



EAST AFRICAN COMMUNITY

Minimum Standards on Comprehensive Services for Children and Young People in the East African Community

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EAC Secretariat
Arusha, Tanzania

The Minimum Standards on Comprehensive Services for Children and Young People in the East African Community (MSCS) have been developed to guide the implementation of the EAC Child Policy (2016). The role of the MSCS is to ensure a coordinated approach to service delivery, in particular at the community level, for all children and young people to strengthen their resilience and support their growth, development, and protection.

The S.C.A.L.E strategies is an innovative, but feasible and evidence-informed, approach to ensuring service delivery meets the comprehensive needs of all children and young people. The S.C.A.L.E have been informed by the successes and best practices among Partner States identified during the regional experts' consultation and in-country consultations. This therefore provides an entry point and strength-based response to address the overarching challenges facing Partner States in implementation of national level standards of care and / or packages of services for children and young people.

The process to develop the MSCS took place between March 2016 and June 2017. The development of the MSCS included various stages: a literature review and in depth key informant interviews, a regional workshop with regional and country level technical experts, country consultations in five EAC Partner States, and a regional validation workshop with technical representatives from the social welfare, education and health sectors from the Partner States, including South Sudan. The final draft was approved by the 4th meeting of the Sectoral Council on Gender, Youth, Children, Social Protection and Community Development in October 2017.

The S.C.A.L.E. strategies are meant to support various stakeholders, working at different service and care levels and were developed in consultation with a range of actors and sectors working directly with and for children and young people. The MSCS considers the needs of *all* children and young people, including those affected by HIV, disabilities, emergencies and conflict, separated from families, or otherwise marginalized such as refugee, internally displaced, or stateless children. This approach highlights the needs for services to be inclusive and accessible for all, and recognizes that some children and young people will need additional support and more specialized services to ensure they do not fall through the cracks;

The MSCS highlights the need to ensure cross-sectoral collaboration between key service providers for children and young people, particularly between health, education, social welfare, and justice to ensure all children's needs are holistically met.

Through the EAC Child Policy and the MSCS, the EAC reaffirms the resolve of Partner States to implement the international, regional and national commitments to children as a critical segment of the society.

Amb. Liberat Mfumukeko

Secretary General - East African Community

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Executive summary

The initiative to develop the Minimum Standards on Comprehensive Services for Children and Young People in the East African Community (EAC) (hereafter MSCS) was spurred by the EAC Child Policy. The EAC Child Policy highlighted the need to generate a common understanding and approach to children's and young people's wellbeing, and called for the development of guidance for Partner States to ensure the wellbeing of *all* children and young people, to ensure no one is left behind. The MSCS targets those between the ages of zero and 24 years, out of recognition that 18-24 year olds may fall through the cracks if they have not been adequately supported throughout the various stages of childhood.

The rationale behind the MSCS is three-pronged:

1. To support Partner States to develop or strengthen the design, implementation and review of national level standards, packages of services, or other instruments governing service provision for children and young people;
2. To develop contextually appropriate, evidence-informed, strengths-based, and feasible strategies for EAC and its Partner States to inform the operationalization of the EAC Child and Youth Policies at regional and national levels;
3. To raise awareness and understanding of psychosocial wellbeing and how this lens can help strengthen understanding of the type of services that are needed for children, young people and their families, at the different levels, to ensure their resiliency and decrease the impacts of exposure to vulnerabilities.

The guiding principles of the MSCS stress the importance of ensuring that services should be accessible and appropriate for the wellbeing of *all* children and young people, regardless of age, gender, ability, race, ethnicity, or political opinion. The MSCS uses **psychosocial wellbeing** as the entry point to provide clarity and guidance as to what services are needed, at the different levels, to ensure the holistic needs of children and young people are met in a coordinated manner. It further aims to increase unified understanding of what psychosocial wellbeing is and explore how general and specialized services can strengthen the resiliency of children, young people and their families, despite their exposure to external shocks and vulnerabilities.

The MSCS presents a **set of five strategies**, packaged as the S.C.A.L.E., that aim to support Partner States to uphold existing national standards relating to service delivery for children and young people. The S.C.A.L.E includes the following strategies.

1. **Social service workforce:** ensuring a strong workforce in terms of quality and quantity and adequate facilitation.
2. **Coordination of services:** highlighting the importance of coordination to ensure comprehensive and integrated service delivery.
3. **Availability and accessibility of appropriate services:** guaranteeing services are accessible and sensitive to and address the needs of all children or young people.
4. **Long lasting positive impact of services:** sustainability of services.
5. **Evaluation of services:** monitoring, evaluating and learning to guide and inform policies and programs to ensure effective delivery of appropriate services for children and young people.

The S.C.A.L.E. has been developed in consultation with a range of regional and national actors and sectors working with and for children and young people. They target various stakeholders (to include government; civil society, including faith based groups and community based structures; private sector; academia; development and humanitarian partners amongst others), working in different sectors (to include children, youth, social protection, health, education, gender, justice, planning and finance). The S.C.A.L.E. strategies and related activities and indicators will influence the operationalization of the EAC Child Policy to ensure harmonization and linkages between the EAC framework for children and young people.

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Abbreviations and acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
CSI	Child Status Index
EAC	East African Community
CSO	Civil Society Organization
FBO	Faith Based Organisation
HIV	Human Immunodeficiency Virus
MIS	Monitoring Information Systems
MDAs	Ministries, Departments, Agencies
MSCS	Minimum Standards on Comprehensive Services (for Children and Youth in the EAC)
NCCS	National Council for Children's Services (Kenya)
PSS	Psychosocial Support
REPSSI	Regional Psychosocial Support Initiative
RIATT- ESA	Regional Inter-Agency Task Team on Children and AIDS-East and Southern Africa
SADC	Southern African Development Community
SSW	Social Service Workforce
UN	United Nations
UNCRC	United Nations Convention on the Rights and Welfare of the Child
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Operational definitions

Caregiver/carer	<p>A person who provides daily care to a child and who acts as the child's 'parent' whether they are biological parents or not.¹</p> <ul style="list-style-type: none"> • Primary caregiver is the main person who lives with a child and provides regular parenting care for the child in a home environment. This often includes family members, such as parents, foster parents, legal guardians, siblings, uncles, aunts and grandparents or close family friends. • Secondary caregivers include community members and professionals such as nurses, teachers or play centre minders who interact with a child in the community or visit a child at home but do not necessarily live with the child. • Child and young caregivers include children and young people who are caring for other children, ill parents and relatives and/or heading households.
Child	Every human being below the age of 18 years.
Child abuse	Any intentional harm to a child within relationships of responsibility, trust or power. Abuse can be physical, sexual or emotional, mistreatment or neglect of a child. ²
Children associated with armed conflict	Children involved directly and indirectly in armed conflict, as well as those affected whether directly or indirectly by such conflict. ³
Child / young people's participation	Informed and willing involvement of all children including the most marginalised and those of different ages and ability in any matter concerning them directly or indirectly. ⁴
Child protection services	Interventions that focus on cases of child abuse, neglect or exploitation; they identify, assess, and provide services to children and families in an effort to protect children and prevent further maltreatment, while wherever possible preserving the family. Such services are also sometimes known by other names, often attempting to reflect more family-centred (as opposed to child-centred) practices, such as "children and family services", "child welfare services" or even "social services". ⁵
Child protection system	A comprehensive and sustainable approach to preventing and responding to violence against children, comprising the set of laws, policies, regulations and services required across all social sectors, especially social welfare, education, health, security and justice. ⁶
Child rights	The inherent fundamental entitlements and freedoms of children which they have merely by virtue of being human. ⁷
Community based care	Care that is as close as possible to family-based care and where the community is involved in the process of a child's recovery. Foster and extended families are examples of community-based care. ⁸
Community-based child protection mechanisms	These are formal and informal prevention and response tools, organs or processes to address child protection within communities, progressively becoming formal and linked to the state system. ⁹

¹ Better Care Network 2015. Toolkit – Glossary of Terms. Accessed at <http://bettercarenetwork.org/toolkit/glossary-of-key-terms>

² East African Community. EAC Child Policy (2016).

³ Ibid

⁴ Ibid

⁵ World Health Organisation. *Global Status Report on Violence Prevention, 2014*.

⁶ EAC Child Policy *Op Cit*.

⁷ Ibid

⁸ Better Care Network (2015) *Op. Cit*.

Counselling	A process where children or adults are helped in dealing with their personal and interpersonal challenges by a third party. Counselling with young children typically centres on the use of play and does not rely on verbal communication. Counselling with older children or young people may make use of art, music and drama techniques. ¹⁰
Coping	The ability to deal with the challenges that one can encounter.
Developmental milestones	A set of functional skills or age-specific tasks that most children can perform at a certain age range.
Developmental needs	Physical, emotional, social, cognitive and spiritual requirements for children to survive and grow well enough to sustain normal productive lives that last throughout their entire life cycle.
Disability	An umbrella term covering social, mental and physical impairments that may lead to limitations in activity and restrictions in participation.
Exploitation	The use of a child for someone else's advantage, gratification or profit often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development.
Family based care	The short-term or long-term placement of a child into a family environment, with at least one consistent parental caregiver, a nurturing family environment where children are part of supportive kin and community. ¹¹
Family support services	A range of measures to ensure the support of children and families – similar to community based support but may be provided by external agents such as social workers and providing services such as counselling, parent education, day-care facilities, material support, etc. ¹²
Gender inequality	Gender inequality refers to unequal treatment or perceptions of individuals based on their gender. It arises from differences in socially constructed gender roles. Gender inequality is linked to various harmful social practices, such as gender based violence, female genital mutilation and early marriage, as well as perpetuates inequalities, such as in school, work, income, public participation and citizenship.
Gender based violence	Any harmful act that is perpetrated against a person's will and that is based on socially ascribed gender differences and gender roles. Examples include: sexual violence, including sexual exploitation/abuse and forced prostitution, domestic violence, trafficking, and forced/early marriage. ¹³
Hard-to-reach communities	Commonly used in discourse around health and social inequalities to refer to marginalized and socially excluded groups (such as people living with HIV; refugees; internally displaced people; people from ethnic minority communities; sex workers; lesbian, gay, bisexual, transgender, trans, and / or intersex; amongst others). The term can also refer to communities that are physically difficult to access as a result of weak infrastructure, conflict, natural disasters, amongst others.
Holistic approach	A procedure for ensuring that different options or strategies are considered to ensure comprehensive or optimal fulfilment of the wellbeing and development of a child.

⁹ EAC Child Policy *Op. Cit.*

¹⁰ Better Care Network (2015). *Op Cit.*

¹¹ Ibid

¹² Ibid

¹³ Ibid

Household	A social unit of people (not necessarily related) living together in the same house or compound, sharing the same food or cooking facilities.
Marginalized groups of children or young people	Children or young people who experience exclusion and who have a high risk of violence and multiple deprivations. ¹⁴
Mental health	A state of wellbeing in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. ¹⁵
Neglect and negligent treatment	Allowing for context, resources and circumstances, neglect and negligent treatment refers to a persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in serious impairment of a child's healthy physical, spiritual, moral and mental development. It includes the failure to properly supervise and protect children from harm and provide for nutrition, shelter and safe living/working conditions. It may also involve maternal neglect during pregnancy as a result of drug or alcohol misuse and the neglect and ill treatment of a child with disabilities. ¹⁶
Orphan	A child aged 0–17 years whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead.
Prevention interventions	These are interventions that prevent child abuse, neglect, and exploitation. They are typically classified by three levels: primary prevention (universal services aimed at the whole population); secondary prevention (targeted services for families with risk factors, identified as being in need of further support); and tertiary prevention (specialist services offered once child abuse, neglect and exploitation has been detected, and aimed at preventing re-victimization. ¹⁷
Psychosocial support	A continuum of care and support that addresses the social, emotional, spiritual and psychological wellbeing of a person, and influences both the individual and the social environment in which people live. ¹⁸
Psychosocial wellbeing	Psychosocial wellbeing is based on the idea that a combination of factors is responsible for the wellbeing of people and that these biological, emotional, spiritual, cultural, social, mental and material aspects of experience cannot necessarily be separated from one another. With regard to children, the Psychosocial Working Group ¹⁹ defines psychosocial wellbeing as the positive age- and stage-appropriate outcome of children's development. ²⁰
Resilience	The ability to face, overcome, be strengthened or even transformed after stressful and potentially traumatizing events.
Social services	Provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence,

¹⁴ EAC Child Policy *Op Cit*.

¹⁵ World Health Organisation. "Mental health: a state of wellbeing." Accessed at: http://www.who.int/features/factfiles/mental_health/en/

¹⁶ EAC Child Policy *Op Cit*.

¹⁷ World Health Organisation. "Global Status Report on Violence Prevention, 2014." Accessed at: http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/

¹⁸ REPSSI. "Psychosocial support." Accessed at: <http://www.repssi.org/psychosocial-support/>

¹⁹ The Psychosocial Working Group (PWG) was established in 2000 as a collaboration between academic institutions and humanitarian agencies committed to the development of knowledge and best practice in the field of psychosocial interventions in complex emergencies.

²⁰ REPSSI. "Psychosocial support". *Op Cit*.

	family breakdown or orphanhood, homelessness, substance abuse, immigration, disability and old age. These can include day and residential care, income support, home visiting, and specialist services such as drug and alcohol rehabilitation, etc.
Social service workforce	The social service workforce is comprised of many cadres of trained workers who address economic and social vulnerabilities across multiple sectors including child protection, social protection, health, justice, education, gender, community development, immigration and labour. Where there are vulnerabilities, this workforce is necessary. They provide tangible assistance such as cash, food, medication, and clothing; in-kind assistance such as medical services, birth registration, and housing support; social services such as case management, referrals, counselling, and community empowerment; and administrative and managerial services such as supervising, coordinating, advocating, mediating and planning. ²¹
Social Protection	A set of public policies, programmes and systems that help poor and vulnerable individuals and households to; reduce their economic and social vulnerabilities, improve their ability to cope with risks and shocks and enhance their human rights and social status. ²²
Sustainability	To ensure that (human) development efforts achieve long lasting and positive results.
Traumatic event	A traumatic event is an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world.
Violence against children	Violence against children is an 'umbrella term' and includes all forms of abuse, neglect, exploitation and violence against children, in accordance with the Convention on the Rights of the Child and General Comment No. 13 of the Committee on the Rights of the Child. ²³
Vulnerability	A state of being or the likelihood of being in a situation where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled.
Vulnerable child or young person	Children/young people who are unable or who have diminished capacity to access their basic needs and rights to survival, development, protection and participation. They may be at risk of being harmed, exploited and/or denied necessary age-specific developmental needs as a result of their physical condition, such as disability, unemployment, HIV infection or AIDS, armed conflict and war, living on the street, neglected by parents, undocumented migrant status, substance abuse, among others.
Young person	For the purposes of the Regional Minimum Standards of Services, young person refers to any person aged 18 to 24 years.
Youth	The African Youth Charter and the EAC Youth Policy define youth as any person aged between 15 and 35 years.

²¹ Global Social Service Workforce Alliance. "The Social Service Workforce." Accessed at: <http://www.socialserviceworkforce.org/workforce>

²² EAC Child Policy *Op Cit.*

²³ Ibid

1. Introduction: Overview and rationale of the Minimum Standards on Comprehensive Services for Children and Young People in the East African Community

The East African Community (EAC) is an inter-governmental organization comprising of six Partner States, including the Republics of Burundi, Kenya, Rwanda, South Sudan, Uganda and the United Republic of Tanzania.²⁴ The Treaty for its establishment (hereafter the EAC Treaty) came into force in July, 2000. The vision of EAC is to attain a prosperous, competitive, secure and politically united East Africa. Its mission is to widen and deepen economic, political, social and cultural integration in order to improve the quality of life of the people of East Africa in accordance with the provisions of the African Charter on Human and Peoples' Rights.

Article 120(c) of the EAC Treaty notes that the EAC Partner States shall closely cooperate in the field of social welfare with respect to the development and adoption of a common approach towards the disadvantaged and marginalized groups, including children, the youth, the elderly and persons with disabilities. Article 6(d) of the EAC Treaty recognises, promotes and protects human and people's rights. These provisions, alongside others, in the EAC Treaty form the basis for the promotion and protection of children's and youth rights in the EAC.

1.1 Background

The EAC Council of Ministers is charged with the responsibility for policy making within the EAC. In December 2010, the Council of Ministers established the Sectoral Council on Gender, Youth, Children, Social Protection and Community Development (hereafter the Sectoral Council) to spearhead action in relation to matters affecting social welfare, including children's and youth's rights. The Sectoral Council's first meeting, held in March 2012 in Arusha, noted the need to hold a regional child rights meeting to take stock of the ratification, adoption and domestication of international and regional treaties related to children, and particularly their protection, amongst Partner States. The first EAC Child Rights Conference was held in Bujumbura in September 2012 and adopted the **Bujumbura Declaration on Child Rights and Wellbeing in the EAC**.

The first Sectoral Council meeting also called for the development of a policy specific to identifying and addressing the needs and vulnerabilities of the region's largest population group, i.e. youth. An **EAC Youth Policy**²⁵ was consequently developed, and adopted in August 2013. Defined as those aged between 15 and 35 years, the EAC Youth Policy provides a binding framework for effective implementation, monitoring and evaluation of youth programmes, projects, and other initiatives. The EAC Youth Policy highlights the importance of mainstreaming of youth into EAC programmes to ensure sustainable social, economic and political development. It prescribes 11 strategic priority areas and actions to create an enabling environment for effective youth empowerment and participation in the EAC. These priorities are:

1. Sustainable livelihoods;
2. Education and skills development;
3. Health;

²⁴ The Republic of South Sudan was officially recognized as a Partner State of the EAC in March 2017, when the process to develop the MSCS was underway. However, South Sudan did participate in the regional validation workshop in May 2017 and validated the MSCS. The MSCS can be applied to South Sudan, especially in terms of supporting the development of policies, programs and interventions to ensure comprehensive service delivery for children and young people.

²⁵ EAC Youth Policy. See <http://www.eac.int/sectors/gender-community-development-and-civil-society/youth/eac-youth-policy>.

4. ICT;
5. Peace and security;
6. Sustainable development and promotion of the environment;
7. Gender dimensions;
8. Leisure, recreation and sports;
9. Culture;
10. Community service and volunteerism;
11. Youth in the diaspora.

This Bujumbura declaration called for the development of an **EAC Child Policy**, to harmonise relevant laws with international and regional standards as well as to enhance mechanisms for implementation, enforcement, monitoring and reporting.²⁶ The EAC Child Policy was developed to complement the Youth Policy, as well as be aligned to the EAC's Strategic Plan on Gender, Youth, Children, Persons with Disabilities, Social Protection and Community Development. The overall objective of the EAC Child Policy is to provide a functional regional framework to facilitate the development, coordination and strengthening of national efforts geared towards the realization of children's wellbeing. It includes ten priority areas:

1. A regional approach to ratification, domestication and implementation of international instruments;
2. Harmonization of national laws and policies to the African Charter on the Rights and Welfare of the Child (ACRWC), and the United Nations Convention on the Rights of the Child (UNCRC) and other key international child rights instruments;
3. The right to citizenship and identity;
4. Addressing cross border child rights violations;
5. Strengthening of national child protection systems and community mechanisms within the EAC region;
6. An integrated approach to providing quality education, health and social protection to children, which includes the development and implementation of minimum regional standards for children in education, health and social protection;
7. Child protection in conflict and emergency situations;
8. Resourcing of child welfare services and institutions;
9. Regional mechanism for monitoring, evaluation and reporting of child rights;
10. Child Participation.

The EAC Child Policy was considered and adopted at the third meeting of the Sectoral Council on Gender, Youth, Children, Social Protection and Community Development, in March 2016.

In April 2016, the EAC Secretariat with support from the Regional Inter-Agency Task Team on Children and AIDS – East and Southern Africa (RIATT-ESA) commissioned the development of the **Minimum Standards on Comprehensive Services for Children and Young People in the East African Community (MSCS)** to support the operationalization of the EAC Child and Youth Policies, to ensure the wellbeing of all children and young people in the region. The need to develop the MSCS was confirmed by approximately 40 regional experts and representatives from the five Partner States during the regional

²⁶ Bujumbura Declaration on Child Rights and Wellbeing in the East African Community. See <http://www.eac.int/sectors/gender-community-development-and-civil-society/children/bujumbura-declaration>

experts' consultation in October 2016.²⁷ It is against this background that the (MSCS) have been developed. See Annex 1 for the methodology, Annex 2 for the references consulted, and Annex 3 for the list of key stakeholders involved at the various stages of the MSCS development.

1.2 Rationale

The MSCS will provide the EAC Partner States with strategic guidance to implement the core principles of the ACRWC and UNCRC, in addition to existing EAC and Partner States' legal and policy frameworks for children and young people. The impetus is to design or strengthen such frameworks where they are lacking or weak, and ensure their implementation. In particular, the MSCS advocates for coordinated efforts at the regional, national, and sub-national levels to guarantee that services targeting children and young people are appropriate, cost-effective, of quality, and have lasting positive impact on the psychosocial wellbeing of children, families and broader communities.

The rationale for the MSCS for children and young people is three-pronged:

4. To support Partner States to develop or strengthen the design, implementation and review of national level standards, packages of services, or other instruments governing service provision for children and young people;
5. To develop contextually appropriate, evidence-informed, strengths-based, and feasible strategies for EAC and its Partner States to inform the operationalization of the EAC Child and Youth Policies at regional and national levels;
6. To raise awareness and understanding of psychosocial wellbeing and how this lens can help strengthen understanding of the type of services that are needed for children, young people and their families, at the different levels, to ensure their resiliency and decrease the impacts of exposure to vulnerabilities.

The MSCS recognizes that individuals between **18-24 years** may fall through the cracks if they have not been supported by appropriate services throughout the various stages of their childhood. The MSCS, similar to some EAC Partner States' policies and programmes for children, also targets young people to ensure they have access to appropriate services to encourage their resilience, and transition into healthy and productive youth.

The MSCS will contribute to meeting the global commitment to 'leave no one behind' by informing regional and national level interventions on how to strategically ensure service delivery for all children and young people. For example, through its strategies and related activities, the MSCS will influence the operationalisation of the EAC Child Policy to meet its priority outcomes. In addition, the MSCS can inform national level frameworks around strengthening service delivery for all children and young people to reduce the risk of children and young people being marginalized, discriminated against, or exposed to violence. The MSCS further contributes to meeting global, Africa-wide and EAC goals on human, social, and economic development, to include:

- The 2030 Agenda for Sustainable Development Goals:
 - No poverty (goal 1)
 - Zero hunger (goal 2)
 - Good health and wellbeing (goal 3)
 - Quality education (goal 4)
 - Clean water and sanitation (goal 6)

²⁷ Meeting of Child Rights Experts to Consider the Baseline Report on the EAC Child Policy Action Plan and the Draft Minimum Standards for Comprehensive Services for Children and Youth. October 11-13th, 2016, Nairobi, Kenya.

- Decent work and economic growth (goal 8)
- Reduced inequalities (goal 10)
- Peace, justice and strong institutions (goal 16)
- Partnerships for the goals (goal 17)
- The Africa Union Agenda 2063:
 - Put children first and engage and empower youth;
 - Empower African children and youth shall be empowered with full implementation of the African Charter on the Rights of the Child;
 - Eliminate all forms of violence and discrimination (social, economic, political) against women and girls
 - End all harmful social practices (especially female genital mutilation and child marriages);
 - Eliminate all barriers to quality health and education for women and girls.
- EAC Vision 2050
 - Well-educated and healthy human resources (human capital development pillar)

Data collected and generated while implementing the MSCS can further be used for:

- *Policy development*, such as to ensure that policies address necessary areas for action;
- *Advocacy*, such as for enhanced dialogue and action on a priority issue;
- *Planning and budgeting*, such as identifying key priority areas and related standards;
- *Identifying service requirements*, such as highlighting problem areas and gaps;
- *Articulating consistent and quality care*, such as to standardize aspects of care and support;
- *Minimizing negative outcomes for children and youth*, and particularly the most vulnerable and marginalized, such as through the correct and consistent application of the MSS;
- *Facilitate social services workforce development* to promote discussion, exchange of learning, and identification and addressing of training needs;
- *Facilitate partnerships and multidisciplinary collaboration across sectors*, to enhance a multi-sectoral response for children and youth;
- *Enhance the participation of children and youth and their households*, to promote meaningful participation in program development and service delivery to ensure they optimally respond to their care and support needs;
- *Strengthening accountability* by tracking process and progress as part of M&E activities.

2. Situational Analysis

2.1 Children and young people in the EAC

The EAC Vision 2050 notes that East Africa's children and young people account for 80 per cent of the total population in the region. This group is projected to grow much larger by 2030. Out of the six Partner States, only Rwanda is experiencing a decline in fertility rate²⁸, whereas the other four countries have increasing fertility rates;²⁹ Burundi, Uganda and Tanzania are expected to triple their population by

²⁸ Key to Rwanda's declining fertility rates are the following: child mortality has been cut in half, modern contraceptive use has increased. Husain, I., Patierno, K., Zosa-Feranil, I., Smith, R. (2016). "Fostering economic growth, equity, and resilience in Sub-Saharan Africa: The role of family planning. Population Reference Bureau.

²⁹ African Institute for Development Policy and UNFPA. 2015. Synthesis Report on the Demographic Dividend in Africa.

2100. In the EAC region there is an estimated 2.24 million orphans due to AIDS.³⁰ The region's millions of **children and young people will be the largest cohort to ever enter the reproductive and productive ages.**³¹

East Africa has experienced a **stable economic growth** rate of 5.3%.³² Within the past years, East African countries have discovered oil (Kenya, Uganda), minerals and natural gas (Kenya, Tanzania) resources with the potential for commercial exploration. These findings come at a time when East African countries strive to become globally competitive and prosperous middle income countries. However, economic growth has not improved the overall development outcomes for children and young people, and inequalities persist within East African countries.

Increased economic performance often hides severe **income disparities**, as the transition from lower to middle income development status does not automatically translate into better quality of life for its citizenry; many families are excluded from the rapid economic growth, and still do not have access to **life-saving services**. The most common causes of deaths of children under-five years in Eastern Africa are caused by pneumonia, malaria or diarrhoea; nearly four in 10 under-five deaths are among new-borns up to 28 days of age.³³ Burundi is amongst the world's top five countries with the highest under five mortality rate (82/1000 live births),³⁴ while Uganda is amongst the world's top ten countries with highest maternal, new-born and child mortality rates.³⁵ Under nutrition also contributes to under-five deaths of children in the region,³⁶ with Burundi, Rwanda, Tanzania and Uganda all having higher rates of child stunting than the African median of 32%.³⁷

Globally, new **HIV** infection rates are decreasing, although Uganda, Kenya, and Tanzania are recording an increase of infection rates, particularly amongst 15-24 year olds; they are among the top six countries in the world with new HIV infections.³⁸ However, as a result of increasing treatment coverage across the region, including for children 0-14 years, new HIV infections amongst children are decreasing.³⁹ For example, Uganda has reduced new HIV infections in children by 86%, while Burundi reduced new HIV infections amongst children by 84%. In Kenya and Uganda there are an estimated 660,000 orphaned children due to AIDS, and there are an estimated 790,000 orphaned children in Tanzania.⁴⁰ Orphans and other vulnerable children are at higher risk of stigma, discrimination and marginalisation, missing or dropping out of school, living in households with less food security, can suffer from anxiety and depression, as well as can be at greater risk of exposure to HIV.

Significant gains have been made in **primary education** enrolment in the EAC region; only 3% of primary aged children are out of school in, a rate which is considerably lower compared to average of 21% for

³⁰ Based on country level data presented in the UNAIDS country profiles. See <http://www.unaids.org/en/regionscountries/countries>

³¹ UN Department of Economic and Social Affairs (UNDECA). The 2015 Revision of World Population Prospects. UNDECA, Population Division, 2015

³² African Development Bank Group, OECD Development Centre, UNDP "African Economic Outlook 2017."

³³ UNICEF. State of the World's Children, 2016.

³⁴ Ibid

³⁵ Republic of Uganda and UNICEF (2015). "Situational Analysis of Children in Uganda."

³⁶ UNICEF. "State of the World's Children 2016."

³⁷ Ibid.

³⁸ UNAIDS (2014). "The Gap Report."

³⁹ UNAIDS. Global AIDS Update 2016

⁴⁰ Based on country level data presented in the UNAIDS country profiles. See <http://www.unaids.org/en/regionscountries/countries>

Sub-Saharan Africa.⁴¹ Children with disabilities and displaced children have a higher chance of being out of school.⁴² Gender parity has also been achieved in terms of primary school enrolment.⁴³ Lessons have been learnt that entering school at school between the ages of five and six years is critical to achieving universal primary education, as older children are more likely to drop out before they complete the cycle.⁴⁴ Gender and poverty impacts on whether a child will enrol or drop out school: in Rwanda, for example, children may have an almost equal chance of entering school, regardless of wealth, but around 76% of those from richest households are able to complete the primary cycle, compared with 58% of those from the poorest households.⁴⁵

There has also been rapid progress enrolling children in **secondary education** across the region, with 7 percent of children of lower secondary age out of school.⁴⁶ However, challenges remain for the majority of Partner States in keeping children in secondary school: almost one in five children of upper secondary age are out of school.⁴⁷ While 60% of boys and girls are enrolled in secondary school in Kenya, gross enrolment rates are below 40% for both boys and girls in Rwanda, Tanzania and Uganda.⁴⁸ In fact, gross enrolment rates in secondary education are decreasing these three countries.⁴⁹ Rwanda is the only country in the region that has higher secondary education enrolment rates for girls than for boys.

When considering education enrolment rates, it is essential to consider issues of quality, relevance, gender disparities and accessibility, which conversely impact on the quality of the job market and levels of employment. **Unemployment** rates amongst young people (15-24 years) in the region remain high, and have increased in all Partner States in the period 1999-2016, with the exception of Tanzania.⁵⁰ Kenya has the highest unemployment rate amongst young people in the region, with over one out of five young people being unemployed, following by Tanzania, where over one out of 20 young people are unemployed. Unemployment rates for young women are slightly higher than for young men. Economic empowerment, and specifically employment of young people cannot be addressed without recognising and addressing **gender norms**: the economic exclusion of young women, often as a result of unequal access to school or dropping out of school, can lead to marginalization and / or engagement of young women in risky behaviour to secure income. The impact of unemployment or under-employment on young men can lead to frustration and violence, including violence targeted at women and girls.⁵¹

The risk of domestic **violence** and violence against children poses a serious socio-economic and public health problem, impacting families, communities, and countries, and can reach across generations,

⁴¹ UNESCO. "Leaving no one behind: How fare on the way to universal primary and secondary education?" Policy Paper 27/Fact Sheet 37. July 2016.

⁴² Ibid.

⁴³ As evidenced by data on EAC countries between 2013-2015 on: <http://uis.unesco.org/en/country>

⁴⁴ UNESCO Regional fact sheet Education East Africa, 2013

⁴⁵ Ibid

⁴⁶ UNESCO. "Leaving no one behind: How fare on the way to universal primary and secondary education?" Policy Paper 27/Fact Sheet 37. July 2016.

⁴⁷ Ibid.

⁴⁸ UNESCO Institute for Statistics. Country Profiles. Participation in Education System. Accessed at <http://uis.unesco.org>

⁴⁹ Ibid.

⁵⁰ World Bank. Data: Unemployment, youth (% of total labour force ages 15-24). Accessed at: http://data.worldbank.org/indicator/SL.UEM.1524.NE.ZS?locations=KE-UG-TZ&name_desc=false

⁵¹ The following publications provide summaries of the issues underlying gendered approaches to child and youth empowerment, including on gender-transformative youth employment approaches across Africa: Plan International (2014) [*Because I am a girl: State of the World's Girls 2014. Pathways to power: creating sustainable change for adolescent girls.*](#)

undermining the gains made by rapid economic transformation in many African contexts.⁵² Exposure to violence also increases the susceptibility to HIV. Across Africa, 50 per cent of children between the ages of 2 and 17 years experienced any form of violence⁵³ or severe violence in the past year in all settings.⁵⁴ If moderate violence were to be included, then 82 per cent of children in the same age group experienced violence in the past year.⁵⁵ Children between the ages of two and fourteen years experienced significantly higher rates of violence than children between 15 and 17 years, with 87 per cent and 51 per cent respectively having experienced any form of violence, including moderate violence in the past year.⁵⁶ The types, severity and frequency of violence experienced by children in the region vary according to many factors, notably age, gender and stage of development.⁵⁷ highlighting that there remains a general social acceptance of violence,⁵⁸ as evidenced by violence against children occurring in all settings where children are cared for, including biological families, extended families, alternative care, schools, and the broader community.

Violence can have a gender dimension, with girls being at higher risk of sexual violence than boys, and boys being at higher risk than girls of severe physical punishment.⁵⁹ However, data from the national Violence against Children Studies in Tanzania and Kenya show that a significant number of girls also do witness or are exposed to physical violence, just as a significant number of boys are exposed to sexual violence.⁶⁰ Children who are in communities without access to a comprehensive set of services can be at higher risk of violence: girls and boys can be at risk of dropping out of school, being separated from their families, and with girls likely to be married by 18 years. Within the region, **child marriage** rates continue to be higher than the global average, with 40 per cent of girls in Uganda, 37 per cent of girls in Tanzania, and approximately 20 per cent of girls in both Burundi and Kenya being married by 18 years. Rwanda is the exception, with eight per cent of girls being married by 18 years.⁶¹

Research has shown that stable family units and secure, positive attachment of a child to a parent or caregiver are powerful sources of protection from violence against children in all care settings, and facilitates resilience in children who have experienced violence.⁶² Investing in families is therefore key to harnessing the benefits of the “Demographic Dividend”; investing in age appropriate and gender sensitive services for children, young people and families is key to EAC’s demographic transition and ability to meet the SDGs.⁶³ There is growing evidence of the economic investments of **child-friendly**

⁵² Africa Child Policy Forum (2014), African Report on Violence against Children; World Health Organization, United Nations. *Global Status Report on Violence Prevention 2014*. Geneva, Switzerland: WHO Press; 2014.

⁵³ “Any form of violence”, is defined according to the study to include exposure to one or more of the following: physical violence, emotional violence, sexual violence, bullying, or witnessing violence.

⁵⁴ Hillis, S., Mercy, J., Amobi, A., Kress, H. Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics* 2016:137 (3).

⁵⁵ Defined according to the study to include spanking, slapping, hitting, or shaking.

⁵⁶ Hillis, S., et. al

⁵⁷ Africa Report on Violence against Children (2014) *Op. cit.*

⁵⁸ Ibid

⁵⁹ UN Special Representative to the Secretary General (2013). “Toward A World Free From Violence: Global Survey on Violence against Children.”

⁶⁰ Within the East Africa region, the Governments of [Tanzania](#) (2009) and [Kenya](#) (2010) have led studies to estimate the national magnitude of violence against children. The Government of Uganda is in the process of finalizing its Violence against Children Study.

⁶¹ UNICEF global databases, Child Marriage, <https://data.unicef.org/topic/child-protection/child-marriage/>

⁶² Krug et al (2002); Pinheiro (2006); Landers, C. (2013), *Preventing and Responding to Violence, Abuse, and Neglect in Early Childhood. A Technical Background Document*. UNICEF Child Protection Section HQ.

⁶³ UNFPA (2013). State of the World’s Population. Generation 2030 Africa: Child demographics in Africa.

social protection programmes, especially in the early years,⁶⁴ and the benefits of integrated social protection programmes on children, compared to straight cash, are growing.⁶⁵ The impact of social protection programmes on child and young people's wellbeing can promote resilience, keep families together and ensure a functioning and supportive environment.⁶⁶

Climate change,⁶⁷ the result of increased emissions of carbon and ozone layer-depleting substances, will also have a profound impact on children and youth in the East African Community. With increased temperatures, there are predictions of soil degradation and quality, desertification and flooding, leading to a further decline in agricultural production and an increase in food insecurity.⁶⁸ It has led to an increase in cross border movement of drought affected populations, resulting in tensions and inter-communal conflict over limited water and pasture resources; women, children and young people are hardest hit by the resulting displacement and conflict.⁶⁹

Climate change and other push factors, such lack of vocational opportunities and unemployment, are leading to increasing rates of **urbanization and migration**.⁷⁰ Urbanisation can often be a positive thing – migrant young people often have greater independence from the social and family constraints in rural areas, there is potentially greater access to education and decision making for girls (and youth in general) in urban areas, possible options for greater land equity and exposure to a wider range of cultural and social options can be a positive force for empowering the most marginalised. However, mixed migration flows, to include refugees, asylum-seekers, displaced persons, and migrants pursuing family reunification, education or employment, put a strain on governments in the region as they struggle to cope with the large number of migrants crossing their borders and moving through their countries; 28% of migrants live in East Africa.⁷¹

Migration impacts on traditional **family structures**, as children are left in the care of a single parent, a step-parent or care of another caregiver, when parental attention is diverted to job seeking and survival; over 19 million children are living in kinship care and 89% of them have a living parent in East Africa.⁷² However, children in kinship care can also be at risk for exposure to violence, abuse, neglect, and exploitation.⁷³ This concern may be elevated especially when household resources are stretched thin

⁶⁴ Sansom M, Yang M, Murphy A. (2014) [Strengthening the economic imperative of social protection](#)

⁶⁵ Cluver L et al. *Cash plus care: social protection cumulatively mitigates HIV-risk behavior among adolescents in South Africa*. AIDS 28 (suppl 3): S389-97, 2014.

⁶⁶ African Child Policy Forum (2014) ACPF (2014). [Social protection that benefits children: A moral imperative and viable strategy for growth and development](#).

⁶⁷ There are a growing number of examples of youth-led action on climate change, which have a notably strong focus on broad interpretations of health as wellbeing and a conception of resilience as something that young people can actively contribute to and is linked to their role in their local community and broader society. See, for example, United Nations Joint Framework Initiative on Children, Youth and Climate Change (2013) [Youth in action on climate change: inspirations from around the world](#) and resources from Common Climate Initiative <http://youthclimate.org.uk/>

⁶⁸ Population Action International, African Institute for Development Policy (2012) [Population, climate change and sustainable development in Africa](#).

⁶⁹ UNOCHA (2017): Horn of Africa; a call for Action. February 2017 and Inter-Agency Working Group on Disaster Preparedness for East and Central Africa (IAWG) (2017)

⁷⁰ Population Action International, African Institute for Development Policy (2012) [Population, climate change and sustainable development in Africa](#).

⁷¹ IOM 2017: <https://www.iom.int/east-africa-and-horn-africa>

⁷² <http://www.bettercarenetwork.org/library/social-welfare-systems/data-and-monitoring-tools/who-cares-for-children-a-descriptive-study-of-care-related-data-available-through-global-household>

⁷³ Roby, J., Shaw, S., & George, L. (2013). Perceived food and labor equity and school attendance among Ugandan children living in kin care. *International Journal of Social Welfare*. Retrieval at: DOI: 10.1111/ijsw.12051; African Child Policy Forum (2014); Sarachaga, M & A Kuligowska (2016) *Why are children on the streets?* Manchester, Retrak.

and where the social cohesion of communities is weak, such as in densely populated urban areas. Children are conversely at higher risk of family separation, neglect, exploitative child labour, and to physical and sexual abuse, which can also push them to migrate independently.⁷⁴ **Unaccompanied migrating children** are vulnerable to unsafe modes of transportation and smuggling networks during their journey, and can include exposure to injury, coercion, violence, detention, exploitation and abuse.⁷⁵ These vulnerabilities can further expose them to HIV.⁷⁶ Urbanization and migration is expected to rise due to increasing regional integration and improved transportation infrastructure within the EAC.⁷⁷ However, no concrete coordinated action within the EAC and amongst Partner States has yet taken place to address migration flows, and to identify how migration will impact on service delivery.⁷⁸

As urbanisation rates increase, so do the number and proportion of **refugees**. The number of refugees and asylum seekers within the East Africa, Horn of Africa and Great Lakes region has increased from 1.5 million in 2010 to 4.4 million in 2017.⁷⁹ The United Nations High Commissioner for Refugees (UNHCR) estimates that over half of all refugees of concern to UNHCR live in urban areas.⁸⁰ In addition, children are the biggest age group among refugee populations in the EAC. For example, children make up 62 percent of refugees from South Sudan.⁸¹ Refugees, and particularly children and young people, face a number of protection and livelihood problems generally not encountered in camps, including social exclusion and lack of access to basic rights and services.

Accountability and governance are closely linked to child wellbeing outcomes, particularly to ensuring effective, efficient, equitable and responsive service delivery; the rule of law; public administration and civil society accountability.⁸² In order to ensure children and young people's wellbeing, it is critical for governments to work in collaboration with a wide array of sectors and partners, such as public health, justice, education, social services, education, human rights, media, private sector, as well as with communities.⁸³ Within this, **children's and young people's participation** is crucial to advocating for strengthened linkages between local and national level structures and processes, as a means of effectively implementing national frameworks for children and young people.⁸⁴

2.2 Current national policies and frameworks for children and young people in the EAC Partner States

Comprehensive service delivery is a key public policy response to prevent and address vulnerabilities facing children, families, communities, and their societies. Global instruments underscore the importance of decentralized service delivery to ensure access by all children and young people, including the most vulnerable. The MSCS adds value in being able to identify how a comprehensive set of services

⁷⁴ Regional Mixed Migration Secretariat and Save the Children (2016). "Young and on the Move: Children and youth in mixed migration flows within and from the Horn of Africa".

⁷⁵ Save the Children (2008). "Away from Home: Protecting and supporting children on the move."

⁷⁶ World Vision International and UNICEF (2015). *Prevent and protect: Linking the HIV and child protection response to keep children safe, healthy and resilient*. Accessed at http://www.worldvision-institut.de/_downloads/allgemein/CP%20HIV%20Report%20FINAL%20secure.pdf

⁷⁷ African Institute for Development Policy and UNFPA. 2015. Synthesis Report on the Demographic Dividend in Africa.

⁷⁸ Baseline Study for EAC Child Policy (zero draft), 2016

⁷⁹ UNHCR. Map Portal. East, Horn and Great Lakes Region. March 2017.

⁸⁰ UNHCR. [Refugee Figures](#)

⁸¹ <http://www.unhcr.org/news/latest/2017/5/590c736e4/million-children-flee-south-sudan-violence.html>

⁸² Save the Children, OECD and UNICEF (2011) *Child Rights and Governance Roundtable: Report and Conclusion*.

⁸³ UNDP (2014). Human Development Report: Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience.

⁸⁴ Transparency International. Corruptions Perception Index 2014.

can be delivered, particularly at the community level, to ensure the resiliency and wellbeing of all children and young people.⁸⁵

In response to the needs of children and young people in the region, all Partner States have made considerable efforts to develop and implement national policies, plans of action, minimum standards, and / or minimum packages of services for children and young people to ensure their comprehensive wellbeing. Please see Table 1 for an overview of the policy frameworks for children within each of the EAC Partner States, and the primary and complementary responsibilities to ensure their implementation.

Table 1: Overview of policy frameworks for children within the EAC Partner States (as of June 2017)

Country	Policy framework for children	Primary responsibility	Complementary partners
Burundi	<ul style="list-style-type: none"> - National Child Protection Policy - National Strategy for Street Children Phenomenon, Prevention and Response - Minimum Standards for Children Living in Residential Care Centres - National Strategy for Social Protection - Strategic Plan for the Implementation of the National Policy on Child Protection - National Juvenile Justice Policy - National Gender Policy - National Human Rights Policy - National minimum standards for vulnerable children (in process of being developed) 	Ministry of Human Rights, Social Affairs and Gender	<p><i>National</i></p> <ul style="list-style-type: none"> -National Child Protection Coordination Committee -National Children’s Forum Child Protection Committee in Emergency Situations - Permanent Executive Secretariat on Social Protection -National Platform on Psychosocial Support and Mental Health - National Independent Commission on Human Rights <p>UN agencies International and local NGOs,</p> <p><i>Subnational</i> Provincial, communal and village child protection committees</p>
Kenya	<ul style="list-style-type: none"> - National Psychosocial Support Guidelines for Orphans and Vulnerable Children, 2015 - The National Plan of Action for Children 2015-2022 - National Adolescent Sexual and Reproductive Health Policy 2015 - The Guidelines for Alternative Family Care in Kenya 2014 - National Standards for Best Practices in Charitable Children’s Institutions, 2013 - A Costed Response Plan to Violence against Children (2013-2018) - Minimum Service Standards for 	Ministry of Labour and Social Protection – State Department for Social Protection, Pensions and Senior Citizen Affairs- Department of Children Services	<p>The National Council for Children’s Services (NCCS): a multi-sectoral and multi-disciplinary structure to address children issues. The Children’s Act gives the NCCS the responsibility of setting standards, guidelines and performance expectations and encourages best practices for service delivery.</p> <p>The National Child Labour Policy</p> <p>National Policy for Prevention</p>

⁸⁵ The evaluation of the SADC MPS noted that strengthening intra, inter-sector and multi-stakeholder coordination is key to delivering comprehensive care and support, particularly in terms of facilitating effective referrals and communication between multi-sectoral actors at the community level

Country	Policy framework for children	Primary responsibility	Complementary partners
	<p>Quality Improvement of Orphans and Vulnerable Children Programmes in Kenya, 2012</p> <ul style="list-style-type: none"> - The Framework for National Child Protection System, 2011 - The National Children Policy - National Youth Policy - National Plan of Action on Child Marriage - Maternal, Infant and Young Child Nutrition Policy - The Social Protection Strategy - Food and Nutrition Security Policy - Integrated Early Childhood Development Policy (draft) - National School Health Policy and Guidelines (draft) - National Case Management and Referral Pathway Guidelines (draft) 		<p>and Response to Gender Based Violence</p> <p>The National Child Protection Policy</p> <p>Ministries, departments and agencies (MDAs); development partners; UN agencies, civil society organisations</p>
Rwanda	<ul style="list-style-type: none"> - Strategic Plan for the Integrated Child Rights Policy in Rwanda, 2011-2016 - National Social Protection Policy and its Strategic Plan 2011-2016 - National Guidelines for a Minimum Package of Services for OVC, 2009 - National Policy for Family promotion, 2005 - Integrated Child Rights Policy, 2011 - Early Childhood Development Policy, 2016 - Justice for Children Policy, 2014 - Girls Education Policy, 2008 - Legal Aid Policy, 2014 - National Policy against Gender-Based Violence, 2011 	<p>Ministry of Gender and Family Promotion (MIGEPROF)</p> <p>Ministry of Local Administration (MINALOC)</p>	<p>National Commission for Children (NCC-Rwanda)</p>
Uganda	<p>-The Social Development Sector Plan (SDSP) 2015/16 – 2019/20': Addressing inequality, vulnerability and exclusion of orphans and other vulnerable children, among others</p> <ul style="list-style-type: none"> - National OVC Policy - National Gender Policy - National Child Labour Policy - National Nutrition Policy - National Education Policy - National Integrated Early Childhood Development Policy - Youth Livelihood Policy - National Youth Policy 	<p>The Ministry of Gender, Labour and Social Development: lead agency mandated to ensure that the rights of all children and youth, including orphans and other vulnerable children, are promoted and upheld</p>	<p>Uganda National Children's Authority; other government ministries, agencies, development partners and civil society organizations.</p>

Country	Policy framework for children	Primary responsibility	Complementary partners
	<ul style="list-style-type: none"> - National Gender Based Violence Policy - National Strategy to End Child Marriage 2015-2020 - National Quality Standards for the Protection, Care and Support for OVC, 2007 - National Alternative Care Framework - National Child Participation Strategy - National Psychosocial Guidelines - National Referral Pathway - National Strategic Program Plan of Interventions for Orphans and Other Vulnerable Children (NSPPI) 		
United Republic of Tanzania	<ul style="list-style-type: none"> - National Guidelines for Psychosocial Care and Support Services for Most Vulnerable Children and Youth in Tanzania, 2014 - National Costed Plan of Action 2013-2017 (NCPA II) - National Guidelines for Improving Quality of Care, Support and Protection for Most Vulnerable Children in Tanzania, 2009 - National Social Security Policy, 2003 - National Action Plan to end Violence Against Women and Children 2016 - 2021 - National Policy Guidelines on Infant and Young Child Nutrition, 2008 - Child Development Policy, 2008 - National Development Vision 2025 - National Health Policy, 2008 Zanzibar: - Children’s Act No 6 of 2011 - Zanzibar Social Protection Policy, 2013 - Zanzibar Child Protection Policy, 2017 - Zanzibar Residential Children Regulation, 2017 - Action Plan on Violence Against Children (in process of being developed) 	<p>Ministry of Health, Community Development, Gender, Elderly and Children – Department of Child Development</p> <p>Ministry of Community Development, Gender and Children – Mainland and Zanzibar</p>	Line ministries, international and local NGOS and FBOs

2.3 Key findings of the implementation of national policies and frameworks for children and young people in the EAC Partner States

A baseline study towards the implementation of the EAC Child's Rights Policy⁸⁶ was commissioned by the EAC to generate understanding as to the status of ratification and implementation of key global and regional child rights instruments. The baseline aimed to identify how far the region is in meeting the EAC Child Policy's ten strategic objectives, and highlighted the following:

- **Social protection** programmes have been scaled up significantly; all Partner States have a legal or policy framework for social protection;
- All the Partner States have put in place mechanisms and policies that address **children affected by armed conflict**, and some have ratified the Optional Protocol on the Involvement of Children in Armed Conflict. Other measures include putting in place policies to protect children in areas prone to cattle rustling, tribal and ethnic violence and in volatile border areas, release of children associated with armed forces, and ensuring their socio-economic reintegration and meeting their psychosocial support needs;
- The **shift towards inclusive programming** to help all vulnerable children, including those directly affected by AIDS, is making an impact. The growing call for a broader, more inclusive definition of vulnerability is reflected in many national action plans. All countries in East Africa have developed national plans of action with benefits for orphans, vulnerable children and other children affected by HIV and AIDS. National-level responses to orphans and vulnerable children have increasingly become part of broader social welfare and assistance to vulnerable populations, including children, such as social protection programmes that are HIV-sensitive;⁸⁷
- The EAC Partner States have put in place legal provisions that ensure the **protection of children within the family**. The majority of Partner States have a framework aimed at strengthening families to prevent violence against children, exploitation, and neglect, and family separation. The need to prevent and address violence against children in alternative care is also increasingly being recognized by Partner States. The challenge lies in ensuring effective community based mechanisms that can identify children at risk of family separation, and that can monitor the wellbeing of children in at-risk families, or in residential care settings.

The baseline study further identified the following **cross border issues**: refugee children, child trafficking across borders with the EAC, and radicalization by and participation in terrorist groups. The identification of these cross border issues complement those identified in the EAC Child Policy, namely: forced separation of children from their families, displacement from their countries and timely access to justice for children in conflict with the law across borders.⁸⁸

In addition to the Baseline findings, the regional experts' workshop and in-country consultations to develop the MSCS identified **overarching successes and challenges to implementing national level standards of care or packages of services for children and young people**. While efforts have been made at national levels to ensure children and young people are supported with appropriate services, there are wide variations in accessibility and quality of services for children and young people. As a result of the above identified challenges, the MSCS will provide guidance as to how the identified successes can be used as an entry point to address the challenges around effective and efficient roll out of a comprehensive set of services for all children and young people. See Annex 4 for the specific successes and challenges facing each the five EAC Partner States in the implementation of their national frameworks for children and young people.

⁸⁶ A Baseline towards the implementation of the EAC Child Policy, 2016 (Zero Draft), EAC.

⁸⁷ UNICEF. "Children and AIDS: 2015 Statistical Update."

⁸⁸ EAC Child Policy. *Op Cit*

Overarching successes

- **Existence and implementation of strong legal and policy frameworks** for children. This highlights political commitment for children, and provides a structure with which existing national standards or guidelines for children can be coordinated and harmonised.
- **Structures and mechanisms** are increasingly available at the national and sub-national levels, and to an increasing extent at community levels. This also holds true for mechanisms that offer a multi-sectoral and coordinated approach to address children and young people's issues, particularly for girls and young women (such as One-Stop Centres), children with disabilities (such as inclusive education) as well as in the context of emergencies (such as for displaced children, refugee children, unaccompanied migrants).
- **Existence of programmes and services** by a range of actors (to include local government, community based organisations, faith based groups, small and medium enterprises, amongst others) for children and young people are increasingly available at community level and in humanitarian settings.
- Existing of various **data collection systems and mechanisms**, including Monitoring Information Systems (MIS) related to children issues. These are used to generate data on children to understand who the vulnerable children are, why they are vulnerable, where they are, and what services they have access to. This data is increasingly being shared with partners to inform the development of joint policies and programmes for children.
- Increased availability of appropriate trainings for members of the **social service workforce (SSW)**, and increased availability of SSW at the community level in both local government and civil society organisations.
- Increased recognition of the importance of **family-based care** over residential care by a range of actors, including by government, faith based organisations, and families.

Overarching challenges

- **Weak coordination** of implementation and monitoring of the legal and policy frameworks for children and young people, impacting on unclear accountability structures. Coordination is weak as a result of
 - Weak harmonization between laws and policies, and across policies for children and young people;
 - Unclear roles and responsibilities and reporting structures (across sectors, and across administrative levels).
- **Weak implementation** of policies and legal frameworks for children and young people due to:
 - Implementation plans for children are not always costed, but when they are, they are generally not adequately funded by government;
 - Not clearly identifying roles and responsibilities between government ministries, and partners;
 - Policies do not always take into account specific vulnerabilities related to age and gender, and therefore do not adequately identify and respond to the challenges girls and boys face throughout the different stages of development;
 - Limited awareness of existence and content of legal and policy frameworks for children and young people, both by social service sector providers and general public, particularly at the community level
 - Under resourced children and social services departments in terms of human and financial resources;

- Weak monitoring systems, tools and processes to monitor quality and outcomes of policies, programmes and services for children and young people.
- **Limited prioritization** of children's and young people's issues in broader development and humanitarian policies, programmes and budgets:
 - Limited strategic articulation and advocacy of children and young people's issues by those accountable to ensure increased budget allocation in national budgeting processes
 - This is related to lack of opportunities for meaningful children's participation; when structures for children's participation are in place, their voices are not always listened to, or are censored;
 - Donor priorities are not always harmonized with national priorities, consequently fragmenting the response, often negatively impacting on the most marginalized (incl. street children, children in contact with the law, refugee children, children with disabilities).
- **Minimal access to services**, at community levels and particularly in hard-to-reach and conflict affected areas, which is exacerbated by:
 - Inadequate capacity of service providers at the community level to provide child, young people, and family friendly services, resulting in irregular access by these groups to services, and weak awareness by communities to demand such services;
 - Few or outdated mappings of service directories impede on attempts at efficient and appropriate referrals between sectors. The limited awareness of who does what can lead to duplication of efforts, limited coverage and waste of resources. It further impacts on the local government responsible for children to fulfil their mandate in coordinating and monitoring services for children and young people;
 - Inadequate understanding and regulation on the duration a service provider should support a beneficiary – there is general acceptance that once a child has been registered, s/he will only graduate from its service once they reach 18 years;
 - In the absence of robust evidence to inform what interventions work or do not, existing interventions are usually identified by donors' priority areas and related targets.
- **Weak social service workforce**
 - Weak social services workforce increases the reliance on community volunteers to act as program staff and / or take on the role of social workers, when they have not been accordingly trained;
 - Members of the SSW have limited access to updated, evidence based trainings and refresher courses, impacting on their ability to provide gender and age sensitive responses to beneficiaries and their families, as well as to understand the holistic needs of children and the importance of a comprehensive set of services in addressing them. Outdated curricula further impacts on the workforce's ability to identify, understand and address emerging and cross-border issues;
 - Weak incentives for members of the SSW to work at the community level, impacting on high caseloads, burn out, and eventually high turnover.
- **Weak linkages between formal and informal child protection structures and mechanisms**, impacting on a disconnect in perceptions, beliefs and practices around children's wellbeing and safety.
- Even though various **Monitoring and Information Systems** exist, there are few centralized MIS, impacting on reliable and robust evidence that tracks children's, young people's or families' access to a comprehensive set of services. This consequently impacts on the availability of representative evaluations and learning on how children's holistic wellbeing can be achieved. Furthermore, little

information is generated by MIS about quality of services for children, young people and families, impacting on the availability of promising practices, case studies, or innovative examples that can be used for scaling up interventions. The paucity of such data and analysis also impacts on States' ability to report to treaty bodies on compliance of AU and UN standards for children and young people.

- Limited guidance as to what **psychosocial care and support** is and how it can be integrated or mainstreamed into appropriate services for children.

3. Guiding Principles

The MSCS is guided by a set of guiding principles and values that have been informed by international, continental, regional and national frameworks, commitments and guidelines for children and young people. They have further been informed by EAC Partner States national minimum standards of care/ packages of services, as well as the EAC Child and Youth Policies.

The guiding principles and values form the basis for determining the quality of the services and should be considered by all service providers. The principles are identified and defined as follows:

Best Interest of Children and Young people- <i>do no harm</i>	All service providers must act in the best interest of children and young people. This means putting children and young people's wellbeing and safety at the centre of every consideration, decision, and action that may affect them. This includes listening to their opinion and wishes and taking it into consideration at all times, including in developing policies, programmes, and budgets around service delivery for children and young people.
Non-Discrimination and Equality	All services and interventions should be provided equitably to all children and young people within Partner States jurisdiction, irrespective of the child's, his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. Services must be available and appropriate for anyone in need and each specific need should be considered at all levels of planning, budgeting, implementing, monitoring and evaluating.
Survival and optimum development	Services and interventions must affirm that children deserve the best start in life, from conception and uphold their inherent right to survival, wellbeing and highest attainable standards of social, moral, physical, emotional, spiritual and cognitive development.
Sustainability	In order to achieve long lasting positive outcomes for children and young people, services should strengthen the capacity of families and communities to effectively identify and respond to the needs of children and young people. Sustainable services are culturally sensitive. Services and interventions should thus be situated within the local context, build upon family and community knowledge and local systems, positive values and norms and beliefs. The engagement of all stakeholders, from the beneficiaries (children, young people, families and their communities) up to the national and the EAC level, is therefore essential to achieve sustainability and ownership of care and support to children and young people.
Gender Sensitivity	Gender is a critical determinant of protection needs and psychosocial health; it

	influences roles played by boys/men and girls/women, stressors experienced by them, decision they are able to make and their access to resources. Gender may also influence manifestations and consequences of psychological distress or trauma and the nature of counselling services needed. Services and interventions should therefore recognize the different needs associated with gender at all levels of planning, implementing, monitoring and evaluating. ⁸⁹
Evidence Based	Service and programs should be informed by robust and rigorous evidence to ensure they effectively address the needs of children and youth, families and their communities. This can come from evaluations, case studies, promising practices and lessons learned. Such evidence must be documented and shared within a wider network.

At the service delivery level, the implications of the guiding principles are:

- **Informed Consent:** Consent should be obtained from young people (i.e. those individuals above 18 years) about their participation in any support programs or interventions with full knowledge of what will happen and the probable effects on that person. Permission should be given freely, without fear of repercussions. For children, who are not legally able to provide consent, assent should be given by their family/caregivers and reflect the opinion and wishes of the child.
- **Confidentiality:** Interventions should respect confidentiality, including when the interventions are undertaken in groups. Service providers and members of the SSW should protect this confidentiality and ensure anonymity when communicating to others about their interventions.
- **Accountability:** All service providers, including members of the SSW must make an accurate assessment of the risks involved and choose the appropriate methodology and tools for optimum benefits and minimal risks for the beneficiaries. They are responsible for closely monitoring implementation and evaluation of an intervention. To the degree that is feasible, they are also responsible for providing assistance, including follow up or referral, for any beneficiaries who cannot be adequately assisted through the intervention.
- **Empowering:** Services and interventions should build upon a child's natural resilience and family and community support mechanisms, examine possible risk and protective factors, decrease the impact of vulnerabilities and attempt to provide additional experiences that will promote coping and positive development, despite the adversities experienced. Social services, including psychosocial interventions, should empower children and young people to grow and develop to their fullest potential.
- **Holistic:** Services and interventions should consider the overall psychosocial wellbeing of children and young people.
- **Participatory:** Children and young people have the right to be given the opportunity to seek, receive, and share information in an age and ability appropriate manner in line with their evolving capacities. They also have the right to express their opinions and use their voices and participate in the design, implementation and monitoring of services that concern them. They further have the right to association in the formation of support groups and clubs, with relevant actors providing feedback on process and progress on matters that concern them.

⁸⁹<http://www.eac.int/sectors/gender-community-development-and-civil-society/gender-and-women/mainstreaming-documents>

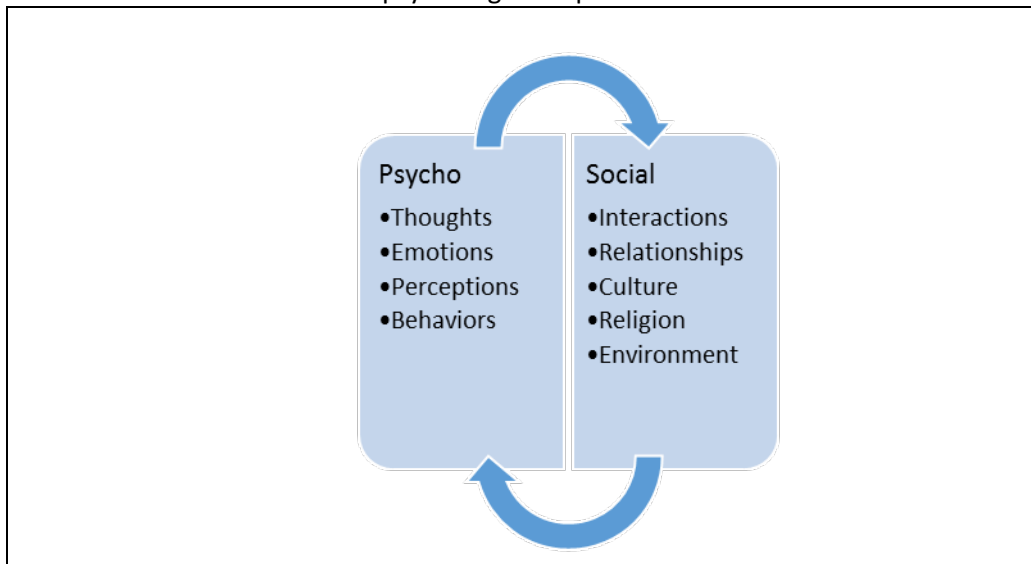
4. Key Concepts

The guiding principles of the MSCS stress the importance of ensuring that services should be accessible and appropriate for the *psychosocial wellbeing* of all children and young people, regardless of age, gender, ability, race, ethnicity, income level, or political opinion. Services should furthermore strengthen the *resilience* of children and young people in order to decrease their *vulnerabilities* to external shocks. The MSCS is based on the premise that while services are necessary to address all children's and young people's needs, they should be sensitive and targeted to the context and situation of the individual. To ensure optimum understanding and clarity from all stakeholders, key concepts of the MSCS are defined below.

4.1 Psychosocial wellbeing

The term *psychosocial wellbeing* emphasizes the close connection and dynamics between the psychological aspects of our experience (thoughts, emotions, perception, behaviour) and our wider social experience (our relationships, traditions, culture, religion as well as the socioeconomic and socio-political environment). See Figure 1. Every person is influenced by the interaction between them; it influences the way we interpret our environment and the choices we make. This includes our ability to seize opportunities and overcome challenges.⁹⁰

Figure 1: The interaction between one's psychological experience and a social environment



The term *wellbeing* refers to a state in which an individual is well in all or most of the following areas:

- Physical: the ability to maintain a healthy quality of life that allows individual to get through their daily activities without undue fatigue or physical stress;
- Social/relational: reflecting the quality of relationships with respect to values, traditions, culture, people and the environment;
- Cognitive: the ability to experience healthy thinking and engage in positive behaviour;
- Emotional: the ability to experience feelings and emotions in a way to that is helpful in coping with challenging situations, including (academic) confidence, persistence, self-control;

⁹⁰ REPSI (2009). Psychosocial Care and Support Mainstreaming Guidelines.

- Spiritual: the ability to explore meaning and purpose in human existence.

The World Health Organization relates *wellbeing* to the concept of mental health; defined as a ‘state of *wellbeing* in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’. *Psychosocial wellbeing* therefore is based on the idea that a combination of factors is responsible for the wellbeing of people, and that these physical, emotional, spiritual, cognitive and social aspects of one’s experience cannot necessarily be separated from one another. The term directs attention towards the totality of people’s experience rather than focusing exclusively on the physical or psychological aspects of health and wellbeing, and emphasizes the need to view these issues within the interpersonal contexts of wider family and community networks in which they are located.⁹¹

The Psychosocial Working Group defines *psychosocial wellbeing* as the positive age- and stage-appropriate outcome of children’s development, which enables them to understand their environment, to engage with it, and make healthy choices which lead to hope for the future. Psychosocial wellbeing is hence considered a holistic concept, encompassing the different areas of a child’s and young person’s development and needs. **In order to be well (i.e. to reach age and stage appropriate developmental milestones), children and young people require their physical, emotional, social, cognitive/mental and spiritual needs to be met.**

4.2 Resilience

The term *resilience* refers to the ability to face, overcome, be strengthened or even transformed by a stressful and potentially traumatizing event. It is often referred to the ‘capacity to bounce back’ after difficult events or to describe the characteristics of those who are doing relatively well. However, resilience is not bound to personal characteristics of an individual; it encompasses the qualities of both the individual and the individual’s environment that potentiate resilience.⁹² Strengthening the resilience of children and young people is an essential part of preventative and protection measures that can be undertaken to mitigate the negative impact of vulnerabilities.

Research has shown that resilient children tend to have certain (external) protective factors that shield them from the worst effects of trauma or stress.⁹³ Children can be quite resilient when they are surrounded by supportive families, and particularly parents or caregivers who love, nurture, and care for them as “the sense of belonging and hope that is nurtured in these relationships enables children to cope with hardship, including hunger, illness, discomfort, and other deprivations of poverty.”⁹⁴

Examples of protective factors include:

- Stable emotional relationships, and in particular strong, stable and healthy families;
- Social support from neighbours and other community members;
- Positive environment encouraging children to access and stay in schools;
- Appropriate and inspiring male and female role models.

⁹¹ ARC Resource Pack (2009). Psychosocial support module.

⁹² Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *Journal of Mixed Methods Research*. doi:10.1177/1558689811400607

⁹³ Tolfree, D. (1996). Restoring playfulness. Different approaches to Assisting children who are psychologically affected by war and displacement. Save the Children Sweden.

⁹⁴ Richter, L., Foster, G. and Sherr, L. (2006). *Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*. The Hague, The Netherlands: Bernard van Leer Foundation.

The resilience of children and young people can be strengthened by ensuring the availability of certain services that can boost protective factors for children and young people. Examples of such enabling services include:

- Organized early learning initiatives for young children and caregivers;
- Organized support groups for children living with HIV, children with disabilities, refugees, or other vulnerable or marginalized services;
- Family-centred services such as parenting programs, linking families to income generating activities, household economic strengthening initiatives;
- Safe learning and play spaces in schools, religious and / or community centres, including in humanitarian contexts.

4.3 Vulnerability

The MSCS promotes a set of strategies to ensure comprehensive services for all children and young people, yet it recognizes that some children may be more vulnerable than others. *Vulnerability* can be defined as ‘a state of being or the likelihood of being in a risky situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled’.⁹⁵ A *vulnerable child* or young person can be therefore defined as a child who is most likely to fall through the cracks of regular progress, policies and traditional safety-nets and therefore needs to be given attention when programs and policies are designed and implemented.⁹⁶

The vulnerability of a child or young persons is affected by various factors in their life, such as:

- Individual factors: biological factors such as age, gender or having specific difficulties, such as being HIV-positive or suffering from other illnesses, hearing or visual impairment, physical disability, or other disability. Other individual factors may include: becoming pregnant at an early age, personality attributes, intellect, etc.
- Factors in the home environment: children and young people may experience domestic violence, sexual abuse, and neglect. The illnesses and deaths of parents, siblings, and other family members cause bereavement and grief. Children may be prevented from attending school or may be forced to do hard labour.
- Factors in the community: this refers to a lack of access to services such as schooling or vocational training and a lack of opportunity to contribute to communities. Children and young people may also witness and experience violence, discrimination, abuse, early marriages.
- Factors in society: communities affected by poverty, conflict, violence, displacement and/or natural disasters such as floods, mudslides, fire, drought. This can result in a lack of access to basic facilities such as water, food, shelter, clothing and medical care. Children and young people may experience and/or witness traumatic events and experience psychological distress.

According to a UNICEF study on measuring the determinants of childhood vulnerability, household wealth, a child’s living arrangements and household adult education are the most powerful and consistent factors associated with key outcomes of child vulnerability. In addition, both orphanhood status and the presence of a chronically ill adult correlate to lower school attendance, increased risk of

⁹⁵ Ministry of Gender, Labour and Social Development, Uganda (2015). *A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda*.

⁹⁶ Save the Children, Training manual on Child Protection: <http://resourcecentre.savethechildren.se/sites/default/files/documents/5403.pdf>

child labour, lower access to civil registration services, and lower possibility to receiving the diphtheria-tetanus-pertussis vaccine.⁹⁷

The presence or absence of risk factors will impact on the resilience and wellbeing of children and young people. It is however important to recognize that vulnerability is not static or absolute; vulnerability varies depending on the support or protective factors the child or young person can access. Support or protective factors can change over time to either strengthen or break the resilience of a child. A vulnerable child today, does not mean the child will be vulnerable for life.⁹⁸

Based on the literature review and in-country consultation, the following is a summary of the various groups of vulnerable children and young people in the EAC:

- Children living outside of family care, including children on the street, and children living in institutions;
- Orphans and other children affected by HIV and AIDS, including those living with HIV;
- Children and young people with disabilities, including psychosocial, mental and physical;
- Children and young people affected by armed conflict, insecurity and natural disasters;
- Children who are sexually exploited and/or abused;
- Children engaged in the worst forms of child labour;
- Children in conflict with the law;
- Children living in remote and hard to reach areas;
- Refugee and internally displaced children;
- Boys and girls affected by negative gender norms, beliefs and practices, to include harmful traditional practices such as early marriage, early pregnancy, female genital mutilation/cutting, and gender based violence

Vulnerable households can include:

- Single, widowed and female-headed households;
- Child-headed households;
- Older person-headed households;
- Chronically ill head of household or primary caregiver;
- Households affected by conflict, war or natural disaster;
- Households with persons living with a disability;
- Households in hard-to-reach areas.

5. Conceptual framework: using a psychosocial lens to understand wellbeing and determine implications for services to uphold wellbeing

The MSCS uses a psychosocial lens to understand what children's and young people's wellbeing is. Understanding what children's and young people's wellbeing is, is key for designing and planning appropriate services that build and sustain children and young people's resiliency in the face of vulnerability.

⁹⁷ UNICEF (2016). State of the World's Children

⁹⁸ Ministry of Gender, Labour and Social Development, Uganda (2015). *A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda.*

In order for services to be appropriate and effective, they need to take into account the following elements of psychosocial wellbeing:

- **Stage of Development** (or ages and stages of childhood and adolescence): infancy, early childhood, middle childhood, adolescence and youth. This is also referred to as the life cycle approach;
- **Areas of Wellbeing** (or needs of children and young people): physical, emotional, cognitive, social/relational and spiritual;
- **Circles of Support** that may surround a child or young person: family, community and environment;
- **Level of Intervention:** basic services, community support services, focused support, and specialized services.

Gender is a cross-cutting issue that needs to be considered throughout the above elements to ensure delivery of a comprehensive set of services, including at the policy, programme and budget development stages, and to implementing and evaluating services. Specifically, in terms of Stages of Development and Areas of Wellbeing, using a gender lens can generate understanding of what services are appropriate and effective for girls and boys to ensure their wellbeing and security. Similarly, ensuring a gender focus throughout the Circles of Support and Levels of Intervention recognizes the gender dynamics at play in the home, and broader community and society. This recognition can help strengthen services, particularly at the community level, to address negative social norms and practices, including harmful traditional practices, against girls and young women.

5.1 Stages of Development

As defined in chapter 4.1, psychosocial wellbeing encompasses the five different areas of a child's and young person's development and needs. Children are well when they exhibit positive age- and stage-appropriate developmental milestones. Also referred to as the life cycle approach, or ages and stages, it acknowledges that child development progresses in more or less predictable stages from birth until the child reaches adulthood, during which the child is expected to have achieved certain milestones and display specific skills, abilities, capacities and behaviours. There are numerous approaches and categorisations of the 'ages and stages', however commonly used stages and age cohorts in child psychology are:

1. Birth to infancy (0-3 years)
2. Early childhood (3-6 years)
3. Middle childhood (6-12 years)
4. Adolescence (12-18 years)
5. Young person (18-24 years)

The Stages of Development are associated with particular needs and developmental milestones that children and young people are expected to meet for them to be considered holistically well. See Annex 5 for an overview of the needs and expected milestones at the various age cohorts. To measure whether the needs and milestones are being met in line with age cohort expectations, both positive and deficit indicators can be used. Positive indicators measure the achievement of development milestones per area of wellbeing (see section 5.2), while deficit indicators measure behavioural, emotional, and or socio-economic risks to identify the underlying factors of the child or young person not being able to meet the developmental milestones. The current trend, however, is to focus on positive indicators, to identify how children's and young people's progress in one or more area of wellbeing can be used to

influence the meeting of other developmental milestones, to ensure holistic wellbeing.⁹⁹ Several tools have been developed to measure children’s and young people’s wellbeing in line with age cohorts used within child psychology; see Annex 6 for an overview of the most commonly used tools in the region.

However, age cohorts in (inter)national programming can and do differ to those used within child psychology. Policies and programmes tend to identify age cohorts based on age related risks and vulnerabilities, rather than associating age cohorts with developmental milestones. As a result, measuring children’s and young people’s wellbeing would need to be based on national or context specific definitions and understanding of what wellbeing is, and what the appropriate milestones for the different age cohorts are.

Recognising and understanding the various and changing needs of children and young people as they develop, is crucial to designing appropriate and affective services. Age cohorts provide service providers with a target to focus their intervention, and supports them in monitoring whether they have successfully provided an appropriate service. For example, a health interventions for a three year old child would need to be designed differently than a health intervention for a 13 year old, as their physical and mental health needs are different as a result of their. That said, it is important to note that there can be a differentiation between “chronological age” and “developmental stage.” A child’s developmental capacity may not always be consistent with the chronological age expectations, due to experiences of early deprivations, poor nutrition, lack of stimulation and /or exposure to or experiences with violence, abuse or other trauma.

See the following case examples:

Case Example #1:

Abdul is a 16-year-old male (adolescence), who is physically growing on target. He is tall and strong, and has started puberty. Abdul’s teachers have often been concerned about his cognitive functioning, which seems to be closer to **a developmental level of 10 years** (middle childhood.) In this example, Abdul is physically developing at a “normative” rate, while displaying some cognitive delays.

Community based or focused, non-specialised interventions (see section 5.4) may need to target the areas of cognitive, emotional, and social functioning for Abdul; they must be appropriate for someone who appears to be nearing adulthood, but is mentally functioning at a much younger level.

Case Example #2:

Benjamin is a 13-year-old male. (Meaning he is chronologically in adolescence.) Benjamin has grown up with significant abuse and neglect. After being abandoned by his parents at age two, he has lived on the streets of Kampala, where he was taken under the care of man with disabilities, who is homeless and has tried to protect him from major bullying and physical assault by older youth on the street. Benjamin was recently referred to a rescue centre, but workers at the centre have had difficulty managing Benjamin’s difficult behaviour. Benjamin is often guarded and withdrawn, but often displays intense emotional outbursts (screaming, crying, hitting his fists) more consistent with the **developmental stage of a 3-year-old** (early childhood.) He is not able to express his strong emotions through talking, and often seems so “out of control” that the staff are afraid of him.

In this example, community based or focused, non-specialised interventions (see section 5.4) may need to target the areas of emotional and cognitive functioning.

⁹⁹ URBIS for the Australian Department of Education and Communities (2011). *The psychological and emotional wellbeing needs of children and young people: models of effective practice. A Literature Review.*

Case Example #3:

Betty is a young child who is **chronologically age 5 years** (early childhood.) Betty has lived in a refugee camp for most of her life, and tries to care for her mother, who is HIV+ and often physically ill and bedridden. Betty has a younger sister, Mary, who is 2 years old. Betty is typically the person caring for Mary, managing the food preparation, feeding, bathing, and discipline. She often goes out into the camp to negotiate with others to get food and water for her family. Although Betty is only 5 years old, she often exhibits relational skills more consistent with the **developmental stage of a 12-year-old** (adolescence), given an environment of significant neglect that has required her to quickly learn higher-level social skills necessary for survival.

In this example, specialized interventions (see section 5.3) may need to especially target social and emotional functioning.

5.2 Areas of wellbeing

As discussed in chapter 4.1 psychosocial wellbeing is based on the idea that a combination of factors is responsible for the wellbeing of people and that these biological, emotional, spiritual, cultural, social, mental and material aspects of experience cannot necessarily be separated from one another. Protecting and nurturing the development of children and young people, and thus ensuring their psychosocial wellbeing, requires meeting the psychosocial needs related to each area.

Every area of wellbeing comes with associated needs:

- **Physical:** access to basic needs (food, shelter, livelihood, healthcare, education services) together with a sense of security that comes from living in a safe and supportive environment.
- **Emotional:** refers to the need to for (parental) love and care, recognition, belonging, respect, independence. It requires having safe opportunities to express feelings and acquiring the skills to identify, manage, and communicate emotions.
- **Social/relational:** the need to belong to a family, to a peer group, to a community or other relevant social institutions. It includes having healthy relationships with family, friends, and community members, and having the ability to trust others and seek support. It also involves the participation and inclusion in social and cultural activities.
- **Mental/cognitive:** the need for intellectual challenges, formal and/or informal education, having access to opportunities and stimulation. Also refers to the need for mental balance and peace of mind, and ability to process life experiences.
- **Spiritual:** refers to the need to feel connected to the greater universe or humanity: often expressed through religion and culture and has a great influence on values and beliefs. Includes the need to experience meaning and purpose in life.

It is important to note is that psychosocial needs vary greatly depending on age, gender, as well as on the social and cultural expectations from the context children are growing up. Their needs will also vary depending on specific circumstances children and young people find themselves in, such as exposure to violence, armed conflict or natural disasters. Policies and programmes should consider the Stages of Development and related milestones for the different Areas of Wellbeing (see Annex 5) to design and roll-out services for children and young people in an integrated, holistic and developmentally sensitive manner.

5.3 Circles of Support

Children and young people do not grow up in a vacuum; they grow and thrive surrounded by various micro systems that may either support and protect them, or put them at risk. These micro systems can be referred to as the 'circles of support'. See Figure 2 for the different 'circles' and how they can support a child.

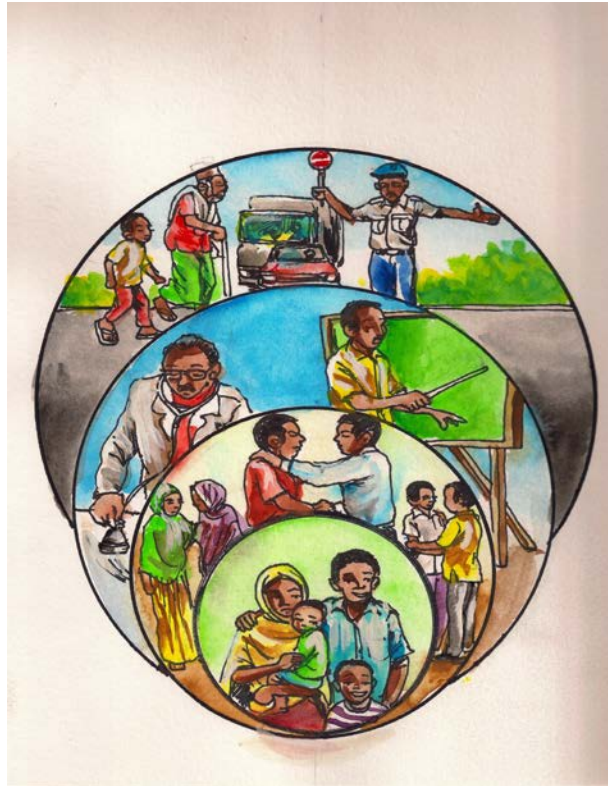


Figure 2: Circles of support¹⁰⁰

Figure 2 highlights the bonds and interactions that link a child with a family and the broader community. It further shows that an enabling political, socio-economic and cultural environment is needed to support the community and family, for them to be able to support the child. The 'circles of support' can also be referred to as the 'ecological model',¹⁰¹ as they highlight the need for interventions and services to target the different 'circles', to ensure the wellbeing of the child; interventions and services should be directed towards the child or young person, just as much as they should be designed and directed towards the family, the community (neighbourhood, peers, school, religious institutions, government institutions) and the general socio-political and socio-economic environment. The below highlights examples of the type of services that can be directly targeted towards the child or young, and the different 'circles of support':

- **Child or young person:**
 - Age appropriate education, including early childhood development; primary, secondary, and tertiary education; vocational training;

¹⁰⁰ Copy right of this image belongs to the Global Trauma Project, Kenya.

¹⁰¹ Ministry of Gender, Labour and Social Development, Uganda (2015). *A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda.*

- Age appropriate nutritional foods;
- Age appropriate medical care, including, amongst others, pre-and post-natal care, vaccinations, palliative and curative care, sexual and reproductive health.
- **Family**, which may refer to any number of people who are close to the child, such as parents, caregivers, siblings, grandparents, extended family, etc.
 - Linking parents/caregivers to parenting classes, to include topics, amongst others on early childhood care, positive discipline, behaviour management, adult/child communication, child protection, and how to support children in managing their own behaviours positively;
 - Promoting family self-sufficiency and linking households to income generation projects, village savings and loan groups, or social protection schemes;
 - Family focused health services, such as pre-and post-natal home visits (e.g. to raise awareness of family planning, healthy pregnancies and deliveries, to generate understanding of the importance of birth registration and breast-feeding, to identify and respond to maternal depression), linking families to community support groups and couples counselling (e.g. to address traumatic stress, domestic violence, amongst others);
 - Linking families to relevant community-based mechanisms and / or government structures at the sub-national level to ensure economic support, adequate housing, and appropriate response to rights violations, such as exposure to child abuse, exploitation and neglect.
- **Community**, which may include the neighbourhood, peers, school, religious institutions, community groups, local transport cooperatives, local businesses and enterprises etc.
 - Involving community leaders, elders and youth in awareness raising and community dialogues, including with conflicting groups;
 - Involving government, civil society and the private sector to in public awareness raising campaigns, such as on: HIV, stigma and discrimination, sexual/ gender-based violence, child marriage, child labour etc.;
 - Creating, building or strengthening community support groups, including identification of peer educators;
 - Creating, building or strengthening of child/girl-friendly safe spaces for leisure or homework;
 - Creating, building or strengthening of opportunities for child and young person's participation, such as school clubs, Sunday school or other religious schooling, children's assemblies / parliament, and governance structures;
 - Adolescent friendly services, including sexual and reproductive health services
- **Systems**
 - Promotion of strong laws and policies for children and young people;
 - Reviewing laws and policies for children and young people, including with their participation, to ensure they remain relevant and take into consideration emerging trends;
 - Ensuring laws and policies are implemented and guided by standards to ensure quality of services and care for children, young people, their families and communities;
 - Strengthening linkages between formal and community based child protection systems;
 - Advocacy on increased budgeting for children and young people's issues;

- Increasing opportunities and incentives for SSW to have access to relevant training and career advancement.

Not every child, young person and family may need the same level or type of support; the type of service needed is based on the vulnerability of the child. In general, the ecological model or ‘circles of support’ has been influential in shaping various psychosocial support programs in both development and emergency settings as it considers how multilevel interventions can improve and sustain long-term mental health and wellbeing, particularly if they work together in coordination.¹⁰²

5.4 Levels of Intervention

A comprehensive set of services to ensure the wellbeing of children and young people are services that target and enhance their physical, cognitive, emotional, social, spiritual needs, to empower them to meet their age appropriate developmental milestones (see Annex 5), and strengthen their resilience. Services should not only address the various psychosocial needs of individual children and youth, but also focus on families and the wider community (see section 5.3). This perspective highlights that offering services to the child or young person’s broader system of support can significantly reduce the impact of exposure to vulnerabilities and increase their resilience.¹⁰³

The understanding that service delivery should benefit all children and young people, and not just vulnerable or marginalized children and young people, highlights the importance of preventive and protective services to decrease their need to access specialised services. Services that target families and communities are about increasing resiliency and reducing vulnerability, while specialized services respond to the impacts of being exposed to vulnerabilities and shocks.

The Levels of Intervention (figure 3) highlights the multi-layered approach to service delivery; appropriate services and support should be available between the spectrum of basic or general family level services to more specialized psychological or mental health interventions. The pyramid emphasizes that all children and young people need access to basic or general family level services, while vulnerable children may require additional or specialized services. Figure 3 reflects the number of relative people served by each level of intervention. The strategies developed as part of the MSCS (section 6.4) highlight the importance of targeting investments for children at the family and community level, to strengthen resiliency and reduce vulnerability.

¹⁰² Betancourt et al. (2013) Interventions for Children Affected by War: An Ecological Perspective on Psychosocial Support and Mental Health Care. *Harvard Review Psychiatry*. 2013 Mar-Apr; 21(2): 70–91

¹⁰³ This approach can also be found back in the psychosocial intervention pyramid of the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2010.

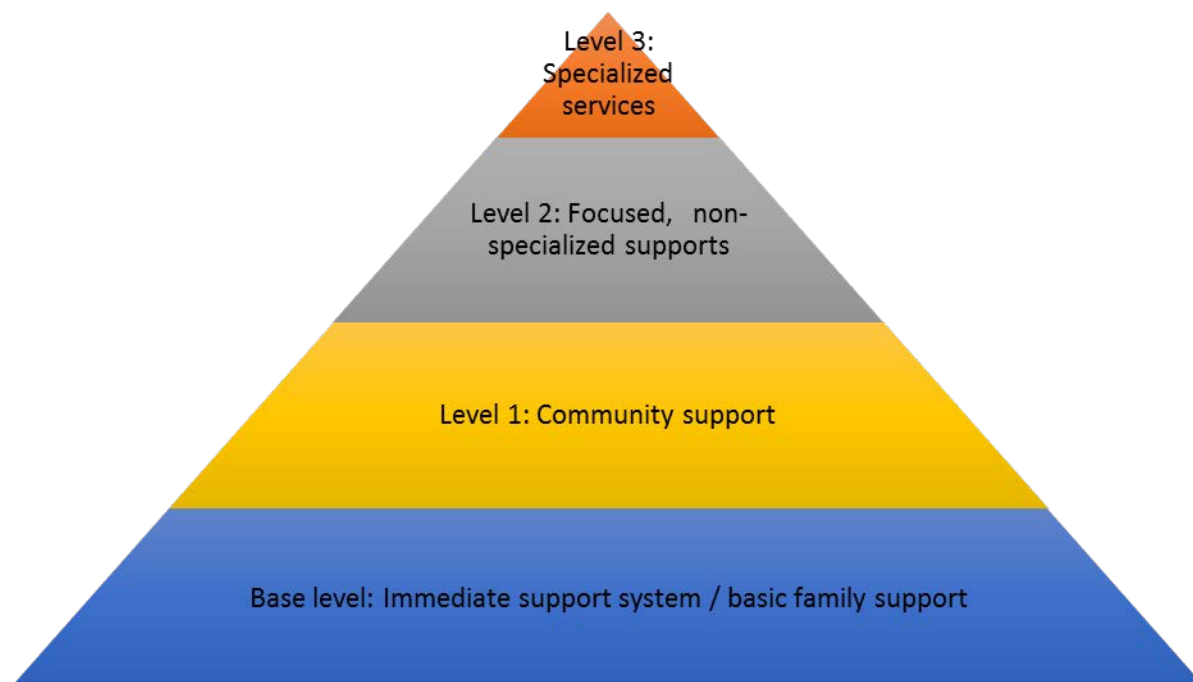


Figure 3: Levels of Intervention for Services

Specialised services, such as for survivors of sexual violence or severe physical abuse, are likely to be the most expensive per individual, and will require trained and specialized personnel. Yet, specialized services are often the services with the lowest impact at national level, because they are tailored to a sub-group of children and young people with specific needs. Although specialized services are certainly necessary, a more cost-effective approach that has wider reach and impact is to focus on investing in basic and family centred services to avoid them needing specialized services. That said, all services are complex; while some services target immediate support systems and others target specific needs, they need appropriate levels of effort and commitment in terms of planning, monitoring, evaluating and budgeting.

5.4.1 Base Level: Immediate support system / Basic family support

For children and young people, the immediate support system is the place where they (should) experience everyday love, nurture, and support: their families. Families are the first line of protection for children, and strong, stable, and healthy families are fundamental for ensuring children’s resilience. Families can include:

- Biological parents;
- Extended family members or caregivers, who provide formal or informal care or support to children and young people;
- Foster or adoptive parents.

Families are children’s primary duty bearers; the UNCRC and the ACRWC, in Articles 5 and 18 respectively, identify families as a child’s first safety net. The underlying notion of the MSCS is that strong families are those where children are protected from violence, abuse, and neglect, and where the risk of family separation is minimal; a strong family unit will encourage the demand for accessible and appropriate services, as well as support their children’s access and utilization of services. Services should

thus target and empower families, for families to fully meet the range of children's needs. Such services may include:¹⁰⁴

- Family visits by community volunteers to support caregivers in need;
- Parent/caregiver support groups;
- Parenting programmes to generate understanding about positive discipline and positive and age-appropriate means of communication with children and young people;
- Linking families to household economic strengthening initiatives, income generating activities, or social protection schemes to include cash transfers, school bursaries, disability grant, or any conditional or non-conditional government initiative that supports the household with the means to ensure the children and young people under their care have equitable access to the same set of services as non-poor children;
- Legal services, such as birth-and civil- registration and response to cases of violence, abuse and exploitation.

Increasing evidence shows that combination approaches, such as 'cash plus care' interventions, i.e. programs that include household economic strengthening and parenting elements, do increase the capacities of families to support and protect the children under their care.¹⁰⁵

Important to note is that under normal circumstances, the daily interaction between children, young people and their families is sufficient for a child or young person to be well and thrive. However, there are various stressors or risks to families that can result in the immediate support system being challenged. These can include the financial and emotional strain of looking after a chronically ill household member, the impacts of being exposed to violence, and changing family dynamics as a result of urbanisation, migration, armed conflict or natural disasters. In situations when families are under considerable strain, more specialized services can help to mitigate the effects of trauma and compounded stress, and reduce the likelihood of negative outcomes for children and young people. Community-based services, structures and mechanisms play a crucial role in offering support to such families.

5.4.2 Intervention Level 1: Community support

When families are impacted by vulnerability or risky situations, and cannot take adequate care of children and young people, communities can take on an increasing care and support role. This is also referred to as a "supported community." A supported community is one that is being supported by government, civil society organisations, development or humanitarian partners, faith based groups, the private sector, or other actors who work together to increase access to resources, opportunities, and information within the community.¹⁰⁶ Such communities can ensure quality and accessibility of services by identifying cost-sharing opportunities. Examples of community based services that can support families include:

- Referring and linking families to basic needs such as shelter, food, health care, water and sanitation;
- Ensuring community based protection mechanisms protect children and young people from violence, abuse and exploitation;

¹⁰⁴ Note this is not an exhaustive list, but is meant to give some clear examples of the types of support offered at this level.

¹⁰⁵ Cluver L et al. *Cash plus care: social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa*. AIDS 28 (suppl 3): S389-97, 2014; The INSPIRE package comprises seven strategies for ending violence against children in the home and broader community. See http://www.who.int/violence_injury_prevention/violence/inspire/en/.

¹⁰⁶ Global Trauma Project (2005). Trauma-Informed Community Empowerment (TICE) Facilitator Guide.

- Linking community based services to formal structures (particularly health and child protection) to ensure children, young people and their families access specialized services, where needed;
- Disseminating information on the role and whereabouts of existing services, including those for young people;
- Reunification of unaccompanied and separated children;
- Supporting reintegration efforts of separated children into family-based care;
- Establishing child-friendly and safe spaces, where children and young people can do homework or participate in sports or other leisure activities;
- Organizing and participating in public-awareness campaigns on positive norms, values and beliefs on children's rights and development;
- Ensuring partnerships with local government, religious community, small and medium enterprises, and community based organisations to ensure effective referral of children and young people to necessary services.

5.4.3 Intervention Level 2: Focused, non-specialised supports

While the provision of basic services at the family and community levels can be sufficient to build, or sustain the wellbeing and resilience for most children and young people, others may need more focused support. Typically, focused, non-specialised support services is for groups with increased risks or vulnerabilities. Often policies identify who they are. They could include:

- Children or young people who struggle to cope or thrive within the home, school, or broader community (i.e. children who may be depressed);
- Children or young people at risk of family separation;
- Children or young people who are not progressing in terms of their development, or are unable to function as well as their peers
- Displaced and refugee children.

Examples of services at this level may include:

- Identification of children and families at-risk;
- Setting up local or national hotlines, texting services, etc., which may be accessed by children, young people, families or community members;
- Psychosocial, trauma and spiritual counselling;
- Establishment of support groups that address trauma, such as trauma-informed sports, theatre or arts programming.

These types of services should, as much as possible, not be offered as a standalone intervention, but rather be linked and integrated into broader community based systems and services. Linked or integrated services tend to reach more people and are typically less stigmatizing.¹⁰⁷ Also, delivering focused, non-specialized services require paraprofessional staff with additional training and supervision. Staff may include counsellors, teachers, social workers, child protection officers, and community health workers may be able to offer emotional support and problem-solving skills to children, young people, and families who are more significantly affected.

¹⁰⁷ <http://ovcsupport.org/resource/psychosocial-support/>

5.4.4 Intervention Level 3: Specialized Services

In some cases, regardless of their access to family, community, or non-specialized services, children and young people may need intensive or specialized services to ensure they are well. This is particularly true for children and young people in vulnerable or stressful situations, such as those who:

- are affected by armed conflict and emergency situations;
- experience severe deprivation;
- have been exposed to (sexual) violence, abuse, exploitation or neglect;
- affected by HIV or AIDS;
- care for chronically ill household members or acting as head of households;
- live with disabilities
- have mental health problems.

Specialized services are often trauma-informed care and support interventions, such as clinical, mental health, or psychosocial support services. They should identify and address the impact of trauma on the child or young person and focus on establishing pathways for recovery and resilience. Trauma-informed care and support should also emphasize the need for physical, psychological and emotional safety and helps survivors rebuild a sense of control and empowerment.¹⁰⁸ In addition, trauma-informed services should focus on supporting individuals with emotional and physiological regulation, strengthening support systems, and processing issues related to one's sense of identity.¹⁰⁹ These services however will however only be accessed by a small percentage of the population. These services may include:

- Play therapy/ family therapy;
- Psychiatric care (outpatient or hospitalization);
- Specialized medical care (including clinical referrals);
- Physical therapy;
- Trauma-Informed psychotherapy;

If there is no local infrastructure or local capacity, other actors should provide emergency mental health services. These specialized services typically require highly qualified and trained staff. Those without specialized training should identify and make referrals to existing health and social service mechanisms and structures.¹¹⁰ In the case of a survivor of sexual abuse, for example, social service workers need to be able to identify the signs of physical, mental, emotional trauma including on the survivor's family, and be able to immediately refer the survivor and family caregivers to appropriate clinical and psychosocial interventions.

¹⁰⁸ <http://www.traumainformedcareproject.org/>

¹⁰⁹ Global Trauma Project (2005) Trauma-Informed Community Empowerment (TICE) Facilitator Guide.

¹¹⁰ UNHCR (2009). ARC Resource Pack – Facilitator's Guide.

6. Minimum standards and strategies to ensure comprehensive services for the psychosocial wellbeing of children and young people

6.1 Overview of a set of comprehensive services for children and young people

A package of comprehensive services for children and young people aims to maximize wellbeing outcomes and minimize risks, for children and young people to grow according to their potential, meet their developmental outcomes, and lead productive and healthy lives; some Partner States have developed minimum packages of services (see Table 1 and Annex 4). While it is important to highlight what a relevant package of services for children and young people can look like, it is acknowledged that each Partner State should develop, review, or revise their minimum package of services based on their contexts, to include national definitions of standards of care (see 6.2) and availability of human resources (see 6.3).¹¹¹

The key services that are referenced and / or unpacked in national packages of services for children include:

- Health, to include, amongst others, physical, mental and social health, preventive and responsive services;
- Food security and nutrition;
- Education, to include, amongst others, early childhood development; primary, secondary, and tertiary schooling; vocational training;
- Care and support, to include, amongst others, family strengthening initiatives (such as parenting programs), reintegration services from residential care to family-based care, psychosocial support and initiatives to prevent and respond to violence against children;
- Protection, to include services such as civil registration and juvenile justice, and initiatives to address child labour and harmful traditional practices;
- Socio-economic security, to include, amongst others, social protection schemes, income-generating activities.

That said, it is the role of the MSCS to advocate and raise awareness of the need to ensure access to all necessary services to ensure children's and young people's wellbeing. For example, even if a particular service is accessible, its impact on the child's or young person's psychosocial wellbeing will not be maximised without the access to other services that s/he needs. The following scenario highlights the importance of accessing all necessary services to ensure positive outcomes for children and young people.

Esther may be able to access school as it is a short walk from her house. However, without a health facility nearby to prevent, diagnose, or respond to Esther's health concern, Esther may drop out of school. Similarly, Esther's health situation may deteriorate more quickly if the household does not have access to clean water, for nutrition and sanitation purposes. Esther's caregivers may be encouraged to leave the house in search of money for transport to a health facility, and for medicine, leaving Esther alone at home, increasing her risks of being abused and exploited, especially due to the paucity of child protection services and volunteers to note Esther being home by herself.

¹¹¹ Key conclusion from the regional experts' consultation. See meeting report, October 3-5, 2016, Nairobi, Kenya.

While the EAC Child Policy highlights the importance of all services for children's and young people's wellbeing, in objective 6, it highlights the importance of **education, health and social protection** as an absolute minimum package for children and young person's wellbeing; these are expanded on below.

6.1.1 Health services

The EAC Child Policy is reflective of the EAC Health Policy, EAC Development Strategy (2012-2016), the EAC Regional HIV and AIDS, TB and STI multi-sectoral Strategic plan and implementation framework 2015 – 2020, Inter-ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa, and Components of comprehensive health services to maintain mental, physical and social healthy lives include access to preventive, curative and rehabilitative services, including information, regardless of age, gender, disability status, chronic illness or culture. Ensuring health services are available at the different levels of interventions is important to build resiliency of children from the moment they are conceived to ensure they are and remain well through the different ages and stages, and meet the developmental outcomes.

Accessible and appropriate health services at the family, community, non-specialized and specialized levels require the availability of a trained workforce at the various levels for the services to have the envisaged impact. For example, community health workers, community volunteers, peer educators, clinicians, nurses and doctors, psychologists, counsellors and/or psychiatrists specifically trained in child psychology and the various age and context appropriate therapies and interventions are needed.

To further maximize health outcomes of children and young people, and boost their resiliency, health services should be closely linked to nutrition, food security, and water and sanitation interventions.

Basic or family centred health services can include:

- Health clinics that provide age appropriate medical care, either at the home or facility level, including pre-and post- natal support, paediatric care, access to vaccines, sexual reproductive health and clinical management of sexual violence cases.

Community based health services can include:

- Integration of health services into other accessible services, such as schools, places of worship;
- Community-based support groups for new parents/caregivers, including on topics relating to early childhood development, positive parenting, savings and loan groups;
- Awareness raising campaigns against stigma and discrimination of marginalized children and young people, such as those affected by HIV and disabilities;
- Peer educators, e.g. to raise awareness on sexual and reproductive health rights, sexual violence, and identify service points in the community for more information on family planning.

Non-specialized health services can include:

- Community support groups for those affected by a vulnerability, such as HIV and disabilities;
- Community focal points trained in referral pathways and who can provide Psychological First Aid as the initial service;

Specialized health services can include:

- HIV counselling and treatment services;
- Services to address biological or genetic condition, such as a physical disability (cleft palate) or organic developmental disorder (Down's Syndrome);

- Clinical care and management for survivors of sexual violence;
- Age-appropriate mental health services, such as counselling and psychiatric care, for those that have been exposed to traumatic events such as armed conflict and violence. That said, provision of mental health services has been recognized by the World Health Organization as a large gap in current global programming, even though in sub-Saharan Africa it has been described as being in the process of “widening.”¹¹²
- Specialized services should be offered through regular health services, and ideally at the community level to ensure accessibility, to avoid stigmatization and marginalization. To maximize the child’s and young person’s health outcomes, health services need to be closely linked to food security, nutrition and water and sanitation interventions to ensure that children develop to their full potential both intellectually, mentally, physically.¹¹³

6.1.2 Education services

Components of an education service include the provision of an age-appropriate, safe and nurturing teaching and learning environment delivered through registered educational and / or training institutions via government-approved accredited curricula, and trained and registered professors, teachers, and teacher assistants. Comprehensive education services cover the ambit of early childhood development and early learning, primary, secondary and tertiary education, as well as vocational training.

The provision of an age-appropriate, nurturing and safe teaching and learning environment directly impacts on the mental, cognitive, emotional and social needs of children and young people. A positive and safe educational climate as well as the presence of positive role models, such as teachers, have been identified as a key protective factor that can empower and strengthen the resiliency of boys and girls.¹¹⁴

Education services should be accessible for all children and young people, regardless of their age, disability status, gender, deprivation level, or religion. Good quality and equitable education serves to unlock opportunity and undo intergenerational cycles of inequity: on average, each additional year of education a child receives increases her or his adult earnings by about 10%. Some of the highest returns of all are associated with education for girls. Education empowers girls later in life to seek better health care during pregnancy, in childbirth and during their children’s early years. The results are reflected in lower levels of under-five mortality, reduced fertility, improved health-care practices and later marriage and childbearing.¹¹⁵

To further maximize education outcomes for children, schools should integrate age-appropriate information and skills building opportunities relating to health in general, and specifically with respect to sexual reproductive health, HIV, and protection. Code of conducts and reporting mechanisms, particularly related to physical violence and sexual exploitation of students by teachers should be implemented.

¹¹² Philips Owen J. et al. (2016). “Child and adolescent mental health in Sub-Saharan Africa: a perspective from clinicians and researchers.”

¹¹³ World Health Organisation (2006). Mental health and psychosocial wellbeing among children in severe food shortage.

¹¹⁴ Tolfree, D. (1996). Restoring playfulness. Different approaches to assisting children who are psychologically affected by war and displacement. Save the Children Sweden.

¹¹⁵ UNICEF. State of the World’s Children 2016.

Basic or family centred education services can include:

- Generating awareness amongst caregivers and parents to enrol children in school and support them to continue to go to school, regardless of their gender, age, disability status;
- Home visits undertaken to monitor and support progress and retention in school.

Community based education services can include:

- Awareness created among community members of the educational needs and rights of all children and young people;
- Collaboration with relevant Government ministries to support equitable access and retention in early childhood development and early learning, educational and training opportunities, including for children with disabilities;
- Collaboration with relevant Government ministries, private sector, civil society organization, faith based groups and others for skills building opportunities for young people;
- Availability of alternative or non-formal basic education for educationally marginalized children such as those living on the street, affected by armed conflict or living in residential care;
- Availability of physical spaces where sports, children or young people's groups, parent support groups, health or even counselling services can be facilitated.

6.1.3 Social protection services

The EAC Child Policy is reflective of the social protection components elaborated upon in the EAC Strategic Plan on Gender, Youth, Children, Persons with Disabilities, Social Protection and Community Development 2012-2016. Components of a social protection service include the process of assisting and building the capacity of vulnerable households to mobilize and manage financial resources, and enable the household to meet the basic needs of children and young people in their care to increase their resiliency and overall wellbeing. A fundamental objective of social protection services is to strengthen families' capacities to prevent family separation and to keep children safe from violence, abuse and neglect: "A child is far less likely to experience compounded stress if he/she has good support mechanisms. Therefore, social protection efforts should focus on supporting families and communities to help each other. Psychosocial activities must promote child development and relationships with others, re-establish routines, and increase self-confidence and sense of control. Interventions should be empowering, inclusive, and fully integrated with wider community efforts."¹¹⁶

Enabling families to become and remain self-sufficient contributes to their self-esteem and self-efficacy, which is strongly linked to the concept of wellbeing and the World Health Organisation's definition of mental health: "being able to work productively and fruitfully, and is able to make a contribution to her or his community."

While social protection services are crucial to support families to care for children and young people and ensure their access to the necessary services, they should not take the place of more sustainable interventions that can encourage households to become self-sufficient, such as household economic strengthening interventions, income generating activities, or community saving and loan groups. In addition, social protection outcomes are maximized when they are linked to strengthening the care component of families, such as through parenting programmes. The World Health Organization noted that the following are important factors that influence the program's effects: opportunities for parents to practice new skills' relating to parenting principles, rather than prescribing them with techniques;

¹¹⁶ Children First Project. [What is social protection?](#) Accessed 19 February 2015.

teaching of positive discipline techniques that are age-appropriate; strengthening parent-child relationships; and considering difficulties in the relationships between adults in the family.¹¹⁷

Such services recognize that families have a certain level of vulnerability, and hence are relevant from the community level intervention and up:

Community based social protection services can include:

- Linking eligible families or households to social protection services and / or household economic strengthening initiatives;
- Availability of community based savings and loan groups;
- Generating awareness on financial literacy and savings.

Non-specialized social protection services can include:

- Government social protection services, include cash transfers, school bursaries, disability grant, or any conditional or non-conditional government initiative that supports the household with the means to ensure the children and young people under their care have equitable access to the same set of services as non-poor children.

6.2 Minimum standards in ensuring comprehensive services for children and young people

Minimum standards refer to an expected level of service delivery or performance as a reference point against which to measure quality. There are some generic dimensions of quality that can be applied regardless of context. The below reflect existing standards Partner States have developed vis-à-vis services for children:¹¹⁸

- *Access*: Improve coverage to reach all children and young people and their households in need of service(s) by removing geographic, economic, social, cultural, organizational or linguistic barriers;
- *Effectiveness*: Ensure that the service makes a positive impact on children and young people, and their household;
- *Efficiency*: Coordinate and link service providers to avoid duplication, wasted resources, and uncoordinated care to maximize impact of service(s) on children and young people, and household outcomes;
- *Appropriateness*: The adaption of services and care to meet the needs or circumstances of the beneficiary based on their age, gender, disability, culture, geographic or socio-economic factors;
- *Continuity*: Timely referrals and coordination between service providers to ensure effective care and follow-up;
- *Sustainability*: The service is designed so that it can be maintained at the community level, in terms of technical, financial, and human resource management and technical know-how;
- *Compassionate relations*: The establishment of trust, respect, confidentiality and responsiveness through ethical practice, effective communication and appropriate socio-emotional interactions;

¹¹⁷ Wessels I, Mikton C, Ward CL, Kilbane T, Alves R, Campello G, Dubowitz H, Hutchings J, Jones L, Lynch M, Madrid B (2013). Preventing Violence: Evaluating Outcomes of Parenting Programmes. Geneva, Switzerland, WHO.

¹¹⁸ These dimensions have been used to guide the development of Kenya's Minimum Service Standards for Quality Improvement of Orphans and Vulnerable Children Programmes, Tanzania's National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children, and Uganda's Guide for Interpreting and Applying National Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children; they were adapted from: Brown, L. et. al. (2003) "Quality Assurance of Health Care in Developing Countries". Quality Assurance Project. Additional standards pertaining to children's wellbeing within the EAC Partner States exist, such as those relating to early childhood development, health, alternative care, amongst others.

- *Technical performance*: Improve quality and quantity of workforce to meet program standards and guidelines.

Monitoring quality (routine tracking of inputs, activities and outputs) and evaluating services (using data to assess effectiveness, relevance and impact of achieving service goals) will provide the evidence and essential information on the extent to which the above standards are being upheld. This data is key for strategic planning, policy and program improvement, accountability, and advocacy, to ensure all the standards can be equally upheld.¹¹⁹ The M&E frameworks and structures in place in each Partner State should focus on generating and capturing the evidence needed to measure the extent to which the above standards are upheld. Children’s, young people’s and families’ participation is key in this process to understand whether services are meeting their needs. National level M&E frameworks should further be able to identify key gaps and challenges hindering the full extent of the standards’ application.

6.3 The role of the social services workforce in upholding the minimum standards for comprehensive services for children and young people

To ensure strong communities to care for children and young people when families are stretched, responsibility is placed on the SSW to identify vulnerable children and families. They should further advocate, refer and facilitate access to relevant services to foster the continuum of care to prevent children or families from becoming even more vulnerable. Members of the social service workforce can include social workers, para-social workers, child protection officers, health workers, and community volunteers,

Services and support offered by the social service workforce may include:

- Regular household assessments of vulnerable or marginalised households, such as through the Child Status Index or Household Vulnerability Assessment tools;
- Development and monitoring of individual and household care plans;
- Working with local coordination bodies to map services relevant for children and young people’s wellbeing;
- Support the monitoring and evaluation of services and programmes relevant for children’s and young people’s wellbeing;
- Participate in local coordination bodies to establish and strengthen linkages, referrals, and bidirectional referrals between service providers;
- Provide services directly to children, young people and their households, such as counselling, nutritional support;
- Provide services and oversight during emergencies, and in refugee and displacement situations;
- Initiate or participate in the referral pathway from household to service provider, including conducting counter referrals.¹²⁰

¹¹⁹ PEPFAR. Guidelines for OVC programming.

¹²⁰ A **referral** is understood as the process of recognizing a risk or concern about a child or household, deciding that action needs to be taken and providing information about or referring the client to the identified service. Referrals can occur within the same sector (e.g. from a health centre to another larger or more specialized health facility) and between sectors (from a social service provider to a health provider). Referrals between the health sector and social service system are especially relevant given that vulnerable children, young people and their families tend to have multiple vulnerabilities that require services provided by both sectors (Roelen, K., Long, S., and Edström, J. on behalf of Institute for Development Studies and Centre for Social Protection (2012). [Pathways to protection – referral mechanisms and case management for vulnerable children in Eastern and Southern Africa Lessons learned and ways forward](#); MEASURE Evaluation (2013). [Referral Systems Assessment and Monitoring Toolkit](#). USAID, PEPFAR and MEASURE Evaluation).

In order to ensure the strategies outlined in the MSCS (section 6.4) are effectively implemented, concerted efforts, through evidence informed advocacy, should focus on expanding the reach and impact of the social services workforce by offering coordinated tools and procedures, targeted and appropriate training, refresher trainings and incentives to the various levels of the social services workforce to ensure their mobility in successfully impacting on the wellbeing of children and young people. To maximize the role of the social services workforce, their work with community based mechanisms should be enhanced.

6.4 Strategies to ensure the minimum standards to comprehensive services for children and young people are upheld in the EAC

The following five strategies have been identified by the EAC and its Partner States to ensure children and young people have access to a comprehensive set of services to ensure children's wellbeing. The strategies have been developed with the following premises:

- Recognise that EAC Partner States have, or are in the stages of developing, national minimum standards and / or packages of services for children, and they seek practical guidance on how to effectively and efficiently implement them;
- Ensure that strategies are clear and easy to understand by all stakeholders involved with children's and young people's wellbeing, including those at regional, national, subnational (including family) levels to increase demand for comprehensive services;
- Ensure that the strategies are evidence-based and contextually appropriate; they should be informed by identified successes and challenges in implementing existing national level minimum standards or packages of services for children and young people;
- Ensure that the strategies are pragmatic and feasible to ensure their effective implementation at national and subnational levels, while at the same time are flexible to address emerging trends;
- Ensure that the strategies are packaged to advocate for strengthened political commitment and increased resources, and to generate awareness of the relevance and use of these strategies in relation to ensuring children's and young people's wellbeing.

The five strategies to uphold the minimum standards to ensure comprehensive services for children and young people in the East African Community can be referred to as **S.C.A.L.E.** and include the following:

6. **Social service workforce:** ensure a strong workforce in terms of quality and quantity.
7. **Coordination of services:** coordinate services to ensure comprehensive and integrated service delivery.
8. **Availability and accessibility of appropriate services:** guarantee services are available and accessible to all children, and are sensitive to and address the needs of the child or young person.
9. **Long lasting positive impact of services:** ensure services are sustainable.
10. **Evaluation of services:** monitor, evaluate and learn to guide and inform policies and programs to ensure effective service delivery for children and young people's wellbeing.

The below sections unpack the **S.C.A.L.E.** strategies and identify priority activities and roles and responsibilities. Outcome indicators have also been incorporated as a means of tracking and measuring the implementation of the priority. These strategies and related activities and indicators will influence the operationalization of the EAC Child Policy to ensure harmonization and linkages between the EAC framework for children and young people.

6.4.1 Social service workforce: ensure a strong workforce in terms of quality and quantity

Priority Activities	Actors	Outcome Indicators
Conduct periodic mappings and surveys to create, maintain, and update a human resource information system on professional, para professional and volunteer members of social service workforce, including those operating in humanitarian situations	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs¹²¹ - Civil society organisations (CSOs) (including faith based organisations - FBOs) - Private sector¹²² - Others who provide general and / or specialized services for children and young people - National statistics institute 	National data base on SSW
Develop and implement a national capacity building plan to strengthen the social service workforce in terms of quantity and quality	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs - Civil society organisations (CSOs) (including faith based organisations - FBOs) - Private sector - Academia (where social work or child protection curricula exists) - Institutes accrediting / regulating / developing curriculum - National SSW - Development partners 	<ul style="list-style-type: none"> - A costed capacity building plan, with clear roles and responsibilities per actor - Number of trained SSW, per level (professional, para-professional, volunteer) - Availability of measurable staff performance indicators - Availability of tools to measure and track performance by SSW
Standardize and accredit a training curriculum on child wellbeing and protection for all levels of the SSW	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - Line ministry responsible for education, health, refugee affairs or disaster risk management - Civil society organisations (CSOs) (including faith based 	Adoption of standardized and accredited training materials for SSW, which also considers emergency situations.

¹²¹ Relevant MDAs will include those with direct responsibilities for children and young people, such as health, education, social protection, justice, refugee affairs, disaster risk management, and EAC. Additional MDAs are incorporated into the matrix, where appropriate.

¹²² To refer to those who provide services for children and young people, as well as those small and medium enterprises in the community who can play a role in advocating demand for, supporting access to, and quality of services for children and young people at the community level.

	<p>organisations - FBOs)</p> <ul style="list-style-type: none"> - Academia (where social work or child protection curricula exists) - Institutes accrediting / regulating / developing curriculum - National SSW - Development partners - Inter-University Council for East Africa 	
<p>Link community based structures to statutory service providers, and quantify community based structures' contribution to government budgets</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs (including finance) - CSOs (including FBOs) - Development and humanitarian partners - Treasury 	<ul style="list-style-type: none"> - Functional standardized and coordinated referral pathways for children and young people - Government budget reflecting the allocation of funding to service delivery for children and young people, including with a line item on strengthening the SSW - A matrix of budget allocations disaggregated by contributor (government, CSO development and humanitarian partners, etc.)
<p>Leverage partnerships and technology to ensure efficient identification and early detection of children's and young people's needs</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs (with Monitoring Information Systems for children) - ICT / data management organisation - CSOs - Development and humanitarian partners 	<ul style="list-style-type: none"> - Available, accessible and updated service directory or map of the different services available for children and young people, including key contact information - An ICT strategy that identifies modes of technology and how technology can be used by the SSW to identify needs and track the referral to services - Existence and use of an ICT based infrastructure by the SSW

6.4.2 Coordination of services: coordinate services to ensure comprehensive and integrated service delivery

Priority Activities	Actors	Outcome Indicators
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<p>Strengthen the coordination mechanism for children and young people at national and sub-national levels. This mechanism should link and feed into to existing children and young people’s participation structures / processes.</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs - CSOs - Youth Councils - Development and humanitarian partners 	<ul style="list-style-type: none"> - Availability of a coordination and accountability mechanism with clear mandate, roles and responsibilities, and established linkages with key sectors at the different levels - Child and young people’s participation structures directly link and feed into the coordination mechanism and vice versa
<p>Strengthen the sector wide approach to programming and budgeting for services for children and young people</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs (including line ministries for finance and planning - National Children’s Authority / Council - National Treasury - CSOs - Development and humanitarian partners - Youth Council 	<ul style="list-style-type: none"> - Commitment / action plan, accompanied by an M&E plan, for strengthening service delivery for children and young people - Availability of clear annual budget for comprehensive service delivery for children and young people - Commitment by different sectors and actors in budget development and resource mobilization

6.4.3 Availability and accessibility of appropriate services: guarantee services are available and accessible to all children, and are sensitive to and address the needs of the child or young person.

Priority Activities	Actors	Outcome Indicators
<p>Develop and implement a comprehensive communication and advocacy strategy to raise demand amongst the community for accessible and appropriate services</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs - Radio - Social media platforms - CSOs (including FBOs) - Development and humanitarian partners 	<ul style="list-style-type: none"> - Availability of a comprehensive communication and advocacy strategy - Increased availability of a comprehensive set of services for children and young people at the community level - Increased uptake of services by children, young people and families - Increased knowledge amongst community members on policies and laws that protect children and young people
<p>Support the use of technology to deliver a comprehensive set of services for children and</p>	<p>Lead: Line ministry responsible for children and young people</p>	<ul style="list-style-type: none"> - Technology in place and utilized to facilitate access to comprehensive services,

young people, particularly in hard-to-reach communities	Support: <ul style="list-style-type: none"> - MDAs - Private sector - CSOs (including FBOs) - ICT organisations 	particularly in hard-to-reach communities
Develop practical guidance, such as standard operating procedures or job aids, for all actors who provide specialized services for children and young people	Lead: Line ministry responsible for children and young people Support: <ul style="list-style-type: none"> - MDAs - CSOs (including FBOs) - Development and humanitarian partners 	<ul style="list-style-type: none"> - Availability of guidance on how to deliver appropriate specialized services for children and young that are of quality - Availability of tool to monitor availability, accessibility and quality of specialized services

6.4.4 Long lasting positive impact of services: ensure services are sustainable

Priority Activities	Actors	Outcome Indicators
Develop and implement an accountability mechanism, which incorporates the participation of children and young people (such as through score cards, status reports, assessments)	Lead: Line ministry responsible for children and young people Support: <ul style="list-style-type: none"> - MDAs - CSO (including FBOs) - Private sector 	<ul style="list-style-type: none"> - Accountability mechanism is functional to track all service providers providing services for children and young people - Tools to assess quality of service delivery include role for children and young people - Reports from Children's Assembly / Parliament / school clubs / support groups with experiences and recommendations on strengthening service delivery at the community level
Strengthen partnerships between public and private sector and with faith based groups to increase number and quality of services for children and young people, particularly at the community level	Lead: Line ministry responsible for children and young people Support: <ul style="list-style-type: none"> - MDAs - CSO (including FBOs) - Private sector - Cultural leaders / institutions - Development and humanitarian partners 	<ul style="list-style-type: none"> - Increased number of MoUs or agreed partnerships between government and other actors - Coordinated work between state and non-state actors to increase accessibility and quality of comprehensive services for children and young people
Link programmes on child and young people's wellbeing to relevant services to strengthen families' and communities' capacity to care for children and young people, including in hard-to-reach communities.	Lead: Line ministry responsible for children and young people Support: <ul style="list-style-type: none"> - MDAs - Development and humanitarian partners 	<ul style="list-style-type: none"> - Number of programmes that are linked to services - Number of children and young people using services - Number of referrals between services

	- CSOs (including FBOs)	
Develop an investment case identifying short-medium and long term costs to deliver a comprehensive set of services for children and young people at the community level, including in hard-to-reach communities	Lead: Line ministry responsible for children and young people Support: - MDAs (including line ministry for finance and planning) - Development and humanitarian partners - CSOs (including FBOs) - Private sector	- Clear investment case identifying short-medium and long term costs per child to access a comprehensive set of services - Availability of data of costs to economy if generalized and specialized services for children and young people are not available - Clear annual budget for comprehensive service delivery for children and young people
Identify targets for short-medium and long term domestic financing	Lead: Line ministry responsible for children and young people Support: - MDAs (including line ministry for finance and planning) - Development and humanitarian partners - CSOs (including FBOs) - Private sector	- Agreed upon domestic financing targets to meet the short-medium and long term costs - Commitment by different sectors and actors in budget development and resource mobilization

6.4.5 Evaluation of services: monitor, evaluate and learn to guide and inform policies and programs to ensure effective service delivery for children and young people’s wellbeing.

Strong monitoring, evaluation, accountability and learning (MEAL) frameworks and tools are an essential foundation to generative evidence to improve the quality and effectiveness of any service or intervention for children and young people. They can track adherence to key principles and standards guiding service delivery, as well as provide specific information relating to how age, gender, location or other determinants can impact on accessing a comprehensive set of services. Measuring accessibility to a comprehensive set of services can inform whether they are resulting in a positive and long-lasting impact on children’s and young people’s wellbeing. This evidence can then be packaged to advocate for more effective interventions, and to inform where resources can accordingly best be targeted. MEAL frameworks are also key to ensure accountability of service providers, to encourage supply of quality services to meet the demand. Participation of children, young people, and their families in MEAL related activities is crucial to contributing to quality improvement of services. The below strategies relate to key MEAL processes.

Priority Activities	Actors	Outcome Indicators
Generate robust and reliable evidence to identify ‘what works’ to ensure children and	Lead: Line ministry responsible for children and young people	- Number of comprehensive studies, case studies, or promising practices on ‘what works’ to ensure access to quality services at

<p>young people can access a comprehensive set of services at the community level, including in hard-to-reach communities.</p>	<p>Support:</p> <ul style="list-style-type: none"> - MDAs - CSOs - Academia - Development and humanitarian partners 	<p>the community level to ensure holistic wellbeing of children</p> <ul style="list-style-type: none"> - Use of evidence to inform policies and programmes to strengthen service delivery for children, young people and families, particularly at the family and community levels
<p>Raise awareness of and use existing tools and mechanisms to involve children and young people in the design, delivery and evaluation of services</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs - CSOs (including FBOs) - Development and humanitarian partners 	<ul style="list-style-type: none"> - Availability and wide dissemination of a toolkit compiling available tools to involve children and young people in evaluation processes - Increased number of children and young people participating in evaluation processes
<p>Conduct periodic participatory and consultative reviews, including with children and young people, of the availability, quality and use of general and specialised services by children and young people and families (link to 6.4.4.)</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs - CSOs (including FBOs) - Private sector - Academia - Independent evaluation teams 	<ul style="list-style-type: none"> - No. of reviews - Increased number of service providers upholding quality standards
<p>Establish a harmonized monitoring, evaluation, accountability and learning (MEAL) framework</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs - CSOs - Development and humanitarian partners - ICT organisations - Private sector 	<ul style="list-style-type: none"> - Availability of harmonized MEAL framework that generates data on quality, access and use of comprehensive services for children and young people, disaggregated by age cohort, gender and location - Increased reliable, recent, and robust data available on quality, accesses and use of comprehensive services for children and young people - Increased use of data to inform policy and programming for strengthened service delivery
<p>Harmonize and strengthen existing Management Information Systems to identify availability of and track access to services by children and young people and families, including in hard-to-reach communities</p>	<p>Lead: Line ministry responsible for children and young people</p> <p>Support:</p> <ul style="list-style-type: none"> - MDAs (especially those with existing MIS) for children) 	<ul style="list-style-type: none"> - Availability of an MIS for children that can track access to, and quality of, a comprehensive set of services, including in hard-to-reach communities - The MIS identifies those children and young people who are at low, medium and high risk of decreased resiliency and wellbeing - The MIS uses technology for real time data

(link to 6.4.1)	<ul style="list-style-type: none">- CSOs (including FBOs)- ICT organisation- Development and humanitarian partners	monitoring and information
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Annexes

Annex 1: Methodology

The methodology to develop the MSCS took into consideration the EAC processes for developing similar strategies for children and young people. The various steps in designing, developing, reviewing and validating the MSCS relied on the active participation by the five EAC Partner States, including from EAC line ministries, ministries responsible for children and youth, as well as civil society. The EAC Secretariat, members from the EAC Inter-Agency Working Group on Children, and the Regional Inter-Agency Task Team on Children in East and Southern Africa (RIATT-ESA) Secretariat provided technical support throughout the various phases of the MSCS development.

The development of the MSCS includes the voice and participation of representatives from the six EAC Partner States, to include representatives from the national, sub-national and community levels. This is to ensure the MSCS adequately reflects, and harmonizes, context-appropriate approaches to children and young people's wellbeing, taking into consideration the EAC Partner States' structures, mechanisms, and processes at national and decentralized levels to address their needs and uphold their rights.

Literature review

The MSCS is informed by evidence, learning, promising practices and innovative approaches that emerged from the EAC Partner States as they developed their national level minimum standards of care. Using an evidence-based approach to inform the MSCS means that the MSS is rooted in the realities, and addresses the situation of children and young people in the EAC Partner States, and is accordingly able to use this evidence to develop an appropriate, realistic, and sustainable MSCS.

A literature review was undertaken to identify strategies that could support the EAC and its Partner States to effectively implement regional and national frameworks for children and youth, including existing national minimum packages of services and / or minimum standards of care for children, and PSS frameworks. Key documents reviewed include:

- EAC Child and Youth Policies
- A Baseline Towards Implementation of the EAC Child Policy (zero draft)
- National level Minimum Package of Services for Children
- National level Minimum Standards for Children
- PSS Frameworks
- Peer reviewed articles with evidence, best practices and case studies to ensure coordinated care for children and youth in East Africa.

For a complete set of references, please see Annex 2.

Key informant interviews

Following the literature review, in-depth key informant interviews were conducted with nine stakeholders from the EAC Secretariat, EAC Partner States, and members of the EAC Inter-Agency Working Group on Children via Skype or telephone. The interviews were semi-structured and were guided by a set questions, to address knowledge or analysis gaps identified in the literature review, and specifically to identify successes and challenges in implementing national level minimum standards,

minimum packages of services for children, and PSS frameworks where they exist. The interviews gave space for stakeholders to identify key components, trends, and themes to be addressed and unpacked in the MSCS. Please see Annex 3 for the list of stakeholders who participated in the key informant interviews.

The outputs of the literature review and key informant interviews resulted in the development of a Zero Draft Minimum Package of Services and a Zero Draft PSS Framework. The initial zero draft of a separate PSS framework was developed as to provide better understanding of the definition and concept of PSS and was aimed at strengthening the set of comprehensive services children and youth should have access to within the EAC Partner States.

The zero drafts were shared with EAC and RIATT-ESA for their feedback, which was incorporated prior to the regional experts' workshop.

Regional experts' workshop

A three day regional experts workshop was held from 11-13 October, 2016 in Nairobi, Kenya with approximately 35 representatives from the EAC Secretariat, EAC line ministries, EAC Partner State ministries responsible for children and youth, the EAC Inter-Agency Working Group on Children, RIATT-ESA, and civil society. The design of the workshop and agenda were developed with the EAC secretariat and RIATT-ESA; seeing that a parallel process to develop an action plan to implement the EAC Child Policy was underway, it was decided to link the two to ensure coordination of efforts. The workshop's first day focused on presentation and discussion of A Baseline Towards Implementation of the EAC Child Policy (zero draft). The second and third day focused on the MSCS, allowing for key national and regional stakeholders to generate momentum, foster collaboration and agreement on the approach and content of the MSS, and strengthen ownership and buy-in of the process.

The workshop's participants agreed to move away from developing a Minimum Package of Services and a PSS Framework, but to ensure practical guidance that can support Partner States to implement existing national level standards or packages for children and youth, or to support Partner States to develop strong national level frameworks for children.¹²³ The meeting also agreed to use PSS as a conceptual framework to design and develop the MSS, as a means of generating understanding of what holistic wellbeing of a child entails, and what is needed to ensure children are well in the context of families and communities. To this end, it was agreed that a Minimum Standards for Comprehensive Services for Children and Youth is what is of most use for the region and for EAC Partner States.

The workshop's discussions and recommendations influenced the development of the first draft of the MSCS in which the originally developed zero draft of an EAC PSS Framework has been integrated.

In-country consultations

In-country consultations were conducted in all five Partner States between 14-25 November, 2016 to generate feedback on the MSCS' first draft and to unpack the S.C.A.L.E. strategies of how to ensure effective implementation of / or guide development of national level minimum standards or services for children and youth. The in-country consultations were guided by a template to focus the consultations on:

- Identifying successes and challenges in implementing national level minimum standards or package of services for children, and PSS frameworks, or

¹²³ The regional experts' workshop report is on file at the EAC Secretariat.

- Identifying what a successful national level minimum standards or package of services for children can look like;
- Refining strategies or inputs needed to sustain successes and address challenges;
- Refining roles and responsibilities to ensure inputs are available and effective;
- Refining outcome indicators to monitor and measure meeting the priority outcomes.

Each country consultation was facilitated by a team of three members: a representative from the EAC, a representative from the EAC Partner State, and one consultant. The consultant provided facilitation support on the technical aspects of the draft during the consultation, the representative from the EAC Partner State supported the identification of key stakeholders, and the EAC representative provided inputs around EAC processes during the consultation. See Annex 3 for participation and Annex 4 for outcomes of country consultations. The consultants consolidated the outcomes of the in-country consultations into draft two of the MSCS.

Consolidation of Partner States' feedback

Draft two was circulated back to the five EAC Partner States via email for their review and feedback in February 2017. A framework to guide feedback was developed by the consultants to help streamline comments, feedback and integration into draft three. Draft three of the MSCS was developed based on the output of the consolidation of the Partner States' feedback.

Regional Validation Workshop

A two-day regional validation workshop was held with approximately 30 regional experts and participants from 25-26 May 2017 in Nairobi. The objective of the workshop was to validate draft three of the MSCS. National experts from social welfare, health and education, and particularly those who were involved in the regional experts' workshop and in-country consultations were also included. See Annex 3 for the list of participants. Inputs and recommendations generated in the Regional Validation Workshop were incorporated into the final draft, which is to be presented at the Sectoral Council in August 2017.

Annex 2: Key references consulted during the development of the Minimum Standards and Strategies for Comprehensive Services for Children and Young People

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Annex 3: Key stakeholders involved in the process to design and develop the Minimum Standards and Strategies for Comprehensive Services for Children and Youth

Key informant interviews

	Name	Function
1	Ms. Rebecca Theuri	Violence against children programme officer, Save the Children East and Southern Africa Regional Office
2	Ms. Marygorret Mogaka, HSC	Senior Assistant Director, Children's Services, Department for Children's Services, Kenya
3	Dr. Michael Katende	Principal HIV and AIDS Officer, EAC
4	Mr. Benedict Michael Missani	Assistant Director Child development, Ministry of Community Development, Gender and Children, Tanzania
5	Mr. Etienne Gashamura	On behalf of Director of Family and Child Development, Ministry of National Solidarity, Human Rights, and Gender Burundi
6	Ms. Silvia Finaurini	Child Protection and PSS Expert, UNICEF South Sudan
7	Ms. Agnes Wasike	National Coordinator Child Protection Working Group, Department of Gender, Labour and Social Development Uganda
8	Michael Copland	Regional Child Protection in Emergencies Specialist, UNICEF East and Southern Africa Office

Regional experts' workshop

UNITED REPUBLIC OF TANZANIA		
1	Benedict Michael Missani	Assistant Director Ministry of Health, Community Dev, Gender and Children, Tanzania.
2	Mohamed Jabir Makam	Children Officer, MLEEYWC, Zanzibar.
3	Joseph Mbuya	Community Development Officer, MOFAEAC.
UNITED REPUBLIC OF UGANDA		
1	Florence Alarango	Principal Gender Officer, EAC Affairs.
2	Agnes Mutonyi Wasike	National Coordinator- CPWG. Ministry of Gender, Labour & Social
3	Jane Stella Ogwang	Principal Probation & Welfare Ministry of Gender, Labour & Social Dev
UNITED REPUBLIC OF BURUNDI		
1	Nkuzimana Asterie	Advisor, Ministry to the office of the president responsible for the EAC Affairs
2	Gashamura Etienne	Advisor, Ministry of Human Rights Social Affairs & Gender
3	Ignace Ntawembarira	Director, Ministry of Human Rights Social Affairs & Gender
UNITED REPUBLIC OF RWANDA		
1	George Kwihangana Moses	Advocacy & Gender Mainstreaming Manager, World Vision International.
UNITED REPUBLIC OF KENYA		
1	Wasike Grace Margaret	Assistant Director, MEACA
2	Meres Caroline Jerimo	Children Officer, East Africa Affairs Labour & Social Protection
3	Marygorret Mumbua Mogaka	Senior Assistant Director, Children's Services, Department of Children Services
4	Samuel Mwangi Kahenu	Senior Assistant Director, EAC Labour & Social Protection
INTER-AGENCY WORKING GROUPS		
1	Rebecca Wangui Theuri	Violence against Children Programme Officer, Save the Children
2	Farida Bascha	Senior Program Manager, Save the Children

3	Ben Aliwa	Director- RMCPU Save the Children Int
4	Daisy Ndinda Maima	Programme Officer, Save the Children
5	Hellen Mudora	Programme Officer, African Platform for Social Protection
6	Peninnah Mello	Member African Platform for Social Protection
7	Muthuri Joseph	Policy and Advocacy Advisor, Plan International
8	Sheila Cecilia Wafula	Communications/Data Analysis Assistant Collaborative Centre for Gender & Development (CCGD)
9	Bettina Taylor Schunter	Care and Protection Specialist, UNICEF
10	Zipporah V Ali	Executive Director, KEHPCA
11	Caroline Khaoma Nalyanya	Child Protection Advisor, Plan International
12	Margaret Njeri Kabue	Regional Advocacy Specialist, Plan International
13	Naume Kupe	Programme Manager, RIATT-ESA
14	Jenifer Kaberi	National Coordinator, Children Agenda Forum
15	Titus G Tumusiime	Eastern Africa Regional Representative, Eriks Devt Parter
16	Erick Moths	Head of Program, ICS Africa
17	Wambui Njuguna	Director of Programs, ANPPCAN Regional Office
18	Pauline K Anubi	Programme Officer Advocacy, SOS Children's Villages
CONSULTANTS		
1	Isabel de Bruin Cardoso	Senior Associate, Maestral International
2	Lineke Westerveld-Sassen	Consultant Psychologist, Maestral International
3	Atieno Odenyo	Senior Associate, Maestral International
4	David Muthungu	Director Ingane Consulting Ltd, South Africa
5	Susan Wambui Mbugua	Consultant Ingane
EAC Secretariat		
1	Generose Minani	Principal Gender & Community Dev Office.
2	Morris Tayebwa	Children and Youth Coordinator
3	Nadege Muhimpundu	Monitoring and Evaluation
4	Teddy Shumbusho	Program Assistant

Annex 4: Overview of key successes and challenges in each of the EAC Partner States to implement national level minimum standards or packages of services for children

Burundi	
Title	Burundi is in process of developing national minimum standards. A mapping of service provision and providers was done and completed end 2016
Main body responsible	Ministry of Human Rights, Social Affairs and Gender
<i>Overall successes, achievements and challenges in the implementation of current child protection system</i>	
Implementation Successes and Achievements	Implementation Challenges
<ul style="list-style-type: none"> • Free health care services for children under five years and their mothers • Free school – basic primary education standard 1-6 in terms of fees (but no programme to support vulnerable children with school uniforms, books and other related expenses) • Existence of legal framework for the protection of children and youth from violence <ul style="list-style-type: none"> ○ Law on gender based violence ○ Establishment of shelter for re-education of children in conflict with the law ○ Institutions and departments for the welfare of children: Government, NGOs at all levels • Juvenile justice - no youth under 18 in prison • A range of civil society organizations working with Government to implement programmes for vulnerable children • Social protection policy is in place with an action plan and several partners working together for its realization • Existing Partnerships with national NGOs, INGOs, (with small areas in limited geographic areas – parental education) 	<ul style="list-style-type: none"> • Parents knowledge and capacities to address child protection issues <ul style="list-style-type: none"> ○ Ensuring basic needs of children are met ○ Positive Parenting ○ Issues of violence, importance of education, neglect etc. • Accompanying measure to apply existing laws: lack of implementation of existing policies – due to capacities, awareness, resources etc. • Economic constraints due to rising cost of living and rising poverty • Cultural values deteriorating which is distancing parents from children • Reach and coverage of programmes in the country –demand is greater than supply - due to low budget allocation to social services • Awareness and knowledge of existing standards and policies is low – both on the part of service providers and the general population

Kenya	
Title	Minimum Service Standards for Quality Improvement of Orphans and Vulnerable Children Programmes in Kenya
Year / Period Covered	2012
Main body responsible	Ministry of Gender, Children and Social Development
Costed / budgeted?	No
M&E Plan?	Yes

Key objectives	<ul style="list-style-type: none"> To develop outcome based standards to improve the quality of OVC services To support the implementation of various Government policies and guidelines at family and community level To improve the quality of programmes for OVC 		
Key Services	Dimensions of Quality	Implementation Successes & Achievements	Implementation Challenges
Food & Nutrition	Safety, access, appropriateness of food, participation and sustainability of food production, awareness of nutrition, targeted food & nutrition interventions for OVCs and their households	<ul style="list-style-type: none"> CT pilot Scale up of CT to 350,000 children in all counties The National, county and sub county monitoring committees Tools for monitoring Accessibility and accountability mechanism improved by disbursement through banks Hunger Safety Net Program 	<ul style="list-style-type: none"> Lack of Coordination among stakeholders Weak linkages among the key actors in food security and nutrition services provision- agriculture, EAC, labour and social Protection Ministry Corruption within the food distribution chain Market failure/ cross-border prevailing trade conditions, making it difficult to link demand and supply Sustainability is a challenge Weak implementation of food and nutrition distribution related policies Aid food is not child appropriate Unsustainability of school feeding programs Increased poverty levels make demand for aid food too high
Education	Access, safety, continuity, participation and sustainability of education; age appropriate, non-discriminatory, gender sensitive education and training for OVCs	<ul style="list-style-type: none"> Access to quality inclusive education has improved Follow ups made to ensure children access schools Presidential Bursaries 	<ul style="list-style-type: none"> Access to education centres Illegal/ hidden levies Lack of child friendly infrastructure Over enrolment in school Teacher-student ratio is low Gender disparity in enrolment, transition, and completion of school in some areas Cultural challenges Poverty leading to early marriage and school drop out by girls Lack of motivation to go to school

Health	Safety, access, effectiveness, efficiency, continuity, technical performance of health delivery to OVCs & their households; access to preventative, promotive, curative and rehabilitative health care services; prevent child hood illnesses (immunization, Vitamin A etc.); HIV prevention, treatment, care and support, sexual abuse, mental illness; safe water, hygiene and sanitation practices	<ul style="list-style-type: none"> • Access to free medical services for children under five years of age to PMCT, ARVs • Free maternity services • Free immunization • Medical cards/records used to monitor access to health services • Deworming for all children • Provision of quality social amenities and services 	<ul style="list-style-type: none"> • Health practitioners to patients (children) ratio is low • Long distance to health facilities • Low coverage of health social protection • Lack of awareness on available interventions e.g. NHIF • Increasing levels of lifestyle diseases among children • Lack of mental health facilities for children • Inadequate access to water and sanitation services • Socio-cultural barriers to access to sanitation • Inadequate after care services for child sexual abuse cases • Reluctance to report sexual abuse cases • Only 11 gender based recovery centres – inadequate for increasing cases
PSS	Provision of emotional, social, spiritual, mental and physical support; safety, continuity, effectiveness, compassionate relationship, appropriateness, participation; community and household capacity to provide PSS to OVCs and their caregivers	<ul style="list-style-type: none"> • Children access free PSS services from children officers, counsellors, VCOs • Capacity building to care givers and the public on PSS 	<ul style="list-style-type: none"> • Inadequate PSS services • Inadequate practitioners • Not considered important by community/ care givers
Shelter & Care	Ensure OVCs reside in structure which is safe, secure, adequate, and habitable, receiving love and protection from at least one adult caregiver	Established mechanisms to ensure children have appropriate shelter. Guardianship, fostering and adoption e.g. Children without shelter are committed to CCI/recue centres	<ul style="list-style-type: none"> • No adequate shelter and care for OVCs especially street children • Cash transfer does not reach every OVC in need • Limited financial resources for shelter and care for OVCs

Child Protection	Provision of safe community and household environments free from all sorts of abuse, neglect, discrimination and exploitation of OVCs, provision of legal & protection services, civil registration, succession plans, gender based violence prevention, child rights, participation, strengthen case management, law enforcements, appropriate referrals, monitoring system	<ul style="list-style-type: none"> • Child support and maintenance • Child protection policy, CA (2006); • Kenya Children’s assembly • Children’s; court • Legal aid for children’s in conflict with the law (pro-bono lawyers)- NALEP • National Plan of Action for Children • Implementation of laws such as Children’s Act through child protection system e.g. NACC, CAAC, SBAAC,LAC, Cos, VCOs • Rescue centres -4 • Established child help line 116, • Rehabilitation/borstal centres -12 • SOA (2001); PAGM Act (2011) • Other national and international instruments etc. 	<ul style="list-style-type: none"> • Inadequate gender violence recovery centres • Poor enforcement of child protection laws/ policies • Harmful cultural practices • Lack of awareness among children on their rights • Weak reporting and referral mechanisms • Increased violence against children at home, schools etc. • Inadequate child protection units
Household economic strengthening	Assisting & building capacities of vulnerable households to mobilize & manage resources to become self-sufficient; income generation, asset building, investment promotion, savings & loans programmes, household budgeting,	<ul style="list-style-type: none"> • Refer to CT under food and hygiene 	<ul style="list-style-type: none"> • Inadequate household economic strengthening programs • Existing programs are not sustainable financially • Low coverage of social protection programs
Coordination of care	Creating a structured, systematic & monitored process for service provision for OVCs.	<ul style="list-style-type: none"> • Children protection system • Coordination of partners such as Technical Working Group on CP 	<ul style="list-style-type: none"> • Weak linkages among stakeholders • Inadequate resource allocation for coordination • Weak coordination structure • Lack of an effective monitoring structure • Lack of a national M&E framework for OVCs • Inadequate human resources for service delivery

Rwanda			
Title	National Guidelines for a Minimum package of services for OVCs		
Year / Period Covered	2009		
Main body responsible	Ministry of Gender and Family Promotion Ministry of Health and numerous local government structures		
Costed / budgeted?	Yes		
M&E Plan?	Yes		
Key objectives	To provide the guidelines for the coordination, improvement of services and collaboration in providing services to OVC while implementing the national OVC strategic plan.		
Key Services	Standards	Implementation Successes & Achievements	Implementation Challenges
Health	<ul style="list-style-type: none"> • Basic medical care provided through the health insurance scheme (<i>mutuelle de santé</i>) • Special medical care not provided through the health insurance scheme • PMTCT, VCT and ARV for HIV/AIDS infected children/parents • Education and prevention against infancy related diseases • Education and prevention against other diseases and pandemic diseases • Hygiene education • Reproductive health and 	<ul style="list-style-type: none"> • Children in the 1st Ubudehe category (Economic status classification) receive free medical care in <i>mutuelle de sante</i>. • Children in the 1st and 2nd Ubudehe categories receive free malaria treatment • Free provision of ARV services for HIV/AIDS affected children and PMTCT services to parents. • Community health workers that provide health services (e.g. nutrition, family planning, prevention of diseases and early treatment of malaria) in each village. • 1000 days sensitization campaigns • Wash hand program per each household and school • Free full immunization for all children, currently Hepatitis B is included for children and mothers. 	<ul style="list-style-type: none"> • Unregistered children do not have access to health insurance scheme eg: Children under kinship care, teenage pregnancy • limited special medical care E.g.: prosthesis

	prevention against HIV/AIDS	<ul style="list-style-type: none"> • Regular campaign on hygiene and sanitation to the hotels, restaurants, door to door by MoH, sensitization for every household to have a pit latrine, • Provision of free condoms, voluntary testing for HiV/AIDS in streets, 1st December: World AIDS' day celebration. • Teenage sensitization/ education on early pregnancies 	
Nutrition	<ul style="list-style-type: none"> • Food assistance • Nutrition education • Promote food security • Therapeutic nutrition for malnourished children and/or children who are taking antiretroviral drugs 	<ul style="list-style-type: none"> • One cup of milk per child, One cow per family program, school feeding programs, therapeutic nutrition to all malnourished children into nutritional centres, kitchen gardens, community structures like parents evenings. 	<ul style="list-style-type: none"> • Insufficient food • Insufficient knowledge about balanced diet
Education	<ul style="list-style-type: none"> • School fees and school materials • Vocational training and tool kits/ funds to join a cooperative or to launch business • Literacy courses and catch up courses • Child development 	<ul style="list-style-type: none"> • NEP (National Employment Program for the youth) • Establishment of work force Devpt institution in charge of TVET and more private schools for TVET), • Education for all, Child development programme/ ECDs per cell, • Girls' education supporting program(<ul style="list-style-type: none"> • Limited special needs education facilities • Lack of facilities for early childhood development • Lack of enough skilled teachers for ECD and special needs education

	<p>programme</p> <ul style="list-style-type: none"> • Special Needs Education for children with disabilities 	<p>e.g. Girls' rooms),</p> <ul style="list-style-type: none"> • Special needs education for the disabled children • One laptop per child programme 	
Legal Protection	<ul style="list-style-type: none"> • Legal support to children who are abused or exploited • Educate children and community on child rights and child obligations • Provide support to child protection committees 	<ul style="list-style-type: none"> • Establishment of NCC, annual children summit, children's forums from the grass root level to the national level to voice out issues of children, • One stop centre at district level to specifically handle cases of abuse, • Gender help desks at district police offices, child labour law that protects children, legal support to children who have committed crimes, • Child & youth rehabilitation centres in place like Iwawa and Nyagatare. • Sensitization of children's rights in schools, • Toll free/hot lines calls for intervention, GBV clubs in schools, • Child birth registration duration increased from 15 days to one month. 	<ul style="list-style-type: none"> • Limited awareness on laws protecting children
Psychological and social support	<ul style="list-style-type: none"> • Psychological support to children (counselling), • Organize trainings on 	<ul style="list-style-type: none"> • Program on Evacuation of all children from orphanages to reintegrate them into families, 	<ul style="list-style-type: none"> • Limited human resources to provide psycho- social support

	<p>psychological and social support</p> <ul style="list-style-type: none"> • Leisure activities • Consultation fees and special medical care • Social assistance to children 	<ul style="list-style-type: none"> • establishment of ECDs in all cells, • Child and Youth rehabilitation centres, Isange one stop centre, helpline • Leisure activities, fun day events in schools/ sports days. • Community structures like parent evenings and inshuti z'Umuryango (family conciliators), facilities for mental counselling and psychiatric services at Health Centres 	
Shelter	<ul style="list-style-type: none"> • Building repair and or construction of houses • Household equipment and furniture 	<ul style="list-style-type: none"> • Shelters provided to vulnerable families in the 1st category for economic status (Ubudehe) with children & Child headed HHs, • Community works (umuganda) for repairs and construction. • Army week activities for social protection. 	<ul style="list-style-type: none"> • Limited resources for construction of standard family houses
Reinforcement of family economy, social integration and skills development	<ul style="list-style-type: none"> • Reinforcement of family economy (cooperatives, regular loans, income generating activities) • Ensure long term family autonomy 	<ul style="list-style-type: none"> • VSLAs (Ibimina), VUP (Vision Umurenge Program), ubudehe, • One cow per family, access to financial services Eg BDF 	<ul style="list-style-type: none"> • Limited financial resources

United Republic of Tanzania		
Title	National Guidelines for a Minimum package of services for OVCs * note Zanzibar does not have minimum standards	
Year/Period Covered	2009	
Main body responsible	Ministry of Health and Social Welfare	
Costed/budgeted	No	
M&E Plan?	No	
Key Services	Implementation Successes and Achievements	Implementation Challenges
1. Food & Nutrition	<ul style="list-style-type: none"> Nutrition policy 2013, including breastfeeding guidelines 	<ul style="list-style-type: none"> Inadequate provision of nutritious food Implementation of Nutrition policy 2013 Underlying issues: Poverty
2. Shelter	<ul style="list-style-type: none"> Alternative care Regulations Safe Houses 	<ul style="list-style-type: none"> Sub-standard levels of housing Underlying issues: Limited resources
3. Family based care and support	<ul style="list-style-type: none"> National Parenting Education Manual Fit Person programme (social welfare officer train identified mentors, leaders on how to care for children) Fostercare programme (Zanzibar) 	<ul style="list-style-type: none"> Lack of awareness and parenting skills Documentation of lessons learned I parenting education & Monitoring of standards and quality of parenting education carried out Underlying issues: Poor mechanism to sensitize parents
4. Social Protection and Security	<ul style="list-style-type: none"> CPSS- in 33 districts Multi sectoral Child protection Teams (CPTs) in some districts Juvenile courts Rules Police Gender & Children's Desk 	<ul style="list-style-type: none"> Poor mechanism to engage OVCs in protection mechanisms Concept of social protection not well known Services not known and lack of coverage (remote areas, vulnerable children) Lack of coordination between service providers Confusion between social security and social protection funds
5. Primary Health Care	<ul style="list-style-type: none"> CHF - community annual health fund programme for those not covered by NHIF) Universal Coverage Immunization. Free Child and Maternal Health Care 	<ul style="list-style-type: none"> Accessibility of primary health care services Availability clean and safe water Affordability of PHS Underlying issues: limited resources
6. Psycho social support	<ul style="list-style-type: none"> National guidelines on psychosocial support 	
7. Education and Vocational Training	<ul style="list-style-type: none"> Free primary education up to Form four Vocation training and rehabilitation centre, COBET Improved Learning Environment (Desks and 	<ul style="list-style-type: none"> Lack of assistive devices for children with disabilities, infrastructure Inadequate numbers of well trained teachers for inclusive

	Laboratories) <ul style="list-style-type: none"> • Early childhood learning at all public schools in Zanzibar • State University of Zanzibar has curriculum for special needs education/inclusive learning • Re-entry policy for girls who are pregnant 	schooling (braille, sign language, development disabilities) <ul style="list-style-type: none"> • Too few vocational institutions for young people • No apprenticeship and internship policy (government working on it) for 15-18 year olds in particular • Adequately addressing teenage pregnancies and ensuring re-entry
8. Household economic strengthening	<ul style="list-style-type: none"> • Family strengthening program • TASAF • Guideline on household economic strengthening for MVCs • Economic empowerment programs in Zanzibar 	<ul style="list-style-type: none"> • Coordination and coverage • Reintegration of children on the streets
Other	<ul style="list-style-type: none"> • Child development policy of 2008 • NCPA II • VAC • Policy on children in prison and SOP • SOP child trafficking • Women's empowerment programmes, women's banks 	<ul style="list-style-type: none"> • Difficult to reach mobile communities, pastoral/nomadic communities with services • Difficult to implement reintegration strategy and ensure services for children on the street

Uganda	
Title	National Quality Standards for the Protection, Care & support for OVCs
Year / Period Covered	2007
Main body responsible	Ministry of Gender, Labour and Social Development
Costed / budgeted?	No
M&E Plan?	Yes. The framework includes national indicators, and is accompanied by a guide that supports the interpretation and application of the national quality standards
Key objectives	The objectives are linked to four building blocks: <ol style="list-style-type: none"> 1. Sustaining livelihoods <ul style="list-style-type: none"> • To create a conducive environment for the survival, growth, development, participation and protection of OVC 2. Linking essential social sectors <ul style="list-style-type: none"> • To deliver integrated, equitability distributed and quality essential social services to vulnerable children and households 3. Strengthening legal and policy frameworks <ul style="list-style-type: none"> • To strengthen the legal, policy and institutional frameworks for programmes targeting vulnerable children and

	households at all levels		
	4. Enhancing the capacity to deliver <ul style="list-style-type: none"> To enhance the capacity of households, communities, implementing agents and agencies to deliver integrated, equitably distributed and quality services for vulnerable children and households 		
Key Services	Standards	Implementation Successes & Achievements	Implementation Challenges
<i>Sustaining livelihoods</i>			
Socio-economic security	<ul style="list-style-type: none"> The most vulnerable children and households receive priority protection, care and support services Basic livelihood resources, such as agricultural inputs, are provided to needy households Training and capacity building programmes equip vulnerable children and households with skills to improve their socio-economic security 	<ul style="list-style-type: none"> Development of economic empowerment programs like: Youth Livelihood, UWEP, SAGE Poverty reduction Increased services for OVC 	<ul style="list-style-type: none"> Weak inter-institutional coordination mechanism amongst the relevant ministries No clear line of accountability (OPM to provide the clear responsibility) Inadequate funding of key responsible ministry Continuous and escalating conflicts (Strain on social services, tracking, eroding local values)
Food security and nutrition	<ul style="list-style-type: none"> Early warning systems and services and safety nets exist to identify and meet emergency food security requirements of vulnerable children and households Household members acquire skills and resources to improve food security Community programmes 		

	<p>reduce food insecurity experienced by vulnerable households</p>		
Care and support	<ul style="list-style-type: none"> • OVC and their households have basic commodities such as shelter, food, clothing and bedding • Families and communities access support and services to provide quality care to OVC • Alternative care facilities meet nationally approved standards 		
Mitigation of the impact of conflict	<ul style="list-style-type: none"> • All actors work collaboratively to secure an environment in which essential social services reach vulnerable children affected by conflict • Conflict affected and displaced children are resettled into non-conflict areas or alternative care • Family tracing and reintegration services and child soldier demobilisation programmes reach vulnerable children 		

<i>Linking essential social sectors</i>			
Education	<ul style="list-style-type: none"> • -Education access and retention for OVC is supported materially and financially • Alternative or non-formal basic education is available to vulnerable children who are educationally marginalised • Systems are in place to ensure significant and permanent gains in achieving equitable access to education at all levels 	<p>-2 meals a day</p> <p>-Reduced malnutrition</p> <ul style="list-style-type: none"> • Improved seeds and farm tools/inputs • NAADS • Establishment of metrological centres • Seed/food fairs to promote food security and nutrition and promote commercial farming 	<ul style="list-style-type: none"> • Weak inter-institutional coordination mechanism amongst the relevant ministries • Poor management across the sectors • Inadequate facilitation • Failure to identify the right priority areas
Psychosocial support	<ul style="list-style-type: none"> • Psychosocial support is an integral part of all care and support programmes for OVC • An appropriate range of psychosocial support services is available to vulnerable children and family members, including therapeutic, succession planning and recreational activities • Referral systems and networks are in place to ensure access to psychosocial support 		

	services		
Health	<ul style="list-style-type: none"> • OVC access preventive, curative and rehabilitative health services on an equal basis with other children • Children who are living with HIV access appropriate specialised care • Health status of vulnerable children is monitored, e.g through inclusion of key information on immunisation cards and clinic and hospital forms 		
<i>Strengthening legal and policy frameworks</i>			
Child protection and legal support	<ul style="list-style-type: none"> • OVC access legal assistance in cases related to inheritance, property and guardianship • There are immediate responses to circumstances and conditions that grossly violate the rights of children, subjecting them to serious risks and hazards • Vital registration (birth, death, etc) and information systems that support children's rights are in place and/ or strengthened 	<ul style="list-style-type: none"> • Most care institutions are meeting minimum standards • OVC reunited with families • Care homes running out of business. • Strengthened families as 1st line of response • Increased number of OVC adopted internally. 	<ul style="list-style-type: none"> • Laws and policies are in place but are shelved; we have structures on child protection but they are not well facilitated • Communities not empowered to demand their rights • Conflicts of roles in the structures established to implement the laws/policies

<i>Enhancing the capacity to deliver</i>			
<p>Strengthening capacity and resource mobilisation</p>	<ul style="list-style-type: none"> • Infrastructure, personnel, training and management are adequate to deliver care, support and services to OVC • Interagency linkages, communication and co-ordination effectively support policies, planning and programming for OVC • Meaningful community involvement in OVC-related matters takes place at all stages and levels 	<ul style="list-style-type: none"> • Reduced number of conflicts • Closure IDPs • Refugee settlements • PSS as first line of response 	<p>Government not investing enough in staff welfare.</p>

Annex 5: Child development and associated needs

The tables below give an overview of some of the general developmental milestones for every stage and the corresponding needs.¹²⁴

Infancy (0-3 years)		
Area of Wellbeing	General Developmental Milestones	General Needs
Physical	Growth in body size and weight. Age appropriate fine and gross motor skills (holding their head, sitting, crawling, walking... etc.). Early language development- up to 3 words sentences.	Having basic needs (food, shelter, clothing, safety, health care) met. Daily routine in feeding and sleeping. Appropriate and frequent physical handling and encouragement. Verbal communication/interactions
Emotional	Uses emotional behaviour to express needs and wants. Responds to visual emotional cues from others.	Focused and consistent affectionate attention from primary caregiver(s). Consistent response and availability of primary caregiver(s) to attend to needs. Caregiver(s) is able to provide co-regulation of child's emotions.
Cognitive	Displays basic problem solving skills. Follows requests. Expresses basic needs and wants verbally.	Provided with challenging play tools and adequate mental stimulation. Verbal interactions and response.
Social/relational	Is attached to a primary caregiver. Can recognize and describe themselves. Pretend play. Aims to please adults.	Consistency and continuity in primary caregiver(s). Verbal interactions. Imitation play opportunities.
Spiritual	Is imitating basic religious and/or cultural practices.	Being exposed to cultural and spiritual practices.

Early Childhood (3-6 years)		
Area of Wellbeing	General Developmental Milestones	General Needs
Physical	Appropriate growth in body size and weight. Physical independent in self-care skills (toileting, feeding, dressing). Age appropriate fine and gross motor skills (running, skipping, hopping, throwing, drawing, buttoning, tying shoe laces, ... etc.).	Having basic needs (food, shelter, clothing, safety, health care) met. Health and self-care training and guidance. Daily routine and structure.
Emotional	Can express basic emotions and feelings. Is developing empathy (understanding	Love and support from primary and secondary caregivers. Safe opportunities to express feelings:

¹²⁴ Please note that there are many specific theories related to child development. These tables are not exhaustive and are meant for guidance purpose only.

	of other people's feelings). Starting to develop capacity for how to regulate own emotions.	support in reflecting, naming and managing emotions. Routine and predictability.
Cognitive	Displays conceptual skills Demonstrates continuous language development – adequate grammar and reasoning skills. Start of numeracy.	Informal educational environment. Explorative play opportunities.
Social/ relational	Develops relationships outside the immediate caregiver circle. Has an understanding of social norms and roles.	Interaction with peers. Social activities that promote social behaviour.
Spiritual	Has some understanding of the religious or cultural practices of the immediate surroundings.	Being included in cultural and spiritual communities.

Middle Childhood (6-12 years)		
Area of Wellbeing	General Developmental Milestones	General Needs
Physical	Appropriate growth in body size and weight. Age appropriate fine and gross motor skills. Responsible for good health habits.	Having basic needs (food, shelter, clothing, safety, health care) met. Active role in personal health supervision and promotion. Opportunities for physical activity (e.g., safe playgrounds, parks).
Emotional	Can express feelings appropriately. Can make distinction between reality and fantasy. Capacity for self-regulation is expanding	Having freedom of personal expression. Encouragement for good communication.
Cognitive	Develops of competencies and interests. Start of displaying literacy, numeracy and logical thinking. Can reflect on own successes and failures. Understanding of right and wrong.	Formal education. Having structure of expectations and guidelines.
Social/ relational	Can play in a group. Develops of one or more close friendships. Develops of a sense of self-esteem and individuality, comparing themselves with their peers.	Inclusion in peer groups. Social interaction with peers- friendships. Developing positive self-esteem and sense of competency.
Spiritual	Increasing awareness that life fits into a larger scheme of relationships among individuals, groups of people, other living creatures, and the earth itself.	Being included in cultural and spiritual communities. Moral guidance and support.

	Displays understanding and connectivity to a spiritual community.	
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Adolescence (12-18 years)		
Area of Wellbeing	General Developmental Milestones	General Needs
Physical	Appropriate growth in body size and weight. Puberty related changes (menarche, body hair, acne, increased sweat gland activity, hormonal changes etc). Expanding on gross and fine motor skills.	Having basic needs (food, shelter, clothing, safety, health care) met. Age- and gender-appropriate sexual and reproductive health knowledge. Sport and recreation activities.
Emotional	Strong capacity for self-regulation of emotions and physiology Ability to effectively communicate feelings and needs	Skills for self-regulation and identification of internal sensations, emotions and needs
Cognitive	Develops more advanced reasoning skills, including the ability to explore a full range of possibilities inherent in a situation, think hypothetically and use a logical thought process. Develops of abstract thinking. Increased sense of identity	Opportunities for education, vocational training and work Opportunities to explore different aspects of identity.
Social/ relational	Displays the desire for autonomy and distance from the family. Increased independence Struggles to develop sexual, ethnic and career identities	Social interaction with peers. Intimate relationships that are safe and healthy Independence. Opportunities for service to society or civic participation.
Spiritual	Develop a sense of meaning and purpose to life. Considers spiritual matters.	Being included in cultural and spiritual communities. Guidance and advise

Young people (18-24 years)		
Area of Wellbeing	General Developmental Milestones	General Needs
Physical	Has reached adult body size and physical features	Having basic needs (food, shelter, clothing, safety, health care) met. Gender-appropriate sexual and reproductive health knowledge. Opportunities for physical exercise.
Emotional	Has the ability to experience feelings and emotions in a way to that is helpful in coping with challenging situations	Caring and loving relationships Romantic relationships Ability to effectively manage emotions
Cognitive	Can discuss moral or ethical issues. Has knowledge of human rights.	Advice and guidance. Technical and vocational education and training.

		Opportunities for civic participation.
Social/ relational	Affirmation of sexual, ethnic, and career identities. Displays care giving for siblings and family members. Preparations for long term relationships	Social interaction with peers. Intimate relationships that are safe and healthy Independence. Effective shift in family relationship from childhood to adulthood
Spiritual	Defined moral, religious, and spiritual values. Clear sense of meaning and purpose to life.	Ability to question and explore spiritual;/cultural values and teachings Being included in cultural and spiritual communities.

Information and Action Tool (IAT)

Developed by REPSSI, the IAT is a child-centered, bottom up, action-orientated monitoring, evaluation and quality-assurance framework. The IAT is focused on children's psychosocial wellbeing within a holistic framework, which includes physical, mental, emotional, social and spiritual indicators of wellbeing.

The easy-to-use data collection system is designed to lead directly to interpretable reports on resources, activities and outputs.

REPSSI has also developed a set of simple, effective tools for social and emotional support that can be used by children, youth, their families or their communities. These tools are available at: <http://www.repssi.org/tools/#>

The Child Status Index (CSI)

Developed specifically for OVC's by MEASURE Evaluation and Duke University and USAID support, the CSI is a framework for identifying the needs of children, creating individualized goal-directed service plans for use in monitoring the wellbeing of children and households, and program-level monitoring and planning at the local level. As of 2013, the CSI has been used in 17 countries in sub-Saharan Africa, Asia, and Latin America. It has been translated for use in a variety of geographical, linguistic, and cultural contexts.¹²⁵ All information needed to use the Child Status Index in an organization or agency is available in the CSI Tool Kit at: <http://www.ovcwellbeing.org/child-status-index/>. The Tool Kit consists of the Child Status Index Manual, the CSI Training Manual, a chart displaying the CSI domains, the CSI record form, a pictorial version of the CSI for low-literacy users, and a quick-reference CSI Made Easy Guide for field users of the tool.

Both the IAT and the CSI have been successfully field tested and are currently in trial use in several countries.

The OVC Wellbeing Tool (OWT)

Developed by Catholic Relief Services (CRS), the tool is used as a self-reported measure for children aged 13-18. The OWT was validated during a five-country pilot, including Kenya, in 2006-2007. In the SADC region, the wellbeing tool has been used in Malawi, Tanzania and Zambia.¹²⁶ The OWT's particular strength is that it provider's children's perspectives of their wellbeing in a holistic, age appropriate manner. In addition, the OWT is a low-cost, rapid assessment measure. The tool is available at: <http://www.crs.org/our-work-overseas/research-publications/orphans-and-vulnerable-children-wellbeing-tool>.

Are We Making a Difference?

Developed by REPSSI, this is a manual for practitioners that offers participatory evaluation tools for monitoring and measuring the impact of psychosocial support programs for children aged 6–18.

The manual can be found at: <http://www.repssi.org/are-we-making-a-difference/>

The Community Participatory Evaluation Tool for psychosocial programs (CPET)

¹²⁵ <http://www.ovcwellbeing.org/>

¹²⁶ADC. Regional Conceptual Framework for Psychosocial Support of OVCY (2011)

Developed by Martha Bragin as an instrument for the monitoring and evaluation of programs designed to improve the psychosocial wellbeing of children.¹²⁷ The CPET focuses on getting an understanding of a local baseline of psychosocial wellbeing indicators prior to evaluation and its method can be adapted to other contexts.

The rationale for use of the tool is explained, and its application in practice is illustrated with a case study in her article available at: <http://www.interventionjournal.com/content/community-participatory-evaluation-tool-psychosocial-programs-guide-implementation>

¹²⁷ Bragin, M. (2005) "The Community Participatory Evaluation Tool for psychosocial programs: a guide to implementation. In Intervention." *International Journal of Mental, Psychosocial Works and Counselling in Areas of Armed Conflict* 3:3(24) 2005.