beggars/destitute children (including exploited *almajiris*)
- Internally displaced or separated children
- Child domestic servants
- Child sex workers
- Children with special challenges or disability, or whose parents have disability
- Trafficked children
- Children in conflict with the law
- Children of migrant workers e.g. fishermen or women, nomads
- Children living with teenage unmarried parent(s)

Vulnerability: A state of being or likely to be in a risky situation, where a person may suffer significant physical, emotional or mental harm that could result in their human rights not being fulfilled. There are many factors that make a child vulnerable (See **Vulnerable Child**).

1.8 Intended Users of the National Guidelines and Standards of Practice

All OVC stakeholders, especially

- Government line ministries and agencies
- Development partners and donor organizations
- Programme managers and staff of implementing agencies – NGOs, faith-based organisations (FBOs), CBOs, and private sector organizations

1.9 Development of the National Guidelines and Standards of Practice

Participation in developing the Guidelines and Standards of Practice was broad, and inclusive. The Federal Ministry of Women Affairs worked closely with the National OVC Task Team and civil society organizations (including support groups of PLWH) that provide OVC care, support and protection services from the six geopolitical zones in Nigeria. Two 3-day consultative workshops were held in November 2005, and June 2006 with these stakeholders to develop and review the National Guidelines and SOP. Staff of GHAIN OVC and Quality Management units facilitated, and provided technical assistance at the workshops.

SECTION 2

TARGET GROUP FOR OVC PROGRAMMES IN NIGERIA

The orphans and vulnerable children who fall under the categories listed in this section should be the priority groups when programmes and interventions for the care, support and protection of orphans and vulnerable children are being designed and implemented. There may be overlaps across categories, since a single individual can belong to several vulnerable groups due to the composite nature of vulnerability. Some of these children live or are found on their own and are in need of re-integration into a family under the care of a loving adult. Others are already found within a household but the capacity of that family to cope with their unique vulnerability needs to be improved.

It is important to recognize that there are marked differences in manifestations of vulnerabilities between and within zones, states, local government areas (LGAs) and communities. Therefore, identification and targeting of the most vulnerable children should involve local decision-making at the community level to determine the factors that contribute to child vulnerability and the children and households who are at greatest risk. The criteria for selecting the children and households should be developed and agreed on in consultation with the community and should be consistent with the target group identified. Intervening as early, speedily, and adequately as possible without inadvertently undermining the coping capacities of the children, their households and communities should reduce vulnerability.

The categories of children to be targeted include, but are not limited to:

1. Children affected by HIV or other chronic illnesses

- Children living with HIV or other chronic illnesses
- Children living in households where the bread winner is living with HIV or other chronic illnesses and are impoverished
- Children living in households with recent deaths of a working age adult (breadwinner)
- Children in poor households that are caring for orphans and vulnerable children

2. Children in need of alternative family care

- Children in child headed households
- Children who are homeless or unaccompanied
- Children in institutional care
- Children living with aged grandparents or caregivers
- Children whose parents are dead and are relocated to other poor households
- Children whose parents are alive, but are extremely poor
- Children whose parents are divorced or separated and deprived of care
- Children whose parents are commercial sex workers, drug addicts or convicted persons
- Children in prison with their mothers

3. Children who are abused or neglected

- Children who are working (child labour) or are exploited
- Children who are subjected to harmful cultural and religious practices
- Children who are sexually abused and exploited
- Children who are physically abused or neglected
- Child parents, especially child mothers

4. Children in 'hard-to-reach' areas

- Children belonging to transient communities, such as fishing and nomadic communities.
- Children whose parent(s) are in prison
- Children living in difficult to reach terrains

5. Disability related vulnerability

- Children with disability (e.g. mental, physical, or other forms of disability)
- Children whose parent(s) or caregiver(s) has a disability in a poor setting

6. Children affected by armed conflict

- Children whose safety, well-being or development is at direct risk by armed conflict
- Child militia (e.g. *egbesu*)
- Children who are abducted
- Children who are refugees
- Children who are internally displaced
- Children whose parent(s) dies as a result of conflict

7. Children in need of legal protection

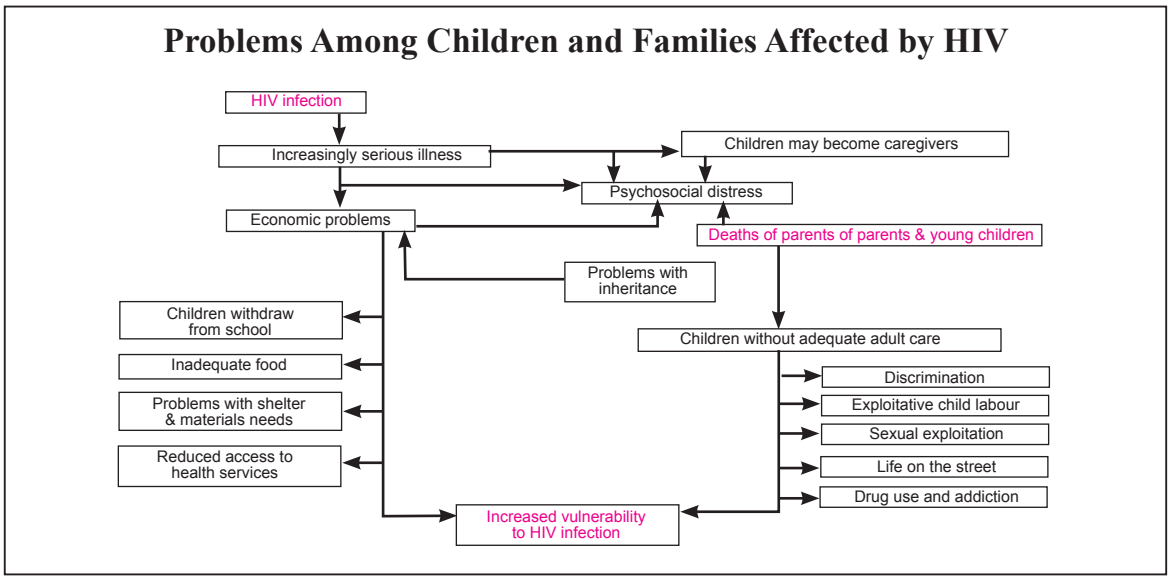
- Children in conflict with the law
- Children who are institutionalized (e.g. in remand homes, rehabilitation centres, babies homes, and children's homes)
- Children who are denied their inheritance rights
- Children who are forcefully denied access to either of a living parent.

SECTION 3

ESSENTIAL SERVICES

3.1 Problems Among Children and Families Affected by HIV

Many factors, such as poverty and conflict, in addition to HIV, contribute to make children and their households vulnerable. However, no single factor has increased the number of vulnerable children and families to unprecedented numbers as HIV. The complex and interrelated problems among children and families affected by HIV are illustrated below.



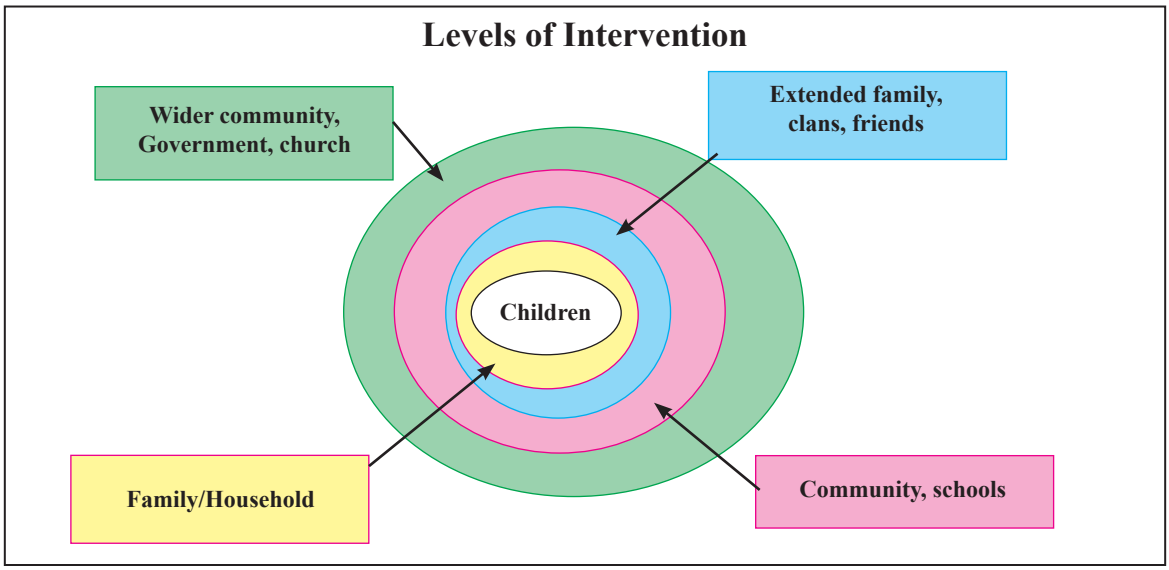
Adapted from J Williamson 2002
in UNAIDS, UNICEF, USAID (2004)

The magnitude of the growing crisis of children orphaned or made vulnerable by HIV and AIDS and other causes requires a multi-sectoral response, as no single organization or tier of government can handle the challenges alone.

3.2 Levels of intervention

In order to provide sustainable and holistic care for orphans and vulnerable children, it is imperative that the different segments of society are involved so that a wider range of services can be offered to these children. The needs of the children should be identified and assessed with meaningful participation of the children, their caregivers and the communities. The first level of intervention for an orphan or vulnerable child is the child himself or herself, and the family, including the extended family. Where the family cannot cope, they should be empowered and supported by the community. CBOs, FBOs and NGOs can serve as intermediaries to strengthen responses and in the care and support of the children.

Government at all levels should have the political commitment to ensure the implementation of OVC programmes. This is because of government's ability to use existing structures, resources and networking capabilities to promote appropriate interventions.



3.3 Minimum Package of Services and Rights

The minimum package of services and rights are the services and rights that must be provided to each child in order to count him or her among those served by a programme or intervention. The following constitute the minimum package of services and rights to be provided by any programme to care, support and protect orphans and vulnerable children:

- Education
- Food/Nutrition
- Psychosocial support
- Health
- Shelter
- Child protection (protection from exploitation, abuse and neglect)
- Clothes
- Household economic strengthening

It is not expected that any one programme will be able to directly provide all these services. Therefore, programmes should ensure timely referrals and linkages with other organizations and service providers, to enable the children and their households receive the recommended minimum package of services and rights.

3.4 Programme Scope and Coverage

The following terms will be used to describe the coverage and scope of programme services:

To **Serve**: A child will be considered ***served*** by a programme when the recommended minimum package of services and rights has been provided to that child.

To **Reach**: A programme will be considered to have ***reached*** a child when the child has received less than the recommended minimum package of services and rights.

SECTION 4

STANDARDS FOR ORPHANS AND VULNERABLE CHILDREN PROGRAMMES AND SERVICES

4.1 General Standards

4.1.1 Programme Design

- Interventions should be derived from the National Plan of Action for orphans and vulnerable children, as well as current best practices and programmes that are globally acceptable.
- Proposed interventions must directly benefit children made vulnerable as a result of HIV.
- Programmes should adopt a holistic approach in providing care, support, and protection for orphans and vulnerable children in communities.
- Resources for the support of orphans and vulnerable children should, wherever possible, be channelled through existing systems, and structures, to the target beneficiaries.
- The preferred practice should be to invest in solutions that impact more children (not only orphans and vulnerable children) over a longer period of time. For instance, helping a community build additional classrooms or hire more teachers may be more beneficial than paying school fees for a few children, or even taking a select number of children to private boarding schools.
- Communities, including children, should actively participate in the design, implementation, monitoring and evaluation of programmes and services.
- Communities should be supported to reflect, prioritise and make plans using their own resources and limited external support.
- A community-led situation analysis, with full participation of children, that prioritises the needs of the orphans and vulnerable children should form the basis of all interventions at community level
- Organisations should provide care, support and protection within their proven expertise. Where such expertise does not already exist, they should (i) collaborate with and/or refer to other organizations with comparative advantage to provide such services; or (ii) develop a structured plan that will help build capacity in the identified area. The referral system for services should include monitoring and feedback for all referrals.
- Community development committees responsible for child welfare – comprising of men, women, girls and boys – should be established and/or strengthened to:
    - Identify orphans and vulnerable children
    - Incorporate the views of men, women, girls and boys
    - Develop and disseminate criteria for children and households that should benefit from interventions and services
    - Link orphans and vulnerable children to essential services
    - Identify locally available resources
- To avoid stigma, programme interventions should include community sensitisation meetings and use community terminology in addressing children.

- Individuals and agencies working directly with children must adhere to child protection protocols
- Institutional care should be the last resort.

4.1.2 Resource allocation

- Resources should be used to serve as many children and households as possible
- Resources must preferably be allocated to households rather than individual children within the household, as direct allocation of support to a child can attract undue attention, jealousy and stigma
- The right balance must be found in each situation, as the child or children who have been orphaned are often not the only children in need in the household. Resources need to be shared.

4.1.3 Sustainability

To ensure sustainability, programmes should:

- Prioritise the identification of locally determined solutions and resources in an effort to increase sustainability, reduce dependency and empower communities
- Be developed to improve, not replace or duplicate existing government strategies. For instance, barriers to accessing Universal Basic Education should be identified, and locally determined solutions found. Individual scholarship should be the last resort.
- Ensure a plan to sustain in whole or part the support to orphans and vulnerable children and their households beyond the life span of the programme, including strategies to identify alternative sources of funding
- Be developed with a minimum time scale of three years.

4.1.4 Monitoring

- Indicators for monitoring OVC programmes are evolving a great deal. Programme staff will therefore, be required to adapt and adjust their work accordingly.
- Children, households and the wider community should be involved in monitoring and assessing the impact of programmes

- Protocols and an effective monitoring system must exist or be established to ensure that programmes protect the confidentiality of any information regarding the identification by name, place of residence, and or HIV or AIDS status of any orphan or vulnerable child or household being assisted.
- Guidelines and protocols must exist or be established by programmes that clearly outline staff ethical responsibilities towards children
- Careful advance planning is crucial for data collection from children. Investigators need to think through the consequences, both intentional and unintentional, of the information gathering activity on children and their households. If appropriate safeguards cannot be put in place, the activity should not proceed.

4.2 Specific Standards

4.2.1 Identification, Selection and Targeting Orphans and Vulnerable Children

Targeting orphans and vulnerable children and households is often necessary because of limited funding available to programmes. This process is a critical first step as it ensures that the limited resources that are available can reach the children most in need. More importantly, for these children such interventions can mean the difference between life and death. Working with community leaders, community development committees responsible for child welfare, support groups of persons living with HIV, home-based care programmes and faith-based organisations, is a good way to proceed. The participatory process of identifying and registering orphans is a valuable opportunity for communities to appreciate the magnitude of the problem and the number of children in need. It also helps to build community support for the initiative and ensure that the programme benefits reach the right children.

The focus of identifying, selection and targeting orphans and vulnerable children should be to:

- Work with communities to define and identify vulnerable children and households. This should be based on the understanding that not all orphans are vulnerable, and many children who are vulnerable are not orphans.
- Work with identified children and their households to further determine the type and level of vulnerability

The priority target groups will include but not be limited to:

- Children in child-headed households
- Children living with frail or aged grandparents
- Children living with HIV
- Children living in households where the parent or caregiver is living with HIV, or has been ill for extended period of time
- Children of or on the street

SPECIFIC STANDARDS ON IDENTIFICATION, SELECTION AND TARGETING ORPHANS AND VULNERABLE CHILDREN	
Identification, selection and targeting orphans and vulnerable children	Programmes must consult and work with communities, as a key to identifying, selecting and targeting children most in need or most vulnerable. Consultation with children, community leaders, representatives, community development committees or associations, project advisory committees, support groups of PLWH, home-based care givers and other volunteers, FBOs, and other community structures is vital.
	Participatory methodologies are necessary to ensure that community values and cultural sensitivities are respected. The process should involve developing with the community a list of criteria of who a vulnerable child or household is. Then agree how each criterion will be weighted or rated i.e. rank criteria according to their importance to the community. It is necessary at this point to share criteria and list widely in the community so all children and families

	who qualify can be identified. The criteria should also be shared with all other stakeholders – including funding agencies, programme managers, board of directors, where applicable, and so on, to ensure consensus.
	Vulnerability, as defined in collaboration with communities, should be the overriding consideration, and not orphaning. This is because not all orphans are vulnerable, and many vulnerable children are not orphans.
	Programmes should register (i.e. obtain and document information on) all children and households who fulfil criteria agreed with community groups. This is necessary to provide a ready pool for programme scale up, and expansion. To facilitate access to other programmes starting or scaling up in the programme area, such "wait list" should be submitted to the social welfare department in the LGA.
	Programmes must verify all children's data, to ensure only children and households that need care and support get the support they require. Due to community eagerness to be included in programmes, programme managers should look out for adjustments in children's date of birth, and modifications in their family circumstances to make children appear more vulnerable or in need.
	Children and households should be ranked and selected based on agreed weighting points. This will ensure the selection process is systematic, objective and transparent.
	When the required number of children for the project has been selected, programmes should keep in view the other children and households who though are eligible, could not be recruited in the project.
	Programmes should ensure that identification and registration of vulnerable children is an ongoing process, to ensure information is continually updated. They should also provide structures for linkages and referrals in the community to facilitate this process.
	Where a child is found not to be vulnerable due to deliberate falsification of data, or the household is no longer considered vulnerable, the child should be deselected or deregistered from the programme.

4.2.2 Family and Community-based Care and Support

Care and support is defined to include provision of material and non-material support to meet basic physical, cognitive and psychosocial needs of orphans and vulnerable children, their caregivers and communities within a long-term sustainable framework. The services include provision for basic needs, such as clothing, shelter, emotional support, hygienic environment and recreation as well as life-building skills (for instance self esteem, negotiation skills, and so on) for the children to meet the challenges of life. It will also include support to caregivers such as information sharing, skills development and means of livelihood to improve the quality of care and support. The provision of care and support must not cause stigmatization or promote discrimination of orphans and vulnerable children within their communities.

The focus of family and community-based care and support should be to:

- Empower caregivers, including families and communities, to provide adequate care

for orphans and vulnerable children, and increase the knowledge and skills necessary to provide quality, gender-sensitive care and support.

- Provide for basic needs (e.g. clothing, food, water, hygiene, shelter, bedding, emotional support, a safe environment and recreation) and life skills to enable orphans and vulnerable children to attain their full potential.
- Support children (10 -17 years) to meet the challenges of daily living by building their knowledge and skills in self-esteem, communication, assertiveness, goal-setting, negotiation skills, and critical thinking.
- Advocate for community-based foster care as a first choice for providing care and support for children without family care, and who cannot be with adult members of their immediate or extended family.
- Improve the quality of all forms of care for children who are outside of the care of their immediate family without any discrimination.

The priority target groups will include but not be limited to:

- Households with orphans and vulnerable children under 5 years
- Child headed households
- Households with terminally ill parent(s) or caregiver(s)
- Households headed by aged or frail grandparent(s).

SPECIFIC STANDARDS ON FAMILY AND COMMUNITY–BASED CARE AND SUPPORT	
Family and community-based care and support	Programme interventions must be tiered to show those targeting individual children, households and communities.
	The activities must make the household, and especially the children, more resilient i.e. better equipped to cope with present and future challenges.
	The activities must build on the family's abilities, experiences and locally available resources.
	The activities must build on existing community structures, thereby enabling the community to benefit in the long-term and not just during the period of the organisation's activities.

4.2.3 Household Economic Strengthening

Some families living with orphans and vulnerable children may lack adequate economic resources to cater for their physical and material needs. This undermines their ability to fulfil the rights of these children. Interventions that increase the economic coping capacity of households and communities, as well as approaches that can be scaled up and sustained should therefore, be encouraged and promoted.

The focus of household economic strengthening should be to:

- Build the socio-economic capacity of families to support orphans and vulnerable children
- Establish micro-finance projects that benefit households caring for orphans and other vulnerable children

- Improve agricultural productivity and efficiency among households where adult members are ill or have died
- Provide apprenticeships, vocational and life skills training for young people
- Increase access to labour saving technologies
- Strengthen social safety net to support the elderly and the infirm
- Establish effective community-based mechanism for monitoring the socio-economic security of orphans and other vulnerable children and their families

The priority target groups will include but not be limited to:

- Households with orphans and vulnerable children under 5 years
- Child-headed households
- Households with terminally ill parent(s) or caregiver(s)
- Households with aged or frail grandparent(s).

SPECIFIC STANDARDS FOR HOUSEHOLD ECONOMIC STRENGTHENING	
Household economic strengthening (HES)	HES activities must be those which improve the economic situation of the family, such as increasing savings, income generating activities, better resource utilization, improved business skills, links with the markets, revolving loan schemes, time and energy saving technologies and so on.
	The proposed economic strengthening activities must be culturally, politically and socially appropriate.
	The proposed economic strengthening activities must be achievable and economically viable.
	The anticipated benefits of the proposed activity must justify the cost of implementing the activity.
	The proposed interventions must be arranged in a manner that enables the family to progress from one income level to the next level.
	A community survey should be conducted with beneficiaries to ensure more people are not trained in the community than the available clientele can support.
	Intervention activities should include linking/promoting access to markets for goods and services provided by the trained beneficiaries.
	Children, families, and programmes should identify barriers to boys' and girls' access to household economic strengthening services. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.4 Food Security and Nutrition

Many households caring for orphans and vulnerable children often lack access to nutritionally adequate food and have chronic food insecurity (food for survival). This often leads to socially unacceptable ways of accessing food, food storage and utilization. The competing needs (food, health and others) also result in diversion of resources for other purposes.

The focus of food security and nutrition interventions should be to:

- Provide nutrient-dense and adequate food to households caring for orphans and

vulnerable children in emergency situations

- Provide nutritional support for infants born to mothers living with HIV
- Provide food and nutrition to households with children living with HIV
- Improve productivity, quality and storage of food in households caring for orphans and vulnerable children
- Help the community to identify sources of food, and mobilize capital assets, tools and equipment to assist in strengthening the food security of such households.
- Ensure such households have access to nutrient-dense food on a sustainable basis by encouraging them to undertake income generating activities
- Provide and strengthen nutrition education for such households
- Support vulnerable households to undertake nutrition gardening, for instance legumes, and poultry
- Establish community-based food security systems and mechanisms, such as barns and silos for storage of farm produce and improved agriculture practices, e.g. mulching, and traditional food processing methods
- Improve linkages with agricultural development programmes and organisations.

The priority target groups will include but not be limited to:

- Households with children under 5 years
- Households with children living with HIV
- Child-headed households
- Households with chronically or terminally ill parent(s) or caregiver(s)
- Households with internally displaced children

SPECIFIC STANDARDS ON FOOD SECURITY AND NUTRITION	
Food security and nutrition	The nutritional status of the children in the program must be assessed through a growth monitoring schedule in line with the Ministry of Health standards.
	Food should be available for the children and their families in the program at least once a day, in sufficient quantities and adequate quality, with at least three varieties.
	Food should be available (whether harvested or bought), stored appropriately, and prepared safely and hygienically.
	Food aid/support through, for instance, donor organizations, churches or mosques, should be provided to the children, caregivers, and families or institutions.
	Food support through donor organizations should be locally produced foods
	If food aid is being provided, there should be a mechanism in place to wean the children, or family off the food aid.
	Immediate efforts to improve nutrition, for example, by providing food should be complemented with longer-term efforts to increase household and community self-sufficiency.

	Nutrition education should be provided to parents and caregivers and should emphasize locally available and cheap nutrient-dense food.
	School feeding programmes should target all children in the school, rather than only orphans and vulnerable children.
	Programmes should, together with children, families, and communities, identify barriers to boys' and girls' access to food security and nutrition. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.5 Health Care

All children, especially orphans and vulnerable children, require support for survival, such as food and health care. Orphans and vulnerable children are exposed to health risks from many factors. They face deprivation and poor access to the basic services that promote and maintain health. Compared to other children, they often experience poor access to nutritious food, and shelter, health promoting and disease preventing resources such as education, counselling, immunization, and insecticide treated nets (ITN). Access to health care by orphans and vulnerable children should be assured within the context of child care in Nigeria which essentially addresses preventive, promotive, curative and rehabilitative health care.

The focus of health care interventions should be to:

- Enable access to preventive and promotive health care such as immunization, nutrition, clean water, sanitation, insecticide-treated nets, deworming, life skills, health education, HIV prevention, including voluntary HIV counselling and testing (VCT), and prevention of mother-to-child HIV transmission (PMTCT)
- Promote access to curative health care for the treatment of common childhood illnesses such as malaria, diarrhoea, and acute respiratory tract infections
- Ensure the availability of child and youth friendly health facilities and services
- Build the capacity of health care workers to provide child friendly health services
- Ensure access to appropriate child-focused home-based care (HBC) for children living with HIV
- Provide services for sexual health promotion, family planning for parents or caregivers and management of sexually transmitted infections (STIs), HIV and AIDS among adolescent vulnerable children
- Refer children living with HIV, disability, or victims of sexual abuse for specialist care.

The priority target groups will include but not be limited to:

- Children living with HIV
- Children in child-headed households
- Children in extremely poor households
- Children living with chronically or terminally ill parents or caregivers
- Children living or working on the streets
- Teenage mothers and their children
- Children with disability
- Children living with aged or frail grandparent(s)
- Children neglected by parents
- Abandoned Children

- Children exposed to exploitative/hazardous child labour
- Sexually abused children/Child sex workers.

SPECIFIC STANDARDS ON HEALTH CARE	
Health Care	Children in the programme must be assessed for immunization status and referred to or provided with missing immunization shots/doses.
	The families of the children in the programme must have access to a primary health care centre within five kilometres for treatment of common childhood illnesses such as fever, cough and diarrhoea.
	The families of the children in the program must have access to maternal and child health, as well as reproductive and health services, within five kilometres.
	If the families do not have access to a primary health care site within five kilometres, they must be aware of the nearest facility, and they must be referred to, or provided with assistance to access such a facility.
	The programme must increase awareness about conditions related to AIDS such as failure to thrive, chronic skin diseases, chronic cough chronic diarrhoea and make referrals to available services e.g. antiretroviral therapy (ART), HBC, PMTCT, VCT and tuberculosis (TB) services.
	Programmes should ensure referrals and feedback to health care facilities within five kilometre of place of residence of the households.
	Programmes should educate families and caregivers on the importance of personal and environmental hygiene including the use of safe water, first aid, and management of common childhood illnesses e.g. diarrhoea, fever, cough and rashes.
	Programmes should provide caregivers and children with treatment education i.e. home-based care for persons living with HIV/AIDS; adherence training, and so on.
	For children living with HIV and AIDS, programmes should: • Promote the reduction of stigma and discrimination against HIV-infected children and adults • Ensure access to cotrimoxazole prophylaxis to all children known to be living with HIV, and to those born to HIV mothers until their status is known • Link HIV positive mothers and children to facilities were they can access ART treatment. • Build the capacity of health care providers on communicating with children, especially on child-focused treatment education • Ensure regular sensitization of health workers in facilities to the needs of the children as an integral part of programmes • Provide access for adolescents living with HIV to appropriate reproductive health information and services to encourage positive living.
	Programmes should, together with children, families, and communities, identify barriers to boys' and girls' access to health care. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.6 Education

Education is an important requirement for the complete development of a child. Schools can provide children with opportunities for emotional support, interaction with other children and the development of social networks. Education can also reduce vulnerability to poverty and HIV through increasing knowledge, awareness, skills and opportunities. Despite the availability of opportunities for education through the Universal Basic Education policy, many orphans and vulnerable children are not accessing or effectively participating in education due to poverty, school levies, caring for sick parents, lack of educational materials, cultural and traditional practices and lack of/low political commitment to OVC educational issues. This is especially true for the girl child whose right to education is affected by issues such as early marriage, teenage pregnancy, boy child preference, sexual harassment and heavy burden of domestic chores.

The focus of education interventions should be to:

- Ensure access to education and retention of all orphans and vulnerable children in school. Focus should be on universal basic education (i.e. primary and junior secondary), pre-primary, senior secondary, vocational, and special education. Where this is not possible, access to functional literacy should be provided.
- Where possible, link children of university age to sources of financial/educational support
- Improve the relevance and quality of education
- Protect and care for orphans and vulnerable children in school and ensure their integration with other students
- Improve data, information, monitoring and evaluation systems to support planning for the education of orphans and other vulnerable children
- Improve the literacy of caregivers, older orphans and vulnerable children through links with organizations providing non-formal education
- Increase inter-sectoral collaboration and co-ordination, particularly among the Ministries of Education, Women Affairs, and other relevant agencies.
- Address early childhood development issues such as inculcating life-long learning habits
- Implement initiatives to free orphans from excessive domestic chores and labour; supporting community-based bursaries, and holistic scholarships for orphans and vulnerable children.

The priority target groups will include but not be limited to:

- Children in child headed households
- Children who are out-of-school
- Children who are in school but are not attaining the desired academic achievement
- Children with chronically or terminally ill parent(s) or caregiver(s)
- Children who are infected with HIV
- Children with disability
- Children affected by conflict
- Children in poor and excluded rural settings.

SPECIFIC STANDARDS FOR EDUCATION	
Education	Formal education should be the priority for all children, except where it will be difficult to reintegrate the child into formal education.
	Preference should be for public schools, except where such facilities are too far and inaccessible to the child.
	The education activities must be arranged to cater for the following age ranges/categories: • 0-5 Early childhood and learning stimulation • 6-17 in school for either primary or secondary education support • 15-17 out of school for vocational skills training support • Life skills education for all children especially age 10 and upwards
	Interventions shall include some form of formal education support for children in need in the households being targeted.
	School feeding programmes should target all children in the school,.
	Scholarship should be holistic.
	There must be evidence that the immediate and long term education needs of the children and community are being addressed through interventions such as repair of classrooms, provision of furniture, training of teachers and provision of scholastic materials to schools.
	Programmes should work with necessary education authorities to facilitate the return of young teenage mothers back to school. Adequate child care facilities should also be provided to enable these young mothers return to school.
	For vocational skills training, the time allocated for the course must be sufficient to allow for skill acquisition.
	There must be an arrangement for the children to receive start-up support for skill utilization once the training is over.
	Before providing vocational skill training, the market for such services in the community should be considered, to ensure that available clientele in the communities is sufficient to support the service providers. Programmes could also link vulnerable children and their households to markets for their services or products.
	The benefits of educational/and vocational training support activities should last long after the programme activities have ended.
	Programmes should, together with children, families, and communities, identify barriers to boys' and girls' access to education and vocational training. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.7 Psychosocial Support

Psychosocial support involves all action that enables orphans and vulnerable children to live meaningful and positive lives. It is an ongoing process of meeting the physical, social, emotional, mental and spiritual needs of children, all of which are essential elements for meaningful and positive human development.

The primary actors in children's psychosocial support are the children themselves, their families and communities, including their schools. Since psychosocial effects are both

psychological and social, interventions must address the relationship between the individual and his/her social environment.

Psychosocial needs of orphans and other vulnerable children and their caregivers have often been ignored, superficially handled or seen as a specialized, low-priority type of intervention. However, the fulfilment of these inherent human needs (or the failure to fulfil them) has long-term impacts on the development of the child. Psychosocial issues are cross-cutting and are a critical component of all aspects of prevention, care and support and should therefore be addressed in all sectors.

The focus of psychosocial support interventions should be to:

- Provide emotional support for children fearing or grieving the loss of a parent
- Build and strengthen the capacity of programmes, communities, support groups of persons living with HIV, children, and care givers to provide quality counselling and other psychosocial support to orphans and vulnerable children and their caregivers.
- Mitigate the impact of, and reduce stigma and discrimination against orphans and vulnerable children and their households
- Promote succession planning with and for children (especially with an HIV positive or terminally ill parent)
- Develop community-based recreational activities
- Build resilience of orphans and vulnerable children through the development of life skills to reduce vulnerability
- Research and document lessons learnt from psychosocial interventions

The priority target groups will include but not be limited to:

- All orphans and vulnerable children

SPECIFIC STANDARDS FOR PSYCHOSOCIAL SUPPORT	
Psychosocial support (PSS)	Proposed PSS interventions must address emotional issues faced by orphans and vulnerable children and their parents/guardians such as: a) Status disclosure between parent/caregiver and child, b) Grief counselling, c) Living with HIV, d) Living with an HIV positive family member. e) Treatment education. f) Stress management.
	Programmes should provide PSS services and/ or ensure referral for children who may need specialized care that is beyond their capacity.
	Support and care services targeted at the children should be child-focused and family- and community-centred.
	Interventions should include planning for death of parents or caregivers through succession planning (e.g. will writing, appointing guardians), and memory projects.
	Programmes should recognize and address the differential impact of the loss of a father and the loss of a mother on children.
	Programmes should focus on strengthening the capacities of the children, families and caregivers. Such interventions should be socially and culturally appropriate to the needs of the children.

	Programmes should promote opportunities for recreation so that children can play as this promotes their development.
	Child-to-child support activities should also be supported by programmes.
	Programmes should, together with children, families and communities identify barriers to boys' and girls' access to PSS. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.8 Shelter

Most orphans and vulnerable children in Nigeria live in the communities with their extended families. It is recognized that the most appropriate place for their care is within their own families and communities. However, there is increasing strain on these safety nets due to deepening poverty, HIV and urbanisation. This has led to increasing number of children in child-headed households, on the streets, and being exposed to hazardous and exploitative situations. In such situations, programmes are left to provide access to alternative form of care, which includes placing children in another family or in residential care. It should be noted that residential care should be seen as the last resort as this living environment impacts negatively on the child's wellbeing.

The focus of shelter interventions should be to:

- Strengthen coping capacities of families and communities by providing extra resources and skills to enable them foster or adopt orphans and vulnerable children
- Encourage communal responses from families and communities such as providing land, building materials and labour for shelter
- Encourage mentoring of children in child-headed households by responsible adult community members
- Ensure appropriate standards and rules are put in place for residential care services

The priority target groups will include but not be limited to:

- Children in child-headed households
- Children living on the street
- Children living on commercial farms and at other workplaces
- Children living in prisons and detention centres
- Internally displaced children
- Teenage mothers and their children.

SPECIFIC STANDARDS ON SHELTER	
Shelter	There must be guidelines in place to ensure that institutions and/or families where children are placed protect the best interests of the child.
	Programmes should make every effort to keep siblings together.
	Programmes should strengthen child-headed households and link them with adult community members who will protect the best interests of the children, without being exploitative.

	If the programme supports an institutional care setting, there should be programme funds directed at transitioning the children to family or community-based care. For example (i) placing children with next of kin, (ii) tracing existing relatives (iii) integrating children into the community through social and recreational events.
	Programmes should provide access to legal services to enable vulnerable children maintain their homes.
	Children, families, and programmes should identify barriers to boys' and girls' access to shelter. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.9 Child Protection

Child protection entails all initiatives carried out by children, families, communities, CSOs, development partners, government and the private sector that prevent violation of the rights of children in relation to abuse, exploitation and neglect. Orphans and vulnerable children need dedicated interventions to protect them from harm, to assist them when affected, and to promote their overall development. They also need the opportunity to develop their own responses to exploitation, neglect and abuse, either alone or in partnership with adults.

The focus of child protection interventions should be to:

- Strengthen the protective systems, networks and other mechanisms that can prevent, address and remedy the harm children face as a result of abuse, neglect and exploitation.
- Strengthen the capacities of children, families and communities to protect and care for orphans and vulnerable children.
- Establish/strengthen family and community child protection structures that involve children as a means of implementing child protection services at grassroots level.
- Build children's resilience and support their participation in their own protection, including child to child support
- Build the capacity of government to deliver effective care and protection
- Design and develop appropriate sets of policy, administrative, and programmatic interventions to protect children with different needs
- Mainstream sectoral programs and existing services i.e. health, education and social services so that they reach and serve vulnerable children
- Revitalize/strengthen the registration of all births and deaths in the communities
- Establish/strengthen family and community mechanisms to prevent loss of inheritance of widows and orphans.
- Increase knowledge, understanding and implementation of child protection laws and statutes by all stakeholders.
- Improve data, monitoring and evaluation systems at national, district and community levels to support appropriate planning of child protection interventions.

The priority target groups will include but not be limited to:

- Children suffering abuse and neglect, including sexual, physical, emotional, and

psychological abuse and neglect.

- Children involved in hazardous labour in both formal and informal sectors, including slavery /bonded labour and child trafficking.
- Children affected by armed conflict and other forms of organized violence, including abducted children, children in displaced camps and refugee settlements, children in organized crime networks or gangs and children recruited by rebel groups.
- Children in need of alternative family care or family reunification, including child parents, children in child headed households, the homeless, unaccompanied children, and children in institutional care.
- Children with disability, with particular attention to the girl child
- Children whose parents have physical, psychological and sensory disability.

SPECIFIC STANDARDS ON CHILD PROTECTION	
Child Protection	Community mechanisms, in the form of community development committees responsible for child welfare should be responsible for identifying and monitoring children at risk of abuse and exploitation.
	Priority should be given to ensuring children remain within the immediate family setting as an increased protection mechanism.
	All efforts should be made to ensure siblings remain together.
	Assessment of children's protection must form a core component of a child's/ family's needs assessment. This is because the protection of children within the family unit is not always guaranteed.
	Children and communities should be actively involved in identifying risks, determining protection mechanisms monitoring and responding, and as appropriate, intervening in or reporting child protection issues.
	Interventions must consider and address the increased vulnerability of child-headed households to abuse and exploitation.
	Programme activities should address the vulnerability of girls and boys to rape, sexual abuse, exploitation and HIV.
	Health, social welfare, police and communities should be trained to identify, report child abuse, and respond sensitively, and in the best interest of the child to avoid further trauma to the child.
	Programmes should work with relevant authorities to encourage adoption of vulnerable children, where feasible and acceptable.
	Programmes should work with relevant adoption authorities to discourage payment of fees for adoption.
	Programmes should sensitise and mobilize communities by addressing cultural barriers to adoption of children
	Programmes should provide the necessary linkages to the National Population Council to ensure all vulnerable children have their birth registered.

	Children, families, and appropriate authorities should be involved in identifying barriers to boys' and girls' access to child protection services. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.10 Legal Support

Many children and young people in developing countries who have been made vulnerable by HIV face problems when their parents die. They may have their property taken away by relatives. They also face stigma, and violation of their fundamental human rights. Due to limited knowledge or ignorance of the provisions of the law, such as fundamental human rights and inheritance laws, people rarely seek redress when violations occur. Therefore, legal protection must be provided to ensure the protection of rights of orphans and other vulnerable children.

The focus of legal support should be to:

- Strengthen the administration of justice through improved child-friendly legal protection systems, procedures and facilities
- Ensure access of children and their households to legal representation, and other community support organisations. Whenever possible, programmes should establish formal linkages with legal support organizations, for instance International Federation of Women Lawyers (FIDA), Legal Aid Council, Justice, Development and Peace Commission (JDPC), National Human Rights Commission, and Citizen's Rights Mediation Centre
- Provide legal education and increase awareness of rights to orphans and vulnerable children, their families, and community members
- Provide appropriate rehabilitation services to orphans and vulnerable children who are in conflict with the law
- Increase community awareness, understanding and use of legal protection systems, procedures and facilities for children
- Provide safe spaces for communities to talk about HIV and AIDS. This will help combat lack of knowledge and misinformation about HIV, and negative attitudes towards persons living with HIV
- Ensure existing laws, especially those that protect the rights of orphans and other vulnerable children are implemented
- Review and address gaps in the existing laws

The priority target groups will include but not be limited to:

- Children denied their inheritance rights
- Children in conflict with the law
- Children in armed conflict situations
- Exploited and abused children

SPECIFIC STANDARDS ON LEGAL SUPPORT	
Legal Support	Interventions related to legal protection may include will writing, inheritance, birth registration, guardianship, and adoption.
	Interventions must provide or actively refer children (and their guardians) to competent agencies and protection services when situations of abuse and neglect arise. Procedures must exist to track referrals, and give feedback.
	Programmes must establish systems that ensure confidentiality of all information relating the children and their households.
	Children, families, education and health authorities should be involved in identifying barriers to boys' and girls' access to legal support services. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

4.2.11 Children with Disability

The Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child uphold the rights of children with disability to special protection. The National Policy on Education also makes provision for equal opportunity to education for children with disability, irrespective of their physical, mental or emotional disability. However, it is recognized that current strategies and programmes have largely been insufficient or inappropriate with regards to the needs of children with disability. Despite the best intentions, the results have been "second rate" educational opportunities that do not guarantee the possibility to continue studies.

In relation to HIV, disabled persons experience a double burden of increased risk of infection due to sexual exploitation, abuse and rape, and reduced access to prevention and care services. Young people with disability are exposed to high risks of HIV infection. Their likelihood of receiving advice and HIV awareness education is limited. The reasons are many and include poverty, low self-esteem and communication difficulties, particularly for the hearing, speech and sight-impaired. They also have low or no education, as many young people with disability do not attend school and are not able to access correct HIV information.

The focus of support for children with disability should be to:

- Ensure that all children with disability can access appropriate formal education
- Integrate children with disability in all programme areas and community activities
- Include all young people with disability in all activities and services that target vulnerable children
- Provide for children with disability and recognize their peculiar needs for assistance in all community development, and household economic strengthening activities
- Promote disability sensitisation and inclusion in general community development programmes in order to decrease stigma, discrimination and marginalisation of young children with disability
- Work with relevant organizations to promote disability friendly HIV education and other services

- Support networking between disability and HIV/AIDS organizations
- Provide programme staff with disability awareness training
- Increase sensitisation of the stakeholders (government, international donor agencies, NGOs, CBOs, FBOs) and the general public on disability and HIV issues (e.g. myths and misconceptions about HIV and disability) through awareness–raising and inclusion in service delivery
- Strengthen support for organizations working in the area of disability at the community level so that young persons with disability can meet to exchange information
- Promote improved access to health and other services at all levels for children with disability
- Promote community-based rehabilitation initiatives such as building ramps at public places, guiding the sight-impaired, running short course on sign language etc which will improve the lives of young people with disability through the provision of adapted services
- Revise existing public health messages to ensure they reach people with disability
- Promote appropriate multi-media HIV and other campaigns to better reach young people with disability e.g. Braille and sign language
- Review existing policies for relevance to children with disability

SPECIFIC STANDARDS ON CHILDREN WITH DISABILITY	
Children with Disability	Programmes should develop more age-appropriate and disability-friendly materials about HIV for young people with disability e.g. posters with sign language, produce HIV information on audiocassettes, and HIV education films with sign language and Braille.
	Programmes should provide peer counselling for young people with disability to enable discussions around self-esteem issues, confidence building, relationships and sexuality education. The goal should be to enable young people with disability to be trainers.
	Programmes should encourage organizations working with persons with disability to target adolescents, as well as children and adults
	Organizations working in the area of disability should collaborate with other stakeholders to strengthen and support organizations of people with disability at the community level.
	Rather than develop new materials, programmes should adapt already existing materials to ensure inclusion of persons with disability, by incorporating simple adaptations to ensure accessibility to children with disability.
	Programme should develop appropriate interventions for a wide range of disabilities, that address both the severity of the disability, and the way the disability influences the life of the child.
	Programmes should involve children with disability, families, and community in identifying barriers to boys' and girls' access to social and other services. Appropriate interventions that address these barriers should be developed based on this disaggregated information.

4.2.12 Children in Institutional Care

Institutional care, such as orphanages and rehabilitation homes, should be the last resort, and only as a temporary measure. This is because institutional care generally does not meet the development needs of children, and often neglects their psychological and emotional needs. It is also often expensive and not sustainable for large numbers of children over long periods of time. Furthermore, the availability of such institutions may encourage families facing hardships to place children there in the hope that they will have a better life.

The focus of interventions for children in institutional care should be to:

- Promote the development and enforcement of national guidelines for institutional care.
- Integrate children back to their families
- Work on making the processes of adoption and fostering less cumbersome to potential parent(s).

SPECIFIC STANDARDS ON CHILDREN IN INSTITUTIONAL CARE	
Children in Institutional Care	Children may be placed in institutions, but only in emergency cases, and as a last resort
	Institutions should be used only as a temporary place of safety while community and family alternatives are sought.
	Programmes should strengthen the capacity of staff of institutions on the care, support and protection of vulnerable children
	Programmes should work with orphanages to relocate children to their communities, families or extended families, at the earliest opportunity
	Programmes should ensure adherence to national guidelines for institutional care.

4.2.13 Gender

Gender norms and inequalities influence the vulnerability of boys and girls to HIV, as well as impact of HIV and AIDS, and ability to access prevention, treatment and care and support services and information in different ways. Women and young girls are disproportionately vulnerable to HIV. Their physiological susceptibility is greater than men's, and is fuelled by poverty, their low status, unequal economic rights, and educational opportunities, which place young girls at more risk of sexual exploitation, trafficking and abuse. Gender norms that encourage young boys to engage in early, risky or abusive sexual behaviour also increase the vulnerability of both boys and girls to infection.

The focus of gender-sensitive interventions should be to:

- Ensure all programmes are based on a thorough analysis of the ways girls and boys are differently affected in terms of access to, and use of programme services, and control over resources, in general

- Work with community structures to ensure the active participation of men, women, girls and boys so their issues are identified and gender sensitive strategies developed
- Work with communities and government to identify cultural practices that increase girls' risk of HIV infection, such as early and forced marriages, and boys' risk such as macho behaviour
- Provide adolescents, especially the most marginalized, with gender sensitive knowledge, skills and services to protect themselves from HIV through use of appropriate methodologies
- Work with community members, leaders, men and boys to be role models for their families and society by advocating respect for women and girls
- Ensure men and boys are involved in sharing the burden of care and support for children

The priority target groups will include but not be limited to:

- All orphans and vulnerable children

SPECIFIC STANDARDS ON GENDER	
Gender	Programmes should aspire to move along the gender continuum from accommodating inequitable gender differences to seeking to transform gender relations that will promote equity.
	As a minimum, initiatives should not worsen or reinforce exploitative gender stereotypes that focus on male dominant decision making power, or male macho image.
	All programme data should be disaggregated by sex.
	Programmes should focus on guaranteeing equitable access of all orphans and vulnerable children to essential services such as health and education based on an analysis of girls and boys differential barriers.
	Programme activities should address the vulnerability of girls and boys to rape, sexual abuse, exploitation and HIV.
	Initiatives should address the inequitable burden of care on women and girls to assume responsibility of heading households by providing them with the appropriate resources and support to fulfil this role.
	Interventions should ensure men and boys share in the responsibility for the care and support of vulnerable children and members of the household living with HIV and AIDS.
	Programmes should recognize and address the differential impact of the loss of a father and the loss of a mother on children.
	Initiatives should strengthen inheritance and property rights of women, girls and boys.
	Children, families, education and health authorities should be involved in identifying barriers to boys' and girls' access to essential services. Interventions should be developed based on this disaggregated information.

4.2.14 Child Participation

Participation is one of the four foundation principles of the Convention on the Rights of the Child. Children are a resource for their families and communities, and have the right to express their views, be listened to, and to have their views taken into account. By participating in decisions and solutions, children will be able to increase their knowledge about HIV and develop their skills in HIV prevention, care and support.

The focus of all child participation should be to:

- Encourage non-discrimination
- Help children to understand more about HIV prevention, care and support
- Listen to children, and give them opportunities to express their desires and needs
- Involve children in programme design, programme implementation and monitoring
- Involve all groups of children regardless of gender, ethnicity, disability, age, religion, social status
- Encourage children in the use of participatory methods
- Build skills of programme staff and other key actors in child participation

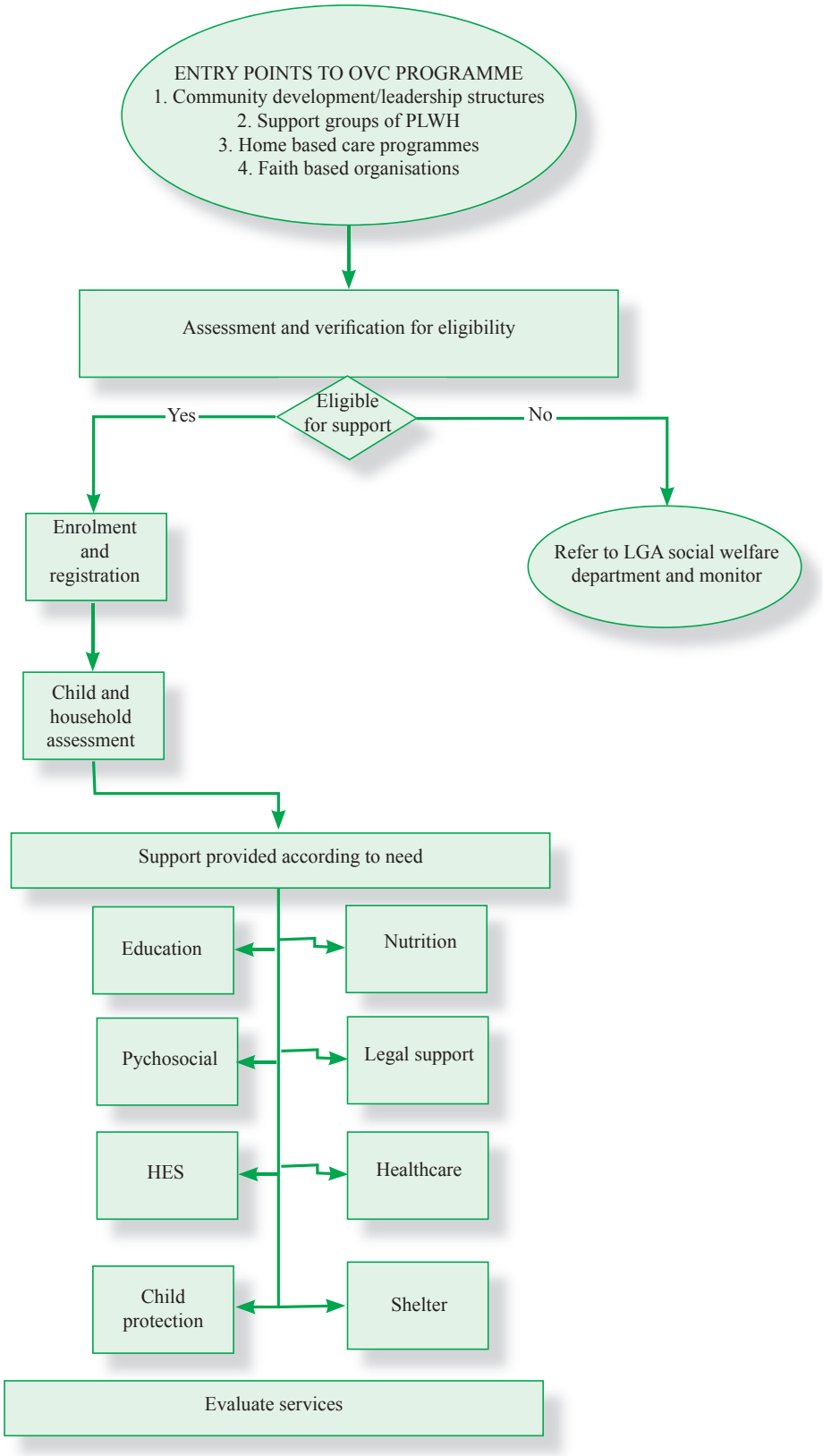
The priority target groups will include but not be limited to:

- Children with disabilities
- Children on or of the street
- Children who typically suffer discrimination and often excluded from activities.

SPECIFIC STANDARDS ON CHILD PARTICIPATION	
Child Participation	Programmes should prepare children for participation by assessing their stage of development, their emotional stability, level of vulnerability, and what structures are available to them.
	The best interests of the child should be the primary consideration at all times
	Key actors must provide opportunities for children to participate in issues that affect them.
	Programmes have a responsibility to establish, and adhere to child protection protocols during child participation activities.
	Children, families, and programmes should identify barriers to boys' and girls' participation. Appropriate interventions to address these barriers should be developed based on this disaggregated information.

SECTION 5

SERVICE FLOWCHART FOR OVC PROGRAMMES IN NIGERIA



SECTION 6

STANDARD OPERATING PROCEDURES

6.1 Standard Operating Procedure for Assessment and Verification of Eligibility

Scope

A. OVC Assessment for Eligibility
B. OVC Verification for Eligibility

A: OVC Assessment for Eligibility

Children who require care and support will often be identified through household surveys in communities, and/or via self or community-based referral, referral from mobile VCT services, ART sites, PMTCT sites, support groups of PLWH, schools, FBOs, orphanages/children's homes, the street (street children), or prisons (for children born to convicted mothers). All such children need to be assessed based on the community definitions of vulnerability.

Human Resources	Material Resources
- Field officers - Field supervisor - Community development committees - LGA Social welfare workers - Community home-based caregivers - Community Health Extension Workers - FBOs, CBOs, NGOs - Support groups of PLWH	- Stationeries - OVC initial assessment forms - Community vulnerability definition/criteria and weighting - Referral forms - Referral register - Transport support
Method	**Monitoring**
The *field officer* and *community development committee* will: - Conduct house visits in communities to identify children who meet community definition of vulnerability - Complete an initial assessment form of all such children considered vulnerable When a child has been referred to a programme through any of the sources listed above, the *field officer* and *community development committee* will: - Complete OVC initial assessment form for the child and household - Verify all the information for accuracy, based on relevant supporting documents or evidence	The *field supervisor* and *community development committee* will ensure that: - The assessment process has been systematic, transparent, and fair - All eligible children are assessed - Children who are not eligible are identified at the assessment stage, and dropped from any further programme recruitment activities.

B: OVC Verification for Eligibility

All information obtained on children considered vulnerable must be verified for accuracy, based on relevant supporting documents or evidence. This is to ensure that selected children meet the community definition of vulnerability, and that the available resources can reach children and households who are really in need.

Human Resources	Material Resources
- Field officers - Field supervisor - LGA social welfare workers - Community development committees - Community home-based caregivers - Community health extension workers - FBOs, CBOs, NGOs - Support groups of PLWH	- Stationeries - OVC initial assessment forms - Community vulnerability definition/criteria and weighting - Referral forms - Referral register - Transport support
Method	**Monitoring**
On receiving the OVC initial registration forms, the *field officer* and *community development committee* will: - Read through each form carefully to identify areas where there are conflicting information - List out the key areas where verification / validation might be necessary - Visit the child at home (if the child was not identified through a house survey by the programme, but was referred to the programme from sources listed above) to verify information and claims contained in the OVC initial assessment form. Where a vulnerable child is identified during a household survey, information should, as much as possible, be verified on the spot - Ensure one-on-one discussion with the child(ren), wherever feasible and acceptable - Prepare a report, including recommendation on the findings from the verification exercise	The *field supervisor* and *community development committee* will ensure that: - The verification process has been transparent, and fair - All eligible children are assessed, and their information verified with supporting evidence/documents - Children who are not eligible are identified at the verification stage, and are not enrolled in the programme

6.2 Standard Operating Procedure for Registration and Enrolment

Rationale: All children under 18 years who meet the community definitions of vulnerability, and whose information have been verified as accurate, will be registered by the programme i.e. information on the child will be documented in the programme register. This is necessary to provide a ready pool of eligible children for programme scale up, and expansion. From the list of registered children, the programme shall select the children to be supported by the programme i.e. to receive services, based on available resources, and set targets (whichever is applicable). These selected children will then be considered to have been enrolled by the programme.

Scope	
A. OVC Registration B. OVC Enrolment	
Human Resources	**Material Resources**
- Field officers - Field supervisors - LGA social welfare workers - Community development committees - Community home-based caregivers - Community health extension workers - FBOs, CBOs, NGOs - Support groups of PLWH	- Stationeries - OVC registration forms and/or OVC register - OVC enrolment forms (only for those eligible for services) - Referral forms - Referral register
A: OVC Registration	
Method	**Monitoring**
The *field officer* will: - Complete an OVC registration form and/or enter information into the OVC register for all eligible children, whose information have been verified	The *field supervisor* and *community development committee* will ensure that: - All eligible children are registered - Children who are not eligible are not registered
B: OVC Enrolment	
Method	**Monitoring**
The *field officer* and *community development committee* will: - Select from the pool of registered eligible children the number of children that can be supported by the programme - Enter information on the selected children in to the enrolment register - Keep a "wait list" of all other children who cannot be enrolled in the programme for future scale up/expansion - Submit a copy of the wait list to the social welfare department in the LGA - Refer children who cannot be supported by the programme to other support services	The *field supervisor* and *community development committee* will ensure that: - The enrolment process has been transparent, and fair - Children who are not eligible are not enrolled in the programme

6.3 Standard Operating Procedure for Child and Household Assessment

Rationale: For each child that has been enrolled for care and support by the programme, an in-depth child and household assessment will enable programmes identify and cater for the peculiar needs of each child and the household

Scope
A: Child and Household Assessment

Human Resources	Material Resources
- Field officers - Field supervisor - Community development committee - LGA Social welfare workers	- Stationeries - OVC assessment forms - Household assessment forms - OVC registration forms and/or OVC register - OVC enrolment forms (only for those eligible for services) - Referral forms - Referral register - Transport support
Method	**Monitoring**
After the OVC beneficiaries or the household information had been verified as correct, and the child enrolled for support by the programme, the *field officer* will: - Conduct needs assessment on the child and the household - Assist the child and household to prioritize their needs - Compile a list of the priority needs of the child and household	

6.4 Standard Operating Procedure for Household Level Care and Economic Strengthening	
Rationale: Families living with orphans and vulnerable children often lack adequate economic resources to cater for their physical and material needs. This could be as a result of loss of inheritance or sale of property for care of the terminally ill. They therefore, lack access to adequate nutrition, health care, shelter, education, micro credit and skills for income-generating activities. Interventions to support vulnerable households should focus on raising their economic capacity, in a way that is mindful of the household's peculiar economic situation.	
Scope	
A. Accessibility to Micro-finance projects B. Apprenticeships, vocational and life skills training	C. Accessibility to labour saving technologies D. Strengthening social safety nets E. Fund-raising
Human Resources	**Material Resources**
- Older children in or out of school - Caregivers - Community development committee for child welfare - Field supervisors - LGA Social welfare worker - Field officers	- Economic support register - Appropriate income generating tools e. g barbing kit, grinding machine - Agricultural inputs e.g. seedlings, fingerlings, goats, and so on

Methods	Monitoring
The *programme* will: - Train trainers on how to provide household level care and economic strengthening to orphans and vulnerable children and their families The *social welfare worker/ field officer* will: - Assess and identify households that need economic strengthening - Assess the caregiver's and older children's economic needs - Provide assistance or technical advice as required in any of the following areas below (A-E)	The *social worker / field officer* will: - Maintain a register of all beneficiaries - Pay monthly visits to beneficiaries to assess progress of HES - Monitor implementation of activities - Submit monthly reports of implemented activities to the community development committee and field supervisor - Monitor disbursement of HES support - Maintain a disbursement register The *field supervisor* and *community development committee* will: - With the field officer / social welfare worker pay quarterly visits to beneficiaries to check performance - Study and validate monthly report from the field officer - Provide feedback - Discuss with community and beneficiaries how problems can be resolved
A: Micro-Credit Scheme	
- Identify micro credit finance schemes or agencies that will provide soft loans for caregivers and older orphans and vulnerable children for small scale economic enterprise - Provide access to micro credit finance schemes through linkage with appropriate agencies such as National Directorate for Employment (NDE), National Poverty Alleviation Programme (NAPEP), Niger Delta Development Commission (NDDC), and Nigeria Agricultural Cooperative and Rural Development Bank (NARDB) - Provide entrepreneurial and management training for caregivers and older orphans and vulnerable children - Facilitate formation of co-operative societies to encourage peer review and support	
B: Apprenticeship, Vocational And Life Skills Training	
- Identify institutions that provide vocational training and apprenticeship programs - Provide access to vocational institutions and apprenticeship schemes - Field officers in collaboration with community development committee and households conduct market survey to find out marketable skills	
C: Accessibility To Labour Saving Technologies	
- Identify strenuous, time consuming or hazardous chores and tasks for orphans and vulnerable children e.g. fetching water, and firewood - Identify appropriate labour saving technologies to tackle above tasks, such as kerosene stoves, water tank, water supply, digging a well, bicycles, and motor cycles - Facilitate access to relevant agencies that would provide these labour saving devices at reduced cost	

D: Strengthening Social Safety Nets
- Identify the elderly, the chronically ill and orphans and vulnerable children experiencing lack and social exclusion - Provide assistance in form of food, clothing, and stipends, directly or through linkages - Build capacity of household to cope with responsibility of extra care and support
E: Fund-Raising
- Identify individuals, bodies and agencies in the community who can make generous donations to address the needs of orphans and vulnerable children - Sensitise them to donate for care and support of these children - Organize events within the community to raise fund for strengthening households - Field officer and community development committee for child welfare should ensure equitable disbursement of the funds raised

6.5 Standard Operating Procedure for Food Security and Nutrition

Rationale: Many households caring for orphans and other vulnerable children often lack access to nutritionally adequate food and have chronic food insecurity. This often leads to socially unacceptable ways of accessing, storing and using food. The competing needs (food, health, and others) also result in diversion of resources for other purposes.

Scope	
A. Supporting Agricultural Production, Storage, Processing & Preservation B. Nutrition for under 5s	C. Nutrition of OVC (5-17years), caregivers and pregnant mothers D. Mobilizing Communities for Food Support
Human Resources	**Material Resources**
- Caregivers - Community development committee - Field officers - Field supervisors - Agriculture extension officers - LGA Social welfare worker	- Weighing scale - Height ruler/tape - Monitoring check list and register - Food items - Cooking utensils
Method	**Monitoring**
The *programme* will: - Train trainers on how to provide food security and nutrition support to orphans and vulnerable children and their families The *field officer* will: - Identify households that need nutritional support - Provide food items as necessary - Provide nutrition education including proper food storage and preparation to caregivers and older children - Provide nutrition counselling for HIV-	The *field officer* will: - Pay monthly home visits to the children and caregivers - Measure and record growth of children under 5 on a monthly basis - Maintain a register of all beneficiaries - Monitor implementation of activities - Submit monthly reports of implemented activities to the community development committee and field supervisor - Monitor disbursement food/nutrition support to beneficiaries - Maintain a disbursement register for all support

positive mothers, and link to PMTCT programmes, as appropriate - Provide following services (A-D), as appropriate	- Provide feedback to the children and caregivers The *field supervisor* and *community development committee* will: - With the field officer / social welfare worker pay quarterly visits to beneficiaries to check performance - Study and validate monthly reports from the field officer - Provide feedback to children, caregivers, field officer/social worker - Discuss with field officer/social worker, community and beneficiaries how to resolve any problems - Monitor and verify documents for equity of food distribution - Appraise the progress in nutrition and follow up action.

A: Agriculture

The *field officer*/*agriculture extension worker* will:
- Provide access to farmland through linkage with community leaders, government and non-governmental agencies, cooperative societies and philanthropic organizations
- Provide access to agricultural input, such as seeds, fertilizers, and chemical sprays through linkage with relevant agencies
- Provide access to young animals for rearing purposes
- Provide access to agricultural machineries, such as tractors, hoes, cutlasses, ploughers, etc through linkage with relevant agencies

B: Nutrition for Under 5s

The *field officer* will:
- Pay monthly home visits to the children and caregivers
- Measure and record growth of children under 5 on a monthly basis
- Conduct nutritional assessment and counselling, including replacement feeding, for infants born to HIV positive mothers

C: Nutrition of OVC (5-17years), Caregivers and Pregnant Mothers

The *field officer* will provide:
- Nutritional education and counselling to out of school youth
- Infant feeding education and counselling to teenage mothers
- Nutritional support, including means of sourcing food donation and nutritional education to be able to feed the family to caregivers
- Also, provide them with agricultural counselling to undertake home gardens for the production of vegetables, fruits, beans, poultry, legumes and other local foods with high nutrition.
- Nutrition counselling to pregnant mothers.
- Nutrition support including sourcing food donations and counselling to grandparent-headed households

D: Mobilizing Communities for Food Support

The *field officer* will:
- Ensure that the community members receive nutrition education from the field supervisors on how to produce nutritious food using available local foods
- Develop linkages for mobilising nutrition support

6.6 Standard Operating Procedure for Health Care

Rationale: The right to health care is a right of every child and as such it should be available to all children irrespective of their socio economic status. Orphans and vulnerable children are less likely to enjoy this right, even though they are at a higher risk of poor health status due to many factors. Ensuring access to adequate health care for OVC therefore, entails provision of preventive, promotive, curative and rehabilitative services at all levels. HIV prevention education care and treatment should also be provided.

Scope

A. Health Care for Children Under 5
B. Health Care for Children 6-12 years
C. Health Care for Children 13-17 years
D. Health Care for Children Living with HIV

Human Resources

- Caregivers
- Community volunteers
- Community development committee
- Field officers
- Field supervisors
- Health care providers at primary, secondary and tertiary levels

Material Resources

- Health support register
- Referral forms
- Referral register

Method

The *programme* will:
- Train trainers on how to provide health support to orphans and vulnerable children

The *caregiver* will:
- Ensure that children receive appropriate immunizations
- Provide home management of common illnesses, as appropriate
- Take child to health care facility promptly, as needed
- Ensure compliance with health personnel instruction
- Ensure adherence in case of children on ART

The *field officer* will:
- Follow up child's health issues
- Provide counselling
- Assist in making referrals and linkages to health care services.
- Provide child friendly HBC services
- Sensitise health care providers on the health needs of under 5s
- Train caregivers on management of common childhood ailments, and when to refer to health facilities
- Work with caregivers to assess health

Monitoring

The *field officer* will:
- Pay monthly home visits to the children and caregivers
- Maintain a register of all beneficiaries
- Monitor implementation of activities
- Submit monthly reports of implemented activities to the community development committee and field supervisor
- Monitor disbursement of health care support to beneficiaries
- Maintain a disbursement register for all support
- Refer and get feedback to/from health facility
- Document all referrals
- Provide feedback to the children and caregivers
- Work with the children, households and community development committee to identify barriers to accessing health care, and identify solutions

The *field supervisor* and *community development committee* will:
- With the field officer / social welfare worker pay quarterly visit to beneficiaries to check performance
- Study and validate monthly reports from the field officer
- Provide feedback to children, caregivers and field officer/social worker

status (e.g. immunization) of under 5s - Work with community development committees to mobilize communities to address the health needs of under 5s (full immunization coverage, use of ITN, regular deworming, and so on - Maintain a register of health care support provided - Ensure access to the following services (A-D), as appropriate: The *Health care provider* will**:** - Ensure access to the following services that are facility-based, according to existing protocols (IMCI, paediatric ART, and so on)	- Discuss with field officer/social worker, community and beneficiaries on how to resolve any problems - Monitor and document health care - Appraise the progress of health care support and follow up action.

A: Health Care for Children Under 5		
SERVICES	**Other OVC**	**HIV exposed or infected**
Immunization	X	X
Vitamin supplements	X	X
Breast milk substitute		X
De-worming	X	X
Growth monitoring& nutrition counselling	X	X
Insecticide treated net	X	X
Treatment of common childhood ailment	X	X
ART and treatment for Opportunistic Infection		X
Cotrimoxazole prophylaxis		X
Pay user fees	X	X
Nutrition support/counselling	X	X
Health Education	X	X
Point of use water treatment		X
B: Health Care for Children 6-12 years		
SERVICES	**Other OVC**	**HIV infected OVC**
Immunization	X	X
Vitamin Supplements	X	X
De-worming	X	X
Nutrition counselling	X	X
Insecticide treated net	X	X
Treatment of common childhood ailment	X	X
ART and treatment for Opportunistic Infection		X

Cotrimoxazole prophylaxis		X
Nutritional support/counselling	X	X
Child friendly treatment education		X
Pay user fees	X	X
Hygiene and sanitation	X	X
Family life education & life skills	X	X
C: Health Care for Children 13-17 years		
SERVICES	**Other OVC**	**HIV infected OVC**
De-worming	X	X
Vitamin supplements	X	X
Nutrition counselling	X	X
Insecticide treated net	X	X
ART and treatment for Opportunistic Infection		X
Cotrimoxazole prophylaxis		X
Nutritional support/ counselling	X	X
Youth friendly treatment education	X	X
Pay user fees	X	X
Hygiene and sanitation	X	X
Family life education & life skills.	X	X

6.7 Standard Operating Procedure for Education

Rationale: Education is a basic right of every child to guarantee a responsible livelihood in society. It promotes and develops the child's personality, talents, mental, emotional and physical potentials to the maximum. Orphans and vulnerable children may not access education most of the time. This service therefore, aims at providing orphans and vulnerable children with access to school enrolment, retention and successful completion of education. This will enable them lead productive lives. Resources for educational support should, wherever possible, be channelled through existing systems and structures to the target beneficiaries.

Scope

A. Pre-Primary Education
B. Primary Education
C. Secondary Education
D. Vocational Skills Training
E. Tertiary Education
F. Special Education
G. Religious Education

A: PRE-PRIMARY EDUCATION
Children aged 0- 2 years should be given early childhood learning and stimulation to prepare them for nursery education, while children aged 3-5 years should be provided with nursery education.

B: PRIMARY EDUCATION

C: SECONDARY EDUCATION

Human Resources	**Material Resources**
- Caregivers - Community development committee - Field supervisors - Field officers - LGA social welfare workers - Teachers	- Play materials (for pre-primary education) - Television, radio (for pre-primary education) - School enrolment register - School uniforms (where applicable), bags, shoes - Books and writing materials - School levies - Examination fees - School meals - Transport support
Methods	**Monitoring**
The p*rogramme* will: - Train trainers on how to provide education support to orphans and vulnerable children The *field officer* and *community development committee* will: - Assess and identify children who need educational support - Visit the household and discuss with the child and caregiver on the need to have the child enrolled in nursery, play group, child corner, ECD centre, primary, secondary school, as applicable - Document consent of the child and caregiver - Identify accessible nursery, play group, child corner, ECD centre, primary, secondary school, as applicable - Take child and caregiver to a school, and ensure the registration of the child. - Identify material needs of the child - Provide necessary school materials - Document enrolment and materials made available to the child The *teacher* will: - Provide psychosocial support to child, when necessary	The *field officer* will: - Maintain a register of all beneficiaries - Monitor implementation of activities - Submit monthly report of implemented activities to the community development committee and field supervisor - Monitor disbursement education support to beneficiaries - Maintain a disbursement register for all education support - Provide feedback to the children and caregivers - Work with the children and the community development committee to identify barriers to education – school attendance, performance, etc, and identify solutions - Conduct monthly school visits to assess child attendance, performance and well-being - Conduct monthly home visits to children and caregivers to assess child well-being and provide feedback. - Document school and home visits made on every child - Work with the PTA, school authorities and teachers to ensure a child-friendly environment The *caregiver* will: - Ensure child attends school daily - Pay regular school visits The *teacher* will: - Monitor the child's well-being (academic performance, school attendance, and psychosocial well being)

	The *field supervisor* and *community development committee* will: - Pay quarterly visits to school with the field officer to check child performance - Study and validate monthly reports from the field officer - Provide feedback and resolve any problems
D: TERTIARY EDUCATION	
Human Resources	**Material Resources**
- Caregivers - Community development committee - Field officers - Field Supervisors - Social welfare Officers	- School enrolment register - School books and writing materials - Transport support
Methods	**Monitoring**
The *field officer* will - Assist the child in gaining admission to tertiary institution - Work with philanthropic organization/ Government for assistance in provision of scholarship/bursaries. - Monitor child's performance through the caregiver - Document support and materials made available to the child	The *field officer* will ensure that the - Child collects reports during the holidays to enable field supervisors/field officers to appraise child performance and well-being - He/she document interactions that occur with every child The *caregiver* will: - Keep in constant touch and/or pay regular unscheduled school visits to monitor child's performance in school The *field supervisor* and *community development committee* will: - Provide supervision and mentoring to field officer - Study and validate reports from the field officer - Provide feedback and resolve any problems
E: VOCATIONAL SKILLS TRAINING The preference will be for children to receive formal education. However, children (12 - 17 years) who for one reason or the other, cannot access formal education may be enrolled in vocational skills programmes.	
Human Resources	**Material Resources**
- Field supervisor - LGA Social welfare workers - Field officers - Caregivers - Community development committees - "Masters' /Trainers	- Vocational support register - Appropriate toolkits/materials for training - Vocational training fees - Transport support - Start up funds/materials

Methods	Monitoring
The *field officer* will: - Register the child in the vocational register - With the community development committee, child and caregiver, carry out an assessment of marketable skills in the community before choosing the type of vocational skill for the child - Identify accessible vocational training centres - Assist the child in gaining admission to vocational institution - Work with philanthropic organization / Government for assistance in provision of financial/material support. - Document support and materials provided to the child - Provide regular sensitization for Masters/ Trainers and community development committee on care, support and protection of orphans and vulnerable children	The *field officer* will: - Maintain a register of all beneficiaries - Monitor implementation of activities - Submit monthly reports of implemented activities to the community development committee and field supervisor - Monitor disbursement of vocational training support to beneficiaries - Maintain a disbursement register for all vocational training support - Provide feedback to the children and caregivers - Work with the children and the community development committee to identify barriers to vocational education –attendance, performance, etc, and identify solutions - Conduct monthly visits to the vocational training centres to assess child attendance, performance and well-being - Conduct monthly visits to child and caregiver to assess child well-being and provide feedback. - Document institutional and home visits made on every child The *caregiver* will: - Ensure that the child attends vocational training centre daily (or as expected) - Pay monthly visits to the vocational training centre The *field supervisor* and *community development committee* will: - Pay quarterly visits to training centres with the field officer to check child performance - Study and validate monthly reports from the field officer - Provide feedback and resolve any problems
F: SPECIAL EDUCATION These are schools that provide education and care for children with special needs, for instance children with physical (sight, hearing, speech), mental or other disability.	
Human Resources	**Material Resources**
- Field officers - Field supervisors - Community development committee - Teachers	- Enrolment registers - School uniforms, bags and shoes - Learning tools (Braille, wheel chair, etc) - Books and writing materials - School levies - School meals
Methods	**Monitoring**
Same as for A- C	Same as for A-C

6.8 Standard Operating Procedure for Psychosocial Support

Rationale: The provision of psychosocial support to orphans and vulnerable children is essential and should be a key element in the range of services to be provided, even though interventions to orphans & vulnerable children presently downplay its importance. Psychosocial support involves all action that enables orphans and vulnerable children to live meaningful and positive lives. It is an ongoing process of meeting the physical, social, emotional, mental and spiritual needs of children, all of which are essential elements for meaningful and positive human development.

Scope

A. Counselling (e.g. spiritual, bereavement, moral, nutritional, academic)
B. Capacity Building on Life Skills and Succession Planning
C. Playgroup/Recreational support (e.g. child to child, community competition)

Human Resources	Material Resources
- Children - Caregivers/parents - Field officers - Field Supervisors - Community volunteers - Community development committee - Psychologists - Social Workers - Community home-based caregivers - Religious leaders (priests, imams) - Health workers - Teachers - Community leaders - Guidance counsellors	- Transport support - Play ground (infrastructure) - Training manuals - Register - Stationeries - BCC materials - Toys, and games e.g. local chess (*ayo*), football

A: Counselling

First Visit

The *field officer/community volunteer* will

- Identify the counselling needs of orphans and vulnerable children and the household
- Address the identified needs in the process of counselling.
- Identify members of the household to be trained on child-focused interpersonal communication and counselling

Frequency of visits should be regular at the onset of trauma or challenge, and then reduced to monthly visits, as appropriate.

- Refer any cases that require specialist counselling

Trained religious leaders, teachers, community leaders, caregivers/parents, guidance counsellors in schools will :

- Identify the counselling needs of the orphans and vulnerable children
- Address the identified needs of the child through counselling
- Follow up on the child's well being

Follow up visits

The *field officer/community volunteer* will:

- Conduct monthly visits to the child and households
- Observe if the identified counselling needs have been addressed
- Address any new development observed
- Document home visits made on every child
- Maintain a register of all beneficiaries
- Monitor implementation of activities
- Submit monthly reports of implemented activities to the community development committee and field supervisor
- Provide feedback to the children and caregivers
- Work with the children and the community development committee to identify barriers to psychosocial support and identify solutions

B: Capacity Building on Life Skills

The *programme* will:

- Train trainers on psychosocial support

The *field officer* will:

- Build the capacity of children in life skills (e.g. goal setting, self esteem, assertiveness, negotiation skills, peer resistance, effective communication, conflict resolution, study skills)
- Build the capacity of the caregivers/parents, religious clerics, etc in the following areas:
  - Succession Planning (will writing, appointing a guardian, memory projects)
  - Memory book- it is a book in which a parent or care documents memories of an individual child or help disclose information about the family, HIV status or other illnesses and open up communication between the child and the caregiver.
  - Stress management and coping skills in managing children that are not theirs.
  - Child-focused interpersonal communication and counselling.

C: Play Group/ Recreational Support

Play group provides an avenue for the children to be involved in recreational activities.

The *field officer*, *community volunteer*, and *children* will:

- Mobilize community leaders to provide recreational facilities and materials
- Facilitate the formation of peer support groups of children
- Mobilize community groups (esp. youth groups) to manage and maintain the recreational facility
- Coordinate the activities of the play group
- Mobilize community leaders to provide recreational facilities and materials

6.9 Standard Operating Procedure for Shelter

Rationale: Many orphans and vulnerable children face the increasing risk of becoming street children or residing in locations that are detrimental to their well-being. Care within the family is not only more likely to meet their developmental needs, but is also more likely to equip them with the knowledge and skills required for independent life in the community. By remaining within their communities they retain both a sense of belonging and identity and also benefit from the continuing support of networks within that community. Although there may be risks attached to fostering with unrelated families, with appropriate external monitoring and support, it is more likely that their rights will be respected than if they are placed in institutions. In addition, family and community care have the advantage of being potentially far less expensive than residential care, and hence more sustainable. It is therefore, imperative that organizations empower families and communities to take up the added burden of providing shelter to children who have problems of shelter.

Scope

A. Placement with Relatives (Family Care)
B. Fostering and Adoption
C. Child-headed Households
D. Renovation/Building of Shelter
E. Institutional care

Human Resources	Material Resources
- Family members - Community development committee - Community volunteers - Field officers - Field Supervisor - LGA Social welfare worker	- Beddings - Building materials

Methods	Monitoring
The *programme* will: - Train trainers on how to provide shelter to orphans and vulnerable children - Mobilize families and communities to provide shelter to orphans and vulnerable The *field officer* will: - Identify children who need shelter support - Assess the caregivers/children's needs regarding shelter - Provide assistance as required in any of the following areas (A-E): - Follow up on child's welfare - Link family to other support services, as needed - Ensure that child's interests are protected *Family members* will - Ensure that the child stays in the best shelter that can adequately meet his/her need - Support the family/institution caring for the child *Community development committee* will: - Help determine which form of shelter is more likely to provide best care to the child - Provide support to family/institution caring for the child (e.g. garden space, labour) - Visit the child regularly	The *field officer* will: - Maintain a register of all beneficiaries - Conduct monthly visits to the children and households - Monitor implementation of activities - Submit monthly reports of implemented activities to the community development committee and field supervisor - Provide feedback to the children and caregivers - Work with the children and the community development committee to identify barriers to shelter support and identify solutions The *field supervisor* and *community development committee* will: - Pay quarterly visits to beneficiaries with the field officer to check performance - Study and validate monthly reports from the field officer - Provide feedback and resolve any problems

A: Placement with Relatives (Family Care)

This refers to the placement of children with extended family members. The family ensures that the child is cared for and his or her needs met. In some cases different family members are responsible for taking care of specific needs of the child.

The *field officer* will:

- Place the child whose relatives have been identified under the care of willing relatives
- Counsel and support the family
- Link family with relevant agencies for support, as needed

B: Fostering and Adoption

Fostering and adoption involve a child being taken into the care of adults other than their parents. Adoption formalizes custody and care for the child. It makes a child like a biological child of the family, and to have the same rights as the biological children. It is permanent, and severs the relationship of the adopted child and the biological parents. Fostering, on the other hand, is simply taking care of a child, and is not permanent. The child can go back to the biological family.

The *field officer* will:

- Provide access to interested individuals to foster care or adoption information
- Link interested individuals to appropriate agencies such as LGA social welfare department for fostering and adoption services
- Place orphans and vulnerable children whose relatives are willing for fostering, and those whose relatives cannot be located for adoption
- Link the children and families with the social welfare department in the LGA

The *foster family* will*:*

- Report to the field officer/community development committee on child's welfare

C: Child-headed Households

A child-headed household is one, which is led by a child under the age of 18. This child takes on responsibilities usually carried out by parents, including providing care to other children. The main event that leads to establishment of a child-headed household is the death of both parents. However, in some cases, one or both parents are still alive but may have left the family home for some reason. Other events include parental illness or disability. Child-headed households face a wide range of issues, the most pressing being poverty and meeting their survival needs. With modest support, these households can be helped to cope more effectively.

The *field officer* and *community development committee* will:

- Ensure the siblings stay together
- Identify a suitable adult community member/family as mentor for the child-headed household
- With the identified mentor adult/family ensure children attend school regularly, and academic performance at school is satisfactory
- Provide material and other support (food, clothing, health, PSS, etc) to the household, as needed
- Train the child head of the household on effective parenting (household management, nutrition, cooking, first aid, dealing with conflict in the family, goal setting, laws and rights, etc)
- Ensure the children participate in community activities, including play.
- Link those in need to legal and other support to ensure they can keep their home, and other inheritance

D: Renovation/Building of Shelter

This is usually an activity done by the family or community members. Organizations can mobilize communities to help in renovation/building of shelter for orphans and vulnerable children and their households, and provide linkages with relevant government agencies, philanthropists or other organizations that can assist.

The *field officer* will*:*

- Identify orphans and vulnerable children who need renovation of their homes
- Identify individuals or agencies that can support shelter renovation
- Link households that need support for shelter renovation with appropriate agency
- Provide support for renovation, where possible

E: Institutional Care

This term is used to apply to institutions that provide residential child care. Most of the children in these institutions are placed there by the state. Institutions may be run directly by the state or by other organizations. As a last resort, orphans and vulnerable children who do not receive fostering care or adoption because their relatives cannot be traced, or are unwilling to care for the children, can be placed in institutional care, but only as a temporary measure.

6.10 Standard Operating Procedure for Child Protection

Rationale: Children living without proper family care and support are extremely vulnerable to abuse, exploitation and neglect. Emphasis should be on prevention, diversion, family and community strengthening, child participation and responding appropriately in the best interest of the child. Attitudes, customs, traditions and practices that encourage abuse need to be negotiated and replaced with more positive practices.

Scope

A. Capacity building on Child Protection for Government and CSOs
B. Establishing/Strengthening Community Development Committees
C. Community-led Situation Analysis and Action Planning involving Children
D. Training of Police, Teachers, Health Workers
E. Establishment of a Referral and Reporting System
F. Life Skills Training for Orphans and Vulnerable Children
G. Birth Registration

Human Resources	Material Resources
- Children - Young people - Care givers - Community development committee - Community leaders, men and women - Field officers - Field supervisors - Religious leaders - Service providers (teachers, health workers, LGA social welfare workers, police)	- Training Manuals - Transport support - Referral forms - Referral registers
Methods	**Monitoring**
The *programme* will - Train trainers on protection for orphans and vulnerable children The *field officer* will: - Assess and identify children who need protection - Assess the children's protection needs - Provide assistance or technical advice as required in any of the following areas below (A-F) - Refer children and households to appropriate protection agencies	The *field officer* will: - Maintain a register of all beneficiaries - Conduct monthly visits to the children and households - Monitor implementation of activities - Submit monthly reports of implemented activities to the community development committee and field supervisor - Provide feedback to the children and caregivers - Work with the children and the community development committee to identify barriers to child protection and identify solutions The *field supervisor* and *community development committee* will:

	- With the field officer pay quarterly visits to beneficiaries to check performance - Study and validate monthly reports from the field officer - Provide feedback and discuss with children, households and community on how problems can be resolved

A: Capacity Building on Child Protection for Government and CSOs

The *Programme* will:
- Identify key individuals from government, NGOs, CBOs, and FBOs to act as community facilitators
- Train local facilitators in child protection. (The training should include changing individual attitudes and perceptions toward protection issues in their own lives and surroundings)
- Provide mentoring support for the facilitators
- Support organizations to establish a child protection policy that demonstrates a commitment to the protection of children from harm, particularly when engaging with the organizations
- Support and disseminate the child protection policy throughout the organization, and ensure staff understand the underlying principles

B: Establishing/Strengthening Community Development Committees responsible for Child Welfare

The *field officer* will:
- Ensure genuine support of key stakeholders
- Map out the different actors and interventions being undertaken locally
- Hold community meeting (no more than 500 people) to announce the concept of the child development committee for child welfare
- Request adult community members to identify men and women, request children to identify girls and boys to represent them on the committee – ensuring the inclusion of the most vulnerable households (literate and non literate)
- Undertake weekly sessions to identify protection issues for children with different peer groups
- Share with the wider community ongoing findings through drama, religious leaders, and meetings

C: Community-led Situation Analysis and Action Planning involving Children

The *field officer* will:
- Support community development committee to undertake house to house survey to provide baseline data in their communities
- Establish agreement on community definitions and categories of vulnerability
- Develop with children, an action plan for the wider community, to ensure greater protection for children,
- Ensure a smaller committee is be established to identify vulnerable households
- Map out locally available resources, and community action that can be undertaken to support families (e.g. community garden)
- Identify and train volunteers to act as monitors of vulnerable children and households
- Ensure clear reporting and referral systems are put in place outlining step by step guide for referrals and reporting
- Ensure all community members are aware of the steps for referral and reporting

D: Training for Service Providers (Teachers, Police, Health Workers)

The *master trainers* will train*:*
Teachers to:
- Recognize the protection risks within the school environment and the lives of children (attending/currently not attending school) e.g. child labour, sexual and physical abuse
- Understand how to provide a nurturing and protective environment in schools
- Understand how to identify children at risk and report/respond sensitively

Police, health workers, social welfare workers to:
- Recognise the protection risks facing children in their communities e.g. child labour, trafficking, sexual and physical abuse
- Identify their role in child protection, and how to respond sensitively and in the best interest of the child
- Establish clear systems to support diverting children from entering juvenile justice system together with community leaders
- Establish child-friendly services that children can identify as being supportive

E: Establish Referral and Reporting System

The *field officer, community development committee* and *service providers* will:
- Develop a clear system for referring cases of abuse and exploitation
- Ensure all duty bearers understand their responsibility and role in responding
- Disseminate the reporting system widely to the Community, including children, to ensure the children are aware of their right to support
- Ensure referral meetings take place on a quarterly basis to discuss case load, reflect on effectiveness of system and change where appropriate

F: Life Skills Training for Orphans and Vulnerable Children

The *field officer* will:
- Identify orphans and vulnerable children who can be trained as peer educators and be able to work with other vulnerable children to recognize their rights not to be abused; be aware of risks (trafficking, hazardous work, HIV and AIDS); develop strategies to reduce such risks; and understand how and where to report any abuse
- Train peer educators, taking care to choose appropriate time of the day when children can be available for the training
- Mentor peer educators to undertake life skills training on an ongoing basis (to include identifying risks, harms, solutions and strategies to increase their own resilience)

G: Birth Registration

The *field officer* and *community development committee* will**:**
- Sensitise communities on the importance of birth registration, especially for orphans and vulnerable children
- Ensure the birth of orphans and vulnerable children are registered
- Link households with orphans and vulnerable children to birth registration centres
- Provide transport and other support, where possible, to facilitate birth registration process

6.11 Standard Operating Procedure for Legal Support

Rationale: Many children in developing countries who have been made vulnerable by HIV face many problems when their parent(s) die. They may face discrimination, and violation of their rights, or have their property taken. Programmes therefore, should ensure children's rights are protected at all levels, and provide support when infringement occurs.

Scope

A. Advocacy for the Adoption of the Children's Bill at all levels
B. Translation and Implementation of Child Rights Legislation in line with Local Culture and Practices
C. Capacity Building for the Recognized Authorities, Judiciary, Health Service Providers, Education Providers to Implement the Law
D. Establish/Strengthen Referral Systems to Support Orphans and Vulnerable Children and their Households

Human Resources	**Material Resources**
- Caregivers - Community structure/leaders - LGA social welfare workers - Child rights activists - Law enforcement Agencies - police, National Agency for the Prohibition of Traffic in Persons and other related matters (NAPTIP), National Human Rights Commission (NHRC) - Lawyers	- Materials for documentation - Child Rights Act/law - Local versions of children's bill (adapted in local language and child friendly) - Referral forms - Referral register
Methods	**Monitoring**
The *field officer* will: - Assess and identify households that need legal support - Assess the caregiver's and children's legal support needs - Provide assistance or technical advice as required in any of the following areas below (A-D)	The *field officer* will: - Maintain a register of all beneficiaries - Conduct monthly visits to the children and households - Maintain a register of all legal support provided - Monitor implementation of activities - Submit monthly reports of implemented activities to the community development committee and field supervisor - Provide feedback to the children and caregivers - Work with the children and the community development committee to identify barriers to legal support and identify solutions The *field supervisor* and *community development committee* will: - With the field officer pay quarterly visits to beneficiaries to check performance - Study and validate monthly reports from the field officer - Provide feedback and discuss with children, households, and community on how problems can be resolved

A: Advocacy for the adoption and implementation of the children's bill

The *programme* will:
- Work with state level legislators to understand and support the essence of the children's bill (where it is not available)
- Support children to advocate with the legislators

B: Translation and Implementation of Child Rights Legislation in line with Local Culture and Practices

The *field officer* will work with communities as follows:
- Begin by discussing local practices and laws that provide legal protection for children
- Together identify practices that are harmful and negotiate for change in line with the bill
- Gain community consensus to adopt the child rights principles and provide support to put into practice. Assign roles and responsibilities
- Together with children, develop tools to monitor implementation of the bill

C: Capacity Building for the Recognized Authorities, Judiciary, Health Service Providers, Education Providers to Implement the Law

The *Programme staff* will build the capacity of:
- Children to identify risks
- Caregivers to identify risks and respond sensitively, and in the best interest of the child
- Communities to recognise the risks and abuses vulnerable children face; and the roles and responsibilities of communities in providing legal support and protection.
- Law enforcement agents to bring about changes in existing practice and protocols to fall in line with the principles of the children's bill

Programmes should emphasise a transformatory approach which starts with behaviour change at the individual level

D: Establish/Strengthen Referral Systems to Orphans and Vulnerable Children and their Households

The *field officer* will:
- Ensure local structures are in place for referral
- Map out which structures exist to support legal protection
- Ensure linkages and accessibility for men, women, boys and girls
- Ensure referral structures are accessible and appropriate for children

SECTION 7

SUGGESTED ROLES FOR KEY STAKEHOLDERS

7.1 The Federal Ministry of Women Affairs and Social Development

The Federal Ministry of Women Affairs and Social Development is responsible for providing the overall leadership in coordinating the planning, implementation and monitoring of programmes and interventions for orphans and vulnerable children in Nigeria. In close consultation with all relevant staff at national and state levels, FMWA&SD will:

- Develop a co-ordination mechanism that has a defined mandate and reporting processes with a Secretariat that supports program implementers.
- Publicize, interpret, advocate and popularize the National Guidelines and Standards of Practice among the various duty bearers
- Sensitize and train state and LGA leaders and technical persons in provision of services that target orphans and other vulnerable children
- Mobilize collaborative action involving Government bodies, CSOs and other development partners to ensure effective and efficient resource allocation and use in conformity with government policies and strategies
- Build capacity of service providers and key actors in programme implementation, monitoring and evaluation
- Monitor and assess the effectiveness and cost of interventions intended to benefit orphans and other vulnerable children
- Carry out research and disseminate findings on best practices and lessons learned for increasing programme planning and implementation effectiveness
- Demonstrate and encourage all duty bearers to institute a level of transparency regarding information, intervention methodologies (including a review of what works and what does not), resources, costs of interventions, numbers of beneficiaries of interventions, feasibility of implementing and sustaining interventions at scale
- Ensure that orphans and vulnerable children, and their caregivers participate substantively in the planning, development, implementation, monitoring and assessment of interventions intended to benefit them.

The FMWA&SD will undertake these activities in collaboration with the National Action Committee on AIDS (NACA).

7.2 Other Government Ministries, Agencies and Departments

Ministries or Government agencies responsible for child care, support and protection, education, health, psychosocial support, socio-economic security and capacity enhancement for improved service delivery for orphans and vulnerable children are responsible for ensuring implementation of the programmes in their respective sectors, in accordance with the National Guidelines and Standards of Practice. Their roles include to:

- Develop sectoral implementation guidelines
- Build capacities in the respective sectors
- Integrate orphans and vulnerable children concerns in sectoral policies, program

and plans
- Mobilize resources and monitor their allocation and use
- Sensitize and train state and local government leaders and technical persons in provision of services that target orphans and vulnerable children
- Monitor and assess action intended to benefit orphans and vulnerable children within their respective sectors
- Ensure that orphans and vulnerable children, and their caregivers participate substantively in the planning, development, implementation, monitoring and assessment of interventions intended to benefit them.

7.3 States

The role of states in implementation of the National Guidelines and Standards of Practice shall include to:

- Co-ordinate, supervise and monitor the dissemination of programmes for orphans and vulnerable children in accordance with these Guidelines at state and local government levels
- Develop and integrate a strategy regarding orphans and vulnerable children into state development plans
- Maintain a management information system on orphans and vulnerable children
- Sensitize and train leaders and technical persons at state and local government levels in provision of services to ensure that orphans and vulnerable children benefit appropriately
- Ensure that orphans and vulnerable children, and their caregivers participate substantively in the planning, development, implementation, monitoring and assessment of interventions intended to benefit them.

7.4 Local Government Areas

Local Government authorities have the responsibility to:

- Incorporate concerns relevant to the safety, well-being and the fulfilment of the rights of orphans and vulnerable children in LGA workplans and budgets
- Ensure access to essential and social services for most needy orphans and vulnerable children
- Ensure data on orphans and vulnerable children and their circumstances are collected, collated and disseminated for improved targeting and service delivery
- Actively promote information sharing and collaboration in relation to the implementation of OVC programmes in accordance with the National Guidelines and Standards of Practice among duty bearers in their areas.
- Monitor the action of all local duty bearers relevant to the fulfilment of the rights of orphans and vulnerable children
- Ensure that orphans and vulnerable children, and their caregivers participate substantively in the planning, development, implementation, monitoring and assessment of interventions intended to benefit them
- Participate in the identification of orphans and vulnerable children, in partnership with CSOs and communities.

7.5 **Development partners** shall:

- Provide financial, material and technical support to facilitate the effective adoption of the National Guidelines and Standards of Practice
- Collaborate with each other for more equitable national orphans and vulnerable children program planning
- Monitor and advise government and other partners on concerns relevant to the safety, well being and development of orphans and vulnerable children within their areas of operation.

7.6 Parents and other caregivers

The role of parents, guardians and other caregivers shall include to:

- Protect, care and support orphans and vulnerable children by providing for their safety and basic needs
- Provide the love, guidance and attention children need to develop in healthy ways and to become active members of their family and community
- Plan for the welfare of the children, including succession planning and will writing
- Participate in the review and/or formulation of national and international policies that promote the rights of orphans and vulnerable children
- Ensure births and deaths within the household are registered with the appropriate local authorities
- Resolve family and community related conflicts.

7.7 Civil Society Organizations (including FBOs, CBOs, NGOs) shall:

- Lobby and advocate on issues and concerns related to orphans and vulnerable children
- Develop and implement interventions to benefit orphans and vulnerable children that are consistent with the National Guidelines and Standards of Practice
- Promote awareness, understanding and use of these National Guidelines
- Build the capacity of relevant service providers
- Build partnerships with government and other agencies in support of orphans and vulnerable children
- Promote and facilitate networking and collaboration among service providers
- Give primary emphasis to mobilizing community action and building community capacity
- Facilitate supervision, monitoring and evaluation of interventions to benefit orphans and vulnerable children by relevant government bodies
- Advocate and support succession planning and will writing.

7.8 Community (local councils, clan, traditional, cultural, religious and opinion leaders) shall:

- Organize/strengthen social support networks to protect and promote the well-being and development of orphans and vulnerable children and their households
- Identify the children and households whose safety, well-being or development

is at greatest risk and for whom they are prepared to take action to improve their situation
- Identify appropriate strategies and interventions in keeping with the National Guidelines and Standards of Practice and, so far as possible, implement and monitor these using local capacities and resources.
- Engage in conflict resolution
- Provide the love, guidance and attention children need to develop in healthy ways and to become active members of their family and community
- Link service providers with orphans and vulnerable children
- Protect property rights of orphans and vulnerable children and widows
- Facilitate succession planning, including will writing
- Mobilize local resources and use any external resources available to improve the care and support of orphans and vulnerable children
- Encourage a communal responsibility for the protection and care of orphans and vulnerable children in keeping with the traditional value that each child is everyone's child
- Encourage families to register all births and deaths
- Encourage community discussion to identify and change cultural and religious norms and practices that negatively affect orphans and vulnerable children, especially girls
- Actively seek external resources to reinforce community efforts.

7.9 **Children** shall:

- Participate in identifying the factors that cause vulnerability among children, especially among the groups of children most affected
- Participate in identifying and planning action to improve the safety, well being, and development of orphans and vulnerable children in the community
- Participate in implementing and monitoring the results of interventions intended to benefit children, especially orphans and vulnerable children

7.10 **The Private sector** shall:

- Participate in, and undertake initiatives for improved protection and care of orphans and vulnerable children
- Contribute resources and opportunities for the care, support and protection of orphans and vulnerable children
- Develop work policies that protect orphans and vulnerable children from exploitation and abuse, and ensure that workers living with HIV have access to treatment, including ART and PMTCT
- Provide health, social insurance and other social security schemes for their workers and their families
- Collaborate with government and CSOs to support development and delivery of social services
- Publicize and advocate for the implementation of OVC programmes in accordance with the National Guidelines and Standards of Practice.

Appendix A

NATIONAL OVC PLAN OF ACTION TASK TEAM

The National OVC Plan of Action Task Team is made up of the following technical representatives of the organisations shown below:

	Name	Organisation
1	Joshua Emmanuel	United Nations Children's Fund (UNICEF) – Chair
2	B A Oladunmoye	Federal Ministry of Women Affairs (FMWA) - Co-chair
3	Maimuna Y. Mohammed	National Action Committee on AIDS (NACA)
4	Angela Odiachi	Global HIV/AIDS Initiative Nigeria (GHAIN)
5	Comfort Agada	The Enabling HIV/AIDS+TB and Social Sector Environment Project (ENHANSE)
6	Ochi Ibe	United States Agency for International Development (USAID)
7	Ben Nwobi	Global Fund for HIV/AIDS, Tuberculosis and Malaria/Country Coordinating Mechanism (GFATM/CCM)/Federal Ministry of Health
8	Abdulkareem Lawal	UK Department for International Development (DfID)
9	Caroline Nicolson	Save the Children UK
10	Clara Ebegbare	Gede Foundation
11	Olamide Akinfolayan	Hope Worldwide
12	Alhaji Suleiman	National Assembly
13	Charity Maina	Federal Ministry of Education
14	Adeline Ojogwu	Child's Right Information Bureau
15	Anne Daniel	Federal Ministry of Information and National Orientation
16	Biairatu Abubakar	Network of Persons Living with HIV and AIDS in Nigeria (NEPWHAN)
17	Foluso Okunmadewa	World Bank/National Planning Commission

Appendix B

ESSENTIAL SERVICE AND MONITORING CHECKLIST FOR OVC PROGRAMMES

INTRODUCTION

The provision of support to orphans and vulnerable children requires a number of systems, guidelines, and materials to be in place. If some of these elements are lacking or do not function properly, then the support will not be provided to the desired standard. OVC programmes require regular monitoring and support from the Federal Ministry of Women Affairs and implementing organisations to ensure that these elements are in place and work well; that the services are of high quality; and that they meet the needs of the children and their households; while at the same time contribute to the attainment of goals and targets of implementing organisations, and the National OVC Plan of Action.

The main objectives of monitoring visits include to:

- Monitor activities and check the quality of services
- Obtain feedback from staff on project activities
- Resolve observed challenges and problems
- Follow up on recommendations from previous monitoring visits
- Mentor and support project staff

This monitoring tool has two sections: Section 1 focuses on resource standards for OVC programmes; while Section 2 describes service and procedural standards.

Section 1
Resource Standards

PERSONNEL				
	Cadre of Staff	**Minimum**	**Optimum**	**Remarks**
	1. Field Supervisor	1 (10 % time)	(25% time)	
	2. Field Officer	1 (100% time)	(100% time)	
	3. Accounts Officer	1 (50% time)	(100% time)	
INFRASTRUCTURE				
	A. Project Office *The project office must be secure to ensure security of project equipment, records and materials.*	***Remarks***		
EQUIPMENT AND SUPPLIES				
Project Office	*Computer, Printer and other accessories* *Lock away cabinet for safekeeping of project records* *Safe- for petty cash, bank and accounts records* *Bookshelves* *Office supplies* *Health education/BCC materials (posters, leaflet, etc.) Tables, chair*	***Minimum***	***Optimum***	***Remarks***

DATA COLLECTION TOOLS				
OVC		***Available***	***In-Use***	***Remarks***
	OVC Register Initial OVC Assessment forms OVC Enrolment form Household Assessment form OVC Termination form School enrolment register Health support register Economic support register ***Service delivery forms*** MIS forms			
GUIDELINES AND STANDARD OPERATING PROCEDURES				
OVC		***Available***	***In-Use***	***Remarks***
	Child's Right Act 2003 National OVC Plan of Action (2006 - 2010) National Guidelines and Standards of Practice on Orphans and Vulnerable Children The Framework for the Protection, care and support of OVC living in a world with HIV and AIDS Children on the Brink Eligibility criteria for OVC enrolment in programme Eligibility criteria for medical support to OVC Eligibility criteria for educational support to OVC Eligibility criteria for vocational skills training for OVC and caregivers OVC programming manual(s) Guidelines on training/education staff Human resources: job descriptions (including salary, leave time), HIV/AIDS work policy			
REFERRAL SYSTEM				
OVC		***Available***	***In-Use***	***Remarks***
	OVC Referral System Referral directory Referral forms Referral register			

SERVICES OFFERED		
OVC	**A. Minimum OVC services offered** The minimum package of services and rights are the services and rights that must be provided to each child in order to count him or her among those served by a programme or intervention. The following constitute the minimum package of services and rights to be provided by any programme to care, support and protect orphans and vulnerable children: • Education • Food/Nutrition • Psychosocial support • Health • Shelter • Child protection (protection from exploitation, abuse and neglect) • Clothes • Household economic strengthening *Each child should receive a minimum of one home visit and one school visit each month* A child will be considered ***served*** by a programme when the recommended minimum package of services and rights has been provided to that child. A programme will be considered to have ***reached*** a child when the child has received less than the recommended minimum package of services and rights	***Under 5s*** Growth monitoring Birth registration Immunization Insecticide treated nets Child corners Nutrition support Early child development/stimulation Psychosocial support Medical support Fostering support ***5 – 12 years*** Educational support Nutrition support, incl. food donation, and nutritional counselling Psychosocial support, including bereavement support and counselling Children's support group Medical support School visits Home visits ***12 - 17 years*** Educational support Nutrition support, incl. food donation, and nutritional services Psychosocial support, including bereavement support and counselling Children's support group Life skills education Medical support School visits Home visits ***Out-school youth*** Vocational skills training Start up support Life skills training Medical support Nutrition support Psychosocial support, including bereavement support and counselling ***Teenage mothers*** Child handling skills Child care support Baby care materials Psychosocial support, including bereavement support and counselling Infant feeding counselling Respite services
Caregivers		***Caregivers*** Vocational skills training Start-up support Caregiver support group meetings Legal support

		Psychosocial support, including bereavement support and counselling Nutrition support, incl. food donation, and nutritional services Respite services ***Child-Head of Households*** Adult mentor support Vocational skills training Household economic strengthening Start-up support Psychosocial support, including bereavement support and counselling ***Grandparent-head of households*** Vocational skills training Household economic strengthening Start-up support Action plan for household economic strengthening Psychosocial support, including bereavement support and counselling.

Section 2

PROMPTING TOOL FOR MONITORING VISITS AT OVC PROJECTS

BASIC INFRASTRUCTURE

☐ Project Office

Remarks----------

PROGRAMME MANAGEMENT

☐ Project management team (Field Supervisor, field officer, accountant, etc) in place and functional
☐ Community development committee (for child welfare) in place and functional
☐ Project/programme proposal available, and adequately implemented
☐ Financial processes established and functional
☐ Adequate mentoring and supervision in place
☐ Periodic internal assessment carried out
☐ Feedback of external assessments received and utilized
☐ Periodic trainings organized for staff
☐ Communication with supervisory authorities in place
☐ Inter-departmental linkages established and functional
☐ Monitoring & evaluation activities ongoing
☐ Monthly PMT meetings in place
☐ Quarterly community development committee meetings in place
☐ Minutes of meetings adequately documented

Remarks----------

PROJECT STAFF

☐ Trained in care and support for orphans and vulnerable children
☐ Adequate number of staff for service provision/programme implementation
☐ Regular meetings of PMT
☐ Regular technical updates during meetings
☐ Project volunteer retention and attrition rate/issues
☐ Project volunteer knowledge adequate
☐ Volunteer home and school visits adequate
☐ Record keeping by volunteers adequate and timely
☐ Project volunteers follow protocols
☐ Supervision system for volunteer services (supervision checklist and schedule) available
☐ Project volunteers have a schedule for home and school visits to the children

☐ Project volunteers use a checklist/service forms during home and school visits

Remarks----------

OVC IDENTIFICATION AND SELECTION

☐ Number of children selected up to required number for project
☐ Community involvement in defining vulnerability and OVC selection criteria
☐ OVC selection criteria available
☐ OVC identification, verification and selection process systematic, fair and transparent
☐ OVC identification, verification and selection process properly and adequately documented

Remarks----------

PSYCHOSOCIAL SUPPORT

☐ Home visits to OVC adequate
☐ Caregivers trained on succession planning and will writing
☐ Succession plans and will writing by caregivers in place
☐ Avenue created for children to be involved in recreational activities
☐ Improved placement/fostering services for children without family care
☐ Children's support group functional and meet regularly
☐ Caregivers' support groups functional and meet regularly

Remarks----------

EDUCATION

☐ School visits to OVC adequate
☐ School materials – uniforms, books, etc purchased and distributed on time
☐ Distribution of school materials properly documented
☐ Increased school enrolment and regular attendance
☐ Children's performance in school satisfactory
☐ Education support adequate
☐ Education support adequately documented and reported

Remarks----------

HEALTH

- ☐ Support for user fees, or medication, etc for OVC
- ☐ Immunisation for Under 5s
- ☐ Insecticide treated nets for children
- ☐ Regular (6-monthly) deworming of children
- ☐ Health support adequate
- ☐ Health care support adequately documented and reported

Remarks----------

CARE & SUPPORT SERVICES FOR HIV-POSITIVE CHILDREN

- ☐ Adherence training and support for caregivers
- ☐ Referral for ART and other health services
- ☐ (Referral for) Cotrimoxazole prophylaxis
- ☐ Care and support to HIV-positive children adequate
- ☐ Care and support to HIV-positive children adequately documented and reported

Remarks----------

FOOD SECURITY AND NUTRITION

- ☐ Caregivers and older OVC trained on nutrition
- ☐ Linkages with other organizations for food support in place and functional
- ☐ Donated food distributed to OVC and their families adequate
- ☐ Food distribution adequately documented and reported

Remarks----------

LEGAL SUPPORT

- ☐ Legal support organizations/structures identified in community
- ☐ Linkage to legal support organizations established and functional
- ☐ Adequate legal support provided to children and families where there have been legal grievances
- ☐ Legal support adequately documented and reported

Remarks----------

CHILD PARTICIPATION

- ☐ Children support group in place and functional
- ☐ Children support group meetings hold regularly
- ☐ Minutes of meetings kept
- ☐ Meetings facilitated by children, with support from PMT and volunteers
- ☐ Children represented in community development committee (for child welfare)
- ☐ Children trained in leadership and life skills
- ☐ Programme staff and community members trained on child participation
- ☐ Child participation adequate
- ☐ Child participation adequately documented and reported

Remarks----------

CHILD PROTECTION

- ☐ Birth registration for OVC adequate
- ☐ Linkage/referral to State Ministry of Women Affairs in place
- ☐ Children trained on life skills, risk identification and reduction, and how to report abuse and exploitation
- ☐ Programme staff, community members, health workers, teachers, and police trained on child protection
- ☐ System for referral and reporting of abuse and exploitation in place and functional
- ☐ Confidentiality of information from children assured
- ☐ Child protection adequately documented and reported

Remarks----------

CAPACITY BUILDING FOR FAMILIES

- ☐ Caregivers trained to strengthen household economic capacity
- ☐ Training for caregivers on nutrition conducted
- ☐ Training for caregivers on health conducted
- ☐ Caregivers' support groups in place and functional
- ☐ Succession plans and wills developed
- ☐ Capacity building activities for households adequate
- ☐ Capacity building activities for households adequately documented and reported

Remarks----------

MOBILISING AND SUPPORTING COMMUNITY-BASED RESPONSES/ CREATING A SUPPORTIVE ENVIRONMENT

- ☐ Community development committee (for child welfare) in place
- ☐ Community action plans available and being implemented
- ☐ Community response and involvement in care and support for OVC and their families
- ☐ Social mobilization activities at community level
- ☐ Community involvement in orphan identification and selection

Remarks----------

GENDER & DIVERSITY CONSIDERATIONS

- ☐ Gender considerations in number of out-school youth trained in Vocational skills
- ☐ Gender considerations in number of caregivers trained in Vocational skills
- ☐ Gender considerations in number of children who access educational support
- ☐ Any Support for children with disabilities
- ☐ Gender and diversity considerations adequate
- ☐ Gender and diversity considerations adequately documented and reported

Remarks----------

PARTNERSHIPS AND MOBILISING COLLABORATIVE ACTION

- ☐ Facilitating access to micro credit, and other loan schemes
- ☐ Linkage to legal services (State FIDA, Legal AID Commission, JDP, etc)
- ☐ Linkage to market associations and organized private sector
- ☐ Funds and other support leveraged for project activities
- ☐ Leverage support for accommodation and housing
- ☐ Linkages with PLHA support groups
- ☐ Linkages with prevention, VCT, PMTCT, ART services

Remarks----------

REFERRAL SERVICES

- ☐ Staff
  - Designated staff available
  - Trained in referral process and documentation
- ☐ Formal referral system in place with feedback loops
- ☐ Referral directory, registers/logbooks and forms available and in use
- ☐ Referral linkages functional

☐ Children and their families being referred for the services they need at health facilities
☐ Children and their families being referred for the services they need in the community and other facilities
☐ Referral services adequately documented and reported

Remarks----------

RECORD KEEPING

☐ Cabinet with lock available for keeping records of OVC
☐ M&E Officer
- Trained
- Able to use computer

☐ MIS/Records forms available
☐ OVC folders easily traceable
☐ Project Volunteer folders easily traceable
☐ M&E Officer using SOP
☐ Records has a database of OVC registered
☐ Service registers up to date
☐ Records and registers kept in a manner that ensures confidentiality

Remarks----------

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