January 2009

FHI Quality Improvement Guidelines for

Care and Support Programs for Orphans and Other Vulnerable Children

Family Health International

Cover image: © Richard Lord. Rwandan orphans in Kibumba (near Goma), Zaire.

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INTRODUCTION

FHI is committed to the wellbeing of children and youth around the world, especially those who are vulnerable. This commitment has been expressed through FHI's work with children over the past decade and through the Children's Initiative, which seeks to optimize outcomes for children in disease-burdened communities by establishing a child-focused, family-centered, and community-based approach to addressing children's needs.

FHI is also committed to improving the quality of programs and services for children and youth. These guidelines are intended to help FHI partners implementing care and support programs for vulnerable children to improve the quality of their programs and services. The guidelines apply to programs sponsored by FHI for children ages 0–17 and youth ages 18–24 who are vulnerable due to all causes, not just HIV. Therefore, the term "children" used throughout this document refers to both children and young people.

These guidelines support FHI's quality assurance and quality improvement (QA/QI) objectives for vulnerable children:

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

We prefer the term *vulnerable children* to the more commonly used *orphans and other vulnerable children (OVC)*. We acknowledge that the number of orphans worldwide is growing rapidly, especially due to HIV/AIDS, but participants at the FHI global technical leadership meeting that drafted these guidelines want to underscore FHI's concern for all vulnerable children, whether the vulnerability is due to parental loss, armed conflict, disability, disease, trafficking, or other circumstances.

The guidelines are organized into nine areas of support that respond to the basic needs, and human rights, of children. They are also aligned with the core areas of support for programs for OVC established by the US government in the President's Emergency Plan for AIDS Relief (PEPFAR). Programs need not provide support in all nine areas. Rather, the support will depend on the capacity and expertise of the implementing partner. It is important, however, that implementing partners coordinate with other service providers so that vulnerable children receive comprehensive services.

1) cross-cutting issues
2) care coordination
3) health
4) food and nutrition
5) education
6) psychosocial support
7) shelter and care
8) protection
9) household economic strengthening

The guidelines present the desired outcome for children and youth in each of these nine areas. Each outcome is defined and is followed by a list of guidelines that will help achieve it. Some guidelines include examples of activities, but the examples are illustrative, not comprehensive.

AN OVERVIEW OF GUIDELINES

WHAT ARE GUIDELINES?

Guidelines are recommendations indicating how something should be done or what sort of action should be taken in a particular circumstance. Organizations establish and use guidelines to promote excellence and function more optimally.

WHAT IS THE DIFFERENCE BETWEEN GUIDELINES AND STANDARDS?

Guidelines and standards both aim to improve quality, but guidelines are general recommendations, while standards are considered essential to success. Standards establish the precise criteria that must be met to achieve a desired level of quality. Many countries have established, or are establishing, national standards for the care and support of vulnerable children. FHI recognizes that in the countries where we work, host-government standards must take precedence. These guidelines, therefore, support our work within the context of host-government standards, but should not conflict or compete with them.

WHAT IS THE IMPORTANCE OF GUIDELINES FOR PROGRAMS FOR VULNERABLE CHILDREN?

All children deserve quality care, support, and protection. Programs and services for vulnerable children are frequently implemented and delivered in settings where health and social systems have been stretched beyond their limits, and where capacity and resources are limited or scarce. Guidelines will help service providers in such settings deliver services that meet desired quality levels.

FHI QUALITY IMPROVEMENT GUIDELINES FOR CARE AND SUPPORT PROGRAMS FOR VULNERABLE CHILDREN

AREA 1. CROSS-CUTTING ISSUES

Desired outcome

OVC programs are appropriate, accessible, and participatory.

Definition

Programs should provide services that are acceptable to children, families, and communities, and must be designed with participation from these groups. Programs must reflect cultural differences, attempt to address gender inequities, be targeted to the needs of children and families, and aim to mobilize support for the long term.

Guidelines

1.1 Programs will include children, family, and community participation in their development, implementation, and evaluation.

1.2 Programs will be designed to take into consideration local context and culture when developing and delivering services to children, families, and communities.

1.3 Programs will promote community ownership and be implemented within existing government and community structures.
Example activity: Provide services in community or governmental facilities.

1.4 To the extent possible, programs will address and satisfy the individual needs of children and their families.
Example activity: Conduct an assessment and develop care plans for each child and family.

1.5 Programs will promote coordination between institutions and sectors to avoid overlap and duplication of services.

1.6 Programs will aim to provide care to as many children as possible without compromising quality.

1.7 Programs will mobilize communities to support children and their families.

1.8 Programs will provide family-centered care, addressing the needs of the household.

1.9 Programs will identify and address gender equity issues, such as girls' access to schooling.

1.10 Programs will adopt FHI's child protection policy or will develop their own, covering the same key points.

1.12 Programs will work to prevent and address stigma and discrimination against children and their families.

1.13 FHI will work with partners and other key stakeholders to address ways in which OVC and their families will be supported over the long term, when program funding has ended.

1.14 Programs will conduct routine monitoring of services, report on agreed indicators on schedule, and provide supportive supervision and mentoring to staff and volunteers.

1.15 Programs will provide remuneration and incentive mechanisms for volunteers, such as recognition activities, training, or inclusion in microfinance programs.

1.16 Programs will be part of a continuum of care, whereby multiple formal referral arrangements have been established with organizations providing essential services to children and families.

1.17 Programs will address children's needs according to their age and developmental stage.

FHI QUALITY IMPROVEMENT GUIDELINES CONTINUED

AREA 2. CARE COORDINATION
Desired outcome **Children's and families' needs are routinely assessed, prioritized, and addressed through a coordinated and responsive system that avoids duplication and fosters continuity of care.**
Definition **Care coordination is the process or system whereby the holistic needs of children and families are assessed, prioritized, and addressed directly by the secondary care provider (such as a case manager) or through coordinated referrals to other services. Care coordination requires trained secondary caregivers, an organized and responsive referral system, and partnership between several actors working in support of the child's interests. Assessing needs, planning how to address them, and operationalizing the plans are generally outlined in forms that record problems, the plan of action, and follow-up over time. An example of a useful care coordination tool is the child status index (CSI), which documents changes in specific outcomes (such as health, emotional wellbeing, and nutritional status) over time.**
Guidelines 2.1 Programs will promote development of and adherence to national care coordination guidelines, SOPs, and standards. 2.2 Programs will advocate for a coordination mechanism that promotes active collaboration among government, child protection, and social welfare agencies. 2.3 Programs will ensure that services are available, accessible, and relevant to children and families. 2.4 Programs will develop, adapt, and use care coordination tools. 2.5 Programs will ensure that care enrollment and discharge criteria are in place and adhered to. 2.6 Programs will maintain eligible children and families in care coordination services. 2.7 Programs will include participation of children, families, and communities in care coordination. 2.8 Programs will guarantee that a referral system, including referral agreements between service sites, tools, guidelines, and other support mechanisms, is established and used. 2.9 Programs will advocate that primary HIV prevention, prevention of mother-to-child transmission (PMTCT), and care and treatment are integrated into and linked with care coordination. 2.10 Programs will share lessons learned, challenges, and progress in care coordination. 2.11 Program staff will participate in coordination committees.

AREA 3. HEALTH

Desired outcome

Children are healthy and have access to essential preventive and curative child-friendly health services.

Definition

Children's primary caregivers need to practice healthy behaviors (such as use of mosquito nets and hygienic preparation of food) and use essential preventive and curative healthcare services (such as safe delivery, safe and nutritious infant and child feeding, immunizations, deworming, and vitamin A supplements). Caregivers need to acquire skills in recognizing child illness symptoms, providing home treatment, and knowing when to seek medical care. Children and caregivers need to be offered HIV testing and counseling, and those who are positive offered HIV care and treatment.

Programs for OVC need to develop referral relationships with healthcare service providers to ensure children can be treated for malaria, pneumonia, TB, diarrhea, and other common causes of serious illness. Service providers also need to be sensitized about the fear and discomfort children may generally feel toward health services, and encouraged to make services more acceptable to them. To support improved and sustained child health, integration between home-, community-, and facility-based care is vital.

Guidelines

3.1 Programs will promote development of and adherence to national child health guidelines, standards, and SOPs.

3.2 Programs will work to make home-, community-, and facility-based services available and accessible, including

- HIV prevention services (such as life skills, counseling and testing, and PMTCT)
- primary healthcare services (including MNCH, immunization, nutrition, malaria, TB, and reproductive health)
- HIV pediatric and adult care and treatment (including palliative care, treatment of opportunistic infections, and ART)

3.3 Programs will encourage service providers to make services more child-friendly.

3.4 Programs will make children and families aware of existing health services.

3.5 Programs will train parents and caregivers to recognize symptoms of illness and seek treatment promptly.

3.6 Programs will establish linkages to safe water and sanitation services for children and families.

3.7 Programs will actively seek to establish functional referrals and linkages within the healthcare system and between the healthcare system and the community (for example, community- and home-based care for HIV, social services).

FHI QUALITY IMPROVEMENT GUIDELINES CONTINUED

AREA 4. FOOD SECURITY AND NUTRITION
4A. FOOD SECURITY
Desired outcome **Children have sufficient food at all times to guarantee their wellbeing and healthy physical and cognitive development.**
Definition **Access to sufficient food is a basic human right, but OVC often have a difficult time obtaining enough food. Children and their households need a consistent source of food. Food security programs need to provide support to the entire household rather than to specific children. Food security can be built through a number of approaches. Interventions to promote food security need to consider the supply chain, from production, to safe storage, to appropriate use. Families also need to be linked to services that provide food security support.**
Guidelines 4a.1 Programs will participate in the development of and adherence to national guidelines, standards, and SOPs. 4a.2 Programs will work to make food security support services available and accessible. *Example activities:* Develop food production, storage, and distribution systems. Support school feeding programs. Train and support households in food production (for example, kitchen gardens, support with farm inputs, and seeds). 4a.3 Programs will establish a system of referrals and linkages to food security (food distribution and production) and household economic strengthening services.

AREA 4. FOOD SECURITY AND NUTRITION
4B. NUTRITION
Desired outcome **Child is growing well according to growth percentile calculations.**
Definition **Children need adequate nutrition to thrive. Their physical and mental development hinges on having the right balance of nutrients from the point of conception until they are adults. For most poor families, it is challenging enough to obtain adequate food let alone ensure optimal nutrition. However, in every context there is usually more that can be done, whether it be better referrals, counseling of parents and caregivers in preparing more nutritious meals, or helping families increase their economic viability by linking them to cash transfer programs, income generation opportunities, or job placement services.**
Guidelines 4b.1 Programs will participate in the development of and adherence to national guidelines, standards, and SOPs. 4b.2 Programs will promote optimal nutrition behaviors among caregivers, teachers, and others (for example, correct infant feeding or safe and hygienic food preparation). *Example activities:* Educate and train children and households. Conduct school-based programs. 4b.3 Programs will work to make supplemental and therapeutic feeding, and infant feeding support services available and accessible. *Example activity:* Provide routine growth monitoring. 4b.4 Programs will create awareness in children and households about the importance of nutrition for children's development. 4b.5 Programs will sensitize communities on the role of nutrition in child development. *Example activity:* Support integration of nutrition support into early childhood development activities. 4b.6 Programs will have an active system of linkages to nutritional support services in place.

FHI QUALITY IMPROVEMENT GUIDELINES CONTINUED

AREA 5. EDUCATION

Desired outcome

All OVC are enrolled, attend, and complete the level of education equivalent to that of nonvulnerable children.

Definition

Education promotes the social and cognitive development of children and helps them achieve a better quality of life. Children's educational needs vary according to their stage of development. Mental, physical, social, and emotional development are most critical when children are under age 6, so teaching caregivers how to interact with children in this stage is critical. Early childhood development includes attaining the following skills: motor (coordination), communication, socialization (learning to share, make friends, and work in a team), and self-confidence. From ages 6 to 17, both girls and boys have the right to primary, secondary, and life-skills education. Children ages 10–24 who are out of school require support through informal schooling, and life-skills and vocational training.

Guidelines

5.1 Programs will participate in the development of and adherence to national guidelines, standards, and SOPs.

5.2 Programs will provide access to the following services:

Ages 0–5: early childhood development support and interventions (such as training caregivers how to interact with their children for improved development, age-appropriate structured play activities, or enrolling children in formal kindergartens or nursery schools).

Ages 6–24: Formal education (such as primary and secondary education).

Ages 6–24: Supplemental education (such as after-school help with homework or helping children who have been out of school to catch up).

Ages 10–24: Informal education (such as clubs where children learn about life, health, and coping and other skills necessary for progressing healthfully to adulthood; and vocational training).

5.3 Programs will provide children and families with information on the existing education services.

5.4 Programs will train parents and caregivers in child development and on how to provide appropriate stimulation and encouragement to their children.

5.5 Programs will sensitize parents and caregivers about the value of education for both girls and boys.

5.6 Programs will encourage parents and caregivers to monitor and support children to ensure they remain in school after enrollment.

5.7 Programs will advocate and actively work on the establishment of functional referrals and linkages (within the education system and between the education system and the community (for example, community early childhood development programs).

AREA 6. EMOTIONAL AND SOCIAL SUPPORT (PSYCHOSOCIAL SUPPORT)

Desired outcome

Children achieve emotional and social wellbeing, can cope with losses and other trauma, and have high self-esteem.

Definition

To thrive, children need to feel protected and loved. They need to develop resilience to cope with the impact of HIV or other illness. Children affected by HIV experience very high rates of depression, anxiety, trauma, grief, and low self-esteem. Orphaned children are even more likely to be emotionally distressed. The most important source of support for children is their family. When children need extra support, community-based programs are essential, backed up by mental healthcare services where available. Other areas of care can also impact positively on a child's emotional and social wellbeing, such as the ability to attend school.

Guidelines

6.1 Programs will participate in the development of and adherence to national guidelines, standards, and SOPs.

6.2 Programs will make children and caregivers aware of the importance of emotional and social support services and where to access them.

6.3 Programs will make social and emotional support services available and accessible at the community level.
Example activities: Conduct training for service providers in child counseling, support group facilitation, and mentoring (end of life, grief, trauma). Conduct training in memory and hero books. Conduct life skills education. Organize family days. Organize integrated community recreational activities.

6.4 Programs will build the capacity of children and caregivers, especially those regularly in contact with children, to provide emotional and social support (such as peer-to-peer, teacher-to-child, or parent-to-child).
Example activity: Organize parenting and counseling initiatives.

6.5 Programs will ensure that all children are supported by communities, have a sense of social belonging, and are not subjected to stigma or discrimination.
Example activity: Organize services that include OVC in cultural, social, and spiritual practices (such as initiation rites).

6.6 Programs will have an active system of linkages to emotional and social support services in place.

FHI QUALITY IMPROVEMENT GUIDELINES CONTINUED

AREA 7. SHELTER AND CARE
7A. SHELTER
Desired outcome **Children have a safe, dry, and stable home.**
Definition **Adequate shelter is essential, and provides much-needed security and stability for children. For children to be and feel safe, they need to know that where they live is protected from danger (whether environmental or human).**
Guidelines 7a.1 Programs will participate in the development of and adherence to national guidelines, standards, and SOPs. 7a.2 Programs will make children, caregivers, and communities aware of shelter support services. 7a.3 Programs will make safe shelter support services available and accessible. 7a.4 Programs will guarantee that children and caregivers are able to obtain and maintain shelter. *Example activity:* Sensitize, mobilize, and support the community to construct or renovate houses. 7a.5 Programs will have an active system of linkages to shelter support services in place.

AREA 7. SHELTER AND CARE

7B. CARE

Desired outcome

Children live in family or community settings that provide adequate love, protection, supervision, and support for material needs.

Definition

Children thrive best within their families and communities. Children have the right to grow up in a loving, caring, stable, safe, and supportive family setting. Child development hinges on having the following elements of care in place: 1) consistent unconditional love from caregivers, 2) structure and routine, and 3) guidance and mentoring. Studies have shown that when their parents die, children are much better able to cope when they can stay with their siblings. When there are no other care options for children, the last resort is institutional care, which studies show is least likely to provide children with needed elements of care. While there are always exceptions, as a general rule, family care is best.

Guidelines

7b.1 Programs will participate in the development of and adherence to national guidelines, standards, and SOPs.

7b.2 Programs will create awareness among children, caregivers, and communities of the fact that the best care for children is within the family context.

7b.3 Programs will provide children, caregivers, and communities information about and referrals to childcare support services.

7b.4 Programs will work to make childcare services available and accessible.
Example activities: Conduct training in emotional support for caregivers and volunteers. Support the reintegration of children back into family settings. Support the provision of material needs, such as blankets, clothing, and mosquito nets.

7b.5 Programs will build the capacity of caregivers to provide care to children.
Example activities: Conduct parenting skills workshops. Support families in succession planning. Train parents and caregivers in disclosure and the use of memory books.

7b.6 Programs will put in place an active system of linkages to childcare services.

FHI QUALITY IMPROVEMENT GUIDELINES CONTINUED

AREA 8. PROTECTION
Desired outcome **Children are protected from harm and abuse, and can exercise their rights.**
Definition **Children are vulnerable to abuse, including neglect and exploitation, and physical, verbal, and sexual abuse. Children's rights need to be protected in full. FHI has an organizational child protection policy that applies to all staff and partners.**
Guidelines 8.1 Programs will adhere to national child protection guidelines, standards, and SOPs. *Example activity:* Assist an implementing agency to develop institutional child protection policies. 8.2 Programs will develop active collaboration and referral mechanisms with local authorities responsible for child protection, labor, etc. 8.3 Programs will work to make legal protection services available and accessible at the community and governmental levels. *Example activity:* Support children and households in birth registration, legal wills, and right to property inheritance. 8.4 Programs will make children and households aware of their rights and of existing legal protection services. *Example activity:* Train children, households, and communities in child rights. 8.5 Programs will train children and caregivers to recognize signs of abuse and how to obtain appropriate services. 8.6 Programs will sensitize authorities handling legal issues (police and judiciary) and general communities on the right of children to protection.

AREA 9. HOUSEHOLD ECONOMIC STRENGTHENING

Desired outcome

Households and families have improved sustainable incomes and can meet the basic needs of all children in their care.

Definition

For households to withstand the impact of HIV and other problems, they need access to sustainable sources of income.

Guidelines

9.1 Programs will participate in the development of and adherence to national agreed guidelines, standards, and SOPs.

9.2 Programs will make children, caregivers, and communities aware of economic strengthening services and their value, as the most sustainable solution to addressing household vulnerability.

9.3 Programs will make market-driven economic strengthening opportunities and services available and accessible to families.
Example activities: Identify or create access to credit. Build skills in identified income-generating activities and in financial management. Implement and monitor income-generating activities.

9.4 Programs will guarantee that children and caregivers are able to obtain and maintain economic strengthening opportunities.
Example activities: Assess households to determine level of economic strengthening need. Assess skill base of household members. Assess market situation and linkages and determine new skills needed for marketable activities.

9.5 Programs will put in place an active economic strengthening support service network.

IMPLEMENTATION OF THE GUIDELINES

Quality improvement is ongoing, and we recognize that implementing these guidelines will need to occur in steps. Following are some ideas for making this process easier and more effective.

1. **Share the Guidelines with local FHI implementing partners (IPs).** Hold workshops for IPs to review and discuss the 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 those challenges. Ask IPs to complete the (forthcoming) self-assessment to help them understand where they are in terms of complying with these guidelines. At the end of the workshop, ask IPs to develop a "guideline implementation action plan." Each IP's plan will identify any guidelines the organization is not following and activities they will carry out to address the issue. Note that if your host-country government has already developed national guidelines for care and support of OVC, make sure FHI's guidelines complement them**.** In cases of conflict the country's guidelines take precedence.
2. **Follow up on implementation.** Hold individual or group meetings with IPs to follow up on their guideline implementation plans, and discuss any challenges. Regularly take stock of where organizations are in their implementation process, recognizing that quality improvement is an ongoing process.
3. **Provide training and technical assistance.** Address any challenges and needs identified through the self-assessments and during follow-up activities. Provide training or technical assistance to IPs as needed.

Remember that guidelines themselves are not sufficient to ensure delivery of quality services. Service standards are also needed. Standards are much more specific, detailing how a service should be delivered, and service providers are held accountable for delivering services according to these standards. However, since standards need to be based on local realities, they must be developed in-country. National standards have to 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 and support of OVC. In countries where national standards don't exist, FHI should advocate for, and participate in, their development. If present, FHI should focus on implementation and on the continuous process of quality improvement. More information on the quality improvement process may be found at www.OVCsupport.net.

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