

Guidelines for Protection of Children in Formal Care

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FORWARD

The issue of abuse and neglect of children has been an albatross in Nigeria that requires the concerted efforts of all stakeholders to eliminate. The problem becomes more worrisome when the institutions meant for the protection of children are implicated in the abuse and/ or neglect of children.

The existence of this very problem cannot be divorced from the deficiencies in the system of child protection at both formal and informal sectors. The consequences of child abuse and neglect are very obvious and glaring, and should be a cause for concern for every one involved in victim care or law enforcement. The need to address this phenomenon nationally is therefore urgent and imperative to all concerned individuals and institutions.

It is in the light of the above, that the National Agency for the Prohibition of Traffic in Persons and Other Related Matters (NAPTIP), in collaboration with UNICEF, Federal and State Ministries of Women Affairs, NGOs and other stakeholders decided to put in place a formidable structure that could guarantee the right, safety and the well-being of children in formal-care institutions in Nigeria.

This document is therefore recommended and mandatory for all institutions that provide care for children in Nigeria, for the effective protection of children in their custody.

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May Almighty God continue to enrich your knowledge and bless you all.

Simon Chuzi Egede, Esq
Executive Secretary
NAPTIP

LIST OF ACRONYMS

HIV	-	Human Immuno-deficiency Virus
AIDS	-	Acquired Immune-Deficiency Syndrome
NGO	-	Non Governmental Organizations
LG	-	Local Government
WOTCLE	-	Women Trafficking and Child Labour Eradication Foundation
UNICEF	-	United Nations Funds for Children
NAPTIP	-	National Agency for the Prohibition of Traffic in Persons and Other Related Matters

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1.0 INTRODUCTION

1.1 RIGHTS OF VICTIMS

- i. There shall be no other form of criminal investigation against the victim on the ground of his/her status;
- ii. A victim shall not be compelled to stay in a shelter to undergo rehabilitation.
- iii. A victim shall not be abused in any form while undergoing rehabilitation and integration;
- iv. Security of the victims shall be ensured while undergoing rehabilitation;
- v. A victim who volunteers to give evidence against trafficker(s) shall be protected during and after the prosecution;
- vi. A victim shall be entitled to medical counselling services during the period of holding, sheltering, rehabilitation and integration.
- vii. A victim shall be assisted to achieve financial sustenance;
- viii. A victim shall have the right to an independent legal counsel in respect of civil procedures;
- ix. The right to privacy of the victim shall not be infringed upon;
- x. The social integrity of the victim shall not be brought to disrepute;
- xi. The right to own private property by the victim shall be protected;
- xii. The right to retrieve all his/her belongings from the country of deportation shall be facilitated and protected;
- xiii. After the identification process, a victim shall be protected from being put under Police or Immigration detention;
- xiv. A victim shall be protected from any form of maltreatment or degradation during reception, sheltering and rehabilitation;
- xv. Adequate information on the rights, privileges and obligations of the victims shall be provided on arrival;
- xvi. The health status of a victim should be handled with utmost confidentiality;
- xvii. Victims are entitled to routine medical check(s) on arrival at the shelter.

1.2 OBLIGATIONS OF VICTIMS

- i. A victim that has consented to rehabilitation shall comport himself or herself in a manner that will not jeopardize the objectives of rehabilitation;
- ii. A victim shall make himself or herself available at all times for the purpose of informal/formal education to achieve the purpose of rehabilitation/ integration;
- iii. A victim shall comport himself or herself in a manner that will not be detrimental to the well being of other victims and care providers;

- iv. A victim shall subject himself or herself to the rules and regulations, as well as the daily routine of the shelter while in residence;
- v. A victim who has consented to rehabilitation shall complete the rehabilitation programmes designed for him or her;
- vi. A victim shall disclose relevant information concerning his or her health status to counsellors to enhance the quality of care that will be given.

1.3 PREAMBLE

Following the approval of the *National Policy for Protection and Assistance to Trafficked Persons in Nigeria* by the Federal Executive Council in 2008, it becomes necessary that the intent of the policy be made a reality.

The policy is a product of intense research by experienced practitioners in the field of child protection and care giving. The contents of the policy extensively address various measures and stages that are vital to the adequate care and protection of children.

For the purpose of deriving ultimate value from the document, these guidelines will help practitioners and service providers to perform their duties. The guidelines leave no-one in doubt as to what to do at each stage of child care. The guidelines succinctly allocate responsibilities to officers at every stage of care giving. It then becomes easy to locate gaps and inconsistencies in child care service delivery. The essence of the guidelines is to illustrate and add value to the rich content of the policy.

It is therefore expected that practitioners, service providers and field workers in child protection will use the Guidelines as a reference document and the accompanying Self-Audit/Monitoring Tool as a check list. Every Care giver entrusted with the care and protection of children in formal care should undertake to abide with and observe the provisions of these guidelines. Despite being derived from *the National Policy on Protection and Assistance to Trafficked Persons in Nigeria*, these guidelines apply without exception to all formal care institutions such as orphanages, remand homes/correctional centres, temporary and long term shelters, approved schools, drop in centres, police and immigration custodial facilities and other facilities where children are received and cared for.

Finally, it is mandatory that every person and every institution entrusted with the care and protection of a child in Nigeria subscribe to and abide by the provisions of these Guidelines and the Code of Conduct in the best interest of the child.

2.0 GUIDELINES FOR THE PROTECTION OF CHILDREN IN FORMAL CARE

2.1 Reception and Identification

Reception and Identification aim to establish a friendly and conducive environment that will create a trusting relationship between the children and service providers:

1. Comfortable and child friendly reception rooms should be provided for children waiting to be attended to and all through the reception process.
2. The child must be seen by a minimum of two authorised officers preferably child protection officers or counsellors of the institution within 30 minutes of arrival. One of the officers should be of the same sex as the child and one should be able to communicate in a language the child understands. Where this is not possible, an interpreter should be engaged.
3. The name, sex, age, village (community), local government area, state, and nationality of the child must be recorded on the appropriate forms as soon as a child enters formal care.
4. A register, recording personal details, arrival time/date, and departure time /date of all children must be maintained in the shelter.
5. An inventory of all the belongings of the child including money should be taken, recorded and endorsed by the child and at least two authorized officers.
6. Under no circumstance should the child be exposed to mass media attention at reception.
7. The initial reception interview should not last more than 30 minutes after which the child should be taken to his or her room by a matron or authorised Care giver..
8. Every Care giver who has responsibility for the welfare of a child in formal care must be vigilant and should observe the physical appearance and emotional state of the child and make recommendations for proper intervention.

2.2 Sheltering

This is to ensure a warm, protective and supportive environment for the personal development of the child.

1. One bedroom should accommodate not less than 4 children and not more than 10 depending on the size of the room.
2. Under no circumstance should children of different sexes be accommodated in the same room or within adjoining rooms.
3. Children of the same age group should be accommodated together as much as possible.
4. The age difference between the youngest child and the oldest in any bedroom should not be more than five years.
5. The matrons or Care givers should assign a bedspace to the child and introduce him or her to the other children in the shelter in a dignifying manner on arrival.
6. The matron or authorised Care giver should ensure that the child is given immediate care, that is, food, shower, clothes and reassurance, as soon as the child has been received into the shelter
7. A child should be fed at least three times daily with a balanced diet from a management approved facility or caterer.
8. There should be an adequate number of plastic plates, cups and cutlery for the individual needs of the children in the shelter.
9. There should be a systematic counseling program for each child supervised by the case officer or primary Care giver. Within the program there should be, where necessary, provision for group counseling.
10. A schedule of routine activities aimed at ensuring mental, physical, social, emotional and economic well-being must be developed for each child.
11. Adequate measures should be put in place to ensure that the environment is safe and that children are protected from accidents and injury while in the shelter.
12. Where the child poses danger to other children, he or she could be taken to the interview room to enable meaningful intervention by matrons or Care givers.
13. Visits by relatives should be arranged and supervised by the institution in such a way that it will not endanger the child and/or other children in the facility.
14. At night there should be a minimum of one matron or Care giver for every 10 children. Where there are 10 or fewer children in the shelter, there should be at least two Care givers on night duty. See table below:

Number of staff on night duty

Number of children	Care givers on night duty
< 10	2
10 – 19	2
20 – 29	3
30 – 39	4
40 – 49	5
50 – 59	6
60 – 69	7
70 – 79	8
80 – 89	9
90 – 100	10

15. If in the course of the stay of the child in the institution, it becomes necessary to contact the mass media, care must be taken to protect the child's dignity and/or identity .
16. A Complaint Box should be displayed in a conspicuous place in the shelter and every child and Care giver should be educated on its use. The key to the box should be at all times in the possession of the senior manager/ zonal head.
17. A pre-numbered Complaint Form should be given to each child on arrival in the shelter and the child should be educated on its use.
18. Care givers should ensure that the child is healthy and happy on departure from the shelter.
19. All formal care facilities should have functional fire extinguishers and fire safety procedures.
20. The building should be insured against fire, flooding and other natural disasters.

2.3 Health

To ensure equitable access to comprehensive and qualitative health care services for all children irrespective of age, gender and other circumstances.

1. Where feasible, every facility/shelter should have in-house medical personnel – a resident nurse and/or a resident or a visiting doctor.
2. A child should undergo a physical health check at an approved health facility within 48 hours of arrival at the shelter and a medical record file should be opened for the child. This check should record the weight of child, blood pressure, wounds, signs of abuse, infirmity and other relevant physical observations.
3. **A child with behavioural problems should be referred for psychological and/or psychiatric evaluation and treatment.**
4. **In a situation where orthodox medicine/psychosocial intervention does not respond to the needs of the child, the case should be reported to the head of the institution for advice on further action. Where possible, the parents/guardians should be involved.**
5. The health facility should provide and record routine child health surveillance and routine immunization.
6. Drugs prescribed by qualified medical personnel should be purchased by the institution and properly administered by authorized Care givers.
7. Where a child is admitted into hospital, a nurse or Care giver of the same sex should stay with the child in the hospital.
8. All children should be routinely screened for communicable diseases such as chicken pox, tuberculosis, measles, rashes, common cold etc.
9. Standardized screening and treatment of identified health conditions such as malaria, HIV/AIDS, tuberculosis and sexually transmitted infections etc. should be provided.
10. Children should be provided with basic health information through talks and audio visual materials.
11. Every formal care facility should be equipped with a First Aid Box containing essential drugs and materials for emergency treatment.

2.4 Counselling

To rebuild the confidence and enhance the independence of the child

1. Care givers should adhere strictly to the standard interview protocols when interviewing children and this should be done in designated counselling rooms.
2. No child must be interviewed within the first twenty four hours of arrival at the shelter, and this interview should be done by a minimum of two Care givers, one of whom must be of the same sex as the child.
3. Before being formally interviewed by the child protection officers or counsellors, the child should be informed of his or her rights and obligations while in the shelter.
4. Counsellors should use standard instruments to capture information on socio-cultural background of children to facilitate planning and reintegration.
5. Every child should be assigned a case officer/primary Care giver of the same sex throughout his or her stay in the shelter.
6. Every formal care facility must have a code of conduct that is subscribed to by all staff and volunteers.
7. Every visitor to the shelter must sign an affirmation to act in the best interests of the child.
8. Any child who refuses contact with counseling staff must be referred to senior officers for intervention and investigation.
9. Where a Care giver finds himself or herself unable to meet the needs of the child, the Care giver should immediately recommend for the referral of the child to another counsellor or a specialist.

2.5 Family Tracing

To facilitate the integration of children within families, communities and the society.

1. The primary Care giver or case officer of the child must conduct a full social enquiry of the child's family setting with the consent and full cooperation of the child. A formal written report must be submitted.
2. The child should be encouraged to express his or her own fears and concerns about returning to the family setting. Such fears and concerns must be recorded and addressed systematically and formally.
3. The primary Care giver or case officer must visit the family of the child with a view to assessing the family environment and socio-economic circumstances and intervening in such a way that the child can be safely re-united with his/her family
4. The decision to allow or disallow parental visits should be based on the assessment of the primary Care giver or case officer and approved by the Management.

2.6 Return/Repatriation

To ensure safe, secure and dignifying return/repatriation of children from the shelter to their local communities.

1. The procedure for the return/repatriation of the child should be based on existing policies, guidelines or protocols.
2. In the case of repatriation to another country, protocols and other agreements should be adhered to.
3. The inventory list of the child's belongings including money should be checked off and signed by the child when he collects his belongings.
4. There should be evidence of acknowledgement of receipt of the child's belongings by parental figures or authority at the destination.
5. On his or her journey home, the child should be accompanied by at least 2 Care givers one of whom must be the case officer/primary Care giver.
6. The most convenient mode of transport should be used and the journey should take place during the day time. The child should receive adequate care including feeding.
7. The child should be returned to a parental figure previously identified during the social investigation of the family setting by the case officer or primary Care giver.

2.7 Follow up, Empowerment, After Care

To ensure that rehabilitated children are fully integrated into their communities.

1. A tailored re-integration package for the child must be put in place with the aim of helping the child achieve his/her educational goals, as well as social and economic stability.
2. Community leaders, local NGOs, community or faith-based associations should be engaged early in the re-integration process and encouraged to monitor and report on the progress of the child.
3. The monitoring of a child after returning to his/her family should span a period of three years

2.8 Disengagement

To ensure that the family and the social safety network around the child sufficiently cater for his physical, emotional and social needs.

1. After a child has been re-united with his/her family, there should be a progressive disengagement over a period of three years.
2. Within the three year period, disengagement must be the result of a comprehensive assessment of the child's social integration and well-being in the society.
3. Upon disengagement, the child should be reassured that he or she is free to contact the institution when in need of guidance.
4. Any follow-up beyond 3 years should be subject to Management approval after a thorough review of the case.

3.0 MANAGEMENT OBLIGATIONS TO ENFORCE CHILD PROTECTION

1. The Management shall put in place a Child Protection Policy where this does not exist.
2. The Management shall adhere to the provisions of these Guidelines.
3. The Management shall put in place a Code of Conduct for its entire staff without exception. The Code of Conduct shall be signed by all the staff; and copies shall be filed in their individual career files.
4. The Management shall put in place a Code of Behaviour for all the children that pass through the Shelter. The contents shall be explained to the children ONLY after 24 hours of their stay in the shelter. Children shall not be forced to sign this document.
5. The Management shall put in place a "Child Protection Concern Reporting Form" for its entire staff and the children who pass through the shelter.
6. The Management shall provide a Complaints Box within the premises of the shelter. Only the Senior Manager/Zonal Head shall have the key to this Box.
7. The Management shall develop appropriate tools to facilitate the work of Counsellors and Investigators. These tools include and are not limited to: Standard Interview Protocol; Inventory Form; Daily Routine Procedures; Standard Social Investigation Procedures; Procedures for Return/Repatriation; Procedures for Reintegration and other tools as may be deemed necessary by the Management.
8. The Management shall strive to organize regular training and re-training for the Shelter's Counsellors and Investigators.

ATTENTION!!!

TO ALL GUESTS

This facility operates a child protection policy and all visitors are enjoined to affirm their commitment to protecting the rights of every child while in the premises.

-
- **The best interest of the child is paramount**
 - **Do not treat any child with disrespect**
 - **Do not dress or behave inappropriately in the presence of any child.**
 - **Do not engage in acts verbal or otherwise that could be misconstrued by or misleading to the child.**
 - **Kindly sign the Visitors child Protection Affirmation Form.**

THANK YOU

3.2 Visitors' Child Protection Affirmation Form

I understand that this facility operates a Child Protection Policy. I, therefore, affirm my total commitment to act in the best interests of the child while in this facility.

Name.....

Signature.....

Date

4.0 CODE OF CONDUCT FOR CARE GIVERS

PREAMBLE

The aim of this Code of Conduct is to uphold the rights of the child. These include the right of the child to:

be listened to and have their views given careful consideration

be encouraged and helped to participate in decisions which affect them;

have their welfare and development promoted and safeguarded so that they can achieve their full potential;

be considered players in their own development, with their health, safety, well being and best interest considered of paramount importance;

be valued, respected and understood within the context of their own culture, religion and ethnicity;

have their needs identified and met within the context of the institution wherever possible.;

- the protection of confidential information given in the course of counseling.

Any infringement of any of the provisions of this Code of Conduct shall be considered a breach of the Contract of Service and shall be punishable by the Management and/or relevant law enforcement authorities.

4.1 Staff to Children relationship within shelter facilities:

Employees and others who come into contact with children should always:

empower children by promoting their rights and raising their awareness of these rights;

avoid situations in which children are outside the scope of adult supervision;

challenge practices detrimental to the best interests of children and address potential pitfalls which might lead to child abuse;

promote a culture of openness where issues and concerns can be freely raised and discussed;

ensure that contact with children takes place in an open and accessible place, and apply the “two-adult rule”¹ or arrange a suitable alternative;

organise awareness discussions with children to define acceptable and unacceptable behaviour with adults;

discuss openly with each child about his or her contacts and relationships with employees and others;

discuss issues of concern with children and explain how to register their concerns;

identify and avoid compromising and/or suspicious situations which might lead to accusations of improper behaviour/ conduct;

ensure when making images of children (photographs, video etc) that they are dignifying, that the children are adequately clothed and that sexually suggestive poses are avoided;

be aware that physically handling a child, perhaps to offer comfort can be misconstrued by observers or the child;

ensure that on trips/tours away from shelter, another adult is always present ;

- ensure that the door is left open any time a child’s room is visited

Employees and others, who come into contact with children, should never:

use any form of physical "punishment" including hitting, physical assault and physical abuse;

enter into any form of sexual or immoral relations with children;

engage in any form of inappropriate physical behaviour such as, kissing, hugging or suggestively touching a child;

¹ “Two-adult rule” implies that any form of interaction with a child at any given time should involve at least two adults, one of whom must be of the same sex as the child.

act in a manner or organise activities which are abusive or place children at risk of abuse;

develop abusive or exploitative relations with children;

use language or act in a physically or sexually provocative and inappropriate manner towards children;

stay overnight alone in the same room with any child;

invite a child/children to their place of residence;

do things for children of a personal nature which they are capable of doing for themselves;

condone or participate in activities where the child's behaviour is likely to lead to abusive or immoral acts;

shame, humiliate, belittle or degrade any child or engage in emotional abuse;

give preferential treatment to a child i.e. gifts, sponsorships, money;

spend excessive time alone with a child to the exclusion of others;

take images of children (photographs, video etc) which are detrimental or explicit and undermine the child's dignity;

make comments at any time to the media on child protection matters except where permission for such has been previously granted by Management.

4.2 Staff to Staff Relationship within shelter facilities

Employees and others who come into contact with children should always:

- treat each other with due respect and politeness;
- dress and behave appropriately in the presence of children;
- respect constituted authority and regulations and encourage others to do the same;
- adhere to the code of conduct and other regulations operative in the shelter.

Employees and others, who come into contact with children, should never:

- quarrel among themselves;
- engage in physical fighting;
- engage in acts, verbal or otherwise, that could be misconstrued by or are misleading to children;
- shame, humiliate or degrade a colleague before children;
- use children as objects of jokes among themselves;
- engage in rumour mongering and gossip;
- enter into any form of sexual relations with one another or other persons within the shelter premises.

5.0 CODE OF CONDUCT FOR THE MASS MEDIA

In all communications, where practical and reasonable, we shall reflect reality by striving to:

choose images and related messages based on values of respect and equality;

truthfully represent the particular situation both in its immediate and wider context;

avoid approaches that potentially stereotype or sensationalise people, situations or places;

use images, messages and case studies only with the full understanding and permission of the subject themselves (parents/guardians/Care giver where applicable);

ensure that those whose situation is being represented have the opportunity to communicate their stories themselves;

establish and record whether the subjects wish to be named or identified and always act accordingly;

conform to the highest standards of human rights and protection of vulnerable groups;

protect, preserve and disseminate the rights of every child as enshrined in the United Nations Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child, and the Child's Rights Act.

I have read the above. I agree with it and affirm my commitment to upholding its ideals.

Name.....

Media Organisation.....

Signature.....

Date.....

6.0 OBLIGATIONS OF CHILDREN IN FORMAL CARE

A CHILD IN THE SHELTER SHOULD **ALWAYS**:

1. Tell the truth.
2. Respect and be polite to other children and Shelter Officials.
3. Take part in daily chores and activities in the Shelter.
4. Freely express his/her concerns either:
 - i. Verbally to the Child Protection Officer or
 - ii. By using the Complaints Box.
5. Dress neatly and decently at all times.
6. Obey all rules and regulations.
7. Comport himself/herself before other children and Care givers in a good manner.
8. Be available for educational and vocational training.
9. Keep his/her environment clean and tidy.
10. Disclose required information to the Care givers, counsellors or other officials.
11. Quickly report when he/she feels ill.
12. Eat his/her food.

A CHILD IN THE SHELTER SHOULD **NEVER**:

1. Hit, fight or quarrel with other children or Shelter Officials.
2. Tell lies or give false information.
3. Steal
4. Be absent from educational and vocational training.
5. Make fun of or/gossip about others including shelter officials.
6. Dirty the shelter or do things that can destroy or deface any Shelter property
7. Refuse meals.
8. Fail to observe the rules and regulations in the Shelter.

AN UNDERTAKING

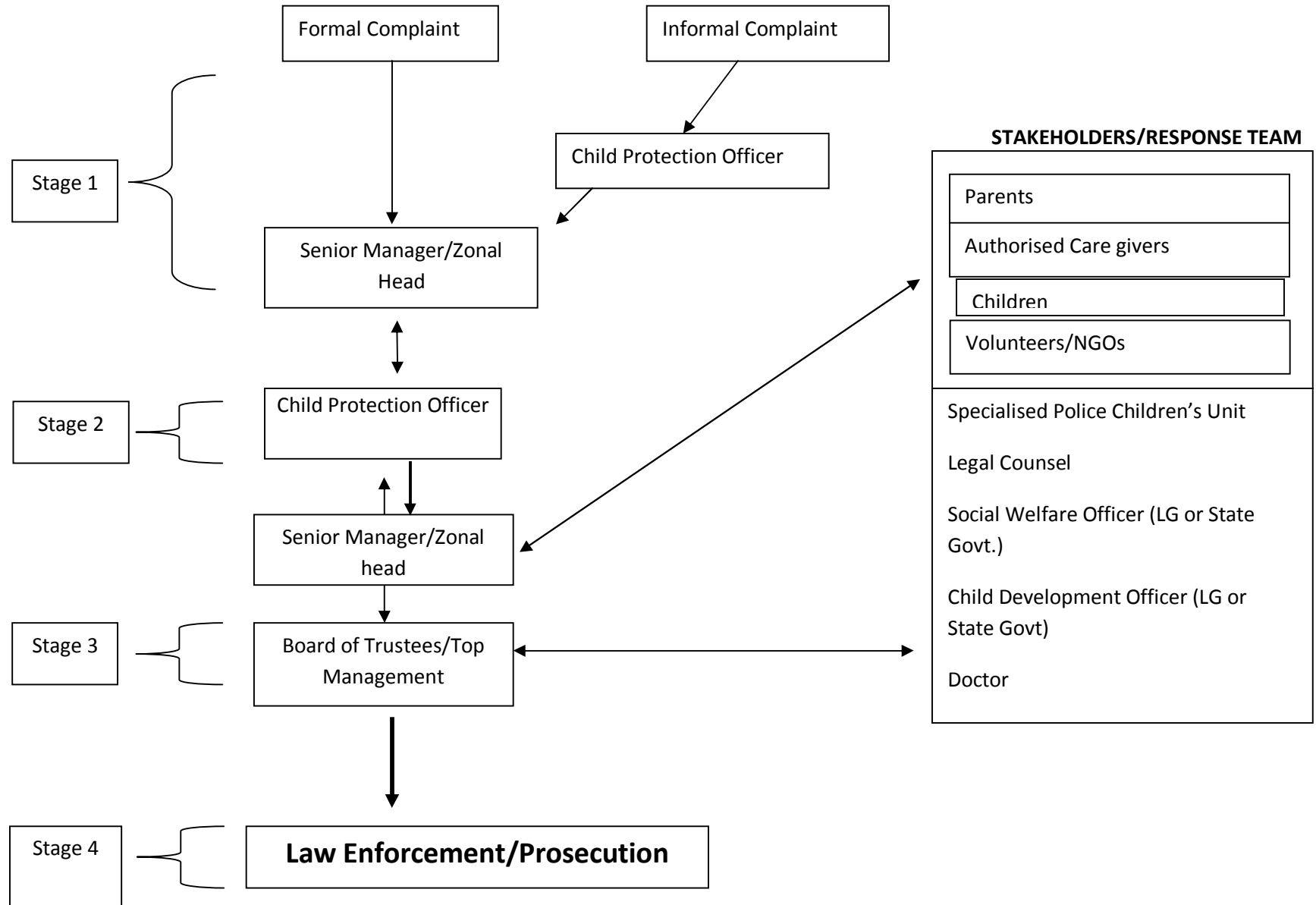
- I have been informed about my rights and obligations
- I understand them clearly.
- I hereby agree to abide and adhere to them

Name:

Signature:

Date:

7.0 Complaint Reporting Procedure



SELF-AUDIT AND MONITORING TOOLS FOR GUIDELINES FOR THE PROTECTION OF CHILDREN IN FORMAL CARE

Key: A = In Place
B = Partially in Place
C = Not in Place

1. RECEPTION & IDENTIFICATION

No	BENCHMARKS	Indicators	A	B	C	Comments
1	Personal data of the child is documented on arrival at the centre.	i. Existence of individual files for all children ii. All fields are completed in each form iii. Passport photograph of child is taken iv. Existence of a reception register.				
2	Physical appearance and emotional state of the child are noted and documented on arrival.	i. Notes on the physical appearance and emotional state of the child exist in the individual files. ii. Photographic evidence of abuse where applicable				
3	Reception is efficient, timely and of quality.	i. Evidence that each child was received by two authorised officers within 30 minutes of arrival exists. ii. Evidence that each child was taken into shelter within 30 minutes of				

		being received exists. iii. Existence of a child-friendly reception room.				
4	An inventory of every child's belongings is taken on arrival	Existence of duly completed inventory forms signed by the child and two authorised care givers				

*** The Self-Audit/Monitoring Tool should be completed by the Senior Manager/Zonal Head on a quarterly basis, and the records of the self audit must be kept.**

2. SHELTERING

No	BENCHMARKS	Indicators	A	B	C	Comments
1	Shelter has adequate facilities for accommodation of children	i. Existence of potable water ii. Existence of electricity iii. Existence of good toilet facilities. iv. Existence of adequate number of room compared with the average shelter occupancy.				
2	Accommodation arrangement is conducive to the wellbeing of children.	i. Number of double-bunk beds in a standard room ii. Number of children sleeping in a standard room iii. Existence of beddings and insecticide-treated bed nets iv. Evidence that number of officers on duty is appropriate to the number				

		of children in the shelter at any point in time exists.				
3.	Placement of Children in rooms is based on age and sex	<ul style="list-style-type: none"> i. Existence of shelter records showing placement of children in rooms. ii. The difference in the ages of the oldest and the youngest child in each room. (not more than five years). 				
4.	Internal arrangement in the shelter for the feeding of the children (place, timing and type of meals) is functional and adequate.	<ul style="list-style-type: none"> i. All the children are fed at least three times daily(interview with children) ii. Number of children who have individual plastic plates, cups and cutleries iii. Existence of a meal time table. iv. Existence of a well equipped kitchen v. Existence of a food store with stock list vi. Existence of a dining room vii. Evidence of a Management-approved food vendor (in situations where iv,v,vi are not feasible e.g border posts, police stations and immigration offices etc.) 				
5.	Shelter has security and safety measures in place.	<ul style="list-style-type: none"> i. Existence of Lock up gates, secured windows and entrances ii. Existence of security officers iii. Existence of functional fire extinguishers iv. Records of fumigation exercises v. Existence of adequate internal and external lighting 				
6.	Centre has facilities for recreation.	<ul style="list-style-type: none"> 1. Existence of Games and sport equipment and plan of daily activities 				

		2. Existence of adequate space for recreational activities.				
7.	Centre offers training on life skills.	<p>I. Training manuals</p> <p>Ii. Number of trainees and their qualifications</p> <p>iii. Number of children trained by sex and age.</p> <p>iv. Reports of trainings.</p> <p>v. Existence of certificates for beneficiaries of trainings</p> <p>vi. Existence of child progressive report in the case note.</p>				
8.	Shelter arranges visits of children by parents and relations where necessary.	<p>i. Records of visits to children</p> <p>ii. Visitors complete the "Child Protection Affirmation Statement"</p>				
9	Activities within the shelter are subject to previously prepared routines	<p>i. Existence of Table of activities with timing displayed on the notice board.</p> <p>ii. Evidence from the daily shelter activity report exists.</p>				
10	Care giver-child ratio at night is adequate	i. Child-staff ratio as confirmed by staff duty roasters				
11	Where contact with media becomes necessary, a child's dignity and identity is protected	<p>i. Media practitioners complete the "Child Protection Affirmation Statement"</p> <p>ii. Media practitioners subscribe to the Code of Conduct for the mass media</p> <p>iii. Existence of media reports/ press cuttings</p>				
12.	A procedure exists for reporting concerns	<p>Existence of:</p> <p>i. Complaints box</p> <p>ii. reporting procedures</p>				

		iii. complaint forms iv.complaints Investigation reports				
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3. HEALTH

No	BENCHMARKS	Indicators	A	B	C	Comments
1.	Medical condition of the child is assessed and documented on arrival.	i. Notes on the physical examination of the child exist in the individual files				
2.	Centre has a standard/equipped and accessible first aid box.	i. Existence of First aid box ii. Existence of appropriate drugs and materials iii. All caregivers have easy access to the First Aid Box.				
3.	Caregivers are trained to use First Aid Box	Evidence of training exists				
4.	Centre has in place a retainership arrangement with a standard and easily accessible hospital/clinic.	i. Records of children that have been attended to in the hospital. ii. Retainership agreement exists.				
5.	Drugs are administered as prescribed for sick children	i. Existence of records showing administration of medication to sick children				
6	Shelter has provisions for routine health services.	Existence of: i. Records of children weighed weekly ii. Records of children immunised				

		iii. Records of children screened for communicable diseases iv. Records of children with body wounds v. Records of children de-wormed				
7	Shelter has services of qualified medical personnel	i. Existence of in-house nurses and/or doctors				
8.	The Centre provides basic health information to the children	i. Existence of health related Information, Education and Communication (IEC) materials ii. Records of IEC activities exist				

4. COUNSELLING

	BENCHMARKS	Indicators	A	B	C	Comments
1.	Children are made aware of their rights and obligations on arrival.	i. Posters on the Rights and Obligations of the child conspicuously displayed in the reception room, counselling room and in the shelters. ii. Pictorial handouts on Rights and Obligations given to each child.				
2.	Centre has a code of conduct, read and signed by all staff and volunteers.	i. Existence of code of conduct ii. Evidence of signed copies of code of conduct				
3.	Centre has at least one qualified social worker.	i. Existence of a qualified social worker on staff list				

4.	Centre has a counselling plan for each child.	Records/reports on counselling sessions in individual files				
5.	Shelter has arrangement for referrals of children with special needs to specialist care.	i. Documented evidence of referrals to specialist care ii. Individual files of referred children.				
6.	A case officer/primary care giver is assigned to every child on arrival.	Name and sex of assigned case officer/care giver is written on the cover of the individual files.				
7.	Centre has standardised counselling instruments	i. Evidence of use of standardised counselling instruments				
8.	Center has a designated and equipped counselling room.	i. Existence of a counselling room. ii. Existence of proper equipment/furniture.				
9.	Children are interviewed formally.	i. Existence of standard interview protocol. ii. Existence of completed standard interview protocol in individual files.				

5. FAMILY TRACING

	BENCHMARKS	Indicators	A	B	C	
1.	Centre has a procedure for family tracing.	i. Existence of standard procedures/guidelines/protocols/agreements for family tracing ii. Compliance of Management with established procedures.				
2.	Children are involved in the process of tracing	Evidence of child's participation in the family tracing process in individual				

	their family.	files.				
3.	Social enquiry is carried out to assess and prepare the family and the child for the child's return	Existence of social enquiry report ² in individual files.				

6. RETURN AND REPATRIATION

	BENCHMARKS	Indicators	A	B	C	Comments
1.	Centre has written guidelines as regards return and repatriation of children	Existence of Guidelines/Protocols/Agreements for the return or repatriation of children				
2.	Guidelines/protocols/agreements are adhered to during the process of return and repatriation	Existence of report of return and repatriation				
3.	Child leaves the shelter with all his/her belongings and money	1. Inventory list of possessions of the child endorsed by child and two officers in the shelter. 2. Photograph of child on departure from shelter				
4.	Child arrives with all his belongings and money at destination.	Evidence of acknowledgement of receipt of the child's belongings and money by parental figure/authority at destination.				
5.	Child returns home safely and in a dignifying	i. Photograph of child taken at destination				

² Highlighting: Home assessment; interview with parents on readiness to accept the child; child's willingness to return home; parents educational/vocational plan for the child, social interventions undertaken and recommendations.

	manner.	ii. Evidence (from report of return and repatriation journey)of mode of travel and time of departure and arrival				
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7. FOLLOW-UP, EMPOWERMENT, AFTER CARE

	BENCHMARKS	Indicators	A	B	C	Comments
1.	Centre has procedures on integration, empowerment and follow-up/after care.	i. Existence of the procedures ii. Evidence of individual plan of re-integration of each child				
2.	Child's family and community based associations are involved in follow up processes	i. List of such associations ii. Evidence of agreements between the institution and community based associations on follow up of each child iii. Evidence of progress reports from community based associations				
3	The progress of the child's integration is monitored over a 3-year period after leaving the shelter.	i. Existence of a written disengagement plan ii. Existence of periodic monitoring reports				

8. DISENGAGEMENT

	BENCHMARKS	Indicators	A	B	C	Comments
1.	The child has adapted to his/her environment	Evidence of schooling or learning a trade.				

	and is engaged in an activity which is of benefit to him or her (schooling or learning a trade etc)					
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