



FHI PROGRAM GUIDELINES | AUGUST 2010

# Vulnerable Children and Youth



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## ABBREVIATIONS

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>CBO</b>	Community-based organization
<b>FBO</b>	Faith-based organization
<b>HIV</b>	Human immunodeficiency virus
<b>IP</b>	Implementing partner
<b>NGO</b>	Nongovernmental organization
<b>OVC</b>	Orphans and other vulnerable children
<b>QI</b>	Quality improvement
<b>SOP</b>	Standard operating procedures

## ACKNOWLEDGMENTS

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After the meeting, Kimberly Green synthesized the guidelines, and Charles Matiko, Irene Muteti, and Amy Weissman gave further input. The document was later revised and finalized by Tanya Medrano, in collaboration with Kimberly Green and Lucy Steinitz, and disseminated to FHI country offices in January, 2009.

Tanya Medrano updated the guidelines in March, 2010 to ensure that they reflect current trends and best practices in OVC programming. Kimberly Green, Amy Weissman and Charles Matiko reviewed and provided feedback to this revised version of the guidelines. John Engels edited this document.



# INTRODUCTION

FHI is committed to the wellbeing of children and youth, especially those who are vulnerable. This commitment is expressed through FHI's work with thousands of vulnerable children and youth<sup>1</sup> each year in multiple countries and regions around the world. Our work seeks to optimize outcomes for children and youth in disease-burdened communities by using child-focused, family-centered, and community-based approaches to addressing their needs.

Interventions and services for children and youth are delivered at the home, community, and facility level through a variety of implementing partners (IPs), including community-based organizations (CBOs), nongovernmental organizations (NGOs), and faith-based organizations (FBOs). This document was developed to support FHI's IPs in improving the quality of these interventions and services. The goal is to achieve a level of quality consistent with global principles and standards for optimal care, support, and protection of vulnerable children and youth.

These guidelines apply to all FHI-sponsored programs targeting children (ages 0–17) and youth (ages 18–24) who are vulnerable due to all causes, including HIV/AIDS. The guidelines are classified into ten areas:

- 1) Cross-cutting issues
- 2) Care management
- 3) Health
- 4) Food and nutrition
- 5) Education
- 6) Psychosocial support
- 7) Shelter
- 8) Care
- 9) Protection
- 10) Economic strengthening

These areas respond to the basic needs and human rights of children and youth. They are also aligned with the core areas of support for OVC programs established by the US government in the President's Emergency Plan for AIDS Relief (PEPFAR). It is important to highlight that IPs need not provide support to children and youth in all of these ten areas. The services and support they provide will depend on the needs of the community

<sup>1</sup> FHI is increasingly using the term Vulnerable Children and Youth (VCY) instead of OVC because: a) the term OVC is usually associated with HIV/AIDS and is, therefore, labeling and stigmatizing; b) all orphans are not necessarily vulnerable and not all vulnerable children are orphans, and c) older vulnerable children (adolescents/youth) have needs that must be given more attention and addressed.

## INTRODUCTION CONTINUED

and each organization's capacity and expertise. However, IPs should coordinate and establish linkages and referral mechanisms with other local service providers, both governmental and nongovernmental, to ensure that the children and youth they serve have access to comprehensive and coordinated services.

The information in each area is organized as follows:

- Desired outcome for children and youth
- Definition of the outcome
- List of guidelines that will help IPs achieve the specified outcome (some include examples of activities)

FHI recognizes that many countries have established, or are establishing, national standards for the care, support, and protection of vulnerable children and youth. These guidelines are meant to complement and not conflict with any existing national standards. If they do conflict, national host government standards should always take precedence.

This document is part of an FHI toolkit that includes several quality improvement (QI) documents and tools for programs targeting vulnerable children and youth. These guidelines and the broader toolkit support FHI's quality assurance and quality improvement (QA/QI) objectives for vulnerable children and youth. These objectives are

- to define contextually ideal care and support standards for programming for vulnerable children and youth, and to base FHI programs on those standards
- to define basic care and support standards that FHI-supported programs will meet for vulnerable children and youth, and to endeavor to measure achievement through monitoring and evaluation
- to establish guidelines and standard operating procedures (SOPs) for IPs that provide care, protection, and support to vulnerable children and youth in FHI-supported programs

FHI's toolkit is expected to expand as we continue our efforts to enhance the quality of programming and services for vulnerable children and youth. We recommend that this document be used jointly with FHI's *Self-assessment Tool for Quality Improvement of Children and Youth Programs* and the training manual, *Self-Assessment: A Quality Improvement Tool for Community-based Programs Serving Vulnerable Children and Youth*.



## GUIDING PRINCIPLES

The following are FHI's guiding principles for programs serving vulnerable children and youth:

**Child-focused:** Interventions and activities uphold the best interests of vulnerable children and youth and are designed to address their needs according to their age and developmental stage.

**Best interests of the child:** Interventions protect vulnerable children and youth from harm and ensure their basic human rights, including their right to protection from discrimination, stigma, exploitation, abuse, and neglect.

**Child Participation:** Programs and interventions provide vulnerable children and youth with opportunities for meaningful participation in program planning, implementation, monitoring, and evaluation. The opinions and ideas of boys and girls are equally heard, respected, and considered. The ideas and opinions of children and youth are also considered equally to those of adults.

**Rights-based:** Programs and interventions recognize that any support provided to children and youth is not a favor, but an effort to enhance the attainment of their fundamental human rights.

**Family-centered:** Programs and interventions recognize that families are the most important safety net and that a child or young person grows best in family care. Interventions are delivered within the family or household, and build on the family's unique strengths to improve the wellbeing of the vulnerable child or youth.

**Community-based:** Recognizing that communities represent the second line of response and an additional safety net for children and youth, interventions are delivered in the community. The capacity of community-based organizations to directly support children and youth is strengthened.

**Continuum of care:** Programs provide a comprehensive and coordinated response to families affected by HIV/AIDS, providing a continuum of care that includes prevention, care and treatment, and impact mitigation services.

**Comprehensive:** Through partnerships and networks of providers, programs provide access to a wide range of services that address the multiple needs of vulnerable children and youth and their families.

## GUIDING PRINCIPLES CONTINUED

**Reduction of stigma and discrimination:** The reduction of stigma and discrimination against children, youth, and families made vulnerable by HIV/AIDS is key to their emotional, physical and social wellbeing and, thus, is integral to the design of programs and interventions.

**Gender sensitive:** The needs, concerns, and perspectives of both girls and boys are addressed in the planning, implementation, and evaluation of programs.

**Quality of services:** Programs use quality assurance and improvement methods and tools to ensure a high level of quality in prevention, care and treatment, and impact mitigation services.

**Sustainability:** Programs not only address the immediate survival needs of children and youth such as food, water, and shelter, but also implement actions to reduce their vulnerability in the long term. Programs will ensure continued and uninterrupted support to children and youth beyond the life of the program.

## KEY CONCEPTS AND DEFINITIONS

**Child:** The Convention of the Rights of the Child (CRC) defines a child as a human being below 18 years of age, unless under the law applicable to the child, majority of age is attained earlier.

**Community:** A community is a group of people living in an identifiable geographical area who share a common culture, and are arranged in a social structure that allows them to have a common identity as a group.

**Family:** A family is any group of people related either biologically, emotionally, or legally, regardless of where they reside.

**Household:** A household consists of all people who occupy a housing unit regardless of relationship. A household may consist of a person living alone or multiple unrelated individuals or families living together (US Census Bureau, 2005).

**Primary caregiver:** The primary caregiver is the person who takes primary responsibility for the physical, mental, and emotional needs and wellbeing of a child.

**Vulnerable child or youth:** UNAIDS defines a vulnerable child or youth as one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened.

**Youth:** The United Nations defines youth as persons between the ages of 15 and 24 years. It is important to note that the definition of youth is country-specific and often depends on socio-cultural, institutional, economic, and political factors ([www.un.org/esa/socdev/unyin/qanda.htm](http://www.un.org/esa/socdev/unyin/qanda.htm)).

## ANSWERS TO KEY QUESTIONS

### What is QUALITY IMPROVEMENT (QI)?

In the context of care, support, and protection for vulnerable children and youth, QI is a process that systematically monitors and evaluates programs and services to ensure they achieve the level of quality established by guidelines or standards.

### What is the difference between GUIDELINES and standards?

Guidelines and standards both aim to improve quality, but guidelines are general recommendations indicating how something should be done or what sort of action should be taken in a particular circumstance, while standards are considered essential to success and establish the precise criteria that must be met to achieve a desired level of quality.

### What is the importance of guidelines for programs for vulnerable children and youth?

All children and youth deserve and have a right to quality care, support, and protection. However, programs and services for vulnerable children are frequently delivered in settings where health and social protection systems have been stretched beyond their limits. In these settings, resources are often limited and human capacity is weak, thus jeopardizing the quality of care. In such cases, guidelines are especially important because they help service providers understand what constitutes quality care, and they give guidance in delivering services that meet the desired quality levels.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS

## Area 1. Cross-Cutting Issues

(child and community participation, gender equity, sustainability, stigma and discrimination, local capacity building)

### *Desired Outcome*

Vulnerable children and youth feel safe, valued, and respected in their homes and communities.

### *Definition*

Families and communities provide a safe, supportive and enabling environment in which vulnerable boys and girls can be happy and healthy, and have opportunities to develop to their full potential.

### *Guidelines*

- 1.1 Programs will facilitate participation by vulnerable children and youth in the development, implementation, and evaluation of interventions and services provided for them. (Example: Hold participatory consultation meetings.)
- 1.2 Programs will address the individual needs of children and youth according to their gender, age, and stage of development.
- 1.3 Programs will ensure that vulnerable children and youth are supported by their families and communities and have a sense of social belonging. (Example: Promote children's participation in cultural, social, and spiritual practices.)
- 1.4 Programs will work to prevent and address stigma and discrimination against vulnerable children and youth within their households and communities.
- 1.5 Programs will target vulnerable families, instead of individual children or youth, providing support to all family members living within the same household.
- 1.6 Programs will strengthen the capacity of families—especially the primary caregivers—to provide long-term quality care to their children or youth without external support. (Example: Implement economic strengthening interventions.)
- 1.7 Programs will ensure the participation of communities in the development, implementation, and evaluation of interventions targeting vulnerable children and youth and their families, and will promote community ownership of these interventions.
- 1.8 Programs will mobilize and strengthen the capacity of communities to provide support and protection to vulnerable children and youth and their families. (Example: Establish child protection committees.)

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 1. Cross-Cutting Issues continued

### *Guidelines continued*

- 1.9 Programs will promote intersectoral coordination, linkages, and partnerships to leverage resources and achieve sustainable and comprehensive support for vulnerable children and youth and their families. (Example: Coordinate with local government authorities and with public sector businesses).
- 1.10 Programs will identify and address the gender inequity factors that increase the vulnerability of girls in the local context, such as early marriage and lack of access to health and education services.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 2. Care Management

### *Desired outcome*

Vulnerable children and youth receive quality comprehensive, coordinated, and integrated services and support that are relevant to their individual needs and contribute to improvements in their wellbeing and quality of life.

### *Definition*

Care management is a process that links vulnerable children and youth and their families to services and resources through a coordinated and responsive system that avoids duplication and fosters continuity of care. In the context of care, support, and protection programs for vulnerable children and youth, care management involves (1) screening and enrollment of children and youth, (2) assessment and prioritization of the individual child or youth and the family's needs and strengths, (3) development of a care plan based on the prioritized needs, (4) provision of care and support services that respond to the needs and build on the strengths of children or youth and their families, and (5) discharge of children and youth and their families when they are ready to exit or “graduate” out of the program. A crucial element of care management is effective linkages between service providers.

### *Guidelines*

- 2.1 Programs will identify, enroll, and discharge children and youth following written criteria and SOPs that adhere to national care guidelines and standards for vulnerable children.
- 2.2 Programs will use vulnerability—not orphaning or HIV status—as the overriding consideration for the identification and registration of children.
- 2.3 Programs will register **all** children and youth living in a household that has been determined to be vulnerable, rather than singling out children for support, so as not to contribute to their further stigmatization.
- 2.4 Programs will conduct comprehensive needs assessments, and facilitate access to support and services that respond to the specific and individual needs of children, youth, and their families—especially their primary caregivers. These assessments will be repeated regularly to monitor progress and to identify additional areas of need.
- 2.5 Programs will ensure that children, youth, and their primary caregivers participate in the identification and prioritization of their support needs.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 2. Care Management continued

### *Guidelines continued*

- 2.6 Programs will facilitate access to services that are age and gender sensitive and comprehensive enough to meet the diverse needs of vulnerable children and youth and their families.
- 2.7 Programs will facilitate access to services that meet the specific needs of different subgroups of vulnerable children and youth, such as those who are HIV-positive, those with disabilities, and children and youth who are heads of households.
- 2.8 Programs will work to improve *availability* and *accessibility* to comprehensive coordinated and integrated services within a continuum of care that includes prevention, care and treatment, and mitigation, by promoting the establishment of community-based networks of service providers and referral mechanisms.
- 2.9 Programs will work to improve service demand and use by promoting health-seeking behaviors, by ensuring that services are available, and by identifying and addressing any barriers that may exist to accessing services.
- 2.10 Programs will have an information system in place that ensures the confidentiality of all child, youth, and family information, especially their HIV status.
- 2.11 Programs will have an information system in place that collects and produces qualitative and quantitative sex and age disaggregated data on the children, youth, and families being served. This will include the number of girls and boys enrolled, the services provided, and other pertinent information.
- 2.12 Programs will ensure the quality and continuity of home and community-based services provided by volunteers by strengthening volunteer commitment and motivation.



# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 3. Health

### *Desired outcome*

Vulnerable children and youth are healthy and have access to essential preventive and curative child- and youth-friendly health services.

### *Definition*

Healthy children and youth are those who are largely free from illness. To be healthy, children and youth need a home environment in which their primary caregivers practice healthy behaviors, recognize early signs of illness, and seek medical care. Children and youth also need to have access to appropriate home and community-based preventative and curative services that take into consideration their needs and preferences according to their gender, age, and stage of development.

### *Guidelines*

- 3.1 Programs that provide health services will adhere to national health guidelines, standards, and SOPs.
- 3.2 Programs will work to make preventative and curative health services available and accessible for vulnerable children and youth and their families—especially their primary caregivers.
- 3.3 Programs will work to ensure a continuum of care for children, youth and adults infected and affected by HIV/AIDS.
- 3.4 Programs will make home-, community-, and facility-based services available and will promote coordination, linkages, and referrals among providers to ensure comprehensive and coordinated services.
- 3.5 Programs will work to ensure that health services are age appropriate, child or youth-friendly, and gender sensitive.
- 3.6 Programs will provide vulnerable children, youth, and their primary caregivers with comprehensive health education and will promote health-seeking behaviors.
- 3.7 Programs will provide vulnerable children, youth, and their primary caregivers with information on existing health services and will address any barriers they may have to accessing these services.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 4. Food Security and Nutrition

### A. FOOD SECURITY

#### *Desired outcome*

Vulnerable children and youth have sufficient food at all times to guarantee their wellbeing and healthy physical and cognitive development.

#### *Definition*

Food security is the ability of the household to obtain enough food for its members to eat at all times to sustain an active and healthy life. Food security involves food *availability*, *access* and *utilization* at the household and community level. Food security is especially important for children because poor nutrition and a lack of food affect their growth and health.

#### *Guidelines*

- 4a.1 Programs will improve the capacity of households and communities to *produce* food in a sustainable way. (Example: Support kitchen or school gardens.)
- 4a.2 Programs will improve the capacity of households and communities to *utilize* food. (Example: Provide education on food preparation, preservation, and storage.)
- 4a.3 Programs will improve the capacity of vulnerable households to *buy* food. (Example: Develop economic strengthening interventions.)
- 4a.4 Programs will promote equity in food security interventions across genders and ages.
- 4a.5 Programs will provide primary caregivers with information on the existing food security services and initiatives and will address any barriers they may have to accessing them.
- 4a.6 Programs will, wherever appropriate, refer vulnerable children, youth, and their primary caregivers to programs providing supplementary food or food distribution and will address any barriers they may have to accessing them.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 4. Food Security and Nutrition continued

### B. NUTRITION

#### *Desired outcome*

Children are growing well according to growth percentile calculations for their age.

#### *Definition*

Nutrition refers to having the right balance of nutrients to live and grow. Children's physical and mental development hinges on having the right balance of nutrients from the point of conception until they are adults.

#### *Guidelines*

- 4b.1 Programs that provide nutrition services will adhere to national nutrition guidelines, standards, and SOPs.
- 4b.2 Programs will promote adequate child nutrition as the basis for healthy child development at the household and community level.
- 4b.3 Programs will provide nutrition education that emphasizes the use of locally available and inexpensive nutrient-dense food.
- 4b.4 Programs will facilitate access to a variety of nutritional services at the home, community, and facility level to respond to the different needs children, youth, and households may have. (Examples: Offer nutritional assessments, nutritional counseling, and supplemental and therapeutic feeding.)
- 4b.5 Programs will provide vulnerable children and youth and their primary caregivers with information on the existing nutrition services and will address any barriers they may have to accessing these services.
- 4b.6 Programs supporting community-based feeding initiatives, such as school-based programs, will target all attending children and youth, not just those who are orphans or affected by HIV/AIDS.
- 4b.7 Programs will link households with nutritional deficits to food security and economic strengthening interventions.
- 4b.8 Programs will advocate for the integration of nutrition services within the HIV continuum of care.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 5. Education

### *Desired outcome*

All vulnerable children and youth are enrolled, attend school, and complete the level of education equivalent to that of a non-vulnerable child or youth. Pre-school children participate in organized early education stimulation activities that prepare them for school.

### *Definition*

Education is the process of developing knowledge, skills, and character. Education promotes the cognitive and social development of children and youth and helps them achieve a better quality of life. The educational needs of children and youth vary according to their age and stage of development, thus, they need to receive age-appropriate educational services.

### *Guidelines*

- 5.1 Programs that provide educational services will adhere to national education guidelines, standards, and SOPs.
- 5.2 Programs will ensure that boys and girls receive education services that are adequate to their needs and stages of development. For example:
  - Ages 0–5: early childhood development and learning stimulation
  - Ages 6–17: formal primary and secondary education
  - Ages 10 and up: life skills education
  - Ages 15 and up who are out of school: vocational skills training
- 5.3 Programs will recognize the fact that many vulnerable children and youth are not able to finish school by age 17. Programs will therefore support those age 18 or older who want to complete their education.
- 5.4 Programs will promote boys' and girls' right to an education from a children's rights and gender perspective at the household and community level.
- 5.5 Programs will sensitize families, primary caregivers, and communities about their roles and responsibilities in ensuring that boys and girls attend, perform well, and finish school.
- 5.6 Programs will address the short term educational needs of children and youth. (Example: Provide school materials and uniforms.) Programs will also address the longer term needs. (Example: Advocate for the elimination of school fees, improve teacher performance and school infrastructure.)
- 5.7 Programs will provide children, youth, and their primary caregivers with information on the existing education services and will address any barriers they may have to accessing these services.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 6. Emotional and Social Care and Support (Psychosocial Support)

### *Desired outcome*

Children and youth are happy and resilient, and have a hopeful outlook.

### *Definition*

Vulnerable families, especially those affected by HIV/AIDS, often have to cope with a combination of difficult and stressful circumstances such as poverty, disease, and death. These circumstances usually produce a range of negative emotions in children, youth, and adults, which may include fear, depression, anxiety, stress, hopelessness and grief. Psychosocial support is an on-going process of meeting the physical, social, emotional, mental, and spiritual needs of individuals, all of which are essential elements of meaningful and positive human development. Psychosocial support is especially important for children and youth. Children and youth who are emotionally healthy are more likely to be self-confident, perform better in school, build enduring and mutually respectful relationships, have coping skills that can help them through hard times, and practice healthy behaviors later in life.

### *Guidelines*

- 6.1 Programs that provide psychosocial support services will adhere to national guidelines, standards, and SOPs.
- 6.2 Programs will screen for psychosocial support needs and facilitate access to a variety of mental health and emotional support services at the home and community level. These services will address the diverse needs children, youth, and their primary caregivers may have. (Examples: Connect clients to grief counseling, care for depression or anxiety, support for status disclosure, stress management, or support groups for people living with HIV.)
- 6.3 Programs will provide children, youth, and their caregivers with opportunities for recreation and socialization. (Example: Offer playgroups, children's clubs, youth clubs, or family days.)
- 6.4 Programs will raise the awareness of children, youth, primary caregivers, and community leaders on the importance of psychosocial support services to ensure that they understand their relevance to overall health and wellbeing.
- 6.5 Programs will provide children, youth, and their primary caregivers with information on the existing psychosocial support services and will address any barriers they may have to accessing these services.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 7. Shelter

### *Desired outcome*

Children and youth have a safe and dry place in which to live.

### *Definition*

Shelter refers to the physical structure of the home or place where children and youth permanently live, and the extent to which it provides security, comfort and protection from weather. Having adequate shelter and its associated infrastructure (water, sanitation, drainage, electricity, and waste disposal) is vital to the health, physical safety, and overall wellbeing of children and youth. Because of the extreme poverty that affects most vulnerable households, many children and youth live in hazardous shelter conditions.

### *Guidelines*

- 7.1 Programs providing shelter -related services will adhere to national shelter guidelines, standards, and SOPs.
- 7.2 Programs will create family and community awareness about the importance of adequate shelter for the health, safety, and wellbeing of children and youth.
- 7.3 Programs will strengthen the capacity of households and the community to contribute to shelter improvement efforts.
- 7.4 Programs will leverage resources and identify community and government shelter initiatives to support vulnerable households.

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 8. Care

### *Desired outcome*

Vulnerable children and youth have a reliable adult who provides consistent affection, care, and protection.

### *Definition*

Care is the consistent presence of an adult parent or primary caregiver who provides the child or youth with a safe, stable, and nurturing environment. In addition to adequate care, children and youth need a supportive and stable family setting in order to develop and thrive. Care within a family is not only more likely to meet their developmental needs, but it is also more likely to equip children and youth with the knowledge and skills required for independent life in the community. By living in a family setting within their communities of origin, children and youth retain both a sense of belonging and identity, and also benefit from the continuing support of community networks.

### *Guidelines*

- 8.1 Programs will adhere to national care guidelines, standards, and SOPs.
- 8.2 Programs will ensure that children are cared for by at least one responsible adult (at least 18 years of age) who can provide consistent affection, care, and protection.
- 8.3 Programs will strengthen the capacity of primary caregivers to provide proper care to their children. (Example: Provide training in child development, child health, and parenting skills.)
- 8.4 Programs will be sensitive and responsive to the special needs and vulnerabilities of child or youth-headed households.
- 8.5 Programs will advocate for family-based care as the best care for vulnerable children and youth.
- 8.6 Programs supporting institutional care settings, such as orphanages, should make efforts to help children and youth transition to family and community-based care. (Examples: Place children with next of kin; trace existing relatives; integrate children into the community through social and recreational events.)

# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 9. Protection

### A. ABUSE, NEGLECT AND EXPLOITATION

#### *Desired outcome*

Children and youth are protected from abuse, neglect, and exploitation, and have access to protection services as needed.

#### *Definition*

Child abuse refers to a child or youth's exposure to any type of maltreatment, including physical, emotional, and sexual abuse. Neglect is characterized by the failure to meet the child or youth's emotional and material needs and by the lack of appropriate supervision of care. Exploitation refers to using or taking advantage of a child or youth for personal gain or benefit. Abuse, neglect, and exploitation are all unacceptable and constitute a violation of children's human rights. They endanger children's wellbeing and healthy development. Child abuse must be prevented, and when it does occur, addressed in order to minimize the damage.

#### *Guidelines*

- 9a.1 Programs will adhere to national child protection guidelines, standards, and SOPs.
- 9a.2 Programs will assess the protection needs of children and youth as a core component of the family needs assessment.
- 9a.3 Programs will take steps to address the increased vulnerability of child or youth-headed households to abuse and exploitation.
- 9a.4 Programs will take steps to address the increased vulnerability of children, especially girls, to rape, sexual abuse, and exploitation.
- 9a.5 Programs will develop active coordination, collaboration, and referral mechanisms with local child protection authorities to refer children and youth in need. (Example: Refer abused children to the police; provide health care for an immediate response such as post-exposure prophylaxes and pregnancy prevention; provide long-term counseling.)
- 9a.6 Programs will empower children, youth, and families to prevent and appropriately react to cases of child abuse, neglect, and exploitation. (Example: Train children, youth, and caregivers in children's rights, prevention, and signs of abuse; provide information on protection services available.)



## FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

9a.7 Programs will strengthen the capacity of communities to prevent, identify, and respond to cases of child abuse, neglect, and exploitation. (Example: Train community leaders and services providers in children's rights and prevention of abuse; establish child protection committees.)

9a.8 Programs will strengthen their own capacity to protect the children they serve from abuse, neglect, and exploitation. (Examples: Develop a child protection policy; develop a code of conduct for their staff; screen staff and volunteers for criminal records.)

### B. LEGAL SUPPORT

#### *Desired outcome*

Vulnerable children and youth have access to legal support services when needed.

#### *Definition*

Many vulnerable children and youth in developing countries 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, vulnerable families rarely seek help when violations occur. Therefore, legal protection must be provided to ensure the protection of their rights.

#### *Guidelines*

9b.1 Programs will establish assessment and monitoring mechanisms that identify vulnerable families' legal protection needs.

9b.2 Programs will develop active coordination, collaboration, and referral mechanisms with local legal service providers in order to refer children, youth, and families when needed.

9b.3 Programs will provide children, youth, and their families with information on the existing legal protection services and will address any barriers they may have to accessing these services.

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# FHI GUIDELINES FOR VULNERABLE CHILDREN AND YOUTH PROGRAMS CONTINUED

## Area 10. Household Economic Strengthening

### *Desired outcome*

Families have improved and sustainable incomes and can meet the basic needs of their children and youth.

### *Definition*

Economic strengthening (ES) interventions decrease the vulnerability of children and youth by enhancing the financial capacity of households to satisfy children's basic needs (food, health care, education and shelter) on a sustainable basis. ES activities are classified in three main categories: social assistance, asset growth and protection, and income growth.

### *Guidelines*

- 10.1 Programs will promote ES interventions among families and communities as the most sustainable way of decreasing child, youth, and family vulnerability.
- 10.2 Programs will provide ES support that responds to individual family needs and skill bases.
- 10.3 Programs will ensure that ES interventions are age and gender sensitive.
- 10.4 Programs will facilitate access to different types of ES interventions to respond to the diverse needs of vulnerable families (social assistance, asset growth and protection, or income growth).
- 10.5 Programs will facilitate access to economic strengthening interventions that are relevant to the local context and market.
- 10.6 Programs will forge referral linkages with other HIV and non-HIV specific programs that offer ES interventions and services.

## RECOMMENDATIONS FOR IMPLEMENTATION OF FHI'S GUIDELINES

Quality improvement is an ongoing process; implementation of these guidelines will be incremental based on the context and the individual capacity of each implementing partner. Following are some ideas and recommendations for initiating a quality improvement process with IPs.

- 1. Share and discuss the program guidelines with the local FHI IPs and other key partners.** Hold workshops with IPs to review and discuss the FHI guidelines for each core area. Identify activities that can be carried out in response to that guideline. Discuss any local challenges that might exist for the implementation of each guideline and what can be done to address them.

Please note that because the guidelines are based on global principles and best practices for the care, support, and protection of vulnerable children and youth, they should be applicable in any context. However, if during review and discussion with IPs any of the guidelines seem to be irrelevant or insensitive in the local context, please feel free to adapt them. FHI's guidelines are meant to complement any existing national guidelines for the care, support, and protection of vulnerable children and youth. In cases of conflict, the country's guidelines will take precedence.

- 2. Ask IPs to conduct a self-assessment exercise or workshop using FHI's self-assessment tools.** The self-assessment workshop will help the IPs identify areas in which they need to improve the quality of their interventions. At the end of the workshop, IPs will develop a quality improvement action plan.
- 3. Follow up on implementation of the QI Plan.** Recognizing that quality improvement is an ongoing process, regularly take stock of where organizations are in the implementation of their QI plans. Hold individual or group meetings with the IPs to discuss their progress, challenges, and need for support.
- 4. Provide training and technical assistance to IPs.** Support IPs as they address any challenges and areas for improvement identified through the self-assessment exercise and during follow-up activities by providing training or technical assistance as needed.

## RECOMMENDATIONS FOR IMPLEMENTATION OF FHI'S GUIDELINES CONTINUED

Remember that the guidelines themselves are not sufficient to ensure quality. Service standards are also needed. Standards are much more specific, detailing how a service should be delivered. Service providers are held accountable for performing according to these standards. However, since standards need to be based on local realities, they must be developed in-country. National standards should be developed with participation of public and private service providers during a process endorsed by the government and civil society.

FHI country offices can provide support in the development and implementation of national standards for the care, support and protection of vulnerable children and youth. In countries where national standards do not yet exist, FHI should advocate for, and participate in, their development. If present, FHI should also focus on their implementation and on the continuous process of quality improvement. Several examples of national standards are featured in the references section.

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