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Family Health International/Nigeria

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

**Awka South and Onitsha North
Local Government Areas,
Anambra 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
IAs	Implementing Agencies
IMCI	Integrated Management of Childhood Illnesses
IMPACT	Implementing HIV/AIDS Prevention and Control
LGA	Local Government Area
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
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: ANAMBRA STATE

Two Local Government Areas in Anambra State (Awka South and Onitsha North) were selected for this assessment. Anambra is one of the 4 states in which FHI is implementing a comprehensive prevention and care program. Awka is the capital of Anambra. It was created in 1991 and has 21 local government areas (LGA). It is reputed for its industries and markets. The big markets attract mobile population from other states and West African countries. Secondary School enrolment is dropping for males because of the widespread preference for an early start in business and trading.

The 2001 sentinel sero-surveillance survey put the HIV/AIDS prevalence in the state at 6.5% which is above the national average of 5.8%.

3.0 BACKGROUND: AWKA SOUTH AND ONITSHA NORTH LGAS

Awka South LGA

It is located in the northeastern area of Anambra state and it is made up of autonomous communities. These are Ezinato, Umuawulu, Mbaukwu, Nibo, Nise, Amawbia, Okpuno and Awka town. Awka town comprises awka urban, Ifite Awka and Umuokpu.

Onitsha North LGA

Onitsha town is located about 45 kilometers from Awka at the banks of the River Niger. Onitsha North Local Government area was created in 1991 and currently has an estimated population of 530,000 (permanent/stable population). Onitsha is a densely populated, congested and predominantly commercial town. It has the popular Onitsha market, reputed to be the largest market in West Africa. The majority of the inhabitants are engaged in commercial activities.

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.

4.1.1. MINISTRY OF EDUCATION

According to the ministry, the state regards a young person who is not yet independent and has lost either or both parents as an orphan. Age is usually below 18yrs.

The families in the state usually take-care/ provide for the care of orphans as "we are our brothers keepers". Abandoned babies are placed in the orphanage and put up for adoption.

Before the establishment of orphanages families took in the abandoned/motherless babies but this changed when orphanages were established by the government.

The officers felt that the HIV/AIDS epidemic has increased the number of orphans and children in need in this state.

The other categories of children in greatest need in the state include malnourished children in the rural areas, those from extremely poor or large families, child prostitutes, child hawkers and touts called "agboroes".

The officers felt that children from poor or large families do not get enough to eat and so are prone to infection. The child prostitutes engage in such abhorrent practices mainly due to poverty of the families and lack of moral education in school. The child hawkers are also from poor families but they do not make enough to survive and some resort to female sex work to survive.

There is no written policy in the Education Ministry regarding these children.

The ministry collaborates with a few NGO/Charitable organizations as follows:
FHI: They have a focal Officer, Mrs CN Ufondu and are involved in strategic planning for HIV/AIDS programmes in schools.

UNESCO: UNESCO clubs have been established in Secondary Schools but due to logistic problems members of staff from the ministry were unable to attend the planning workshop that took place and so the clubs have not started any definite programme.

UNICEF: They have a desk officer in the ministry and have supplied teaching aids to various schools.

UNFPA: They are involved in educating the children on family life issues.

With the network of public and private schools under their supervision the ministry wields a lot of influence and can also help in disseminating information to a lot of people within a short time. The ministry can also monitor programmes and supply manpower resources.

They would need assistance for creating awareness, for IEC materials, logistics, technical support, strategic planning and funding.

4.1.2. WOMEN AFFAIRS AND SOCIAL DEVELOPMENT

The ministry defines orphans as children that have lost both parents and abandoned babies. The children are usually below 18yrs of age.

The extended families usually fend for the orphans in the areas of care, shelter, education clothing but due to urbanization and development this trend is dying off and nuclear families is now the norm. Most of the children now look towards the government for education in the form of scholarships and jobs, among others. Some orphans fend for themselves by hawking, manual labour, begging etc.

HIV/AIDS has increased the number of orphans in some orphanages and contributed to the increase in mortality among the abandoned babies.

Other categories of children that are in greatest need in the state include hawkers/beggars who are in danger of being kidnapped, sexually molested as well as being involved in road traffic accidents. Underage children in prison are in danger of being influenced by the hardened criminals they are mixed up with. Those who live with their mothers in prison are also under the same danger. Child prostitutes are seen in the urban setting especially in cities like Onitsha, because of poverty and are in danger because of kidnappers or being infected with HIV.

There is a recent edict on street trading and establishment of Day Care Centers and Motherless Babies Homes, which the ministry monitors. The babies in this home age from two weeks to five years and are about forty in number. They also monitor the proprietors of daycare centers and the activities of motherless babies' homes. They evaluate the centers, enlighten the public and solicit for funds for these homes. The edict, which bans children from street trading, has not yet been enforced.

The ministry monitors a UNICEF Training School in two communities for out of school youth where skills like hairdressing, are taught. The ministry also has a state run motherless babies' home and presents a bounty pack to families that have triplets or quadruplets etc. The pack includes napkins, milk etc. There is a skill acquisition center where skills like hairdressing, barbing, baking, domestic science etc are taught. Local governments usually sponsor secondary school dropouts and children from low-income families who are usually aged below 18years. These programmes only just started this year and so their success or failure cannot yet be ascertained. The limitations of these programmes include inadequate coverage and public enlightenment. Funding has also

been inadequate. Moreover, those in power need to be made aware of the needs of these children because there is not enough commitment from policy makers and the society. Most government projects do not last due to instability of governance as well as lack of funds, and vehicles needed to monitor all the LGAs.

The ministry is at present collaborating with:

UNICEF: For children in need of special protection, orphans, street children child beggars, school dropouts etc. they have put up workshops for advocacy education sensitization etc in 4 areas in Anambra State viz Okpoko 1 and 2, Mba Farms in 33 and Maine quarters in Onitsha. UNICEF has also donated water tanks, equipment for hair dressing, hair barbing, carpentry, mechanic apprenticeship to these communities.

Voluntary organizations: such as Unizik Students Association, Town Unions, Nigerian Veterinary Wives Association and Nigerian Medical Association which have donated various items to the Motherless Babies' home. Some UNIZIK students are volunteer workers in this home.

The ministry would welcome assistance in the establishment of a remand home for juveniles awaiting trial and an approved school for children already convicted and serving prison terms. This assistance will be in the form of funding and logistic support as the ministry already has the manpower to man the establishments.

4.1.3. MINISTRY OF HEALTH

The state from the Ministry of Health standpoint sees an orphan as any child of 18 years or below who has lost one or both parents. Other categories of children in need of support include child beggars, street children, and hawkers. Children whose parents have AIDS are also included in this group. Families in the state have relied on the extended family system to cater for the various needs of orphans. In most cases the young orphans are absorbed into the families catering for them but the older ones are left in their parents houses while the relatives offer them emotional support, medical care, education and clothing. The extended family system has not phased out but the system is not as strong as it used to be due to urbanization and living circumstances. Some people whose relatives died of AIDS now send the orphans for HIV test and if positive referred them for institutional care.

The number of OVC has increased and was attributed to HIV/AIDS. There is no specific state policy regarding OVC but occasional HIV awareness programs targeted at in school and out of school youths. There has been some links with some agencies such as UNFPA and FHI in the area of prevention and control of HIV/AIDS. Mothers Voices, an NGO collaborates with the Ministry of Health in the area of care and screening for HIV/AIDS. Religious bodies through the Ministry of Health offer relief materials to care institutions in the state. The ministry can make contributions towards addressing the issues affecting OVC through policy formulation, advocacy and provision of human resources. The ministry needs assistance in capacity building, project planning and logistics as well as funding.

4.2.0. FOCUS GROUP DISCUSSIONS

In Anambra 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

PLWHA

The PLWHA were most concerned about who will take care of their children after they had died. They all felt that their relatives will take care of them i.e. either their husbands/wives/brothers/sisters/parents. About themselves they were of the opinion that they needed aid from the government and organizations. Their incomes are not enough to sustain their medical expenses, as they need money to buy drugs for treatment of opportunistic infections.

Most of the respondents had not discussed their HIV status with their children as they felt they were too young. They will discuss it when the children are older. Some felt this to be when they are 19yrs while others will wait till they are 15yrs. Some had disclosed their status to their brothers or sisters pending when they can tell the children.

Most of the respondents have not seen any change in their children's welfare because of their HIV status. One person who had lost his wife felt that his children lacked motherly care.

The special needs of the children include psychosocial support as well as shelter, education, clothing and food. The PLWHA still pay for all the needs of their children. They receive no help from outsiders or government. The common health problems of these children include cough and malaria and the respondents usually take care of the medical bills.

The respondents knew of two NGOs where they can get help-SAWOR and HHO. The help they get from these include medical and home based care as well as counseling. They also get support from Archbishop Obiefuna who gives them yam and rice.

The respondents gave the Motherless Babies' Home and adoption as option within the community for care and support of OVCs. They preferred that the extended family take care of the OVCs but felt they should be supervised by the government.

The existing care was found to be inadequate but to sustain it they felt the facilities/families needed income generating activities.

The existing care can be improved by the government stopping the claimants that say they have a cure for HIV/AIDS.

The community should be educated adequately to decrease stigmatization. The organizations should organize more outreach visits to give information to PLWHA, organize seminars to create awareness among the community. The PLWHA should be advocates and tell people about the false claimants and they should inform their partners and families of their HIV status.

They said that generally PLWHA are stigmatized in the society.

Resources that can be mobilized or harnessed to provide care and support for OVC include support groups to supply peer pressure for positive changes in the community. Also the religious groups can raise funds for OVC and the government can provide scholarships for these children. Food, free medical care and shelter can also be provided. The PLWHA felt they can be involved in providing care and support by attending meetings and contributing ideas. They will also volunteer as care providers.

Adults on the other hand vary in their attitude to OVC. Some are kind to them while others discriminate against them. They may take their parents property away from them and do not offer them any care and support. Their main concern about themselves was that of remaining alive to be able to look after their children. For the children they were concerned about their educational, health care, shelter and food needs.

They felt that the children needed proper upbringing along religious lines as well as spiritual support. The respondents were responsible for paying of school fees with a few getting scholarships from some religious organizations. For their health needs, they usually pay for this themselves and their children. They knew they could get help from an NGO called HHO and SAWOR. They sometimes got help from the extended family and from religious organizations.

In the community the options available for care and support of OVC included the family-immediate and extended. There is no orphanage or homes for older orphans. They preferred that the children stay at home and help sent to them or they are fostered out and the foster parents supervised regularly by the government.

The respondents felt that the existing care for OVC is not adequate and for it to be sustained and improved the government has to come in by providing free medical care education and other amenities for their children. The government should also supply good drugs.

Other groups like the religious community can improve care by donation of food and other items, educating the public and therefore decreasing the stigma. Individuals and families could also give donations and offer scholarships to affected children.

Generally the community rejects PLWHA, PABA and their off-springs. They also discriminate against them and they are stigmatized. The public views them especially the PLWHA as being sexually wayward individuals.

The resources that can be mobilized include mainly financial and material from the community e.g. clothing, food items, money.

The PABA felt they needed training in counseling and how they can help their loved ones and in the management of the disease. They felt that they can be volunteer care providers as well as attend community meetings and contribute ideas and also be involved in raising funds for OVC.

They reported that other children and adults in the community usually bully and stigmatize OVC. Few adults are kind and sympathetic.

FOCUS GROUP DISCUSSION FOR YOUNG FEMALES (18-24 YEARS) AWKA

- Students
- Workers
- Unemployed

An orphan is a child of 18 years or below that has lost both parents. The categories of children in greatest need of support in this community include orphans, less privileged children, disabled children, child beggars, child prostitutes. These categories need support because they do not have people to look after them and they may turn against the society later when they go into antisocial behaviours such as robbery.

Families and communities in past generations fostered these children or contributed food, clothes and money to educate them so they can help others in future. Some families took them in as house helps. One discussant said "they sell the useless ones and use the money to train the others". These practices still prevalent are taking them in as house helps, educate them or contribute food, clothes and other items for them.

They would like to see the re-introduction of more scholarships to OVC, which used to be common in the past. An example was given of Dr. Alex Ekwueme the former Vice-President of Nigeria who sent some orphans to America for education.

They have noted an increase in OVC due to inadequate parental care, extreme poverty, increased rate of deaths of parents and unwanted pregnancies. The contributions from families towards care and support of OVC include fostering, taking them to care institutions and using some as house helps. To sustain this support, there is need for spiritual intervention and educating the community on the plight of OVC.

The community contributes to care and support by establishing motherless babies homes, contributing materially or gainfully employing the orphans. Some communities give scholarship to some. To sustain this support, awareness should be created in the community and prayers offered to God.

The discussants would like to be involved in providing care and support to OVC by giving out money and foodstuffs but there is divided opinion in going out for fund raising.

Overall the attitude of the community to AIDS orphans is that of rejection and discrimination though some people are supportive occasionally.

Inheritance practices in the community include dispossessing widows of properties. Relatives of the deceased sometimes inherit widows. In polygamous settings, the first son of the first wife inherits the properties but in certain situations the properties are shared amongst the male children. If there is no male child, relatives move in to possess the properties but some women adopt male children to circumvent this practice.

FOCUS GROUP DISCUSSION FOR YOUNG MALES (18-24 YEARS) AWKA

- Students
- Workers
- Unemployed

Orphans are regarded as children of 18 years or below who have lost both parents. One of the discussants added that whether you are a child or an adult as long as your parents are dead you are an orphan.

The categories of children that are in greatest need of support in their community include children who have lost their parents, children of insane parents, children from extremely poor homes, child hawkers, disabled children and child prostitutes.

In their grandparent's time, orphans or children in need were taken care of by the extended family providing educational and physical care but some of the relatives maltreat the children and even deny them the opportunity of education. The old practice still exists in some places. Among the practices no longer in place, the discussants want communal life, whereby villagers shared all they have, re-introduced.

The number of OVC has increased in the community due to communal crises, high cost of living affecting large families and high rate of teenage pregnancies.

Some families and communities send welfare packages to motherless baby homes or even foster children from such homes. Families also need education on such supportive roles. Communities have offered scholarships and established orphanages and their support can be increased and sustained by the community reaching out to affluent members. instituting communal levy and schemes or form organizations to cater for the welfare of orphans.

The attitude of the community to orphans, whose parent(s) have died of AIDS, is that of discrimination due to ignorance and stigma. Support to them comes occasionally. Inheritance practices in the community are varied. A woman and her children could be

dispossessed of her husband's property by his relatives. Some allow the male children to inherit their father's property.

The traditional practices to be performed by widows that expose them to the risk of HIV/AIDS include inheritance of the widow by her husband's relatives. Funeral ceremonies which could involve large expenditures, widows not being allowed to engage in commercial activities over a period of time and where the widow are dispossessed of properties have adverse economic effects on the widows.

FOCUS GROUP DISCUSSION FEMALE ADULTS (AMAWBIA)

Orphans are children who have lost both parents with age ranging from birth to 5 years.

Categories of children in greatest need of support include orphans, child hawkers (children coming from very poor homes), child beggars.

As a coping mechanism families and communities in the past took care of orphans and other children in need by giving food. Extended families absorbed these children and the churches organized welfare visits. Communities then, often contributed to educate orphans or children in need. The practice still in place is church-organized welfare visits. The practices to be re-introduced is community scholarship for these children.

The major problems facing these children are lack of security and dispossession or violation of their rights.

They have noticed more orphans and children in need in their community due to increase in teenage pregnancies and increased deaths of parents. Families contribute towards care and support by taking in these children into their homes, Government should pay salaries regularly for families to increase and sustain their care and support.

The community contributes to care and support by offering scholarships and giving welfare items to motherless babies homes. To increase and sustain the capacity of the community to help, government should come to the assistance of the community.

Individual involvement in providing care and support entails giving out clothes and other items including cash. The community discriminates against people with AIDS.

For inheritance practices 'wills' take care of properties these days but sometimes they are not favorable. Young widows who do not have children do not inherit anything as relatives take up everything.

Traditional practices performed by the widows that expose them to risk of HIV/AIDS include asking them to sleep with men when they are performing other rites. Their widowhood positions make it difficult for them to attract assistance from outsiders especially males thereby creating economic difficulties for them.

FOCUS GROUP DISCUSSION – ADULTS (MEN) – NIBO (AWKA)

The group defined as orphans are children who have lost both parents but any child who has lost one parent is regarded as "half orphan". However, there are situations in which the surviving parent is not of much use to the child and according to participants such a child is an orphan.

The categories of children in greatest need of support include orphans child hawkers (some of which are encouraged to hawk by parents due to poverty), child beggars and child prostitutes.

Extended families looked after orphans and children in need in the past or children are sent early in life to homes where they can learn basic life skills. Such practices are very much in vogue these days but because of our large population they are not noticed. The old practice that should be re-introduced is for young people to start learning basic life skills again. Easy money either through political jobs or otherwise has diverted the attention of young people.

The problems facing orphans and children in need include poverty, lack of education, medical care and lack of basic amenities.

The number of OVC has increased due to poverty and unemployment. Families and the community contribute to care and support of orphans and children in need through advices for the grown ups among them. Individuals also train orphans and vulnerable children while the community also contributes money into a fund that is used to educate the bright ones.

On the ways they would like to be involved, some of the discussants are ready to educate them, advise and train them in skills, foster them, sending used clothes, gift items and money to motherless babies homes.

The attitude of the community to people suffering from HIV/AIDS is that of discrimination. Inheritance practice in the community depends on whether it is a polygamous setting. If it is monogamous the inheritance pattern is that the wife and children inherit the late husband's property. In polygamous homes the relatives and community come in to share the properties. Where there is no male child the relatives educate the female children and keep the properties. Where there is no offspring, the relatives keep the properties.

Practices performed by the widow include shaving the hairs of the widow but they use new razor blades. Before relatives inherit widows in their community the consent of the widows are sought. Most widows attract sympathy and support from their relatives, therefore, there are no practices that put them into economic hardship. However, the widows without male children would not get shares or inherit properties and thus suffer economic effects.

4.3.0. KEY INFORMANT INTERVIEWS

In Anambra 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. AWKA SOUTH LGA

HEALTH WORKERS

There has been a noticeable increase in the number of OVC receiving medical care in their health facilities and one of them thinks this trend could be due to HIV/AIDS and the present economic hardship. The major health problems they present with are malnutrition, anemia, dehydration and febrile illness. Medical care in public hospitals is not free and for these children, relatives and friends who brought them to hospital buy their drugs. Occasionally the children beg for alms from the hospital staff to foot their drug bills. The hospital does not have a Social Welfare Department and does not handle abandoned babies. They are sent to the Motherless Babies Home and are only brought to hospital for circumcision. There are no referrals of vulnerable children to other services. One of the nurses is not aware of strategies for PMTCT of HIV but the other mentioned counseling and breast milk alternatives. The doctors talked about the use of ARV and good antenatal care PMTCT. There is no hospital policy on PMTCT. Collaboration exists with church groups that come to offer prayers. The hospital requires assistance in capacity building, drugs for OVC and funds to establish a social welfare department.

SECONDARY SCHOOL PRINCIPALS - AWKA

The orphan was identified as a child under-aged or within dependency age who has lost both parents. The problems of OVC include lack of parental care, food, shelter, education, medical care, discrimination, rejection and exploitation. The extended family, neighbors and communities took care of OVC but such coping mechanisms have been eroded by westernization where people are more interested in their nuclear families. Apart from orphans other children in need are beggars, hawkers, and street children. One of the respondents has noticed an increase in the number of orphans in the community due to HIV/AIDS, communal clashes and accidents while the other has not.

Orphans live in orphanages, destitute homes and houses where they are adopted or on the streets. One of the respondents believes most communities are not doing enough for OVC. Though some communities, religious bodies and government award scholarship, establish orphanages and provide relief materials, they still believe that the community is not doing enough. Three most important things to be done for OVC are education, medical care and rehabilitation in relevant homes.

A COMMUNITY LEADER, AWKA

Surviving parent, relatives and institutions take care of orphans in the community. An orphan is described as a child below secondary school age who has lost both parents.

The difficulties that orphans/children in need face in the community are insecurity, deprivation, enslavement/child labour, unequal opportunities with others, nutritional/educational problems and lack of care. He does not believe that the extended family takes adequate care of these children due to poor economic status of extended relative, selfishness and inclination to nuclear family.

The type of support that orphans/children in need can get from the community, government and religious bodies include provision of shelter, education, medical care, employment, free food programme and social security for the unemployed.

He thinks the number of orphans/children in need is on the increase and the community does not do anything to address their needs rather, the community accuses them of vandalization.

The three most important things he would like done for these children are: establishing small scale industries for employment, education and medical care and provision of equal opportunities to them to enable them enjoy social amenities.

COMMUNITY LEADER, NIBO

Orphans are taken care of by surviving parent, extended family (maternal or paternal) and occasionally neighbors. He defined orphans as children of 18 years and below who have lost both parents.

They face problems such as lack of education and good nutrition, parental care, shelter, medical care and even hostilities from others.

He agrees that the extended family provides care/support such as shelter, education and food but that such support is insignificant. Besides, those offering such care are fast diminishing due to the nuclear family concept, unemployment, non-payment of salaries and high cost of living.

Other groups of children who need support in the community include children from very poor homes, sick or disabled children beggars, hawkers, street children, child prostitute, child labourers..

The community helps with skill acquisition centers and education but the impact is small because only a negligible number benefits.

He advocates for:

- Free and qualitative education and medical care
- Skill acquisition centers
- Gainful employment

RELIGIOUS LEADER, AMAWBLA

Surviving parent, immediate extended family and occasionally neighbours take care of orphans. An orphan is described as a child who has lost either or both parents.

The extended family provides care but it may not do so in the face of economic hardship. They offer feeding, clothing, education and skill acquisition.

The support from community, government and religious bodies include scholarship schemes, donating money, establishing orphanages/homes, free medicare and spiritual visits.

The number of orphans has increased and most live in care institutions, with surviving parent, extended family and on the streets. Other groups that need support are children from broken homes, hawkers, beggars and child prostitutes.

The community is not doing much except for occasional donations of welfare.

3 most important things he would like done for these orphans and children are:-

- Education
- Free medical care
- Skill acquisition.

4.3.2. ONITSHA NORTH LOCAL GOVERNMENT

HEALTH PERSONNEL

This was obtained from the Chief Medical Officer General Hospital Onitsha, The Medical Officer Waterside Hospital and the Matrons in charge of the Out-Patient Department of the two hospitals.

All the medical workers agreed that there was an increase in the number of orphans/children in need that they were providing care for.

The major health problems they presented with included malnutrition especially marasmus, respiratory tract infection, gastroenteritis and anaemia.

The health care needs of these children were usually provided for by the guardians, or some religious organisations.

None of the health facilities visited had a Social Welfare Department. They usually made use of the Social Welfare Dept in the Local Government Head quarters when the need arose.

In the government hospital abandoned babies were usually sent to one of the motherless babies' homes in the town while the missionary hospital usually nurses them in the hospital nursery before placing them in foster homes or with adoptive parents. The workers felt that some of these abandoned babies were from mothers who are PLWHA.

The health workers were aware of PMTCT and the hospitals usually practiced some form of it. In the Government Hospital the practice includes screening and counseling of the mothers especially on breastfeeding. Routine episiotomy is no longer being performed but the workers have found a strong resistance to caesarian section. In the mission hospital the practice includes screening and counseling of the mothers but episiotomy is still being practiced routinely for primps except if the midwife is very sure that the baby can be delivered safely. There is no written hospital policy.

For the OVC the government hospital does not have a definite policy but sometimes refers them to a mission hospital where the matron arranges for the adoption or placement of the orphaned babies.

The government hospital offers free medical consultation for some charitable organizations e.g. the Missionaries of the Child Jesus.

The Missionary Hospital is collaborating with NGO like the Humane Health Organizations (HHO).

Both hospitals would like to be involved in providing care and support for OVC. They would like to offer financial assistance by soliciting for funds from religious organizations and arrange welfare packages for OVC.

Assistance needed include funding as well as training for members of staff and help in setting up Welfare Departments.

COMMUNITY LEADER MALE

He informed us that the surviving parent takes care of the children or the extended family takes in the children when both parents die. The grandparents can also take in the children or anyone in the community if the above categories of people are not able to. There are no orphanages in the community.

He defined orphans as those who have lost both parents and are below 18yrs of age. The difficulties orphans face in the community include education and finance. They really do not have much problem with feeding and shelter.

The extended family does provide care and support for OVC in the form of food and finance.

There has been changes in the extended families abilities to take care of their relatives' children because things are getting more and more difficult for people. The government

no longer pays salaries and pensions regularly. Traders also are no longer making enough money.

The people in the community can help OVC by continuing to donate time and money but the government is not helping by non-payment of salaries provision of necessary amenities. The churches are not helping much either. They do not help unless you are practically 'sleeping in the church'. In other words you have to be an ardent faithful to get any help from them.

He felt that the number of orphans has increased in the community in the past two years. These orphans either live with the surviving parent or other relatives either maternal or paternal. This is dependent on who is able or willing to take them in. These relatives might not necessarily be living within the community. The orphans are never left alone to fend for themselves and they are never put in orphanages.

The hawkers, street children, beggars, and child prostitutes who function within the community are usually not from the community and so he could not say much about them. He said that children from the community would not do such things within the community where they are well known.

He could not tell us of any activity within the community that addresses the needs of OVC.

Three things he would like to be done for these children include:

Vocational schools for training the children in some skills.

Scholarship for them to attend primary school.

Poverty alleviation schemes for the parents.

COMMUNITY LEADER FEMALE

She informed us that the person who takes care of the children was the surviving parent, extended family members or sometimes they are placed in the Motherless Babies' Home or a good samaritan in the community.

She defined orphans as those who have lost both parents and are aged less than 18yrs. The difficulties these children face in the community include lack of education, food and clothing.

The extended family provides care and support by provision of financial aid, food, and rarely scholarships.

There has been a change for the worse in the extended families ability to take care of their relatives' children. This is due to economic hardship and nonpayment of salaries and pensions by the government.

OVC can get help from religious bodies by the continued donation of food items money etc obtained from parishioners especially during Christmas and Easter. The government can contribute by providing free medical treatment, scholarships and vocational training for them. The community can help by providing a place where the training of the children can be done.

She felt that there has been an increase in orphans in the community in the past few years as the number of deaths among young adults have increased. These orphans do not live alone they usually stay with the remaining parent or with a member of the extended family. There is no orphanage or remand home within the community but she has noticed street children around.

Those other children who need care and support include street children, beggars, hawkers, laborers and child prostitutes. Some of these children live with their parents but because of hardship and poverty are forced out into the streets.

The community has some projects that might address the needs of these children and this includes vocational institutions like the Skill Acquisition Centre in Ogboli Rd Primary School and at Immanuel Church. The problem is that enrolment in these places are diminishing as the children refuse to attend after enrolment. They prefer being on the streets begging hawking etc.

The three most important things she would like to be done for these children include:

- Financial assistance for the parents ie regular and prompt payment of salaries.
- Finding employment for the children and/parents
- Giving them scholarships for training either in vocational or regular schools.

PRINCIPAL BOYS SECONDARY SCHOOL ONITSHA

He informed us that relatives usually take care of those who had lost their father or mother. Also the Motherless Babies' Home or Missionary Hospitals also take in babies whose mothers had died at birth.

He defined an orphan as a child below the age of 12 who has lost both parents.

The difficulties OVC face in the community include lack of feeding, health care, shelter, education, personal care, guidance and counseling.

He said that the extended family does provide care and support for OVCs which includes education and shelter.

He felt that the extended family is no longer able to provide care for relatives children as people now concentrate on their nuclear family.

The government can help these children by giving subvention to families to foster these children or giving scholarships/bursaries for education.

The religious bodies can also contribute as above as well as supervise those homes.

He said that the number of orphans have increased in the community in the last two years and that they usually live with relatives either paternal or maternal. They could also be taken out of the community to live with these relatives. The orphans do not usually live alone or in the streets.

Other children who need support include child beggars, hawkers, prostitutes and laborers. They usually live with some sort of relatives who are very poor and need the assistance of these children to survive. The community is not doing much to address the needs of these children.

The three important things he would like to see done for these children include:

- Education
- Shelter within the community
- Financial assistance.

SCHOOL HEADMISTRESS PRIMARY SCHOOL ONITSHA

She informed us that relatives usually take care of the children or the surviving parent. When they are very small especially those whose mothers died at birth, they are taken to the Motherless Babies' Home or to surrogate mothers.

She described an orphan as a child who has lost both parents.

The difficulties that OVC face in the community includes lack of parental care, and education.

The kind of care and support provided by the extended families depends on the financial standing of the family. The well to do help but the poor ones do not care. The support they can get from them include moral, social mental and emotional support.

In recent times the enlightened extended family members try to help but more children are being sent to the Motherless Babies' Home.

These children can get help from the government in the form of orphanages, homes, training, vocational education and also free education. From the religious bodies they can get spiritual support, alms, food and clothing. The community can also give social support.

She felt that the number of orphans has increased by about 50% in the last 2 years. They live in the Motherless Babies' Home or are given out to couples for adoption. Some of them live on the streets or live alone and fend for themselves. Others live with the surviving parent.

She felt that apart from orphans, poor people need support as well as child laborers, prostitutes etc.

The church gives them food, scholarship and apprenticeship training.

The three things she would like to see done for these OVC include:

Provision of shelter.

Moral support.

Social acceptance.

RELIGIOUS LEADERS (1)

He said that relatives usually take care of these children either the surviving parent or grandparents or maternal or paternal aunts or uncles.

An orphan is described as a child who has lost both parents.

The difficulties that they face include lack of basic recognition as a person ie social support. They also lack clothing, food, medical care, and shelter.

The extended family does provide some form of care in the form of education, and skill training. There is some decrease in the extended families ability to take care of these children. Within the families these children are, there is some segregation and reluctance of the 'foster' parent to spend on these children.

The government can recognize these children and their needs and give them some allowance in the form of social security allowance, job opportunities and provide them with clothing and food. The religious bodies should give them spiritual support.

He felt that the number of orphans has more than doubled in the last 2 years. This he attributed to the present situation in the country viz economic depression, moral laxity, and increase in ill health.

The reverend gentleman felt that the orphans lived with one surviving parent or extended family members. Some have also left for unknown destinations. He does not feel that they have been left on their own to roam the streets.

The other group of children who need support include children from destitute families, child prostitutes, hawkers and laborers.

He informed us that the church is using the pulpit to speak against practices that give rise to orphans. They are also involved in apprenticeship programme, education and a free food distribution system. Presently the latter programme is for the benefit of only the poor and aged who must be registered parishioners.

He would like financial, educational and medical assistance to be given to these children.

RELIGIOUS LEADER (2)

The reverend gentleman informed us that the Social Welfare Department takes care of orphans in the community.

He defined an orphan as a child who has lost both parents.

The difficulties they face include lack of spiritual, moral guidance and education. The relatives take care of these children with supply of food, shelter, education and clothing.

There has been changes adversely affecting the ability of extended families to take care of these children. The number of orphans has increased in the last two years because people are dying everyday and the causes of death include accidents, HIV/AIDS etc.

These orphans are found in orphanages and in the homes of extended family members or surviving parent. The church supports these orphanages.

He felt that other children who need support include child hawkers, street children, beggars and prostitutes.

These children live in the community, in the orphanages or in the streets.

Important things to be done for them include:

Obtaining correct statistic of their numbers to know how many live in the streets, are being housed in homes or are being trained in vocational education.

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. AWKA SOUTH LGA

4.4.1.1. MODEL MOTHERLESS BABIES HOME/DAYCARE CENTRE

Real Estate:
C/o Ministry of Women Affairs and Social Development
Awka

This institution was established in the year 2000 by the Ministry of Women Affairs and Social Development as a charitable institution. All issues related to its function are co-

ordained by the ministry. The institution admits abandoned children, babies of under aged girls and orphans.

The staff strength is 30, consisting of 1 matron, 4 nurses, 1 teacher, 1 co-ordinator, 14 baby sitters, 2 cooks, 1 supervisor (food), 4 gatemen, 2 dry cleaners. Their background range from degree holders to those without any formal education. None has received any training on care of children. The sources of funding include Philanthropists, social organizations, church associations and groups.

Children come from rural and urban areas. The institution offers medical, nursing, educational and emotional care as well as shelter for the children. The age range for the children is 0 to 8 years and it has 38 children (capacity 40). The babies are screened for HIV before admission and none has ever tested positive since inception. If any child gets to 5-8 years old, the institution starts looking for foster parents. They are monitoring the activities of the institution through the well being of the children, the number coming into the institution and the number fostered.

The respondent is not aware of linkages with other organizations but this could be through the Ministry of Women Affairs. For now the community is not fully aware of the existence of the institution therefore there is no definite contribution from the community except for welfare gifts from individuals. Efforts are being made through the churches and other organs to sensitize the community on the existence of the institution so that a more organized and sustained contribution from the community can be achieved.

They have learnt through the categories of children admitted of the societal problems which need to be addressed such as teenage pregnancy, abandoned children and the need for parents not to reject their children who have had babies outside marriage. The institution requires assistance in the areas of staff training, office equipment, logistics and funding.

4.4.1.2. COMMUNITY HEALTH, EDUCATION AND DEVELOPMENT IN AFRICA (COHEDA)

5 Igwebuike School Road, PO Box 963, Awka Telephone: 048-550280

This NGO was established in 1991 and is registered with Awka South LGC, the state and Corporate Affairs Commission. The organization has a Board of Trustees composed as follows:-

Honorable NN Iwenofu	=	Chairman
Chief JCN Nwakadoiu	=	Member
Professor BCE Egboka	=	Member
Dr C Ckafor	=	Member
Mrs LB Iyioku	=	Member

The board meets annually and is advisory in policy and finance. It met last in February 2001. The minutes were sighted.

The organization has a constitution and the objectives include enhancing community health, providing non-formal primary education for poor and disadvantaged children, interventions in reproductive health and raising the standard of living of the rural community through capacity building in income generating activities. A copy of the constitution was obtained. The organization has been involved in some programs such as control of schistosomiasis in the community, HIV/AIDS awareness campaign and has a healthcare facility which has been offering reproductive health care services and care for PLWHA. Recently it was part of FHI conducted in-depth assessment in Anambra State for care and support for PLWHA.

The organization has an organizational structure and an organogram was sighted. It has a full time project manager (Dr C Okafor), and 4 other full time staff. There are 3 part-time staff and 10 volunteers. All the full time staff were present during the assessment and 3 of the volunteers. Most of the staff members have undergone training in various areas including HIV/AIDS counseling, reproductive health and project management but not in care and support of OVC.

The organization has an accountant who has a HND in accounting. She was present during the assessment. The sources of funding have been through UNDP, UNFPA, FHI and fund raising through the Board of Trustees.

The organization monitors and evaluates its activities using indicators such as the number of people who patronize its services and periodic inspection of its projects to ensure that the objectives of the organization are met. It has encouraged community participation in its projects to ensure sustainability.

The organization would like to see more extensive awareness program on HIV/AIDS because it has experienced misinformation and a tendency to disbelieve the existence of HIV/AIDS especially among youths.

It needs assistance in capacity building, planning and funding.

4.4.1.3. SOCIETY FOR WOMEN AND AIDS IN NIGERIA (SWAAN), AWKA CHAPTER

4, DURU CLOSE OFF BISHOP OBIEFUNA STREET, AWKA

The Awka chapter of the organization was established in 1991.

SWAAN has a national board of Trustees but information was not available how often the board meets. The objectives of SWAAN in Anambra State are the same with the parent body and includes creating awareness of the problems of HIV/AIDS/STI and reducing their spread. The organization also addresses other aspects of reproductive health.

There are 2 part-time and 2 full time staff. There are 20 volunteers. The members have undergone training in project management, HIV/AIDS counseling and monitoring and evaluation. The office equipment noted includes video recorder, television set and radio. FHI had sponsored a PC that has not been installed yet.

The sources of funding are through projecting financing by FHI or the parent body.

Their activities cover the urban and rural areas. They have noticed an increase in the cases of HIV/AIDS in the course of their work.

The organization has an M&E officer to ensure that their projects are well monitored and evaluated.

They have linkages with other organizations such as HHO, NURTW and SAWOR.

There is no community contribution to their program but they train peer educators to ensure sustainability of their programs.

They require assistance in the area of training, logistics and funding.

4.4.1.4. MANKIND CARE AND HEALTH ORGANIZATION (MACHON)

58 Ifite Road Besides Water Board, Awka

Tel :048-550762

This NGO was established in 1997 but is not yet registered. The board of trustees is in the process of being constituted..

The objectives of the organization include creating awareness on HIV/AIDS/STDs, providing care and support for PLWHA and the less privileged children and training widows on skills acquisition.

There are two full time staff – the project officer and administrative assistant and two part time staff (project co-ordinator and the project accountant). There are 5 volunteers. Apart from the administrative assistant who is a school certificate holder, the rest have degrees. The accountant was not seen but the others were present. The project co-ordinator and project officer have undergone training in proposal writing, project management, HIV/AIDS counseling, monitoring and evaluation.

The organization has carried out some HIV/AIDS awareness activities for out of school youths and is presently mobilizing widows for skills acquisition. The project covers both rural and urban areas.

The organization has not had any funding yet and is working with contributions from its members.

It does not have linkages with any organization and would require assistance in the areas of capacity building and funding.

4.4.1.5. ANGLICAN ARCHDIOCESE OF AWKA

Archbishop's Office
St Paul's University College Compound, Awka.

Telephone: 048-553514, 553516

The Archdiocese was established in March 1987. There is a synod composed of members drawn from every part of the Archdiocese. They meet annually to discuss issues affecting the Archdiocese. A higher body is the Diocesan Board which comprises a member each from the various diocese and number about 100. They meet annually or on emergency basis to discuss policy matters. The Archdiocese is registered under the Anglican Communion Church of Nigeria.

As a religious denomination the main objectives are to spread the Word of God and develop the Spiritual/Physical aspects of man within the context of evangelism. Medical care is also offered through a number of health care facilities.

It was difficult to list staff members involved in medical/social projects because the church has numerous nurses and doctors and other professionals. If there is a project, the church assigns competent hands to address it. Most of them have undergone training in various areas but none has been trained in care and support for orphans and vulnerable children.

The sources of funding are through voluntary donation by individuals. The church provides food, clothing and health care to orphans and children in need. The activities of the church are monitored through the chaplains who gather information on what has been achieved at any point in time. T

There are linkages with FHI. Communities become part of the program by providing land.

Lesson learnt is that most people do not believe children are suffering and there is the need to create more awareness for people to appreciate this.

Assistance is sought in the areas of training, logistics and funding.

4.4.2. ONITSHA NORTH LGA

4.4.2.1 Humane Health Organization (HHO), Onitsha

This organization has its' office at 39 Awka Road, Onitsha. It was established in February 1999 and is an NGO, CBO and also a faith-based organization. The members hold quarterly meetings. The objective of the organization is to offer psychological support for PLWHA, PABA and OVC.

The organization is registered with the State Government and donor agencies like FHI and USAID. They have a constitution but do not have a Board of Governors or Board of Trustees.

Their current staff strength is seven (7) including part time members and their background is as follows:

The part time staff members:

Dr C. O. Ojukwu	Medical Doctor
Miss I. Nwankwu	Staff Nurse Midwife
Rev Sr V Nwachukwu	Staff Nurse Midwife

The full time staff members:

Mr J. Chikadibia	Medical Lab Scientist
Mrs M. Anigbogu	Staff Nurse Midwife
Miss N. Ilohi	WASC
Miss I. Chukwuneke	WASC

These members of staff had undergone training in counseling, monitoring, evaluation and also OVC care and support training.

The office equipment available include desktop computer, video cassette recorder, television, public address system

They obtain their funds from FHI, USAID and also each member of staff donates a percentage of their monthly emoluments. Their services cover a wide geographical area including peri urban, urban and rural areas.

The organization provides counseling and palliative care services to PLWHA, PABA and OVC. They also provide home-based care.

The HIV epidemic has increased the workload that the organization handles. The organization has noticed an increase in the need to address the well being of children among the population they are working with as they are being stigmatized and lack parental care. Their work relates to OVC. One of the staff has undergone training in care and support for OVC by the Masiye Camp Zimbabwe in August 2001. The subject covered was psychological support to OVC.

Their definition of OVC is those children below 15yrs who have lost one or both parents. Up until June 2001 the organization had catered to 57 children [27males and 30 females]. The services provided include counseling, feeding and sourcing for funds for school fees. The type of assistance they provide include food, clothing, school fees, health care, counseling.

They have access to legal services for the children but do not have an orphanage.

Their activities are monitored by supervision, regular meetings and documentation of activities.

They have linkages with FHI, USAID, FOCOLARE, CARITAS, Knights of St Mulumba CADO (Catholic Archdiocese) The Anglican Communion and SWAAN. The community contributes by attending meetings, donating in cash and kind and being members of the project advisory committee.

The major lesson learnt is that there is need for psychological support for OVC.

The organization requires the following assistance financial, training, vehicle, fax machine, photocopying machine, generator.

4.4.2.2. SAVE THE WORLD (SAWOR)

The organization has its office at 94 Awka Road Onitsha. It has not yet installed a telephone/fax or Email. It was established in 1998. The NGO is by membership and is also a non-profit organization. The members meet monthly and has not yet had any change in leadership. The organization is a support group for PLWHA and also advocates positive living for PLWHA.

It is registered with the State Government and donor agencies. These donor agencies include FHI, DFID, UNDP and HHO.

The organization has a constitution and a Board of Trustees under the chairmanship of Justice N Nzeakor, with Archbishop Obiefuna and Ezennia J Ewunwu as members. They meet as the need arises.

Their current staff strength is five (5), of which, the project manager is part time with a marketing background. The other full time staff are:

Programming Officer	Estate Management
Account Officer	A Level
Office Assistant	WASC
Care and Support Officer	Computer Analyst

Some of their members have undergone training in management, counseling, peer health education (PHE) and training of trainers (TOT).

The equipment they have available in the office includes computer television, video cassette recorder, fans, stabilizers.

The source of their funding includes FHI, and monthly contribution by members. The organization covers a wide geographical area [urban, peri urban and rural].

The organization provides advocacy, sensitization, community mobilization, peer counseling and HIV/AIDS counseling for PLWHA, PABA and OVC.

There has been an increase in the need to address the well being of children in the population the organization is working as there has been an increase in children living in the street and child hawkers. The organization's work relates to children but none of the staff members have undergone any training on care and support for OVC.

Their definition of OVC includes children under 18 yrs who have lost one or both parents or who are not in school because of poverty or economic situation of parents. The organization has provided feeding, funding clothing and medical care to 4 children in 1999, 3 in 2000 and to 1 child up to June 2001. These children have no access to legal services and the organization neither runs nor supports any orphanage.

The programmes are evaluated/monitored monthly to assess progress.

They have linkages with FHI, HHO, CADO, UNICEF, UNAIDS and UNDP. The community contributes by monthly donation from concerned citizens. The monthly contributions by members ensures sustainability.

Lessons learnt include the fact that HIV/AIDS is a developmental problem that cannot be solved with one idea as circumstances change. As an example there is now an increase in orphans as PLWHA are dying. The ARV drugs are not the solution to the problem of PLWHA as they need good nutrition and drugs for opportunistic infections.

The organization needs capacity building of members, financial support, generator, photocopying machine, telephone/fax machine.

4.4.2.3. CARITAS

The office of the organization is situated at the Catholic Secretariat, Holy Trinity Cathedral, PO Box 411, Onitsha.

They have neither a telephone, fax or E mail and were established in 1999. Before this time they were working under the umbrella of the Social Services Committee of the diocese. They branched out after the return of Nigeria to democracy. The organization is an NGO with membership from the community. Meetings are held bi-monthly and is under the auspices of the Catholic Institute of Justice, Development and Peace (CITJAP). The leadership of the organization is by appointment by the diocese and the main objectives are care of the needy and to create awareness in the community about these unfortunate members of the society. The organization is not registered but is under the umbrella of the Roman Catholic Church.

There is no constitution but have rules and regulations which they follow. The Board of Trustees is headed by Monsignor O. Ike with other members and they meet biannually as the need arises. The last meeting was in November 2001. The members of staff have undergone informal training by attendance at conferences and seminars.

The office equipment available include typewriters, sewing machines, ovens, baking/cooking equipment.

They rely on donations from various people and they cover a wide geographical area including urban peri-urban and rural areas.

The organization conducts seminars to create awareness about needy people in the society, sponsor orphans e.g. granting them scholarships, rehabilitate the needy, provide food kitchen once a week, give raw food to the poor.

The major beneficiaries are the needy and the poor.

HIV is changing the work that is being done by the organization. There is an increase in the need to address the well being of children in the area as their attendance has increased by > 150%.

The organization is already working with OVC and is interested in continuing to do so. The members of staff have attended seminar on the care and support of OVC by facilitators from Lagos in November 2001. The organization defines orphans as children below 18yrs who have lost one or both parents especially if the surviving parent is helpless. They also regard beggars, children living in the street who are less than 18yrs as children in need. The informant cannot give a definite number of children provided for since 1999 but knows that more than 100 have benefited since its inception in 1999 up till June 2001.

The assistance given to them include food, money, clothing, health care, fostering.

The organization uses the same legal services as the Archdiocese. They do not run an orphanage. The organization monitors its' programmes by regular meetings and they have linkages with other parishes in the Onitsha Archdiocese, HHO, St Stephen's Society Madonna of Mercy Society and others. The community contributes mainly by donations in cash and kind. The society is sustained by the Grace of God and the good will of the people. The lesson learnt include the fact that people respond to the call of the needy and are sympathetic.

The organization needs financial assistance for rehabilitation of the needy, assistance in building an orphanage, to build a borehole which can be a source of revenue.

4.4.2.3. RED-CROSS MOTHERLESS BABIES HOME

The address of the organization is Enugu-Ozalla Road Onitsha.
Telephone: 046 411040.

The organization was established in 1982 and is an NGO as well as a charitable organization and has members.

The members meet quarterly and have elections.

The objectives are to save lives of the vulnerable ones especially those who have lost their mothers at birth or are abandoned. They are registered with the Local and State Governments and also with donor agencies like UNICEF and UNCR.

The organization does have a constitution, which was not readily available for viewing.

They have a Board of Governors with the following members:

Alhaji Shehu Musa (CRF)	National President
Abiodun Onedy	Acting Secretary
Engr Osuji	Disaster Adviser
Emmanuel Ijewere	Fund Raising Adviser
Jibril Aminu	Youth Adviser
Mrs A Ikem	Branch Relation Adviser

The meets quarterly and the last meeting was in September 2001. There are 20 members of staff which include the state secretary, thematron and a staff nurse/midwife who are all full time workers. The others are full time caregivers who look after the children. Members have undergone training in First Aid Administration.

The equipment available include stretchers, first aid kits, bandages, cots/beds.

Their sources of funding include from the public and religious groups.

They cover a wide geographical area [urban peri-urban and rural].

The organization looks after motherless and abandoned babies. They also arrange for adoption of abandoned babies through the Social Welfare Dept of the Local Government. The major beneficiaries are newborn babies.

The HIV epidemic is not changing the work they do but they have noticed a rise in the incidence of the EPI diseases. The organization's work is related to orphans and children in need and will continue to be so.

The members of staff have not undergone any training in care and support of OVC. Their definition of orphans and children in need as those who have been abandoned at birth or these whose mothers died at birth. They have looked after i.e. housed, fed and catered for more than 200 babies since 1998. The services they render to OVC include food, shelter, clothing, school fees, health care and spiritual care.

They have no legal access for the children under their care. They run an orphanage which caters for children from one day old to 6 years of age.

The capacity of the orphanage is 40. They accept babies whose mothers have died and also abandoned ones. They do not admit children whose parents have died of HIV/AIDS.

The usual length of stay is usually 18 months. At that time at 18 months of age, the children are returned to their fathers. The abandoned ones are adopted by well meaning individuals.

They monitor their programmes by inspection, accounting, auditing and controlling. The Motherless Babies' Home have linkages with the Red Cross Society.

The community contributes food, clothing, money, to the programme. This programme is being sustained by donations from the public.

The programming has taught the organization that hospitals are poorly equipped, knowledge of childhood diseases and also that there is a paucity of health professionals.

The organization needs assistance in acquiring an ambulance, food and clothing for the children and finance with which to pay the workers.

5.0. OBSERVATIONS

- There is still a very high level of ignorance in the community about HIV/AIDS and this to a great extent affects the community response to orphans and other vulnerable children. For instance, if the child is perceived to have a parent who died of AIDS (whether or not this is truly the case) the tendency to isolate the child and treat it differently than other children.
- Although there was recognition of the impact of HIV/AIDS on children and families the level of community ignorance and stigma about HIV/AIDS affects the PLWA confidence to trust the community and its members with the care of his/her child. Hence, PLWA tend to consider institutional care for their children as a preferred option after their death.
- The definition of an orphan was primarily a child who had lost both of their parents but there was no standardized agreement on the age range of an orphan.
- There seemed to be a great deal of consensus on the definition of a vulnerable child (child in need). Including hawkers, beggars, children who do not have access to education or health care etc.
- The majority of abandoned children in the community are attributed to cultural rejections of pregnancy outside of marriage.
- The majority of OVC are being cared for by their parents or extended families yet, those interviewed are not conscious of it. This is perhaps due to the misunderstanding of the concept of orphans and other vulnerable children in that it is not only children in institutions, living on the street etc.
- There is a strong concern for the perceived shift from extended family support to nuclear family support.
- Respondents overwhelmingly place the responsibility of the care and support of OVC on the community, government and faith based organizations. The mention of outside support (NGOs etc) was nearly non-existent.

6.0. CONCLUSIONS

7.0. RECOMMENDATIONS

- A more comprehensive HIV/AIDS approach is needed for all sectors of the community.
- A mechanism for networking among program implementers and key stakeholders is recommended to share experiences, challenges and successes.
- Traditional and religious leaders need to take greater action and the lead to discourage traditional practices that have a negative impact on women and children and to enforce those that benefit women and children.
- Indigenous community groups (women's society groups, women church groups, men's clubs etc) can play a major role in strengthening the well being of orphans and other vulnerable children. As such community mobilization and sensitization with these groups for them to develop strategies for care and support for OVC within their communities is needed.
- Social Welfare Department is a very salient and important department if OVC care and support is to be a success. Therefore more effort from the Government is needed to strengthen the capacity of the Social Welfare Department within this arena.
- Orphanages should be used as a last resort and primarily used as temporary shelter for children. A system to retrace families of abandoned children and mechanisms to strengthen their capacity to care for such children should be explored both for cost-effectiveness reasons and for the well being of the child.
- Interventions to decrease stigma towards PLWA need to be strengthened include clarification on issues related to mother to child transmission and that more than 60% of children born to women with HIV will not have HIV.
- Policies for the well being of children (e.g., fee education, health care etc) need to be up-dated and implementation plans streamlined and put into action so that those in need can benefit.
- Institutional guidelines and fostering guidelines need to be developed and implemented with a mechanism for supervising the care of children in these circumstances.

8.0 LESSONS LEARNT:

- Families are more comfortable caring for their children (OVC) rather than placing them in institutions such as orphanages. However they are limited by their economic situation as wages and pensions are provided on an irregular bases. Note above concerns of PLWA.
- The level of community involvement in care and support is dependant on their level of awareness of the magnitude of the problem in their own community.
- Many children who are considered vulnerable appear in fact to be maternal, paternal or double orphans.
- Although there are edicts aimed at protecting children on the street (e.g., edict on street trading) there are limited alternatives for children hence, making it difficult to enforce the edict.
- The majority of support for OVC in the community appears to be in the means of material support (e.g., food, clothing) but there is little mention of or recognition of psychological and emotional support.
- Orphans and other vulnerable children (e.g., girls living on the street) are at an increased risk of contracting HIV.
- Policies alone are not sufficient they must be followed with action and implementation so that people can benefit from them.
- Communities underestimate the level of support currently provided by them and their ability to adequately care for OVC within a community context.
- Programs are fragmented and have minimal coverage.

APPENDICES

APPENDIX I

LISTS OF CONTACT PERSONS AND ORGANIZATIONS

Names	Designation/Organization
Dr E.U. Odukwe	Director, Ministry Of Health
Mrs C.N. Ufondu	Chief Inspector Of Education Ministry Of Health
Lady C.J. Amobi	Deputy Director Child Development, Ministry of Women Affairs And Social Development
Dr. J. O. Ijezie	State Aids Program Co-Ordinator, Ministry of Health Community Health, Education And Development In Africa (CoHEDA)
Chief Chidera Awka	Community Leader From Umuzocha Village, Awka
Mrs C. Anyachebelu	Rtd Chief Nursing Officer, Model Motherless Babies Home/Daycare Centre
Lady C. Ogum	(Project Manager)- Society For Women And Aids Nigeria Chapter (SWAAN)
Lady C. Ogum	Project Coordinator, Mankind Care And Health Organization (MACHON)
Rev Canon David Obiagboso	Administrative Secretary, Anglican Archdiocese Of Awka

Others interviewed:

Two Chief Nursing Officers
Two Principal Medical Officers
General Hospital Amaku, Awka
Principle, Igwebuike Secondary School
Principle, St. John of God Secondary School

Assesment Team Members

Dr. E. Isamide
Dr. I. Emodi
Dr. C. Okoye
Dr. C. Ojukwu

Dr. S. Akpati
Mr. G. Ngwu
Mr. R. Ibe
Mrs. J. Nwobu
Mrs. N. Onwughaiu
Mr. J. Ibekwe
Mrs. P. Ikwukeme