Standards for Improving the Quality of Life of Vulnerable Children in Nigeria

JULY 2014
This summary version of the National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria describes for each service area, the essential actions and suggested activities to improve services and examples of indicators to measure progress. It was developed by the USAID Applying Science to Strengthen and Improve Systems Project with support from the U.S. President’s Emergency Plan for AIDS Relief and is intended to assist people (community groups, CBOs, etc.) providing services to vulnerable children in Nigeria.
HEALTH

These services ensure access to and the provision of comprehensive (promotive, preventive, curative, and rehabilitative) affordable health care for vulnerable children.

**Desired Outcome:** Children and households have access to comprehensive quality health care services as needed.

**Indicators:**
1. Percentage of vulnerable children whose household members have access to comprehensive and affordable health care services.
2. Percentage of vulnerable children less than 5 years with diarrhea in last two weeks.
3. Percentage of vulnerable children less than 5 years with fever in last two weeks.
4. Percentage of vulnerable children between ages 0 and 2 years who are fully immunized.
5. Percentage of vulnerable children whose household members have access to comprehensive and affordable health care services.
6. Percentage of children whose primary caregiver knows the child’s HIV status.

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<tr>
<th>Essential Actions</th>
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| 1. Develop a referral system and establish linkages | 1. Map service delivery points and service providers.  
2. Collate, document and disseminate findings to major stakeholders for referral and linkages. e.g. implementing partners (IPs), communities, health facilities.  
3. Build partnerships through advocacy and systems strengthening. |
| 2. Provide health education at community and household levels e.g. hygiene, sanitation, and nutrition. | 1. Develop/adapt/leverage and use IEC and BCC materials which are culturally sensitive to the local context of the community.  
2. Conduct advocacy, sensitisation and mobilization of communities on hygiene, sanitation and nutrition.  
3. Support caregivers/service providers to provide/promote health care services.  
4. Provide capacity building on health education, for health workers, CBOs, FBOs, and community volunteers to ensure wide acceptance and implementation.  
5. Provide health information related to different stages of childhood development with a particular emphasis on under-five children and adolescents.  
6. Provide capacity building for adolescents and youths on sexual and reproductive health, HIV/AIDS and life skills. |
| 3. Provide basic health care services such as immunization, preventive kits, growth monitoring and treatment of ailments. | 1. Mobilize resources and advocate for Community Health Funds Scheme.  
2. Facilitate access of caregivers and households into existing health insurance schemes.  
3. Assist children and their caregivers to overcome barriers to accessing health care services (economic, geographic, cultural and language) such as ANC, HCT, and PMTCT.  
4. Advocate for the provision of essential drugs in health facilities.  
5. Provide basic health care services at early childhood care (ECCD) centres.  
2. Conduct regular monitoring of the child health status using standardized OVC monitoring tools.  
3. Use data collection and reporting tools according to the M&E plan.  
4. Analyse data for case management, program planning and evaluation. |
## NUTRITION AND FOOD SECURITY

These services ensure that households with vulnerable children have sustained access to locally available food that is nutritionally adequate and will enhance growth and development.

**Desired Outcome:** Children and household members have sufficient food on a regular and sustainable basis to meet their nutritional needs for growth and development.

**Indicators:**
1. Percentage of vulnerable children <5 years of age who are undernourished.
2. Percentage of households having enough food for family members throughout the year.

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| 1. Conduct households needs assessment on food availability, storage, utilization and nutritional status. | 1. Conduct a baseline survey on: (the number of meals per day, availability, source and variety of meals, food preparation, food use and storage, weight and height of children using growth monitoring chart).  
2. Document findings appropriately.  
3. Disseminate findings widely to all stakeholders. |
| 2. Engage communities and households on nutrition education, food production, preparation, storage and utilization. | Build capacity of caregivers, older children and community members on nutrition including:  
**Nutrition Education:**  
1. Importance of nutrition  
2. Locally available and affordable food items  
3. Importance of breast feeding and complementary feeding with appropriate counselling to HIV positive mothers  
4. Food hygiene, sanitation and use of portable water  
**Food Production and Preparation:**  
5. Importance of food production  
6. Food preparation methods  
**Storage and Utilization:**  
7. Food use for different age groups  
8. Food storage  
9. Use of food supplements |
| 3. Build the technical capacity of service providers. | Conduct comprehensive training sessions on:  
1. How to identify and monitor the growth of a child using indices from growth monitoring charts, weight-height measurements, and mid-upper arm circumference measurements.  
2. Food and nutrition for ECCD such as proper breastfeeding practices, weaning, and appropriate complementary feeding practices.  
3. How to provide referral services for severely malnourished children to access health care services. |
| 4. Provide food supplement where appropriate. | 1. Produce and distribute nutrient-dense supplements (e.g. tom brown, local cheese and grinded fried groundnut) from locally available food items to children in need. |

**continued**
### Essentials Actions

5. Promote knowledge on nutrition to vulnerable children, their households and communities.

1. Promote school nutrition activities including nutrition education in school curriculum, school feeding programme, and school gardening.
2. Conduct community based nutrition activity by establishing and training support groups, establishing home and community gardens, and organizing food demonstration sessions.

6. Build partnerships, linkages/referral for nutritional services when necessary.

1. Identify, build partnership and leverage available food/nutrition resources within the community.
2. Facilitate linkages and referral for unavailable services.

7. Integrate food and nutrition into other service areas.

1. Incorporate nutrition sensitive analysis into program design for agriculture and other relevant sectors.
2. Ensure gender issues are adequately addressed.
3. Promote linkages with relevant sectors to improve the provision of human services, such as health care, environmental sanitation, education and community development.
4. Strengthen agricultural and social extension services through nutrition education and demand creation.
5. Promote provision of adequate nutrition care by community-based support groups including agricultural extension workers, farmers’ groups and women in agriculture.
6. Enhance the resource base of caregivers by establishing linkages with income generating activities.

8. Monitor and evaluate nutrition and food security services.

1. Conduct a baseline assessment of child nutrition status using standardized OVC tools.
2. Conduct regular monitoring of the child nutrition status using standardized OVC tools.
3. Use data collection and reporting tools according to the M&E plan.
4. Conduct data analysis for case management, program planning and evaluation.
# PSYCHOSOCIAL SUPPORT

These services ensure that vulnerable children and their caregivers receive the social, emotional, mental and spiritual support needed to achieve their optimal potential.

**Desired Outcome:** A child is emotionally stable, happy, contented and interacts freely with peers and adults.

**Indicators:**
1. Percentage of vulnerable children actively participating in activities with other children and adults in their homes, schools and communities.
2. Percentage of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age.

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| 1. Develop a referral system and establish linkages. | 1. Map service delivery points and service providers.  
2. Collate document and share findings with stakeholders for referral and linkages. e.g. IPs, communities and institutions.  
3. Build partnerships through advocacy and systems strengthening. |
| 2. Advocate and sensitise communities on reduction of stigma and discrimination towards vulnerable children and their households. | 1. Advocate to local government, community leaders and religious bodies.  
2. Develop appropriate and targeted IEC materials and messages for behavioural change.  
3. Conduct community outreach/dialogue. |
| 3. Build the capacity of CBOs, support groups, volunteers, spiritual leaders and caregivers to provide PSS to children and their caregivers. | 1. Train ECCD attendants, CBOs, spiritual leaders, support groups, volunteers, teachers and caregivers in PSS skills using the national manual.  
2. Conduct periodic meetings with CBOs, spiritual leaders, support groups, volunteers, teachers and caregivers to review PSS services. |
2. Form kids club and youth forum.  
3. Involve children in decision making.  
4. Facilitate anticipatory grieving, succession planning and will writing.  
5. Facilitate status disclosure.  
6. Conduct counselling sessions.  
7. Identify positive role models.  
8. Facilitate peer support.  
9. Organize activities such as sports, dancing, drama, debates, camps, excursions to places of learning, exhibition of talents, crafts, handiworks, etc.  
10. Conduct life skills training.  
11. Conduct parent-child communication sessions.  
12. Conduct regular caregiver’s forum and stress management sessions. |

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### PSYCHOSOCIAL SUPPORT  
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| 5. Engage communities to support child activities for sustainability. | 1. Facilitate community involvement in the formation and running of kids and youths clubs.  
2. Support the community to organize competitions such as sports, dancing, drama, debates, excursions, exhibition of talents, crafts, and handworks.  
3. Establish recreation centres and parks.  
4. Integrate PSS initiatives into existing community structures.  
5. Facilitate private sector participation. |
2. Conduct regular monitoring of the child PSS status using standardized OVC tools.  
3. Use data collection and reporting tools according to the M&E plan.  
4. Analyse data for case management, program planning and evaluation. |
## PROTECTION

These services ensure that children live free of any form of abuse, violence, exploitation, neglect, stigma and discrimination and have access to essential services and basic rights

**Desired Outcome:** Vulnerable children are protected from all forms of child abuse, violence, exploitation & discrimination.

**Indicators:**
1. Percentage of vulnerable children with a birth certificate.
2. Percentage of vulnerable children with access to protection services.
3. Percentage of vulnerable children with access to legal assistance, if needed.

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| **1. Passage of the Child’s Right Bill into law in states yet to enact the bill and facilitate mechanisms for effective implementation of Child Rights Act/Law in all states of the federation and the FCT.** | 1. Conduct advocacy, sensitisation, lobbying and mobilization of legislators, policy makers and other stakeholders.  
  2. Produce and disseminate copies of the Child Rights Act/law including translation into the Nigerian languages.  
  3. Advocate for budgetary allocation for the implementation of Child Rights Act/Law.  
  4. Establish systems and structures on child protection.  
  5. Strengthen systems and structures for child protection (family/community/juvenile courts, police force, child protection committees/ network, children centres) and other provisions of the law. |
| **2. Strengthen coordination of the social development system at national, state, local government and community levels.** | 1. Map the existing social development systems and structures in each state/LGA/community.  
  2. Train/equip social workers, and liaise with relevant institutions to develop terms of reference.  
  4. Facilitate regular/periodic interactive fora at state and LGA levels. |
| **3. Adapt and disseminate the National Child Protection Policy and other institutional policies.** | 1. Produce, print and disseminate the National Child Protection Policies with consideration to cultural and religious issues.  
  2. Facilitate implementation of the Child Protection Policy at the state, community and institutional levels. |
| **4. Establish functional child protection committees and networks at LGA and community levels.** | 1. Conduct stakeholders’ analysis (identifying high, low, negative, and positive influencers and other interested parties on protection).  
  2. Constitute/strengthen child protection committees and provide terms of reference for the committee.  
  3. Conduct sensitisation workshop.  
  4. Conduct training for Child Protection Committee members.  
  5. Provide ongoing supportive supervision and mentoring. |

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## PROTECTION continued

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| 5. Strengthen capacity of duty bearers and right holders to mobilize for social change against harmful traditional practices (child marriage (girls between the ages of 0-17 years), female genital mutilation/cutting), child labour, trafficking, and monitor child abuse, violence and exploitation at all levels. | 1. Train caregivers, communities and service providers in child protection mainstreaming.  
2. Train and work with children and families on child protection.  
4. Train CBOs, support groups, volunteers, and teachers on child protection.  
5. Distribute and communicate Child Rights Act and other relevant documents to every duty bearer.  
6. Involve duty bearers in program design, implementation and monitoring.  
7. Establish compliance and response mechanisms at the state, LGA and community level. |
2. Mobilize community members to access birth registration services. |
| 7. Promote legal protection including access to legal services. | 1. Strengthen community justice system to ensure protection of children e.g. traditional rulers and religious leaders.  
2. Collaborate/partner with relevant human rights agencies including State Ministries of Justice, e.g. family court (Citizens and Legal Rights Department, Legal Aid Council, Nigeria Bar Association, Association of Women Lawyers, Juvenile Police Unit, Human Rights Commission, etc.) to provide legal services and ensure access to justice for children in conflict with the law and children in need of special protection.  
3. Monitor, refer and follow-up cases involving children in conflict with law and in need of special protection. |
| 8. Strengthen linkages and referrals to other service areas. | 1. Identify and partner with other organizations providing care and support services to vulnerable children.  
2. Monitor and follow-up referrals and linkages. |
3. Analyse data for case management, program planning and evaluation. |
## EDUCATION AND TRAINING

These services seek to ensure that orphans and vulnerable children receive educational, vocational and occupational opportunities needed for them to be productive adults.

### Desired Outcome:
All children achieve their full potential through access to continuous education that ensures appropriate learning from early childhood in homes, schools and communities.

### Indicators:
1. Percentage of vulnerable children currently enrolled in school or vocational training.
2. Percentage of vulnerable children regularly attending school or vocational training.
3. Percentage of vulnerable children who progressed in school or vocational education.

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<td><strong>1. Identify children who are at risk or not accessing education.</strong></td>
<td>1. Advocate and sensitise community on the importance of education.</td>
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<td>2. Conduct a rapid assessment to:</td>
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<td>• Identify the number of children in need of educational support using the standard tools;</td>
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<td>• Identify children in need of special care or children with disabilities;</td>
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<td>• Identify gender issues as it affects the educational status of the child;</td>
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<td>• Identify socio cultural, religious and economic barriers to education; and</td>
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<td>• Identify barriers and opportunities to learning.</td>
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<td>3. Map available educational facilities including special care facilities and infrastructure in the community.</td>
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<td><strong>2. Work with the households, communities and local education authority to address the identified barriers to education.</strong></td>
<td>1. Disseminate and sensitise families/caregivers and communities on findings of the rapid assessment.</td>
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<td>2. Discuss strategies for addressing the barriers (household chores, school levies and fees, lack or absence of qualified teachers, access to school, etc.) with households, communities, schools and other stakeholders.</td>
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<td>3. Mobilize resources for educational support for vulnerable children within the community.</td>
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<td>4. Advocate for special centres.</td>
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<td>5. Create linkages, partnerships and referrals with other CBOs, service providers, and relevant education authorities for additional education or economic strengthening support.</td>
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<td>6. Sensitise communities on the negative effects of early marriage on the education of the girl child.</td>
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<td><strong>3. Enrol identified children into appropriate educational institutions including ECCD centres.</strong></td>
<td>1. Counsel the child and caregiver on the need for education.</td>
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<td>2. Give preference to public schools within the child’s locality.</td>
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<td>3. Arrange education activities which should be arranged to cater for the following age ranges/categories:</td>
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<td>• 0-5 years (ECCD and learning stimulation).</td>
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<td>• 6-17 years (either primary or secondary education support).</td>
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<td>• 15-17 years (higher education or vocational training support).</td>
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<td>• Children with disabilities (special care support).</td>
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<td>• Life skills education for all children especially age 10 and upwards.</td>
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### EDUCATION AND TRAINING

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| 4. Conduct advocacy and strengthen existing structures (MOEs, NUT, UBE, SUBEB, PTA, SMCs, NAPEP, SMEDAN, LGEA, etc.) to promote access to quality education. | 1. Identify and build capacity of community resource persons on advocacy.  
2. Collaborate with existing structures to promote access to quality education.  
3. Provide periodic and current updates on trends and issues relating to access and continued education to each stakeholders through ongoing advocacy. |
| 5. Facilitate and support the provision of educational services tailored to the needs of the child at all levels. | 1. Provide safe environment for all children, including those with disabilities.  
2. Facilitate and support capacity building of teachers and caregivers to identify the learning needs of the child and to reinforce children's learning at home and ECCD centres.  
3. Conduct regular visits to assess child's progress in schools/vocational training centres. |
| 6. Monitor children enrolment and learning on a continuous basis and keep record for program planning and decision making. | 1. Conduct a baseline assessment of child educational status using standardized OVC tools.  
2. Conduct regular monitoring of the child educational status standardized OVC monitoring tools.  
3. Use data collection and reporting tools according to the M&E plan.  
4. Analyse data for case management, program planning and evaluation. |
**SHELTER AND CARE**

These services ensure that vulnerable children live in a safe, secure, adequate and habitable family-based setting under the protection and care of at least one adult who provides emotional, spiritual and material support.

**Desired Outcome:** Children have housing or accommodation made with locally available materials/resources within the community cultural context and/or are integrated into a family for proper guidance and support.

**Indicators:**
1. Percentage of vulnerable children living in a stable, secured and dry house with good ventilation, access to safe water, hygiene and environmental sanitation.
2. Percentage of vulnerable children who have clothes, and sleeping materials.
3. Percentage of caregivers that provide consistent care, attention and support.
4. Percentage of vulnerable children living in a family care.

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<td><strong>1. Assess shelter and care needs of children in the community.</strong></td>
<td>1. Identify children in need of shelter and care services using the Child Status Index (CSI) and Child Vulnerability Index (CVI).</td>
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</table>
| **2. Identify existing resources within the community.** | 1. Map resources available within the community including transit homes and other places of refuge.  
2. Analyse, document and share information on available resources in the community. |
| **3. Advocate and sensitise government, community leaders, religious bodies, social clubs, children, NGOs, CBOs, FBOs, and philanthropists.** | 1. Hold advocacy meetings with all the categories of stakeholders to create awareness of shelter and care needs/services.  
2. Adapt and use existing IEC materials to mobilize support for shelter and care for vulnerable children in the community. |
| **4. Mobilize resources available within the community.** | 1. Share roles and responsibilities among stakeholders.  
2. Establish a community pool of resources and funds. |
| **5. Provide and maintain shelter and care services for children in the community.** | 1. Renovate and/or build accommodation including ECCD centres with communal effort as needed.  
2. Facilitate the provision of material support (decent clothing, sanitary wears, shoes, essential furniture and beddings etc) to vulnerable children and their households through donation drives etc.  
3. Carry out family tracing and proper integration processes.  
4. Facilitate and support transition of VC from institutional care to family –based care including fostering and adoption.  
5. Support siblings to live together.  
6. Encourage mentoring of children in childheaded households by responsible adult community members.  
7. Train children and caregivers on sanitation, personal hygiene and care especially for children less than five years. |

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### SHELTER AND CARE continued

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| **6. Referral, linkage and leveraging of other services.** | 1. Map service delivery points and service providers.  
2. Collate, document and disseminate findings to major stakeholders for referral and linkages. e.g. IPs, communities, health facilities.  
3. Build partnerships through advocacy and system strengthening.  
4. In cases of emergency, children should be referred to transit homes. |
| **7. Monitor and evaluate shelter and care service provision.**  | 1. Conduct a baseline assessment of child shelter and care status using standardized OVC tools.  
2. Conduct regular monitoring of the child shelter and care status using standardized OVC monitoring tools.  
3. Use data collection and reporting tools according to the M&E plan. Analyse data for case management, program planning and evaluation. |
## HOUSEHOLD ECONOMIC STRENGTHENING

These services enhance the economic capacity of households with vulnerable children to be self-reliant and provide for the basic needs of their children.

**Desired Outcome:** Households have sustainable income to meet the basic needs of vulnerable children.

**Indicators:**
1. Percentage of households with sufficient income to meet the basic needs of family members.
2. Percentage of households with sustainable means of earning income.

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| 1. Advocate, sensitise and build consensus with the community on the skills for household economic strengthening. | 1. Advocate to government, community leaders, private sector and religious bodies, corporate organizations such as telecommunications, construction companies, factories, banks and so on to solicit for their corporate social responsibilities.  
2. Use appropriate and targeted IEC materials and messages for behavioural change.  
3. Conduct community dialogue. |
| 2. Map community for available economic resources and opportunities. | 1. Identify existing resources within the community.  
2. Conduct market survey for viable economic activities.  
3. Disseminate findings to relevant stakeholders and seek feedback. |
| 3. Build entrepreneurial and vocational skills of caregivers in relation to identified needs. | 1. Facilitate linkages with public, corporate/private institutions for economic/business skills and expertise.  
2. Support households/caregivers to access agricultural loans from appropriate institutions such as microfinance banks.  
3. Improve the entrepreneurial and vocational skills of caregivers with emphasis on: marketing information, market assessment, product manufacturing/sourcing, protecting assets and inheritance, agriculture, tailoring, production of local drinks, etc. |
2. Facilitate involvement in age appropriate vocational activities that do not interfere with education.  
3. Facilitate linkages with training institutions for technical skills and expertise related to running a particular type of business.  
4. Train older children and child headed households on entrepreneurship and vocational skills. |
| 5. Constitute/strengthen groups and plan projects for income generation. | 1. Facilitate group formation/strengthen existing groups according to identified economic interests such as farmers groups, savings and loans groups (adashe, esusu, ajo, etc.).  
2. Provide guidance, counsel and mentor caregivers and older vulnerable children in identifying resources required to establish business or income generating activities.  
3. Facilitate registration of groups as cooperatives to enable access to loans and credit. |

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<td>6. Mobilize resources for economic strengthening within the community.</td>
<td>1. Link groups with relevant public and private institutions such as skill acquisition centres, SMEDAN, NDE, NAPEP, Women Development Centres, telecommunication companies, and other organizations.</td>
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<td>2. Motivate and involve the community in providing farmlands and other resources to vulnerable households.</td>
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<td>3. Make referral to agricultural development programs for appropriate support.</td>
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<td>4. Facilitate innovative economic strengthening schemes involving public/corporate/private sectors such as cash/physical assets transfers (conditional and non-conditional).</td>
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<td>5. Facilitate linkages with legal, community justice systems and insurance institutions for the protection of household assets and inheritance of rights.</td>
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<td>7. Monitor and evaluate household economic strengthening activities.</td>
<td>1. Use data collection and reporting tools according to the M&amp;E plan.</td>
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<td>2. Analyse data for case management, program planning and evaluation.</td>
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