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# **Nigeria Country Report FY13**

**Cooperative Agreement Number:**

AID-OAA-A-12-00101

**Performance Period:**

October 1, 2012 – September 30, 2013

**DECEMBER 2013**

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# USAID ASSIST Project

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#### DISCLAIMER

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## Abbreviations

AIDS	Acquired immunodeficiency syndrome
AONN	Association of OVC NGO in Nigeria
ASSIST	USAID Applying Science to Strengthen and Improve Systems
CBO	Community-based organization
CRS	Catholic Relief Services
CSI	Child Status Index
CSO	Civil society organization
FCT	Federal Capital Territory
FMWASD	Federal Ministry of Women Affairs and Social Development
FY	Fiscal year
HES	Household economic strengthening
HCI	USAID Health Care Improvement Project
IP	Implementing partners
MWASD	Ministry of Women Affairs and Social Development
NACA	National Action Control of AIDS
NGO	Non-government organization
NPA	National Priority Agenda
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PSS	Psychosocial support services
QI	Quality improvement
SCI	Save the Children International
SMILE	Sustainable Mechanisms for Improving Livelihoods & Household
STEER	Systems Transformed for Empowered Action and Enabling Responses
UGM	Umbrella Grant Mechanism
USAID	U.S. Agency for International Development
USG	United States Government
VC	Vulnerable children
VLSA	Village savings and loan associations

# 1 Introduction

Since 2009, the Nigerian Federal Ministry of Women Affairs and Social Development (FMWASD) in coordination with the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) Nigeria, has been working to improve the quality of vulnerable children (VC) services by developing the national VC service standards. Since FY11, the USAID Health Care Improvement Project (HCI) has worked with the FMWASD to support the institutional strengthening of the Ministry of Women Affairs and Social Development (MWASD) at the federal, state, and local government levels to develop and pilot standards for VC services using quality improvement methodologies. In FY12, the draft VC standards were reviewed by various stakeholders and a final draft was developed. HCI facilitated the “training of coaches” to support piloting the standards.

Building on the work funded under HCI, in FY13 the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project piloted the final draft VC service standards using improvement science in 11 states, 27 local government areas, and 31 communities with 4,572 vulnerable children. This resulted in the adoption of the national service standards and improvement methodologies as the nationally accepted sustainable approach for VC programming in Nigeria. Henceforth all USAID-supported VC programs will be required by the Government of Nigeria to use the national service standards along with improvement methodologies for VC programs.

In April 2013, USAID Nigeria made two Umbrella Grant Mechanism (UGM) awards to two lead United States Government (USG) implementing partners (IPs) – Catholic Relief Services (CRS) and Save the Children International (SCI) – to ensure high quality delivery of the standards in 10 states of Nigeria. CRS is implementing the Sustainable Mechanisms for Improving Livelihoods & Household Empowerment (SMILE) project, and SCI is implementing the Systems Transformed for Empowered Action and Enabling Responses for Vulnerable Children and Families (STEER) project, both in close cooperation with the FMWASD. For FY14, the USAID Mission in Nigeria has requested the USAID ASSIST Project to support the two lead IPs to apply improvement methods in the implementation of the UGM awards.

# 2 Program Overview

What are we trying to accomplish?	How will we know?	At what scale?
1. Pilot draft service standards for vulnerable children		
Build the capacity of Federal and State Ministries of Women Affairs and Social Development in piloting draft service standard for vulnerable children in Nigeria	<ul style="list-style-type: none"> <li>Federal and State Ministries of Women Affairs and Social Development take the lead in piloting draft service standards for vulnerable children</li> </ul>	National - 11 State Ministries of Women Affairs and Social Development Lagos, Ekiti, Cross River, Akwa Ibom, Enugu, Ebonyi, Kaduna, Kano, Taraba, Bauchi, Benue, & Federal Capital Territory local government areas
Gather evidence on the pilot through the use of improvement science	<ul style="list-style-type: none"> <li>Draft service standard document revised with evidence gathered and feedback incorporated</li> </ul>	31 community improvement teams, 31 community-based organizations (CBOs), 9 implementing partners
Integrate draft vulnerable children service standards into National Priority Agenda (NPA) and Monitoring and Evaluation Plan	<ul style="list-style-type: none"> <li>Statement of declaration /commitment to use standard based and quality improvement approach integrated into registration of CBOs with the Federal Ministry of Women Affairs and Social Development</li> </ul>	National
Institutionalize quality	<ul style="list-style-type: none"> <li>Establishment of Quality</li> </ul>	National, state, local government,

What are we trying to accomplish?	How will we know?	At what scale?
improvement through piloting and creating communities of learning across stakeholders	Improvement Teams/Units in the office of Federal and State MWASD and incorporation of quality improvement activities to the official duties of OVC desk officers	and community levels
Communicate standards to partners and other vulnerable children stakeholders	<ul style="list-style-type: none"> <li>Service standard for vulnerable children documented, finalized and launched</li> </ul>	National, state, local government, and community levels

### 3 Key Activities, Accomplishments, and Results

#### Activity 1: Pilot draft service standards for vulnerable children

<b>Pilot Draft Service Standards</b>
<p><b><u>Improvement Strategy</u></b></p> <p>Pilot draft service standards using existing structures of USG implementing partners and community-based organizations to improve service delivery through quality improvement methodologies.</p> <ul style="list-style-type: none"> <li>Institutionalize quality improvement in VC programming through formation of QI teams and creating communities of learning</li> <li>Use collaborative approaches and process improvement methodologies to capture and document evidence-based improvements from using the service standards</li> <li>Hold meetings at both state and national levels to share learning and findings with both piloting and other stakeholders including line ministries, such as education, health, etc.</li> </ul> <p><b><u>Spread Strategy:</u></b></p> <p>The Federal Ministry of Women Affairs wishes to spread the use of the standards and the use of QI methodology in all other states in Nigeria. The following approaches will assist in spreading the use of the standards:</p> <ul style="list-style-type: none"> <li>State QI teams established encompassing piloting and non-piloting organizations such as other government line ministries (e.g., Ministries of Education, Health, Agriculture,) agencies (NAPEP, SUBEB, NAPTIP). This is a sub-committee of the State Technical working Group with the State Ministry of Women Affairs being the drivers of the pilot process.</li> <li>Community QI teams share results, lessons learnt, and best practices from pilot with other USG IPs, CBOs, and communities that did not pilot the standards in all the 36 states and FCT.</li> <li>Endorsed services standards will be disseminated to all State Ministries of Women Affairs and USG-funded implementing partners in 36 states and Abuja.</li> </ul>

#### **Accomplishments**

- Conducted learning sessions.** Held 2<sup>nd</sup> learning session in all 11 states using the learning session guide with the knowledge management strategy (October 2012-March 2013). Held 3<sup>rd</sup> learning session in all the six geo political zones of Nigeria (North Central, North East, North West, South-South, South East and South West) with participation of Directors of child development, Orphans and Vulnerable Children Desk Officers from 36 states, MWASD, FMWASD, USAID IPs, representatives of CBOs and community QI teams in pilot sites (April and May 2013).
- FMWASD took the lead in piloting the service standards** in all the states (Jan. 2011-July 2013).
- Gathered evidence on the service standards during the pilot by using an improvement journal.** Thirty-one (31) community quality improvement (QI) teams (comprised of CBOs and staff of the 9 implementing partners) used the improvement journals to record evidence on a monthly basis.

- **Conducted harvest meeting in the six geo political zones** (North Central, North East, North West, South - South, South East and South West) (April 2013). The purpose of the harvest meetings was to collect information to develop a change package – an organized summary of strategies and solutions which have been tested and proven to improve care of orphans and vulnerable children in our pilot sites. Organizations that piloted the service standards presented their changes and solutions in order to illustrate what has worked to improve care in their settings. After the harvest meeting, the ASSIST team was able to categorize all the change ideas or solutions that are similar and have common underlying change concepts across each geo-political zone (see Appendix for Change Package).
- **Organized monthly state quality improvement meetings with MWASD.** At the state level, ASSIST organized monthly state improvement meetings in each state. The purpose of these state improvement meetings was to review the process made on the pilot and to ensure that processes of piloting service standards complied with the draft service standard. The members of these state QI teams consisted of key stakeholders of vulnerable children within each state.
- **Coached community quality improvement teams between learning sessions.** QI coaches provided mentorship and guidance to the community quality improvement teams. Their activities involved: reviewing the teams' progress on changes made following learning sessions; assisting the teams in reviewing the results of their changes (including plotting data); considering next actions; supporting teams to plan for their next change; and preparing the teams to present at learning sessions.
- **Established quality improvement units** in Bauchi, Taraba, Ebonyi, Ekiti and Akwa Ibom states The MWASD worked closely with the OVC desk officers to mentor them on the use of improvement science in the provision of services to vulnerable children in Nigeria.
- **Held inauguration of national quality improvement task force team** which is made up of the Chiefs of Party of all the implementing organizations working on vulnerable children programming in Nigeria. Their mandate is to ensure that improvement science is being used to implement the national quality service standards. (April 2013).
- **Incorporated quality improvement activities into the official duties of five state MWASD OVC desk officers** (May 2012 to July 2013).
- **Held standards review meetings in the six geo political zones of Nigeria to agree on the outcomes of the assessments of the standards** (vulnerable children service standard review meetings) (May 2013). The review meetings were held in the six geo political zones of Nigeria (North Central, North East, North West, South -South, South East and South West). The participants were made up of Directors, OVC Desk Officers from 36 states' Ministries of Women Affairs and Social Development, the Federal Ministry of Women Affairs, six-man quality improvement team (made up of government staff from the Child Development Department in the Ministry), and representatives from FHI 360, Creative Associates International, AIDS Prevention Initiative Nigeria, Institute of Human Virology, Hope Worldwide Nigeria, Association of OVC NGO in Nigeria (AONN), Management Sciences for Health, SCI, Association of Reproductive Health PACT, CBOs, and community quality improvement teams. The review meeting assessed all the essential actions and guidelines of the vulnerable children services using the following criteria: Understandable, Feasible, Relevant/Appropriate and Effective.
- **Held pre-validation meeting of service standards:** Pre-validation of service standards was held in June 2013 at the FMWASD. The objective was for the National Quality Improvement Task Force members to: a) take a critical look at the service standards vis-a-vis the comments made during the harvest meetings/ standard review meetings; and b) come up with recommendations on corrections made and incorporate the same into the service standards.
- **Held one-day validation meeting aimed at finalizing the draft National Orphans and Vulnerable Children Service Standard:** Held the meeting in July 2013 with the National Quality Improvement Task Force (i.e., management staff from SCI, CRS, FHI 360, Management Sciences for Health, USAID MARKETS, SPRING, Association of OVC NGOs in Nigeria, National Action Control of AIDS, Hope Worldwide Nigeria, AIDS Prevention Initiative Nigeria, the Federal Ministry of Women Affairs Six-Man Quality Improvement Team and Directors of Child Development from 36 states). The meeting

resulted in a statement of declaration/commitment to use a standards-based improvement approach for the registration of civil society organizations within the Ministry Women Affairs Social Development.

The outcomes of the meeting were:

- Vulnerable children services standards document finalized
- Consensus reached by the National Quality Improvement on the Service
- Service Standards deemed as acceptable as National Document
- Setting up of finalization committee
- The National Standards for Improving the Quality of Vulnerable Children Services is at the final stage, ready for launching as soon as the finalization committee reviews the document and approves the document.
- **Planned for scale-up** by working with SCI and CRS by building their capacity on the use of improvement science to provide quality care to vulnerable children in Nigeria (April -September 2013).
- **Communicated standards to partners and other vulnerable children stakeholders.** This activity was shifted to the FY14 work plan. The communication of standards will use the toolkit developed in FY13.
- **Designing a toolkit to communicate the information on improvement and standard-based approaches for vulnerable children. The toolkit is currently being designed to contain the following:**
  - National Standards for Improving the Quality of Vulnerable Children Services
  - A Guide for Developing Improvement Measurement Plans for Vulnerable Children Programs in Nigeria
  - Improvement Journal for Vulnerable Children Programs in Nigeria
  - USAID Care that Counts: An E- learning Course for Quality Improvement in Programs for Vulnerable Children
  - Cartoon comic stories: The Improvement Story
  - Improvement Journal for Vulnerable Children Programs in Nigeria: This will be used by the community improvement teams
  - Maturity index for monitoring improvement teams: This will be used by the CBOs to monitor progress of the community improvement teams' maturity as they work through different stages of improvement, service provision, and care steps.

## Results

ASSIST focused on seven main service areas to improve quality of services provided to vulnerable children and their households: Health, food and nutrition, psychosocial support, education, protection, shelter and care and household economic strengthening. The results for each service area are described below.

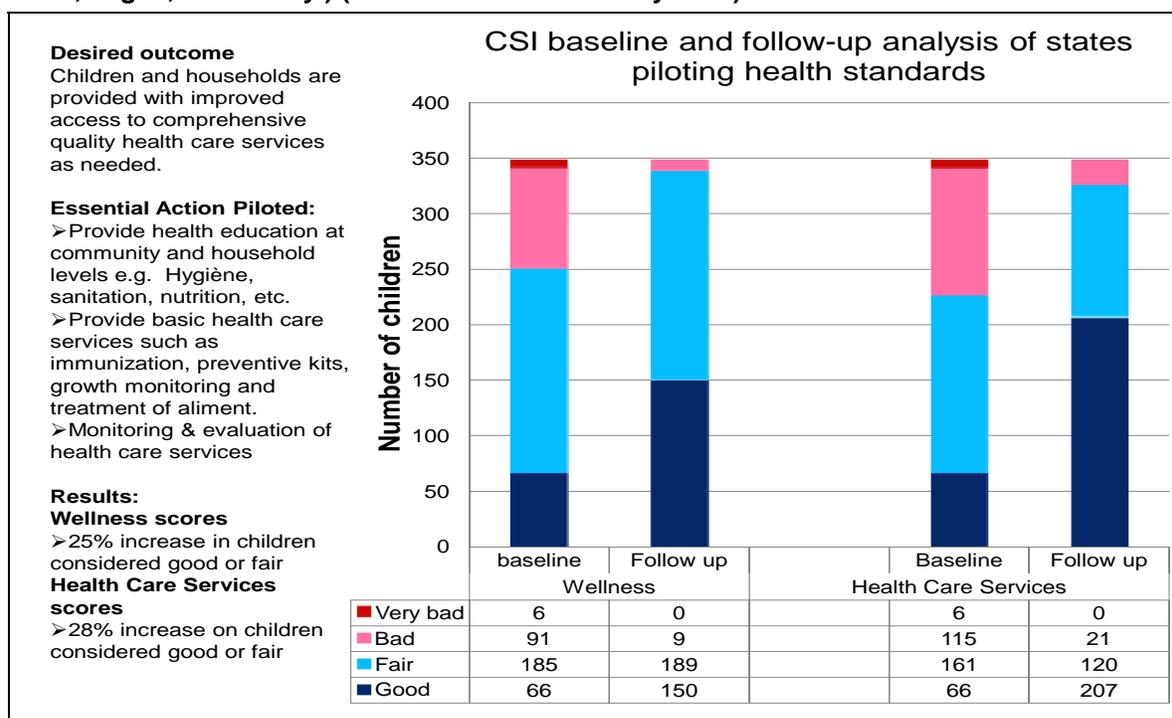
### Health

- **Identified major problems for vulnerable children related to health.** The desired outcome for health was to ensure that children and households are provided with improved access to comprehensive quality health care services as needed. The major and common crosscutting health problems that were identified among the 4,572 vulnerable children in the pilot sites are listed in Table 1.
- **Piloted essential actions in the service standards for health.** These were to: provide health education at community and household levels (e.g., hygiene, sanitation, nutrition, etc.); provide basic health care services such as immunization, preventive kits, growth monitoring, and treatment of ailments; and monitoring and evaluation of health care services provided. Figure 1 shows results from the Child Status Index (CSI) analysis of vulnerable children in three states (Bauchi, Lagos, and Ebonyi), where at follow-up there was a 25% increase in the proportion of children rated as “good” and “fair” for wellness and a 28% increase in the proportion of children rated as “good” and “fair” for health care services.

**Table 1: Major health problems, barriers, and major causes of health issues for vulnerable children in the pilot sites**

Major health problems	Major barriers	Major causes
Poor health status  Low uptake of routine immunization	<ul style="list-style-type: none"> <li>• Low record of immunization</li> <li>• No access to primary health care facility</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural beliefs</li> <li>• Illiteracy among the caregivers on the importance of immunization to the child</li> <li>• Far distance to the primary health care facility</li> </ul>
Medium to acute malnutrition	<ul style="list-style-type: none"> <li>• Poor economic condition of household/caregiver</li> <li>• Lack of access road to available health facilities</li> <li>• Inadequate number of health facility</li> <li>• Unstaffed health facilities with limited number of trained and experienced health workers</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Inadequate planning for rural and remote roads</li> <li>• Inadequate upgrading of health facilities in remote areas</li> <li>• Lack of government political will</li> </ul>

**Figure 1: CSI baseline and follow-up of pilot of health standards in four communities, three states (Bauchi, Lagos, and Ebonyi) (December 2012-February 2013)**



### Food and nutrition security

The desired outcome for the food and nutrition service area was for children and members of their households to have sufficient food on a regular and sustainable basis to meet their nutritional needs for growth and development. The major and common crosscutting food and nutrition security problems that were identified among the 4,572 vulnerable children in the pilot sites are listed in Table 2.

**Table 2: Major food and nutrition problems, barriers and causes for vulnerable children in the pilot sites**

Major food and nutrition problems	Major barriers	Major causes
Inadequate food supply for vulnerable children and their households	<ul style="list-style-type: none"> <li>• Low income of caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• Low and limited sources of income</li> </ul>
Malnutrition	<ul style="list-style-type: none"> <li>• Unbalanced diet</li> <li>• Lack of awareness on proper feeding practices</li> <li>• Limited know of how to set up homestead farms to grow nutritious plants which can provide nutritious food gardening</li> <li>• Lack of knowledge of the caregivers on how to Ignorance of local food preparation, processing and storage</li> <li>• Limited access to land to use for farming</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Illiteracy of caregivers</li> <li>• lack of knowledge on balance diet and food with high nutrients</li> <li>• consumption of cultural diet/food that are not balanced in nutrients (high level of carbohydrate and low level of vegetables)</li> <li>• Poverty among the caregivers</li> <li>• Low awareness on locally available and affordable nutritious food</li> <li>• Lack of empty land for farming</li> <li>• Restriction of farming in many communities</li> </ul>

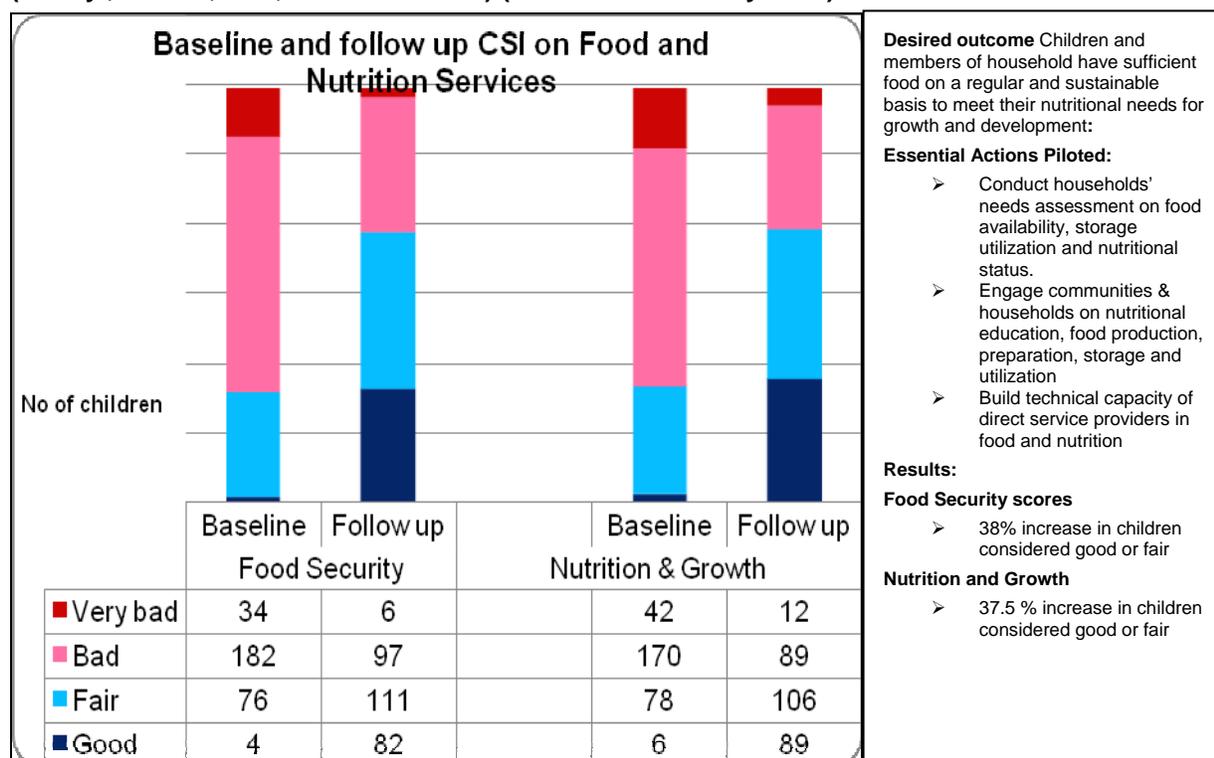
- **Piloted essential actions in the service standards for food and nutrition.** The essential actions were to: conduct households’ needs assessments on food availability, storage utilization, and nutritional status; engage communities and households on nutritional education, food production, preparation, storage, and utilization; and build technical capacity of direct service providers in food and nutrition.
- **CSI results in the four communities in four states piloting food security and nutrition and growth standards (Ebonyi, Taraba, FCT, and Akwa Iborm) show a 38% point increase in the proportion of children rated as “good or fair”** for this service area between baseline (June-October 2012) and follow-up (December 2012-February 2013). (See Figure 2.)

**Psychosocial support services (PSS)**

Most of the children provided psychosocial support services were either abandoned, declared missing and could no longer trace their parents, or were children of prisoners. The problems that were identified among this population were: emotional instability, stealing, withdrawal, mood swings, early sexual initiation, and poor hygiene. The desired outcome for psychosocial support is for a child to grow up and be emotionally stable, happy, content, interact freely with peers and adults, and demonstrate improved performance that enhances positive and meaningful living. The major and common crosscutting psychosocial support security problems identified among the 4,572 vulnerable children in the pilot sites are listed in Table 3.

- **Piloted essential actions in the service standards for psychosocial support.** The essential actions piloted were: Advocacy and community sensitization to reduce stigma and discrimination towards vulnerable children and their households; build capacity of CBOs, support groups, volunteers, teachers, caregivers, and spiritual leaders to provide psychosocial support to children and their caregivers; and provision of psychosocial support services for vulnerable children and care givers/households.
- **The CSI analysis thus far shows good progress in increasing the proportion of children considered “good or fair” on emotional health and social behavior,** as shown in Figure 3, where there was an almost 50% increase in the proportion of children rated as “good or fair” under emotional health and social behavior.

**Figure 2: CSI baseline and follow-up for food and nutrition services, four communities, four states (Ebonyi, Taraba, FCT, and Akwa Ibom) (June 2012-February 2013)**



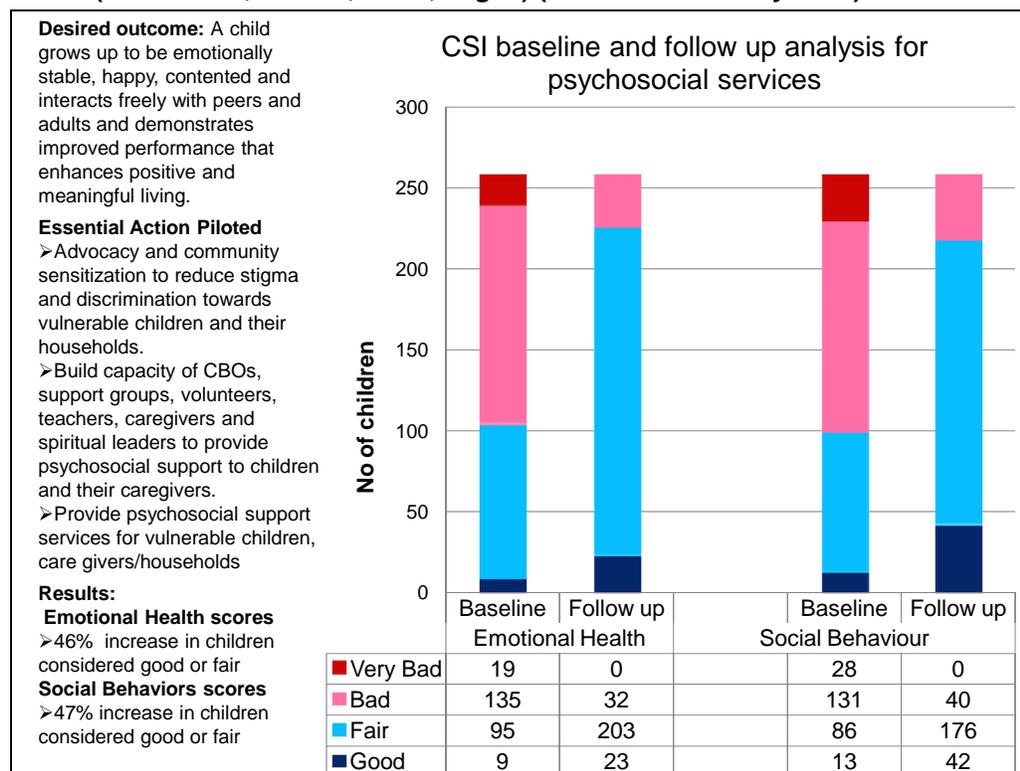
**Table 3: Major psychosocial support problems, barriers, and causes for vulnerable children in the pilot sites**

Major psychosocial support problems	Major barriers	Major causes
Poor self-esteem and discrimination	<ul style="list-style-type: none"> <li>• Lack of parental supervision and support</li> <li>• poor parenting</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of parenting skills</li> </ul>
Children engaged in drug abuse and absenteeism from school	<ul style="list-style-type: none"> <li>• Lack of supervision and negligence on the part of caregivers</li> <li>• No life skills training for vulnerable children</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of parenting skills</li> </ul>
Teenage pregnancy	<ul style="list-style-type: none"> <li>• High rate of transactional sex as a source of income</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty</li> </ul>

### Education and Training

The desired outcome for the education and training service area is that all children achieve their full potential through access to continuous education which ensures appropriate learning from early childhood in homes, schools and communities. The major and common crosscutting education and training identified amongst the 4,572 vulnerable children in our pilot sites are listed in Table 4.

**Figure 3: CSI baseline and follow-up for psychosocial support services, four communities, four states (Adwa Ibom, Bauchi, Kano, Lagos) (June 2012-February 2013)**

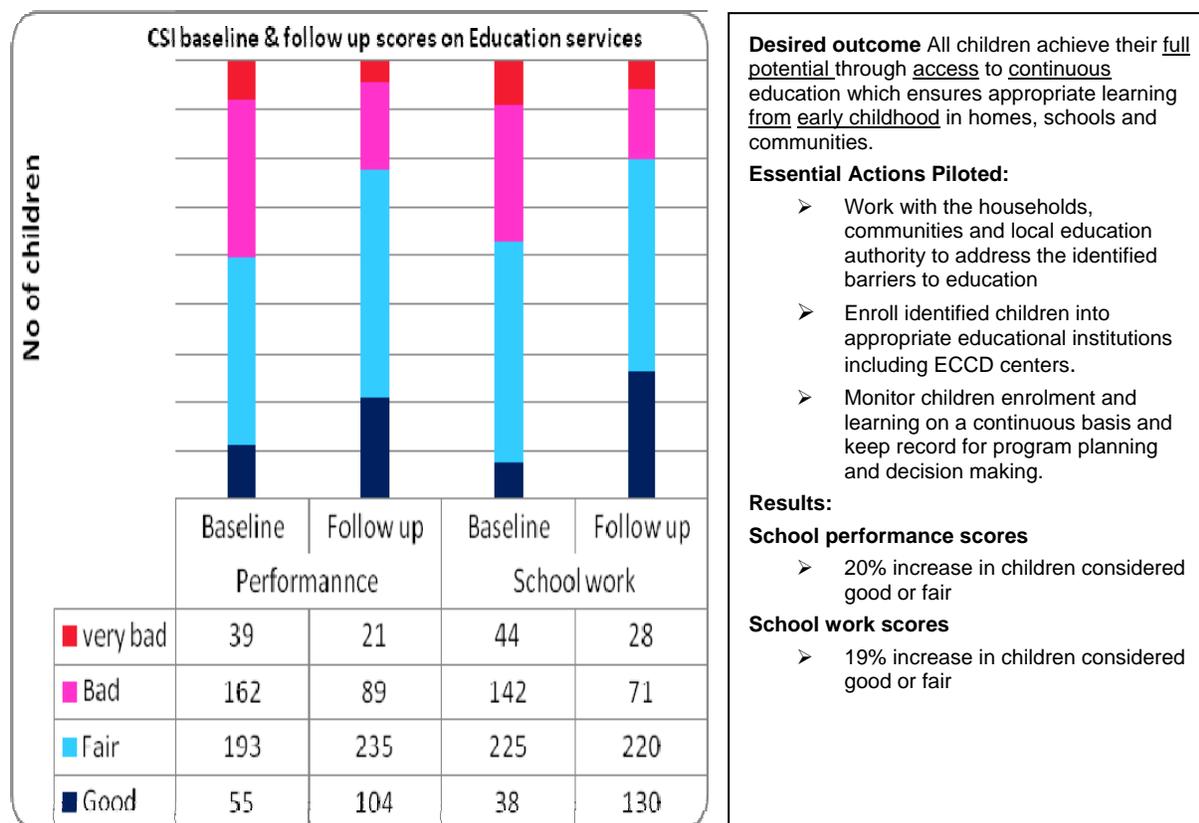


**Table 4: Major education problems, barriers, and causes for vulnerable children in the pilot sites**

Major education problems	Major barriers	Major causes
Poor educational performance	<ul style="list-style-type: none"> <li>• Lack of awareness or ignorance of the importance of education</li> </ul>	<ul style="list-style-type: none"> <li>• Limited knowledge of the importance of education amongst caregivers</li> <li>• Low level of literacy</li> </ul>
low attendance of vulnerable children	<ul style="list-style-type: none"> <li>• Children, especially those from child-headed households, are sent on the street to sell during school hours to support the family income</li> <li>• High frequency of sickness</li> <li>• Lack of ability to manage their menstruation flow amongst girls during school hours</li> <li>• Early teen marriage in northern Nigeria</li> </ul>	<ul style="list-style-type: none"> <li>• Pressing economic needs of the family to survive</li> <li>• Poverty</li> </ul>
Low enrollment in school and vocational centers	<ul style="list-style-type: none"> <li>• Hidden educational fees - craft work fee, the cost of a desk and chair, development levy, etc.</li> <li>• Ignorance among the caregivers on the importance of girl child education</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Ignorance</li> </ul>
A high teacher to student ratio	<ul style="list-style-type: none"> <li>• Lack /inadequate trained and qualified teachers in community schools</li> </ul>	<ul style="list-style-type: none"> <li>• Unwillingness of qualified teacher to serve in the community due to low pay</li> </ul>

- **Piloted essential actions in the service standards for psychosocial support.** Essential actions included: 1) Work with the households, communities and local education authority to address the identified barriers to education; 2) Enroll identified children into appropriate educational institutions including ECCD centers; and 3) Monitor children enrollment and learning on a continuous basis and keep records for program planning and decision making.
- **CSI scores show that school performance and school work increased by 20% from baseline to follow-up** (Figure 4).

**Figure 4: CSI baseline and follow-up for education and training, five communities, five states (Ebonyi, Bauchi, Akwa, Ibom, Kano, and Federal Capital) (June 2012-February 2013)**



**Desired outcome** All children achieve their full potential through access to continuous education which ensures appropriate learning from early childhood in homes, schools and communities.

**Essential Actions Piloted:**

- Work with the households, communities and local education authority to address the identified barriers to education
- Enroll identified children into appropriate educational institutions including ECCD centers.
- Monitor children enrolment and learning on a continuous basis and keep record for program planning and decision making.

**Results:**

**School performance scores**

- 20% increase in children considered good or fair

**School work scores**

- 19% increase in children considered good or fair

**Protection**

The desired outcome for the protection service area was to ensure that children live free of any form of abuse, violence, exploitation, neglect, stigma and discrimination and that they have access to essential services and basic rights. The major and common crosscutting protection issues identified amongst the 4,572 vulnerable children in our pilot sites are listed in Table 5.

- **Eight essential actions were piloted:** 1) Passage of the Child's Right Bill into law in states that are yet to enact the bill and facilitate mechanisms for effective implementation of Child Rights Act/Law in all states of the Federation and the FCT; 2) Increase awareness and mobilize families and the community on the prevention and response to child abuse and about available resources; 3) Establish and strengthen effective protection referral systems and linkages among service providers (government and non-governmental); 3) Educate and support vulnerable children, their caregivers and the community on the legal protection of children, particularly the importance of birth registration and succession planning; 4) Educate and support children and parents/caregivers on prevention and response to child abuse, discrimination, neglect and exploitation; 5) Support formal child protection mechanisms (government and organizations) to coordinate and case manage the protection of children; 6) Promote access to legal protection of children, including access to legal services; 7)

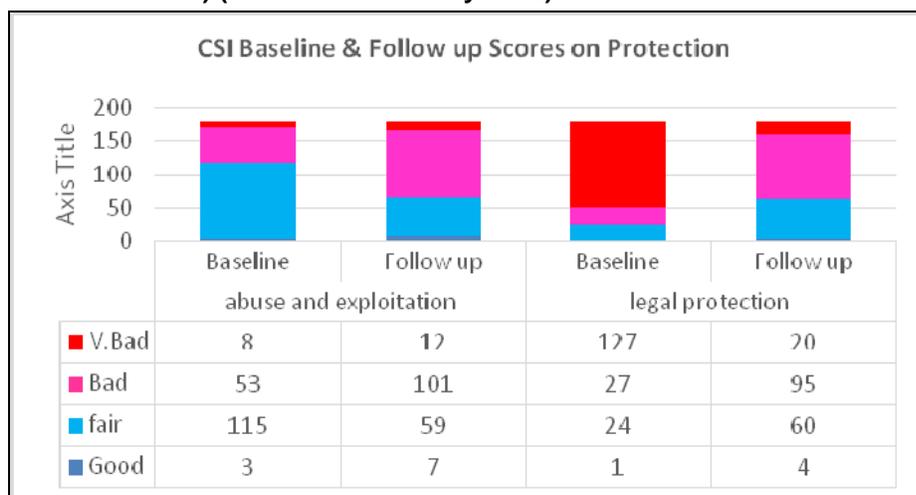
Advocate for the protection of vulnerable children at all levels; 8) Monitor and evaluate protection services.

**Table 5: Major protection problems, barriers and causes for vulnerable children in the pilot sites**

Major protection problems	Major barriers	Major causes
Violation of basic rights of the child according to the child right act	<ul style="list-style-type: none"> <li>Ignorance of the child's right acts</li> <li>Harmful traditional that violate the rights of the child</li> </ul>	<ul style="list-style-type: none"> <li>Low awareness of the child's right acts</li> <li>Cultural practices</li> </ul>
High rate of various forms of child abuse	<ul style="list-style-type: none"> <li>Weak law enforcement systems to respond to monitor and respond child abuse cases</li> </ul>	<ul style="list-style-type: none"> <li>Ignorance on the danger of street begging and hawking</li> </ul>
Low rate of birth registration	<ul style="list-style-type: none"> <li>illiteracy among the caregivers</li> <li>Lack of knowledge of the importance of birth registration</li> <li>No or poor access to birth certificates for under fives and adolescents</li> </ul>	<ul style="list-style-type: none"> <li>Low awareness on the importance of birth registration</li> <li>Death of household head and poverty</li> </ul>

- CSI scores showed an improvement in the legal protection service area from baseline (June 2012) to follow up (February 2013) (Figure 5).

**Figure 5: CSI baseline and follow-up scores on protection, three communities, two states (Ebonyi and Akwa Ibom) (June 2012-February 2013)**



### Household Economic Strengthening (HES)

The desired outcome for this service area was for households to have sustainable income to meet the basic needs of vulnerable children. The major and common crosscutting Household Economic Strengthening (HES) issues identified among the 4,572 vulnerable children in the pilot sites are listed in Table 6.

**Table 6: Major household economic strengthening problems, barriers and causes for vulnerable children in the pilot sites**

Major HES problems	Major barriers	Major causes
Low household economic	Low or no income-generating activities among caregivers	Limited source of income

The essential actions piloted were: 1) Advocate, sensitize and build consensus with the community to support HES activities of vulnerable households; 2) Map and link available community resources and opportunities to support HES activities of vulnerable households; 3) Develop and support community initiatives for effective interventions for vulnerable households; 4) Provide older children and child-headed households with economic strengthening activities, including building vocational skills; 5)

Constitute/strengthen groups and plan projects for income generation and monitoring and evaluation of household economic strengthening services. The common activities that were carried out were that caregivers were trained on how to establish village savings and loan associations (VLSA) and other income-generating activities. In addition, an advocacy visit was made to the local government chairman to solicit his support for the VLSA groups that were formed in the community. The chairman supported the team by instructing that the VLSA groups should be registered with the government without any charge.

### Shelter and Care

The desired outcome for this service area was that accommodation for vulnerable children is available, that it is made with locally available materials/resources within the community cultural context; and/or that vulnerable children are integrated into a family for proper guidance and support. The major and common crosscutting shelter and care problems and causes identified amongst the 4,572 vulnerable children in our pilot sites are listed in Table 7.

**Table 7: Major shelter and care problems, barriers and causes for vulnerable children in the pilot sites**

Major shelter and care problems	Major barriers	Major causes
Poor shelter in rural areas	<ul style="list-style-type: none"> <li>Limited resources to pay rent</li> <li>No inheritance plan and will for next of kin/caregiver to inherit property</li> </ul>	<ul style="list-style-type: none"> <li>Lack of knowledge/ financial resources</li> </ul>
Children are leaving in over crowded houses with little ventilation	<ul style="list-style-type: none"> <li>High rate of birth (caregivers don't believe in family planning)</li> </ul>	<ul style="list-style-type: none"> <li>Illiteracy associated with family planning</li> <li>High rate of poverty</li> </ul>

- Piloted essential actions:** 1) Assess shelter and care needs of children in the community on an ongoing basis; 2) Map and link existing community resources available to support housing and care for vulnerable children; 3) Mobilize and sensitize communities and households on the importance of children receiving regular and loving care and supervision from adults; 4) Facilitate implementation of safe and healthy living initiatives; and 5) Monitor and evaluate shelter and care service provision. The problems related to “shelter and care” experienced by vulnerable children were that street children did not have a place to live and that there were displaced children due to terrorist attacks and religious and ethnic crises.
- Preliminary results are promising:** Shelter and care was only piloted in Kano state at Nassarawa Children’s Home. Therefore we can only present results from this one site. The result from this site is that 20 vulnerable children out of 57 children (17 babies and 3 children) have been placed in family-based care in the past five months (Box 1).

### What Are We Learning?

- What do the CBOs and quality improvement teams do to facilitate the ability to implement these standard and best practices?**
  - They documented improvement changes of the pilot by using empirical data; collaborated with other line ministries (e.g., Education and Agriculture); and conducted bi-weekly community quality improvement review meetings.
- Does implementing the standards improve the quality of programs for vulnerable children?**
  - Yes, it increases community ownership and participation, leverages additional resources from the community for vulnerable children, increases monitoring of vulnerable children activities by the state, local government and community, and orients community QI teams to take independent actions that lead to improvements across the vulnerable children service areas.

### **Box 1: Moving children to family-based care**

Nassarawa Children's Home is an institution supervised by the Child Development Department of Kano State Ministry of Women Affairs and Social Development and was set up in 1968. It is now home to 65 children. Children in the home include, among others, children found in the streets, lost and found children, abandoned children, rescued children, and children whose parents are imprisoned. Given the circumstances of their backgrounds, these children were often emotionally unstable and withdrawn.

Complicating this situation, Nassarawa Children's Home employed a cumbersome fostering process to place children residing in their institution in family-based care. This process, which involved processing a court order for foster care, used to take from 6 to 12 months. As a result of this long process, children in the home remained in institutional care longer than necessary.

Together with the Kano State Ministry of Women Affairs and Social Development, the USAID ASSIST Project worked with the management of Nassarawa Children's Home to establish a quality improvement team in the home and mentored the team in quality improvement and in the use of service standards for shelter and care and psychosocial support.

The QI team identified that the unnecessarily long waiting period during the fostering process had a negative impact on the emotional state and overall well being of the children. The reason is that family-based care is a better place for parental bonding which in turn provides a better environment to support emotionally unstable children. The QI team identified that the cause of the long waiting period for placement in a foster home was due to lengthy court proceedings.

To address this problem, the QI team recommended that foster parents that had been previously screened and approved should be given provisional release of the children while awaiting the formal court approval. The fostering committee accepted the recommendation, and as a result, the time period for placement of the child into family-based care was reduced to only six days.

## **4 Sustainability and Institutionalization**

The major effective interventions in the area of sustainability and institutionalization were:

- **The establishment of quality improvement teams at the community and state levels within piloting communities and their respective states.** These QI teams provided the structure to sustain and institutionalize the use of a standards-based improvement approach.
- **The establishment of a six-man improvement team at the FMWASD.** The role of this six-man QI team was to ensure that all community-based organizations in Nigeria use the National Standards for Improving the Quality of Vulnerable Children Services in the provision of services to vulnerable children in Nigeria.
- **The formation of National Quality Improvement Task Force for Vulnerable Children made of all the implementing partners that participated in the pilot.** The role of the task force was to lead, coordinate and guide policy makers and implementing partners in improving quality of programs tailored to mitigate the impact of HIV/AIDS on children and families by developing a strategic implementation plan to delineate clearly the major milestones of the QI process.
- **Establishing QI improvement units.** At the state level ASSIST facilitated in establishing QI improvement units in five states – Ekiti, Akwa Ibom, Ebonyi, Bauchi, and Taraba.

ASSIST FY13 results had significant impact in the area of system strengthening. The effects of the use of improvement methodologies on system strengthening of state MWASDs in the participating states in our pilot were as follows.

- In Ekiti State, the State QI team, in collaboration with UNICEF, conducted advocacy with the State government and facilitated the establishment of family court in July 2012. Eleven cases have been handled.
- In Akwa Ibom State, when cases of abuse are reported to the State QI team, they report the incident to the State MWASD and to the police to arrest the accused. The case is referred to Family Court, which has Women Assessors, free legal aid for children, and Family Judges.

- The establishment of State QI teams and convening of state monthly QI meeting by the MWASD with participation of all other ministries and CSO stakeholders within the state has facilitated knowledge sharing among these entities.
- Improved coordination of all stakeholder organization as the State QI meeting has become a fulcrum for all stakeholders to be convened by the Ministry. This has improved coordination as it has facilitated networking, program synergy and effective monitoring through regularly reporting of OVC activities and reduced the overlap and duplication of efforts by organization funded by different donors.

## 5 Knowledge Management Products and Activities

ASSIST Nigeria drafted several case studies and success stories as knowledge management products. In addition, ASSIST held harvest meetings that produced a change package that is included in the Appendix.

The case studies drafted and currently in review by USAID are:

- Implementing standards-based quality improvement at the community level for orphans and vulnerable children in Bauchi state, Nigeria
- Quality of Services for Vulnerable Children in Ebonyi State of Nigeria: Experiences from the Community of Ikwuator-Idembia
- Quality of Services for Vulnerable Children in Ebonyi State of Nigeria: An experience from the Community of Ugwulangu
- Mobilizing community quality improvement teams for the benefit of vulnerable children in Lagos State, Nigeria
- Improving Care for Vulnerable Children by Linking Caregivers to Income-Generating Opportunities in Taraba State, Nigeria

## 6 Directions for FY14

- Conduct improvement training for 15 members of STEER/SMILE Management
- Identify, form, and train members of State/Local Government Authority QI teams, improvement coaches, and community quality improvement teams in 10 states (5 for STEER and 5 for SMILE)
- Conduct interface meetings with UGM IPs to share knowledge on what work and what did not work and identify opportunities for improving the work
- Conduct learning sessions
- Develop case studies and success stories
- Conduct meetings with the UGM IPs on spread mechanism
- Develop an spread plan for FY15 and beyond
- Develop improvement training manual
- Develop a step-by-step guide
- Develop a consolidated case study on the overall piloting process

## 7 Appendix

Table A: Change ideas

Service Area	Essentials Action	Change Ideas
<b>Health</b>		
	Develop a referral system and establish linkages	<ul style="list-style-type: none"> <li>- Advocacy and sensitization to community stakeholder , head of schools and principals to authorize and support immunization in the schools and communities</li> <li>- Involvement of political office holders (such as Honorable house member on health from the community, and local government, state, and federal authorities) in assisting with linkages for provision of health services from government</li> <li>- Linkage to the community leaders such as chiefs and traditional rulers that provide local sanctions and penalties to families of teenage girls who get pregnant. As a result of this, mothers and fathers see the need of taking care of girl children to avoid teenage pregnancy</li> <li>- QI team advocated to the community leaders who in turn advocated to the health care provider to provide hospital cards at subsidized rates; community leaders also mobilized the caregivers to use the health facilities and this increased demand for primary health care services</li> </ul>
	Provide health education at community and household levels (e.g., hygiene, sanitation, nutrition, etc.)	<ul style="list-style-type: none"> <li>- Counseling to caregivers on health and hygiene, need for better health seeking habits and to take their children for immunization</li> <li>- Awareness creation on the importance of health in the community (hygiene, environment sanitation)</li> <li>- Awareness creation on the benefits of immunization to remove suspicion by community</li> <li>- General health education of the community by the QI team and the community health care workers</li> <li>- Members of the QI team and the community leaders lead by example by using the primary health center</li> </ul>
	Provide basic health care services such as immunization, preventive kits, growth monitoring and treatment of ailments	<ul style="list-style-type: none"> <li>- Conducting immunization in the traditional ruler's palace (Ezeogu palace)</li> <li>- Use of town crier to increase creating awareness – he uses metallic drum (Ogini) to announce what the community agreed on – once the town crier is used it establishes that this is the decision of the community (authority)</li> <li>- Leveraging (medicines, training in skills development, provision of business start-up kits)</li> </ul>
<b>Food &amp; Nutrition</b>		
	Conduct households' needs assessment on food availability, storage utilization, and nutritional status	<ul style="list-style-type: none"> <li>- Home visitation, asking how many times children in the household eat daily and the foods they eat</li> <li>- Training on the use of growth monitoring scale to identify underweight vulnerable children for referral</li> <li>- The use of project monitoring teams – the QI teams will conduct monitoring visits</li> </ul>
	Engage communities & households on nutritional education, food production, preparation, storage, and utilization	<ul style="list-style-type: none"> <li>- Sensitization rally on creating awareness on use of locally available foods and contribution of food items by SODEV</li> <li>- Advocacy and sensitization visits to community leaders to discuss the issue of begging</li> <li>- The use of local silos for storage during the time of scarcity/lack of food; then they can fall back on what they have in the store and this increases food security and has helped households remain on a constant high nutritional status throughout the year</li> </ul>

Service Area	Essentials Action	Change Ideas
		<ul style="list-style-type: none"> <li>- Training for caregivers on proper food preparation and storage</li> </ul>
	Build technical capacity of direct service providers in food and nutrition	<ul style="list-style-type: none"> <li>- Nutritional education given to caregivers on the use of nutritious food and hygienic preparation for food and introduction of Maringa plants – immune booster that is high in vitamin A and is used in tea</li> <li>- The use of high-performing caregivers as mentors for other caregivers who need further guidance on preparation of locally available food to improve the nutrition status of the children</li> </ul>
	Integrate food and nutrition into other service areas	<ul style="list-style-type: none"> <li>- Giving communal land to caregivers for farming and stone crushing</li> <li>- Formation of VSLAs</li> <li>- Renting land for vegetable farming</li> <li>- Resource mobilization</li> <li>- QI team introduced homestead farming, and this help in providing locally available food stuffs and vegetables</li> </ul>
<b>Education</b>		
	Identify children who are at risk or not accessing education	<ul style="list-style-type: none"> <li>- Sensitization and awareness creation on the importance of education and breaking the cultural and religious barrier identified to quality education ( e.g., importance of educating a girl child)</li> <li>- Home visits – community quality improvement team conducted home visits and sensitized parents on the need to let children go to school</li> <li>- Mapping of schools to re-enroll children back to schools closer to their houses</li> <li>- Advocacy and sensitization to community leaders on the importance of education</li> </ul>
	Work with the households, communities and local education authority to address the identified barriers to education	<ul style="list-style-type: none"> <li>- Address charges made by teachers – handwork</li> <li>- Community improvement team being members of Parents Teachers Association in the schools</li> <li>- Community improvement team enforced the agreement on the signed MOU signed on block granting which was not respected by school in the community</li> <li>- Guidance and counseling to vulnerable children on the needs for education</li> <li>- Establishment of teachers and caregivers forum (Caregivers forum) – due to low awareness</li> <li>- Yellow cards for sensitization about regular school attendance</li> <li>- Formation of education committee in the community</li> <li>- Community improvement team formed a network with the traditional ruler's council and cabinet to make a by-law for penalty to caregivers who send their children for hawking or farming during school hours</li> <li>- Community education committee with local education authority sanctions teachers who are not in school.</li> <li>- Community quality improvement team advocated for the increase in number of teachers</li> <li>- Use of vigilante to hunt down students /pupils who are not in school by monitoring the road that leads to school</li> <li>- Community improvement teams monitors the movement of the teacher, their attendance in school, and that children shall not be punished too much – there should be a limited and it should be done in a way is not abuse</li> </ul>
	Monitor children enrollment and learning on a continuous basis and	<ul style="list-style-type: none"> <li>- Continuous supervision by the community quality improvement teams</li> <li>- Linking with the local education authority to get statistics of number of children in the community school every month and advocate for posting more teachers in the community school</li> </ul>

Service Area	Essentials Action	Change Ideas
	keep records for program planning and decision making	<ul style="list-style-type: none"> <li>- Routine/ timely performance assessment of the children by the community quality improvement team</li> <li>- Community education committee monitors the movement of the teachers</li> </ul>
<b>Psychosocial Support Service</b>		
	Build capacity of CBOs, support groups, volunteers, teachers, caregivers and spiritual leaders to provide psychosocial support to children and their caregivers	<ul style="list-style-type: none"> <li>- QI advocated that caring for vulnerable children or PSS for vulnerable children is a collective responsibility</li> <li>- Counseling the fostering parents to show love and care to the children – to reduce problems with emotional instability, excess crying, refusal to eat, and inactivity (Fostering Assessment)</li> <li>- Counseling of foster parents to improve parental bonding</li> </ul>
	Provide psychosocial support services for vulnerable children, care givers/ households	<ul style="list-style-type: none"> <li>- Kids club formation open to all community</li> <li>- Use of male and female counselors to counsel the vulnerable children on their needs such as emotional instability</li> <li>- The use of children as mentors and role models for other vulnerable children</li> <li>- Counseling on importance of going back to school</li> <li>- Career talks to children and care givers</li> </ul>
<b>Protection Service</b>		
	Strengthen coordination between the social welfare system and other stakeholders at National, State, Local Government and community levels	<ul style="list-style-type: none"> <li>- Educating the community members on the importance of birth and death certificates which are basis for widows to re-marry by law</li> <li>- Tool to know the cause of death</li> <li>- Used when a man dies without will; used to get letter of administration for property</li> </ul>
	Establish functional child protection committees and networks at LGA and community levels	<ul style="list-style-type: none"> <li>- Educating caregivers on the menace of child abuse</li> <li>- Sensitization to community member on mitigation of children</li> <li>- Development of community made by-laws to stop child labor and trafficking</li> </ul>
	Facilitate birth registration of all children	<ul style="list-style-type: none"> <li>- Children do not know their age – action taken was advocacy to NPC on the availability of birth certificates at the community level</li> <li>- Contact list of the registrars at local government level</li> <li>- Held meeting with at the chief vital statistics officer at the state level</li> <li>- House-to-house counseling on the need for birth registration</li> </ul>
	Promote legal protection including access to legal services	<ul style="list-style-type: none"> <li>- Promote the use of family court ; family court is created for the convenience of the court so that children are being protected; the proceeding is such a way that the child's interest is protected and it is done in a child-friendly round table</li> <li>- The use of Juvenile court in Ebonyi State which is being handled by the police</li> <li>- In Akwa Ibom training for family court was established in 2010; there are now 31 family courts in 31 local Governments of Akwa Ibom State</li> <li>- Family court has convicted 184 persons in Akwa Ibom ; the state is at the stage of establishing a specialized police unit</li> <li>- 60 police officers to be trained by Ministry of Women Affairs</li> </ul>

Service Area	Essentials Action	Change Ideas
<b>Household Economic Strengthening (HES)</b>		
	Advocate, sensitize and build consensus with the community on the skills for household economic strengthening	<ul style="list-style-type: none"> <li>- Advocacy visits to community leaders to discuss ways of helping the caregivers</li> <li>- Provision of farming lands for caregivers</li> <li>- Advocacy to district head on the need to build the capacity of caregivers to generate income</li> <li>- Advocacy to links other service providers to children's needs and to train more caregivers</li> </ul>
	Constitute/strengthen groups and plan projects for income generation.	<ul style="list-style-type: none"> <li>- Establishment of VSLA (note that Gashaka had been doing income-generating activities, but the creation of VSLA was an outcome of the QI work)</li> <li>- Awareness creation on VSLA</li> <li>- Establishment/Formation of village saving and loans associations among caregivers to increased their income</li> <li>- Training of VSLA methodology-Establishment of caregivers loan club</li> </ul>
	Mobilize resources for economic strengthening within the community.	<ul style="list-style-type: none"> <li>- Donation of community land to use for a specific period for farming practices only for the caregivers. This farm land was donated by the community ward head for caregivers for the purpose of feeding their vulnerable children</li> <li>- Resource Mobilization (self-imposed levies of ₦500 on the community QI teams)</li> <li>- Provision of stone crushing site which increased the income of caregivers</li> <li>- Rented a piece of land for dry season farming and uses the farm produce to feed vulnerable children</li> <li>- Piloting CBO Gashaka Charity Foundation management gave ₦10,000 (one-off) donation to encourage the caregivers</li> <li>- In Akwa ibom there was palm oil production activities which led to increase in the income of caregivers on weekly basis</li> </ul>
<b>Shelter and Care Services</b>		
	Identify existing resources within the community	<ul style="list-style-type: none"> <li>- Advocacy visit to State Ministry of Women Affairs and Social Development (Kano State) on the need to renovate Nassarawa Children Home</li> </ul>
	Advocate and sensitize community leaders, religious bodies, social clubs, children, NGOs, CBOs, FBOs, and philanthropists.	<ul style="list-style-type: none"> <li>- QI team paid advocacy visit to the Kano State MWASD to encourage them to reach out to local philanthropists</li> </ul>
	Provide and maintain shelter and care services for children in the community	<ul style="list-style-type: none"> <li>- Facilitated fostering process and procedures by reducing the number of children in institutional care and increasing the number of children in family-based care</li> <li>- The QI team advocated the fostering committee to reduce the steps involved in the process of fostering which before was a prolonged process and to ease the process for the potential foster parent</li> </ul>

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