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

**Jalingo and Zing Local
Government Areas,
Taraba State, Nigeria**

SUMMARY REPORT
December 2001

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CAC	Corporate Affairs Commission
EA	Enumeration Areas
FHI	Family Health International
FGD	Focus Group Discussions
FMOH	Federal Ministry of Health
FOMWAN	Federation of Muslim Women Association of Nigeria
FOS	Federal Office of Statistics
HIV	Human Immunodeficiency Virus
HSMB	Health Services Management Board
HHO	Humane Health Organization
IAs	Implementing Agencies
IIRO	International Islamic Relief Organization
IMPACT	Implementing HIV/AIDS Prevention and Control
LGA	Local Government Area
NASCP	National AIDS/STD Control Program
NCWD	National Council for the Welfare of the Disabled
NGO	Non-Governmental Organization
OVC	Orphans and other Vulnerable Children
PABA	People Affected By AIDS
PLWHA	People Living With HIV/AIDS
RA	Research Assistant
SMLAS	Safe Motherhood Ladies Association
SWAAN	Society for Women and AIDS in Africa (Nigeria)
TSBS	Taraba State Broadcasting Service

1.1 INTRODUCTION ANNEX V

1.2 FEDERATION OF MUSLIM WOMEN'S ASSOCIATION OF NIGERIA (FOMWAN) TARABA STATE CHAPTER

LIST OF PERMANENT STAFF in Nigeria

The HIV/AIDS situation in Nigeria has reached an explosive phase with national average prevalence rate of 3.8% as revealed by the 2001 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.

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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 of age 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 estimate are more 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.

OF VOLUNTARY STAFF

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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 wellbeing of children. Community involvement is extremely important given the long-term nature of the impact of HIV on children and their families. Even if current levels of HIV infection were to level off today in the country, the number of children in need of care and support will continue to rise for decades to come.

The FHI in-depth assessment had also identified Implementing Agencies (IAs), some of which are already 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, HHO & 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.

It is the opinion of all involved that a situation analysis of this nature not only be conducted to fulfill the outlined objectives but also to mobilize individuals into action and be used to implement programs that will benefit current and future generations. Hence, the work will not stop here but continue through 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

Six states (Lagos, Anambra, Ebonyi, Kano, Osun and Taraba) were identified for this assessment. Of the six states FHI is implementing comprehensive prevention and care programs in four. Osun and Ebonyi are non-comprehensive program states but have care and support programs being supported by FHI/Nigeria. The six states represent the following Nigeria geo-political zones: (Southwest, Lagos, Osun); (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 response and capability assessment: Organizations to be interviewed include: Institutional 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.

1.0. BACKGROUND: TARABA STATE

Taraba State, with its capital as Jalingo, was created out of the old Gongola State on August 27 1991. It is bound on the Northeast by Adamawa and Gombe States. on the West by Plateau and on the Southeast by Benue State. The eastern border lies on the Republic of Cameroon.

The land mass is approximately 60,000 square kilometers and lies within the rain forest and derived savanna belt of the southeast of Nigeria: with rain forest and the multiple swamps of the terrains of its lowland which lend themselves to rich agricultural potentials yielding Yam, Guinea corn, Cassava etc. The grassland on the plains of the Mambila Plateau is rich grazing field for the numerous husbandries. Rich solid minerals such as barytes, limestone, graphite, galena abound to complement the largely agrarian economy. of the state. Taraba State with approximately 2.1million people, is made up many ethno-cultural groups notable among them are: Mumuye, Fulani, Jukun, Karimjo and. These groups are unevenly distributed in its population across the 16 LGAs of the state and

The literacy rate is 50% males and 64% females – (no education) and school enrollment is 56% - rural age group 6-15 years and are expectedly very low in conformity with the trend for the Northeast Zone. The state has only begun to address this problem through the UBE programme and the Mass Literacy Programme. Despite the shortage of statistics, overall life expectancy is widely believed to be low, with high infant and maternal mortality rates; these being further accentuated by low access rates to potable water, low income and low literacy. Diseases of major Public Health importance such as river blindness, malaria, TB, snake bite etc abound in the state, and immunization coverage is undesirably low. The state has a free medical services policy for children under five years, TB, and road traffic accident victims, as part of the response strategies the state has adopted to improve its health care delivery.

The most recent prevalence rate of HIV for the state, based on the 2001 ANC Sero-prevalence is 6.2%. While this implies an insignificant difference between 1999 and 2001, there is a disturbing low level of awareness and high level of ignorance statewide, consequently preventive efforts in the general community is hardly in place.

2.0. BACKGROUND: JALINGO AND ZING LGAS

3.0. MAJOR FINDINGS

4.1. 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.

4.1.1 MINISTRY OF EDUCATION:

The Ministry of Education defines an orphan as a person who has lost both parents and is be aged between 5-15 years. It was indicated that the extended family members usually balance care-giving approaches with those of their own siblings adopt most of the orphans. However, the practice of the extended family system taking over or adopting these orphans is being gradually eroded due to economic pressure and the weakening extended family system as a safety resulting in increasing numbers of orphans and diminishing care. Presently, the Ministry does not have any institutional framework for orphan care.

The Ministry believes that the situation of orphans and children in need has been worsened by the HIV/AIDS pandemic resulting in increased pressure on care giving for OVC with an inestimable burden of care due to paucity of data on OVC. According to the Commissioner *"there is a very high level of poverty in the state estimated to be about 70 % thereby making every child in the state to be children in need and therefore vulnerable"*.

There is no existing Policy for orphans and vulnerable children although the Social Welfare Department of the Information Ministry is presently putting something in place for the consideration of government. Government has established an agency for education, which caters for adult literacy and girl child education. It also provides educational infrastructure, teacher-employment, books and reduced school fees to enhance school enrollment.

The Ministry collaborates with the World Bank, UNICEF and the Catholic Church to order to achieve most of its programs objectives. The Ministry tries to make sure that the part free educationally policy of the state government is maintained. The ministry is in dire need of assistance in Educational Planning, technical support, capacity building, logistics and funding.

4.1.2. MINISTRY OF HEALTH.

The interview was conducted with the Honorable Commissioner in conjunction with the Permanent Secretary and the Director, Disease Control Department.

The Honorable Commissioner for Health defined an orphan as any child between the ages of 1 to 5 years that has lost both parents but agreed that children up to 15 years could be

regarded as an orphan. The extended families members usually take care of the orphans depending largely on the abilities of the respective families. However this practice is on the decline because of the inability of the families to cope with the present harsh economic realities and increasing orphan hood.

The ministry acknowledged that there are increasing number of orphans and children in need in the community, thereby making care giving more difficult, in the face of decreased caregiver adults. Children under 5 years and those between the ages of 12 to 25 years are said to be in greater need for support in the state.

There is a Policy in respect of Health Care Services for children below five years. Under the policy children within this age bracket are to be provided free consultations, investigations, drugs, and surgical treatment. Children above 5 years are to receive free treatment for diabetes, psychiatric problems, HIV/AIDS. The Free Services Policy is also extended to snake bite, road traffic accident and TB cases.

The ministry also funds the collaboration with Social Welfare Department of Information Ministry in taking care of abandoned children. Effective implementation of the policies has been largely carried out by direct supervision from the Ministry through established committees. For now there are no specific programs for orphans and other vulnerable children except those within the earlier mentioned age brackets.

The success of the programme for under-fives is still difficult to quantify because of the ever-increasing number of the beneficiaries, however the programs are really on the success part. The policy of the government has been erratic thereby making collaboration difficult, however there are collaboration with Catholic organizations (e.g. St Monica's Health Center, Yakoko, and Diocesan Polio Project, Yakoko in Zing). UNICEF, and most recently FHI.

The Ministry intends to strengthened the policy involving the under 5 years to specifically look in to the issues of orphans and vulnerable children. The Ministry stated that it is in serious need of technical support, capacity building, logistics and funding.

4.1.3. MINISTRY OF WOMEN AFFAIRS AND CHILD DEVELOPMENT

The Ministry of Women Affairs and Child Development defined an orphan as any child between the ages of 5 - 15 years who lost both parents. The Ministry noted that orphans are being brought to them but are usually adopted by the highly placed government officials and there have not been any form of follow up on these children.

Hitherto the practice was adoption by extended families, but the recent practice of bringing children to the Ministry could be due to the increasing number of these children coupled with harsh economic situation in the country. HIV/AIDS has seriously increased the number of orphans, is making care and support for the orphans more difficult and has also reduced extended family values.

The Ministry observed that not all the children on the streets need support, ready examples being the *almajiris* on the Islamic education system and some of which do come from well to do families. However hawkers, child-beggars, child-prostitution, need support in the state. There are no specific policies in the Ministry regarding orphans and other vulnerable children but there are plans underway to cater properly for abandoned babies.

At the moment there is collaboration with the Social Welfare Department to cater for abandoned children. The Ministry also collaborates with UNICEF and FHI to carry out some activities. *“Presently an orphanage is under way to cater for the orphans but seriously no plans are being put in place for vulnerable children”*.

Areas of planning, technical support, capacity building, logistics and funding are stated needs to be seriously addressed.

4.1.4. MINISTRY OF INFORMATION

The Ministry of Information described an orphan as any child who has lost both parents and is between the ages of 0 - 18 years. This is so much as the surviving partner would usually fill the resulting gaps due to the death of one parent. Given the extended family system, the relations of the deceased normally would cater for the total well being of the survivors. The effort of the families in care giving is beginning to dwindle on account of modernization, which promotes individualism, economic pressure on the parents in the maintenance of the nuclear family and general poverty. The HIV/AIDS epidemic has further worsened the problem of the OVC due to early death of parents and depletion of family resources during the process of procurement of treatment.

The Ministry therefore observed that this situation is thus responsible for the children who now take to the street begging, dropping out of school and involvement with other undesirable social vices. Extensive community mobilization is being mounted to address these problems. The Ministry is uncomfortable with the support needs of these and other children of similar category and alluded to the *almajiris* on the Islamic education system most of which do come from disadvantaged and impoverished homes. Hawkers, child-beggars, child-prostitution, and child labourers all do need support in the state.

Although a Guideline on Fostering was available and in use, there are no specific policies in the Ministry regarding orphans and other vulnerable children however, a draft document on the Rights of Children is in preparation. A policy on the Girl Child Education is being implemented in collaboration with the Mass Literacy Center and the Women Affairs Department.

The Ministry has also made several attempts at convincing government to establish orphanages and effort is still continuing in this direction. Additionally, the Ministry has proposed to the government the establishment of Skill Acquisition centers, and an Education support fund for the OVC.

At the moment there is collaboration with UNICEF regarding awareness creation and the condition of the needs of children. The Ministry would do well in the areas of community

mobilization as well as enhance the strengthening of the linkage with other relevant Implementing Agencies. Its greatest areas of needs are: planning/research, technical support, capacity building, logistics and funding.

4.2.0. FOCUS GROUP DISCUSSIONS

In Taraba 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.

4.2.1. Findings PLWHA and PABA

The high level of concealment and denial in the State was easily reflected in the absence of a network of People living with HIV/AIDS. Further, the '*dearth*' of PLWHA who could participate in the FGDs was also predicated within this factor.

In Taraba State, it is not readily possible to bring any two individual PLWHA together without a protracted and deliberate effort to reassure confidentiality while underlining the benefits inherent in a collaborated and coordinated strategy in pursuit of care and support for fellow PLWHA. These issues derive from the strong stigmatization in the state resulting also from the low visibility of participation and involvement of high-level government role in impact mitigation.

Advocacy to turn this situation around appears to be a most urgent need in the state, as well as publicly declared, government, follow-up, response strategy. The need to address the dwindled public confidence in government intent about impact mitigation would have a major positive social impact to encourage disclosure of positive serostatus.

Only two PLWHA and six PABA were available for discussion.

4.2.1.1 Concerns for the Future.

These are mainly for the future of the children given the lack of compassionate support of relatives. It is noted that a lot of personal resources have been spent procuring "treatment" and test and consequently the domestic economic support has been largely depleted. This is also further compounded by the frequency of the illness.

"I am not sure what will happen if they come now only find out about the sickness and go ahead and gossip"

The same factors are at play when sero status remains undisclosed to family member, including spouse who eventually became infected also.

4.2.1.2 Special Needs of Children.

"Medical support. Good educational background- my eldest child is 17 yrs and in JSS 1. I don't pay for his school fees, the principal use to assist me. My mother takes care of the last two kids presently in private school."

4.2.1.3 Support for PLWHA and Children.

"Yes only FHI; Nobody is assisting me and no organization is assisting me in Jalingo."

Polio project was mentioned as supportive of orphan care by provision of skill acquisition opportunities

4.2.1.4 Opportunities in the community for OVC Care and Support.

"... the care is not adequate. Even an adult is finding it difficult to take care of his children not to talk of small child."

"There is no adequate care of orphans. The extended family system is finding it difficult to maintain themselves, talk less of adding an extra burden. ... Most of our people are living below poverty line."

4.2.1.5 Improvement of existing Sources and Support.

Formation of a network to improve resources mobilization was not thought as very effective.

"Yes, with organization assistance may be coming."

"No, making organization cannot help, although a lot of people have it but they keep to themselves, now if I disclose my condition no body will eat or even stay with me."

"There is no way we can maintain the organization. We are not aware that National Network exists. Forming the organization cannot help because of no curative drugs."

4.2.1.6. Community Attitudes towards PABA, PLWAS and their OVC.

"They often discriminate, now my friends, relations dissociate themselves. Most people who come to you come not because of pity or help but to spread the news. This attitude can extend even to our kids."

..... They will just withdraw their daughter; in fact there was a time my wife's grandmother insisted that she has to go for test."

7.1.6 Community Resources to Cater for OVC of PLWHA.

"Orphanage is not the best, though my relations can't take care of my children since they didn't take care of me."

"The Govt. too can't take care of children because of increase burden instead they should take care of the patients. I feel the uncles and grandparents can manage my children."

"In my own thinking, I'll like to suggest that if sewing machines are bought and some other skill acquisitions ... and if we who take care of these orphans are being trained on, we can be able to train these children on this trade, so that they can survive on it. Like the process of making cream, soap. It will be good if government can listen to our cry and send some who will come and train us in these things so that when we learn, we shall also train these orphans on how to make all these. I think it will be good to be on the helping side of orphans to teach them some trade that will help them".

4.2.2. COMMUNITY MEMBERS

4.2.2.1 Perception of orphans and vulnerable children:

The community regarded these as children who have *"lost both parents and are below 20 years of age. They are termed 'Jevoh jah' or 'Jahvoh' (pl) and are usually unable to fully cater for themselves. The children in need - 'Jahyula' include those whose parents are too poor to cater for them, as well as those handicapped or from very poor large-size family"*.

4.2.2.2. Care and Support for OVC:

The relatives do cater for the widows they inherit and the orphans by providing medical care, moral education and welfare. The extent to which these have strong holds in the community varies extensively, being influenced by socio-economic factors of the present times. Practices no longer in places that are desirable include the inculcation of respect for elders, regard for cultural values and parent care for children without discrimination.

4.2.2.3. OVC Needs/Problems in the community

In the community a lot of children are subjected to abject need for food, clothing, shelter, education, health care, lack emotional support and a domestic environment conducive to

youth growth and development. Further, the already trained orphans do not reciprocate the good done for them.

4.2.2.4. Family Assistance

The individual family supports the OVC through the payment of their school fees and provision of clothing, food and psychosocial support. The support could be improved through encouragement of the community cooperative association for recognition and better resource mobilization.

4.2.2.5. Community Assistance

Most communities do virtually nothing to help except for public-spirited individuals within the community, but the needed assistance could come by way community strategy meetings to influence and attract government financial support.

"the community has made a lot of effort but due to inadequacy of funds, these efforts have not been translated into successful impact on the community."

4.2.2.6. Personal Effort

Sacrifice is the watchword to enable assistance to the OVC, by way of feeding, clothing, and financial and psychosocial support.

4.2.2.7. Causes of Orphanhood:

Orphans and vulnerable children was said to be on the increase, at least in the last two years due to a number of factors including the birth of children out of wedlock, increasing divorce rate, abandonment of children, war, socio-ethnic and communal conflicts and other vices derived from poverty.

4.2.2.8. Perception of HIV/AIDS, Causes and Prevention

This is considered as a dreadful disease whose impact is being compounded by the denial and concealment by the infected thus contributing to the increase in the number of orphans. The orphans may be discriminated against where it is known that the parents died of HIV/AIDS; in most cases however, the orphans are given care and support as the community generally does not probe the cause of parental hence no grounds for stigmatization and discrimination.

4.2.2.9. Attitude towards Children of People living with HIV/AIDS

"They do not discriminate against the children of parent that died of HIV/AIDS."

"In our house, we have taken care of PLWA who later died in our house. Even with the children, the community is supportive."

4.2.2.10. Traditional inheritance patterns/practices:

The men practiced wife inheritance by one of the brother-relatives of the deceased husband as a way of keeping the nuclear family of the deceased intact within the same household.

"The children being property to be inherited, if many, are shared among the extended family members. Other properties of the deceased are shared among his surviving brothers and grown up children, usually the first son. The females are usually not considered in the inheritance process."

"The positive influence of religion on this inheritance process now provides for property to be shared among all the children of the deceased, as well as the relatives internalizing the responsibility to cater for the widow. Under the enabling widowhood environment, she now enjoys the option of remarrying after the mourning period and the refund of the dowry to the survivors."

"The brothers of the deceased manage the property and pass them on to the children of the deceased. Thing that cannot be shared are sold and the proceeds share among the children."

"Nowadays, some uncles are caring and would use the property of the deceased to care for the widow and her children."

"Others may take away every thing leaving nothing for the children and widow. The widow could be inherited if she does not disagree, however, after 39-40 days of mourning, she is free to remarry but the family would not let go of the children apart from the requirement that the new husband repays the dowry."

"Due to inadequate attention and care, some widows at times do go into commercial sex to enable them fend for themselves and their children."

4.2.2.11. Traditional Widowhood Practices

The widowed is normally expected to perform the burial rites of her late husband as it relates to her by a mourning process. The surviving brother or relations of the deceased hitherto compulsorily inherits the widow and children. Even where the widow is not inherited, the relatives catered for the children by providing them with farming skill acquisition. Some family members do inherit the widow and the property of the deceased but fail in care giving to the OVC.

The widow can also decide to remarry but the new husband would pay back the dowry initially paid on her.

The desirable assistance whose practice should continue includes the communal approach to orphan care, provision of health care and farm labor.

4.3.0. KEY INFORMANT INTERVIEWS

In Taraba 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.

4.3.1. Community Responses

4.3.1.1. Religious Leaders

Perception of Orphans

"In Islam, an orphan is a child between the ages of 0-17 years, who has lost his/her father. This is because the father is responsible for both mother and children. The death of the mother does not apply."

"The child who has lost either or both parents is regarded as an orphan but most particularly when the child has lost the father. The orphan is termed 'Jevo' in Mumuye and 'maraya' in Hausa. The vulnerable child is termed "Ja-kparem" meaning 'a child that is being suffered' (Mumuye). A substantial proportion of these OVC result from the death of parents diagnosed to have HIV/AIDS"

Care and Support

"The orphan is primarily taken care of by the mother or maternal relations. If the mother or maternal relations are unable to give care, then the relations of the father will undertake care giving. This applies to all Muslims in this community."

Occasionally, some do stay in the street as a result of refusal to accept discipline from (foster) parents.

Difficulties of OVC

"They face the problems of inheritance. Normally they are supposed to divide the father's property among the children, but this is not always the case. Only a few of such property get to them, so they suffer and consequently lack of enough feeding, clothing, education and medical attention etc."

Vulnerable Children:

In this community, a lot of children fall into this category termed "*yara marasa galihu*" (meaning 'children lacking support...') even children living with their parents. They are beggars, school drop outs, hawkers, child laborers, and child prostitutes as a result of

hardship, poverty, death, they are deprived of proper feeding, good shelter, clothing all the basic things of life.

Extended family burden

"They are trying their best, which is limited by the very fact of the need to support their own sibling. The support is in the form of food, clothing and medication, their care-giving capabilities being fully stretched, improvement may not come easy, in the face of acute economic hardship."

Increase in number of orphans

"There is a slight minimal positive change in the past two years and this is because people are dying frequently and leaving children behind."

Community Support for OVC

Corrective community effort for moral development, contribution of cash and food items for the medical and educational support of the OVC are some of the community response strategies. Subsidy on educational cost is one way government support could reach OVC, and for the religious bodies, the "*Sadaka*" (alms) would cushion the financial needs, while religious education would assist care givers to implement proper psychosocial support.

Perception of HIV/AIDS

"There is high perception of HIV/AIDS in this town but I do not know. It is present because we have people who have died as a result of it. In Hausa it is called "Kanjamau" meaning 'someone that is slimming.'"

"Ordinarily, we might not know, but medical people tell us that it is through sexual intercourse and unsterilized instruments. Prevention could be through proper sterilization of instruments before use, abstinence from casual sex. Husbands should stick to their wives; I do not subscribe to the use of condoms."

4.3.1.2. Traditional Leaders

Perception of Orphan hood

"A pure orphan in Mumuye perspective is a child who has lost its mother, since a mother is very important to a child, or one that has lost both parents; while an ordinary orphan is one who has lost his father".

The mother is available to still give all the necessary attention, albeit with little support from relatives. The age is usually up to 15 years to be regarded as an orphan, whereas in an extended consideration, may include 18-20 years age bracket.

Care and Support for OVC

"The grandparents of the child generally assume full responsibility of the pure orphan, while for the ordinary orphan the living parent takes charge. It is also possible that relations also give some form of care but this is not known to be as thorough as it is supposed to be in a home."

OVC Problems in the community

"I begin by saying first that every child is in need in this community, because the people are generally poor. They face difficulty in getting feeding, education, medical care, clothing, proper parental care and shelter. Here the orphans and all other children are in need, the only difference is that the orphans are worst hit by this difficulty."

Community effort in support of OVC

The yesteryears offered better support for these categories of children but not very much nowadays.

"The support is just enough to support growth, say up to 15-17 years when he /she is left to fend for oneself".

The present economic hardship faced by many families and households account for the thinning and lean resources for which the individual families have their own economic burden to address. The response ability of the extended family has also decrease due to "increase in the level of poverty." The kind of support that could be obtained from the government includes educational support, food, shelter and employment following training. From the community, it is expected that psychosocial support, food and clothing are support areas of benefit to the OVC and from religious bodies,

" support in feeding, moral upbringing, provision of medical care shelter etc are possible. The Catholic Mission has done a lot in these areas and I commend them for that. Government seems to have failed in these areas of duty, UBE being an example in this our immediate community".

Causes of Orphan hood:

"The number of orphans has greatly increased ...life expectancy has reduced from 60 to 40 years, there is a lot of diseases, increase in accident, natural disaster, wars, AIDS and harsh economic conditions. These factors cause more people to die than before leaving their children thus creating more orphans... Although there are no statistics to back these observation, the increase is not hidden, it is clearly seen".

Placement of OVC in the Community:

The orphans in this community hitherto live with their surviving parent, relatives, and extended family members or in some cases follow their friends sleeping from home to home. However, the emerging new dimension of the recent times is that these young boys (mainly) group themselves and live in some hideout called "*Temples*" or in some dark spots or uncompleted buildings. These have become easy hands as political thugs and in other nefarious activities in the community. They are not in school, are usually on the street, some with living parent(s), and some do come from neighboring villages into the 'city' of Zing. An Orphanage does not exist.

Vulnerable Children

A lot of out-of-school children who constitute themselves into a nuisance in the community, including the street children earlier mentioned and child laborers in the remotest of villages. These all need assistance.

Community effort to improve support to OVC

The community is not doing any thing now to improve the situation of the support possible. The lean resources of the impoverished community members have been overstretched by the existing needs of the household. Even where the traditional leader counsels the parent to ensure proper guidance and upbringing of the children, it is often said "*the children have gone out of hand and are left to God!*"

Recommendation

The most important things to be done for the community are:

- Education up university level and recovering the drop-outs back to school;
- Provision of Shelter, food and the development of Agricultural Skills;
- Job engagement for the skilled and unskilled hands.

4.3.1.3. School Teachers

Perception of Orphans and Vulnerable Children

Any person whose father/mother or both is dead, and nobody caters for them.

Community Plans (Assistance)

There is no assistance or plans from the community.

Care and Support for OVC

Inheritance is patrilineal so immediate relations of the father constitute the first line of care giving, followed by the Church organizations and government. The extended family still frowns at the drafting of a child to the orphanage suggestive of the fact that the care-giving capacity and willingness of the family is not yet depleted.

OVC problems in Community

They have difficulty with paying their school fees and buying school uniforms.

Increase in Orphanhood

There has not been an increase in the number of orphans being observed in the community; the few orphans in the community live with their guardians.

Vulnerable Children

Hawkers and child laborers abound and these largely live in their homes with their parents.

Community Support

The main support from the community is in the area of educational support by arrangement with the PTA of the school for any particular OVC to be assisted.

Community Support

- ❖ Government would need to provide educational support;
- ❖ Community should be mobilized to understand the situation of OVC and thereby provide.
- ❖ Government should assist further in waiving the OVC medical bills.

4.4.0. ORGANISATIONAL ASSESSMENTS

An *Organizational response and capability assessment* was conducted using structured closed and open-ended questions administered specifically to organizations with activities related to the issue under study. Such organizations included (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. The following are highlights of data collected.

4.4.1. NATIONAL COUNCIL FOR WELFARE OF DESTITUTES, TARABA STATE CHAPTER.

The National Council for Welfare of the Destitute in Taraba State was established in 1988 and located at office of the Hududullah Finance and Investment Company, No. 67 Barde Way Jalingo.

The NGO is coordinated by Alhaji (Dr.) Magaji, with the objective to cater for destitutes both young and adults, as well as orphans and children-in-need.

The Council has a constitution and a board of Trustees at the National level, which is chaired by Group Captain (Dr.) Usman Jibrin and Alhaji Siraj Abdulkarim as the Secretary General. (Listing of Board of Trustees –Annex IV).

The activities of the council include:

1. Assessment of the burden of destitute so as to improve their general welfare.
2. Care and Support to orphans and children in need.

The major beneficiaries of the programs of the council are orphans, children in need including the street children (the *Almajiris*). The work of the council is increasingly being made more difficult by the impact of the HIV/AIDS that has contributed to orphan hood situations and has also increased the numbers of children in need. There is a serious need to address the welfare of the children in this situation, because the destitute constitutes a menace to the society and also needed to be trained.

The Board usually meets monthly.

The Taraba State Chapter of the Council covers Taraba and Adamawa States and is both urban and rural based with about seventeen (17) staff most of whom are volunteers.

Sources of funds include:

1. Take off grant of N50,000,000 from the Federal Government of Nigeria.
2. Investments – Shares in Companies
3. Donations from Volunteers
4. “*Zakkat*” from Sharia States

The Council regards an orphan as *a child below age 15 years who has lost both parents especially the father*, while a child in need is said to be *a child whose parents are poor and cannot cater for him/her*.

Orphans and children in need are usually provided with food, clothing, and school fees where possible. The council does not have any legal instrument for this area of its activities but the need has been realized and it is being seriously considered.

Most programs of the council are not in place yet, due to funding and logistic problems, however the councils maintain linkages with State Ministries and Local Government departments to help orphans and children in need.

Lessons learned so far; the reality of the enormous numbers of orphans and children in need in the society and the government is not doing enough to address the issue. The capacity of the council requires strengthening particularly for the staff, and the needs for funding and logistics support were expressed.

4.4.2 UNITED METHODIST CHURCH IN NIGERIA (UMCN).

The UMCN is a faith-based organization established in 1921 to reach the inhabitants of the Muri Province of Nigeria with the gospel of Jesus Christ. The Head Office of the

church is located on the outskirts of Jalingo town along Jalingo–Numan road. Its contact address is: Post Office Box 155 Jalingo, Taraba State. Telephone Number 079 – 222605.

The objectives of the organization are to:

- 1) reach the *unreached* with the gospel of Jesus Christ;
- 2) provide healthcare services and
- 3) provide other humanitarian services to the unreached in their service areas.

The work of the organization is related to children in need and orphans. It is registered with the State Government and Corporate Affairs Commission, Abuja. Its activities are governed by a working document (Rules and Regulations) and a Constitution (a copy was sighted). The organization has a ten-member Board of Trustees chaired by Mr. Yuguda Kaigama with Mr. Sunday Maiyaki as Secretary. The board meets semi-annually (and as the need arises) and met last in December 2001.

A staff strength of over 300 delivers services to a catchment area that is mainly rural, with about 5 districts, well over 800 local church branches, and a membership of about 354,000 people.

The major sources of funding are through offerings, tithes, levies, donations and support from their sister Church in United States of America. The church budget for the year 2002 is N58 million as against N53 million budgeted for 2001.

The services provided by the organization include:

- Healthcare services through a network of maternity centers and a health center (including eye clinic) in Zing;
- Educational services;
- Rural development programmes;
- Agricultural development programmes;
- Technical training programmes;
- Literacy programmes and
- Orphanage facility with the capacity to cater for 100 children (male and female inclusive) and a multipurpose hall is under construction. As much as 150 orphans have been identified and 40 will be admitted on completion.

The primary beneficiaries of these programmes are the members of the church especially their children, and non-members of the church.

The work of the organization has been affected since the emergence of HIV/AIDS, which has left many children orphans and many women widows. The resulting increase in their support need led the church to the establishment of an orphanage in the church. Most of church workers are the clergies and a few laymen and women in various professions. A formal training scheme for the orphanage is yet to be formulated which is expected to graduate to the secondary school part of the programme of the church with the eventual employment of some graduates to serve in the establishment and others enabled for self-support.

The Church defined orphan as "*helpless children without parents whose ages are between 0 – 15 years*". While the orphanage is still under construction, the church has most of the orphans (including AIDS orphans) in the care-giving custody of their various district Pastors. The assistance being provided for them include food, clothing, educational support, health care and shelter. There is yet no legal instrument backing these services for children.

The activities of the organization are supervised and monitored on quarterly basis with performance evaluation at the end of the year. The church collaborates with the United Methodist Church in America and Germany and currently with FHI/Nigeria on STIs/HIV/AIDS awareness for its members. The contribution of the community to the programmes of the church is one percent.

The organization ensures the sustainability of her programmes through good planning and monitoring.

The lessons learnt have been the smiles on the faces of members of the community who in turn have accepted and supported the church programmes.

The areas of assistance include capacity building, equipment for their health care facilities and orphanage, and funding.

4.4.3. THE UMCN PARTNERSHIP WITH FHI/NIGERIA

Although the UMCN has a health centre in Zing, it is the church that is implementing the IMPACT Project of Family Health International. The Project is titled STIs/HIV/AIDS Intervention with UMCN in Jalingo and Gassol LGAs of Taraba State. The duration of the Project is from 1st July 2001 to 30th June, 2003. The total funding is about N77,318.

The major rationale for this partnership is due largely to the misconceptions about HIV/AIDS, which abound in the church and the level of stigmatization attached to HIV/AIDS within the church, which is probably worse than outside. Though the UMCN has an HIV/AIDS awareness programme in place but it is ill equipped, under staffed and under funded and was thereby not able to do much in the last 4 – 5 years of its establishment.

The Project beneficiaries are the clergy, members of the congregation of the UMCN in Jalingo and Gassol LGAs with an estimated population of about 40,000. The target audience is reached through integration of HIV/AIDS activities into regular and on-going programmes of the church.

Activities of the project concentrate on advocacy and sensitization visits, capacity building for project staff, integration of HIV/AIDS education into regular and special church events. Activities for the second year will focus on increasing the number of charge-based HIV/AIDS educators within the 21 charges and 10 sub-charges and

institutionalization of HIV/AIDS into the curriculum for Banyani Theological Seminary; Kakulu Bible Institute. Zing and Didango Bible School. Didango in Lau LGA.

The goal of the project is primarily to raise awareness about the prevention of STIs/HIV/AIDS among clergymen and women and youth in the UMCN in Taraba State.

The strategies include:

- (a) Advocacy for church leaders;
- (b) Capacity building
- (c) Charge-based STIs/HIV/AIDS education;
- (d) Integration of STIs/HIV/AIDS education into training curricula of Theological Bible Colleges and
- (e) Networking

There is also a monitoring and evaluation plan incorporated into the Project design, which will enable the review of progress made by the implementation of the STI/HIV/AIDS intervention with the church in Jalingo and Gassol LGAs.

4.4.4. FEDERATION OF MUSLIM WOMEN ASSOCIATION IN NIGERIA (FOMWAN) TARABA STATE CHAPTER

Federation of Muslim Women Association in Nigeria (FOMWAN) is located at Angwar Gadi, Jalingo Taraba State. It was established in 1997 as a charitable religious organization, with Mohammed Bello as the State Coordinator.

It is registered with the Corporate Affairs Commission, has a Constitution, a President and a Board of Trustees, which meets monthly with the last meeting held in January 2002. The current staff strength is twenty one (see Annex V).

The objectives of the organization are:

- To operate nursery, primary and secondary schools and orphanages
- To operate widows Islamiyya classes, a Quaranic center and self-reliance jobs trainings;
- To operate basic primary health care units, maternity clinics and to give charity donations to the disabled and orphans.
- Actively involved in all forms of public enlightenment campaigns that are not against Islamic laws.
- Encourages all of its affiliate bodies to establish adult literacy classes, nursery, primary, secondary levels, orphanage, Widows' forum and Quaranic centers.
- Organize lectures for women and girls in institutions on HIV/AIDS, river blindness, vaccinations, etc.
- Organizes open-air lectures and educational workshops.

The organization focuses on children in need and orphans.

The source of funding includes:

1. Donations from NGOs and faith-based organizations.
2. Investments
3. School fees

The catchment area is the entire Taraba State, both urban and rural with services delivery to all members of the community especially women and children. HIV/AIDS has changed the scope of work of the organization, since there are now more orphans to cater for and some of the organization's staff are also affected. More time now has to be devoted to teaching more lessons about HIV/AIDS. There was an expressed need to address the care and support needs of children in the locality because of the increasing number of children in needs and orphans leading to more street-children and beggars.

The organization responds to the needs of orphans and children in need with its trained teachers and nurses.

An **Orphan** is defined as a child below the age of 15 years who has lost both parents, while a **child in need** is one that cannot be catered for by the parents, though alive.

The organization is currently assisting orphans and children in needs with food, clothing, school fees, health care and shelter, but for now has no access to legal instrument for services delivered. FOMWAN is planning to establish an orphanage, which will care for orphans from year 0 to a maximum of 18 years; by which time the children should have had enough education or training to fend for themselves.

The programme and activities of the organization are closely supervised.

The organization has linkages with

- (a) Rural Education Foundation
- (b) Women Christian Association and
- (c) International Islamic Organization

The community occasionally provides some funds and equipment to the organization thereby ensuring program sustainability, based on good accounting practices and stringent monitoring.

Some of the lessons learnt by the organization include the increasing burdens of orphans needing care and support, which is challenging and the lean human and material resources on ground to cater for them.

The organization cited the following as areas where assistance is needed:

- (a) Funding
- (b) Capacity building and
- (c) Provision of educational equipment

4.4.5. CHILDREN EVANGELISM MINISTRY (CEM) INCORPORATED TARABA STATE BRANCH. JALINGO

The Ministry is a non-denominational, non-sectarian, children Christian missionary organization. In Taraba State, the office is located in Magani, behind Magani Housing Estate, Jalingo with contact address as follows: Post Office Box 496 Jalingo, Taraba State.

It was formally inaugurated in 1979, the International year of the Child (IYC) at the Lagos University Teaching Hospital (LUTH) Idi-Araba, Nigeria, under the name "Operation Reach the Child Campaign" and incorporated in Nigeria on May 10, 1985.

The motto of the organization is *"Train up a child now as a solid foundation for a better tomorrow"*

It is fully committed to the total development and welfare of the child. It focuses on correcting the neglect of children and positive societal change towards the children. It also works to protect the fundamental rights of the child. CEM believes that the child should be developed in a holistic manner.

The Ministry has a Board of Trustees and Constitution with which it was registered at CAC, Abuja.

The four-fold aim of the Ministry is to train up the child to grow in four important dimensions (Ref. St. Luke 2: 52).

- (a) Mentally—through the establishment of Christian School called Total Child Schools.
- (b) Physically – by promoting sound health through health programmes;
- (c) Socially – through proper socialization of the children in the society in order to curb juvenile delinquency, social vices and societal mal-adjustment of the child;
- (d) Spiritually – through training of Christian parents and others on how to lead children to Christ.

The Children Evangelism Ministry has branches in all the States of the Federal Republic of Nigeria and headquarters in Ilorin, Kwara State, Nigeria.

The programmes of the Ministry are being carried out presently in Jalingo, Wukari and Bali LGAs. Extension plans are underway to Zing, Lau, Sardauna, Donga and Takum LGAs in 2002. At the State level, the works of the Ministry are being enhanced by a networking of Board of Patrons.

The Ministry is supported by offerings, pledges, gifts and donations from individuals, churches, fellowships and public spirited organizations. It also operates a programme that gives the people the opportunity to invest time, talent, money and other resources into this most neglected area of interest – children. The 2002 budget is N1,560,000.00.

The Ministry is led by a Coordinator fully supported by a team of children workers of various professional background that make up the State Executive Council. two (2) full time staff and about 50 part-time and volunteers workers as well as collaboration with the NYSC. The Executive council meets monthly.

The Ministry has eight major programmes each headed by a Director and team officials with relevant comparative competence in the programme area. These programmes and their goals are highlighted below:

- (a) Qualitative Education – the goal is to raise Christ-centered and intellectually developed children to influence the society. The projects are to organise and run total child schools (Nursery/Primary/Secondary) and other formal and informal learning centers.
- (b) Healthcare – the goal is to cater for the physical wellbeing of the child among the neglected or *unreached* people groups. The projects are health care campaign through seminars/workshops, which include HIV/AIDS mobile clinics and total Child Health Centers and Hospitals.
- (c) Social Welfare – the goal is to partnership with other organizations to provide for the children’s neglected basic needs in order to help them fit into the society. These are done through identifying and visiting ready children; establishing counseling and welfare centers for them; promoting welfare programmes and aids handicapped and motherless babies and education of refugee children and
- (d) Research and literature development – the goal is to produce and distribute adequate teaching and reading materials to meet the physical, social, mental and spiritual needs of the child, and to equip the adult for the children Ministry.
- (e) Resource Mobilisation – the goal is to source for sustainable resources for execution of CEM programmes and maintenance of staff.
- (f) Mission – the goal is to send missionaries to places where children have not been effectively reached with the gospel of Jesus Christ.
- (g) Evangelism – the goal is to reach children with the gospel of Jesus Christ.
- (h) Organisational development – the goal is to have all human and material resources well developed to facilitate dynamism and progress.

It was stated that most of the beneficiaries of the programmes are children and some times their parents/guardians. HIV has not affected the work of reaching children significantly in Taraba State since the focus has been of the spiritual. Even though HIV has not affected the work tremendously, the Ministry has noticed an increase in the need to address the well being of children in the focus areas. This has been seen in the “Feed the Hungry Child” programme in the rural areas. As a result, the Ministry will be interested in working with children in need or orphans. The Ministry has no orphanage in Taraba State, but supports orphans and children in need through the provision of food, clothing, school fees (scholarship) and health care. the frequency of these assistance depends on availability of funds.

The Ministry monitors and evaluates its activities quarterly and annually using its monitoring indicators. The Ministry is working with churches, governments and other bodies committed to the development and survival of the child (e.g. UNICEF).

The activities of the Ministry can be sustained through adequate funding, partnership and commitments on the part of every children worker.

The lessons learnt by the Ministry can be summed up in two folds; spiritual advancement and mental/physical development of the children. The Lord has added to the number children as many as to be saved and through other programmes of the Ministry, the children have increased in knowledge and wisdom.

The areas where the Ministry cited that it may require assistance are basically: improved funding, technical support, capacity building for staff and logistics support.

4.4.6. ST. MONICA'S HEALTH CENTRE, YAKOKO

The Health center is a non-profit organization established in 1968, managed by some Franciscan Missionary sisters for the Catholic Diocese of Jalingo and supported by a team of trained staff and paramedics with a capacity of 42 beds. The center provides health care services based on Catholic medical ethics to all people irrespective of creed, race or means. Although the center has no medical/surgical doctors on ground, the utilization rate is high with 100% bed occupancy most times.

Since the first reported case of AIDS in 1986, the centre has focused on care for the PLWHA based on their belief that "*AIDS is a disease of love not fear, therefore show them love*". The center provides comprehensive care (medical, social, psychological and spiritual) and support to all their patients, with complementary home-based care.

The center is implementing the IMPACT project with FHI/Nigeria. The duration of the project is three (3) years i.e. 1st July, 2001 to 30th June, 2003. The project being implemented by the center through the funding from Family Health International is HOSPITAL & COMMUNITY HOME-BASED CARE FOR PLWHA. The project will promote "*improved HIV/AIDS prevention and impact mitigation*". The goal of the project is to improve facility-based care and provide community home-based care for the PLWHA in rural communities of Zing, Gassol and Jalingo LGAs of Taraba State.

The project is managed by the Sisters and a full time Project Coordinator with the following strategies:

- (a) Advocacy
- (b) Community mobilization
- (c) Promotion of information, education and communication
- (d) Community home-based care and support
- (e) Capacity building and
- (f) Peer Counseling

The activities to be undertaken within the duration of the project are:

- (a) Establishment of Project Management Committee (PMC)
- (b) Establishment of Project Advisory Committee (PAC)
- (c) Procurement of Audio Visual Aids and office equipment:
- (d) Formative research;
- (e) Advocacy visits/sensitization for community leaders
- (f) Adoption and procurements of training materials
- (g) Production and distribution of IEC materials
- (h) Training of Diocesan Nurses and laboratory personnel as counselors
- (i) Training of Community Health Extension Workers (CHEWS) in counseling and palliative home-based care
- (j) Training of community based volunteers on palliative/home based care;
- (k) Community mobilization
- (l) Training
- (m) Special events
- (n) PLWHA support group established
- (o) Collaboration with IMPACT and other Non-IMPACT NGOs; and
- (p) Grassroots mass media campaign

Monitoring indicators in the project document is provided to enable adequate and timely implementation, monitoring and evaluation of the project.

4.4.7. POLIO PROJECT CENTRE, YAKOKO

The Polio Centre came into being in 1981 as a result of the needs which the disabled people (particularly children) were confronted within the region of Yakoko and its environments. This was during the missionary work of Rev. Sister Finbarr Clancy (FMDM). It is a self-supported, charitable and religious organization with contact as Post Office Box No. 3, Zing, Taraba State.

The objectives of the center are to:

- (a) make physically handicapped people self reliant
- (b) provide medical care for the physically handicapped
- (c) provide skill acquisition/vocational training for them, and
- (d) make them literate

The center has no orphans but does cater to children in difficult circumstances who are disabled. It takes in also adults who are physically handicapped and ready to be rehabilitated. It admits blind children and adults for literacy training. The center presently accommodates some of the handicapped while a larger proportion stays in their homes. Through the center many have been reintegrated into their families as useful assets, as a result the center has earned awards from Rotary International for concerns for the disabled children in need and for outstanding vocational development for the handicapped.

Admission into the Polio Project Center is based on criteria including:

(i) honesty at all times (ii) respect for staff and each other (iii) willingness to learn and appreciate (iv) diligence and dedication and (v) Care of teaching aids/instruments in their custody

The centre has no constitution or any working document but is guided by the Catholic faith belief of the incumbent Chief Executive. There are no plans to develop any for the center and this might not be unconnected with the idea that it is an individual effort solely managed by Sister Finbarr Clancy with only advises from the Catholic Church. It is not officially registered with either the State or Local Governments but these arms of governments are aware of its existence. It is only registered with the Catholic Church in Jalingo Diocese and Rotary International from whom the centre received an assistance of a bus.

The staff strength presently is ten of which the salaries of four are being paid by Zing Local Government Council while the remaining six are being paid by the centre. The background of the staff varies from training certificates in home economics, grade two teachers' certificates; secondary school certificates and a training certificate in typewriting. In order to enhance their productivity, they do undertake some on-the-job training to perfect their skills while others go on short-term courses. Recently, staff member was admitted at the NKST school of Nursing MKAR (Benue State) to undertake a course in physiotherapy and the typist is undergoing a computer training to update knowledge in information technology in Yola. The Rev. Sister handles the administration of the centre.

The source of funds is mainly through the sales of clothes and crafts made by the disabled students, from friends, Rev. Sister's family, Zing LGA and well wishers. The service areas include Kainji (Niger State), Bauchi (Bauchi State), Numan, Sugu, Bazza, Yola (Adamawa State), Wukari, Garbe dede, Sabon Gida Takai, Jalingo, including the immediate environs of (Yakoko, Monkin, Zing, etc Taraba State).

The services include :

- Provision of skill acquisition,
- Literacy education,
- Medical intervention for Polio-myelitis children (through surgical operations where possible at NKST Hospital Mkar, Benue State and Evangel Hospital Jos, Plateau State.

The primary beneficiaries have been the handicapped.

Since the project focuses on disabled cases. the center is of the opinion that HIV/AIDS has not affected the work of all. The centre has enormous responsibilities to handle restricted to children in need, particularly the handicapped and as such there is no orphanage. The centre believes that children who parents are not able to cater for their basic needs due to their disabilities which will include economic, social and physical, are vulnerable children e.g. the handicapped in Yakoko environs. Those that have *lost both parents and are aged 0 to 18 years are orphans*. There are about 300 handicapped children in need in these

communities. In this centre there has not been records of the beneficiaries since inception but presently there are 18 who are currently undergoing training in the centre or are being supported in other schools. The assistance ranges from payment of school fees and books (8 in secondary schools), health care, food, clothing and shelter (dormitory for the students (trainees).

The centre has no legal services for the children but plans to engage the services of a legal practitioner in the near future. There are no contribution from the community whatsoever, that is not to say they are not appreciative for the services of the centre.

The centre measures performance and evaluation through its success stories. *“When a disabled will come to the centre crawling and go back to their families on wheelchairs or have their disabilities rectified through expensive surgical operations including when they can read and write and acquire skills to be self reliant”.*

The one factor that might affect the sustainability of the centre is funding. Also, being an individual effort with the Rev. Sister about 75 years old, a young successor from among the staffers to sustain the vision is imperative for the centre.

Finally, the centre identified the need for assistance in the following areas:

- (a) Funding, to cover all medical care (surgical operations and wheelchairs) and administrative/logistic expenses.
- (b) Skill acquisition tools and materials.

4.4.8 MURI EMIRATE COUNCIL CHAPTER OF JAMAATIL NASIL ISLAM

The Muri Emirate Council in Taraba State established the organization in 1988 as a community-based organization registered with the Corporate Affairs Commission, Abuja. It can be reached through Post Office Box 001 Jalingo, Taraba State and Telephone No: 079 – 222181.

The objectives of the organization are:

- (i) Provision of education to children within the emirate;
- (ii) Provision of basic health care
- (iii) Promotion of agricultural production; and
- (iv) Take care of children in need and orphans

The organisation has a Constitution with some modifications to suit the local chapter. The chapter has a board of trustees with nine members. The Emir of Muri, Alahi Abbas N. Tafida, chairs the chapter with Secretary as Alhaji Usman Gassol. The board met last on the 22nd January 2002. The organization has no full time staff but uses the services of volunteers who are health workers, social workers and teachers and first aid group. The sources of funding include personal donations from wealthy individual within the society and *Zakat* (alms giving). The budget for 2002 is N7 million derivable from agricultural production.

The service areas include eight Local Government Area (Jalingo, Lau, Karim Lamido, Yorro, Zing, Gassol, Ardo Kola and Bali) which constitutes about 75% of Taraba State population. The beneficiaries include *"all the people within the emirate especially children, orphans, handicapped and widows"*.

The high prevalence of HIV in the society due to the socio cultural practices of the people within the emirate, has changed the work of the organization. The organization believes that there are a lot of sick children and orphans whose parents have died as a result of HIV/AIDS. The number of children in need has risen because of short life span, communal clashes, poverty etc. Therefore, the organisation expresses fear of turning out high number of beggars in the long run if care and support are not being given to these orphans and children in need. The organisation's perception of an orphan is that *"an orphan is a child who is less than 13 years without father or no biological relation that take care of his/her responsibility"*.

There are over 1000 orphans who are being taken care of by the chapter, even though they have a target of 3000 orphans to be fostered. These orphans are not institutionalized but stayed with their relations and in the Emir's Palace. The orphans are being coordinated through the traditional system of the emirate. The assistance provided include food; clothing, school fees and uniforms, health care and shelter. The activities are closely supervised considering the discipline existing in the traditional system.

The organization has linkages with International Islamic Relief Organisation (IIRO), which takes care of approximately 80 orphans. The contributions from the community include donations and volunteerism. Sustainability is ensured through increased investments and agricultural productivity.

The lessons learnt are the enormity and reality of support needs of orphans and the high expectations of meeting them. The areas of assistance cited include the maintenance of the existing agricultural machinery, provision of health care and education.

4.4.9. THE INTERNATIONAL ISLAMIC RELIEF ORGANISATION (IIRO)

The International Islamic Relief Organisation (IIRO) has been in collaboration with FHI in the implementation of the FHI/IMPACT Project.

The activities of IIRO include general Health care delivery with a unit that focuses mainly on orphan care programme. It operates the ISHAN Hospital as a private facility. It also collaborates with the State AIDS Control Programme of the Ministry of Health in executing such activities as:

- Low-cost HIV Screening and Blood Safety;
- Awareness Creation among the populace;
- Training of Health care workers;
- Provision of free clinical care to PLWHA and;

- Facilitating input from other sectors/ministries.

A formal organisational assessment of IRO was not done at the time of the assessment due to internal management problems of the organisation, which has caused the dwindling of project staff to the point where the project linkage with FHI/IMPACT appeared highly fractured. At the time of the assessment, the future of the FHI-IRO collaboration, the management framework of the IMPACT Project and the ISHAN Hospital Management was rather uncertain.

5.0 OBSERVATIONS

- The faith based organizations are taking the lead in HIV/AIDS care and support and with a little more capacity building support, they are likely to play a more important role in OVC, especially in getting community to take personal responsibility.
- The high level of denial in the state could be minimized if the Government gets more involved at high level with HIV/AIDS awareness campaigns.
- The community has shown readiness and willingness to be sensitized and mobilized and also acknowledge the interplay of factors in driving HIV/AIDS among her population.
- If people are empowered through skill trainings and support to improve their economic status, they are more likely to support OVC in their communities.

Constraints/Challenges

- Adapting the hours of work to the local requirements at the great inconvenience of the Research Assistants, affected the daily output, deployment of the team members and generally depleted the available hours of fieldwork.
- The quality of the available human resources as RAs was a bit low and therefore an added strain on supervision for adequate delivery.
- The absence of such fundamental issues as raising awareness and enlightenment made penetration into the community a bit difficult and slow.
- The present lack of any form of government programme structure on ground may prove burdensome to programme implementation by FHI and IAs in the near future.
- The human and material resources on ground at the FHI Field Office are thin to cope with the volume of assistance being presently delivered to Taraba State.

6.0 LESSONS LEARNT

- Adequate understanding of the socio-cultural setting of the target sample areas is important and necessary to determine the appropriateness of approaches to the Assessment process.
- The status of matrimonial relationships and large sib ship positively contributed to numbers of vulnerable children.
- Awareness to initiate OVC-supporting programmes is very high among faith-based organizations, most of which have a predilection for community-based OVC activities.
- The continuing high levels of concealment and denial, preponderant among PLWA, cast doubts on the present prevalence rates of the state, suggest a high level of public stigmatization and discrimination, and consequently underlines the gaps in community awareness education.
- Adequate information on Care and Support, where provided to PLWHA, would be added benefit to psychosocial support.
- Tremendous opportunities and potentials exist within the State for community-based income generating activities in support of caregiver economic base.
- The activities of the CBOs and NGOs complement those of the extended family safety net as the primary caregivers among the community.
- Local staffs of the National Population Commission (NPC) have proven useful associates in their role on the assignment and their continued participation is recommended.
- Local community guides are indispensable partners for programme activities.

7.0. RECOMMENDATIONS

- Taraba State is still very much of a virgin ground for the OVC challenges. FHI should accelerate collaboration with CBOs/NGOs and take advantage of the non-formal structure of some operational CBOs while scaling up its response strategy and OVC activities in the State especially for capacity building and strengthening.
- The prevalence rate in Taraba State is still indeterminate and effort should be made to harness local resources for a more realistic prevalence survey.
- A massive awareness raising campaign and mobilization at the highest level is required in the State to further break discrimination, concealment and stigmatization in the public and community at large.
- The Taraba SACA should accelerate the implementation of the HEAP, with special emphasis on the introduction of ARVs in the appropriate facilities within the state.
- The establishment of orphanages in the state may add value to Care and Support activities for OVC in selected communities.
- Increase the awareness campaign on HIV/AIDS.
- In selecting NGOs for inclusion in the OVC Care and Support programme, further in depth assessment of activities, commitment and relevance of the focus of the NGOs activities to OVC should be carried out by FHI.

- Exploration of avenues to reduce concealment and the eventual improvement of PLWA participation in programme activities should be treated with utmost urgency.
- SACA should urgently and effectively mobilize sectors, particularly the Education, Information and Social Welfare sectors, for adequate Prevention, Care and Support activities at all levels of the community.
- Urgent action should be taken to improve the education of PLWA on positive living and reduction of denial.
- The prospects and potentials of micro financing as a strategy for sustaining community-based intervention for OVC should be explored as soon as possible.
- The appropriate authorities should expedite action in formulating many lacking policies and relevant legislation in the various areas concerning the rights of women and children.
- The formation of community cooperative to enable attraction of government support.
- The Traditional practice of orphan sharing would be beneficial if reintroduced.

ANNEXURES

LIST OF CONTACT PERSONS/ ORGANIZATIONS IN TARABA STATE

(1) LINE MINISTRIES

<u>Organization</u>	<u>Contact Person</u>	<u>Designation</u>
• Ministry of Health	Dr. Philip D. Duwe Dr. Hamid Mohammed Dr. Saley Aji	Hon Commissioner Permanent Secretary Director, PHS
• Ministry of Education	Pharm. Danbaba Suntai Alh. Tsoho Garbabi	Hon. Commissioner Permanent Secretary
• Department of Women Affairs and Child Development.	Ms. Virginia Baba Bambur	Special Adviser
• Ministry of Information Youth and Social Development	Mr. D.D. Danjuma Mr. Job Dunri. Mr. Levi Kangla	Director, Social Welfare Prin. Soc. Welfare Officer Prin. Soc. Welfare Officer

(II) ORGANISATIONAL ASSESSMENTS

<u>Organization</u>	<u>Contact Person</u>	<u>Designation</u>
• United Methodist Church in Nigeria (UMCN)	Rev. Samuel M. Sule	Director, Ministries
• Muri Emirate Council Chapter of Jamaatil Nasril Islam	Alh. Abbas N. Tafida	Emire of Muri
• National Council for Welfare of Destitute Taraba State Chapter	Dr. Yusuf Magaji	Coordinator
• International Islamic Relief Organisation (IIRO)	Dr. Umar A.U.	Medical Director
• Federation of Muslim Women Association in Nigeria.	Mohammed Bello	State Coordinator
• Children Evangelism Ministry Inc. Taraba State Branch.	Sylvester V. Danjuma	State Coordinator
• St. Monica's Health Centre. Yakoko.	Sr. Helena Mc Evilly	Chief Matron
• Polio Project Centre. Yakoko	Sr. Finbarr Clancy	Project Manager

(III) LIST OF KEY INFORMANTS

A) Jalingo

- Alhaji Aliyu - Community Leader. Ajiyan Muri
- Mallam Abubakar - Religious Leader (Muslim)
- Rev. Fr. James Vonti - Religious Leader (Christian)
- Mal. Jauro Aliyu Jasa - Community Leader (Mayo-Gwoi)
- Mr. M. Kefas Munga - Principal, FGGC Jalingo
- Mrs. Aishatu Abubakar - Head Mistress, Low Cost Primary School, Jalingo
- Dr. E. D. Ekanem - Chairman, MAC,
Federal Medical Center, Jalingo
Soc. Welfare Dept. Fed. Med. Center, Jalingo
- Mr. Sabiu Ismaila - Federal Medical Center, Jalingo
- Dr. Kingsley - Specialist Hospital, Jalingo
- Dr. Shanka - CNO, Specialist Hospital, Jalingo
- Mrs. Jumai Daworga - HOD, Lab. Dept., Specialist Hospital, Jalingo.
- Mr. Godwin Nnadi.

B) Zing

- Alh. Abbas I. Sambo - Kpanti Zing, Traditional Ruler
- Mr. Ambrose Satoribi. - Community Leader, Zing
- Pastor James B. Zunte. - Christian Leader, Deeper Life Bible Church, Zing.
- Mal. Abdulhamid Isa. - Muslim Leader, Izala Mosque Zing
- Mr. Dibab James Bala. - Principal, Government Vocational Training Center, Zing.
- Mrs. Esther Nyasore. - Headmistress, Model Primary School, Zing
- Dr. Chuck Arnett - Medical Director, UMCN Health Center, Zing
- Dr. Mark K. - Principal, Medical Officer, General Hospital Zing
- Mr. Tunde Olapade - Medical Laboratory Scientist, General Hospital, Zing
- - Nurse, General Hospital, Zing.

ANNEX IV

BOARD OF TRUSTEES OF THE NATIONAL COUNCIL FOR WELFARE OF DESTITUTES

A. NATIONAL BOARD OF TRUSTEES

1. Group Cap (Dr.) Usman Jibril
2. Alh. Isah Okeke
3. Just. Abdulquadri Orire
4. Sheikh Naibi S. Nali
5. Alh. Zubair Jibril
6. Prof. Shehu Galadanci
7. Bello Aliyu
8. Alh. Suleiman A. Makarfi
9. M. Umaru Nafizi
10. Dr. Halima Adamu
11. Alhaji Yusuf Yagboyaju
12. Alhaji Siraj Abdulkarim - Secretary General
13. Mal. _____ - Assistant Secretary General

B. TARABA STATE BOARD OF TRUSTEES

1. Dr. Yusuf Magaji
2. Abubakar Bukar
3. Ibrahim Ambo
4. Yanko D. Boron
5. Sa'idamu Lawal
6. Qasi Abdulmumin A.
7. Modigbo Mohammed Mammud
8. Ahmed Imam
9. Abubakar Kabri
10. Mohammed Gidado Bawi - Secretary

C. SUPERVISORS

Northern	-	Alhaji Abubakar Bappa	(Ardo-Kola, Jal. Yorro. Zing)
Northern	-	Musa Haruna	Karim.
Central	-	Habibu Abubam	Bali, Gassol.
Central	-	Ahmed Imam	Gashakar, Sardauna
Southern	-	Musa Abdullahi	Donadi, Ibi, Wukari.

D. Contact Addresses:

National Headquarters:
4th Floor Taruki House,
NNDC Building,
P.O. Box 9054,
Kaduna.

Taraba State Headquarters:
No. 67 Barde Way,
P. O. Box 668
Tel: 079 - 22 32 03.

ANNEX V

FEDERATION OF MOSLEM WOMENS ASSOCIATION OF NIGERIA (FOMWAN) TARABA STATE CHAPTER

LIST OF PERMANENT STAFF

- | | | |
|----|----------------------|-----------------------------------|
| 1. | Mohammed B. Hammajam | (Coordinator/Headmaster Al-Qalam) |
| 2. | Mohammad Bello | (Teacher) |
| 3. | Maryam Mohammad Jika | (Teacher) |
| 4. | Maimuna Ahmad | (Teacher) |
| 5. | Hajiya Amina Usman | (Teacher) |
| 6. | Huzaira Ahmad | (Teacher) |
| 7. | Ibrahim Isa | (Security) |
| 8. | Asmau Abdullahi | (Matron) |
| 9. | Mallam Hassan Usman | (Messenger) |

LIST OF PART TIME STAFF

- | | | |
|----|------------------------------|------------------------------|
| 1. | Mallam Abubakar Bappa Waziri | (Preacher) |
| 2. | Mallam Ishiyaku Abdulhamid | |
| 3. | Zainab Aliyu | |
| 4. | Fatima Adamu | (Secretary) |
| 5. | Ummul Ismaila Aguaru | (G.S.A. I. Studies, Jalingo) |
| 6. | Ahmad Yusuf | (College of Agric Jalingo) |

LIST OF VOLUNTARY STAFF

- | | | |
|----|--|--|
| 1. | Alh. Mohammad Badamasi Aliyu | (Adviser on Education) |
| 2. | Hajiya Hauwa Yerima | (i/c Orphans and Orphanage) |
| 3. | Zainab T. Kishimi | (i/c Enlightenment Campaigns) |
| 4. | Mallam Ahmad Dikki | (i/c Orphans and Orphanage welfare) |
| 5. | Mallam Mohammad I. Dalibi | (i/c Orphans and Orphanage welfare) |
| 6. | Madam Saadatu Abubakar Sadiq
Jalingo) | (Rural Educational Foundation,
Jalingo) |

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