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Family Health and Nutrition Initiative

**SITUATION ANALYSIS AND
MOBILIZATION PROCESS FOR
ORPHANS
AND OTHER
VULNERABLE CHILDREN:**

**Fagge and Tarauni Local
Government Areas,
Kano State, Nigeria**

**SUMMARY REPORT
February 2002**

PRODUCTION

INTRODUCTION TO THE OVC SITUATION ANALYSIS AND MOBILIZATION PROCESS

Overview of the OVC Situation in Nigeria

The HIV/AIDS situation in Nigeria has reached an explosive phase with national average prevalence rate of 5.8% as revealed by the 2001 sentinel sero surveillance study conducted by the National AIDS/STD Control Program, Federal Ministry of Health. It is estimated that 2.6 million Nigerian adults are currently infected with HIV while it is projected that by 2003, 4.9 million Nigerian adults will be living with the AIDS virus. This is bound to have major socio-economic impacts on the Nigerian society; including life expectancy, increased burden of medical care, decline in economic growth, and an increase in the number of orphans and other vulnerable children.

Background literature on the impact of HIV on children and estimates of the OVC situation in Nigeria are extremely limited. Of the available data, Children on the Brink 2000 (based on modeling of U.S. Census Bureau data) reveals that about 590, 000 children have lost one or both parents to HIV/AIDS in Nigeria. Additionally, currently 8.6% of children less than 15 years old are orphans and 27% of maternal and double orphans are due to AIDS in Nigeria. By the year 2010, it is projected that these percentages will increase from 8.6% to 11.5% for the total number of orphans under 15 years of age and more than two fold from 27% to 64% of maternal and double orphans due to AIDS. Yet, these numbers do not reflect the situation of other children who are made vulnerable by other circumstances such as living with ill parents or living in extreme poverty conditions, of who some are often worse off than some orphans. For a country like Nigeria with a total estimated population of 120 million and a young population pyramid with majority of the population less than 15 years, these orphan projections are staggering and have great implications for the entire nation.

Background of the development of the OVC Situation Analysis and Mobilization Process

A recently conducted in-depth assessment for care and support for People living with HIV/AIDS in 4 states (Anambra, Lagos, Taraba and Kano) had revealed gaps in data regarding the current status of OVC services and coping strategies within the communities. This was due to the complex and unique nature of designing a participatory community based programs, with intent to mobilize the communities and build their capacity to enhance implementation and ownership of the programs.

It is widely recognized that to implement a community-based OVC project, formative information should be gathered through a participatory process whereby community members are actively involved and mobilized to identify children mostly in need and priorities for strengthening community structures that are capable of providing necessary support for them. Community members should also be part of the design of activities needed to support the OVC services and mechanisms to monitor and evaluate the progress of their programs in order to increase community ownership and responsibility for the well being of children. Community involvement is extremely important given the long-term nature of the impact of HIV on children and their families. Even if

country, the number of children who will be in need of support will increase as well.

The assessment had also identified Implementing Agencies (IAs), some of which are being supported by FHI, to provide care and support services to PLWHA and PABA within their communities. They are also informally working, within their communities to address some of the needs of the children affected by AIDS. These FHI/NGO partners (SWAAN, HHC & SMLAS) have identified orphans and vulnerable children through their projects and have been informally involved in the provision of care and support services to them. However, the degree of support for the children has been very limited in geographic scope and the kind of support provided. The need to strengthen their technical capacity and expand the scope of their work cannot be overemphasized. These Implementing Agencies (IAs) are crucial to the development of OVC services under the redesigned IMPACT project in Nigeria.

As part of efforts to design OVC services, Family Health International worked with key partners, including representatives from identified IAs and the public sector to conduct a qualitative and quantitative assessment of the OVC situation in the IMPACT/Nigeria focal states. This was based on the recognized need to adequately address and build a strong foundation for sustainable and cost-effective OVC projects that can be replicated elsewhere. The information gathered here will also provide baseline data to facilitate the monitoring and evaluation of the interventions as well as contribute to the documentation of OVC situation in Nigeria and lessons learned in conducting OVC work. This assessment is the first stage of a series of steps in the development of what is hoped to be a mobilized national and state level response to the situation of OVC in Nigeria. It is also intended as a first step to develop OVC projects in four states with two additional priority states Ebonyi and Osun States, bringing the total to six.

Research Team and Mobilization Process

An important factor of the OVC situation analysis was to mobilize key stakeholders around the issues affecting orphans and other vulnerable children in Nigeria. Therefore the research team was comprised of representatives from the following organizations and ministries in Nigeria:

- ◆ NACA
- ◆ NASCP
- ◆ Federal Ministry of Women Affairs
- ◆ The Policy Project
- ◆ FHI/IMPACT Implementing Agencies
- ◆ Local consultants including a psychologist and pediatrician
- ◆ Microfinance/Microcredit experts
- ◆ Federal Office of Statistics
- ◆ FHI/Nigeria
- ◆ FHI/DC

The research team was involved in the development of the entire situation analysis process including objectives, design, data collection, analysis and report writing. Based on observation and feedback from the various team members the experience of conducting this assessment has increased their motivation, understanding and commitment to strengthen and advocate for the improved well being of orphans and other vulnerable children in their respective professions and personal lives. Many were touched by what they heard and felt during this process. This experience also forced them to look at their own lives and experiences and challenged them to review their thinking on the subject.

... OVC that a situation analysis of this nature not only be conducted for the objectives but also to mobilize individuals into action and to work to ensure that the work will benefit current and future generations. Hence, the work will not be done in a fragmented but coordinated efforts and action.

The results of this situation analysis and mobilization process will be presented at the first OVC Stakeholders meeting on Monday March 25, 2002 in Abuja, Nigeria. The objectives of the Stakeholders meeting will be to 1) To provide feedback on the findings from the field assessment, 2) To highlight major problems confronting families and communities and coping mechanisms and structures within communities that can assist in addressing such issues and 3) To highlight the next steps in the development of proposal for OVC work in selected States in Nigeria. The recommendations gathered from the Stakeholders meeting will be incorporated into a final report which will be presented at the first West and Central African Regional OVC Conference in April, 2002 in Cote d'Ivoire and will be provided to the currently being established National OVC Task Team of Nigeria.

Objectives

The objectives of the qualitative and quantitative assessment are to:

- Gather information that will help to describe the impact of HIV/AIDS on children and their families.
- Identify current coping mechanisms within families and communities for orphans and vulnerable children.
- Identify existing structures, systems and mechanisms that are capable of supporting or complementing OVC project.
- Identify and assess local NGOs with capacity, experience or potential to participate in or implement community based OVC projects.
- Provide baseline information for the design and the monitoring and evaluation of OVC projects in FHI focal states.
- Provide a baseline for further evaluation in the six states and the monitoring of the well-being of families caring for the orphans and vulnerable children over time.
- Obtain data in a standardized format, which will enable comparison with other OVC studies carried out in other countries.

1.2. METHODOLOGY

Study Population

States (Gujar, Anambra, Ebonyi, Kano, Oyo and Zamfara) were identified as hot-spots for HIV/AIDS. It is implementing comprehensive prevention and care programmes for HIV/AIDS and other non-comprehensive program states but have care and support programmes being run by NFI/Nigeria. The six states represent the following Nigeria geographical zones (Southwest, Lagos, Ogun); (Southeast, Anambra, Ebonyi); (Northeast, Taraba); (Northwest, Kano). Two LGAs were covered in each state one of which was the State capital LGA. It is also noteworthy that three of these states are so called hot-spots (states with HIV prevalence above national HIV prevalence of 5.8%). These states are Lagos, Ebonyi and Taraba.

The study methodology for this assessment is comprised of the following:

- *Key informant interviews* with community leaders (including traditional community leaders, religious leaders and community opinion leaders or spokespersons), health workers (Doctors/Nurses) and teachers.
- *Focus Group Discussions* with three distinct groups : a) community members, b) People Living With HIV/AIDS and c) People affected by HIV/AIDS (e.g., relatives, volunteers and home based care givers)
- *Organizational response and capability assessment*: structured closed and open ended questions administered specifically to organizations with activities related to the issue under study. Such organizations include (but not limited to) organizations providing institutionalized care for orphans and vulnerable children and programs focusing on child survival, safe motherhood, micro credit, home based care, faith based support, etc. as available.
- *Government perception and response assessment*: This will be done using a line ministry tool administered to relevant State ministries such as Education, Health, Women, Youth and Social Development, etc. Information gathered will include existing policies, state programs, commitment etc.

A qualitative survey checklist was developed to facilitate Focus Group Discussions and the key informant interviews. This will supplement data collected using structured questionnaires, and will be particularly useful in the verification of some of the quantitative data.

Key informant interviews: A minimum of 2 traditional leaders, 2 religious leaders, and 2 teachers (Principal/School head), 4 health workers (Doctors/Nurses). per sub-site (LGA). Each state will therefore have a total of at least 20 key informant interviews. Note however, that there might be important community/spokesperson or opinion leaders outside these categories who may be identified as a result of the key informant interviews. Such identified persons should also be interviewed (if time permits).

Community Focus Group Discussions: Six focus group discussions with approximately 8-10 persons per FGD were recommended per sub site (LGA) as follows:
Four with community members (2 male and 2 female for adults above 24 years)
Two with young persons aged 18-24 (one male and one female)

One FGD was conducted with People Living With HIV/AIDS and another with people affected by AIDS.

It therefore means that a total of 14 FGDs were conducted.

Organizational capability assessment: Organizations to be interviewed include health service provider organization (private and public) NGO, CBO, Religious group. There might be some outside this category who should also be interviewed. Hence, as many NGOs as possible were covered but not less than the recommended five (5). A mixture of organizations were sought to include those providing and working within areas that directly or indirectly benefit children and may include: child survival, safe motherhood, community development programs, microfinance, and other OVC related services.

Government perception and response assessment: Key government officials within line ministry were interviewed to gather information that will include existing policies, state programs, commitment etc.

Quantitative survey

As stated earlier, a quantitative study was also conducted on heads of households/caregivers of orphans and other vulnerable children. The information gathered from the quantitative assessment will be combined with the qualitative information presented here and compiled into one report at a later date. The following provides information on the methodology of the quantitative assessment and is intended to provide more insight to the reader at this time.

Heads of households were interviewed using a culturally appropriate adapted and pre-tested questionnaire designed to gather information on:

- ◆ Coping mechanism
- ◆ Available resources
- ◆ Resource gaps
- ◆ Safety nets that are available and
- ◆ Their perceptions and beliefs about orphans or vulnerable children situation in the families and the community.

Note that a health profile tool for each individual child accompanied the perception questionnaire and was completed for all children under 18 for each guardian interviewed. Interviews took approximately 35 minutes.

The individual child is the unit of measure of interest for this phase of the study. Therefore, sample size calculations were based on variables of interest for children. The variable of interest in this case is the percent of Nigerian children currently reported as enrolled in school. Using the 1999 Nigerian Demographic Health Survey (NDHS) 57% of children age 6-10 are in school. In order to see this figure increase by 10% over 3 years, the number of children for whom this information is gathered needed to be 165. This yields a sample large enough to identify a statistically significant increase of 10% with a 95% CI of .0694 to .2306. In order to compensate for a 5% refusal rate an additional 9 interviews were needed and so rounding up, a total of 175 guardians were interviewed in each LGA of the six states resulting in a total of 2,100 interviews.

The total land area of the state is 20,760 sq. km estimated to have a population of 10-12 million people (projection from the 1991 census figures). The population is predominantly rural and heterogeneous in character. The population is predominantly Hausa. Other ethnic groups include Nupe, Yoruba, Ibo, Tiv, Igala and Idoma. Although Hausa is the major language spoken in Kano, English is the official language in dealing with the government and some businesses. Kano city is known as a commercial centre, but the economy of the state as a whole is centred on agriculture. Kano has a policy on education that offers free education at primary level. Free uniforms and lunches in some selected schools are added 'incentives'. This policy is said to have played a role in increasing enrolment at primary school level. As at August 2001, the primary school enrolment stood at 1,569,738 pupils while secondary school population was 256,537 students for the same period. Figures from previous years were not available for comparison. Compared with national and zonal figure of 5.4%, the estimated HIV prevalence in Kano State is 3.8%. Health care for children below the age of five is supposed to be free at government health facilities so is immunization against the child killer diseases. For this OVC assessment 12 Enumeration Areas were covered in Fagge (7) and Tarauni (5) local government areas.

MAJOR FINDINGS

3.0 LINE MINISTRIES

A Government perception and response assessment was conducted using a line ministry tool administered to relevant State ministries such as Education, Health, Women, Youth and Social Development, etc. Information gathered included existing policies, state programs, commitment, etc. The following provides an overview of the responses from those interviewed.

3.1 MINISTRY OF EDUCATION

Orphans are viewed as children without both parents or without father, who are of 0 – 18 years. Although relatives from both mother and father sides could help in fostering, maternal relatives seem to give more support. Foster parents provide everything that the children need to grow normally. These practices have not changed but the process can be disturbed by inherent family problems such as divorce, adultery etc. There are no indications that HIV/AIDS is changing attitudes towards adoption or fostering. If at all there is it becomes a secondary issue. Children who are in serious needs in Kano State include Almajirai, child hawkers, beggars, 'yandaba (area boys) but there are no child prostitutes due to Shari'a Laws. Hawkers, who are mostly girls, do this to augment the household income. Almajirai are in urban centre to earn Islamic education but because they and their Malams cannot meet all their needs they have to beg. Unemployment is the major cause of 'yan-daba. These children, who had been taken away from their traditional jobs like farming, arts and metal works, by formal schooling eventually do not get jobs after graduation.

Currently, Kano State has policies of Admission Drive Program (to encourage children further their education), vocational training for unemployed youths, and free primary education for all. These policies have been developed into programmes of community empowerment to train unemployed youths ('yandaba), government vocational training for secondary school leavers, free uniform for school children, and free lunch daily. Immense successes have been recorded with these programs. For example, free feeding has tremendously increased the primary school enrolment. Also, the figure of candidates seeking admission into tertiary institutions has jumped from about 200 to 5000

... which hardly sold 1,000 – 1,500, now have over 100 applications. Many of them are engaged in various trades and vocations and participating in community work. In August 2001, the primary school enrolment stood at 1,569,738 pupils while secondary school population was 256,537 students for the same period.

The major constraints are funding and manpower problems i.e. difficulty in attracting competent teachers. The Ministry of Education is in collaborations with USAID for improvement of language and mathematical skills, Kano Forum for teaching materials and training, Kano Foundation assist with scholarships and UNESCO as their programs permit. On its part, the Ministry makes contributions to Children Homes (free education), monitoring of donations and abuse of children and using religious concepts to create awareness for adoption. Assistance is sought in the areas of home-based paid nursing mothers for orphans, public enlightenment and general funding of programs.

3.2. MINISTRY OF HEALTH

A child who has lost one or both parents can be regarded as an orphan if his/her age is below 18 years. Since Islamic definition of an adult is about 14 or 15 years, a child of this age is not a bonafide orphan. Distinction can also be made between deprived and privilege orphans; as some orphans are better off than children with both parents. The roles of the father as the head and the breadwinner of the family determine the status of the family whether living or dead. Although Islam attaches importance to mothers, a child is truly seen as an orphan if the father is dead. Extended families still support the needy children but not as it used to be in the past. Apart from orphans other children with serious needs are the Almajirai, 'Yandaba, child hawkers and beggars. Child prostitution is very low as apparent increase in HIV/AIDS cannot be substantiated. Lack of family economic support and parental neglect are twin causes of the OVC. To tackle this problem from the root, therefore, social rather than medical solutions are being preferred. Hence, the health ministry has only one program directed at the OVC which is free emergency drugs for Paediatric patients. Nevertheless, Programs of immunization and curative health care still benefit all categories of children. Collaborations exist between the ministry and UNICEF (Immunization), WHO (Immunization and Surveillance), Medicine San Frontier (Epidemic Control) and USAID on Immunization, Nutrition and Capacity Building.

3.3. MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT

A child below 18 years of age who has lost either parents or both is regarded as an orphan. The death of the father is the crucial determinant. For instance, mothers readily announce that their children are orphans (at the demise of the man) but it is ridiculous of the fathers to make such pronouncement about his children. In nuclear families, when the wife dies, the man always remarries and continues to be responsible to his children or they are taken to a supportive grandparent. But a widow with 3 – 4 children hardly gets suitors because of the apparent burden. In the past, the extended family members offered various assistance to support widows and orphans. In fact, orphans were not distinguishable. Today, the extended family system is getting weak as a result of poor economy. Nevertheless, the families still help.

The effects of HIV/AIDS on OVC are not apparent due to confidentiality and secrecy with which the cases are shrouded. Besides, HIV/AIDS is seen as not a prominent problem in Kano State.

and other categories of children in need are: Almajiris, Yan-kwaya (drug addicts) (Andaba, 2010), children with disabilities (prevalent particularly due to newly introduced Shari'a system), beggars (including beggars), the mentally handicap and children who's parent(s) suffer from mental illness. However, children are thought to quickly migrate from harsh rural conditions to urban centers and become involved in child labor. The primary cause is poverty. Child hawkers, for instance, sell to supplement family income, almajirris left home to get education away from apparently indulgent parents and for wider opportunities. This approach is considered acceptable and practiced by the parents because giving their children (Islamic) education does not cost anything – despite the free education policy of the State.

Legally, child begging is prohibited in Kano State. But this law has not been enforced perhaps due to poor infrastructure and lack of will. The incumbent administration, however, has put in place a 'New Social Order' policy, which restricts the aimless movements of the Almajirais, calls for registration of all Islamiyya schools, educating the stakeholders, provision of vocational training and loan facility for the trained ones. By ways of implementation, sensitization programs have commenced. Since these are inter-state problems, Kano and other northern states are collaborating in planning and programming to ensure effective implementation. Nonetheless, the Ministry of Women Affairs is permanently engaged with the programs for mentally retarded children (below 18 years) at Torrey Home, Abandoned children (below 18 years) – Children's Home, Deviants and Young Offenders – Remand Home (Juvenile court), Abandoned babies – Nursery, Murtala Muhammad Hospital and lost and found children hostel at Sheka Quarters, Kano. Over the years, the Ministry has recorded tremendous success in getting foster parents for abandoned babies, vocational training and counseling for In-mates of remand homes, reparation of the lost and found children and in progress is the construction of reformatory school for grownup in-mates. Although, Shari'a stipulates cutting of limbs and other severe physical punishment for offenders of certain Islamic laws, it is relieving to note that children below the age of eighteen (18) are exempted. The major militating factors against the success of these programs are funding, lack of manpower development and no national forum to articulate, integrate and improve on their activities.

Collaborations exist between the Ministry and UNICEF in the area of children in need of special protection measures (for beggars, disabled abandoned and children in conflict with laws). PIWOC (organization for the Propagation of Islam and Welfare of Converts) sensitizes the community about the situation of children to encourage donations and fostering; and MSO (Muslim Sisters' Organization) hired and paid Islamic teachers for children's home. Other organizations only come with occasional donations e.g. Network for Justice. The Ministry is determined to educate the stakeholders, accredit Islamiyya schools and approved learning environment. Assistance is needed in the areas of funding, technical support and training e.g. remand home with its structure and equipment is lacking in instructors. Also, vocational training and start up capital are needed for those who have graduated. Most important is the eradication of stigma and discriminations against grown ups particularly from children's homes in order to integrate and re-absorb them properly into the society.

4.0 KEY INFORMANT INTERVIEWS:

In Kano State *Key informant interviews* were conducted using standardized instruments. Interviews were carried out with community leaders (including traditional community leaders, religious leaders and community opinion leaders or spokespersons), health workers (Doctors/Nurses) and teachers. The following are highlights from the interviews.

Orphans are generally defined as those below 18 years of age (Christians and teachers) or 15 years old (traditional and Islamic) who is a person not yet married, who has lost either parents or one of them especially the father.

Relatives especially grandparents (if both parents are dead) and any surviving parent take care of the orphans. Sometimes other (paternal) relatives step in to help. If the woman remarries, there is traditional provision for the new husband to marry the woman and with all her responsibilities. Depending on the past attitudes on the relationship, on rare occasions neighbours do take in orphans to foster.

The major difficulties faced by orphans and children, school fees, medical care and most important parental guidance. The members of the extended families still provide all the stated needs of the OVC in addition to shelter. The tendency for change is high and it is gradually gaining momentum in view of poor economy, but family bond and means can be crucial determinants of taking custody of OVC.

Currently, government impacts are not getting to the OVC while a handful NGOs are struggling to make a difference. But the religious bodies have proved to be dependable allies especially when they get referrals. Indeed, government has to improve on its existing institutional supports such as education, health, vocational training to incorporate the needs of OVC.

Secondly, community and religious bodies need enabling conditions and empowerment to be able to carry out their traditional roles of moral and material supports.

The community leaders agreed that the number of orphans is increasing no thanks to incessant (religious/ethnic) crises.

Being a patriarchal system, the Kano community show greater tendency for paternal custody of the OVC. This rule would change dependency or ability and willingness of the extended family members. The popular Almajiris (street beggars) sleep in the mosque with their tutoring Malams. The rest of OVC are found in market places, streets and other hidden places.

Almajiris, 'Yandaba (drug-ridden street thugs), girl prostitutes and street hawkers are in critical needs. However, Almajiris and child hawkers are to be understood within the context of cultural practice going awry. On its part, the community organizes and engages the children in development and self-help projects activities such as environmental sanitation and vigilante works. Wealthy community members frequently encouraged the OVC with the provision of income generating tools (wheel-barrow, motorcycles etc) for self-sustenance. These forms of help are few and sporadic and to the neglect of long-term endowment like education and life skill training. The most important needs of OVC are education, health care and opportunity for future employment.

Health institutions in Kano State have not experienced major increase in the number of OVC in their practice. Instances of caring for OVC abound. However, poor documentation may be responsible because where statistics are available records show regular increase. E.g. at Muhammad J. Hospital there was 80% increase between 2000 (670 OVC) and 2001 (1,050 OVC). Pediatric bed occupancy is always 100%. The major health problems facing these children are malaria, diarrhoea, vomiting, malnutrition, respiratory track infection, and meningitis, skin infections. Indeed, these are opportunistic diseases; the main culprit is poor feeding. Not so much

...of the patients of ... is lack of foods. In most of the ... free health policy. Still, many ... medical bills. Hence, arbitrary ... Apart from Murtaqa ... Specialist Hospital and Amib ... Teaching Hospital, all the health institutions are lacking in Social Welfare Unit. Hence, referrals are commonly directed to these two hospitals after the first line of treatment had been given to the child by the admitting hospital.

Although cases of abandoned and motherless babies were in frequent they still come occasionally. The luck between such children and mothers living with HIV/AIDS is difficult to establish. Not only does the death of the baby is an indicator. Most medical personnel are not conversant with Preventing Mother to Child Transmission (PMCT). Therefore, PMCT policies and strategies are either unknown or difficult to practice.

Health care workers are involved in health education, treatment, counseling and home visit. Assistance is sought in the areas of funding (to cover foods and drugs), training and enlightenment programmes for the health workers, improving pediatric facilities and giving preventive measures against HIV to the health workers.

4.2. TARAUNI

The majority of the community leaders who are mainly Muslims, agreed that an orphan is a child who has lost his/her parents particularly the father. The age limit in this regard is about 12 – 15 years. Although legal age of 18 years is much at home with a few leaders, nearly all acquiesced to the fact that ability to 'stand' or fend for one self is the determinant. Relatives or other members of the family take care of the orphans. The paternal relations appear to carry the responsibilities more than the maternal sides. Lack of basic needs and education were the major difficulties confronting the OVC. Also, lack of moral/emotional support, parental love and spiritual upbringing, are equally needful for normal growth. Culturally and in line with Islamic injunction, orphans are to be given special considerations as in fostering and care but these practices seem to be waning and poverty is a major set back. The supports being received by OVC in the community are food, clothing, shelter and Tauhid (i.e. sound religious knowledge). Although, Islam enjoined alms giving it only comes in trickles from the wealthy community members. Indeed, religious bodies and organizations supply basic needs and teachings. Government is making no impact. The number of orphans is claimed to be increasing due to disease prevalence and ethnic crises. Orphans generally live with their relatives or with their neighbours stay on the streets, mosques or with Islamic teachers.

Other groups of children in dire need are the Almajirai, hawkers, child labourers, beggars' guides and 'yan-daba. They are also found in places like neighborhood, streets, and around the mosques. The community is not doing much. In fact, the community sometimes tends to promote their plights for instance through the use of young girls as sex workers. Nevertheless, a few wealthy individuals provide foods daily and allow such children to hand around. Besides, some community members take in these children to foster.

Financial supports (to meet their basic needs), vocational training and education, family economic empowerment and sound moral/Islamic teaching's would go a long way in helping orphans and children in need.

From the health workers believe that the problem of deaths caused by post-partum complications due to hypertension, diabetes mellitus, malaria, T.B., hypertension (high consumption of potassium) and hypothyroidism resulting in burns are contributory. The health problems often presented by these children are malnutrition but symptomatic of T.B., pneumonia, fever, diarrhoea, Vomiting and Anaemia, roughly in that order. Although parents and guardians often foot the bills, when there is financial difficulty, medical staffs either persuade the hospital authority to give concession or make personal contributions to write off the bills. Sometimes associations like Islamic Medical Association provide assistance.

Cases of abandoned/motherless babies can vaguely be remembered since they are few and far between. The reason for abandonment is not usually medical but inability to cater for the children. In fact the strange dimension are the cases of "Abandoned Mothers" (of course with their babies) due to marital and economic problems. Such cases are rampant at the main Pediatric hospital (i.e. Hasiya Bayero Pediatric Hospital). Family reconciliation is attempted by the senior health workers but difficult cases are referred to Murtala Muhammad Specialist Hospital.

Strategies for the prevention of mother to child transmission (pMTCT) are not sufficiently known or understood by many health workers. Perhaps due to the difficulty in determining HIV infection, they hardly apply the pMTCT methods, hence memory gaps. Apparently, information about pMTCT was disseminated casually at meetings (in some cases), which hardly reflect the gravity of the pMTCT message. However, where PMCT strategies exist, some health workers are aware and practice one or combination of the following: caesarian operation, Preventing breast-feeding and anti-retroviral drug (which patients allegedly react badly with about 80% reverting to herbal methods). Referrals are made to Murtala Muhammad Specialist Hospital and Aminu Kano Teaching Hospital for their Social Welfare Departments to follow up after they have administered treatment. Apart from Social Welfare Units other organizations have been of help are Muslim Sisters Organization (Adoption of Motherless baby) Islamic Medical Association and allied NGOs.

Personal involvement with OVC is by way of providing foods, drugs, counseling (and advise to foster parents), clothing and money/donations. Assistance is required in the areas of funding to ensure free treatment for OVC, further enlightenment and training of medical personnel, free or subsidized meals and drugs for OVC (in-patients), nutritional improvement (out-patients), establishment of Social Welfare Units and expansion of wards to accommodate OVC.

5.0.0 FOCUS GROUP DISCUSSIONS:

In Kano State *Focus Group Discussions* with three distinct groups: a) community members, b) People Living With HIV/AIDS and c) People affected by HIV/AIDS (e.g., relatives, volunteers and home based care givers) were conducted using a standardized focus group discussion topic guide. The following are highlights from each focus group discussion.

5.1.0 Findings PLWHA AND PABA:

5.1.1. Concerns for the future:

... that I am not doing... the future of their children (and... their children are born, the...)

"Let me put it this way, we want a very good education programme/scheme for these children and a welfare programme that will last them for the rest of their lives"

- PABA.

"... we know our condition, but you see. ... we want our children to carry on with the legacy that we left behind"

- PLWAH.

"... we believe that there is no way we can get these things done but through the support of NGOs most especially ... there is a lukewarm attitude from the government side"

- PLWHA.

"..... we are not saying that they (i.e. govt) are not doing their best, of course they are, but they are not doing enough"

- PABA.

"Our saviour is God, but our other saviours are these NGOs"

5.1.2 Special Needs of Children:

The PLWHA and the PABA that participated in this FGD have children ranging from babies to adolescents. These children have some basic needs such as education that are very similar but differ according to the developmental stage of the child. The older ones for example need not only to go to school but also training in life skills. The older ones also need emotional support. The young need to be checked often if they are HIV positive. Their health therefore is of utmost importance to their parents. Parents identified education, food and treatment as the most important needs of the children.

"..... There are some children that test positive. So there is need for further check-ups. And like here, we have a place where such checks are done, but that is even a secondary issue. The primary issue is, some of us cannot afford it"

- PLWHA.

"We all know it. Hence, we have a malnourished child, but we cannot meet the demands of that child"

- PABA.

"I have two children. The first one up to now, does not go to school. He disturbs me at home that I should carry him to school, but no assistance or support from government"

- PLWHA.

"I have a 19 year old boy now, because of this problem, I cannot be able to train him, and he cannot be able to cope with me because of this problem"

"The little-little ones that I am managing with, I feel it very hard, so it is a problem and help is zero, nothing"

The issue of the children of PLWHA came up during the course of the discussions. It seemed that it was a problem that many of the PLWHA have been struggling with.

5.1.3 Support for PLWHA and their Children:

There did not seem to be any comprehensive government programme for PLWHA. Some NGOs and a few individuals have helped some PLWHA. But whatever support has been rendered has so far been grossly inadequate. The PLWHA have themselves organised and stated doing things for themselves. There did not seem to be any organised community help. Individuals that help do so on their own will and according to their ability. The first response to the question on whether PLWHA know of any place where they could get support was:

"The issue of whether or not we know any place does not arise. If we know any place we could have gone there. People know that we need help, but they will not come and meet us. Government is there, there is the government house, but how can I, you or him enter the government house – not possible"

"Since you people have come, you can help us"

- PABA.

"NGOs and individuals are helping with some medicines. One Alhaji Surajo is helping us. Our union has struggled so much in looking for help from people through letters, personal visits, etc."

- PLWHA.

"The problem is that a lot of people don't want to be identified with AIDS, and we know how they feel because of the denial in the society. But if organisations, NGOs can come like this, we think the awareness will change"

- PLWHA.

"You can hardly get any support (from people) if you say that you have HIV, you are finished. You see lack of understanding of the problem"

- PLWHA.

There seemed to be a lot of spiritual explanation among the PLWHA in attendance.

"To know that you have HIV is even a blessing, because you can go back to God for forgiveness"

- PLWHA

5.1.4 Opportunities in the Community for the Care and Support of OVC:

Care and support for the OVC were in abundance in the past. Today, only goodwill and desire to help are discernible, as the socio-economic condition is quite discouraging.

"It is because of this problem I cannot be able to train him (my son). Yes, he cannot be able to cope with me. The little little ones I am managing with (them) I feel it very hard. So, It's a problem: help is zero – nothing."

5.1.5 Impact of the Government's AIDS Programme

Many of the PLWHA and PABA members interviewed during the FGD believed the government is not doing enough. They said that funds allocated to the AIDS programme have been diverted. "Nothing" comes to them. Many also think that religious leaders should be involved in the government AIDS programmes because of their grassroots impact.

"We are indoors. Our husbands died leaving us with children, awareness should help us in feeding our children, their education and their health"

- PLWHA.

"Government is not following the proper channels. If proper channel is followed, a lot of money would not be diverted to something else"

- PLWHA.

"I think the government should collaborate with NGOs. The NGOs are closer to PLWHA. Whatever government wants to give to PLWHA should be channelled through the NGOs. It will get to the PLWHA faster than the government officials"

- PLWHA.

5.1.6 Community Attitudes Towards PABA, PLWHA and their OVC:

The PLWHA believes that there is a lot of discrimination against them. They said that even people in the medical field do not follow standards of medical ethics. Collaboration among government, community leaders and religious leaders was recommended during the FGD. If these bodies work together, stigmatisation and discrimination would be greatly reduced.

"... (if) religious leaders (would) use Hadith and Qur'an to stop this discrimination, wallahi a lot of people will change their attitude towards HIV/AIDS"

- PLWHA

This suggestion of working together was also emphasised for members of the community and families who have PLWHA.

"Like the Hausa adage 'Hannu daya baya daukar jinka', that is a burden shared is a burden made lighter. If the community, relations and everybody around you can come together, put their hands together to help you, we would not have problems any more, the PLWHA will be a happy person"

- PLWHA.

Other suggestions given to reduce the level of discrimination include government sensitising the general populace, and the emir lending his voice to the appeal.

If the Emir should go on radio and television and appeal to people not to discriminate against PLWHA, the people's response will definitely be positive. The suggestion went further to say that the government should take 6 – 12 months, using the "information vehicle" with loudspeakers, using radio to sensitise the general public.

5.1.7 Community Resources to Take Care of Orphans and Children of PLWHA:

The PABA and PLWHA believed that resources, human and material are needed to win the fight against HIV/AIDS. There was also the suggestion to mobilise “spiritual” resources. It is the combination of these resources that will give the psychological balance needed by PABA and PLWHA.

“These (material and spiritual) are the things that can affect the needs and the future of our children”

- PLWHA.

“All aspects of orphanage care should be made available at community levels”

- PABA.

“Human resources is very important. There’s nothing you can do without it”

- PLWHA.

Categorising the resources under ‘human’, ‘material’ and ‘spiritual’ makes it difficult to list or itemise these resources. Everything is lumped together under one category or the other. The important thing is that all resources have to be mobilised to take care of PABA, orphans, PLWHA and their children.

5.1.8 Training Needs:

The major training needs cited by PABA centres around having to be able to take good care of the PLWHA. Issues of what should and should not be done for good personal hygiene, especially on how to protect themselves from getting infected would be useful. Counselling would also be helpful. PABA needs to be reassured, they are doing good caring work and they need to be encouraged to do it effectively. If they have counselling skills, they may also be able to counsel children, orphans and even PLWHA.

5.1.9 Individual Commitment to Care and Support for OVC:

The PLWHA and the PABA at the FGD feel they themselves have a lot of responsibility for care and support, more than other members of the community.

“The PLWHA should give moral and social care and support to each other”

- PLWHA.

They also talked about other people who could be volunteers, (giving) counselling to people that are at risk, or those that are positive. These volunteers could also conduct sensitisation workshops to raise the awareness of the public concerning HIV/AIDS.

“We can equally help through community meetings and seminars”

- PLWHA.

"Some of the most important things that we have learned from our studies are that are particularly important for the community members who could also volunteer and their life would be enhanced"

- PLWHA.

6.1 COMMUNITY MEMBERS

Two categories of participants were selected for the FGDs of Community Members namely Young adults; aged between 18 and 24 years and Matured Adults who are above 24 years of age. Each of these age categories has one separate male and female group. Hence, four FGDs were conducted in each of the two locations.

In each of the Local Government Areas, i.e. Fagge and Tarauni Local Government Areas, six (6) Focus Group Discussions were held for Community Members.

Each group is characterised by Age and Sex and the group are split into two categories thus: Male 18 – 24 years (1 group), Female 18 – 24 years (1 group), Male 24 + years (2 groups) and Female 24 + years (2 groups).

6.2.1. Definition of Orphan

Generally, an orphan was regarded as a child who has lost either of the two parents or both of them before the age of eighteen (18) years. From the Islamic point of view the death of the father and age fifteen (15) and below are the critical factors. In addition, the impact of the father's death is more critical for the girl-orphan then for the boy because of the crucial role fathers play in their daughters' weddings, her upbringing, father as the custodian of family reputation etc.

On a broader perspective, orphans are viewed as children who are lacking parental care and support irrespective of the mortal status of the parents. The Hausa proverb which says "there is no orphan except a lazy person" further emphasises support over parental presence.

"Orphan is somebody who doesn't have both parents."

- Male 24+ years.

"A child who lost his parents whether father or mother"

- Female 18-24 years.

"A child who has nothing and has nobody to assist him in the community"

-Male: 18-24 years.

"Islamically, orphans are children who have lost their fathers more so than those who have lost mothers"

- Male: 24 + years.

*"A girl is especially an orphan if she lost her father. It is more severe in girls"
You find a situation where a girl has both parents living but they are so poor that they cannot get her married"*

- Male 24 + years.

"When a child lost his father, he becomes an orphan because the father is the breadwinner and main supporter of the family."

- Female 24 + years.

"If there is no one to tell a child do this, do that, that child is an orphan"

- Female 24 + years.

6.2.2 Categories of Children in Greatest Needs:

Although the needs of the orphans were well stressed, it is the Almajirais (Islamic pupils turned street beggars) who are very popular in Northern Nigeria including Kano. But recently social displacements and poor economy have added other growing armies of delinquent and vulnerable children, these include child hawkers, child labourer and 'yandaba (area boys). Child prostitution is reportedly very low because of the practice of early marriage and the recent declaration of Shari'a (Islamic Laws) in Kano State.

"Children that are so poor that they have to work for other people"

- Female 18 – 24 years.

"Children of the unwanted pregnancies: who are mostly kept in orphanage homes"

- Male 24 + years.

"Orphans are the most in need of assistance because nobody is in their midst to assist them"

- Male 24 + years.

Sometimes, the line between orphans and vulnerable children are blurred because of the intensity of needs.

"Orphans and children in orphanages and the Almajirai (are all in need)"

-Female: 24 + years.

6.2.3. Traditional Practices in Families, Communities and towards OVC:

Mutual co-operation and respect for elders and traditions were the hallmarks of the community life. Families were more cohesive and helpful to each other. Orphans and other children in need were hardly distinguishable because they were not to be allowed to feel their parents' absence. Even beggars and mad persons were not common on the streets because families' and community helps would have intervened. All these practices can still be felt but not with the same intensity as it was in the past. Also, women were not exposed to social vices and people gave Zakkat (alms) religiously. Child adoption then was done with the belief that the creator would regard them.

"In previous years there was unity and co-operation among all members. Likewise, parents discipline their children regardless of who (parents) is who"

- Male 18 – 24 years.

"There was nothing like discrimination among community members"

- Male 24 + years.

"Well, Yes, in the past (before the advent of self-conceit or selfishness), people take every child as their own"

- Female 24 + years.

"Zumunci (relationships governed by love and sharing) is hard to come by"

- Female 24 + years.

Amongst the practices that should be re-introduced are the practices of respect for elders, commonly raising the children, co-operation in communal works, and zumunci.

"We should bring back things like zumunci and helping each others for the sake of God"

- Female 18 – 24 years.

"Parents should allow their children to be punished whenever they misbehave in the community"

- Male 18 – 24 years.

"Giving respect to the traditional rulers (or elders). According to their prestige and their rights"

- Male 24 + years.

"If the family has a particular trade (or skill) the children should be taught e.g. blacksmith, carpentry and even farming. [As such] he is not left idle but presently people live in the village who cannot farm"

- Male 24 + years.

6.2.4. Major Problems Facing OVC:

Although, basic needs like feeding, shelter, clothing and medical care are generic apparently OVC need much more than these subsistence provisions. They require guidance, homes (not mere shelter), parental care and people who are truly concerned for them. They also need education and vocational training for their future.

"The major problems facing orphans and needy children are the problem of shelter and education"

- Male 24 + years.

"Lack of parental care. These children are supposed to have sense of belonging which will remedy any emotional or psychological problems they may be having"

- Female 24 + years.

"There is need for the community and the government to make provisions for good shelter and accommodation for them"

- Male 18 – 24 years.

6.2.5 Increase in Needs of OVC for Support:

Majority of the community members agree that more orphans and children in need are seeking support. The indicators are increasing numbers of children on the streets, around the mosques and in the market places all begging for one form of assistance or the other.

"Gaskiya (the truth), the number is increasing because in most case these orphans are very young and their guardians and care givers are not economically viable: some of these child don't know where to go in search of help or support"

- Female 24 + years.

"To tell the truth, those who come from the villages on the pretence of seeking knowledge are increasing by the day"

- Female 24 + years.

"Lack of something to do and abject poverty, laxity and carelessness of parents (are causes)"

- Male 24 + years.

"Some children would refuse to go to school. (so, their) parents take them away somewhere where they do not know anyone. They may send foods and clothing (regularly if they can afford them if not) they know they will be almajirai"

- Female 18 – 24 years.

6.2.6. Contributions by Families and How to Ensure Sustainability:

Families still remain the first and the most reliable line of help. In Kano State, the resilient tradition and the Islamic belief of being a brother's keeper still provide a flagging safety net for the OVC. There is strong desire to help in adoption and communal fostering could be reinforced by provision of family economic support. Without these, the communal bonds will continue to break, goodwill will wane and more children would be left to fend for themselves.

"Well families try their best as they could to support these children. For example, I have orphans in my custody they are my sister's children. Even though I am a salary earner but I try my best because if we had left them with their paternal relations who are in the village they would have ended up begging"

- Female 24 + years.

"I think if your relatives (or their children) has no clothing you give him if you have. If no food, you give him. You could also help in his education"

- Female 18 – 24 years.

"The family help by providing 'sadaka' (alms) to them"

- Male 24 + years.

"They also help them with all other forms of assistance like food, clothes, shelter etc."

- Male 24 + years.

"They send them to Islamiyya schools or engage them in sample labour work so as to earn their living"

- Male 24 + years.

6.2.7. Contributions by Community and How to Ensure Sustainability:

The effectiveness of community is bond and participation in development activities depends on whether the area is a traditional settlement of the indigenes with institutions of traditional council or not. Mobilisation and enlightenment of community for programs or community projects are easier with this kind of community. Thus, in many indigenous settlements in Kano respect for traditional leadership has translated into a few community self-help projects. Such as organising Islamiyyah Schools and encouraging children to enrol, organise food handouts, allowing orphans and vulnerable children to take abode and mix with other children in the community. They also keep missing children and send message to the village as well as distribution of zakat (alms) to the needy ones. All these community contributions are not as effective as they should be because of weak collective will and selfish motives. But these are potentials to explore.

“There are people (philanthropists) who help. E.g. Mariya Sanusi Dantata, she gives foods, clothes, and money. She helps a lot”

- Female 24 + years.

“Some people do help but they are not many. E.g. a man who come and gave treatment to a mentally handicap child in my community”

- Female 24 + years.

“Our association in the community built a school for the OVC”

- Male 18 – 24 years.

“We have opened an Islamiyyah school for the OVC for moral and spiritual support”

- Male 24 + years.

“The local government authority in collaboration with community leaders assist their orphans with finances and other educational needs”

- Male 24 + years.

6.2.8 Personal Involvement in Care and Support for OVC:

Personal contributions in the form of food, shelter, fees and time are either currently being given or tend to give to OVC. The individuals' desire to help is high but actual help would depend on the resources at their disposal.

“Sacrificing time to teach them and advice them on career guidance”

- Male 24 + years.

“We have a union called Matasa Development Association in our community. I am among the Exco-Members and I always give my personal contributions”

- Male 18 – 24 years.

"I have two orphans and one needy child in my (custody) house, and I regard them as my own children"

- Male 24 + years.

"I am taking care of an orphan's school fees right from the death of his parents last three years"

- Male 24 + years.

"I took an almajiri who used to run errand for me to the hospital for eye treatment and I paid the bills"

- Female 24 + years.

"Right now I am taking care of seven (7) children. I have been divorced for 3 ½ years and I went back home and found children of my relations so poor my divorced sister dumped one with me. We should reduce the tendency of behaving like white people – two, three children – that you don't want a crowd in your house. This is not good"

- Female 24 + years.

"What I will do is to put him (OVC) in school, when he finished, get him a trade before he finds a job. I will tell him to respect his elders. I can go to orphanage and give help"

- Female 18 – 24 years.

6.2.9 Attitudes towards AIDS Orphans:

Although a few relatives would offer to foster children orphaned by AIDS but that seems not to be the norm. The thoughts of AIDS is still scary and anything that is associated with it is treated with abhorrence. At best PLWHA or resultant orphans receive cold shoulder.

"We don't maltreat the orphan of children whose parents died of AIDS"

- Male 18 – 24 years.

"We even assist them with whatever they need because their parents' death should not affect them in any way"

- Male 24 + years.

"There is family with five (5) children, both husband and wife died with 6 months including the baby who was being breast fed. So, people suspected they died of AIDS but the (other five) children did not die and their relatives have taken them"

- Female 24 + years.

"There is a woman whose husband was so thin before he died and people said he had it. She couldn't get married again because any man who wants to marry her will be told that her husband died of AIDS. It is now 10 years and she is still well"

- Female 24 + years.

"Once a child is told about what killed another's parents, other children will tease him"

- Female 24 + years.

"A couple died and left a baby who had AIDS even relative would not take the baby to sell their house was struggle. People think that you can get the disease through latrine"

- Female 18 – 24-years.

6.2.10. Inheritance Practices:

In Kano State and most part of Northern Nigeria, inheritance practices are in accordance with Islamic system. Like in any other religion "hearing and doing" are two separate matters entirely. Many faithful have criticised the sharp practices of the leaders with respect to distribution of Zakat, and other pecuniary issues. According to Islamic injunction, a male child takes double of what goes to the female. This is because the male child is the de facto head of the family. Wife or the widows are not usually considered. Thus, a woman without a (male) child has a lot to lose.

"We only follow what the Holy Qur'an said about the regulations of inheritance"

- Male 24 + years.

"The male child has 2/3, while the female has 1/3 or in other word the male child has double of what the female has but if there are smaller children, some of their elder brothers or even uncle will collect these children's share with the promise of keeping it for them till they are of age. But in the end such children end up with nothing"

- Female 24 + years.

"Sometimes wealthy individuals among the family members control the distribution of the inherited properties"

- Male 24 + years.

6.2.11 Widowhood:

The widow, according to Islamic injunctions stays in-doors for a period of four (4) months and 10 days. During this period, she can only bath on Fridays and changes her clothes every three days. The soap she uses must not be perfumed and her dress must not be colourful. The relatives provide for her up-keep during these widowhood rites. Although these practices is said to cause minor infection and depression but relatives are always around. But the aim is for her to devote herself to prayers particularly for another husband. The families would set up a trade for her after this widowhood period. If the family fails, the council of elders in the community is supposed to step in and rescue the situation. Apparently, there are no traditional practices that can lead to HIV/AIDS infection albeit remote consequences of multiple marriages and re-marriages as HIV sources are tenable.

7.0. ORGANISATIONAL ASSESSMENTS:

7.1. COMMUNITY GROUP FOR HEALTH MOBILIZATION:

It is a non-governmental charitable and humanitarian organisation with the following objectives:

- i) Assistance to infants;
- ii) Child welfare, antenatal assistance, campaign against HIV;

Association for Reproductive and Vesico Vaginal Fistula (VVF) Corp.

...ation relates to children in need and registered at both State and Local Government level with a well-defined constitution.

Board of Trustees:

1. A'ishatu Idris - Project Coordinator.
2. Lubabatu K. Zahraddeen - Secretary.
3. Mahmuda Abubakar - Financial Secretary.
4. Abdulhadi Abubakar - Treasurer.
5. Mal. Garba Yahaya - Chairman (Youth).
6. Alh. Tasi'u Abdulrahman - Trustee.
7. Haj. Maryam Umar - Trustee.
8. Haj. Halima Lawal - Trustee.
9. Haj. Amina Rabi'u - Matron.

The Board meets every six (6) months and had its last sitting in August 2001. No staff of any kind and the only source of funds is by members' contribution and Appeal Funds. Services confined to Kano Metropolitan. It provides assistance to infants and reproductive ages.

Activities of the association addresses the well being of children by making the society clean and most of the executives have a medical background.

SERVICES OFFERED:

		BENEFICIARIES		
		Male	Female	Total
1999	Polio-immunization	200	155	355
2000	Cholera	280	190	470
2001	Polio-immunization	860	720	1,580

Members participate in workshops and trainings by agencies such as USAID etc. Regular visits to the clinic helps in monitoring and evaluation of its activities. The NGO is in collaboration with FORWARD Nigeria, AHIP among others.

The organization receives very little financial assistance from the community but with lots of goodwill. The major problem is finances, which has resulted in the lack of a standard centre and working materials.

It was felt that it is important to have a permanent centre and regularise training of its members.

7.2 UNITED WOMEN ASSOCIATION:

United Women Association (UWA) was established in 1991 and is located at No. 72 Tarauni Quarters. It is an umbrella NGO with 26 registered CBOs. It's main objective is to emancipate the "commonest" woman by raising her political awareness (so as to choose the best leaders). UWA is registered with the Kano State Government. It has been supported by the British Council, CEDPA and UNIFEM.

Components of the training are some of the services offered by UWA. The training is for women. UWA believes that since it works with mothers, it works with children. UWA also does some work in raising awareness on HIV/AIDS among women.

The chairperson of UWA says the results of the NGO's work are in the testimonies of the beneficiaries. Comments of opinion leaders are also used by UWA as a means of monitoring their progress.

Conforming to cultural and religious norms are one way UWA seeks for community acceptability. UWA would need another computer a vehicle (mini-bus) and training in report writing and MIS to enhance its work.

Objectives:

- 1) Emancipation and the raising of awareness of commonest woman. For her and people around her particularly the family.
- 2) Improve the life of a woman and her family.
- 3) Improving her education, economic standard for the children to have better life.
- 4) We link the electorates and the elected.
- 5) Offer literacy improvement.
- 6) We are hoping to start something for children this year.

Grassroots:

- 1) We raise the awareness of people (women, husband, neighbours) about HIV/AIDs.
- 2) Poverty alleviation to improve children's lives. The children need help in good quantity. It is so big.
- 3) The down of our getting trained. We need to be trained skills acquisition, accounting, reporting. The aim of the parent is for children to succeed.

7.3. NASSARAWA CHILDREN'S HOME:

The Nassarawa Children's Home is located at G.P. 69 Nassarawa Hospital Road, Nassarawa, Kano. It was established in 1963. it is ran by the Kano State Government under the Ministry of Women Affairs. It is basically a home for children who can be described as orphans or needy (as their parents cannot be identified and are not known).

The Nassarawa Children's Home has a total of 31 full time staff members. They are mainly social workers and those in the nursing profession. The major source of funding for the home is the Kano State Government. Abubakar Sadiq Islamic Organisation, Citizen Bank, Gulf Bank and the Rotary Club are also major donors to the home. The home's catchment area is urban and rural, as children are brought from all over the State. Its objective is to render help to orphans and abandoned children.

The major services provided by the home are accommodation, feeding and clothing for the children living there. The home also offers a school and is responsible for putting children into foster homes. These services benefit orphans, abandoned children and prospective foster parents. The assistant officer in-charge of the home notices that there is an increase in the need to address the

... children in the area mainly due to poverty and "social vice". The staff of the home is on VVF and adolescent reproduction health work with handicapped children.

The home had 48 children in 1998, 50 in 1999, 62 in 2000 and 39 in 2001. The majority of the children are between 3 – 10 years of age. The youngest child in their care was 2 weeks and the oldest they have had was 27 years old. The home has a capacity for 60 but currently has 31 children. It is considered a "permanent" place for the children unless they get foster homes. The children are usually brought from the Social Welfare Department and from the hospitals. The police/courts also keep children in the home. Staff found that they have to be prepared to use their own resources before their subvention arrives.

7.4. ADOLESCENT HEALTH & INFORMATION PROJECTS (AHIP):

The Adolescent Health & Information Projects (AHIP) was started in 1989 but only started programme implementation in 1992. The AHIP office is situated in Tarauni Market Road but will move in April 2002 to its new premises at No. 270 – 271 Maiduguri Road. AHIP also has a training centre at Maiduguri Road, Tarauni. The objectives of the NGO include – to conduct research on prevailing condition of adolescents in the society with the aim of making improvements; to equip adolescents with vital information on reproductive health hazards and safer health habits; to provide vocation skills development and general empowerment outlets for young people.

AHIP is registered with the Corporate Affairs Commission. It has a written constitution and a Board of Trustees chaired by the District Head of Tarauni, who is also the "Tafidan Kano". The Board meets twice a year and met last in November 2001. AHIP has 75 full time staff in Kano, Jigawa and Bauchi States. Ford Foundation, International Women's Health Coalition and the MacArthur Foundation is the primary sources of funding for AHIP. Pathfinder provides technical assistance to the organization. AHIP works mainly in urban areas, but presently has a project supporting rural women's group.

The major services offered by AHIP include vocational training, information, syndromic management and health education. Its main beneficiaries are adolescents and women, three-quarters of who are in need. Because AHIP's focus has been on Reproductive Health, HIV/AIDS has been a major issue of concern since its inception. AHIP now consults opinion leaders, community and traditional leaders more often. This is so as to get the support of these people in AHIP's work with needy children (the almajirai). AHIP has staff members that are trained in providing youth-friendly health services and participating development. AHIP also runs an annual in-house training for its entire staff.

Programme Intervention – vocational training is the major intervention / assistance offered to needy youth by AHIP.

AHIP monitors its projects through on-site visits, using monitoring and evaluation forms and reports. AHIP has linkages with Girls Power Initiative, Calabar, AHI, Lagos and Life Vanguard Osogbo among other organisations. AHIP has an endowment unit for the purpose of sustainability. It is now in need of carpentry and welding tools for its proposed needy children's workshop.

AHIP can also be contacted on 064 – 667286 (phone); 663193 (fax) and ahip@samdev.com.

WOMEN FARMERS ASSOCIATION OF NIGERIA (WOFAN): WOFAN was established in June 1993, the Women Farmers Association has its office at Plot 16, Yankin Road, Kano. WOFAN is an NGO that works mainly in the rural areas. It has had support from the British Council, World Bank, UNDP and Bernard Van Leer Foundation. WOFAN also operates a business centre, commercial buses and offers consultancy services to raise some of its funds.

WOFAN has 15 full time staff and 18 volunteers. WOFAN provides services in the area of agriculture, environmental sanitation, adult literacy, vocational training and HIV/AIDS. A community research carried out by WOFAN concluded that families are not able to take care of their own children like they used to in the past. WOFAN is therefore interested in working with children in need as well as orphans.

WOFAN has done some work with "Almajirai". Children in need also indirectly benefit from its other community activities.

Joint monthly meetings of the project implementation committee and the project action committee of WOFAN provide information from projects for monitoring and evaluation. WOFAN networks with MSD, SWAN and WDI. People's participation, respect for the culture and good monitoring are some of the major factors that have to be considered in project implementation – these are some of the lessons learnt.

7.6. INTERNATIONAL FEDERATION OF WOMEN LAWYERS (FIDA)

International Federation of Women Lawyers FIDA Kano Branch is a professional NGO, which was established in 1992. Their current head is Hajiya Hadiza Abdu Aboki. She gave their contact address as c/o YA FATIMA CHAMBERS on Plot C Ahmadu Bello Way Kano.

The objectives of the organisation include enhancing the status of women and children and deal with laws affecting them. They have two paid full time staff.

FIDA Kano has concern for the increasing number of child-beggars. It is their dream to keep them off the streets by applying effective strategies that will involve parents and children. They have never lacked community support in their activities. They however do not have enough funding to carry out their plans. FIDA members will benefit from training of care of OVC.

7.7. YOUTH SOCIETY FOR THE PREVENTION OF INFECTIOUS DISEASES & SOCIAL VICIS (YOSPIS):

Youth Society for the Prevention of Infectious Diseases & Social Vices, YOSPIS is an NGO that was established in September 1997. its physical address is No. 13 Lamuya Shopping Complex, BUK Road. They can also be contacted through 064-664118 and P.O. Box 11406, Kano. According to the Executive Chairman, Dr. Aminu G. Magashi and the Programme Officer Yahaya I. El-Yakub, the main objective of YOSPIS is sensitisation, mobilisation and prevention of HIV/AIDS and maternal and child mortality.

YOSPIS has registered with the Kano State Government as well as with the Corporate Affairs Commission, Abuja. Its Board of Trustees has Hajiya Halima Yakubu as chairperson and Ibrahim Muhammad as the secretary. The other board members are Dr. Aminu Magashi, Hajiya Rakiya S.

The Board of Trustees meets bi-annually and the YOSPIS has three full time staff and volunteers. The major sources of funding are members' contribution, donations and donor agencies. Their main funders include UNICEF and the European Union. YOSPIS has also had some support from the Research & Documentation Kano, the World Bank and Medicine San-Frontiers. The organisation offers youth-friend health services and counselling among other things. In-school and out-of-school youth in both rural and urban areas benefit from these services. HIV/AIDS has affected these services, as there is an increase in the number of people being infected (youth, children, women, and men). YOSPIS is interested as it has always been, in working with children in need.

The members of staff at YOSPIS have had a wide range of training. From strategic planning, financial management to behaviour change communication and monitoring and evaluation.

YOSPIS uses process indicators to track ongoing projects. It has linkages with CRD, DRPC and SWAAN, all in Kano. The organisation involves government agencies and design projects to be community owned in order to ensure sustainability. Involving community leaders as stakeholders in any project is one important lesson learnt by YOSPIS. The organisation would require assistance in transportation and communication services.

7.8. SOCIETY FOR WOMEN & AIDS IN AFRICA – NIGERIA CHAPTER, KANO BRANCH - SWAAN:

Society for Women & Aids in Africa's vice-chairperson, Hajjiya Fatima Muhammad said that the organisation was started in 1990. It has an office at No. 2 Yahaya Gusau Road, off BUK Road, P.O. Box 14386, Kano.

SWAAN is an umbrella organisation with the objectives of reducing the rate of spread of HIV, AIDS and STDs through prevention and control programmes; giving adequate information and creating awareness about HIV/AIDS in the community. SWAAN also aims to provide care and support for PLWHA.

SWAAN is with the State Government as well as the Corporate Affairs Commission. The organisation has had support from FHI, UNDP, UNICEF and the British Council. It has a written constitution and executive members at the State level. There is a Board of Trustees at the national level. The State Exco include – Hajjiya Zainab Hameed (Chairperson), Hajjiya Fatima Muhammad (Vice-Chairperson), Augustina Eboro (Secretary), Hajjiya Binta Bello (Asst. Secretary), Afisat Kolo (Treasurer) and Hajjiya A'isha Mustapha (Asst. Treasurer). Others are Hajjiya A'ishat Lawal (PRO), Dr. Grace Masha (Ex-Officio) and Mrs. Arit Utong (Ex-Officio).

SWAAN has 8 full time and seven (7) part time staff. It has 50 volunteers helping with counselling, and one doctor. SWAAN works in rural, urban and peri-urban areas. The services it provides include AIDS education in tertiary institutions, factories and CBOs. Training TBAs and peer health educators also form part of its activities. SWAAN runs a weekly clinic by a volunteer doctor and a house-to-house care programme as well as assisting PLWHA with food, school fees and health care.

SWAAN staff have had training in project development, financial management, advocacy and monitoring and evaluation.

The monitoring and evaluation officers at SWAAN use "benchmark indicators" to monitor and evaluate the organisation's work.

SWAAN has linkages with the AIDS network in Kano, Women Farmers Advancement Network and Muslim Sisters Organisation among others.

Some of the lessons learnt by SWAAN include:

- Sensitisation brings at PLWHA.
- It is difficult to talk openly about condoms.
- Talking to women is difficult without husband's consent.
- There is a great need for referral and counselling in hospitals, which is currently not available.

7.9. DU-MERCI CHILDREN'S CENTRE:

Du-Merci is an NGO registered with the Kano State Government. It started in 1996. It is situated at 14 Freetown Road, Sabon-Gari. Its Board of Trustees is chaired by Dr. Nwoye, who is assisted by Barr. Ofiom. The other members are Dr. Umoh, Pastor Tarfa and Bro. Francis. The Board meets twice per year. Du-Merci has two full time staff (Mrs. Mercy Tarfa and Auntie Taiwo). Its main source of funding is donations from churches organisations, board members and friends.

Du-Merci's main objective is "to meet the needs of children at risk". Its catchment area is both rural and urban centres. The services it provides include providing temporary shelter for abandoned children, and training these children mentally and socially. There is at least one child of an HIV positive parent in the centre. Du-Merci is definitely interested in working with orphans and other children in need as that is its main area of focus since inception. The staff at Du-Merci have had training in child training organised by the Child Evangelism Fellowship.

Presently, there are 17 children at the centre but over the years the center has placed more than 500 children with permanent homes. There are plans to move to another location. The centre is more or less an orphanage. It provides food, clothing, school fees, health care, shelter and training (mentally, socially, spiritually and physically). Du-Merci has admitted children whose father's was infected with HIV.

Du-Merci monitors its activities through annual and periodical reports. The centre has linkages with mediator of Nigeria, Viva Network of Oxford England Virgine-Virgine Club of America.

Whenever Mrs. Tarfa travels, neighbours assist. The church contributes too. There is a plan to establish a business centre to train the children as well as generate funds. Du-Merci would like assistance with "accommodation with facilities", and "mobility"

8.0.0. OBSERVATION:

- There seemed to be an increase in the number of Almajirai (child beggars) in the streets – at junctions, traffic lights, in front of shops etc. They are said to be putting up with (volunteering) Islamic teachers but the population on the streets defies this fact. It is not unlikely that some adult beggars and ‘Yan daba (area boys) are grown-up Almajirai.
- The household survey gave insight into the poverty and misery many ordinary people live in. Indeed, this buttressed the point regularly made by the respondents that there are different categories of “orphans” regardless of age and parent’s mortality.
- Consequently, many hopes dashed after several research collaborations have resulted in apparent research fatigue and reluctance on the part of the households.

9.0.0. COSTRAINTS

- The public holidays (Sallah) was not factored into the planning of the OVC assessment. As a result the time line was restructured to make up for the holidays.
- The issue of language and culture posed some challenges to the exercise. The fieldwork took longer because some of the areas covered can only be done by Hausa speakers, and in yet other areas non-Hausa speakers refused to co-operate with the Hausa speaking field workers.
- Most of the people who were involved in all the fieldwork had other primary assignments. This meant that arranging times for meetings in the mornings (especially) was a bit of a challenge.

9.0.0 CONCLUSIONS

- ❖ Being a Muslim State, the culture and the social lives of the people in Kano State are largely governed by the Quranic injunctions. The provisions for widows and orphans and needy generally are quite laudable and pragmatic. Imagine what yearly tithe of 1/40th of faithfuls’ money in addition to other Zakat can do in the lives of the OVC. Sadly, only a few comply. Coupled with largely subsistence farming culture of Kano (over 70% of the population) and neighbouring states, rural-urban drift, widening resource gaps and social malaise such as delinquency, homelessness, child neglect are the attendant consequences.
- In spite of the harsh sanctions of Sharia legal codes, juvenile offenders are exempted from the extreme consequences of the laws.
- ❖ Although the threatened extended family system carry the substantive part of the OVC burden, the community (in terms of NGOs and other self –help bodies) are rising to the declining moral and living standards. Social infrastructure and family empowerment are more than needed.
- ❖ ‘OVC-specific NGOs are in short supply in the State. Many of the established ones have some things to do with families and out of the two relevant organisations one is a government home and needs some restructuring while the other which is faith- and home-based is thriving. Nevertheless, nearly all the NGOs sampled indicated interest in OVC and willingness to participate in related programs.

- ❖ Greater awareness and enlightenment targeting the general public and another designed for professionals (health workers are not conversant with PMTCT and they allegedly stigmatize and discriminate against PLWHA) to reduce the expressed mystery about the disease and create understanding.
- ❖ Gradually, people are starting to embrace western education more. Two years ago the State introduced a program to help boost school enrolment, coupled with allied incentives, the program seems to be recording some success. The sale of the State scholarship forms which has risen from about 1,500 in 1999 to 7,000 is a significant indicator.
- ❖ Inheritance practices in Kano State favour the male child over daughters and even mothers. To reduce the plights of the women folks and their offspring/dependants, women (economic) empowerment has to be pursued with renewed vigour.
- ❖ Although widowhood rites do not directly impact on HIV prevalence, but some cultural practices like re-marriages and multiple spouse could be driving the disease.

10.0.0. RECOMMENDATIONS

- ❖ The capacity of the caregivers such as surviving parent, fostering relatives and Almajirai's Ustaz should receive extensive considerations for programming.
- ❖ Among the NGOs WOFAN and SWAAN are well organised and structured. Government-owned Nassarawa Children's Home definitely needs some lease of life but the NGO that is OVC-specific and has it all together in terms of raising the OVC in family setting, directly giving care and support et.c is Du Merci.
- ❖ The new initiatives by the government to boost enrolment, institutionalise the Almajirai's Quranic schools and free drugs for Pediatric patients should be penetrated by FHI with a view to integrate and collaborate.
- ❖ Specifically, FHI could help put in place effective communication vehicles to disseminate some silenced but laudable government policies to the relevant publics or beneficiaries. For instance, Kano State commissioner for health talked about the State policy of Free Emergency Drugs for Pediatric Patient of which some stakeholders were unaware; not to talk of the public. The Commissioner was of the view that policy publicity is outside his ministry's official jurisdiction. Similarly, Women Affairs ministry, we gathered, has a policy, which stipulates automatic allocation of government accommodation (to be instalmentally paid for) to anyone adopting three (3) OVC. In the course of the household survey we came across a few of such cases, some with seven non-relation OVC. In effect, the awareness campaign could translate the abundant goodwill to action.
- ❖ Co-operative and micro-credit societies are relatively non-existent. To promote Income-generating activities and ensure families' sustenance communities must be empowered to create and reinforce them.

LIST OF CONTACT PERSONS AND ORGANISATIONS IN KANO STATE

1. LINE MINISTRIES:

ORGANISATION	CONTACT PERSON	DESIGNATION
MINISTRY OF EDUCATION	Alhaji Tajuddeen Gambo	Director, Planning & Statistics
MINISTRY OF HEALTH	Dr. Mansour Kabir	Hon. Commissioner
	Alhaji Farouk Umar Usman	Permanent Secretary
MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT	Alh. Ibrahim Abdulhamid	Director, Admin & Gen. Services.
	Alh. Bashari Zubairu	Director, Social Welfare.
	Hajiya Gaji Abdullahi	Asst. Director, Women Organizations.

2. ORGANISATIONAL ASSESSMENTS:

KANO METROPOLIS

ORGANISATION	CONTACT PERSON	DESIGNATION
Du-Merci Children Centre	Mrs. Mercy S. Tarfa	Executive Director.
Nassarawa Children's Home	Alh. Muhammad Sani Maude	Social Welfare Officer.
International Federation of Women Lawyers (FIDA)	Hajiya Dije Abdu Aboki	Acting Chairperson.
Society for Women & AIDs in Africa (SWAAN)	Hajiya Fatima Muhammad	Vice-Chairperson, Kano Branch.
	Hajiya Ai'sha Mustapha	Asst. Treasurer.
Youth Society for the Prevention of Infectious Diseases & Social Vices (YOSPIS)	Dr. Aminu G. Magashi	Executive Chairman.
	Malam Yahaya I. El-Yakub	Program Officer.
Women Farmers Network (WOFAN)	Hajiya Salamat Garba Jubril	National Coordinator.
Adolescent Health & Information Project (AHIP)	Hajiya Asma'u Ahmad	Admin Manager.
United Women Association (UWA)	Hajiya Amina Kiru	Chairperson.
Community Group for Health Mobilization	Hajiya Lubabatu Kabir Zahraddeen	Secretary

3. LIST OF KEY INFORMANTS

A: FAGGE:

- > Pastor T.O. Komolafe - Christian Leader: Christ Apostolic Church.
- > Alhaji Umar Muhammad - Traditional Leader.
- > Alhaji Ya'u - Traditional Leader.
- > Mr. F.A. Adewale - Teacher.
- > Mrs. J. Idegbi - Teacher.
- > Ustadz Abba Mai Dalala - Religious Leader (Muslim).
- > Fatima Muhammad Kaka - Asst. Chief Nursing Officer.
- > Salamat Umar - Matron.
- > Kuburat Aminu Fagge - Principal Nursing Officer.
- > Dr. Sulaiman Mudi - General Practitioner.
- > Maryama Muhammad - Matron.

B: TARAUNI:

- > Imam Abdallah Bashir - Religious Leader (Muslim).
- > Alhaji Musa Abubakar Daurawa - Traditional Leader.
- > Isa Muhammad Imam - Religious Leader (Muslim).
- > Mr. Oloye Hassan - Teacher.
- > Mr. Kehinde Falodun - Teacher.
- > Malam Muhammad Yunusa - Traditional Leader.
- > Dr. Hauwa - Medical Doctor.
- > Dr. Koguna - Medical Doctor.
- > Hajiya Hassana Malami - Medical Social Worker.
- > Dr. Halima Mijinyawa - Pediatrician.
- > Dr. Halima I. Bello - Pediatrician.
- > Hajiya Talatu Mustapha - Matron.

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