FHI Program Standards

Orphans and Other Vulnerable Children (OVC)

September 2008

Family Health International

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

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INTRODUCTION

Family Health International (FHI) is committed to the wellbeing of children around the world, including OVC. This commitment is expressed in FHI's Children's Initiative, which seeks to optimize outcomes for children in disease-burdened communities.

The Children's Initiative establishes a child-centered approach to addressing the needs of children. The approach encompasses families and communities and considers local and national policies and culture. In the context of this initiative, FHI developed these standards to help optimize the outcomes of programs and services for OVC. The standards reflect the active role that families, communities, and children themselves should play in the development and implementation of programs. They also reflect the comprehensiveness needed in OVC programming.

Implementing partners in all FHI-supported programs for OVC will apply these standards. The standards define a common level of quality for OVC programs and aid FHI in building the capacity of its partners to provide a minimum level of quality care to OVC. They also support FHI's OVC quality assurance and quality improvement (QA/QI) objectives, which are

- To define the contextually ideal care and support standards for OVC programming upon which FHI-supported programs are based.
- To define the basic quality of OVC care and support standards that FHI-supported programs will meet and endeavor to measure through monitoring and evaluation.
- To establish guidelines and standard operating procedures (SOPs) for implementing partners that provide care, protection, and support to OVC in FHI-supported programs.
- To establish a basis for identifying and selecting proposals to be supported or for reviewing subagreements between FHI and its implementing partners.

The standards have been classified into nine areas of support:

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

These areas respond to the basic needs, and human rights, of children. They are also aligned with the core areas of support for OVC programs established by the US government.

It is important to note that FHI programs do not necessarily have to provide support to OVC in all nine of the above areas. Rather, the support will depend on the capacity and expertise of the implementing partner. It is important, though, that implementing partners who deliver services and support work with others to deliver a coordinated and comprehensive set of services to OVC.

AN OVERVIEW OF STANDARDS

WHAT IS A STANDARD?

A standard is an agreed-upon level or benchmark of quality. It is measurable and, to the greatest degree possible, evidenced-based.

WHO ARE THESE STANDARDS FOR?

The standards in this document apply to FHI-supported programs for children ages 0–17 years who are orphans or made vulnerable due to all causes, not just HIV. These standards also apply to FHI-supported programs for OVC ages 18–25 years, who are distinctly vulnerable and increasingly becoming caregivers of OVC themselves. Therefore, the term "children" used throughout this document refers to both children and young people.

WHY IS IT IMPORTANT TO HAVE STANDARDS FOR OVC PROGRAMS?

All children deserve quality care, support, and protection. The more vulnerable a child, the more support he or she will likely need to lead a normal childhood. Standards define the minimum level of support to be provided and help ensure the support is provided consistently and to a minimum level of quality in FHI programs.

FHI OVC PROGRAM STANDARDS

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 they 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.

Standards:

1.1: Programs are felt to be culturally relevant by children, families, and communities.

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

1.3: To the extent possible, programs address and satisfy the individual needs of children and families.
Example activity: Develop case plans for each child/family.

1.4: Programs are oriented toward the most pressing needs of children and families—as they define them.

1.5: Programs give children, families, and communities participation in their development, implementation, and evaluation.

1.6: Programs promote coordination between institutions and sectors to avoid overlap and duplication of services.

1.7: Programs aim to provide care to as many children as possible without compromising quality.

1.8: Programs mobilize communities to support children and families.

1.9 Care provided by programs is family-centered, addressing the needs of the household.

1.10: Programs identify and respond to gender equity issues, such as girl's access to schooling.

1.11: Programs adopt their own or FHI's child protection policy.

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

1.13: Partners, FHI, and other key organizations plan jointly how children will be supported over the long term when program funding has ended.

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

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

1.16: Programs are 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 addresses children's issues according to their age and developmental stage.

FHI OVC PROGRAM STANDARDS 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. The process of 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.**
Standards: 2.1: Programs promote development of and adherence to national care coordination guidelines, SOPs, and standards. 2.2: Programs advocate for a coordination mechanism that promotes active collaboration among government, child protection, and social welfare agencies. 2.3: Programs ensure that services are available, accessible, and relevant to children and families. 2.4: Programs develop, adapt, and use care coordination tools. 2.5: Programs ensure that care enrollment and discharge criteria are in place and adhered to. 2.6: Programs maintain eligible children and families in care coordination services. 2.7: Programs give children, families, and communities participation in care coordination. 2.8: Programs guarantee that a referral system, including referral agreements between service sites, tools, guidelines, and other support mechanisms, is established and used. 2.9: Programs 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 share lessons learned, challenges, and progress in care coordination. 2.11: Program staff 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 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 skill in recognizing child illness danger signs, providing home treatment, and knowing when to refer for medical care. Children and caregivers need to be offered HIV testing and counseling, and those who are positive offered HIV care and treatment.

OVC programs 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, home-, community-, and facility-based care are vital.

Standards:

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

3.2: Programs work to make facility-, community-, and home-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 encourage service providers to make services more child-friendly.
Example activity: Programs provide training and standards to make service providers.

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

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

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

3.7: Programs 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, etc.).

3.8: Programs identify and link children with HIV to HIV pediatric care.

FHI OVC PROGRAM STANDARDS CONTINUED

AREA 4. FOOD SECURITY AND NUTRITION
A. FOOD SECURITY *Desired outcome:* Children have sufficient food at all times of the year to guarantee their wellbeing and healthy physical and cognitive development.
Definition: Access to sufficient food is a basic 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 orient support toward 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.
Standards: 4.1a: Programs participate in the development of and adherence to national guidelines, international standards, and SOPs. 4.2a: Programs 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). 4.3a: Programs 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
B. 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.**
Standards: 4.1b: Programs participate in the development of and adherence to national guidelines, standards, and SOPs. 4.2b: Programs 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. 4.3b: Programs work to make supplemental and therapeutic feeding, and infant feeding support services available and accessible. ***Example activity:*** Provide routine growth monitoring. 4.4b: Programs create awareness in children and households about the importance of nutrition for children's development. 4.5b: Programs sensitize communities on the role of nutrition in child development. ***Example activity:*** Support integration of nutrition support into early childhood development activities. 4.6b: Programs have an active system of linkages to nutritional support services in place.

FHI OVC PROGRAM STANDARDS CONTINUED

AREA 5. EDUCATION
Desired outcome: **All OVC are enrolled, attend, and complete the level of education equivalent to that of non-OVC.**
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 supporting caregivers to learn how to interact with these children 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.**
Standards: 5.1: Programs participate in the development of and adherence to national guidelines, standards, and SOPs. 5.2: Programs 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 6–17:*** Formal education (such as primary and secondary education). ***Ages 6–17:*** 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 provide children and families with information on the existing education services. 5.4: Programs train parents and caregivers in child development and on how to provide appropriate stimulation and encouragement to their children. 5.5: Programs sensitize parents and caregivers about the value of education for both girls and boys. 5.6 : Programs encourage parents and caregivers to monitor and support children to ensure they remain in school after enrollment. 5.7: Programs 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 good self-esteem.

Definition:

To thrive, children need to feel self-confident and loved. They need to be resilient enough to cope with the impact HIV or other illness may have on their lives. 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 the ability to attend school.

Standards:

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

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

6.3: Programs 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. Conduct family days. Organize integrated community recreational activities.

6.4: Programs build the capacity of children and caregivers (especially those regularly in contact with children such as parents, grandparents, and teachers) 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 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 have an active system of linkages to emotional and social support services in place.

FHI OVC PROGRAM STANDARDS CONTINUED

AREA 7. SHELTER AND CARE
A. SHELTER
Desired outcome: **Children have a safe, dry, and stable home.**
Definition: **Adequate shelter is essential to provide much-needed 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).**
Standards: 7.1a: Programs participate in the development of and adherence to national guidelines, standards, and SOPs. 7.2a: Programs make children, caregivers, and communities aware of shelter support services. 7.3a: Programs make safe shelter support services available and accessible. 7.4a: Programs 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. 7.5a: Programs have an active system of linkages to shelter support services in place.
B. CARE
Desired outcome **Children live in family or community settings that provide adequate love, 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 three 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 children's parents die, they 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 the least likely to provide children with needed elements of care. While there are always exceptions, as a general rule, family care is best.**
Standards: 7.1b: Programs participate in the development of and adherence to national guidelines, standards, and SOPs. 7.2b: Programs create awareness among children, caregivers, and communities on the fact that the best care for children is within the family context. 7.3b: Programs provide children, caregivers, and communities information and referrals to childcare support services. 7.4b: Programs work to make childcare services available and accessible. ***Example activities:*** Conduct training in emotional support for caregivers (volunteers). Support the reintegration of children back into family settings. Support the provision of material needs (blankets, clothing, mosquito nets). 7.5b: Programs 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. 7.6b: Programs have an active system of linkages to childcare services in place.

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 and met in full. FHI has an organizational child protection policy that applies to all staff and partners.

Standards:

8.1: Programs adhere to national child protection guidelines, standards, and SOPs.
Example activity: Assist an implementing agency to develop institutional child protection policies.

8.6: Programs sensitize authorities handling legal issues (police and judiciary) and general communities on the right of children to protection.

8.2: Programs develop active collaboration and referral mechanisms with local authorities responsible for child protection, labor, etc.

8.3: Programs 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 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 train children and caregivers to recognize signs of abuse and how to obtain appropriate services.

FHI OVC PROGRAM STANDARDS CONTINUED

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 sustained income.**
Standards: 9.1: Programs participate in the development of and adherence to national agreed guidelines, standards, and SOPs. 9.2: Programs 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 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 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 have an active economic strengthening support service network in place.