

## Technical Brief

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Nigeria CUBS

Supporting Nigerian Children: Community-Based Solutions Bring Hope

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**TECHNICAL BRIEF: Community-Based Support for Orphans and Vulnerable Children (CUBS)**

# Supporting Nigerian Children: Community-Based Solutions Bring Hope



Photo by Jessica Charles

Nigeria is home to 17.5 million orphans and vulnerable children (OVC).<sup>1</sup> According to the Federal Ministry of Women Affairs and Social Development, one in every four children in Nigeria is considered vulnerable due to unmet needs for nutrition, education, shelter, care, or support.<sup>2</sup>

### The Need for New Solutions

Traditionally, Nigerian community members have taken on the responsibility of caring for children in the wake of their parents' death or the absence of family support. Today, however, with 2.5 million Nigerian AIDS orphans, the burden has become too large for communities to bear.<sup>3</sup> Without sufficient resources or social structures to help these children, many grow up impoverished, ill, and uneducated, and become vulnerable to abuse and exploitation.

### Stakeholder Collaboration for System Strengthening

To address these needs, from 2009 to 2014 the PEPFAR-funded USAID Community-Based Support for OVC (CUBS) project supported vulnerable children in 11 of Nigeria's 36 states. Implemented by Management Sciences for Health (MSH) in partnership with Africare, CUBS helped 38 civil society organizations (CSOs) improve OVC identification and care systems in their communities. The CSOs strengthened caregivers' and community leaders' capacity to care for vulnerable children and bolstered local social welfare systems for a sustainable response. The CSOs also brought together influential community leaders to form 116 child protection committees (CPCs) and worked with CUBS to train these CPCs on OVC identification, care, referrals, and advocacy. Over five years, the CSOs and CPCs are supported more than 56,900 vulnerable children with a minimum of one care service.

### Strengthening the Community Response

To ensure the CSOs met each child's unique needs, CUBS introduced the Child Status Index (CSI), a tool developed by USAID's Measure Evaluation project to quantify each child's health and well-being and track their progress in six holistic areas: *food and nutrition, health, shelter and care, psychosocial care, protection, and education and skills*. CUBS trained the CSOs to evaluate every child enrolled in their programs and score them on a scale of 1 to 4 in each of the six areas, based on the following matrix:

<b>4 Good</b>	The child's status or situation is good; there are no concerns and no apparent risk for the child in this factor.
<b>3 Fair</b>	The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or care worker. Additional resources might be helpful, if available.
<b>2 Bad</b>	The child's status or situation is observably not good. Additional resources or services are needed.
<b>1 Very Bad</b>	The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

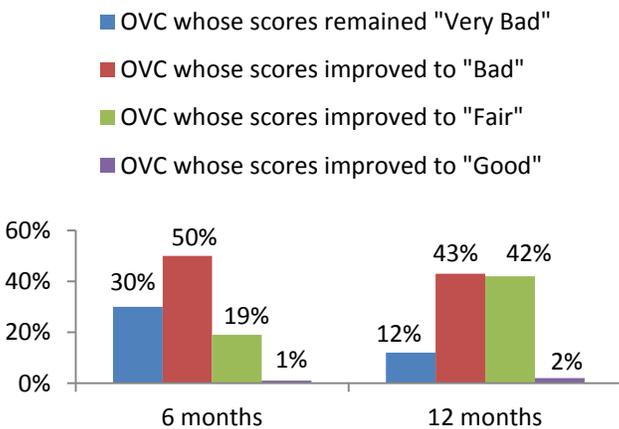
The CSO staff evaluated each child once every six months. CUBS also trained the staff to evaluate the data and develop a tailored care plan for each child that could be adjusted over time, as needed. Each organization collated this data to show trends in progress and adjusted their service delivery approach accordingly.

### Food and Nutrition

CUBS provided more than 10,000 children with food and other nutrition services, such as education on nutritional health. More than 14,000 caregivers learned homestead gardening skills to help them maintain an ample supply of nutrient-rich food to feed themselves and the children in their care. CUBS also trained more than 1,300 caregivers to earn, save, and use money effectively so they could better provide for the children in their care. The project gave seed grants to more than 500 caregivers, which helped catalyze their business endeavors, enabling them to earn enough money to purchase an adequate supply of food for their families.

As shown in Figure 1, 70 percent of OVC whose food security score was “very bad” at baseline showed improved nutritional status after six months of CUBS’ support. This proportion rose to 87 percent after 12 months of CUBS’ support.

**Figure 1: OVC’s Food Security after 6 and 12 Months of CUBS’ Support among those whose Food Security CSI Score was “Very Bad” at Baseline**



*“Previously, we often didn’t have anything to eat and sometimes we were sent home from school for not paying the fees. It was tough. But now, after FOSH PAD [a local CSO] has helped us, going to school is not challenging. I have books, school uniforms, and sandals. And to eat is not challenging. We have relief.”*

*~ Oni Odunola, CUBS OVC beneficiary*

Photo by Jessica Charles



### Shelter and Care

CSOs ensured that all children were living in a shelter that was adequate, dry, and safe, with at least one adult who provided them with consistent care, attention, and support. If a child needed shelter, the CSOs advocated for building support from community leaders or discounted housing from local landlords. To support children who were neglected at home, CUBS provided more than 16,000 caregivers with parenting training and invited more than 46,000 children to support groups where they received life skills training, counseling, and peer support.

### Protection

To protect children from physical and sexual abuse and exploitation, CUBS taught CSOs and community members to report the offenses they witness or suspect. With CUBS support, the CPCs trained police and legal authorities to prosecute perpetrators and offer protective housing and care to children in unsafe environments. Finally, CSOs helped OVC obtain birth certificates and legal support as needed. The CSOs and CPCs provided legal and social protection to more than 16,000 OVC and their caregivers.

### Psychosocial

Many OVC have experienced loss, neglect, violence, abuse, and exploitation. Such trauma can leave children depressed and insecure, without the skills they need to recover. To help OVC become more emotionally stable and resilient, CUBS initiated Kids Clubs and Girl Groups, which now operate in all 38 project-supported CSOs. These groups provide children with emotional support and equip them with critical information and skills on topics such as HIV prevention, personal hygiene, assertiveness, self confidence, and sexual and reproductive health. Group leaders also invite children to social activities such as sporting events and drama performances to give them a sense of companionship and belonging. As of the end of the project, the CSOs' Kids Clubs and Girl Groups had more than 40,000 members.

As shown in Figure 2, 87 percent of OVC whose social behavior score was “very bad” at baseline demonstrated improved social behavior after six months of CUBS’ support; this rose to 96 percent after 12 months of CUBS’ support.

**Figure 2: OVC’s Social Behavior after 6 and 12 Months of CUBS’ Support among those whose Social Behavior CSI Score was “Very Bad” at Baseline**

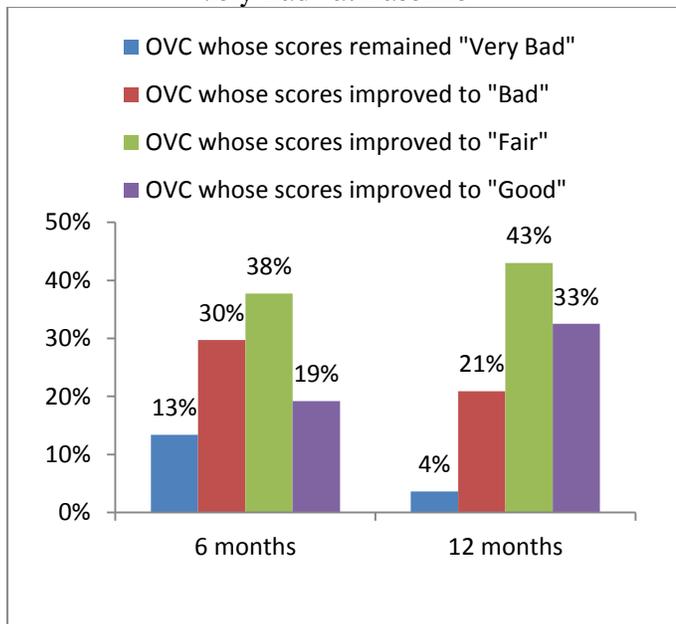


Photo by Jessica Charles



### Education and Skills

In Nigeria, final school exams can cost as much as 17,000 naira (US \$100). For poor OVC, these fees and annual tuition costs are often the greatest barrier to school attendance. In response, CUBS taught CSOs and CPCs to advocate for educational support for vulnerable children. Some villages convinced schools to waive tuition fees for the most vulnerable children and others raised funds from local businesses, philanthropists, and community groups to send these children to school. These advocacy efforts inspired community members to donate or pay for books, uniforms, and school supplies for vulnerable children. In total, CSOs and CPCs provided educational support to more than 10,000 OVC.

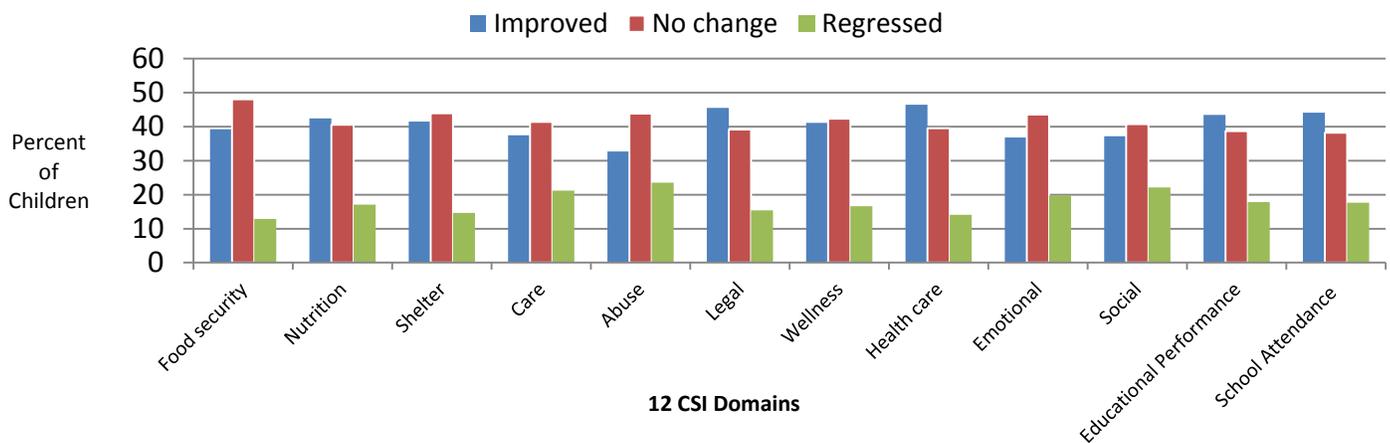
### Health

Because many OVC do not have an adult in their lives to provide them with consistent care, these children often become ill and malnourished. Health centers will rarely treat children who present for services without an adult, and even if they are seen, few OVC can afford to pay for health services. To improve OVC’s access to health care, CUBS taught CSOs and CPCs to advocate for free services for OVC from local health facilities. These efforts were successful in 116 communities, leading to provision of health services to more than 28,000 OVC.

### Impact

The CSI allowed CUBS to track and assess the impact of its interventions through two factors in each of the six areas: *food and nutrition, health, shelter and care, psychosocial care, protection, and education and skills*. CSI data on a cohort of 12,419 OVC showed that, after being enrolled in a CUBS-supported CSO for six months, 30 percent of the children had improved status across all 12 CSI factors. After being enrolled for 12 months, 40 percent of these children showed improvement in all 12 factors. Although another 40 percent of children had showed no change in some factors after 12 months, many of these children may have regressed without CUBS’ support. These trends were consistent for all OVC cohorts and across the life of the project.

**Figure 3: CSI Outcomes among a Cohort of OVC after 12 Months of CUBS’ Support**



### Maintaining Momentum

**CUBS was USAID Nigeria’s first project focused on the holistic care of OVC and the first project in the country to use the CSI tool to measure and track children’s well-being. Hundreds of CSO and CPC staff and thousands of caregivers now understand the complex and multifaceted nature of OVC’s needs and are better equipped to identify and care for these children. Instead of offering standard provisions to all OVC, food and school materials for example, local leaders are now able to assess each child’s unique situation and have a comprehensive suite of skills and resources to address OVC’s needs. The 56,900 OVC CUBS reached will benefit from this tailored, holistic care for years to come and the CSOs and CPCs will continue to use CUBS’ materials, strategies, and the CSI to strengthen and expand their services to more children and caregivers each year. State and national leaders are aware of CUBS’ success and are working to expand these strategies so that vulnerable children in all 36 Nigerian states receive the care they need to survive and thrive.**

### References

Federal Ministry of Women’s Affairs and Social Development (FMWASD). “Monitoring and Evaluation Plan for the Orphans and Vulnerable Children (OVC) Response in Nigeria.” September 2009. Accessed April 1, 2014. <http://www.google.com/url?sa=t&ret=j&q=&esrc=s&source=web&cd=2&ved=0CCwQFjAB&url=http%3A%2F%2Fwww.ovcsupport.net%2Flibs%2FAdmin%2F%2FDocumentHandler.ashx%3Fid%3D799&ei=zoiQU7S4CYiSggbvvoCADQ&usq=AFQjCNHn6KZDBsg6M56vZYihs3ubF8qlfw&sig2=EgijKHjv8ta6jr5he6mI0g>.  
<sup>2</sup> Ibid.  
<sup>3</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). "Global Report: UNAIDS Report on the Global AIDS Epidemic." 2010. Accessed April 1, 2014. [http://www.unaids.org/documents/20101123\\_GlobalReport\\_em.pdf](http://www.unaids.org/documents/20101123_GlobalReport_em.pdf).

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