

# ***Nigeria Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief***

**Boston University  
Center for Global Health and Development**

*in collaboration with*

**Initiative for Integrated Community Welfare in Nigeria**

**August 2009**

*The USAID | Project SEARCH, Orphans and Vulnerable Children Comprehensive Action Research (OVC-CARE) Task Order, is funded by the U.S. Agency for International Development under Contract No. GHH-I-00-07-00023-00, beginning August 1, 2008. OVC-CARE Task Order is implemented by Boston University. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the funding agency. This document is available to the public and can be shared among partners and donors.*



**USAID** | **Project SEARCH**  
FROM THE AMERICAN PEOPLE | SUPPORTING EVALUATION & RESEARCH TO COMBAT HIV/AIDS



# Research Situation Analysis

## Nigeria Country Brief

### Program Relevant Research Priority Areas

- <sup>1</sup>OVC survey to accurately determine the magnitude and characterization of OVC population in terms of total number of OVC by province and district, and categories of OVC by sex, age, and needs.
- Evaluation of the effectiveness and impact of various OVC interventions and models of care.
- Determination of cost and cost-effectiveness of OVC interventions
- **Shelter and Care:** challenges of transitioning from institutional to family centered care.
- **Food & Nutrition:** costs & benefits of various interventions
- **Health:** Rural and under-5 access to health services
- **Education:** Causes of school absenteeism, completion rates
- **Psychosocial Support:** Community knowledge, attitudes, perceptions, responses to psychosocial support interventions
- **Child Protection:** challenges in implementing the Child Rights Act
- **Economic Strengthening:** Strategies for mobilizing community resources for HH economic strengthening

### Key Findings

#### Magnitude of OVC

No. of OVC: 17.5 million (FMWA&SD, 2008)  
No. of Children living with HIV: 220,000 (UNAIDS, 2008)  
No. of Orphans: 9.7 million (UNICEF, 2008), 3<sup>rd</sup> highest in the world  
No. of Orphans due to HIV/AIDS: 2.4 million (FMOH, 2008)<sup>2</sup>

- **Relevant Legislation:** Child Rights Act
- **Relevant Policies:** *National Policy on HIV & AIDS for Education Sector in Nigeria, 2005.*
- **Strategic Framework and Guiding documents:**
  - ✓ National Plan of Action for OVC
  - ✓ Guidelines and Standards of Practice for OVC
  - ✓ National OVC M&E Framework
- **Significant USG support.**
  - ✓ 94,200 reached FY08
- <sup>3</sup>**Percentage of Organizations providing OVC services in:**
  - ✓ Educational Support – 79%
  - ✓ Food and Nutrition – 89%
  - ✓ Shelter and Care – 73%
  - ✓ Psychosocial Support – 90%
  - ✓ Child Protection – 71%
  - ✓ Health Care – 91%
- **Challenges to OVC Research:**
  - ✓ Inadequate Funding
  - ✓ Inadequate Research Capacity
  - ✓ Negative Attitudes towards Research
  - ✓ Limited Research Dissemination

### Recommended Supportive Actions for OVC Research

- *Develop National OVC Research Agenda* with implementation strategy, backed by resources
- *Commission National Longitudinal Cohort* to evaluate over time the effectiveness and impact of interventions on OVC.
- *Provide Funding Mechanism for OVC Research* by setting up an OVC Research Fund or allocating at least 10% of OVC budgets to research.
- *Set up a Central OVC Database* to capture among other essential data, information on all OVC service organizations by geographical and service coverage, and numbers of OVC by gender, age, and geographic area.
- *Implement a Research Capacity Building Program* for researchers interested in program-relevant OVC research, so as to facilitate the conduct of quality research and production of reliable evidence to improve OVC programming.

### Overview

Addressing the needs of orphans and vulnerable children (OVC) and mitigating negative outcomes of the growing OVC population worldwide is a high priority for national governments and international stakeholders across the globe who recognize this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on OVC in one place, and acknowledging the gaps that still exist in our knowledge, will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers.

This Research Situation Analysis on OVC presents a program-focused summary of available information on:

- Current policies, programs and interventions designed and implemented to assist them
- Gaps in these policies, programs and interventions
- OVC research conducted between 2004-2008
- Gaps in the Nigerian OVC evidence base.

The Brief analyzes the available data for critical gaps in the national response and our understanding about whether current interventions are fulfilling the needs and improving the lives of vulnerable children. The report then recommends actions required to increase the knowledge base for improving the effectiveness and impact of OVC programs.

Boston University  
Center for Global Health and Development  
*in collaboration with*  
Initiative for Integrated Community Welfare in Nigeria  
Funded by USAID



<sup>1</sup> The 2008 Situation Analysis estimates are based on a sample of children 6-17 years

<sup>2</sup> UNAIDS quotes 1.2 million; the 2008 Situation Analysis estimates 2.39 million.

<sup>3</sup> From sampled Organizations; hence may not necessarily reflect the country situation

# Research Situation Analysis

## Nigeria Country Brief

### Method

A Research Situation Analysis for Nigeria was conducted between March and May 2009. It involved both an extensive literature review and primary data collection. The latter involved administration of a survey questionnaire, focus group discussions, and key informant interviews. Organizations were selected for inclusion through a stratified sampling method in 4 of Nigeria's 6 national zones. The organizations chosen as study sites were selected to give a degree of national representation as much as was feasible; these are:

- Federal Capital Territory (Abuja),
- Central Zone: Benue State (Makurdi)
- South-south: Cross River State (Ugep/Calabar)
- South-west: Oyo State (Ibadan)
- North-west: Kano State (Kano) and
- Megacity/Cosmopolitan: Lagos State (Lagos)

Overall, we conducted 41 in-depth interviews with OVC program implementers representing 70 organizations, and 6 focus group discussions with 52 OVC program staff. Among the Key Informants were representatives from USAID Mission in Nigeria, Federal Ministry of Women Affairs and Social Development (FMWA&SD), Network of HIV Research in Nigeria (NARN), UNICEF, and the Association of OVC NGOs in Nigeria. An OVC Research Situation Analysis Stakeholders meeting was held in June 2009 at the ENHANSE Office in Abuja to discuss priority topics. A detailed country report was then compiled, from which this brief was prepared.

### Findings

#### Definition of OVC

Nigeria defines an orphan as a child (0-17 years) who has lost one or both parents. A child is vulnerable if, because of the circumstances of birth or immediate environment, is prone to abuse or deprivation of basic needs, care and protection and thus disadvantaged relative to his or her peers (FMWA&SD 2008). A vulnerable child is one (that): with inadequate access to education, health and other social support, has a chronically ill parent, lives in a household with terminally or chronically ill parent(s) or caregiver(s), lives outside of family care (lives with extended family, in institution, or on street), is infected with HIV (FMWA&SD 2006). The list of categories of OVC is long and varied; in addition to the above, a vulnerable

child includes: children in need of alternative family care; children who are abused or neglected; children in hard-to-reach areas; children with disability related vulnerability; children affected by armed conflict; and children in need of legal protection (FMWA&SD 2007). The FMWA&SD also gives a list of children perceived to be 'extremely vulnerable' in communities (Figure 1), derived from consultations with stakeholders:

**Figure 1: Categories of vulnerable children as perceived by communities, National Plan of Action 2006 - 2010**

- Children with physical and mental disabilities
- Sexually abused children
- Neglected children
- Children in conflict with the law
- Exploited "Almajiri"
- Child beggars, destitute children and scavengers
- Children from broken homes
- Child sex workers
- Children whose parents have disability
- Children who marry before the age of 18
- Children who have dropped out of school
- Abandoned children
- Children living with terminally or chronically ill parent(s) and caregiver(s)
- Child laborers
- Children in child-headed homes
- Internally displaced children
- Children hawkers
- Trafficked children
- Children of migrant workers such as fishermen, nomads
- Children living with HIV
- Children living with aged/frail grandparents

According to the President's Emergency Plan for AIDS Relief (PEPFAR) an OVC is "a child, 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS." PEPFAR recognizes that a vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously impaired, and the term OVC may refer to all vulnerable children, regardless of the cause. According to PEPFAR, a child is more vulnerable because of any or all of the following factors that result from HIV/AIDS: Is HIV-positive; lives without adequate adult support; lives outside of family care; or is marginalized, stigmatized, or discriminated against.

#### OVC in Nigeria: Magnitude of the Problem

Nigeria is facing an orphaning and child vulnerability crisis of potentially catastrophic proportions. HIV prevalence in Nigeria is relatively low at 3.1%; however, because of its

# Research Situation Analysis

## Nigeria Country Brief

large population (140 million) the number of adults and children living with HIV is one of the highest in the world, at 2,800,000. Official figures estimate that there are 17.5 million OVC, including 7.3 million orphans; although practitioners in the field believe these figures could be underestimating the size and scope of the problem (Nigeria OVC Situation Analysis 2008). The <sup>4</sup>UNICEF/Childinfo data base estimates the number of orphans to be 9.7 million.

According to the 2008 Situation Analysis:

- There are 17.5 million OVC, including 7.3 million orphans.
- 2.39 million orphans are due to AIDS (FMOH, 2008)
- 10.7% of the 69 million children are vulnerable (UNICEF, 2007)
- 10% of children are orphaned (7% in North-west to 17% in South-East), 10% in rural, 11% in urban
- Benue state has the highest prevalence of orphans (25%), followed by Akwa Ibon (approx 22%); while Niger has the lowest (2.7%).
- 24.5% of children interviewed in households are OVC (26% in rural, 21% in urban)
- Benue state has the highest prevalence of OVC aged 6-17yrs (49%), followed by Imo (45%), and Rivers (41%); with Kwara having the lowest (9%)

According to the National Plan of Action for OVC:

- 39% of children 5-14 are engaged in child labour
- Up to 40% of children may have been trafficked
- Approximately 40% of children do not attend primary school
- Quoting a 2002 World Bank report, the causes of orphaning and child vulnerability are accidental deaths (42%), conflict (22%), death during child birth (17%), HIV/AIDS (11%).

### **National Response**

The national response, currently coordinated by the Federal Ministry of Women Affairs and Social Development (FMWA&SD), was kicked off by the Rapid Assessment, Analysis and Action Planning Process (RAAAP) and the National OVC Conference in 2004. Since then Nigeria has put in place the following policies, strategies, structures and systems to respond to the challenges posed by the large numbers of OVC:

- National Plan of Action (NPA, 2006-2010) for OVC
- Guidelines and Standards of Practice for OVC; defining a minimum package of services for OVC
- National OVC M&E Framework
- OVC eligibility criteria
- OVC advocacy package
- Psychosocial training manual
- OVC Unit in FMWA&SD
- National Steering Committee on OVC
- OVC Stakeholders' Forum

### **Program Characteristics and Service Gaps**

*Who is providing the services?*

In response to the OVC challenge, apart from the government at various levels, a number of organizations are involved in OVC work in Nigeria. They include international NGOs, mainly USG and Global Fund implementing partners, local NGOs, FBOs, and CBOs. With the exception of the MTN Foundation, the role of the private sector is very small. Some of the main international NGOs involved in OVC work include the Columbia University International Center for AIDS Care and Treatment Programs (CU-ICAP), Catholic Relief Services (CRS), Center for Development and Population Activities (CEDPA), and Winrock International/AIM.

Although data on the contribution of various cooperating partners is limited, the USG support to OVC policy, Strategy, and programming in Nigeria is clearly significant. Among the major USG contributions include the support to FMWA&SD in the development of the National Plan of Action on OVC, National Guidelines and Standards of Practice on OVC, and the 2008 Situation Assessment and Analysis on OVC.

Through the USG PEPFAR implementing partners, and in collaboration with the Nigerian government and other partners, FY2008, 94,200 OVCs were served by an OVC program (PEPFAR, FY2008 Country Profile: Nigeria).

Currently there is no comprehensive list of OVC organizations in the country; but there are on-going efforts at organizing state chapters of OVC service organizations under the umbrella of the Association of OVC NGOs (AONN). Different directories of OVC organizations exist with various stakeholders, including the Ministry of Women Affairs and Social Development at the central and state levels. Figure 2 shows that the majority of the 70

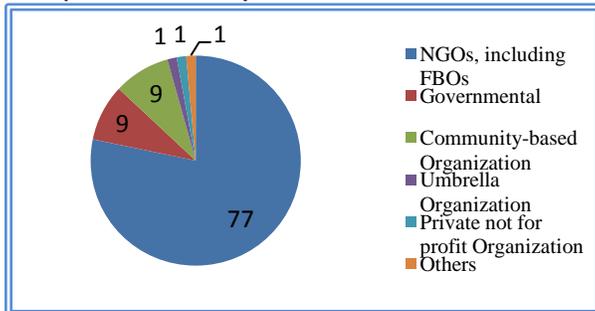
<sup>4</sup> [http://www.childinfo.org/hiv\\_aids\\_orphanestimates.php](http://www.childinfo.org/hiv_aids_orphanestimates.php)

# Research Situation Analysis

## Nigeria Country Brief

local Nigerian organizations working with OVC surveyed in this study are NGO; cognizant of the fact that the purposefully selected sample may not truly represent the national picture.

**Figure 2: Types of National OVC Organizations Sampled for Participation in the Study**



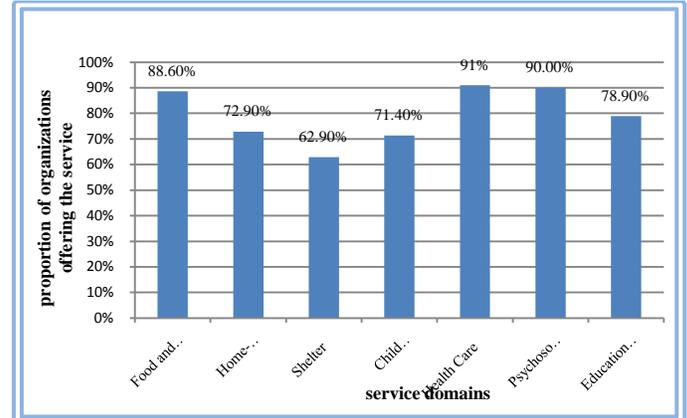
*What are the services provided and where are the gaps?*

There are five models of care in Nigeria: community-based care, informal foster care, institutional care, home-based care, and mobile care services. Community-based care is the most dominant model and the one promoted by the national policy. The OVC programs implemented by national organizations and international implementing partners align with the areas of care stipulated by the National Guidelines and Standards of Practice as defined by the 2007 national needs assessment. These outline the minimum package of services and rights that each child should receive: 1) food and nutrition; 2) education; 3) psychosocial support; 4) healthcare; 5) shelter; 6) child protection; 7) clothing; and 8) household economic assistance. This is consistent with PEPFAR’s care package.

Among the local organizations visited, most provide health care and psychosocial support (90% & 91%), followed by food and nutrition; shelter was the least served (63%) (Figure 3).

Great strides have certainly been made to deal with the OVC situation. However, the response by both domestic and international organizations remains insufficient. Although there is neither nationally aggregated data on coverage of services, nor data on numbers of OVC most in need of services, anecdotal evidence shows that the current scale of services is far from reaching a significant number of the millions of OVC in need. Not only is the response inadequate in scale but also in scope, including programming gaps in specific service domains, geographical coverage, and age-groups.

**Figure 3: Proportion of Surveyed OVC Organizations Providing Each Service**



Among twelve international implementing agencies identified through this study, most provide healthcare, education and/or economic support, whereas only one partner is focusing on shelter, and only three on food and nutrition. In general, there are disparities in urban versus rural coverage of services, with more services in urban areas, despite more OVC in rural areas; while some areas with much higher prevalence of OVC are less covered than those with lower OVC prevalence. For example, the states with the highest prevalence of OVC are Benue (49%), Imo (45%), Rivers (41%), and Ebony (40%), but while there are a fair number of organizations working in Benue (4), only one (1) organization is working in Imo. It was also observed that most of the current interventions cover OVC aged 6-17 years, leaving out children under five years old. While it is clear that the age group for OVC is from zero to seventeen years, there is a definite need for programs to cover vulnerable youths as they transition into adulthood (18 years). We found no specific programs covering this age-group, and yet this is the age-group most in need of more assistance in higher education and skills training; which are more expensive and hence less affordable. The gap may not necessarily be filled through current OVC programs, but the government and its partners will need to explore ways of meeting this need.

One of the greatest challenges faced by OVC service organizations and the FMWA&SD is inadequate funding. While the purposefully sampled organizations may not represent the national picture, the fact that 80% of the organizations indicated inadequate financing as the main constraint and that close to half of the organizations are funded by international donors, signifies the need to seriously explore long term sustainable financing for OVC programming.

# Research Situation Analysis

## Nigeria Country Brief

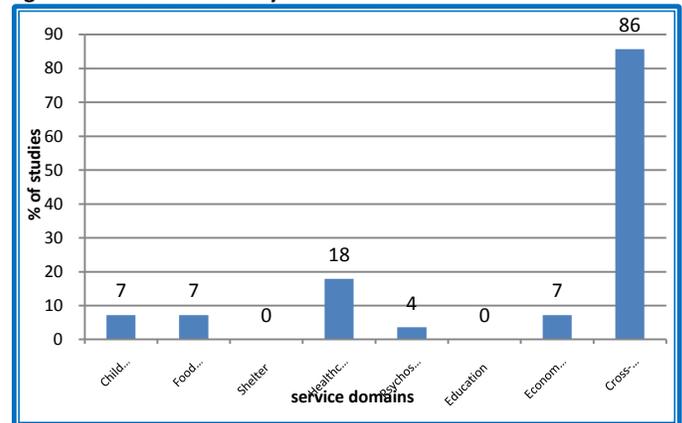
### Research on OVC

No single organization in Nigeria has OVC research as its sole mandate. However, research on different aspects of OVC had been conducted by implementing partners, the Federal Ministry of Women Affairs and Social Development (FMWA&SD), Nigerian universities and research institutes, National Association of AIDS Research in Nigeria (NARN) and independent researchers. A few implementing partners have conducted situation analyses and assessments to serve as baseline and as monitoring/evaluation tools for their programs. These include CRS, Christian Aid, Save the Children UK, COMPASS, and MSH.

A literature search for OVC studies conducted between 2004 and 2008 yielded 28 research publications, including peer-reviewed articles, published abstracts and program evaluations (Annex-1). Some of the studies were designed specifically to inform programmatic responses (FMWA, CRS and Christian Aid Situation Analysis and Survey).

A critical analysis of the research done so far shows that it is very limited in both scope and design. The vast majority (67%) of studies were situation analyses or needs assessments; there have been very few longitudinal cohort studies, following children over time to measure various aspects of their well being, and no studies on the effectiveness and impact of various OVC interventions. Of the 28 publications 14 covered general (cross-cutting) topics, with few studies under each of the OVC service domains and no studies on education or shelter (Figure 4).

Figure 4: Studies on OVC by Service Domain



### What Information Is Missing and Most Needed?

While some valuable research has been conducted on OVC in Nigeria, overall there is very limited rigorous research evidence and data on OVC and interventions to inform policies and programs. With an estimated 17 million OVC facing a wide spectrum of challenges, this lack of information is hindering policy makers and program leaders from making well-informed decisions about the path forward. However, with limited resources available to divide between programming and research, a reasonable balance should be found to answer key questions without sacrificing support for critical services.

In the short term, the greatest impact of research will come from filling the most fundamental gaps in information: How big is the problem and who does it affect? Are current programs working, and if not, what will? What will it cost to have a positive impact? These “building blocks” will be useful both independently and in combination to make evidence-based decisions for the allocation of human and financial resources. These top priority areas are described in Table 1 below.

# Research Situation Analysis

## Nigeria Country Brief

**Table 1: Short Term Research Priorities**

Priority Research Area	Key Research Question(s)	Program Utility of the Research
<b>1. Magnitude and Characterization of the OVC Population</b>	<ul style="list-style-type: none"> <li><sup>5</sup>What is the total number of OVC in Nigeria, by state and by district?</li> <li>What are the subpopulation groups of OVC, their numbers, sex, age, and needs? (under 6 population size unknown)</li> <li>What proportion of OVC is under various living arrangements (e.g. households, institutions, etc)</li> </ul>	Knowledge of numbers of OVC in households, on the street, in orphanages, in children’s villages or group homes will help the country more effectively plan for and monitor alternative care services for OVC.
<b>2. Effectiveness of OVC Care &amp; Support Programs</b>	<ul style="list-style-type: none"> <li>What is the coverage of OVC interventions and do they reach the right targets?</li> <li>Are OVC Care and Support Programs providing quality services and achieving measurable impact?</li> </ul>	<p>Knowledge of what proportion of OVC in need is covered with the minimum package of OVC services at a point in time is a useful early indicator of program effectiveness, and would help policy makers and programmers plan how much more to scale up the programs to have the desired impact. To estimate coverage, there is need to have a good estimate of the target population; hence the need to identify total numbers of OVC and those most in need.</p> <p>For more concrete measures of effectiveness, programs can measure achievement against clearly defined desired outcomes. Common outcomes across a range of interventions facilitate the comparison of their utility and determination of the cost-effectiveness of the various interventions.</p>
<b>3. Cost and Cost-Effectiveness of OVC Care &amp; Support Programs</b>	<ul style="list-style-type: none"> <li>What are the fixed and variable costs of different models of OVC care?</li> <li>Which models are most cost-effective for achieving desired outcomes?</li> </ul>	<p>Stakeholders wish to make the best use of limited funds available for OVC programs. A clear understanding of the fixed and variable costs of programs provides information related to costs for scaling up effective programs.</p> <p>Combining costs with impact measures (above) assists funders in the allocation of resources towards the greatest benefit.</p>

With the “building blocks” above in place or at least under way, more complex questions can be posed in the medium term for even greater program benefit. These include more qualitative questions to understand the “why” behind the OVC situation, so that underlying causes of this social epidemic can be addressed in addition to mitigating the consequences. Other questions will help to tailor specific types of interventions to best address different needs of OVC. Table 2 presents some priority areas for the next steps in filling the evidence base gaps, grouped by service domain, as identified by OVC stakeholders in Nigeria.

**Table 2: Medium Term Research Priorities, by OVC Domains**

Priority Research Area	Key Research Question(s)	Program Utility of Research
<b>1. Child Protection</b>	<ul style="list-style-type: none"> <li>What are the reasons for the failure of some states to adopt the Child Rights Act of 2003?</li> </ul>	Policy and legislative changes have the potential to have the greatest impact on OVC because of their breadth of coverage. Where a particular piece of legislation or policy has been inadequately applied or implemented, such as is the case with the Child Rights Act, data on reasons why that is the case will help policy makers find strategies and interventions to remedy the situation.

<sup>5</sup> Current figures are estimates and not fully agreed upon by stakeholders as accurate

# Research Situation Analysis

## Nigeria Country Brief

Priority Research Area	Key Research Question(s)	Program Utility of Research
<b>2. Shelter</b>	<ul style="list-style-type: none"> <li>What are the processes and challenges involved in the transition of OVC from institutional care to family centered/community-based care?</li> </ul>	Nigeria recommends family centered/community-based care of the OVC in preference to institutional care. Identification of issues that need to be dealt with and challenges that should be overcome in the transition from institutional to family centered models will assist programmers come up with appropriate strategies in the design and implementation of the household approach. Data on numbers and characteristics of care givers and their capacities, proportion of needy families currently being supported, numbers of OVC under various care placements, current coping strategies at household level, will all go a long way in the planning process for scale up of family centered care through the household approach.
<b>3. Food and Nutrition</b>	<ul style="list-style-type: none"> <li>What is the cost and benefits of the different OVC Food and Nutrition interventions in Nigeria?</li> </ul>	There are a number of interventions currently being implemented to ensure good nutrition for OVC and food security for the households. There is no data on the costs, benefits and long-term impact of such interventions on OVC wellbeing, households and the community. Such data will help programmers make in-formed decisions on which of the food and nutrition interventions give the best value for money in terms of improvements in outcome measures of food security and nutritional status.
<b>4. Health</b>	<ul style="list-style-type: none"> <li>What are the factors leading to inadequate access of OVC to health services in rural areas? What can be done to address the situation?</li> <li>What needs to be done to ensure increased access to health services by OVC under-five years?</li> </ul>	<p>There is some evidence that rural OVC have less access to all forms of care, including health, compared to those in urban areas. Data on factors leading to the inequities will help policy makers design strategies to address them more effectively.</p> <p>Under-five OVC are missing in the picture of OVC in all domains of care; including health care. Data on why this is the case will help programmers more adequately address this gap.</p>
<b>5. Education &amp; Training</b>	<ul style="list-style-type: none"> <li>What are the causes and patterns of school absenteeism and low school retention among OVC, and how can this be addressed?</li> </ul>	Studies that assess the causes of these challenges and possible effective interventions will help government and its partners address these challenges more effectively.
<b>6. Psychosocial Support</b>	<ul style="list-style-type: none"> <li>What do communities understand by psychosocial support (PSS) and how do they respond to PSS?</li> </ul>	Data on community understanding of psychosocial support and the need for it will help programmers in the design of effective messages to increase demand for this service.
<b>7. Economic Strengthening</b>	<ul style="list-style-type: none"> <li>What are the appropriate strategies for identifying and mobilizing community resources for economic strengthening of vulnerable households?</li> </ul>	Increasing household income has the potential to increase the capacity of the household to care for OVC. OVC service staff would need data on the most effective, appropriate, and sustainable strategies to do this. An evaluation of the effectiveness of the current economic strengthening strategies would be the starting point.
<b>8. Other cross-cutting issues</b>	<ul style="list-style-type: none"> <li>How do stigma and discrimination against OVC within the household/community affect access to and utilization of care interventions by OVC?</li> <li>What are the best resource allocation and monitoring mechanisms that will ensure that resources reach the grassroots to strengthen the local NGOs and other stakeholders for direct care of the OVC?</li> </ul>	<p>Stigma and discrimination may play a significant role in reducing access to care. Understanding the dynamics of stigma and discrimination in the households/communities would help policy makers and OVC program staff design effective strategies to reduce stigma and increase OVC access to key services.</p> <p>Grassroots OVC practitioners complain of lack of resources for grassroots work, despite the huge resources deployed by the Development Partners and governments. Studies on options for resource allocation and monitoring will help find the best mechanism to ensure that allocated resources reach the intended targets (OVC).</p>

# **Research Situation Analysis**

## **Nigeria Country Brief**

### **Recommended Supportive Actions for OVC Research**

In addition to prioritizing research questions to be answered in Nigeria, stakeholders can play a crucial role in creating a policy and funding environment for program-relevant research to thrive. Several key recommended actions are listed below:

- Convene a National Research Dissemination Conference to disseminate the findings of the full report to a wider audience and draft a clear and comprehensive national research agenda with a clear proposed implementation strategy to be presented to the appropriate arms of government for approval and further action.
- Consider setting up longitudinal cohort(s) of OVC to pose different research questions over time, including those related to the effectiveness, cost-effectiveness, and impact of the various OVC interventions in place. Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.
- Implement a research capacity building program for researchers interested in program-relevant OVC research, so as to facilitate the conduct of quality research and production of reliable evidence to improve OVC programming.
- Engage national and international stakeholders to support program-relevant research. USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.
- Provide a Funding Mechanism for OVC Research by setting up an OVC Research Fund or allocating at least 10% of OVC budgets to research.
- Improve the current system to monitor and evaluate all OVC programming. Incorporate shared, well defined indicators across programs for ease of comparison.
- Set up a central OVC Data base to capture, among other essential data, information on all service organizations by geographic and service coverage, numbers of OVC by gender, age, and geographic area.

*For additional information contact*

**Dr. Malcolm Bryant**

**OVC-CARE Deputy Project Director**

*bryantm@bu.edu*

*Boston University School of Public Health*

*Center for Global Health & Development*

*801 Massachusetts Avenue, 3<sup>rd</sup> floor*

*Boston, MA 02118*

*Tel 617.414.1260 -- Fax 617.414.1261*

*<http://www.bu.edu/cghd/>*

#### **This report was written by:**

Godfrey Biemba<sup>1</sup>, Ebulomo Walker<sup>2</sup>, Jonathon Simon<sup>1</sup>, Jill Costello<sup>1</sup>, Jen Beard<sup>1</sup>, and Bram Brooks<sup>1</sup>

<sup>1</sup>Boston University, Center for Global Health and Development

<sup>2</sup>Initiative for Integrated Community Welfare in Nigeria

### **Orphan and Vulnerable Children Comprehensive Action Research (OVC-CARE) Project**

The Center for Global Health and Development has been awarded a USAID contract to fill critical gaps in the evidence base in order to improve the quality and coverage of OVC programs and guide cost-effective programming of OVC resources. For information on how to access this consortium, please contact Andrea Halverson, USAID Contract Officer's Technical Representative (COTR) at [ahalverson@usaid.gov](mailto:ahalverson@usaid.gov).

# Research Situation Analysis

## Nigeria Country Brief

### Annex 1- Research undertaken on OVCs between 2004 and 2008 in Nigeria

Reference	Study type	Geographical coverage
Federal Ministry of Women Affairs and Social Development (2008). <u>2008 Situation Assessment and Analysis on OVC in Nigeria.</u>	Cross-sectional survey	All the 36 States + FCT
Catholic Relief Services (Nigeria Program) and Catholic Secretariat of Nigeria (2008). <u>A Situational Analysis of Orphans and Vulnerable Children in Eight States of Nigeria.</u>	Cross-sectional survey	8 states – Benue, Edo, Nassarawa, Niger, Kaduna, Kogi, Plateau and FCT
Christian Aid (2007). <u>Orphans and Vulnerable Children Baseline Survey 2007.</u>	Cross-sectional survey	8 states – Anambra, Edo, FCT, Kano, Niger, Lagos, Adamawa and Benue States
A. Ajala, O. Odumosu, N. Nelson-Twakor, S. Alonge (2005). <u>Socio-economic Impact of HIV/AIDS on Children affected by HIV/AIDS in Southwest, Nigeria.</u> 14 <sup>th</sup> International Conference on AIDS and STIs in Africa, 4-9 December 2005, Abuja, Nigeria.	Cross-sectional survey	1 State, Oyo State, Southwest Nigeria
Federal of Government Nigeria Country Report (2004). <u>A Rapid Assessment, Analysis and Action Planning Process (RAAAPP) for Orphans and Vulnerable Children.</u>	Rapid Assessment	
Nnamdi-Okagbue, R (2003). <u>Orphans and Vulnerable Children Assessment in Four States of Nigeria: The Process,</u> in Nigeria's Contribution to Regional and Global Meetings on HIV/AIDS/STIs.	Cross-sectional survey	Four States – Lagos, Anambra, Osun, Ebonyi)
Royal Tropical Institute, Amsterdam (2003). <u>Impact of AIDS in Benue State: Implications for Rural Livelihoods - draft report.</u>	Cross-sectional	1 state – Benue State
Ilika, Amobi; Stanley, Ifeanyi (2005). Abstract No ThOrF179 at the 14 <sup>th</sup> International Conference on AIDS and STIs in Africa, 4-9 December, Abuja, Nigeria. <u>Perspectives of AIDS Orphan and Vulnerable Children in Anambra State Nigeria – Need for a Public Health Action.</u>	Cross-sectional	Anambra State
R. Oladokun, B. Brown, K. Osinusi (2005). <u>Infant feeding pattern among infant of HIV positive women in a PMTCT Program – Ibadan experience.</u> 14 <sup>th</sup> International Conference on AIDS and STIs in Africa, 4-9 December, Abuja, Nigeria.	Cross-sectional	Ibadan, Oyo State Nigeria
B. Eke (2003). <u>The Impact of AIDS on intergenerational Relationships in Nigeria: The position of the Aged.</u> A Thesis Submitted to the Faculty of Miami University, Dept of Sociology and Gerontology.	Cross-sectional survey	1 state – River State
A. Olaleye, D. Polsy, D. Atamawanlen, K. Polsky, O. Ibe (2008). <u>Factors associated with the vulnerability of children in Nigeria.</u> 17 <sup>th</sup> International AIDS Conference, 3-8 August, Mexico City, Mexico.	Cross-sectional Baseline Survey	8 states
P.G. Iyaji, J. Idoko, O. Agbaji, P. Agaba, P. Kanki, K.D. Falang, I. Abah, A. Finangwei (2008). <u>Reasons for ARV treatment modification in HIV positive children in a resource limited setting.</u> 17 <sup>th</sup> International AIDS Conference, 3-8 August, Mexico City, Mexico.	Desk Review and Data Analysis	Jos University Teaching Hospital, North-central Nigeria
P. Odiahi (2008). <u>The economic burden of illness for household in Lagos: a study focusing on HIV/AIDS and OVC: home based care experience.</u> 17 <sup>th</sup> International AIDS Conference, 3-8 August, Mexico City, Mexico.	Survey	5 rural-urban communities in Lagos
R. Udanyi, S. Udanyi, S. Musa, P. Mershak (2008). <u>Peculiar vulnerability factors of OVC and their caregivers in Nigeria.</u> 17 <sup>th</sup> International AIDS Conference, 3-8 August, Mexico City, Mexico.	Cross-sectional survey	Not stated

## Research Situation Analysis Nigeria Country Brief

A. Olaleye, D. Polsy, D. Atamawanlen, K. Polsky, O. Ibe, S. Shannon, CRS/Nigeria and Partners (2008). <u>Risky sexual behaviours among the orphans and vulnerable children (OVC) in the North Central Nigeria</u> . 17 <sup>th</sup> International AIDS Conference, 3-8 August, Mexico City, Mexico.	Survey	24 communities in the North-Central Nigeria
E. Adejuyigbe, A. Odebiyi (2004). <u>HIV and Infant feeding counseling: Knowledge, attitude and practice of health workers in Wesley Guild Hospital, Ilesa, Nigeria</u> . 15 <sup>th</sup> International AIDS Conference, 11-16 July, Bangkok, Thailand.	KAP	Wesley Guild Hospital (WGH), Ilesa, Nigeria. Coverage: Hospital location
E. Adejuyigbe, E. Orji (2006). <u>The influence of infant feeding choice on morbidity and mortality in HIV-exposed infants in southwestern Nigeria</u> . 16 <sup>th</sup> International AIDS Conference, 13-18 August, Toronto, Canada.	Longitudinal Cohort	Ife-Ijesa zone, Osun State Nigeria
E. Adejuyigbe (2005). <u>Determinants of infant feeding choices of HIV- positive mothers in southwestern Nigeria</u> . 3 <sup>rd</sup> International AIDS Society Conference on HIV Pathogenesis and Treatment, 24-27 July, Rio de Janeiro, Brazil	Cross-sectional	Ife-Ijesa zone, Osun State southwest Nigeria
I. Adewole, A. Jegede, O. Adesina, E. Bamgboye, P. Adejumo, P. Smart, T. Adegbola, J. Sankale, P. Kanki (2004). <u>Cultural context of mother to child transmission of HIV in the Yoruba society</u> . 15 <sup>th</sup> International AIDS Conference, 11-16 July, Bangkok, Thailand.	Cross-sectional	Ibadan Metropolis, South-west Nigeria
I. Adewole, A. Jegede, A. Adesina, A. Bamgboye, P. Adejumo, P. Smart, T. Adegbola, J. Sankale, P. Kanki (2004). <u>Male responsibilities in prevention of mother to child transmission of HIV in Nigeria</u> . 15 <sup>th</sup> International AIDS Conference, 11-16 July, Bangkok, Thailand.	Survey	Ibadan Metropolis, Oyo State, southwest Nigeria
O. Ohnishi, A. Anoemuah, J. Jagah, F. Feyisetan (2004). <u>Psychosocial characteristics of AIDS orphans and vulnerable children in Sagamu, Ogun State, Nigeria</u> . 15 <sup>th</sup> International AIDS Conference, 11-16 July, Bangkok, Thailand.	Cross-sectional survey	5 political wards in Sagamu, Ogun State
S. Pam, A. Sagay, D. Ega, G. Imade, O. Agbaji, O. Aekwu, M. Ochoga, F. Akor, C. Ejeliogu, J. Sankale, S. Kapiga, J. Idoko, P. Kanki (2005). <u>Mortality of HIV-exposed infants in Jos</u> . 3 <sup>rd</sup> IAS Conference on HIV Pathogenesis and Treatment, 24-27 July, Rio de Janeiro, Brazil.	Longitudinal Cohort	Jos
A Eneh, R. Ugwu, A Nte, R. Oruamabo, F. Adesina (2006). <u>Paediatric HIV in a tertiary health facility in Nigeria</u> . 16 <sup>th</sup> International AIDS Conference, 13-18 August, Toronto, Canada.	Cohort	A Teaching Hospital serving a State
F. Fawole, A. Adekeye (2006). <u>Vulnerability to HIV infection due to gender based violence: evidence from girls in the Informal sector in Ibadan</u> .	Cross-sectional	6 groups of communities in Ibadan, Oyo State southwest Nigeria
O. Amali-Adekwo, D. Onotu, M. Ochoga, E. Ejeliogu, S. Pam (2006). <u>Outcome of antiretroviral therapy in children in Jos, Nigeria. A preliminary report</u> . 16 <sup>th</sup> International AIDS Conference, 13-18 August, Toronto, Canada.	Longitudinal Cohort	Jos
U. Udofia (2004). <u>The female child domestic worker: A Research to document implications of sexual abuse in respect to HIV infection in Amuwo-Odofin Local government Area In Lagos State Nigeria</u> . 15 <sup>th</sup> International AIDS Conference, 11-16 July, Bangkok, Thailand.	Survey	Amuwo-Odofin Community, Lagos State
M. Ohnishi, K. Nakamura, M. Kizuki, K. Seino, T. Inose, T. Takano (2008). <u>Caregivers' and non-caregivers' knowledge regarding HIV/AIDS and attitude towards HIV/AIDS and orphans in Nigeria</u> . Health Soc Care Community. 2008 Sep; 16(5):483-92.	Community Survey	Not stated
A. Oluwagbemiga (2007). <u>HIV/AIDS and family support systems: A situation analysis of people living with HIV/AIDS in Lagos State</u> . Sahara J 2007 Nov; 4 (3):668-77.	Survey	Lagos State