



FEDERAL MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT



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



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

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Dedication

On behalf of the Vulnerable Children in Nigeria, the Federal Ministry of Women Affairs and Social Development is dedicating the National Standards for improving the life of Vulnerable Children in Nigeria in memory of the late Mr. Melvyn Estrin, the Chairman and Chief Executive Officer of University Research Co., LLC and its non-profit affiliate, Center for Human Services (URC-CHS), who died on July 9, 2014.



Table of Contents

Foreword.....	vi
Acknowledgement	viii
Introduction.....	2
What Makes Up the National Standards.....	5
The National Standards	
Health.....	9
Nutrition and Food Security.....	12
Psychosocial Support.....	16
Protection.....	19
Education and Training.....	23
Shelter and Care.....	27
Household Economic Strengthening.....	30
Annex	
Annex 1: Participating Organizations in the Pilot Test.....	33
Annex 2: Glossary.....	36
Annex 3: Acronyms.....	38
Annex 4: Annexes.....	41
List of Figures	
Figure 1: The Paradigm Shift from 'Old OVC Guidelines' to the 'National Standards'.....	3
Figure 2: Roadmap to Developing the National Standards in Nigeria.....	4
Figure 3: Modern Improvement Integrating Content of Care and the Process of Providing Care.....	6
Figure 4: The Dimensions of Quality.....	7



Foreword

Nigeria has made progress in responding to the needs of orphans and vulnerable children. This progress is however marginal when compared with the enormous needs of an estimated 17.5 million Nigerian children that are categorized as Orphans and Vulnerable Children (VC). A 2008 national situation assessment and analysis showed that a significant proportion of VC lost a parent to HIV/AIDS, road accidents, maternal mortality, ethnic conflicts, and terrorist insurgency. Other children were made vulnerable through poverty, harmful cultural practices and gender inequality.

This publication, National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria, reinforces the commitment of all stakeholders at the Federal, State and Local Government levels to strengthen care and support services provided to VC. It offers guidelines to VC community service providers for improving the quality of services provided to VC, and to strengthen existing safety nets.

The seven core service areas covered include education and training, health services, household economic strengthening, nutrition and food security, protection, psychosocial support, and shelter and care. Each service area includes an operational definition of service, a desired outcome, outcome indicators, essential actions and guidelines.

This publication was developed through a participatory and inclusive process between 2010 and 2013, and incorporates the views of various stakeholders including a group of vulnerable children. We hope that all stakeholders will show unfailing commitment to the use of this publication in providing care, support, protection, and other interventions to vulnerable children in Nigeria.



Hajia Zainab Maina, MFR, FCIA

Honourable Minister

Federal Ministry of Women Affairs and Social Development



Acknowledgement

Federal Ministry of Women Affairs and Social Development, on behalf of the Child Development Department, acknowledge the contributions of all Stakeholders to developing, pilot-testing and finalizing this important document, "***National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria***".

Federal Ministry of Women Affairs and Social Development provided the leadership as the apex government body responsible for the coordination of all national response for Nigerian children and was supported by the United States Agency for International Development (USAID) through University Research Co. (URC). Special thanks to Senior Program Manager, Philomena Irene and Dr. Josephine Ogazi-Egwuonwu of URC and her able lieutenants for their special technical assistance to pilot-test and finalize the development of this document.

We appreciate the collaboration and useful contributions of some of our partners during the pilot – testing of the standards: The National Agency for Control of AIDS (NACA), United Nations Children's Fund (UNICEF), Institute for Human Virology in Nigeria (IHVN), Institute for Human Virology University of Maryland and AIDS Relief, Family Health International (FHI 360), Association for Reproductive and Family Health (ARFH), Association of VC NGOs in Nigeria (AONN), and so many others for providing information and advice.

Federal Ministry of Women Affairs and Social Development also appreciates the support provided by the ten implementing states which are: Akwa Ibom, Bauchi, Cross River, Ebonyi, Ekiti, FCT, Kaduna, Kano, Lagos, and Taraba.

Finally we thank the Director, Child Development Department and her staff for their doggedness, discipline, and loyalty in discharging their official duties.



Dr. Habiba Muda Lawal

Permanent Secretary

Federal Ministry of Women Affairs and Social Development



Introduction

The Situation of Vulnerable Children in Nigeria

About half of Nigeria's 140 million population is under the age of 18 and an estimated 17.5 million of those children are considered vulnerable to adversity and at risk of not fulfilling their full potential to live a safe and productive life. Among the vulnerable children, 7.3 million are orphans, including 2.39 million children orphaned due to an AIDS-related death of one or both parents, according to the 2008 National Situation Assessment and Analysis of Orphans and Vulnerable Children in Nigeria (NSAA). In addition to HIV and AIDS, other major causes of orphanhood are road accidents, maternal mortality, and ethno-religious conflicts. Nigerian children face numerous other challenges, including poverty, harmful cultural practices, gender inequality, child labour, domestic and sexual violence, insufficient food, inadequate legal protection, and poor access to social, health and education services.

Why We Need National Standards

A vast array of stakeholders, including government and international and local nongovernmental agencies, have stepped up over the last several years to address the critical situation of the rising numbers and severity of adversity facing vulnerable children in Nigeria. It became apparent that there was no unified approach across sectors and programs to providing care and support services to vulnerable children and families, resulting in fragmented and wasteful efforts by stakeholders. The lack of guidelines and a framework for measuring the results or outcomes of services made it difficult to identify or spread high-impact interventions.

The National Standards were developed to:

- Provide a uniform and evidence-based approach for service providers in Nigeria to ensure that all children reach their full developmental potential through the provision of quality care and support services.
- Identify seven core areas that must be included in comprehensive care and support of vulnerable children: health, food security and nutrition, education, legal protection, psychosocial support, shelter and care, and household economic strengthening.
- Specify a results or outcome based approach to care and support services by defining desired outcomes of services in seven core areas.
- Recommend indicators to measure child outcomes that can be used to confirm that services are actually making a measurable difference in the lives of children and their families
- Provide a basis for training and supervising service providers.

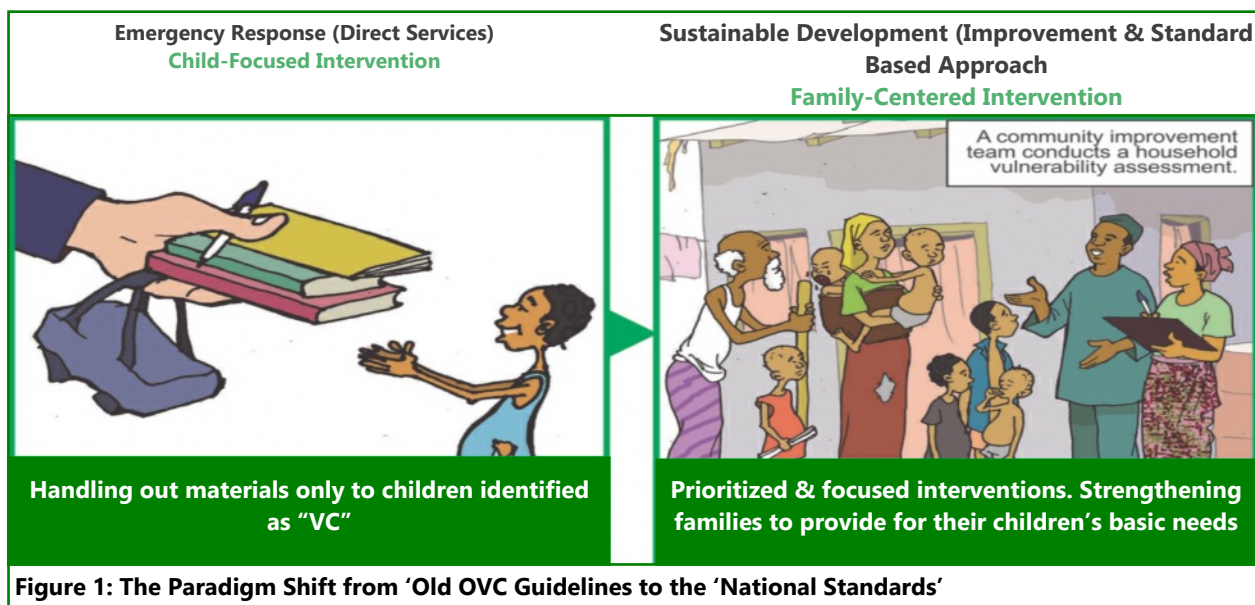
The Paradigm Shift from the Previous 2007 National Guidelines and Standards of Practice on OVC to the New National Standards for Improving the Quality of Life of Vulnerable Children Services

In January 2007, the Federal Ministry of Women Affairs and Social Development (FMWASD) launched the National Guidelines and Standards of Practice on Orphans and Vulnerable Children. These guidelines and standard practices were based on the National Plan of Action for VC (2007 – 2010). The 2007-2010

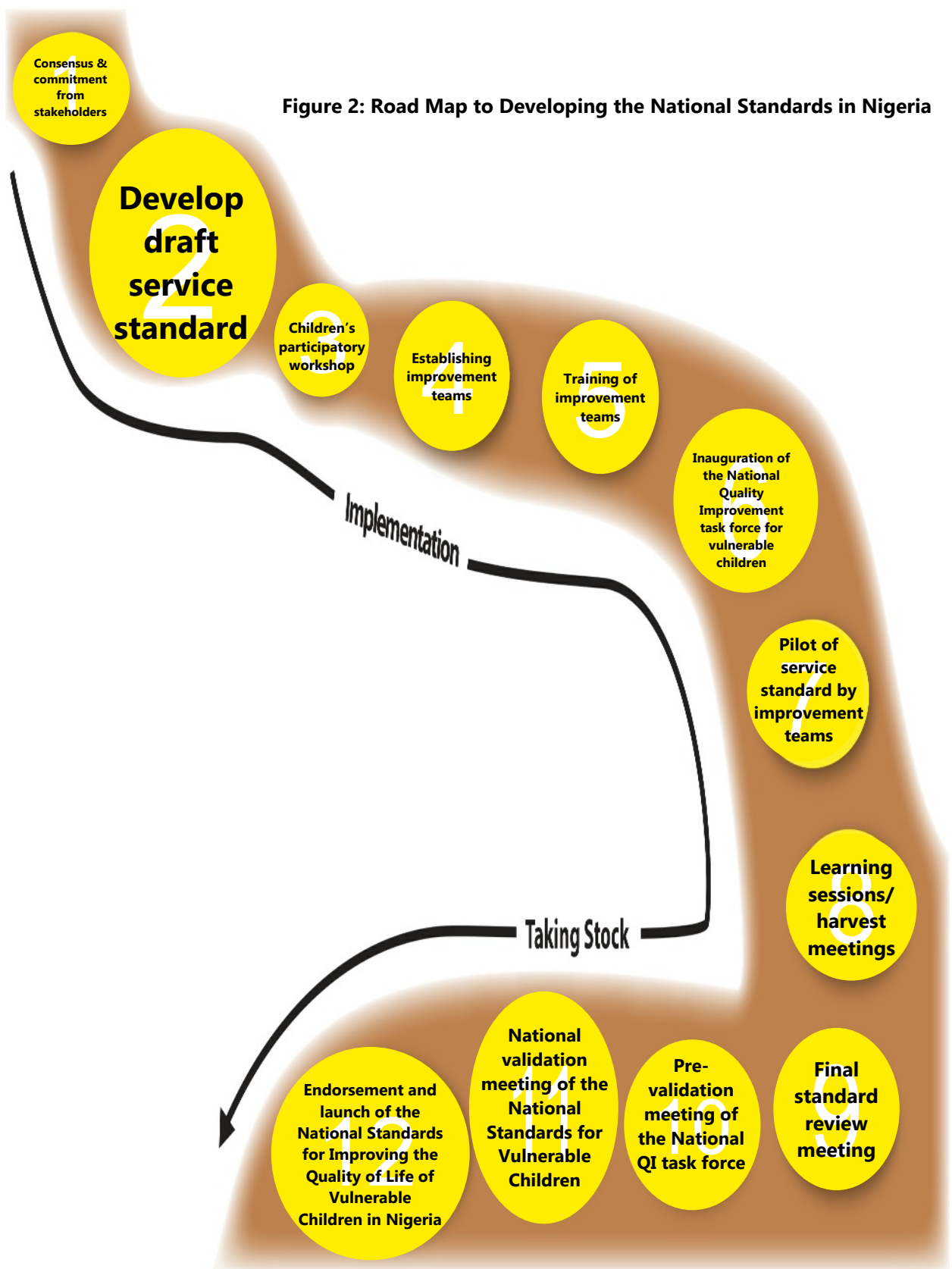
Introduction

National Guidelines were designed as an emergency response to the HIV and AIDS epidemic to address an urgent need for caring for millions of children left orphaned or vulnerable by the deaths of their parents and other family members. The guidelines focused on the provision of direct services to individual children rather than families or communities, and encouraged handing out materials only to children identified as “Vulnerable”.

Since 2009, the FMWASD has made a major paradigm shift and has been working with donor agencies, non-governmental organizations and other stakeholders, to develop a strategic framework that is responsive to the priority needs of children. This strategic framework is the National Priority Agenda (NPA). The NPA has moved towards a new approach which involves prioritizing vulnerable children’s needs within the family and community context, and strengthening community systems for effective service delivery, referrals and linkages. The NPA encourages family-centered interventions at the household level rather than handing out materials to identified “vulnerable” children. The NPA also focuses interventions on addressing children’s most critical care needs and strengthening families to provide for their children’s basic needs. Figure 1 depicts the Paradigm Shift from ‘Old OVC Guidelines to the ‘National Standards’.



To translate the NPA into strategic guidelines that are practical and actionable by programs providing services to vulnerable children and families in seven key areas, FMWASD developed this document, the National Standards for Improving the Quality of Life of Vulnerable Children in Nigeria. The standards development process that began in 2009 and was led by the FMWASD, engaged hundreds of stakeholders across several states in the country, leading to a consensus and commitment for improving service quality in the country. Figure 2 depicts the road map for developing the National Standards in Nigeria. With the foundation of stakeholder commitment, the process continued with the development of an initial standards draft document, iterative trainings of individuals and organizations at the national, state and local levels on implementation of the standards, testing of the feasibility and usefulness of the contents of the standards and revisions of the document based on the results of the testing, and multiple learning sessions to share experiences and knowledge gained throughout the development process. The National Standards document was validated by all stakeholders in July 2013.



What Makes Up the National Standards?

A. Core Service Areas

The National Standards covers seven core service delivery areas which are considered essential components of a comprehensive set of services targeting vulnerable children. Children may require services in only some of the areas depending on the child's circumstances. The seven service areas include:

- **Health:** These services ensure access to and the provision of comprehensive (promotive, preventive, curative and rehabilitative) affordable health care for vulnerable children.
- **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.
- **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.
- **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.
- **Education and Training:** These services ensure that vulnerable children receive educational and vocational opportunities needed for them to be productive adults.
- **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.
- **Household Economic Strengthening:** These services enhance the economic capacity of vulnerable households to be self-reliant and provide for the basic needs of their children.

B. Major Components

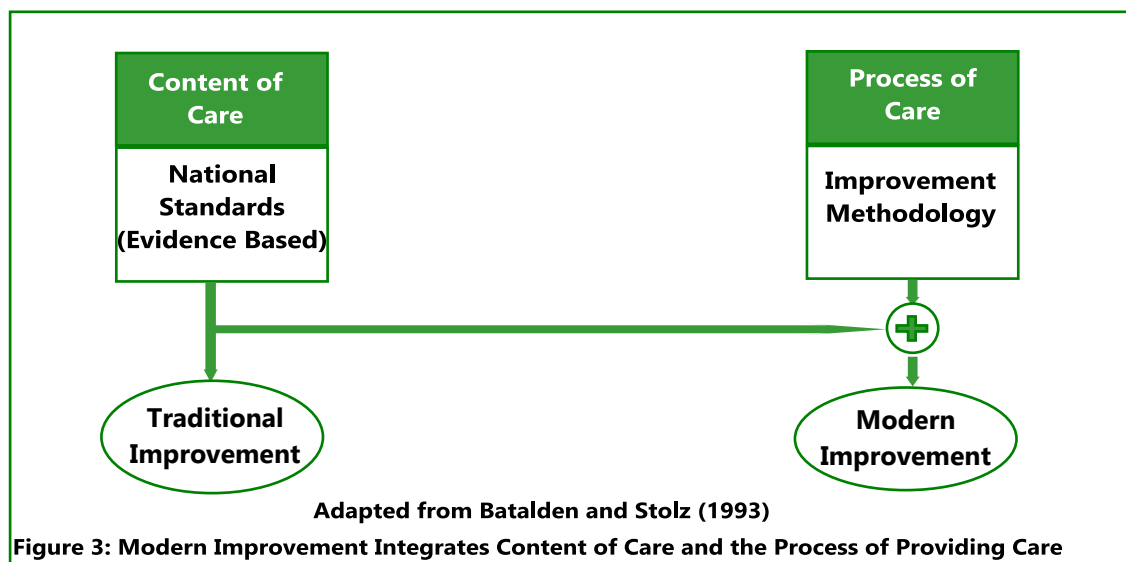
Each of the seven core service area standards contains four major components:

- **Desired outcome:** Statement on what we expect our service to achieve
- **Indicators:** The measurements that should be made before, during and after services are provided to demonstrate whether a service has made a positive difference in the life of a child or family
- **Essential actions:** The recommended critical actions that need to be conducted to achieve the desired outcome
- **Guidelines:** These provide more detailed guidance on best practices in carrying out the essential actions

C. Using an Improvement Approach in Providing Services to Vulnerable Children

The FMWASD recognized early on that simply developing and distributing National Standards was not sufficient to make meaningful changes in what or how services are provided to vulnerable children. The National Standards document contains all the best expert knowledge available on what interventions should be provided to ensure positive outcomes for children. The bigger challenge is ensuring that the National Standards are implemented in such a way that the quality of the services are continuously improved and desired outcomes are achieved. To meet this challenge, the FMWASD has adopted an improvement science approach to implementing the National Standards.

The modern improvement science approach integrates changes in both the content and process of care to improve care in a sustainable way. The content of care is comprised of the most up-to-date information and evidences on practices that lead to improved outcomes. In this case, the content of care is summarized in the National Standards for Improving the Quality of Life for Vulnerable Children in Nigeria. The process of care consists of all of the steps needed to implement the content of care in a consistent, effective way that ensures that every child receives the appropriate care when they need it. In this case the process of care is the improvement science methodology. Figure 3 depicts how modern improvement integrates the content and process of care to give continuous improvement.



The fundamental concept underlying improvement is to ensure that “every system is perfectly designed to achieve exactly the results it achieves”¹. Improvement science can be described as employing a ‘system- oriented approach’. Improvement science involves methodologies that identify gaps that exist between what we want to achieve and our actual measured results, and then systematically testing our attempts to close these gaps. Improvement science methodologies emphasize the use of multidisciplinary teams in problem solving, analysis of systems and processes rather than inputs, the need for quality outcome and process data in making changes, a focus on client participation in decision making about their own care, and the importance of shared learning throughout the improvement process.

¹ (Batalden & Stolz, 1993)

D. What is Quality Care?

Quality care for vulnerable children can be defined as the degree to which the services provided to children, families, and communities maximizes benefits and minimizes risks, so that children may grow and develop to their full potential. Quality care implies the correct mix of services for each child, family, and community, and is offered based on current best practices and indigenous and expert knowledge. Children, families and communities play a leadership role in decisions about the care and services they receive.

Quality can be defined as a degree or grade of excellence or worth. However, applying this simple concept can be difficult because of the many ways that people define excellence or worth. Quality experts have found that defining dimensions of quality permits a more systematic, objective and transparent analysis of the quality of a product or service. The dimensions of quality are in figure 4 below.

Safety	The degree to which risks related to care are minimized: do no harm
Access	Geographic, economic, social, cultural, organizational, and linguistic barriers to services do not exist
Effectiveness	The degree to which desired results or outcomes are achieved
Technical performance	The degree to which tasks are carried out according to program standards and current professional practice
Efficiency	The extent to which resources needed to achieve the desired results are minimized and the reach and impact of programs are maximized.
Continuity	The delivery of ongoing and consistent care as needed, including timely referrals and effective communication among providers
Compassionate relations	The establishment of trust, respect, confidentiality, and responsiveness achieved through ethical practice, effective communication, and appropriate socio-emotional interactions
Appropriateness	The adaptation of services and overall care to needs or circumstances based on gender, age, disability, community context, culture, and socio-economic factors
Participation	The participation of caregivers, communities, and children in the design and delivery of services and in decision-making regarding their care
Sustainability	The degree to which the service is designed so that it can be maintained at the community level, in terms of direction and management as well as procuring resources, in the foreseeable future

Figure 4: Showing The Dimensions of Quality



The National Standards

Health



Health

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

Desired Outcome	Indicators
<p>Children and households have access to comprehensive quality health care services as needed.</p>	<ol style="list-style-type: none"> 1. % of vulnerable children less than 5 years with diarrhea in last two weeks. 2. % of vulnerable children less than 5 years with fever in last two weeks. 3. % of vulnerable children who are too sick to participate in daily activities in the last two weeks. 4. % of vulnerable children between ages 0 to 2 years who are fully immunized. 5. % of vulnerable children whose household members have access to comprehensive and affordable health care services. 6. % of children whose primary caregiver knows the child's HIV status.
Essential actions	Guidelines
<ol style="list-style-type: none"> 1. Develop a referral system and establish linkages. 	<ol style="list-style-type: none"> 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.
<ol style="list-style-type: none"> 2. Provide health education at community and household levels e.g. hygiene, sanitation, and nutrition. 	<ol style="list-style-type: none"> 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,

Health

	<p>and community volunteers to ensure wide acceptance and implementation.</p> <ol style="list-style-type: none"> 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.
<ol style="list-style-type: none"> 3. Provide basic health care services such as immunization, preventive kits, growth monitoring and treatment of ailments. 	<ol style="list-style-type: none"> 1. Mobilize resources and advocate for Community Health Fund Schemes. 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 Development (ECCD) centres. 6. Provide adolescent-friendly services.
<ol style="list-style-type: none"> 4. Monitor and evaluate health care services. 	<ol style="list-style-type: none"> 1. Conduct baseline assessment of child health status using standardized OVC tools². 2. Conduct regular monitoring of the child health status using standardized OVC monitoring tools³. 3. Use data collection and reporting tools according to the M&E plan. 4. Analyse data for case management, program planning and evaluation.

² & ³ Standardized OVC tools are accessible at: <http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>

Nutrition and Food Security



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	Indicators
Children and household members have sufficient food on a regular and sustainable basis to meet their nutritional needs for growth and development.	<ol style="list-style-type: none"> % of vulnerable children <5 years of age who are undernourished. % of households having enough food for family members throughout the year.
Essential actions	Guidelines
<ol style="list-style-type: none"> Conduct households needs assessment on food availability, storage, utilization and nutritional status. 	<ol style="list-style-type: none"> 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). Document findings appropriately. Disseminate findings widely to all stakeholders.
<ol style="list-style-type: none"> Engage communities and households on nutrition education, food production, preparation, storage and utilization. 	<p>Build capacity of caregivers, older children and community members on nutrition including:</p> <p><u>Nutrition Education:</u></p> <ol style="list-style-type: none"> Importance of nutrition Locally available and affordable food items Importance of breast feeding and complementary feeding with appropriate counseling to HIV positive mothers Food hygiene, sanitation and use of portable water <p><u>Food Production and Preparation:</u></p> <ol style="list-style-type: none"> Importance of food production Food preparation methods <p><u>Storage and Utilization:</u></p> <ol style="list-style-type: none"> Food use for different age groups Food storage Use of food supplements for severely malnourished children
<ol style="list-style-type: none"> Build the technical capacity of service providers. 	<p>Conduct comprehensive training sessions on:</p> <ol style="list-style-type: none"> How to identify and monitor the growth of a child using indices from growth monitoring charts, weight-height measurements, and mid-upper arm

Nutrition and Food Security

<p>3. Build the technical capacity of service providers.</p>	<p>circumference measurements.</p> <ol style="list-style-type: none"> 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.
<p>4. Provide food supplement where appropriate.</p>	<ol style="list-style-type: none"> 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. <p><i>Note: nutrient-dense supplement vary from one locality to another</i></p>
<p>5. Promote knowledge on nutrition to vulnerable children, their households and communities.</p>	<ol style="list-style-type: none"> 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.
<p>6. Build partnerships, linkages/referral for nutritional services when necessary.</p>	<ol style="list-style-type: none"> 1. Identify, build partnership and leverage available food/nutrition resources within the community. 2. Facilitate linkages and referral for unavailable services.
<p>7. Integrate food and nutrition into other service areas.</p>	<ol style="list-style-type: none"> 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.

Nutrition and Food Security

	<ol style="list-style-type: none"> 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.
<ol style="list-style-type: none"> 8. Monitor and evaluate nutrition and food security services. 	<ol style="list-style-type: none"> 1. Conduct a baseline assessment of child nutrition status using standardized OVC tools⁴. 2. Conduct regular monitoring of the child nutrition status using standardized OVC monitoring tools⁵. 3. Use data collection and reporting tools according to the M&E plan. 4. Conduct data analysis for case management, program planning and evaluation.

^{4&5} Standardized OVC tools are accessible at: <http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>

Psychosocial Support



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	Indicators
A child is emotionally stable, happy, contented and interacts freely with peers and adults.	<ol style="list-style-type: none"> % of vulnerable children actively participating in activities with other children and adults in their homes, schools and communities. % of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age. % of vulnerable children contented and with an optimistic outlook on the future.
Essential actions	Guidelines
1. Develop a referral system and establish linkages.	<ol style="list-style-type: none"> Map service delivery points and service providers. Collate document and share findings with stakeholders for referral and linkages. e.g. IPs, communities and institutions. Build partnerships through advocacy and systems strengthening.
2. Advocate and sensitise communities on reduction of stigma and discrimination towards vulnerable children and their households.	<ol style="list-style-type: none"> Advocate to local government, community leaders and religious bodies. Develop appropriate and targeted IEC materials and messages for behavioural change. Conduct community outreach/dialogue.
3. Build the capacity of CBOs, support groups, volunteers, spiritual leaders and caregivers to provide Psychosocial Support (PSS) to children and their caregivers.	<ol style="list-style-type: none"> Train ECCD attendants, CBOs, spiritual leaders, support groups, volunteers, teachers and caregivers in PSS skills using the national manual. Conduct periodic meetings with CBOs, spiritual leaders, support groups, volunteers, teachers and caregivers to review PSS services.
4. Provide PSS services for vulnerable children, care givers/households.	<ol style="list-style-type: none"> Conduct regular home visits. Form kids club and youth forum. Involve children in decision making. Facilitate anticipatory grieving, succession planning and will writing.

Psychosocial Support

	<ol style="list-style-type: none"> 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.
5. Engage communities to support child activities for sustainability.	<ol style="list-style-type: none"> 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.
6. Monitor and evaluate PSS initiatives.	<ol style="list-style-type: none"> 1. Conduct a baseline assessment of child PSS status using standardized OVC tools⁶. 2. Conduct regular monitoring of the child PSS status using standardized OVC monitoring tools⁷. 3. Use data collection and reporting tools according to the M&E plan. 4. Analyse data for case management, program planning and evaluation.

^{6&7} Standardized OVC tools are accessible at: <http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>

Protection



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	Indicators
Vulnerable children are protected from all forms of child abuse, violence, exploitation and discrimination.	<ol style="list-style-type: none"> % of vulnerable children with a birth certificate. % of vulnerable children with access to protection services. % of vulnerable children with access to legal assistance, if needed.
Essential actions	Guidelines
<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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.
<ol style="list-style-type: none"> 2. Strengthen coordination of the social development system at national, state, local government and community levels. 	<ol style="list-style-type: none"> 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. 3. Establish/strengthen network of social welfare workers. 4. Facilitate regular/periodic interactive fora at state and LGA levels.
<ol style="list-style-type: none"> 3. Adapt and disseminate the National Child Protection Policy and other institutional policies. 	<ol style="list-style-type: none"> 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 all levels.

Protection

<p>4. Establish functional child protection committees and networks at LGA and community levels.</p>	<ol style="list-style-type: none"> 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.
<p>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.</p>	<ol style="list-style-type: none"> 1. Train caregivers, communities and service providers in child protection mainstreaming. 2. Train and work with children and families on child protection. 3. Conduct skill-building activities for children. 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.
<p>6. Facilitate birth registration of all children.</p>	<ol style="list-style-type: none"> 1. Collaborate/partner with National Population Commission on routine and mop-up birth registration of all unregistered children. 2. Mobilize community members to access birth registration services.
<p>7. Promote legal protection including access to legal services.</p>	<ol style="list-style-type: none"> 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

Protection

	<p>for children in conflict with the law and children in need of special protection.</p> <p>3. Monitor, refer and follow-up cases involving children in conflict with law and in need of special protection.</p>
8. Strengthen linkages and referrals to other service areas.	<p>1. Identify and partner with other organizations providing care and support services to vulnerable children.</p> <p>2. Monitor and follow-up referrals and linkages.</p>
9. Monitor and evaluate protection services.	<p>1. Conduct baseline assessment of protection issues in the community.</p> <p>2. Monitor and document issues of abuse, neglect, violence and exploitation.</p> <p>3. Analyse data for case management, program planning and evaluation.</p>



Education and Training



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	Indicators
All children achieve their full potential through access to continuous education that ensures appropriate learning from early childhood in homes, schools and communities.	<ol style="list-style-type: none"> 1. % of vulnerable children currently enrolled in school or vocational training. 2. % of vulnerable children regularly attending school or vocational training. 3. % of vulnerable children who progressed in school or vocational training during the last year.
Essential actions	Guidelines
<ol style="list-style-type: none"> 1. Identify children who are at risk or not accessing education. 	<ol style="list-style-type: none"> 1. Advocate and sensitise community on the importance of education. 2. Conduct a rapid assessment to: <ul style="list-style-type: none"> • Identify the number of children in need of educational support using the standard tools; • Identify children in need of special care or children with disabilities; • Identify gender issues as it affects the educational status of the child; • Identify socio cultural, religious and economic barriers to education; and • Identify barriers and opportunities to learning. 3. Map available educational facilities including special care facilities and infrastructure in the community.
<ol style="list-style-type: none"> 2. Work with the households, communities and local education authority to address the identified barriers to education. 	<ol style="list-style-type: none"> 1. Disseminate and sensitise families/caregivers and communities on findings of the rapid assessment. 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. 3. Mobilize resources for educational support

Education and Training

	<p>for vulnerable children within the community.</p> <ol style="list-style-type: none"> 4. Advocate for special centres. 5. Create linkages, partnerships and referrals with other CBOs, service providers, and relevant education authorities for additional education or economic strengthening support. 6. Sensitise communities on the negative effects of early marriage on the education of the girl child.
<ol style="list-style-type: none"> 3. Enrol identified children into appropriate educational institutions including ECCD centres. 	<ol style="list-style-type: none"> 1. Counsel the child and caregiver on the need for education. 2. Give preference to public schools within the child's locality. 3. Arrange education activities which should be arranged to cater for the following age ranges/categories: <ul style="list-style-type: none"> ● 0-5 years (ECCD and learning stimulation). ● 6-17 years (either primary or secondary education support). ● 15-17 years (higher education or vocational training support). ● Children with disabilities (special care support). ● Life skills education for all children especially age 10 and upwards.
<ol style="list-style-type: none"> 4. Conduct advocacy and strengthen existing structures (MOEs, NUT, UBE, SUBEB, PTA, SMCs, NAPEP, SMEDAN, LGEA, etc) to promote access to quality education. 	<ol style="list-style-type: none"> 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.
<ol style="list-style-type: none"> 5. Facilitate and support the provision of educational services tailored to the needs of the child at all levels. 	<ol style="list-style-type: none"> 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.

Education and Training

	<ol style="list-style-type: none"> 3. Conduct regular visits to assess child’s progress in schools/vocational training centres.
<ol style="list-style-type: none"> 6. Monitor children enrolment and learning on a continuous basis and keep record for program planning and decision making. 	<ol style="list-style-type: none"> 1. Conduct a baseline assessment of child educational status using standardized OVC tools⁸. 2. Conduct regular monitoring of the child educational status using standardized OVC monitoring tools⁹. 3. Use data collection and reporting tools according to the M&E plan. 4. Analyse data for case management, program planning and evaluation.



^{8&9} Standardized OVC tools are accessible at: <http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>

Shelter and Care



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	Indicators
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	<ol style="list-style-type: none"> 1. % of vulnerable children living in a stable, secured and dry house with good ventilation, access to safe water, hygiene and environmental sanitation. 2. % of vulnerable children who have clothes, and sleeping materials. 3. % of caregivers that provide consistent care, attention and support. 4. % of vulnerable children living in a family care.
Essential actions	Guidelines
1. Assess shelter and care needs of children in the community.	1. Identify children in need of shelter and care services using the National Household Vulnerability Assessment Form.
2. Identify existing resources within the community.	<ol style="list-style-type: none"> 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.	<ol style="list-style-type: none"> 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.	<ol style="list-style-type: none"> 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.	<ol style="list-style-type: none"> 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.

Shelter and Care



	<ol style="list-style-type: none"> 3. Carry out family tracing and proper integration processes. 4. Facilitate and support transitioning 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 child-headed households by responsible adult community members. 7. Train children and caregivers on sanitation, personal hygiene and care especially for children less than five years.
6. Referral, linkage and leveraging of other services.	<ol style="list-style-type: none"> 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.	<ol style="list-style-type: none"> 1. Conduct a baseline assessment of child shelter and care status using standardized OVC tools¹⁰. 2. Conduct regular monitoring of the child shelter and care status using standardized OVC monitoring tools¹¹. 3. Use data collection and reporting tools according to the M&E plan. Analyse data for case management, program planning and evaluation.

^{10&11} Standardized OVC tools are accessible at: <http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit>

Household Economic Strengthening



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	Indicators
Households have sustainable income to meet the basic needs of vulnerable children.	<ol style="list-style-type: none"> % of households with sufficient income to meet the basic needs of family members. % of households with sustainable means of earning income.
Essential actions	Guidelines
1. Advocate, sensitise and build consensus with the community on the skills for household economic strengthening.	<ol style="list-style-type: none"> 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. Use appropriate and targeted IEC materials and messages for behavioural change. Conduct community dialogue.
2. Map community for available economic resources and opportunities.	<ol style="list-style-type: none"> Identify existing resources within the community. Conduct market survey for viable economic activities. Disseminate findings to relevant stakeholders and seek feedback.
3. Build entrepreneurial and vocational skills of caregivers in relation to identified needs.	<ol style="list-style-type: none"> Facilitate linkages with public, corporate/private institutions for economic/business skills and expertise. Support households/caregivers to access agricultural loans from appropriate institutions such as microfinance banks. 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.
4. Provide older children and child headed households with vocational skills.	<ol style="list-style-type: none"> Conduct needs assessment. Facilitate involvement in age appropriate vocational activities that do not interfere with education.

Household Economic Strengthening

	<ol style="list-style-type: none"> 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.	<ol style="list-style-type: none"> 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.
6. Mobilize resources for economic strengthening within the community.	<ol style="list-style-type: none"> 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. 2. Motivate and involve the community in providing farmlands and other resources to vulnerable households. 3. Make referral to agricultural development programs for appropriate support. 4. Facilitate innovative economic strengthening schemes involving public/corporate/ private sectors such as cash/physical assets transfers (conditional and non-conditional). 5. Facilitate linkages with legal, community justice systems and insurance institutions for the protection of household assets and inheritance of rights.
7. Monitor and evaluate household economic strengthening activities.	<ol style="list-style-type: none"> 1. Use data collection and reporting tools according to the M&E plan. 2. Analyse data for case management, program planning and evaluation.

Annex 1: Participating Organizations in the Pilot

List of Ministries, Implementing Partners in the Pilot Test

State Ministries that Participated in the Pilot

1. FCT Social Development Secretariat
2. Kaduna State Ministry of Women Affairs and Social Development
3. Kano State Ministry of Women Affairs and Social Development
4. Bauchi State Ministry of Women Affairs and Child Development
5. Taraba State Ministry of Women Affairs and Social Development
6. Lagos State Ministry of Women Affairs and Poverty Alleviation
7. Ekiti State Ministry of Women Affairs, Social Development and Gender Empowerment
8. Ebonyi State Ministry of Women Affairs and Social Development
9. Akwa Ibom State Ministry of Women Affairs and Social Welfare
10. Enugu State Ministry of Gender Affairs and Social Development
11. Cross River State Ministry Women Affairs

Implementing Partners

1. United Nations Children's Education Fund (UNICEF)
2. Save the Children International
3. PACT Inc.
4. AIDS Prevention Initiative of Nigeria (APIN)
5. CHARIS/ Maryland Global Initiatives Corporation (MGIC)
6. Institute of Human Virology of Nigeria (IHVN)
7. Family Health International 360 (FHI360)
8. Management Sciences for Health (MSH) CUBS & ProAct
9. Hope World Wide Nigeria (HWWN)
10. Association for Reproductive and Family Health (ARFH)
11. Association of OVC NGOs in Nigeria (AONN)
12. Creative Associates International, Inc. (CAII)

Annex 1: Participating Organizations in the Pilot

North Central		
Federal Capital Territory		
CBOs	Community Team	Local Government
Ageibo Cecilia Care Foundation (ACCF)	Kobi Madaki community	Abuja Municipal Area Council
Total Child Care Initiative (TCCI)	Kabusa community	Abuja Municipal Area Council
Elohim Foundation (EF)	Kubwa community	Abuja Municipal Area Council
Women and Children Economic Development (WCED)	Karu community	Abuja Municipal Area Council
North West		
Kaduna		
Network of People Living with HIV/AIDS in Nigeria (NEPWHAN)	Television Community	Kaduna South
Red Cross	Ungwar Sarki Community	Kaduna North
Kano		
Wazobia	Wudil Community	Wudil
Society for Youth and Health Awareness Development (SYHAD)	Taurani/Daurawa Community	Tarauni
KAFCare Foundation	Imawa Community	Kura
Voice of the Hopefuls (VH)	Rano Community	Rano
Nasarawa Children's Home (NCH)	Nasarawa Children's Home	Nasarawa
Community Support and Development Initiative (CSADI)	Wailari Community	Kumbotso
Society for Women Against AIDS in Nigeria (SWAAN)	Gama Community	Nasarawa
North East		
Bauchi State		
Civil Society Coalition on Education for All (CSACEFA)	Badel Community	Dass
Federation of Muslim Women Association of Nigeria (FOMWAN)	Felfelu Community	Alkaleri
Christian Association of Nigeria (CAN)	Ngwan Ngas Community	Bauchi

Annex 1: Participating Organizations in the Pilot

CBOs	Community Team	Local Government
Association of OVC NGOs in Nigeria (AONN)	Bayara Community	Bauchi
Forward in Action for Education, Poverty and Malnutrition (FAEPM)	Sabon Kaura Community	Bauchi
Taraba State		
Taraba Youth Progressive Association (TYPA)	Turaki Community	Jalingo
Gashaka Charity Foundation (GCF)	Serti Community	Gashaka
South West		
Lagos State		
Community of Women Living with HIV/AIDS in Nigeria (NCW+)	Agboju Community	Amuwo Odofin
Gabasawa Women and Children Empowerment Initiative (GWCEI)	Ogudu Community	Kosofe
Lucina Hope Foundation (LHF)	Ilaje Community	Lagos Mainland
Ekiti State		
Kids and Teens Resource Center (KTRC)	Agbado Community	Gboyin
Center for Better Health and Community Development (BHECOD)	Otun Community	Moba
South East		
Ebonyi State		
Succour for Children and Development Initiative (SUCCDEV)	Ugwulangwu Community	Ohazaara
Methodist Care Ministry (MCM)	Ikwuator Idembia Community	Ezza South
South South		
Akwa Ibom State		
Women United for Economic Empowerment (WUEE)	Ikot Unya Community	Mkpat Enin
Women and Community Livelihood Foundation (WOCLIF)	Ikot Abasi Nsit Community	Nsit Ibom
Cross River State		
Center for Secure Health and Environmental Development (SHED) Africa	Ofumbongha Community	Obubra
HIFA-Nigeria	Ifako Community	Odukpani

Annex 2: Glossary

1. **Advocacy:** The act of appealing or arguing in favour of something, such as a cause, idea, or policy; active support
2. **Buffer Period:** The period of time after a young person receiving VC services turns 18 and she continues to receive transitional assistance, promoting a seamless transition from childhood to adulthood
3. **Caregiver:** The individual who takes primary responsibility for the physical, mental and emotional needs and wellbeing of the child
4. **Child:** Any human being below the age of 18 years
5. **Child Abuse:** The physical, sexual or emotional maltreatment or neglect of a child or children
6. **Child Labour:** Work that harms children or keeps them from attending school
7. **Community:** A group of people, usually living in an identifiable geographical area, who share a common culture, and are arranged in a social structure that allows them to exhibit some awareness of common identity as a group
8. **Data Analysis:** A process of inspecting, cleaning, transforming, and modeling data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making
9. **Data Collection:** The process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes
10. **Desired Outcome:** A defined and measured end result that results from a service or program
11. **Disability:** A condition in which a person has a visual, hearing, speech, physical, mental, emotional or intellectual impairment that may be present singly or in combination
12. **Early Childhood Care and Development:** The physical, psychological and social growth and change that occurs in children from birth to age eight years, processes influenced by the interaction of biology and environment
13. **Family:** A group consisting of one or more person and their offspring and close relations that provides a setting for social and economic security, transmission of values, protection and affection for the family members. Families are not necessarily biologically related
14. **Formal Education:** A process of acquiring knowledge and skills with a well-structured curriculum (organized learning process)
15. **Gender:** The socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women, boys and girls
16. **Growth Monitoring:** The process of following the growth rate of a child by periodic anthropometric measurements in order to assess growth adequacy at early stages (UNICEF, 2007)
17. **Household:** A group of people who normally live and eat together in one spatial unit and share domestic functions and activities
18. **IEC and BCC:** A process of developing communication strategies to promote positive behaviours which are appropriate to community/individual settings
19. **Informal Education:** A process of acquiring knowledge and skills without a well-structured curriculum (no organized learning process)
20. **Life Skills:** The cognitive, personal and social abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life
21. **Monitoring:** To observe and check the progress or quality of something over a period of time

Annex 2: Glossary

22. **Nutrient Dense:** Foods that contain a lot of nutrients (carbohydrates, vitamins, minerals and water). Dark colored foods are often more nutrients dense than light colored foods - whole grain flour is more nutrient dense than white colored highly processed flours and dark leafy green like the African spinach are more nutrient dense than lighter leafy greens like lettuce or cabbage
23. **Orphan:** A child (below the age of 18) who has lost one or both parents irrespective of the cause of death
24. **Paralegal:** a non-lawyer who performs routine tasks requiring some knowledge of the law and procedures, employed by a law office or who works freelance as an independent for various lawyers
25. **Referral:** To direct to another source for help or information
26. **Rehabilitative Care:** Interventions that aim to restore a person to good health or useful life, as through therapy and education
27. **Special Education:** Education and care for children with special needs, for instance children with sight, hearing, speech, mental or other disability
28. **Standards of Care:** Statements of what is expected for a given care service
29. **Vulnerable Child:** A child who because of circumstances of birth or immediate environment is at high risk of physical or emotional harm
30. **Will Writing:** A process of a person declaring how his/her assets will be distributed upon one's death and who will manage this process

Annex 3: Acronyms

ACCF	Agiebo Cecilia Care Foundation
AIDS	Acquired Immunodeficiency Syndrome
AKSMWASD	Akwa Ibom State Ministry of Women Affairs
AMAC	Abuja Municipal Area Council
AONN	Association of OVC NGOs in Nigeria
APIN	AIDS Prevention Initiative in Nigeria
ARFH	Association of Reproductive & Family Health
ASSIST	USAID-Appling Science to Strengthen and Improve Systems
BCC	Behaviour Change Communication
BHECOD	Centre for Better Health and Community Development
CAN	Christian Association of Nigeria
CBO	Community Based Organization
CCN	Community Care in Nigeria
CDC	Centre for Disease Control
CIT	Community Improvement Teams
CPC	Child Protection Committee
CPN	Child Protection Network
CSADI	Community Support and Development Initiative
CSDI	Community Support and Development Initiative
CSECAFA	Civil Society Education Coalition For All
CSI	Child Status Index
CVI	Child Vulnerability Index
CWPC	Child Welfare and Protection Committee
ECCD	Early Childhood Care and Development
EF	Elohim Foundation
FaCE-PaM	Forward in Action for Education, Poverty And Malnutrition
FBO	Faith-based Organization
FCT	Federal Capital Territory
FHI 360	Family Health International
FMOH	Federal Ministry of Health
FMWASD	Federal Ministry of Women Affairs and Social Development
FOMWAN	Federation of Muslim Women Association of Nigeria
GCF	Gashaka Charity Foundation
GECHAAN	Gembu Centre for HIV/AIDS in Nigeria
GWCEI	Gabasawa Women and Children Empowerment Initiative
HCI	USAID-Health Care Improvement Project
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HWWN	Hope World Wide, Nigeria
IEC	Information, Education and Communication
IHVN	Institute of Human Virology, Nigeria
IP	Implementing Partner
IT	Improvement Team
IWCF	International Women and Children Foundation

Annex 3: Acronyms

KADSACA	Kaduna State Agency for AIDS Control
KAFCare	Kola and Funke Care Foundation
KM	Knowledge Management
KMWASD	Kano State Ministry of Women Affairs and Social Development
KTRC	Kids and Teens Resource Center
LGA	Local Government Authority
LGEA	Local Government Education Authority
LHF	Lucina Hope Foundation
M&E	Monitoring and evaluation
MCM	Methodist Care Ministry
MIGC	Mortgage Insurance Guaranty Corporation
MSH	Management Sciences for Health
NACA	National Agency for the Control of AIDS
NAOSW	National Association of Social Workers
NAPTIP	National Agency for the Prohibition of Traffic in Persons
NCH	Nasarawa Children Home
NCW+	Community of Women living with HIV/AIDS in Nigeria
NDE	National Directorate of Employment
NEI	Northern Education Initiative
NEPHWAN	Network of People Living with HIV/AIDS
NGO	Non-governmental Organization
NPA	National Priority Agenda
NUT	National Union of Teachers
PEPFAR	President's Emergency Plan for AIDS Relief
PSS	Psychosocial Support
PTA	Parent Teacher Association
QNS	Quality National Standards
SAA	Situational Assessment and Analysis
SHED	Center for Secure Health and Environmental Development Africa
SMC	School Management Committee
SMEDAN	Small and Medium Enterprise Development Agency of Nigeria
SMWASD	State Ministry of Women Affairs and Social Development
SUBEB	State Universal Basic Education Board
SUCCDEV	Succour for Children and Community Development Initiative
SWAAN	Society for Women Against AIDS in Nigeria
SYAHD	Society for Youth Awareness and Health Development
TCCI	Total Child Care Initiative
TYPA	Taraba Youth Progressive Association
UBE	Universal Basic Education
UNICEF	United Nations Children's Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
VC	Vulnerable Children

Annex 3: Acronyms

VOH	Voice of Hopeful
WOCED	Women and Children Economy Development
WOCLIF	Women and Community Livelihood Foundation
WUEE	Women United for Economic Empowerment



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