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

**Abakaliki and Ezza South
Local Government Areas,
Ebonyi State, Nigeria**

SUMMARY REPORT
December 2001

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
FHI	Family Health International
FGD	Focus Group Discussions
FMOH	Federal Ministry of Health
HIV	Human Immunodeficiency Virus
HBC	Home Based Care
HHO	Humane Health Organization
IAs	Implementing Agencies
IIRO	International Islamic Relief Organization
IMCI	Integrated Management of Childhood Illnesses
IMPACT	Implementing HIV/AIDS Prevention and Control
LGA	Local Government Area
LHC	Living Hope Care
MTCT	Mother To Child Transmission
NAA	National AIDS Alliance
NACA	National Action Committee on AIDS
NASCP	National AIDS/STD Control Program
NGO	Non-Governmental Organization
OVC	Orphans and other Vulnerable Children
PABA	People Affected By AIDS
PLWHA	People Living With HIV/AIDS
SFH	Society for Family Health
SMLAS	Safe Motherhood Ladies Association
STD	Sexually Transmitted Diseases
SWAAN	Society for Women and AIDS in Africa Nigeria
SAWOR	Save the World Organization
VCT	Voluntary Counseling and Testing

1.1 INTRODUCTION

1.2 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 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.

2.0. BACKGROUND: EBONYI STATE

Ebonyi State, with its capital as Abakaliki, is one of the youngest States in the Federation. It was created out of the old Abia and Enugu states on October 1 1996. It shares a boundary with Benue State in the North, in the South with Abia State, in the East with Cross River State and in the West by Enugu State.

The land mass is approximately 5,935 square kilometers and lies within the rain forest and derived savanna belt of the southeast of Nigeria. The topography lies within the limits of rain forest altitudes. There are rivers that run through the LGAs and the multiple swamps of the terrain of its lowland lend itself to the rich agricultural potentials of the state, which includes Rice, Oil Palm, Cassava, etc.

The geology of the state is underlain by basement rock formation, depriving it of adequate ground water resources while being richly endowed with tremendous solid mineral deposits of immense economic value, such as limestone, lead, salt, coal, bitumen among others and rich liquid mineral deposits of crude oil.

Ebonyi State with approximately 1.8 million people, is made up about 5 ethno-cultural groups namely: *Ezza*, *Izzi*, *Ikwo*, *Ehugbo*, and *Edda*. These groups are unevenly distributed across the initial 13 LGAs, recently brought to 34 through a democratic PDP-led government of Dr. Sam Egwu.

A 192-kilometer road links 8 to 13 LGAs while an additional 480 kilometers are being constructed throughout the 13 LGAs to enhance movement within the predominantly rural settlements of the state.

The Ebonyi community has a relatively a high adult illiteracy rate – the highest within the South East geopolitical zone and until recently, the lowest level of school enrollment in the region. Yet, primary School enrolment has doubled since 1999 from a low of 246,000, while Secondary School enrolment soared from 46,000 to 125, 000. Over the same period human resources development for this sector, as well as funding, rehabilitation, reconstruction and up grading of the infrastructure, has been tremendously improved.

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 literacy. Diseases of major public health importance such as guinea worm, river blindness, malaria, abound in the state, while immunization coverage is undesirably low. The mobile health care programme, free ante- and post-natal services and improved funding are some of the response strategies the state has adopted to improve its health care delivery.

4.0. 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.

The Honorable Commissioners and Permanent Secretaries in four Ministries directly connected with the general welfare of children and with orphans and vulnerable children in particular, namely, Education, Health, Women Affairs and Youth were interviewed. The views expressed across the different ministries were very similar so much so that the official perspective in a Ministry, without loss of vital facts, are representative of the views of officials in other ministries although a few Ministry-specific views were recorded.

Meaning of Orphan in the State

The officials described an orphan as a child between 0-18 years who has lost both parents. Where one parent is alive or where the child has lost both parents but is over 18 years, such a person is neither an orphan nor a child. Concern was generally expressed for children who, due to other social or economic circumstances such as poverty, large numbers of children than a parent could adequately cater for, were in worse situation than some orphans. These according to those interviewed are vulnerable children of which they maintained are many around the state, especially in the urban centers like Abakaliki. More specifically the following were cited as groups of children who constitute vulnerable children in the State: child hawkers, abandoned children, street children, child laborers in rice mills, quarries, farms (rice transplinters, and cattle rearers) house helpers and child sex workers.

The consensus of opinion is that the HIV/AIDS pandemic has obviously increased the number of orphans in the state considering the HIV/AIDS prevalence. The HIV statistics were regrettably not available and thought to be difficult to collect due to wide spread denial among the people and concealment of HIV/AIDS as cause of death of family member(s). Other causes such as poisoning, "juju" and witchcraft were blamed for deaths as a device to avoid the resultant social stigma associated with HIV/AIDS families.

Orphans and other Vulnerable Children - Their Needs and Provision

The majority of respondents felt that the situation of orphans and other vulnerable children are very similar. It was further stated that many of these children were denied access to basic education in Primary Schools until the recent Free Education Policy of the State government. Yet still only very few children who are fortunate to have assistance

proceed beyond primary school to secondary or vocational institutions. Yet, the dropout rate above primary school continues to be high. Other areas that interviewees felt OVC were suffering from included malnourishment, a lack clothing, poor domestic welfare, severe emotional stress, and psychological neglect. In addition, access to good health care delivery was cited to be very difficult for most OVC due to the cost involved. So food, clothing, healthcare, and education rank highest in their hierarchy of needs.

Officials also provided insight on how they felt the needs of orphans and other vulnerable children are being met. The caregivers cited ranged from poor grandparents or relations in the case of vulnerable children and in both cases the children engage in all forms of menial job such as hawking, laborers, house helps, farmers etc in order to assist the family financially. It was cited that others become street children, engage in sex work or nefarious activities such as stealing and violent endeavors as a means of survival. The primary caregivers are the immediate or extended family members, although it is widely felt that the willingness of the family members to readily assume this responsibility is dwindling due perhaps to declining economic potentials-therby exposing the children to greater risk. It was also felt that a rapid increase in the number of OVC due to any reasons will further worsen the already deplorable care-giving situation. Other caregivers mentioned were churches, communities, individual philanthropists and government.

Government Policies and Programmes on OVC

Enquiry was made regarding the existence of State and /or Federal government policies targeted at ameliorating the harsh conditions faced by OVC specifically and all children in general. Information was also sought for effort of government(s) in ensuring effective implementation where such policies and programmes existed, as well as their successes, gaps, limitations and the nature of assistance that might be required by implementing agencies.

Existing government policies and programmes in the State that impact directly or indirectly on the children include the following:

Education

The State government is implementing a Free Universal and Compulsory education policy, which spans from primary to secondary school level. The policy includes access to tuition and WAEC examination fees and discriminates neither between Ebonyi State indigenes and non-indigenes nor among the various categories of children (orphans, vulnerable children etc).

To ensure effectiveness there is a taskforce programme that compels parents to send their eligible children to school. Pupils are forcibly carried into school and forced to remain in class. The Commissioner of Education frequently makes personal and unscheduled visits to schools in order to monitor the implementation of the policy. In addition the

government plans to establish more schools for the handicapped, blind and other special children, while the day and afternoon shift system has been introduced in some primary schools as a way of accommodating more pupils. The policy is seen as laudable and interviewees cited that it could be further improved by the following actions:

- (i) Enacting a legislation backing compulsory education for all children so that defaulters would be prosecuted for breach of the relevant provision;
- (ii) Extending it up to University level for indigenes
- (iii) Effective monitoring of teachers to ensure that they are in school-teaching and moulding the characters of the pupils under their care;
- (iv) Making budgetary provisions in the Education Ministry supplementary budget to ensure that HIV/AIDS education is implemented in schools. The Ministry of Education was not involved in HIV/AIDS initiatives until the recent formation of the State Action Committee on AIDS.

Health

The following relevant health programmes with indirect impact on OVC there were cited are as follows:

- (i) State-wide free ante-natal and delivery services;
- (ii) Mobile clinic and health services to cater for children specifically and the general population as a whole
- (iii) The National Roll-Back-Malaria programme for the general population including children;
- (iv) Polio eradication programmes through house-to-house immunization for all categories of infants;
- (v) Importation of US \$500,000 worth of Cerebro-spinal meningitis vaccines to fight this disease covering the entire population
- (vi) Passing of the Bill on Harmful Widowhood Practices in the State. Some of these practices make things difficult for children who have lost their fathers especially where their mothers are not allowed to carry on their normal income-yielding business.

It was however observed that due to the general nature of these programmes they would not be enough to address some of the particular health and nutritional needs of orphans and other vulnerable children.

Women Affairs

The following were cited as relevant initiatives to strengthen the well being of orphans and other vulnerable children:

- (i) Increased awareness for women on several issues – health, education, their rights etc. All these are aimed at empowering them to see need for the adequate care and benefit of education in the life of children. This goes well with the popular adage

- that when you "educate a women, you educate the nation". Illiteracy among adults remains a major problem in the State.
- (ii) Plans to send a bill to the State assembly to reinforce the rights of the child after which a child rights implementation committee will be set up to monitor its implementation.
 - (iii) Plans to promote fostering or outright adoption of children, as orphanages should only serve as transit base for the children due to the problems associated with them.
 - (iv) Plans to establish Drop-in Centers in 2002, the drop-in centers will provide access to acquisition of vocational skill, and training to cater for the needs of school dropouts below 18 years.

The Role of Non-governmental Organizations.

Non-governmental organizations, some of which are international and national, are working to provide for OVC. Additionally, there are community-based grass root organizations some of which have inter-collaborative network among them and with the State government. The churches, and church-based societies were also cited as important groups that can reach orphans and other children in need.

It was reported that the government supports NGOs in a number of ways. For instance, through joint planning and programme implementation with UNESCO, UNICEF, UNDP, and the Nigerian Red Cross. The government also makes annual grants/subvention in the range of approximately N50, 000 – N100, 000 to a host of NGOs including an orphanage in Nsugbe and also has working relationship with Safe Motherhood Ladies Association (SMELAS) and ANPCAAN etc. While these NGOs record success in their focal areas, they are not targeted at orphans and other vulnerable children specifically. It was recommended that there is a need to encourage the formation of NGOs with specific attention on these and related issues. Some of those in existence have peripheral connection to OVC but it was thought that their operations are hampered by organisational challenges, inexperience, financial and operational difficulties and lack of expertise.

4.2.0. FOCUS GROUP DISCUSSIONS

In Ebonyi 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

4.2.1.1. Concerns for the Future.

The greatest concerns expressed in the PLWA focus group discussions included issues related to death, poverty, lack of employment due to illness, stigmatization of their children, and the resultant burden of care and support, discrimination of their extended family. A lot these concerns were not only cited as current struggles but things that they are worried about continuing or increasing after their death. The care for their children was perceived as a big challenge and a need for training and support through out the dependency period was expressed. An underlying theme to all of this was the dwindling extended family resources and lowered coping capabilities, which was felt to exacerbate the current situation.

4.2.1.2 Special Needs of Children

Areas cited include care needs, medical attention as they are prone to being discriminated against, support needs especially as their educational needs is not guaranteed since

"... death of the owner of the responsibility is round the corner" - PLWA

"Health personnel isolate us and thus it affects our children" - PLWA

4.2.1.3. Opportunities in the community for OVC Care and Support

It was reported that the community support efforts, while very strained, have not deterred the good nature of some NGOs like SMLAS, FHI and SFH that provide assistance in various ways. Interviewees also stated that they have a few friends at the Health facilities also assist during visits to such facilities.

4.2.1.4. Community Attitudes towards PABA, PLWA and their children.

Supportive community effort is absent largely due to lack of awareness and ignorance about HIV/AIDS its demands and expectation. People felt that stigmatization of PLWHA, PABA and their children tends to complicate further the chances of an organized community effort. The existing discrimination was thought to be admixed with a *wait-and-see* attitude of the community about the eventual fate of PABA who are adjudged time-bound and eventual victims. The demeanors of the PABA and PLWHA are seen as decisive of the eventual mind set of the larger community, however, the children of both PABA and PLWHA do not escape the discrimination that abound in their domestic and local environment.

4.2.2. 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 had one separate male and female group. Hence, four FGDs were conducted in each of the two locations.

Abakaliki Males

4.2.2.1 Definition of Orphan

The community FGD with 18-24 year olds regarded an orphan as a child one who has lost both parents and less than 20 years of age. The vulnerable children include street children, hawkers, barrow pushers, conductors, car washers, rice transplanter, workers in rice mills and quarry sites, children of poor parents, children of parents with many children and children of men with several wives.

- Age Group: 18-24

The FGD with 24 year old and higher regarded orphans as children with both parents dead and under 18 years. The vulnerable children include street children, truants, hawkers, poor children working in farms, at building sites and in rice mills. Some of the participants also regarded orphans as children who have lost both parent without any delineating age limits. Vulnerable children according to them included babies in the motherless Babies Homes, abandoned babies, street children, hawkers, poor children working in farms, at building sites, rice mills.

- Age Group: 24+

4.2.2.2. Major Problems Facing OVC

"In the community a lot of children are subjected to abject need for food, clothing, shelter, education, health care and employment for older orphans/OVC."

- Age Group: 18-24

Among the older FGD it was felt that a lot of children are subjected to the need of adequate food, clothing, shelter, education, health care and employment for older orphans/OVC. The OVC are known to lack emotional support and a domestic environment conducive to youth growth and development.

- Age Group: 24+

4.2.2.3. Contributions by Families and Sustainability

It was felt that most communities are not able to do much for OVC, due to poverty of family members. This is further compounded by ignorance, poverty, stigma attached to HIV/AIDS, which makes the community rather not positive about orphan and OVC programmes. However, it was maintained that caregivers can be supported and empowered through counseling, financial support, vocational training etc.

Age Group: 18-24

It was further cited that the main caregivers are relatives who are doing so much in spite of their dwindling coping capabilities, the orphans themselves, the church, employers, government, NGOs and individual philanthropists. The NGOs as well as government, especially, the First Lady, is doing very much in support of the OVC and orphans

particularly in the areas of prevention of child Labor, child trafficking, motherless / abandoned Babies etc. The examples of the effort include Human Rights Commission and the NYSC Legal Aid as Para-government agencies making appreciable positive impact on OVC and orphan support.

The church is noted to have accentuated their spiritual assistance over the material assistance to the OVC. The rich are perceived as selfish and void of public spiritedness.

- Age Group: 24-

4.2.2.4. Inheritance Practices

According to FGD participants widows are disinherited by one of the relatives of the deceased husband, and that this is more common for women who do not have a male child. Often the widow is concerned to be left "in the cold" to fend for self and children. Most of the men in the FGD cited dislike for the practice of disinheritance of widows and were in favor of the continuation of wife inheritance by one of the relatives of the deceased husband as a way of keeping the nuclear family of the deceased intact within the same household.

4.2.2.5 RECOMMENDATIONS

- Vocational training for the older OVC and Orphans.
- Family Support to be targeted at the real poor of the community.
- The formation of more NGOs concerned with child rights and conditions
- Registration of orphans with government as a means of tracking variable indices and trends.

Abakaliki Females

4.2.2.1 Definition of Orphan

The older FGD regarded orphans as a child one who has lost both parents and is age between 0 – 18 years. The vulnerable children include Motherless babies, Hawkers, child workers in the Farms, Rice Mills and Quarry sites, Abandoned children etc.

- Age Group: 18-24

Similarly the younger FGD defined an orphan as a child whose parents had died and is between 0 and 18 years of age.

"Loss of mother, though, will not create an orphan but it carries equal consequences for the child."

- Age Group: 24+

4.2.2.2. Major Problems Facing OVC

In the community a lot of children are subjected to abject need for food, clothing, education and emotional support.

- Age Group: 18-24

OVC lack access to education, adequate food and nutrition, good clothing and health care. There is also lack of guidance and absence of emotional and psychological support. The OVC suffer exposure to child labor and for the girl-child, early marriage.

- Age Group: 24+

4.2.2.3. Contributions by families and Sustainability

The main caregivers are relatives, Motherless babies' Home, Churches, NGOs e.g.: Safe Motherhood Ladies Association (SMLAS). The support for the caregivers for the OVC is financial in the main.

- Age Group: 18-24

"While the family members assume a large portion of the role, the community sits idly as an entity. This is in spite of the dwindling effort and support from the family members, which is proving insufficient for the needs of the OVC".

This is due to economic hardship, envy and the wickedness of the potential helpers.

It is customary that the closest relation of the parents of the child takes custody of the child as soon as death occurs, including the maternal/paternal uncles and grandmothers. Increasing hardship, however, cause these caregivers to assign them to other persons as apprentices and paid house helps for income generation. Other caregivers include the Motherless Babies Home at Nsugbe, Town Unions that donate clothes and food items and money periodically, especially at Christmas times. The Red Cross and church groups like St Vincent De Pores Charitable Society also make funds available for the support of OVC and older people.

- Age Group: 24+

4.2.2.4. Contributions by Communities and Sustainability

Most communities hardly do anything for the OVC but a little is done for the Widows.

- Age Group: 18-24

The women are prepared to serve as volunteer workers, planners, mobilizers, and in community education and social work. It was suggested that the community would benefit from an arrangement whereby the government sets up a settlement for the destitute beggars and providing employment opportunities for the needy in the community as a way of alleviating their poverty and suffering.

4.2.2.5. Attitudes towards children whose parent(s) have died of AIDS

The community tends to avoid sero positive people perhaps due to inadequate knowledge about HIV/AIDS.

“Extended stigma may follow the orphan who may find it difficult to marry in later years sequel to the events that surrounded the parental death”.

Orphan hood due to HIV/AIDS is on a rapid increase. The community believes

“ that people are generally afraid of the disease, patients blame others for poisoning them, thus creating problems for HIV/AIDS orphans since the accused relative will be unwilling to assist the needy orphan on account of the apathy generated by the accusation”.

4.2.2.6. Inheritance Practices

The women are generally disinherited at the demise of spouse, neither her nor her children possessing any rights over the property of the deceased.

“Though dwindling, wife inheritance by one of the relatives of the deceased is still practiced in isolated instances as a way of keeping the nuclear family of the deceased intact within the same household”.

4.2.2.7. Widowhood and Practices

“The Umu ada are to blame for on this” the women emphasized.

“Women are expected to shave their hair, urinate in the dark place, remain confined at home during the second burial and drink the ‘corpse water’, etc”.

“The setting up of the Family Law Center by the First Lady is mitigating the impact of this practice for which we are deeply appreciative”.

4.2.2.8. RECOMMENDATIONS

The women recommend that:

- The family members should be empowered to remain the primary caregivers and supporter of OVC.
- The widows should no longer be disinherited of their husbands property:

- *Umu ada* should change their ways and stop adding to the difficulties faced by widows:
- Greater awareness campaign through special information sessions for opinion leaders and traditional leaders would enhance behavior change among community members.

Ezza Males

4.2.2.1. Definition of Orphan

They gave their perceptions as illegitimate child, "*Nwa ogbenye*", poor person "*Ukpa*"; "*Ukpa Mkpere*" abject poverty, and the age range is between 15-18 years.

- Age Group 18-24

The community regarded these children as *Nwanwogbenye*, which is their terminology for the child who has lost both parents, or *Nwaogbe nne* for the child who has the mother, or *Nwaogbe nna* for the child who has lost the father. In the extreme and abject condition of a child lack all forms of care and support due primarily to total parental death such an orphan is regarded as *Nwanwogbe mgbegere*. They were also unanimous in defining the age of orphan hood to be 0-15 years of age since other minors above this age could normally attempt to fend for themselves.

- Age Group 24+

4.2.2.2. Major Problems Facing OVC

Malnutrition, financial difficulty, starvation, maltreatment, lack of education, child labor including use as housemaids.

- Age Group 18-24

Orphan hood were defined in categories of the children who have lost only one parent as *Nwaogbe* and those having lost both parents as *Nwanwogbe ngbegere* meaning "the wretched of the earth". The children of the latter category are quite commonly regarded as ruined for life as the hopes of getting care and support in life remains imaginary. In the community a lot of this category of children are subjected to deprivation, neglect, abuse, and discrimination. Little wonder these children run away from home to fend for themselves resulting in street hawking, begging including servitude as farm-hands in Cocoa plantations. Education of any sort and up to any level is also a rare, haphazard and truncated if it ever occurs as the relation assisting with support could hardly cope with the very thin resources available. Consequently, the health status of these children is often determined by the coping abilities of this same relation. In the community a lot of the first category, *Nwaogbe*, children are subjected albeit to less deprivation, neglect, abuse, and discrimination during their sojourn with "rich" foster-parents. They in turn also run away from home to fend for themselves resulting in street hawking, begging etc. Education of any sort and up to any level is also haphazard and truncated where it occurs

as the relation assisting with support could hardly cope with the very thin resources available.

- Age Group 24+

4.2.2.3. Contributions by families and Sustainability

This was identified as the collective responsibility of the extended family of the deceased but more specifically the immediate relatives of the child under consideration. Quite commonly the grand parents of these children by default become the foster parent of these children which they indicate could be significantly numerous in the Ezzama community. The care and support starts from the day the parents of the child departs till such a time the care – giver could no longer bear the burden or to such a time that the child begins to own his/her own home. This underlines the reason for which the child regards the caregiver as parent in unlimited and undefined terms. Often, however, the over-burdened parent/ relation may send the child to other relations in distant locations for domestic assistance duties, which may subject the child to exploitative conditions, being seldom cared for. Traditional developments from such arrangements include street hawking among other things, which is not known to be consistent in supply. A few others are known to renege this responsibility denying that they contributed to the cause of the problem while perceiving the expected assistance as extra burden. The buck-passing scenario translates to a major burden on the widow who has to bear the burden of fending for her children.

- Age Group 24+

4.2.2.3. Contributions by Communities and Sustainability

"The community is less concerned".

- Age Group 18-24

There is no organized support by the community to respond to these levels of need. The extended family members assist in safe guarding the property of the deceased in favor of the survivors. The majority of the younger discussants was unanimous in identifying the obvious lack of any form of community effort in this regard.

"the extended family members could dispose of some economic tree and other resources that may abound in the local environment in order to raise funds to enable support for the widow in the care of the children. The families that stretch magnanimity to this level are rather very few. There are few instances, albeit not across board, where select few of the rich offer assistance to OVCs in a rather personal capacity".

- Age Group 24+

4.2.2.4. Inheritance Practices

"Property is usually left for the son".

"The extended family members may sell some of the things to support the widow and the children".

"Some families keep the property until the man's son is old enough",

"families claim the property and refuse to train the child/children",

"some relations waste the property not minding the children of their dead brother".

"When the man dies, the woman mourns the husband for about just one month".

4.2.2.5. Widowhood and Practices

The widow is expected to get a haircut and be confined at home for four days after which she is free to go about her normal business.

4.2.2.6. Recommendations

The community recommended that

"... Adequate enlightenment campaign from the traditional ruler, Chief Ezeogo and his council would be beneficial to the grass roots, in addition to government support through provision of assistance in the areas of the need of the community due to large number of the OVC".

Esza Females

4.2.2.1 Definition of Orphan

"Ogbenye" or "Ndi enwe nne enwe nna" which means the orphan or the "parentless child"

- Age Group: 18-24

The community regarded these children as *Nwaogbenye*, which is their terminology for the child who has lost either parent. or *Nwogbenye ngbegele* for the child who has lost both parents. A disabled child could also be classified as *Nwaogbenye* even if the parents are alive. In addition,

"Women are usually seen having the primary responsibility of child – upbringing and therefore their death is easily seen as a disaster for the child than that of men".

- Age Group: 24+

4.2.2.2. Major Problems Facing OVC

Poor feeding, oppression from other children, illiteracy, starvation, deprivation, maltreatment, turned to house helps, sent out to hawk along the streets and markets not minding their ages, some are even taken to work in cocoa farms outside the State. Some look extremely malnourished with "big head, tiny legs and big stomach".

For vulnerable children one discussant said:

"... mothers work hard to at least give their children food, but not enough to train them in school".

"Some mothers even oppress their daughters while fathers force their daughters to marry as early as 10 years old instead of sending them to school. They tell the young girls that their husbands will train them in school".

- Age Group: 18-24

4.2.2.3. Contributions by families and Sustainability

"They are not adequately taken care of e.g. some children wear one dress for a number of days"

"They prefer pushing the children to learn a trade/skill instead of encouraging them to go to school"

- Age Group: 18-24

4.2.2.4. Contributions by Communities and Sustainability

"Immediately a parent dies, they continue things and support the family, after one month they allow the widow and children to be on their own and suffer".

"It is only the church that supports and care for such people".

- Age Group: 18-24

The community lacked any organized effort for the support of these OVC and rather it could be observed that the benefits in the community circulate among the well to do, as they ensure that these community benefits circulated and is distributed only within their circle alone.

"The widows among them also suffer the loss of their husbands' property as these are appropriated by the brother under the assumption of supervision and care-taking status without the proceeds reaching the widow".

"The assistance accruing from the Poverty Alleviation Programme has been acquired by the rich leaving the poor among the community unattended".

Further, the deplorable case of the woman without a male child was identified in the community as one of absolute deprivation of all known privileges.

- Age Group: 24+

4.2.2.5. Inheritance Practices

"As soon as a man dies, family members struggle for the man's property even his farm land"

"The widow will start going round to work in farms/building sites and quarry sites to make little money, the children are subjected to stealing to help their mothers"

"Some mothers even go into prostitution to survive"

"A few families still share the property with the widows"

- Age Group: 18-24

4.2.2.6. Widowhood and Inheritance Practices

"Women practice 'ewuan' wearing black, shaving their hair, do not go to the market for at least 5 days".

According to a discussant, *"actually there is no widow practice, it is purely what you desire, and some families here do all these to exhibit their status".*

"In Ezza proper, the widow is expected to cry every morning, at a particular time for 4 days and that is it, the widows actions afterwards depends on the relationship with the husband"

- Age Group: 18-24

"The immediate brother of the deceased takes care of the property of the deceased, this being done to secure the property and not as an exploitative act on the widow".

"The woman is not known to have any permanent share of the property of the husbands and the preoccupation of the attention of the extended family is the upkeep of the children and wife (or wives) of the deceased".

"The traditional burial rites performed by the widow include a four-day mourning period during which she is escorted to any place she desires to visit, but thereafter, she is at liberty to move about freely".

This is with the provision that the burial rites of the deceased have been immediately performed and the deceased also buried immediately. Where this is not the case, the widow is required to stay confined at home for at least three months following which she may be free to go about her petty trade and other activities to raise funds for the burial rites of the deceased.

- Age Group: 24+

4.3.0. KEY INFORMANT INTERVIEWS

In Ebonyi 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. ABAKALIKI LGA

4.3.1.1. Religious Leaders

These Religious Leaders were drawn from the Presbyterian Church, Ezza Parish, Onueke; Sacred Heart Catholic Church, Ezza Parish, Onueke and Anglican Bishop of Abakaliki Diocese, Abakaliki. The indigenous community is predominantly Christians and Traditionalist; consequently audience with settler-respondents of other faith did not apply.

Perception of the OVC

"The nature of this community makes it very difficult to readily define the OVC. Their marriage practices and pattern is different from the conventional rules. There is competition of marriage to show affluence; for instance, a man has 65 wives both widows and ordinary women, he is called "Bournvita". Some people here prefer to marry widows without minding the impending consequences; these widows have children across board from different men, abandoning the children across board from different levels or rather neglecting them. Some move with their children to their new households, some abandon them so the fathers or husbands might be alive or dead as the case may be. so the major determinants of the child's status is the residence of the mother. For any child here, I try first to discover the background of the child to know when the mother was properly married or ran off with a man and until that fact is established, it is very difficult to handle cases of these sort. For the people here, it is next to normal but because they are crafty in nature, they might deceive a visitor to gain from the project".

- Presbyterian Clergy.

Other clergymen also described the orphan as “- a minor who has lost either parents or both parents called “Ogbenye” and is aged between 0-18 years but sometimes up to 21 years”.

Causes of OVC

“The major causes include poverty, laziness, accident, HIV/AIDS etc. and many child hawkers and street children are not in school and the adult population is still impervious to the call to send such children to school”.

Provision of Care and Support

“The extended kinship system, the church and government in that order.” The relevance of the relatives in care giving is being reduced by poverty. Politics is also confusing the ordinary people. The church has set up a Methodist Care Ministry (MCM), which targets orphans and OVC on several issues including HIV/AIDS, Education, Health, Economics and Spiritual components.

- Methodist Bishop.

“The woman cares for the children, as it is easier than for the man. The man gives the woman about N40 for household foodstuff, while the man drinks away with some N100. Polygamy denies the man the responsibility of taking care of any child, especially within the low-income earners. The penchant for marrying young and new wives is high and informed by the desire for large family size for agricultural workforce. However, in the event of the death of the man, a geometric rise in the number of orphans naturally results”.

- Presbyter.

“If father died - wife and children will be taken care of by members of both extended families, in short, immediate relations of the dead takes care as the case may be.”

- Catholic Clergy.

4.3.1.2. Traditional Leaders

Perception of Orphan hood

A child who has lost either or both parents and is aged between 0 and 15 years is regarded as an orphan, whereas above this age, such orphans are thought to be able to fend for themselves and therefore not seriously so regarded.

Care and Support for OVC

When death occurs, the close relations of the parent of the child are generally known to directly take on the responsibility of care giving. Also the extended family provides support in form of training, clothing and acquisition of the skills of the caregiver and hawking to supplement the household income of the trade-inclined community. It was

noted that the extent of the support is limited by the availability of resources, which may continue up to the time the child establishes own household. While the extended family groans under the burden of this support, the traditional expectation for support is high and forms basis for a follow-through approach by the community member albeit to the lowest possible level to avoid the wrath of the community.

OVC Problems in the community

The Traditional ruler expressed a personal view in the form of a practice in the community, which forbids anybody maltreating an orphan. While this may appear untrue for lack of circumstantial corroboration, the ruler also indicated that the education of these orphans, where it occurs makes a very late debut with a general trend of poor clothing and malnutrition. When above 15 years, these orphans tend to follow other people outside of the community in pursuit of means of livelihood, which usually ends up in all forms petty trading mainly street hawking including "ahia go slow". The ruler also expressed the unlikely view that children of the community are not involved in street hawking.

Community effort in support of OVC

The community was identified as supportive of the state of the orphans by contributing funds towards the education of the intelligent orphans, but that more of the aids in form of clothing, food, money and shelter come from church groups.

Cause of Orphan hood

There has not been appreciable increase in the number of orphans especially as there has been improvement in health care delivery.

Vulnerable Children

A lot of children live with their parents but below poverty line and are exposed to socio-economic hazards as they undertake income-generating chores like hawking after school hours, and teenage pregnancy resulting from social hardship.

Community effort to improve support to OVC

The traditional rule identified the provision of micro-credit facilities for the impoverished parents of the community as a way of enhancing their economic home base as well as a vocational skill center for the children of the community. Also, free medical care would further improve the health status of the community.

4.3.1.3. School Teachers

The In-depth interviews were respectively held for the Principal, Government Technical College, Ogoja Road, Abakaliki; Headmistress, Station Urban Primary School, Abakaliki and the Principal, Ezza High School, Onueke, Ezza South LGA.

Perception of Orphans and Vulnerable Children

Any person who has lost both parents and is aged between 0 and 18 years. In community issues, even when they grow they are give preferential treatment because of their background in issues like farmhands etc. The vulnerable children include those hawkers, poor children working in farms, at building sites, rice mills and manual truck and wheelbarrow operators. One opinion indicated children below 16years.

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 rapidly depleted"

- Principal

"Other relations are not known to do so much for varied reasons of poverty, wickedness, ignorance, envy, lack of communal feeling etc the extent of the applicable reason varying extensively"

- Headmistress

"Inheritance is patrilineal so immediate relations of the father except where there is none, then anybody from the maternal side comes in to help."

- Principal

Causes of Increased Orphan hood and OVC

The spread is largely due to poverty, HIV/AIDS, accident and the impact of large concentration of long distance truck drivers in Abakaliki, marriage of younger girls to older men, family crises and instability in different forms. The number has increased resulting in hawkers, children in wage labor and those from very poor homes.

"The number has increased resulting from more deaths now than before due to things like exposure to accidents and societal behavior. The level of family ties are going down as it is now difficult to get relations that will absolutely carry the entire burden of raising other people's children. The reason is that children now are so stubborn and prefer even to pull out with their peers to other places since the relations, according to the children, are not doing enough for them"

- Principal

Perception of HIV/AIDS, Causes and Prevention

The community asserts that they know the cause of the disease, which includes poverty, unsafe sex, barbing, eating dog meat and sitting with a patient to talk. It is known by some local terms as "water proof", "obiri na aja ocha" and it is believed that it does not spare anybody, as it normally kills its victim. The victim is very highly discriminated against and stigmatized including their offspring. The interesting remark by the community is the fact that it affects mostly youths who are usually brought home to come

and die. however prevention is seen as possible by guarding oneself and adequate precaution.

"It is a bitter reality in this area. We find out by observing people for a person who was initially fat and suddenly thins down until he becomes a walking skeleton. with diseases that is not curable..."

One major cause of this disease rampant here is that

"... women here after having children run away from their husbands to other states for prostitution when they contract the disease, they trace their roots back to die in their husband's homes..."

"Some of these women get off springs from this prostitution for their husbands, resulting in OVC."

– Principal

Some women even abandon their children and run off with other men as their wives. It is a common practice and considering the polygamous nature of some families, the spread of the disease is very easy.

OVC problems in Community

These were seen as difficulties. Difficulty in procuring food, education, shelter and health care delivery. Moreover where the OVC is not directly assigned to anybody in particular but left to the whole extended family, the child tends to sleep from house to house and at times, where the situation becomes unbearable, ends up in the street.

Vulnerable children

This includes various categories of children:

- Some children due to religious differences between parents run away from home if they cannot cope with the stress of their parents,
- Children living below poverty level of not being able to take a good meal in as much as their parents are alive,
- The polygamous nature in this community make a lot of children vulnerable because their men go drinking in the beer parlors while their wives fend for the children. This burden on the women still expose them to a lot of hardship working as farmhands or in stone quarries. So the lives of these children depend to a large extent on how hardworking their mother is. The tired women goes down in health with each passing day, compounding the children problems while the husbands keeps on marrying new wives to boost his status symbol in the society.

Community Plans/Assistance

"There is no collective assistance or plans from the community but church groups and a few philanthropists do provide some windows of help"

- Principal

" There is no collective assistance or plans from the community because they expect the relations to be directly responsible for the children of their dead relation, but where it is not forth coming, they rather invite the direct relations of the OVC and warn them on the impending dangers to the OVC may be subjected. Due to the fact that a lot of these OVC are wild, they do a lot of bad things and the community instead of helping them, rejects them".

- Principal

"There is no collective assistance because the people are selfish"

- Headmistress

4.3.1.4 Health Workers

The Key informant Interviews for the Health Workers were respectively conducted among the Staff of The Federal Medical Center (FMC), Abakaliki and the General Hospital (GH), Onueke, Ezza South LGA.

Definition of orphans/OVC

The Heads of Departments of O&G and Pediatrics at the FMC maintain that the definition of the orphan is difficult given the very difficult socio-economic setting that befalls every child in a highly impoverished rural community with intense extended family linkages. They further stated that sero positive mothers are followed up for post-natal medication; however, these cases are lost after referral to SMLAS, disappearing following disclosure of the sero-status. It was also noted that the absence of ARVs make counseling a hopeless venture since the patient is not offered any more than psychosocial admonition.

Increased number of orphans:

Increase in number of orphans was not noted as being common in the Federal Medical center, Abakaliki. However, an increase appears to be observed around Onueke, as there is increase in the number of deaths recorded due to HIV/AIDS at least the hospital does the screening tests.

Major Health Problems

The major health problems include: nutritional anemia, malaria, typhoid fever, cholera, diarrhea, vomiting, gastritis, meningitis and common parasitic diseases like Schistosomiasis, cough then HIV/AIDS for the very sick ones.

Payment for treatment

In Onueke it is mostly done by relations, parents, and churches and occasionally at the mercy of the doctor who gives instruction for free treatment or laboratory test as the case may be. In Abakaliki, most patients settle own bills, except for the cases of abandonment or absconders due to hardship and poverty, in which case Management, in consultation with the Department of Social Welfare underwrites the bill. A few dupes present with false and fictitious address to the hospital making tracing a difficult assignment for them. Additional emerging information about the community indicates that the extended family supports in bill settlement for the OVC while the term Orphan would generally apply to the motherless child of below 18 years.

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.

Major Findings:

- Several CBO and NGOs exist in the State but there will be need for a detailed assessment to determine their level of OVC focus.
- Translation to questionnaire in central Igbo dialect required further adaptation to the local dialect for adequate carriage of the original sense and thought to reduce loss of information.
- There are widowhood practices but *harmful* practices were not noted to be very much.
- Cultural practices abound in the community regarding the extended family framework as a safety net for the support of the orphan.
- Orphans are usually absorbed within the care-giving facility of the extended family;
- Orphan is defined as "*Nwogbenye ngbegele*" meaning the most abject of the impoverished; with a thin dividing line from the child (less than 18 years of age) with single living parent, which is termed "*Nwogbenye*".
- There was consensus that the orphan is usually within the age group of 0-18 years, although some considered a low age limit of 15 years;
- Terminologies for HIV/AIDS include: "*Oria Ohuu*" which means new disease; "*Water Proof*"; "*Obiri naja ocha*", "*Oria aja ocha*";
- The terminologies derive from the belief that the disease is incurable and ends only when the victim gets 6 feet below the earth;
- Government policy documentation exists concerning child abuse prevention;
- Child labor is often a common feature among children considered vulnerable;
- PLWAs need to be educated about HIV/AIDS to forestall the irrational thoughts and behaviors perceived among some of them;
- The communities of Ebonyi is highly rural and of low socio-economic status;
- Improving low school enrollment and literacy level are the general case in the community;
- Under-aged Household heads were not usually found in the community;
- Community effort for support of OVC generally absent;
- Community effort to be promoted appear to be targeted largely at government;
- Religious organizations / NGOs have OVC – supportive activities in the community;
- Polygamous and multiple-marriage practices are common place, predisposing to orphan hood and transmission of HIV/AIDS;
- Vulnerable child is more likely to be
- Denial, stigmatization and concealment is still very high as much as the need for enlightenment and awareness creation;
- HIV/AIDS is still seen as driving OVC
- Membership of micro-credit or cooperative society is very low;
- Disclosure of cause of death not generally for youths;
- Problems of the OVC vary widely but are largely economic consequences of poverty, neglect, and lack of human resources development;

- Community could attest to an increase in the number of orphans but lack support with empirical data:

Lessons Learnt:

- Adequate socio-cultural cognizance of the target sample areas is necessary for determination of appropriateness;
- Matrimonial settings positively influenced orphan hood due to high cultural practices of polygamy and large sibship;
- High level of concealment and denial would drive the HIV/AIDS prevalence and the continuity of the "AIDS orphan at large";
- Communities have not yet seen the need to initiate OVC-supporting programmes;
- Knowledge and understanding of the meaning of prevalence rates of HIV/AIDS in the communities of Ebonyi State, even among those expected to know, especially policy makers;
- Stigmatization and discrimination against PLWAs is common to both the educated and the non-educated;
- Feeling of guilt and depression is still very high among PLWAs motivated by the feeling that unprotected sex is the root source of the infection;
- CBOs and NGOs are the primary caregivers among the community;
- Local staffs of the National Population Commission (NPC) and of the Federal office of Statistics (FOS) have proven useful associates in their role for the nature of the activities and their continued participation is recommended;
- Local community guides are indispensable partners for programme activities.

Constraints:

- 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.
- Local transportation inadequacies translated to expensive logistic arrangements to operate the assessment activity.
- Only a few OVC-focused NGOs/CBOs are on ground and available to address such fundamental issues of raising awareness and enlightenment thereby limiting coverage especially at the grass roots.
- Statistical data on some of the issues raised on FGDs and Key Informant Interviews are lacking due to low literacy level, poor record keeping and inadequate human resources development.

Recommendations:

- Free Education programme provide scholarship/bursary for indigent students to cover text books, exercise books, uniform etc. not covered by the current policy and which is a disincentive to school enrolment.
- The establishment of model orphanages in the state for the Care and support of OVCs should be given priority consideration:

- A review of existing Customary Laws to empower and position the widows and their off springs on their rights over their husbands' / fathers' property;
- Increase the awareness campaign on HIV/AIDS to further break discrimination, concealment and stigmatization in the public and community at large;
- 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;
- SACA should effectively mobilize sectors, particularly the Education sector for adequate Care and Support activities at all levels of the education sector;
- The laudable maternal and mobile health care services of the state should be expanded to include orphans and vulnerable children;
- The State Family Law programme should be encouraged to propose a legislation for the correction of harmful widowhood practices.
-

Chief Ezeogo Mkpuma. the Traditional Ruler of Ezzeama community, Ezza South
LGA.