Community-Based Support (CUBS) Project for Orphans and Vulnerable Children in Nigeria

Developing a Program Framework, Approach, and Activities to Address the Vulnerability of Girls, Young Women, and Female-Headed Households within the Context of OVC Service Delivery and HIV Risk Reduction
Preface

This report was commissioned by the Community-Based Support (CUBS) for OVC Project in Nigeria in April 2010 as part of the initial design work for enhanced programming to address the needs of adolescent girls, ages 12-17 and female heads-of-OVC-households.

CUBS management is grateful to the consultants Arit Oku and Oma Cobham Nsa for the very thorough work done over the month-long consultancy period. The work required significant travel on a very tight schedule. The documentation and recommendations from the consultants will play a central role in informing the design of gender-focused activities under CUBS, and through dissemination of information contained within the report, it will assist other stakeholders in planning similar social support programs.

It should be noted that this final report disseminated by CUBS has been edited from the original version submitted by the consultants, with emphasis on retaining the content and recommendations, while editing text for clarify, and adjusting presentation and formatting for easier reader understanding.

Thanks to CUBS Gender Advisor Sarah Amahson for her work in supervising the assessment process and to all CUBS staff for input during the various stages in development this report. And thanks to the many individuals, community organizations, government officials, and others who generously gave interviews, participated in focus groups, and stakeholder meeting. Your support will enable CUBS to deliver more effective support to communities and families.

Dr. Liman Audu
Chief of Party CUBS
Contents

Definition of Terms ................................................................. 5
Acronyms .............................................................................. 8
Acknowledgments ................................................................. 11

SECTION 1: EXECUTIVE SUMMARY ............................................. 12
The CUBS Project ................................................................. 13
Findings ............................................................................... 13
Recommendations for Reducing the Vulnerability of Female Adolescents and Female Heads of Households ......................................................... 14

SECTION 2: BACKGROUND AND INTRODUCTION ......................... 18
The Challenge ...................................................................... 19
National OVC Response ......................................................... 20
Community Based Support (CUBS) For OVC Project: Bringing a Gender Focus to OVC Programming ......................................................... 20
Scope of the Project .............................................................. 20
Project Objectives and Strategies .......................................... 21
Consultancy Overview ......................................................... 21

SECTION 3: REDUCING THE VULNERABILITY OF FEMALE ADOLESCENTS AND FEMALE HEADS OF HOUSEHOLDS ......................................................... 22
Situation Analysis: Orphans and Vulnerable Children ..................... 23
Regional Variations ................................................................ 25
The Female Orphan and Vulnerable Child ...................................... 27
Female Head of Household ...................................................... 28
Caregiver .............................................................................. 29
Degrees of Vulnerability of Orphans .......................................... 29

SECTION 4: LEVELS OF INTERVENTION ......................................... 32
Leveraging Access Points to Ensure Success .................................. 33
Intervention Level One: Individual .............................................. 33
Assuring Gender Balance in OVC Selections ................................ 33
Using the Child Status Index .................................................. 35
Intervention Levels One and Two: Individual and Support Networks ......................................................... 36
Assessment of OVCs, Caregivers, and Households ...................... 36
Intervention Level Two: Support Networks .................................. 38
Assuring Gender Balance in Caregiver Selections ....................... 38
Assuring Gender Balance in Distribution of Economic Support to Caregivers ......................................................... 38
Intervention Level Three: Systems ............................................. 38
Driving a Community-Based Approach to Inform a National Response ......................................................... 38
Capacity-building for CUBS and FWMASD Staff ....................... 41
State-Level: Working with CSOs ............................................. 41
Entry Requirements for Community Engagement ....................... 42
State-Level: Strengthen LGA Structures to Support the National Response ......................................................... 43
Key Actions at State-level ...................................................... 43
**Definition of Terms**

The following are the definitions of various terms and concepts as used in the National Guidelines and Standards of Practice (FMWASD 2007) and also adopted here in this report. The writers also include definitions culled from a few other sources.

**Caregiver:** The individual who takes primary responsibility for the physical, mental, and emotional needs and well being of a child.

**Child:** A person who is below the age of 18 years.

**Child Labor:** refers to children working in contravention of the above standards (i.e., **Child work**). It means all children below age 12 years working in any economic activity, and those ages 12 to 14 years engaged in harmful work, and all children engaged in the worst forms of labor (i.e., being enslaved, forcibly recruited, prostituted, trafficked, forced into illegal activities, or exposed to hazardous work). (See **Child Work, Economic Activity, and Hazardous Work**.)

**Child Work:** Children’s participation in economic activity that does not negatively affect their health and development or interfere with their education. Work that does not interfere with their education (light work) is permitted from the age of 12 under the International Labor Organization (ILO) Convention 138. (See **Child Labor, Economic Activity, and Hazardous Work**.)

**Community:** A group of people, usually living in an identifiable geographical area, who share a common culture and are arranged in a social structure that allows them to exhibit some awareness of a common identity as a group.

**Community Development Committee** also called **Child Protection Committees** (responsible for child welfare): A group comprising men, women, girls, and boys, which should be established and/or strengthened in communities and which will be responsible for identifying orphans and vulnerable children (OVCs) and for implementing, and monitoring OVC programs in communities. It could be an existing village or community committee, age grade, and so on, that can effectively take on the added responsibility of ensuring child welfare.

**Disability:** The state in which a person has a visual, hearing, speech, physical, mental, emotional, or intellectual impairment that may be present singly or in combination; may be mild, moderate, or severe in nature.

**Economic Activity:** A broad concept that encompasses most productive activities undertaken by children, whether for the market or not, paid or unpaid, for a few hours or full time, on a casual or regular basis, legal or illegal. It excludes chores undertaken in the child’s own household or schooling. To be counted as economically active, a child must have worked for at least one hour on any day during a seven-day reference period (ILO 2006). (See **Child Labor** and **Hazardous Work**.)

**Extended Family:** A collection of a number of households or families of individuals who are related by blood and with social ties and responsibilities toward one another. Most communities especially in the rural areas depend on extended families for nutrition, care, and support.
**Extreme Poverty:** The state in which a person is living at a subsistence level that is below the minimum requirements for physical well-being, usually based on a quantitative proxy indicator such as income (less than one dollar a day) or calorie intake, but sometimes taking into account a broader, qualitative package of goods and services.

**Family:** A group consisting of one or more parents, their offspring and close relations that provides a setting for social and economic security, transmission of values, protection, and affection for the family members.

**Field Officer:** A generic term that refers to the program staff or community volunteer, paid or unpaid, full time or part time who has direct, everyday contact with orphans and vulnerable children and their households (program beneficiaries).

**Field Supervisor:** A generic term for program staff or community volunteer, paid or unpaid, full time or part time, who has less frequent contact with orphans and vulnerable children and their households (program beneficiaries). She/he supervises a number of field officers, and often has oversight for the program.

**Gender:** Refers to the socially constructed roles and responsibilities of women and men in a given culture and location. These roles are influenced by perceptions and expectations arising from cultural, political, environmental, economic, social, and religious factors, as well as custom, law, class, ethnicity, and individual or institutional bias. Gender attitudes and behaviors are learned and can be changed. (CEDPA)

**Gender Mainstreaming:** The process of assessing the implications for women and men of any planned action (including legislation, policies, or programs), in any sector and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres. This is to ensure that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.” Source: UN Economic and Social Council, Report

The goal of gender mainstreaming is to ensure that the concerns and priorities of women and men in policies and programs are taken into consideration; that men and women have equal opportunities to set goals and priorities and to participate and benefit from program activities. Gender issues have great impact on all areas of development and must be included in all program analyses, policy development, and planning.

Gender mainstreaming ensures that women and men have equal opportunities, rights, and benefits from programs and development. Gender must be incorporated in programs as an essential ingredient, like “yeast in bread.” This should be done from the very beginning and in all aspects of programs and projects. (From ActionAid International /Nigeria Gender Training Manual)

**Gender Sensitivity:** The ability to recognize issues related to the relationship between males and females, and especially the ability to recognize differences in perceptions and interests between males and females arising from different social position and different gender roles.

**Guardian:** Any person caring for a non-biological child.
**Hazardous Work:** Any activity or occupation that, by its nature or type, has or leads to adverse effects on the child’s safety, physical or mental health, or moral development. Hazards could also derive from excessive workload, physical conditions of work, and/or work intensity in terms of duration or hours of work, even where the activity or occupation is known to be non-hazardous or safe (ILO 2006). Hazardous work is a subcategory of child labor, which in turn is a subcategory of economically active children. (See Child Labor, Child Work, and Economic Activity.)

**Household:** A group of people who normally live and eat together in one spatial unit and share domestic functions and activities. Although a household is similar to a family, the two are not identical. A household may be a family living in the same house or compound. A household may consist of one or more parents, children, and often includes extended family and friends.

**Human Rights:** Human rights are the rights people have simply because they are human beings, regardless of their nationality, ethnicity, gender, language, race, or other status. They are the basic standards without which people cannot live in dignity. They are held by all persons equally and forever. Human rights are universal, interdependent, inalienable, and indivisible and are based on equality, human dignity, non-discrimination, and responsibility.

**Marginalized:** A term used to refer to persons who are deprived of opportunities for living a respectable and reasonable life that is regarded as normal by the community to which they belong.

**Minimum Package of Services and Rights:** Proposed priority interventions that have been selected through a national consultative process that should provide a supportive environment for orphans and vulnerable children to live to their full potential.

**Nutrient Dense:** Refers to a lot of nutrients in a food serving (nutrients are proteins, fats, carbohydrates, vitamins, minerals, and water). Dark-colored foods are often more nutrient dense than light-colored foods. For example, whole grain flour is more nutrient dense than white colored highly processed flours; and dark leafy greens like the African spinach are more nutrient dense than lighter leafy greens like lettuce or cabbage.

**Orphan:** A child who has lost one parent [maternal/paternal orphan] or both parents [double orphan]. In some parts of Nigeria, however, a child is not regarded as an orphan if the father is alive. In other parts, a child is regarded as an orphan only if both parents are dead. Most Nigerian languages do not have an equivalent for the term “orphan.”

**Poor or In Need:** The segment of the population that is defined, using a set of accepted criteria by the community, as belonging to the lowest socioeconomic strata in terms of access to opportunities, social services, and wealth (See Extreme Poverty and Poverty.)

**Poverty:** The inability of an individual, family, or community to attain a minimum standard of living, as defined in the Millennium Development Goals. This is evidenced by the lack of basic needs and services such as food, clothing, bedding, shelter, basic health care, roads, markets, education, information, and communication. (See Extreme Poverty and Poor or In Need.)

**Vulnerability:** A state of being or likely to be in a risky situation, where a person may suffer significant physical, emotional, or mental harm that could result in his or her human rights not being fulfilled. There are many factors that make a child vulnerable (See Vulnerable Child.)
Vulnerable Child: A child who, because of circumstances of birth or immediate environment, is prone to abuse or deprivation of basic needs, care, and protection, and is thus disadvantaged relative to his or her peers. Below are the categories of vulnerable children, as defined during consultations with stakeholders from the six geopolitical zones in Nigeria:

- Children who have lost one or both parents
- Children living with terminally or chronically ill parent(s) or caregiver(s)
- Children on or of the street (i.e., child hawkers)
- Children living with aged or frail grandparent(s)
- Children who get married before 18 years
- Neglected and abandoned children
- Children in child-headed homes
- Children infected with HIV
- Child beggars/destitute children (including exploited almajiris)
- Internally displaced or separated children
- Child domestic servants
- Child sex workers
- Children with special challenges or disability, or whose parents have disability
- Trafficked children
- Children in conflict with the law
- Children of migrant workers (e.g., fishermen or -women, nomads)
- Children living with teenage unmarried parent(s)

Acronyms

AIDS acquired immune deficiency syndrome
ARH adolescent reproductive health
ART antiretroviral therapy
BCC behavior change communication
BDS business development services
CBO community-based organization
CPC child protection committee
CRA Child’s Right Act
CRC Convention on the Rights of the Child
CSO civil society organization
CUBS Community-Based Support for OVC in Nigeria
DFID Department for International Development
FBO faith-based organization
FCT Federal Capital Territory
FGD focus group discussion
FHI Family Health International
FHH female head of household
FIDA International Federation of Women Lawyers
FLHE Family Life and HIV Education
FMWH Federal Ministry of Health
FMWAsD Federal Ministry of Women Affairs and Social Development
GHAIN Global HIV/AIDS Initiative Nigeria
GFATM Global Funds to Fight AIDS, Tuberculosis and Malaria
HBC home-based care
HCT HIV/AIDS counseling and testing
HES household economic strengthening
HIV human immunodeficiency virus
IA implementing agency
IGA income-generating activity
LGA local government area
M&E monitoring and evaluation
MDA ministries, departments, and agencies
MHH male head of household
MOH Ministry of Health
MOU memorandum of understanding
MSH Management Sciences for Health
NACA National AIDS coordinating agencies
NAPEP National Poverty Eradication Program
NDE National Directorate of Employment
NGO nongovernmental organization
OVC orphans and vulnerable children
PESWAC Perpetual Succor for Women and Children
PEPFAR (US) President’s Emergency Plan for AIDS Relief
PLWA person(s) living with AIDS
PLWH person(s) living with HIV
PMTCT prevention of mother-to-child transmission
PSS psychosocial support
QA quality assurance
SACA State AIDS coordinating agencies
SCV Service Corps Volunteers
TA technical assistance
TB tuberculosis
UBE Universal Basic Education
UNICEF United Nations Children’s Fund
USAID United States Agency for International Development
USG United States Government
WISE Women’s Initiative for Sex Education and Economic Empowerment
Acknowledgments

We acknowledge with gratitude the support provided by members of the Management Sciences for Health/Africare team during the duration of the assignment documented in this report. We are also thankful to God for the opportunity to be part of this important change process.

—Arit Oku and Oma Cobham Nsa.
SECTION 1: EXECUTIVE SUMMARY
The CUBS Project

The Community Based Support (CUBS) for Orphans and Vulnerable Children (OVC) project is being implemented by Management Sciences for Health and Africare in 11 of Nigeria’s 36 states and will simultaneously strengthen the advocacy and coordination roles of the Federal Ministry of Women Affairs and Social Development (FMWASD). The 5-year CUBS for OVC project aims to make a marked difference in the lives of 50,000 OVC and 12,500 caregivers by increasing their access to scarce but crucial resources while also taking into cognizance additional issues of gender, quality, and sustainability.

To achieve successful outcomes, this response to the OVC challenge in Nigeria will involve multiple stakeholders and players including ministries, departments, and agencies (MDAs); civil society organizations (CSOs); faith-based organizations (FBOs); the private sector and development partners, with the Federal Ministry of Women Affairs and Social Development (FMWASD) as the coordinating agency.

One component of the CUBS project is focused on an often-neglected subpopulation of OVC: female (as well as male) adolescents. Many of these individuals are also caregivers and as such intersect the project’s two target groups of beneficiaries—OVC and caregivers. The mandate of the 24-day consultancy work documented here was, in particular, to identify ways in which the CUBS project could program to decrease the vulnerability (with particular attention to sexual vulnerability) of female adolescents and female household heads and also seek ways to provide safe spaces for these two groups. Thereafter, consultants were to develop a program framework, approach, and activities to address the vulnerability of girls, young women, and female-headed households within the context of OVC service delivery and HIV risk reduction.

Methodology employed includes a literature review which examined regional as well global best practices and field research and which included roundtable discussions with major state and non-state stakeholders representing six of the eleven CUBS target states, as well as national level stakeholders. Focus group discussions (FGDs) with separate groups of male and female adolescents were held in two of the eleven CUBS states. Consultants also conducted interviews with caregivers and a dissemination/validation meeting in Abuja with representatives of donor and government agencies, as well as nongovernment organizations (NGOs) and others involved in OVC programming in Nigeria.

Findings

The situation of OVC and their caregivers in Nigeria remains highly deplorable. Many are in abject poverty deprived of even the basic necessities of life: dignified and sustainable access to food and nutrition, acceptable living conditions, psychosocial resources critical to development and health, legal and social protection, educational resources, wages/income, and affordable health care.

The generally held assumption is that the extended family and community provide a safety net of protection for orphans following the death of parents or guardians. During the rapid assessment that informed this present report, however, a majority of respondents alluded to the fact that the extended family and community systems have become so weakened that they rarely these days provide the said safety nets. Government structures are also considered quite weak in terms of providing support for OVC, especially at the state and local government levels.
where the most direct impact can be made on the lives of the target group. It is these weakened and eroded structures that are most important to the success of a community-driven national response to the challenge of OVC.

Within the Nigerian context and based on study findings, the female adolescent OVC experiences a complex set of vulnerabilities. She is young and entering puberty when many changes, both physical and psychological, are taking place. This is a sensitive period in her life cycle during which she needs gentle, caring navigation through the rites of passage to adulthood. Orphaning occurs and suddenly, all protective cover over her is removed. She feels exposed, cheated, betrayed, desperate, and powerless to change her situation because the layers of protection usually available to adolescents are either stripped off or ineffective. Incapable of accessing even the most critical resources, overwhelmed by need and unable to make life-enhancing decisions, she falls prey to exploitation and risks in her quest to access basic necessities.

Factors that increase vulnerability include gender inequities, poverty, age, culture, social class/status, terminal illness, education level and lack of access to information. These are exacerbated by household politics in which women and girls are largely powerless, voiceless, and undervalued. Despite the low value placed upon these females, the burden of care and nurture falls heavily on them. This situation becomes worse if illness or death of the patriarch and breadwinner/head of household occurs. Illness or death of the mother figure can further exacerbate the balance of power and situation of the girl-child who was already at the bottom in the hierarchy of power within the household. As poverty deepens, so does her vulnerability and ability to protect herself from HIV infection. Study findings also showed that vulnerability presents in various forms across the subregions of the country, each of which have implications for CUBS programming.

**Recommendations for Reducing the Vulnerability of Female Adolescents and Female Heads of Households**

Due to the pervasiveness of the challenges facing female adolescents and heads of households and based on study findings, it is hereby recommended that the CUBS project intervene at three levels—individual, support network, and systems—to have an impact on orphans through four critical as well as strategic intervention platforms (i.e., education, economic strengthening, psychosocial support, and legal protection). (See sidebar: *Strategic Focus for Reducing Female Vulnerability.*) Focusing on these three access points and addressing these four areas of need will have the greatest capacity to reduce the vulnerability of adolescent females and female heads of households and to affect other OVC groups including male adolescents.
Interventions aimed at the individual are important for obvious reasons—the target of the initiative is directly affected. Equally important to successful and sustainable programs are interventions directed to the support networks and institutional systems in which the individual is included. A holistic approach must intervene at all three of these levels to ensure lasting and meaningful impact.

Education is still considered the single most potent tool to change the gender dynamics that keep women poor and subject to exploitation and HIV infection. Economic strengthening of the caregiver is key to mitigating the impact of orphaning and widowhood, respectively. Gender-sensitive psychosocial support is important in filling the huge emotional chasm that orphaning produces and for reducing the impact of the trauma that many of our adolescent female respondents described. Protection, legal and otherwise, represents the wall of security needed by the adolescents to enable them access to the basic provisions that ensure basic freedoms and rights.

It is our recommendation that the priority areas of intervention highlighted be piloted and well tested in selected CUBS states in the first two years and then scaled with necessary amendments or adaptations to all eleven focal states in the latter life of the project.

Though our recommendation is to focus specifically on the aforementioned levels of interventions and intervention platforms, there are some additional strategic considerations to ensure maximum effectiveness.

The CUBS program must ensure a high sensitivity to gender equity at all levels of interaction and service provision. Advocacy, networking, social mobilization, gender sensitization/training, and capacity-building/strengthening will provide the skeletal framework to keep all the pieces working together to achieve the desired results.

Also key to the success of the program will be establishing effective referral linkages to other OVC service providers in the eleven focus states to ensure that beneficiaries of the CUBS project have access to basic needs necessary for survival (including food and nutrition, shelter, and health care).

Mass awareness-raising about gender and OVC issues and promotion of behavior change must form a prominent part of the overall communication strategy. Information, especially in the key areas of gender and youth-friendly sexuality, sexual, and reproductive health and rights, needs to be provided to stakeholders. The communication component is not very clear in the current CUBS project framework.
On the service side, CSOs including NGOs, FBOs, CBOs, and community volunteers as well as CUBS core staff will play a pivotal role to drive the community (bottom-up) response and must also be an integral part of the general strengthening and reorientation in gender-sensitive programming that CUBS demands.

The success of the CUBS project will be determined by how effectively it can ensure that the voices of individuals, households, and communities determine advocacy at the state levels while also holding government to account in implementation of the national response.
SECTION 2: BACKGROUND AND INTRODUCTION
The Challenge

HIV/AIDS is a crisis that has drastically affected the world as we know it today. It affects the social and economic life of nations and oftentimes has drastic impact on relationships at various levels: individual, marital, the family, work place, community, and other spheres of human interaction. Nigeria has a starring role in the global crisis as the nation with the second largest population of people living with HIV/AIDS after South Africa. Nigeria’s population of people living with HIV/AIDS accounts for about four million of a global total of 40 million. Some have described the Nigerian epidemic as being less virulent in comparison with what has happened in some sister nations in Sub-Saharan Africa, Uganda, for example. But sooner or later, we all have to face the fact that as the most populous country in Africa with 152.6 million people (Population Reference Bureau, 2009), Nigeria’s epidemic is one that must be positioned as a national emergency. As such, creative strategies have to be employed to stem it.

“... in 2008, the prevalence among pregnant women was 4.6 percent which would be considered a progress from 5.8 in 2001. Despite that, more interventions are needed to limit the spread of HIV in Nigeria. One of the remarkable social and economic impacts of HIV/AIDS is the ever increasing number of AIDS orphans which is estimated at 2.12 million in 2008 and 2.175 million in 2009.” (NACA/UNAIDS (March 2010) UNGASS Country Progress Report. Emphasis added).

Officially, the first AIDS case in Nigeria was reported in 1986 in a 13-year-old girl. Since then, orphans and vulnerable children (OVC) produced by AIDS-related deaths and illness have continued to fuel a general increase in the numbers of OVCs that the system was already producing. The problem already existed, caused and exacerbated by increasingly challenging social and economic problems, especially poverty and unemployment. Poverty in itself is caused by a complex set of factors including, on the local level, poor governance structures and massive corruption and, on the global level, economic market forces that do not favor developing world import-driven and dependent economies.

The AIDS epidemic and its attendant problems served to worsen what was already a bad situation—increasing poverty and a mass rural-urban drift in search of greener pastures (which also served to weaken community structures including the traditional extended family system). The extended family formed an integral part of traditional and community life that served in the past to cushion the extreme impact of orphaning.

Available data indicates that the burden of OVCs varies from state to state with Benue State having the highest burden. Numerous surveys have identified major causes of orphaning in Nigeria as AIDS, road accidents, high rate of maternal mortality, and ethno-religious conflicts. Others include vulnerability as a result of poverty, gender inequality, conflict, and negative cultural practices.

There is undeniable proof that OVC in Nigeria live in dehumanizing conditions and are exposed to neglect, exploitation, abuse, and deprivation of basic human rights and needs. OVC are at a significant disadvantage compared to non-orphans, with female OVC bearing a disproportionate brunt of the burden. OVC are likely to have lower school enrollment rates, have poorer health and nutritional status, suffer higher levels of abuse and exploitation, suffer the lack of love and affection, experience higher rates of stigma and discrimination, and suffer emotional problems, among other issues. Female orphans carry a disproportionate care-giving
burden when family members become sick or die of AIDS. Thus, they tend to be deprived of school and educational opportunities and the resultant economic empowerment associated with education. They may also be forced into sexual unions that increase their susceptibility to HIV infection and expose them to unintended pregnancy and all the associated negative effects.

Thus, the issues surrounding gender inequality deserve urgent attention and action in the fight to curtail the spread of HIV and its attendant problems, especially as it has been established that “Heterosexual sex remains the primary mode of transmission for HIV and accounts for 80-95 percent of HIV infection in Nigeria” (NACA/UNAIDS (March 2010) UNGASS Country Progress Report, p.28).

**National OVC Response**

Response to the OVC challenge in Nigeria involves multiple stakeholders including MDAs, CSOs, FBOs, private sector and development partners with FMWASD as the coordinating agency. A *National Plan of Action (NPA) on OVC (2006-2010)* was developed to provide a single framework to guide the OVC response in Nigeria.

The *National Guidelines and Standards of Practice on Orphans and Vulnerable Children* (FMWASD, 2007) represent an important milestone in the history of the national response on OVC in Nigeria. It is the country’s framework for OVC programming and demonstrates the commitment of the Federal Government of Nigeria to ensure that every Nigerian child has access to a better quality of life. As an improvement on the NPA, the *National Guidelines* provides explicit standards of practice to address specific gender issues in OVC programming.

**Community Based Support (CUBS) For OVC Project: Bringing a Gender Focus to OVC Programming**

Through the (US) President’s Emergency Plan for AIDS Relief (PEPFAR), the U.S. Government (USG) is the largest contributor to programs for OVC in Nigeria. In combination with the Nigerian Government, UNICEF, and other donors, PEPFAR’s support has been instrumental in helping key Nigerian government agencies with an articulation of standards for OVC care and guidelines to provide direction for OVC programs. Through CUBS for OVC, PEPFAR will be providing essential support for training and other activities vital to strengthening government’s leadership and coordination roles for OVC programs. The five-year CUBS for OVC project began in six states in September 2009 and is programmed for scale up to five more states in year two (see table on page 23: CUBS Implementation States) is being managed by Management Sciences for Health (MSH) and Africare and will simultaneously strengthen the advocacy and coordination roles of the FMWASD while also meeting the needs of OVC and their caregivers in the eleven target States.

**Scope of the Project**

Using a bottom-up approach to mobilize OVC care and support, MSH in partnership with Africare will integrate a currently fragmented OVC service delivery system, working to mobilize community support and raise awareness to reduce stigma, discrimination, and isolation. Through Service Corps Volunteers (SCV), state and community forums and OVC champions, the project will scale up delivery and improve quality of services. It will provide capacity-building and on-the-job mentoring for state and community-based providers and institutions,
implement targeted systems-strengthening activities, and offer small grants to CSOs and FBOs. The partnership will leverage existing resources and build on already established federal, state, and community foundations to improve OVC services and disseminate lessons learned.

**Project Objectives and Strategies**

1. To provide long-term in-country support for coordination and scale up of HIV activities in support of USG/Nigeria OVC strategies by improving policy and legislation and channeling resources to communities, particularly those with disproportionate numbers of OVC services.

2. To mobilize and support community-based responses which identify, locate, and protect OVC in addition to providing both immediate and long-term therapeutic and socioeconomic assistance to vulnerable households.

3. To deliver a holistic service package focusing on the multifaceted needs of OVC, including home-based care for infected children, gender issues, stigma and discrimination related to the vulnerability of female OVC and heads of household.

4. **To address gender-related issues in OVC programming, particularly the vulnerability of the girl-child, female-headed households, and the burden of care that rest on females**

5. To document and disseminate successful innovative approaches, sustainable models, evidence-based best practices, and lessons learned, in addition to new tools and methodologies in HIV/AIDS OVC programming.

**Consultancy Overview**

This report documents the work and research conducted by two consultants to specifically support achievement of objective 4 of the CUBS for OVC project: *To address gender-related issues in OVC programming, particularly the vulnerability of the girl-child, female-headed households, and the burden of care that rest on females*. The rest of this report will focus on presenting the problem, challenges and suggested methodologies for achieving this objective in the project’s 11 states.

Please see appendix 1 for the *Terms of Reference for the Consultancy Assignment*, appendix 2 for the *Reviewed Workplan*; appendix 3 for the *Literature Review* (and description of research methodologies that were employed as a basis for writing this report), and appendix 4 for the *Reports on Stakeholder Engagement*.
SECTION 3: REDUCING THE VULNERABILITY 
OF FEMALE ADOLESCENTS AND FEMALE HEADS OF HOUSEHOLDS
Situation Analysis: Orphans and Vulnerable Children

Of the six states included in Year One implementation for the CUBS for OVC project, Akwa Ibom and Rivers, both in the South-South geopolitical zone, have the highest HIV prevalence rates (9.7% and 7.3%, respectively) in the country. One of the CUBS states targeted for intervention in the second year, Ekiti, has the lowest prevalence rate in the country at 1.0%. What factors influence these disparities in a country where national prevalence currently stands at about 4.6%?

Studies and research have largely attributed the worrisome prevalence rate in the country to lack of awareness, dense commercial sex networks, and poverty. Other factors also identified as fuelling the crisis are poor gender empowerment, religious and cultural obstruction to open discourse about sexuality, early age of sexual debut, and corruption (NigeriaHIVinfo.com 2006).

Ekiti State (with the lowest prevalence) is noted to have the “highest enrolment of secondary school students in the country” (Ogunrotimi, 2004). This may be one reason that Ekiti has been able to keep HIV/AIDS prevalence low. In addition, Ekiti, like many states in the southwest, has had access to a number of HIV prevention programs including peer education programs for young people (some funded by USAID). The state is also implementing the Family Life HIV/AIDS Education program in secondary schools.

Some of the factors that continue to fuel HIV infection rates and women’s (and girls’) vulnerability in the CUBS focus states are highlighted in the table on page 25 (Sampling of Harmful Gender Practices by State). Generally, there is low access to reproductive health information at the household and community levels and low government commitment to reproductive health and gender issues. Although some of the CUBS states may have a number of active NGOs working individually, networking and coalition building around issues is limited, reducing overall impact.

Across the states, harmful traditional and gendered practices, which vary across regions, increase vulnerabilities of females. All these issues need to be addressed by CUBS to reduce gender disparities.

Poverty is a driving force that exposes adolescents and young people to risks. The dangers posed by high sexual networking outside marriage characteristic of adolescent and female youth in the South-South can be equated with the same level of risk for adolescents in the

<table>
<thead>
<tr>
<th>HIV Prevalence in CUBS States</th>
<th>CUBS State</th>
<th>HIV Prevalence Rate</th>
<th>Number of Orphans</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTH-SOUTH</td>
<td>Akwa Ibom</td>
<td>9.7%</td>
<td>413,300</td>
</tr>
<tr>
<td></td>
<td>Rivers</td>
<td>7.3%</td>
<td>497,467</td>
</tr>
<tr>
<td></td>
<td>Bayelsa</td>
<td>7.2%</td>
<td>168,479</td>
</tr>
<tr>
<td></td>
<td>Delta</td>
<td>3.7%</td>
<td>305,339</td>
</tr>
<tr>
<td>NORTH EAST</td>
<td>Gombe</td>
<td>4.0%</td>
<td>206,583</td>
</tr>
<tr>
<td></td>
<td>Taraba</td>
<td>6.2%</td>
<td>198,610</td>
</tr>
<tr>
<td>NORTH WEST</td>
<td>Sokoto</td>
<td>6.0%</td>
<td>309,028</td>
</tr>
<tr>
<td></td>
<td>Kebbi</td>
<td>2.9%</td>
<td>77,400</td>
</tr>
<tr>
<td>SOUTH EAST</td>
<td>Imo</td>
<td>4.6%</td>
<td>327,075</td>
</tr>
<tr>
<td></td>
<td>Enugu</td>
<td>5.8%</td>
<td>76,683</td>
</tr>
<tr>
<td>SOUTH WEST</td>
<td>Ekiti</td>
<td>1.0%</td>
<td>74,856</td>
</tr>
</tbody>
</table>

northern states forced into early marriage and pregnancy with older mates about whose HIV status they have no clue.

Within the purview of the household, marriage is supposed to provide a high level of security and protective cover for those within the institution. This assumption often conceals the reality, which is that marriage exposes girls and women to huge risks—especially with regard to practices that take place within marriage and within the backdrop of the secrecy and privacy that surrounds the institution. Religion and culture position the marriage institution as a sanctified and sacred no-go area where a third party (even a program implementer or social worker) is considered an intruder.

But early marriage practices, polygamy, multiple sex partnerships, rape, sexual violence and abuse, and the inability of women (especially adolescents) to negotiate safer sex make some marriage settings extremely unsafe spaces for women and especially girls. Messages that focus on faithfulness between “partners” in a marriage relationship and abstinence for adolescents completely fail to address issues of power relations and the multi-layered and multi-faceted issues surrounding individual marriage settings.

In and outside marriage, girls are exposed to different types of risks as the diagram below shows. Some patterns of risks occur more in certain settings than others—north vs. south, urban vs. rural, Christian vs. Muslim - but countrywide there are no clear cut demarcations. For instance, while Southern Nigeria has higher populations of Christians than Northern Nigeria, there are communities in Southern Nigeria where there are a predominance of Muslims and communities in Northern Nigeria where there are a predominance of Christians.

A 9-year old girl was rushed to the local hospital on a bicycle, bleeding profusely from her vagina. Her father who had owed a friend a meagre N3000 for about 3 years and could not pay, gave away his adolescent daughter as payment. The “friend,” aged about 60 years, took the girl home and when he could not penetrate her took a razor blade and cut up the young girl’s vagina. [As told by a participant at the Abuja Roundtable]

“Some of us, we don’t like to stay with our mom. Mom is not taking care of them because mom has no money. Some girls are disrespectful to their Mom. Some girls have boyfriends from 12 years. Even 10-year-old girls in this town have babies. Some do not have money so they go with boys. Some of the fathers of the children are aged between 16 and 20 years. Some of the girls get pregnant because they are looking for clothes. Here, boys do farm work or bricklaying but girls don’t work because they are waiting for money to come from outside. Here, there is no money to send children to school. The girls are looking older than their age.” [FGD with girls in Kpean, Gokana LGA, Rivers State]
Regional Variations

The regional, gendered, and sometimes subtle variations in the ways that vulnerability presents must be taken into consideration when programming for various social and economic contexts.

In the Niger Delta region, we found that boys drop out of school and even support girls to stay in school. It was posited that the reason for this phenomenon was that the community was beginning to realize that girls contribute more to the wellbeing of the family than boys. A more plausible explanation is that the community has failed to see the impact of education in reducing poverty. As a result, boys would prefer to be out doing menial labor or working on the rigs offshore rather than “waste time” in school.

In Gombe, the reverse was the case. On the challenges they face as girls, respondents indicated that girls do not have time for school as they are expected to do all the sweeping, washing, and cooking. Girls also do the hawking. One of the respondents said, “After primary and sometimes secondary school, girls marry and boys go for higher education.”

These subtleties, just like other myths, need to be addressed through service provision, role modeling and models of positive deviants and supported by targeted behavior change communication (BCC) strategies that address their root causes. State-level policies must also address these anomalies.

The diagram below presents some of the findings the study sites about the situation of OVCs in various regions.

Regional Comparison of Findings on Situation of OVC
Around the world, the risk of contracting HIV for girls and women is compounded by their generally low economic and social status and by pervasive gender discrimination. Girls and women are often denied access to critical information, education, and knowledge about sexuality and how to protect themselves from HIV/AIDS. They often lack the power to say no to sex both within and outside of marriage, to choose their own partners, and to influence sexual behavior. Poverty can force young women and their children into risky sexual relationships and exploitative labor, dramatically increasing their risk of contracting HIV.

When AIDS attacks a parent, guardian, and even other family members, children may be compelled to quit school. Often boys as well as girls drop out of school to earn money for the family’s survival, and in addition, young girls may have to provide care for their sick parents. Even before the death of parents/guardians, the children find themselves in very insecure and vulnerable situations. For the extended family already living in abject poverty, taking in an orphaned relative makes the situation worse for the whole household.

In addition to psychological trauma, orphans living with extended families or in foster care are frequently subject to discrimination and are less likely to receive health, education, and other needed services. The situation is yet more desperate for those living in child-headed households or on their own on the streets. The vulnerability of these children represents part of a vicious cycle: their circumstances put them at high risk of exploitation and abuse and therefore of exposure to HIV, and lack of access to health care, education, and social support perpetuates the conditions of poverty. (Gravgaard, E. and Martin Rosenkilde, A Vicious Circle of Vulnerability)

Within the Nigerian context and based on study findings, the female adolescent OVC is faced with a complex set of vulnerabilities. She is young, entering puberty when many

A young woman phoned into a radio program to explain that her husband had been having anal sex with her for over 10 years. Married as an adolescent and completely ignorant about her body and sexuality, she was under the impression that anal sex was the only way to have sexual intercourse and had to endure is spite of pain and injury to her genitals. [As related by Gombe focus group participant]
changes, physical and psychological, are taking place. This is a sensitive period in her life cycle when she needs gentle, caring navigation through the rites of passage to adulthood. Orphaning occurs and suddenly, all protective cover over her is suddenly removed.

She feels exposed, cheated, betrayed, desperate, powerless and unable to change her situation because the layers of protection usually available to adolescents are either stripped off or ineffective. Incapable of accessing even the most critical resources, overwhelmed by need and unable to make life-enhancing decisions, she falls prey to exploitation and risks in her quest to access basic necessities.

Factors that increase vulnerability include gender inequities, poverty, age, culture, social class/status, terminal illness, education level, and lack of access to information. These factors are exacerbated by gender and household politics where women and girls are largely powerless and voiceless and have a low value placed on them. Despite their low value, the burden of care and nurture falls heavily on these females. This situation becomes worse in the event of illness or death for the patriarch and breadwinner/head of household. Illness or death of the mother figure can also worsen the situation of the girl-child who was already at the bottom in the hierarchy of power within the household. As poverty deepens, so does her vulnerability to HIV infection.

Traditional areas of intervention are critical in addressing the vulnerability of female adolescent OVC and female heads of households. Therefore, programs as they currently exist need to become more gender sensitive.

**The Female Orphan and Vulnerable Child**

Children normally grow up within a family in a home with their parents and siblings. In the Nigerian setting, the family or household may have extended family members who may not be part of the nuclear family but who are also considered part of the family and household. A child would normally have his or her parents, siblings, and extended family providing nurture and psychosocial support so that the child grows up in the safety of the home setting.

Beyond the level of protection provided by the immediate family, the clan, friends, and community also, traditionally, are expected to step in and provide care and protection should the family situation be disrupted by untimely death or other disruption to the first layer of protection. In fact, in the traditional sense of the Nigerian family structure, the protective cover provided by the community or clan is expected to be functional even when the parents of the child are alive. A child is said to belong to the community and thus, older members of the community are expected to contribute to the upbringing and security of children born into the community. The level of protection provided by the community and clan members was at one time so strong that they would contribute to scholarships to support a brilliant child within the community if the parents were unable to play this role. The community ties were so strong that a child would
have rare occasion to feel the weakness or absence of system-level structures (i.e., government).

A participant in the roundtable discussion in Gombe commented on the changes that have occurred:

“I lost my sister in 2006. Her husband died soon after she did. Last weekend, I was summoned to the village. The village head (mai unguu) wants to take back the land he gave to the children’s father. He says they should take their building off his land. He wants his land back. The value systems are eroded because of pursuit of wealth. We need special sessions with village heads. I lost my father when I was a child. Today, I am a graduate because of the support provided by my uncle. Because of my experience, now I have 12 orphans living in my home. We need to go back to our villages to offer support. Even religious leaders no longer have sympathy for orphans.”

Thus, the generally held assumption is that the extended family and community provide a safety net of protection for orphans following the death of parents or guardians. The majority of respondents alluded to the fact that the extended family and community systems have become so weakened that they rarely these days provide the said safety nets. Another participant in Gombe had this to say:

“…No structures in place. No refuge for the young girl. Nowhere to get food that would reduce the pressure... We need well laid out structures to take care of this kind of problem. There is stark poverty. The closer relative to the orphan may have 8 children and no job – so it is not surprising that relatives run away.”

Government structures are also considered quite weak in terms of providing support for OVC, especially at the state and local government levels where the most direct impact can be made on the lives of the target group. These structures are important, however, and have direct impact on the success of a community-driven national response to the challenge of OVC.

Thus, for the orphan, some (if not all) the layers of protection illustrated in the diagram on the previous page are either totally gone or ineffective. Some may lose one or both parents at birth or at some other point during the life cycle. For some, there is a brutal and sudden separation. Others experience a high level of trauma as they watch their parents die slowly as a result of HIV or other illness.

In almost all cases, orphaning leads to a sharp drop in access to critical resources and increase in poverty. It is only in cases where other levels of protection are in place that the orphan may be shielded from the adverse effects.

**Female Head of Household**

Because the community structures are somewhat weak, we found cases in the field where adolescents were heads of their own households. Some had been heading their household from as early as age eleven or twelve years. A number of the female heads of households also happened to be widows, meaning that they had also suffered a high degree of trauma. Many of them were subject to cultural demands that include harrowing widowhood rituals such as wife inheritance. In settings where early marriage is the norm, some of these widows were also adolescents.
For economic reasons, some widows have to send their children to live with relatives or even strangers. Alone and voiceless, these children experience hard labor, discrimination, and sexual abuse.

Often, widows and orphans are embroiled in legal and other disputes that they lack the power and resources to handle successfully.

**Caregiver**

The caregiver is the individual who takes primary responsibility for the physical, mental, and emotional needs and well-being of a child. The caregiver may be male or female and may also be an adolescent.

**Degrees of Vulnerability of Orphans**

The degree of vulnerability for orphans is dictated by factors including poverty, gender, age, culture, social class/status, illness, education level, access to information, and type of orphaning (whether a double or single orphan), among others. Other factors include the communities’ level of exposure and response to these issues. Have there been sensitization and other awareness-raising programs about the needs of orphans?

Certainly a five-month-old baby who still needs to be fed and depends on another is more vulnerable than a ten-year-old who can at least speak and ask for food if all other factors remain the same.

Orphaning is accompanied by great trauma. In the majority of cases, roles become reversed with the girl-child becoming the mother to the parent and younger siblings. She provides care and support, oftentimes in situations of grave poverty and in circumstances that predispose her to infection. The situation becomes exacerbated when one or more of the younger siblings is also HIV positive.

Sometimes, adults take advantage of the child’s vulnerability and exploit the child. Property and assets, including the house that belonged to the child’s parent, may be sold by a relative or caregiver. The child is no match for the adult and cannot make even legitimate demands.

Given the levels of trauma surrounding orphaning, poverty, and HIV within the Nigerian context, not much attention is paid to issues of gender. Gender is typically not given much thought as the priority is to ensure that that the orphans (as a homogenous group) access basic needs of food, shelter, clothing, and education. In addition, a preference for males is the Nigerian societal norm and an underlying factor in the way boys and girls actually access basic resources even in the context of need.

It is the girls who as a matter of necessity must go around the community hawking food and other items in order to bring in some income. During the FGD in Gombe, a girl named Talatu (about 15 years) said her relatives were preparing to give her out in marriage. On probing deeper, it was discovered that she met the intended spouse while she was out performing her daily hawking chore. The suitor then came to ask for her hand in marriage. Hawking exposes adolescent females to early marriage, unintended pregnancy, and in the worst-case scenarios, sexual abuse, including rape. During the same FGD in Gombe we were often interrupted by caregivers who were demanding that the girls be released so they could go out
to sell the food items that had been prepared for the day. Some programs have been designed to directly address these issues by providing seed money or income-generating activity (IGA) to the family to help them start a business that does not require the female adolescent to travel all day across the community. Such households are encouraged to set up shop within their households. (Reference: Save the Children (UK) project in Kano; as cited by a respondent in Gombe)
SECTION 4: LEVELS OF INTERVENTION
Leveraging Access Points to Ensure Success

For the CUBS program to succeed, it is imperative that it be designed to intervene at the access points most appropriate for reaching OVC. As stated earlier, CUBS strategy should revolve around three levels of intervention: individuals, support networks, and systems. Specific recommendations for effectively leveraging these access points are provided in this section.

**Intervention Level One: Individual**

Assuring Gender Balance in OVC Selections

The CUBS project aims to make a marked difference in the lives of 50,000 OVC. To ensure that an appropriate gender balance of OVC impacted by the program is maintained, it is recommended that four specific profiles be applied to OVC targeted for participation.

**TYPE A**—The OVC is a female adolescent and head of household (age 12–17) whose needs can be best met by a combination of focused interventions that CUBS will prioritize and specialize in providing. (25%) = **12,500 female adolescent head of household**

**TYPE B**—The OVC is a male adolescent and head of household (age 12–17) whose needs can be best met by a combination of focused interventions that CUBS will prioritize and specialize in providing. (25%) = **12,500 male adolescent head of household**

**TYPE C**—Female OVC (age 0–17) in a household whose needs can be best met by a combination of focused interventions that CUBS will prioritize and specialize in providing. (25%) = **12,500 female OVC who are not necessarily adolescents**

**TYPE D**—Male OVC (age 0–17) in a household whose needs can be best met by a combination of focused interventions that CUBS will prioritize and specialize in providing. (25%) = **12,500 male OVC who are not necessarily adolescents**

**TOTAL**
- 25,000 females age 0–17 (includes 12,500 or more female adolescents age 12–17)
- 25,000 males age 0–17 (12,500 or more male adolescents age 12–17)

The following gender checklist can be used to ensure gender balance in OVC selection.
Do you have a fair representation of adolescent girls and female heads of household on your target list of beneficiaries for every type and level of activity? (35% of total = fair; 50% = satisfactory)

Are you capturing gender disaggregated data in all activities?

Do you have information about adolescent girls and female heads of households (in terms of cultural, religious beliefs, perceptions about girls and women) that may hinder achievement of project goals?

What are the existing myths and/or practices that may prevent female adolescents and female heads of household from accessing ALL project benefits? (e.g., Sira syndrome in the Niger Delta fuels women’s vulnerability.)

Has information been collected on women’s and men’s work in the household and community? Is this adequate for decision-making in the current program or activity?

Are women involved in all levels of planning and implementation of the project?

Have you identified individuals and groups who can be possible influencers (i.e., role models or mentors) because they have taken proactive or transformative action to change or resist negative gender norms and practices?

Are there assumptions or mindsets that may prevent you from making fair, objective, and equitable decisions?
Using the Child Status Index

The tool diagramed below, known as the Child Status Index, can be used to assess the needs of OVC at the start of a program, to select children for the program, and/or to design individual care plans for them.

The index covers the key areas of intervention for OVC—food and nutrition, health care, protection, shelter, and care or psychosocial support. It is simple to use and project volunteers can be easily trained. The diagram below details the problems that children and young people may face when their families are affected by AIDS and also highlights the critical intervention points for effective OVC programs.

Problems of Children/Families Affected by HIV/AIDS

- **HIV Infection**
  - Increasing serious illness
  - Economic problems
    - Children withdraw from school
    - Inadequate food
    - Problems with shelter & material needs
    - Reduced access to health services
  - Deaths of parents and young children
    - Problems with inheritance
  - Children without adequate adult care
    - Increased vulnerability to HIV infection
      - Discrimination
      - Exploitative child labour
      - Sexual exploitation
      - Life on the street
      - Drug use and exploitation

Adapted from Williamson (March 2002) cited in F/NA & SD (2007) National Guidelines and Standards on OVC
**Intervention Levels One and Two: Individual and Support Networks**

**Assessment of OVCs, Caregivers, and Households**

As the situation analysis in section 3 illustrated, gender dynamics for OVC can vary widely from case to case. Though the tendency could be to focus on the individual (OVC and caregivers) and support networks (household/extended family/community) separately, it is beneficial to evaluate these two levels in tandem to gain a true understanding of an OVC’s situation.

An assessment of the OVC and his/her support network should be conducted simultaneously so that the first layer of protection—family/household/caregiver—can be strengthened if found to be weak. Strengthening, if found necessary, must be focused on directly alleviating the problem (i.e., reducing or removing the risk) to which the OVC is exposed and supporting the household head (especially if a female) to improve the well being of the adolescent while also ensuring some level of empowerment for self and household. It follows from this assessment that not every child who is selected for support will automatically enjoy caregiver/household economic strengthening.

Rather than conducting an one-on-one assessment in privacy with the household head or caregiver, it may be advantageous to have most if not all members of the household present so that questions can be addressed to both guardians and children. The desired outcome is that the reactions and body language of other members of the family to the responses provided by the spokespersons could provide leads to understanding the gender dynamics of the household. (Are female adolescents and female heads of household free to express their views? Who is enjoying which benefits? When considering a female-headed household for selection is the female responding to the questions or is a male relative taking the lead and making decisions? Is she constantly making reference to a decision-maker in a location outside the homestead?) Conducting the assessment in tandem provides the assessing team with the opportunity to observe/evaluate for themselves the subtleties of the OVC situation while listening directly to respondents.

The following gender checklist can be used to ensure assessments of OVC, caregivers, and support networks are effectively conducted.
Assessment team must demonstrate gender balance and knowledge in their own ranks.
Both staff and volunteers must be sensitized on gender issues.
Gender issues are often very subtle, so assessor must be observant (especially when adolescent female OVC is not considered important enough to be included in the proceedings), noting details such as how many adolescent boys and girls are in a household.
Probe to find out specific needs of adolescent girls in areas of priority for the gender components of the project: education, psychosocial and legal support, and economic strengthening.
Observe the living environment. Are adolescent girls given the kind of privacy they need (e.g., sleeping arrangements—Is she made to sleep in open places like the living room where male members of the family pass to go to the toilet? Is she sharing a room with males?).
Speak privately with the adolescent girl (with the permission of the guardians) to find out specific issues and needs (i.e., does she have access to sanitary towels when she requires such?).
Watch out for signs of abuse. If signs are present, probe further and if need be follow up with teacher or even neighbor.
Find out whether guardian would allow adolescent to attend a local drop-in center (to cater to girls’ psychosocial, life skills, and counseling needs) if this was made available. It may provide an opportunity to find out what community members think about some of the proposed strategies for reaching female adolescents.
**Intervention Level Two: Support Networks**

**Assuring Gender Balance in Caregiver Selections**

In addition to impacting 50,000 OVC, the CUBS program will target an additional 12,000 caregivers. To ensure gender balance in caregiver selection, it is recommended that a target ratio be applied across the four profiles used in OVC selection.

TYPE A—female adolescent (age 12–17) household head = 3,750 (FHH)

TYPE B—male adolescent (age 12–17) household head = 3,750 (MHH)

TYPE C—female (age 0–17) = 2,500

TYPE D—male (age 0–17) = 2,500

**Assuring Gender Balance in Distribution of Economic Support to Caregivers**

CUBS will provide economic strengthening to households that are supporting OVC based on the needs of the OVC and the capacity of the household to meet those needs. These two factors will be evaluated during the OVC assessment and appropriate action recommended regarding the type and level of strengthening required.

Emphasis must be placed on an equitable distribution of the benefits of economic strengthening to OVC under the care of the caregiver (e.g., conditional offer of business support tied to female adolescent OVC in the household completing education at least up to JSS 3).

It will be important to find out the caregivers’ areas of comparative advantage or skill. Is s(he) involved in a type of IGA or trade that might require strengthening, and if this is the case, what type of strengthening is required? Does s(he) require capacity-building to enhance skills, to gain new skills, or to access credit (to boost economies of scale)? Does the target beneficiary require access to new markets, a change in mindset?

**Intervention Level Three: Systems**

**Driving a Community-Based Approach to Inform a National Response**

A key component of the strategy for the CUBS project is to work with government agencies, NGOs and CBOs, to form a unified front for promoting the welfare of OVC (including reducing the vulnerability of girls and boys as well as female caregivers) in the targeted eleven states. For this effort to succeed there must be a strong community mobilization component to promote community knowledge, involvement, ownership of the project, and in the long run, accountability and sustainability.
FMWASD and child focal departments—Department of Child Development as well as the OVC Unit—have been identified at the national level to drive the national OVC response. It is also quite clear that though commitment appears strong (demonstrated by the establishment of the Child Development Department and the OVC Unit), the Ministry lacks the expertise, personnel, and structures to drive the national response. Obviously, the CUBS project cannot take over the whole of this responsibility, so emphasis must be placed on building the capacity of the FMWASD to support and engage with various key line ministries, donors, and the private sector to leverage the might of government machinery to bring the gender and OVC challenge to the top the government’s agenda.

That the opportunity is ripe to drive the gender component of the CUBS strategy is supported by the fact that the women’s ministry is the nucleus of this strategy. Fortunately, the new Minister of Women Affairs, Josephine Anenih, is a woman activist, well grounded in gender advocacy, a seasoned politician, and eloquent spokesperson for women.

CUBS must take advantage of this and ensure that the project’s objectives remain at the top of the minister’s priorities from the very start. This is important and urgent now because the minister will be listening to many voices to inform her own agenda-setting as she settles in to office. It is recommended that a dedicated gender specialist grounded in OVC issues be appointed by CUBS as a lobbyist/advocate to drive this agenda within the ministry and in government circles. This person will be the face and spokesperson for CUBS and must have the power and confidence to speak on behalf of the project to even to the highest authority in government and the media. She must have good communications/networking and lobbying skills. This person must be totally committed to the CUBS agenda for the period of project, as consistency is key to building interest in the project.

Since taking up office, the new minister has approved the establishment of gender desks in all the line ministries. This also provides a great opportunity for CUBS. These desk officers must be provided with capacity-building skills that will increase their power to influence their respective ministries to be gender-sensitive and responsive in their programs and budgets and to support CUBS objectives.

Priority steps to be taken by CUBS at the national level as the project takes off revolve around advocacy, networking, and lobbying. Capacity-building is critical and should include gender and OVC programming and orientation on CUBS objectives and goals as well as fundraising skills. CUBS must ensure that as the ministry begins to employ/deploy personnel, it does so in a strategic manner that will support CUBS results. (Participating in drawing up job descriptions for these key positions and also having a presence in the interview panel would help).
A meeting between the Minister of Women Affairs and Social Development, her focal officers on OVC and gender, and the CUBS key management team is crucial. The aim is for CUBS to lay bare its plan of action, financial commitments, and expected results for the five-year project. The ministry should also be expected to demonstrate its commitment to the national OVC response by declaring its own programmatic commitments. From such a meeting, CUBS would gain clarity as to what the targets are for inputs (programmatic and financial) that the ministry must leverage from other sources (e.g., donors, the United Nations, private sectors).

Thereafter, it may be necessary to draw up a memorandum of understanding (MOU) whereby CUBS and the FMWASD will clarify what each will bring to the table, their expectations, modus operandi for different levels of engagement. The MOU should also identify relevant personnel who will need to anchor the processes at the various levels. This should be followed up with the development of a shared workplan between CUBS and the FMWASD.

As part of this workplan, FMWASD will be supported by CUBS to do the following:

- Harmonize gender-sensitive OVC programming and service delivery, and provide periodic reviews (this will be tested in the eleven CUBS state for possible scale up to other states)
- Generate and share quarterly reports among stakeholders in eleven CUBS states on multi-sectoral planning and situation analysis
- Spearhead an effective OVC program advocacy
- Provide supervision especially in monitoring and evaluation (M&E) to state level (and local government area [LGA] level)
- Develop and disseminate a user-friendly implementation handbook—a practical resource that distills the issues and challenges, outlines policies that pertain to implementation of a gender-focused OVC response (especially paying attention to the National Guidelines and Standards of Practice on OVC, and PEPFAR Guidelines) and reflects characteristics of programming in the different regions of Nigeria and different target groups in the country. Findings from this present consultancy may provide the major information for this handbook. The handbook would also present an M&E framework.
- Guide gender-sensitive implementation of national guidelines and response

CUBS will still need to conduct a capacity, as well as institutional, assessment of the FMWASD to identify what the real needs are with regard to implementing a gender-sensitive national response so that from the onset, there is a clear picture of what challenges lie ahead.

Rather than taking the team to Uganda, Zimbabwe, Zambia, or another country where a national response has been implemented, it may be more efficient to invite a pivotal figure in the successful implementation of one of these programs to come to Nigeria to share practical experiences on implementation with FMWASD and CUBS.

CUBS will also need to facilitate a meeting with the national AIDS coordinating agencies (NACA) and state AIDS coordinating agencies (SACA) to raise awareness about CUBS and its gender components and to get institutional support for a gender-sensitive M&E framework to be used by all bodies involved in OVC programs in Nigeria.
Capacity-building for CUBS and FWMASD Staff

Lobbying, advocacy, networking, and coalition building to reach out to pertinent line ministries and stakeholders (including the private sector) will be important. In addition, efforts will need to be made to support resource mobilization and utilization (with a special focus on gender budgets). Also important for the FWMASD is for the national level to be trained on stakeholder engagement to proactively engage with and coordinate activities at the other levels—state, LGA, and community.

With technical assistance from CUBS, FWMASD will need to bring to the table all the major stakeholders working in the area of OVC at national level as well as from the eleven key states to coordinate and streamline actions. This will include the United Nations and other international agencies, government agencies such as the National Poverty Eradication Program (NAPEP), the National Directorate of Employment (NDE) and others. Here a mapping can be done on who is doing what and where, and a database developed within the ministry that will be continuously updated. The database will ensure that CUBS/FWMASD have access to the key players and previous work done. (With some technical support, the FWMASD can successfully do this.) This will lay the foundation for a structured and coordinated M&E for OVC programming to feed into the national response.

If possible, together with CUBS and with the support of donors and other stakeholders (especially the private sector), the next step will be to draw up a multi-year, multi-donor support for OVC that reflects gender-sensitive budgeting as well as M&E. This will be stepped down to the various levels.

State-Level: Working with CSOs

Identifying and enlisting CSOs as implementing partners is an important strategy for achieving success. These partners will aid entry into the communities and will also implement most of the community-level activities. The first-level CSOs include NGOs and FBOs. The first-level CSOs need to have good infrastructure to implement, supervise, and monitor activities even at the community level. To restore “battered” confidence of target group (so they will respond to program inputs), CSOs must be gender-, youth-, and women-friendly and also trustworthy (and these qualities must be demonstrable to community). Ideally, these considerations should influence the choice of partner NGO/CSOs.

Three NGOs may be chosen per state. Thus, each NGO would be expected to cater to about 1,515 orphans to be located across three selected LGAs per state. The distribution per LGA will depend on the situation of OVC and caregivers (as well as adolescent female OVC) in respective LGAs identified through the assessment process.

The three first-tier NGOs most have sufficient clout to influence what happens at the community and LGA levels, ensuring adequate capacity-building and deployment of field staff and volunteers and taking into account the intricate details necessary to engage with OVC, adolescents, and their households. Mega-strengthening will also take place here to ensure gender and youth-friendly, family-focused service delivery that promotes community participation.
A number of CSOs have already been identified and are being assessed from each of the six Year One CUBS states. The plan is to have three first-tier NGOs per state who have a strong presence in the state. It is recommended that NGOs that make the final selection are recognized for their commitment to women and OVC issues. They should have adequate presence in the respective states where they will implement the CUBS project, be capable of networking at the grassroots level and have links with appropriate CSOs and volunteers at the community-level to guarantee success of the project. Importantly, they must be able to deliver good quality service to the OVC and caregivers to be reached per state.

To be able to leverage CSOs with enough clout, requests for proposals must be widely circulated in focus states, especially for the Year Two scale-up states. Efforts must also be made to galvanize community commitment and support of the project. After the selection process, capacity-building will have to be conducted to adequately equip the NGOs for the work at hand. In each state-level Ministry of Women Affairs, there is a proposal being considered to replicate the positions of Gender Desk and M&E Officers that has been established at the national level. The thinking is that these officers will contribute to strengthening the gender as well as the M&E components of the national response. CSOs should be encouraged from the on start to maintain strong relationships and reporting links with these officers.

Although CSOs will report through CUBS, their state program officers will also link up with respective line staff in the state ministry to feed into the national response. These CSOs will periodically engage with ministry staff for meetings and capacity-building and will also play a central role in ensuring the voice and priorities of communities determines advocacy at the state and national levels, while holding government to account in implementation of the national response. The LGA and state-level actors will guide and monitor community-level engagement with leadership, families, caregivers, households, and OVC.

**Entry Requirements for Community Engagement**

Entry requirements for community engagement have to be informed by a well thought-out community mobilization and communication strategy that is culture and context sensitive. Messaging has to respond to the root causes of problems, especially when these arise from gender inequities. All state and LGA implementation partners must be well informed about strategies and key messaging to ensure consistency and impact across the state.

CSOs will need to ensure that gatekeepers (e.g., LGA officials, clan, and traditional and religious leaders) are acknowledged and that community participation is key to all implementation activities concerning orphans and caregivers.

Capacity-building will need to cover the following areas:

- Training and familiarization on National Guidelines and Standards on OVC practice as well as gender-sensitive indicators and M&E framework. Expectations and reporting formats for a healthy exchange of critical information should also be quite clear. (UNHCR Handbook)
- Community mobilization and engagement skills
- Effective communication (i.e., advocacy, negotiation skills)
- Gender sensitive programming and OVC service delivery offered by CUBS
- Training on growth monitoring
- Counseling, mentoring, and role modeling in psychosocial support M&E

**State-Level: Strengthen LGA Structures to Support the National Response**

Presently, there is a disconnect between national, state, and LGA levels in many states. National level (FMWASD) can monitor but cannot dictate what the states can do. States are free to adapt policies. Although the FMWASD can catalyze action, implementation lies solely within the domain of states and LGA, and these are the key problem points for programs. States are somewhat autonomous. Though legislation may be passed at national level in collaboration with state actors, the state has the prerogative to domesticate, adopt, adapt, and even may choose to neglect the law or policy in question within their state boundaries.

With technical assistance from CUBS, the FMWASD will need to mobilize its state structures in the eleven CUBS focus states and LGAs to concerted actions to promote gender and OVC activities that feed into the national response. A deputy director of the FMWASD who attended the stakeholder roundtable in Abuja said the ministry is setting up the structures to mobilize the state and LGA-level structures to support the national response.

The LGA, which is the most strategic level of governance with respect to their proximity to the community and people, has largely been a dormant structure, yet the LGA is crucial to the success of the community-driven response. Although these structures have largely been dormant with regard to OVC activities, non-state actors (NGOs, FBOs, CBOs) have been active making some impact but largely working in fragmented and uncoordinated environments.

It is recommended that reporting on the CUBS project be done from bottom-up, motivating the relevant staff within the LGA offices to monitor community-level activities and to report to the state level officers. It is further recommended that at both state and LGA, two staff of the ministry be social workers assigned to M&E and programs desks. These staff would monitor and collect information for the LGA officer to report to the state-level officers who would then report to the national level. The FMWASD seems set to implement this structure, which will be capital intensive, and the success will depend largely on how qualified, proactive, and versatile the reporting officers are at various levels.

**Key Actions at State-level**

- Draw up state-level agenda and priority that feed into the national OVC response, taking cognizance of state situation and needs
- With guidance from the national level, build competencies of key personnel to drive response at state level (in gender, OVC knowledge as well as critical policy and documents)
- Mobilize as well as document the key actors in the OVC landscape and their types of operations; establish an effective model for networking and coalition building
- Collect state-level gender disaggregated data deriving from LGA-level monitoring
- Provide technical assistance (TA) to strengthen LGA and community structures to be able to deliver

The following gender checklist can be used to ensure gender balance in systems-level strengthening.

- Are desk and M&E officers trained on gender and OVC issues and familiar with relevant policy documents?
- Are personnel acquainted with the specific state-level issues? Which legislation or enabling laws have been passed or not passed that could affect implementation? Child Right Act? Female Genital Mutilation Bill?
- Has information been collected on relevant NGOs, CBOs, and FBOs working in the state and their specific roles and areas of strength?
- Are there strong women NGOs that the project could link with?
SECTION 5: INTERVENTION PLATFORMS
**Focusing on Key Needs to Ensure Gender Impact**

The second component of our recommendations identifies and analyzes the intervention platforms with the most potential to transform the lives of OVC and reduce the vulnerability of adolescent female OVC and female heads of households. CUBS programming should emphasize four key needs of OVC: education and vocational training, economic strengthening, psychosocial support, and legal protection. These four platforms were repeatedly identified by all sectors of the population as key needs of almost every OVC (male and female). While focusing on these four platforms, the project must also establish effective referral systems and linkages to service providers of shelter, food and nutrition, and health care in the focus states.

**Intervention Platform 1: Education and Vocational Training**

Education is still considered the single most potent tool to change the gender dynamics that keep women poor, undervalued, voiceless, and vulnerable to sexual abuse, exploitation, and HIV infection. Education of girls is key to reducing vulnerabilities and creating safe spaces for female adolescents and female heads of households. The community must be mobilized to be part of the solution to this problem in order for it to be sustainable. NGOs, CBOs and other community groups will need to remain informed about existing policies that can be used to support their demands. Individual states must be supported to set their own gender-balanced agendas (within an acceptable package of interventions that the CUBS project will set). Thereafter, all actors must be consistent in making the same demands so as to build a critical mass of voices and to maximize outcomes. Project implementers will need to be trained on advocacy, lobbying, and social mobilization to be able to leverage support from government to implement policies.

The school itself is an important element in providing safe spaces and empowerment for girls. School officials need to be empowered to ensure that specific needs of girls are met. Are schools in the community and school authorities aware of the CUBS project and CUBS-supported students? Do adolescent females have access to sanitary towels and other feminine needs? Are there systems (e.g., clubs, counselors) in place for girls to report troubling issues even in the home front? Is there a corps of teachers in the community mobilized and trained to understand and address issues affecting both male and female OVC?
Best Practice Models

Zambia Affirmative Action

Full scholarships are provided to girls up to secondary school level. Scholarship includes clothing, feeding, uniforms, and books. These are important resources because many of the girls who participated in FGDs indicated that their ability to attend school has been negatively impacted by the absence of provisions that parents provided when they were alive.

Legislation also exists to enforce school attendance, and there are centers where girls can report violations.

Nigerian Policies for Making Demands on Government on Behalf of OVC

- Section 15 (5) of the Child’s Right Act (CRA) in Nigeria guarantees female students the opportunity to complete school even if they become pregnant.
- Section 15 (6) of the CRA prescribes actions to be taken against defaulting parents and guardians.
- Compulsory, Free, Universal Basic Education (UBE) and other Related Matters Act 2004; The enactment of UBE Act in 2004 and its domestication by the states and Federal Capital Territory (FCT) further emphasizes Government commitment to ensure that every Nigerian child has access to quality basic education. The legal implication of the UBE Act is provision of universal, free, and compulsory six years of primary education and the first three years of secondary education. Furthermore, the act provides sanctions for parents who fail to send their children and wards to school. The act is also a call to action on the issue of poverty as a hindrance to schooling. This has led to the abolition of user fees and provision of free textbooks in the core subjects. (http://www.nutnigeria.org/state_primaryedu.html)

National Poverty Eradication Program (NAPEP), Rivers State

- Rivers State NAPEP works in 10 LGAs of the state.
- Target beneficiaries are poor and vulnerable female household heads, child-headed households, widows, and displaced people.
- Beneficiaries receive up to N5,000.
- NAPEP works with existing Community Social Assistance Committees (made up of paramount ruler, headmaster, pastor, imam, health assistant, and woman leader) to select 50 beneficiary households per LGA in a town center meeting format.
- Program implemented through two eligible NGOs in the state to facilitate the process and to monitor and document progress. Priority consideration given to widows and OVC.
- Children (primary to JSS3 level) must be in school for household to benefit from funds support.
First lady, through her NGO, was able to key into this project and support and expand implementation reach and impact.

**Recommendations for Intervention Platform 1:**
**Education and Vocational Training**

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Possible Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide school support (holistic), including secondary or vocational training. Provide funds for fees, transport, books, and uniforms.</td>
<td>▪ Number of orphans enrolled, attending, and progressing through school disaggregated by gender (and household type) who are benefiting from CUBS school support package</td>
</tr>
</tbody>
</table>
| Provide family/caretaker support for girls to stay in school. | ▪ Number of caregivers who sent girl-children to school due to CUBS intervention  
▪ Number of adolescent girls who have benefitted |
| Establish day care centers (to free girls and women to attend school or vocational centers). | ▪ Number of day care facilities supported by CUBS project  
▪ Number of adolescent female OVC in school who have younger siblings attending the day care centers |
| Employ affirmative action— free education, fee waivers, scholarships for girls. | ▪ Number of actions initiated by the community that resulted in direct benefits to girls’ education  
▪ Number of adolescent females who are directly benefiting from scholarship support |
| Establish a flexible school curricula including adult education facilities to accommodate female adolescents and female heads of households | ▪ Number of vocational facilities or support to such centers attributable to CUBS  
▪ Number of female adolescents and female heads of households in vocational training due to CUBS intervention |
| Provide separate toilets for boys and girls. | ▪ Number of toilet facilities supported for boys and for girls  
▪ Number of girls who now attend school due to intervention |
| Support training, employment of female teachers. | ▪ Number of female teachers trained, employed, or deployed to schools due to CUBS intervention |
| Support target schools to set up or strengthen access to life skills and sexuality and adolescent reproductive health (ARH) services (e.g., family life and HIV/AIDS education). | ▪ Number and types of activities to strengthen in-school life skills and ARH information and services  
▪ Number of teachers whose capacities have been built to provide these services  
▪ Number of OVC accessing services disaggregated by gender |
| Train teachers and relevant school authorities on the unique needs of male and female OVC. | ▪ Numbers trained  
▪ Types and numbers of activities implemented that provide life skills and other practical skills to girls |

**Intervention Platform 2: Economic Strengthening**

Economic strengthening of households is critical for providing care and support to the OVC in such households and is particularly important for adolescent-headed households. The assumption is that the economic support provided to the caregiver will serve to strengthen the first wall of protection around the OVC. Such strengthening should be gender-sensitive, assessing the needs
of beneficiaries and responding appropriately to those needs. Actions should not be taken based on preconceived notions about what specific genders can or cannot do.

Choices made regarding economic activities should take into cognizance market forces and context-specific issues. It is critical that economic strengthening enable beneficiaries to compete favorably in the marketplace. Participatory decision-making, counseling, and mentoring should be key.

Due to the importance and technicalities of evolving transformative and sustainable IGAs, CUBS should pilot this component in selected states across a variety of geopolitical zones. The program should enlist the services of a consulting firm with specialty in this area to work with partner NGOs to develop sustainable structures.

**Best Practice Models**

**Project Hope (Mozambique and Namibia)**

- Project HOPE provides OVC caregivers with micro loans to engage in small-scale business activities
- The project addresses the increased economic needs of OVC households
- Increase in income and financial resources allows caretakers to purchase school uniforms, pay school fees, buy an increased quality and quantity of food, pay for medical care, and provide better care and support for the children in their homes
- Over 1,611 OVC caregivers received loans for IGAs in both countries.
- A midterm evaluation in Namibia produced the following results:
  - 76 percent increase in ability to contribute to household income among participants
  - Nearly 400 percent increase in monthly salary among participants
  - 10 percent increase in household assets (including refrigerators, radios, and telephones or cell phones)
Women’s Initiative for Sex Education and Economic Empowerment (WISE) Project (Nigeria)

The WISE program—

- Reduces women’s vulnerability to HIV infection through health education and economic empowerment
- Provides sexuality education (including safer sex)
- Improves women’s access to economic resources by equipping them with marketing and other business skills necessary to help them initiate and sustain their businesses
- Ensures that women have access to health services required for HIV prevention
- Provides package of equipment and materials (start-up pack) to support business venture using skills acquired through vocational skills training

Recommendations for Intervention Platform 2: Economic Strengthening

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Possible Indicators</th>
</tr>
</thead>
</table>
| Strengthen caregivers/extended families through micro credit and income generation activities. | ▪ Number and types of IGA developed  
▪ Number of beneficiaries  
▪ Increased income and improved living standards for female adolescent OVC and female heads of households  
▪ Analysis of whether the dividends of support are reaching the adolescent OVC? What has changed? |
| Employ strategies to reduce the exposure of girls from economic activities such as hawking. | ▪ Number of girls delivered from hawking and provided with alternative livelihoods |
| Create household labor-saving devices to free the adolescent/caregiver to attend school or other vocational training. | ▪ Number and types of devices  
▪ Number of beneficiaries  
▪ Number of girls who have more time for schoolwork as a result of accessing the device |
| Use cash transfer programs Provide incentive-driven conditional grants (e.g., support to meet educational needs of the girl-child.) Provide unconditional financial support in the best interest of the orphan. | ▪ Number and types of grants awarded  
▪ Number of girls attending school or vocational center as a result of grants |

Intervention Platform 3: Psychosocial Support

Gender-sensitive psychosocial support is important in filling the huge emotional chasm that orphaning produces and for reducing the impact of the trauma that many of our adolescent
female respondents described. Boys would also benefit from assistance in dealing with problems arising from issues of masculinity and societal expectations.

Due to the importance and technicalities of evolving transformative and sustainable psychosocial activities, CUBS should test-run (i.e., pilot) this component in selected states across a variety of geopolitical zones. The program should enlist the services of a consulting firm with specialty in this area to work with partner NGOs to develop sustainable structures.

**Best Practice Models**

**The Drop-In Centre Prototype (South Africa)**

- Offers educational, nutritional, health, and psychosocial support and daycare facilities all rolled into one. A one-stop center that caters to the needs of OVC who may be experiencing some problems or lack in their household.
- OVC get support for homework and they have someone to talk to—youth-friendly service providers they trust when they have personal issues.
- Interventions: clinical nutrition, food and or food parcels, shelter, child protection, general health care services, health care support for antiretroviral medicines, HIV prevention education, psychosocial care, general education, vocational training, economic strengthening.

  “There is always someone to talk to at the center. They listen to you and they help.” (Girl, age 9 12)

  “When you do not feel right— when there is something bothering you at home, when they do not treat you well— you come and talk to a social worker about it here at the center.” (Girl, 11 12)

- The life skills program is extended to local schools for onsite implementation, extending services beyond the walls of the center.

(From the Children’s Mouths: Improvements in the Lives of South African Orphans and Vulnerable Children, Integrated Primary Health Care project, MSH, South Africa. No date.)

**Recommendations for Intervention Platform 3:**

**Psychosocial Support**

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Possible Indicators</th>
</tr>
</thead>
</table>
| Provide safe social spaces for pre-adolescent and adolescent females through youth centers or kids’ clubs. | - Number of youth drop-in centers providing psychosocial support  
- Number reached  
- Recreational/cultural activities provided  
- Number reached through individual and group counseling  
- Number receiving adolescent- and youth-friendly reproductive health information and services |
| Provide toiletries to support feminine hygiene (e.g., sanitary towels and other needs). | - Number of sanitary towels disbursed  
- Number of adolescent girls /heads of households reached monthly |
Link girl heads of households to supportive local women’s groups, faith-based programs or local NGOs for mentoring and support.

- Number of women mentors/women groups
- Number of girls/female heads of households reached

**Intervention Platform 4: Legal Protection**

Protection, legal and otherwise, represents the wall of security needed by adolescents to enable them access to the provisions that ensure basic freedoms and rights. Female adolescent OVC and female heads of households should be linked to supportive local women’s groups, faith-based programs or local NGOs as well as prevention programs. (This should form part of selection criteria for CUBS partner NGOs—can they provide this kind of support?) They should be exposed to life skills and empowerment programs that promote self-esteem and negotiation skills and provide mentoring from appropriate members of the community.

CUBS should create an MOU with legal protection agencies and NGOs to protect the rights of children, caregivers, and widows when such rights are violated. These include International Federation of Women Lawyers (FIDA), legal aid council, and other relevant organizations in various states.

**Recommendations for Intervention Platform 4: Legal Protection**

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Possible Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link adolescent OVC head of household to supportive, gender-sensitive local women’s groups, faith-based programs.</td>
<td>- Number of adolescent females and female heads of households reached</td>
</tr>
<tr>
<td>Remove child from source of abuse to safe place.</td>
<td>- Number removed from source of harm</td>
</tr>
<tr>
<td>Provide capacity-building for police and other law enforcement agencies to access more knowledge about women and gender issues. Establish gender desk in the police stations.</td>
<td>- Number of trainings</td>
</tr>
<tr>
<td>- Number reached</td>
<td>- Number reached</td>
</tr>
<tr>
<td>- Responses and follow up actions taken</td>
<td>- Actions taken</td>
</tr>
<tr>
<td>Provide legal protection to OVC, including sensitization of family courts to gender issues.</td>
<td>- Number supported</td>
</tr>
<tr>
<td>- Number trained</td>
<td>- Type of intervention provided</td>
</tr>
<tr>
<td>Provide advisory and training activities related to legal documentation including will-writing, registration of births and issuance of birth certificates.</td>
<td></td>
</tr>
<tr>
<td>Establish ward/village committees (community watch groups) to oversee welfare of OVCs.</td>
<td>- Number of committees</td>
</tr>
<tr>
<td>- OVC reached</td>
<td>- Type of intervention provided</td>
</tr>
</tbody>
</table>

**Other Types of Interventions**

**Shelter**

For OVC outside of families, linkages to resources for finding safe shelter should be provided. For OVC inside families, capacity-building should be targeted to ensure responsiveness to the
different needs of boys and girls (e.g., females tend to need more privacy to ensure they are not unnecessarily exposed to dangers, including rape and other forms of sexual abuse).

**Food and Nutrition**

Age-appropriate learning materials detailing nutritional needs of OVC should be provided to caregivers. Caregivers need to be trained on gender issues to ensure nondiscriminatory practices (e.g., nutritional myths that promote preference for one gender over the other). In cases of deficiency or illness, CUBS may need to provide access to nutrient-dense food supplements for OVC or agricultural products and seed stock to OVC families and female heads of households. If the project cannot provide these resources directly, then plans should be made beforehand for effective linkages to providers of food and nutrition services.

**Health Care**

Although the CUBS project may not provide health care services, it is important that it does provide factual gender- and youth-friendly information to both male and female adolescents, especially in the areas of sexuality and sexual and reproductive health and rights. Sexuality education is critical and must form part of the CUBS strategy for reaching youth in the target states. Some may be reached in school (respondents spoke extensively about the effectiveness of peer education) or groups that cater to out-of-school youths. These groups include Islamiya schools and almajiri tutors in northern Nigeria and churches as well as boys’/girls’ brigades in southern Nigeria. Teachers within the various groups need to be sensitized and trained.

There is also a need to provide basic facts about HIV and how to prevent infection. HIV/AIDS Counseling and Testing needs to be provided (directly or through referral links) especially for females providing care to sick parents and family members. Effort must be made to take youth-friendly reproductive health services to reach female adolescent OVC and female heads of households in rural and hard-to-reach communities (as well as those in purdah) through mobile clinics and community theatre groups.

The following are also important:

- Referrals for female adolescent OVC living with HIV, disability, or sexual abuse to specialist care (e.g., post exposure prophylaxis)
- Mobilization for taking essential services to the communities and underserved (not waiting for them to access service)
- Mass de-worming
- Functional referral systems and prevention of mother-to-child transmission (PMTCT)
- Free health care for children (0–5 years)
- Access to sustainable HIV care, treatment, and prevention
SECTION 6: CAPACITY-BUILDING ACTIVITIES
**Ensuring Effective Implementation**

This section provides recommendations specific to capacity-building activities for the CUBS program. A suggested timeline for implementation of these activities is also provided.

### Capacity-Building for CUBS Staff – Training On:

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strategic planning workshop on incorporating gender into CUBS workplan + gender indicators (mainstreaming gender) + leadership development and effective program management/dynamics of teamwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Development of national and state BCC &amp; communication strategies + gender-sensitive community mobilization and capacity-building of key staff to serve as trainer of trainers other staff</td>
<td></td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gender reporting for M&amp;E unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>4. Unlocking interpersonal skills (e.g., listening, coaching, feedback, delegating)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>5. Gender-specific advocacy (state, local government, and community levels)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>6. Communication (internal and external publics)/fundraising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>7. Gender-sensitive service delivery in an OVC project</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

### Capacity-Building for Government (National, State, and LGA Levels) – Training On:

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination meeting between CUBS &amp; FMWASD to arrive at shared goals, objectives, and workplan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>2. Collaboration/coordination techniques (build capacity of government partners to lead and coordinate OVC response)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>3. Dynamics of networking and linkages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>4. Leadership development skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>5. Frontline leadership in the 21st century</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>6. Documentation and dissemination of best practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>7. Developing supplementary feeding guidelines and policies for nutritional assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>8. M&amp;E (use of comprehensive OVC database to avoid duplication of services)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>9. Resource mobilization, utilization, and leveraging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>10. Effective communication in a globalized world</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>
### Capacity-Building for CSOs – Training On:

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dynamics of community mobilization and engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>2. Using community structures to identify OVC families, female heads of households, and needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>3. Effective communication (advocacy, negotiation skills)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>4. Gender-sensitive service delivery on 6+1 OVC services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>5. Counseling, mentoring and role modeling in psychosocial support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>6. M&amp;E</td>
<td>*</td>
<td></td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Resource mobilization, utilization, management, and leveraging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>8. Basic Facts on HIV/AIDS – HCT, HBC, Prevention, Care &amp; Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>9. Networking and linkages (support group formation/management, volunteer corps)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>10. Antiretroviral medicine adherence and management of opportunistic infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>11. Working with young people in HIV and sexually transmitted infection prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>12.Reducing stigma and discrimination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

### Capacity-Building for Families, Households, Female Adolescent OVC, and Caregivers – Training On:

<table>
<thead>
<tr>
<th>Activity</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gender in the household (meeting need of boys and girls)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>2. Life skills (leadership, personal hygiene, decision-making, self value, and self esteem)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>3. Counseling, mentoring, and role modeling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>4. Developing coping ability and overcoming trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>5. Context responsive vocational skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>6. Entrepreneurship development and mentoring + business planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>7. Educational training (OVC return to school, adult literacy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>8. Food and nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>9. Basic facts about HIV/AIDS – HCT, HBC, HIV prevention, care, and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>10. Antiretroviral medicine adherence and management of opportunistic infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>11. Life skills (leadership, personal hygiene, decision-making, self value, and self esteem)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Counseling, mentoring, and role modeling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Will writing and personal legal issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 7: QUALITY ASSURANCE
**Integrating Quality Assurance into the CUBS Program**

Quality assurance (QA) in OVC programs is informed by a conceptual M&E framework that links the **NEEDS** and characteristics of OVC and their households, the **SUPPLY** or **PROVISION OF SERVICES** by national and local government institutions as well as donors, NGOs, CSOs, and the private sector, and the **UTILIZATION** of these services. The assumption is that if the **NEEDS** of OVC and vulnerable households are identified, that there is adequate **SERVICE PROVISION** meeting national quality standards and such services are being **UTILIZED** by OVC and vulnerable households, this should lead to healthy practices in the short to medium term, and in the long term to improved quality of life for OVC (female adolescents) and vulnerable households. *(Ministry of Gender, Labor & Social Development, Uganda)*

Also, according to a USAID-sponsored Health Care Improvement Project:

... quality care implies that an appropriate mix of services and support are provided to ensure that children affected by HIV/AIDS grow and develop as valued members of their families and communities. Providing such care is not straightforward, given the number of children needing care and the many services required. Quality improvement (QI) offers a way to organize and harmonize the provision of care, making it more effective, efficient, and equitable. It engages people at the point of service delivery to evaluate their performance and decide how they can organize themselves to do their jobs better. Children and adolescents are active participants throughout the OVC QI process...

As the OVC challenge continues to take its toll on the centers of global and national development, governments and society have recognized the inherent dangers posed by poor response and investments in addressing the distressing trend. Researchers and experts agree that talks and efforts at developing new architecture and institutional capacities for tackling the OVC, especially in relations to the female gender, though overdue, are becoming encouraging and more focused in recent times.

Based on this improved level of commitment and sensitivity, various studies and reports have made it abundantly clear that the envisaged success in addressing the OVC and female adolescents’ problem will only be achieved through concerted efforts at quality improvement and assurance on existing as well as proposed programs and policies.

In the context of CUBS, quality improvement and assurance must ensure that OVC services are provided according to the guiding principles of FMWASD, USG, and global best practices. Project activities must specifically focus on OVC and female adolescents to ensure their general well being. OVC and female adolescents should be reached within families and communities to ensure they are protected and do not come to any harm.

In this direction, quality control in the CUBS program activities can be achieved by involving immediate communities where they reside. This calls for effective participation of community members in program activities, including monitoring and evaluation. There must also be a shift from treating M&E as a separate project activity rather than an integral component of every activity, if quality improvement and assurance is to be maintained and sustained. If M&E is treated as a continuous process involving all stakeholders at all stages of the project, quantitative and qualitative results are easily measured.
CBOs, FBOs, and community committees have been used in projects similar to CUBS to achieve quality control. Clear performance indicators and project outputs should be defined for these program partners so that their activities can be monitored, evaluated, and reported upon to measure improvement in the quality of services provided for OVC, especially female adolescents.

There should be a transformation in the general well being of a child from the point she starts receiving intervention services to the time of evaluation. If the project meets her as a school dropout, traumatized, tattered and hungry, the theory of quality improvement says that the girl at a certain point in the project should return to school, have food to eat and clothes to wear, feel secure and protected with a higher self esteem.

QA recognizes family and community involvement in delivering services to female adolescent OVC and female heads of households. This is because OVC live in communities, mostly with extended families of aunts, uncles, cousins, and/or grandparents. Therefore, it is important that families and communities are involved throughout the QA process. For instance, when conducting a situation analysis to assess how CUBS program performance compares to defined standards, representatives of guardians and/or parents as well as female adolescent OVC and female heads of households should always be involved, either through focal group discussions or through representation on QA teams.

QA does not only consider the number of OVC reached by a program, but also measures the quality improvement in the life of the said OVC. Therefore, CUBS must expand its M&E programs to ensure that there is quality service delivery. Attention should be paid to qualitative results to achieve QA.

QA for CUBS must ensure all proposed interventions and aspects of program implementation represent a new paradigm that will change the prevailing OVC dogma, particularly in relations to female adolescents and female-headed households.

<table>
<thead>
<tr>
<th>Dimensions of Quality</th>
<th>Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safety</td>
<td>The degree to which risks related to care is minimized. DO NO HARM.</td>
</tr>
<tr>
<td>2. Access</td>
<td>The lack of geographic, economic, social, cultural, organizational, or linguistic barriers to service</td>
</tr>
<tr>
<td>3. Technical Performance</td>
<td>The degree to which tasks are carried out in accord with program standards and current professional practice</td>
</tr>
<tr>
<td>4. Appropriateness</td>
<td>The adaptation of services to needs and circumstances: gender, age, disability, culture or socioeconomic factors</td>
</tr>
<tr>
<td>5. Participation</td>
<td>The participation of caregivers, communities, and the children themselves in the design and delivery of services and in decision-making regarding their own care. Continuum of Participation: Informed ---- Consulted ------ Participating</td>
</tr>
</tbody>
</table>
| 6. Continuity and Linkages | The delivery of ongoing and consistent care  
|                          |  • Timely referrals  
|                          |  • Communication among providers  
|                          |  • Network with appropriate agencies |
| 7. Compassionate Relations | The establishment of trust, respect, confidentiality, and responsiveness achieved through ethical practice, effective communication, and appropriate socio-emotional interactions |
| 8. Effectiveness       | The extent to which desired results and outcomes are achieved and documented, measured, and shared |
| 9. Sustainability      | Strengthen families and communities to deliver the services needed by children to assure long-term sustainability. The service is designed in a way that it can be maintained at the community level in terms of direction, and management as well as procuring services, in the foreseeable future. |
SECTION 8: COMMUNICATION
Creating an Enabling Environment

A strategic and effective communication and mass mobilization strategy is critical to the success of the CUBS project. Across the board, from community to national levels, BCC that provides emphasis on gender and the needs of OVC and that addresses the root causes of the problems that affect OVC and caregivers (and specifically female adolescents and female heads of household) should be promoted. Key messages that will guide national campaigns but with due sensitivity to regional variations will need to be developed based on the present research. Messaging will be disseminated via a targeted mass media campaign that utilizes the most strategic media at various levels.

The communication strategy must directly address the following:

- Low access to reproductive health information at the household and community levels, which is a prevalent problem in most of the CUBS focus states. There is need to provide factual, gender- and youth-friendly information to both male and female adolescents, especially in the areas of sexuality and sexual and reproductive health and rights. The project will also need to promote open discussions in the community about sexuality issues in a manner that is acceptable and sensitive to the prevailing cultural norms.
- Harmful traditional and gendered practices that increase vulnerabilities of females in the unique ways that they occur from state to state. For example, early marriage in the North and high sexual networking by adolescents in the South leading to early pregnancy and unsafe abortions.
- Low levels of education for girls in the northern regions and increased drop-out rates for boys in certain areas of the South-South.
- Improved communication between parents and children to curtail deviance and high-risk behaviors by adolescents.
- Issues of child labor, discrimination, and sexual abuse to which many orphans are exposed. These issues must be brought out in the open and discussed.
SECTION 9: THE WAY FORWARD
Engendering Systemic Change

The previous sections outline a variety of recommendations to inform the implementation of the CUBS program. The success of the project will be determined by how effectively it can engender systemic change (see diagram below) by ensuring that the voices of individuals, households, and communities determine advocacy at the state levels and keeping government accountable for implementation of the national response.

Our overarching recommendations for the CUBS program as it moves forward include the following:

- Provide equitable (gender-sensitive), sustainable access to critical resources for target groups.
- Restore “battered” confidence of target group (so they will respond to program inputs). Entry structures must be gender-, youth-, women-friendly; trustworthy; and demonstrable to community. Choice of partner NGO/CBOs is therefore critical.
- Approach to service delivery should be participatory and rights-based.
- Mega strengthening of structures at community/LGA, state, and national levels is urgent and important. Community-level structures are particularly critical for sustainability.
- Mass mobilization at all levels of intervention will pave the way for the success of the program.
- Networking and coalition-building with other actors in the OVC landscape to increase impact.

**Systemic Change**

- More equitable households
- Empowered female caregivers
- Female adolescents safer and have basic/ educational needs met
- Capacity building
- Strategic Community support
- Economic empowerment/vocational training/entrepreneurship dev/emergency funds for needy households
- 6+1 thematic areas of interventions to support adolescent girls and caregivers and their families

Need mega capacity strengthening to lead, facilitate OVC national response
- Networking/lobbying/coalition building/Gender Budgeting
- Advocacy
- Capacity building
- Agenda-setting/adapting/domesticating policies, setting state-level priorities
- Monitoring

- Advocacy
- Capacity building to Monitor/ collect gender desegregated data (also need capacity building here esp. qualitative methods)
- Advocacy
- Capacity building to Build community ownership/partnerships
- Networking
- Community mobilisation/participation in tracking/placing OVC and their care and support
Ways to Address Female Vulnerability

Adolescent Female OVC + FHH

Food/Nutrition Support
- Gender-sensitive monitoring/feedback into program cycle
- Gender-sensitive Families/caregivers

Shelter
- Gender-aware

Education
- Gender-responsive programming

Psychosocial Support
- Gender-sensitive Community structures

Clothing/Toiletries
- (including feminine needs)
- Gender-sensitive

Household Economic Strengthening
- Gender-responsive
- Legal structures

Child Protection
- from exploitation, abuse, neglect

QUALITY ASSURANCE

- Stakeholders
- NGOs
- CBOS
- FBOs (churches/mosques)
- Schools
- Drop in/Day Care Centres etc.

QUALITY ASSURANCE
SECTION 10: REFERENCES
Publications


Federal Ministry of Women Affairs and Social Development (2007), National Guidelines and Standards of Practice on Orphans and Vulnerable Children.


Gravgaard, E. and Martin Rosenkilde “A Vicious Circle of Vulnerability—Orphans, Vulnerable Children and Youth in Relation to HIV and AIDS.”


Namibia (2007), Standards-Based Quality Improvement: A process report from organizations working with Orphans and Vulnerable Children in Namibia.


Richard Mabala (2004), “From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas.”


Steinitz, L, and Green, K. (2009), The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth (Family Health International Publication).


UNICEF (2006), Africa’s Orphaned and Vulnerable generations: Children Affected by AIDS.


SECTION 11: APPENDICES
Appendix 1: Terms of Reference for the Consultancy Assignment

Consultants were to work as a team in collaboration with CUBS in-country staff to deliver a set of deliverables to achieve the following objective and tasks under the CUBS project: Address gender-related issues in OVC programming, particularly the vulnerability of the girl-child, female-headed households, and the burden of care that falls on females.

Task A: Evaluate and replicate promising integrated models that reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

Task B: Create safe spaces for pre-adolescent girls.

Task C: Develop and implement a CUBS project framework with measurable outputs and outcome around service delivery to vulnerable girls and women, and capacity of staff and partners at government and community levels to implement such programs.

The consultancy team was mandated to identify best practices in empowering older female caregivers and addressing vulnerability of child-headed households and the burden of care on females as a whole. The consultants were to work with the Gender Advisor for CUBS who would provide the context and local resources to facilitate the work. Because it is critical that there is ownership of the gender programming for CUBS, highly participatory approaches involving CUBS management teams and key stakeholders were to be utilized. Specifically, assignment would involve an extensive desk review of models used in-country as well as interventions carried out in other countries with similar contexts. There would also be roundtables with key informants and interviews and FGDs to provide the current socioeconomic contexts for strategies, approaches, and activities recommended by the consultants.
## Appendix 2: Reviewed Workplan

<table>
<thead>
<tr>
<th>Indicator / Performance Standard</th>
<th>Major Output/Outcome</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: To provide long-term in-country support for coordination and scale up of HIV activities in support of USG/Nigeria OVC strategies by improving policy and legislation and channeling resources to communities, particularly those with disproportionate numbers of OVC services and needs</td>
<td>1. Strengthen the capacity of the Federal Ministry of Women Affairs to coordinate, monitor and evaluate OVC activities in the focal states with particular emphasis on female adolescent OVC and female heads of households. Include women and girls in planning and implementation and plan for both boys and girls. Advocacy and mobilization roles and knowledge of gender budgets should be emphasized.</td>
<td>- Conduct a capacity audit of FMWA and identify areas for improvement that need to be addressed in support of the OVC national action plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Based on findings, develop a plan for capacity-building of FMWA and SMWA (TA, LDP trainings)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Review the OVC National Action Plan and identify areas requiring support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Adjust CUBS workplan appropriately to include these areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Support/promote implementation of OVC National Action Plan at state level (meetings, presentations, TA)</td>
</tr>
</tbody>
</table>

*** Hold high-level coordination meeting with the Minister where goals and objectives are put on the table, roles defined and resources available made clear so that resources not available can be leveraged from other sources (especially private sector). Position female OVC as a priority advocacy issue for the Ministry. Come out meeting with a shared workplan.

CUBS needs to bring the major player in the OVC landscape to the table to map out individual activities and fit into a grand plan that feeds into CUBS overall goals—UNICEF, UNIFEM and others. There is a need to leverage the might of the private sector. NACA/UNAIDS have done much on the HIV/AIDS plan of action. What lessons have been learned and what synergies can be activated? So far too many individual actors! Develop multi-year, multi-level budget and plans.
Even at national level employment and deployment of skilled staff are important

2. Strengthen the capacity of the State Ministry of Women Affairs in their focal states to coordinate, monitor and evaluate OVC activities including those of female adolescents OVC and female heads of households in local government councils within their states.

- Support FMWA to roll out national action plan for OVC in the CUBS-supported states, and implement M&E activities in line with the national M&E plan to include services to female adolescent OVC and female heads of households.

- Explore the scope of OVC activities of stakeholders at national (e.g., NACA and other national level agencies) and state levels, to identify additional needs for capacity-building at this level and opportunities to provide enhanced support for FMWA and SMWA work focused on OVC, particularly female adolescent OVC and female heads of households.

- Carry out a capacity assessment of SMWA and identify areas that require capacity-building in support of gender-sensitive OVC activities implementation at the state level.

- Review the states OVC strategy, policy, and regulations where they exist, to adjust CUBS plan/interventions at the state level; assist the SMWA in developing (when such strategy does not exist) and adjusting the OVC strategy in consistency with national OVC plan to include activities that meet specific needs of female adolescent OVC and female heads of households.
3. Strengthen the capacity of the local government councils (women’s affairs and health units) to coordinate, monitor, and evaluate OVC activities, including those of female adolescent OVC and female heads of households; in their communities leverage support of LGA chairs and mobilize support by wives of key officers to heighten profile of OVC issues and to mobilize health education organs and infrastructure.

4. Collaborate and form linkages/referral systems between existing USG clinical and community-based partners within the focal states. Be sure

- Recruit technical and managerial staff (knowledgeable and passionate about gender issues) to carry out zonal/state activities.

- Review national M&E plan (include gender indicators) and provide technical assistance/training to the state agencies/SMWA to adapt the plan and ensure its implementation.

- Support SMWA to train local government women’s affairs staff on implementing the national OVC action plan and national guidelines for OVC.

- Provide technical support to local government councils for monitoring and evaluation of OVC activities, including data analysis and preparation of reports for local government experts/policy makers and community-based leaders on OVC activities with focus on gender concerns.

- Support SMWA in compiling and disseminating gender-sensitive information on existing OVC clinical and community-based partners, based on FMWA template.
that linkages of choice match words with action and infrastructure. Staff of these partners requires training on gender- and youth-sensitive service delivery and follow-up. Be sure that health service partners provide specialized services (e.g., post-exposure prophylaxis for girls/women who have suffered abuse).

- Based on this gender-sensitive information, provide assistance for the state agencies and other key stakeholders to develop a service provider referral system ensuring OVCs, especially female adolescent OVCs access to services in the CUBS-supported states including access to USG clinical and community-based partners in the focal states

- Assist the SMWA in sharing gender- and youth-friendly information about their OVC strategy with key stakeholders at the state level

5. Develop public private partnerships to bring OVC and gender interventions to scale and enhance the effectiveness of programs. (Appoint gender-sensitive and knowledgeable fund raiser and public affairs person.)

- Assist the FMWA and SMWA in exploring opportunities and developing approaches to obtain support from the private sector for activities that aim to decrease the burden on OVCs in CUBS-supported states. These activities may include mapping of potential corporate sponsors, assisting the states in developing gender sensitive informational materials/sessions, coordination with other stakeholders (e.g., CBOs, AIDSTAR contractors), to sensitize businesses and donors on the plight of the Nigerian OVC, especially female adolescents and highlight areas of needs that corporate Nigerian businesses could help to address.
6. Ensure a multi-program and multi-sectoral referral system between AIDSTAR contractors and community-based groups.

- Initiate a survey of OVC services generally and those targeted at female adolescents available in each of the focal states.

- Obtain information concerning AIDSTAR programs, the scope and geographic areas of their interventions.

- Facilitate the development and maintenance of a state-wide referral system, working with SMWA and other key stakeholders, and assist the state agencies in developing effective data management and reporting systems to capture gender concerns.

- Work in collaboration with AIDSTAR contractors to improve access of OVCs, especially female adolescents to the services that are provided within the framework of AIDSTAR programs.

- Link CBOs, community networks, and other community groups with the relevant AIDSTAR contractors to support development of a referral system and ensure access of OVCs, including female adolescents to the required services.
Objective 2: To mobilize and support community-based responses that identify, locate, and protect OVC in addition to providing both immediate and long-term therapeutic and socioeconomic assistance to vulnerable households

1. Improve awareness of key stakeholders regarding gender in OVC situation/issues and improve their understanding of these issues to mobilize community response in support of OVC.

- Carry out evidence-based dialogue with key stakeholders to improve their awareness and understanding of OVC situation, the gender concerns, the burden and needs of OVCs, services required for addressing their needs, to advocate for and generate a comprehensive response to the OVC needs. The participants will include FMWA, SMWAs in CUBS-supported states, Ministries of Health, and Education, Legal Affairs, as well as Human Rights Commission, OVC service providers, and other key stakeholders.

- Support states to disseminate relevant information, promote understanding of the issues, and generate demand for service delivery, through informational sessions with CBOs, NGOs, community leaders, OVC, persons living with AIDS (PLWA), women’s groups, female adolescent OVC, female heads of households, girls associations (Girls Guide, Girls Brigade, Girls Against AIDS), gender desk officers, and others.

- Through small grants to CSOs and FBOs, enhance effectiveness of programs and foster innovative approaches to ensure delivery of quality services.
Support states to design and/or revise their OVC support strategy based on current needs (including those of female adolescent OVC).

2. Build provider understanding of eligibility for OVC services, and work with communities and clinical service providers to identify all children, particularly female adolescents, eligible for services.

- Work with the state and community advisory OVC forums to design and adapt effective OVC registration systems to meet national guidelines.

- Train Service Corps Volunteers (SCVs), CSOs, and FBOs on the use of these tools.

- Identify and select OVCs (identify female adolescent OVC and female heads of households for gender sensitive service that meet their specific needs).

3. Provide technical support to FMWA and other key stakeholders to integrate strategies to reduce stigma and discrimination on a cross-cutting basis (e.g., training of CBOs and community leaders, to ensure nonjudgmental compassionate care for OVC and their families (and paying attention to gendered peculiarity of needs of orphans).

- Within each target community, launch an intensive effort to positively influence community beliefs and behaviors change toward OVC and the female adolescents and female heads of households through a communication strategy and engaging community champions.

- Conduct national level workshop with state/federal Ministries of Education, Health, Women Affairs, student groups and other partners and NGOs strategies to reduce stigma toward female adolescent OVC and female heads of households.
4. Expand meaningful involvement of PLWA, OVC, and their families in program planning and implementation (ensure gender balance and gender sensitivity in all activities).

- Support the development of gender-sensitive materials by SMWAs, CBOs, and FBOs to include stigma and discrimination as topics during training to the beneficiaries.

- Carry out public meetings to include women; develop gender-sensitive materials; identify and engage OVC and gender champions.

- Provide technical assistance to SMWAs to develop an integrated approach within local context and implement the strategies through training of CBOs and community leaders, to ensure nonjudgmental compassionate care for OVC and their families as well as female adolescent OVC and female heads of households.

- Provide technical support to SMWAs on developing and implementing strategies to engage and support PLWA and OVC groups with special emphasis on female adolescent OVC and female heads of households.

- Encourage the involvement of these groups in design and implementation of OVC CUBS activities and train them to become peer counselors.
5. Strengthen OVC organizations to provide mutual support and serve as a voice to advocate for OVC issues thus influencing public attitudes and confronting stigma.

- Support SMWAs to hold state level workshops where various action plans of SMWA and other key players in the field of HIV/AIDS and OVC can be shared with PLWA, OVC, female adolescent OVC and female heads of households for their input.

- Review and develop as appropriate OVC gender-sensitive advocacy materials.

- Carry out periodic advocacy workshops at zonal and state levels on OVC issues, including stigma reduction and access to gender-sensitive services.

- Strengthen networks of OVC organizations to include female adolescent OVC and female heads of households and expand voice and effective advocacy.

- Conduct ongoing gender-sensitive advocacy through media, meetings, and lobbying at state level.

- Provide ongoing TA to build capacity of FBOs and CBOs in advocacy for OVC to include female adolescent OVC and female heads of households.
Objective 3: To deliver a holistic service package focusing on the multifaceted needs of OVC, including home-based care for infected children, gender issues, stigma and discrimination related to the vulnerability of female OVC and heads of household

1. Understand and institute the standard level of care for each of the 6+1 services using standards and practices that were developed with USG support and Government of Nigeria collaboration. Ensure that female adolescents and female heads of OVC household are target groups and that their peculiar needs are being addressed. Focus interventions: (1) education/vocational training (2) economic strengthening (3) psychosocial support (4) protection.

- Host stakeholder meeting to review, revise, and update standards for OVC care, including female adolescent OVC and female heads of households.

- Provide genders-sensitive training/TA for service providers on best practices and service delivery guidelines.

- Provide support to FMWA and SMWA to monitor implementation of revised standards of OVC care.

- Review/assess progress in ensuring consistency of gender sensitive services provided with standards/national guidelines.

2. Improve delivery of gender-sensitive services to OVC through a family-centered and community-based model that reaches out to all enrolled children in a family infected/affected by HIV/AIDS.

- Foster the development of community networks to provide services to children, female adolescent OVC and female heads of households.

- Train, supervise, and provide technical support and followup with community groups/networks to improve the quality of services provided to children, female adolescent OVC and female heads of households.
3. Ensure that OVC have access to core services. Enrolled OVC will receive a comprehensive package of services based on needs.

- Foster innovative approaches to expand access of OVC to high-quality services and build capacity of NGOs; provide a comprehensive package of OVC services through small grants to CBOs and CSOs to cover female adolescent OVC and female heads of households.

- Develop criteria to include in-depth knowledge in gender programming for partners selection.

- Review the range of services provided by OVC service providers to cater to female adolescent OVC and female heads of households.

- Prepare and issue RFA and select partners.

- Develop grants management manual and grant agreements to ensure gender concerns are effectively addressed.

- Train/build capacity of CSOs and CBOs in grants management.

- Monitor and evaluate performance of grantees.

- Recognize and document best practices and lessons learned and scale up approaches.
4. Provide technical support to SMWA to monitor the type of services available to OVC in local governments to ensure that OVC have access to core services, including education, vocational training, health care, psychosocial support, targeted food and nutrition, and protection (birth registration, legal services and other resources).

- Monitor provision of comprehensive package of services to enrolled OVC, female adolescent OVC and female heads of households.

- Assist the SMWA and LGAs to set up state level OVC database that will contain information on organizations, service types as well as OVC beneficiaries of specific services; particularly, female adolescent OVC and female heads of households must be well represented.

- Support/strengthen the formation of OVC state forums to monitor the provision of services to registered OVCs, especially, female adolescent OVC and female heads of households.

- Conduct OVC service mapping in collaboration with state and local government OVC forums that are gender sensitive.

- Develop/strengthen OVC referral services to ensure community level access also for female adolescent OVC and female heads of households.

- Support SMWA to improve system for registration of OVC support organizations at state and local government levels.
5. Review CUBS activities, global and regional practices of family-centered and community-based models of support to children in family infected/affected by HIV and AIDS in order to make recommendations to FMWA and SMWAs on applicable systems that could be piloted in focal states.

- Confirm that database is regularly updated.
- On a regular basis, carry out an indicator-based review of the project implementation to ensure quality gender-sensitive service delivery.
- Review implementation of national and state guidelines and plans in focal states.
- Summarize promising practices indicating the limitations and advantages of each model.
- Discuss with FMWA and SMWA the summary of practices and help with identification of models that could fit into specific state contexts as well as identify resource constraints that could be addressed by the project and or other partners.
- Pilot gender-sensitive models in respective states, LGAs, and communities.

6. Provide support to SMWA and the Ministry of Education to monitor the status of OVCs in schools; set up peer education programs.

- Conduct a mapping of OVCs in school, based on OVC registries. Collect gender disaggregated data/information.
Advocate adoption of Family Life and HIV Education (FLHE) in secondary schools. Introduce life skills training targeted at girls’ and boys’ clubs, and train selected teachers to anchor these. Organize programs to reach out-of-school youth as well as difficult to reach adolescents (e.g., secluded adolescents and adolescents who drop out due to economic and other hardships). Provide scholarship for girls.

- Review peer education programs in Africa, and adapt within the cultural and religious context of the focal settings.

- Provide support to the Ministry of Education and SMWA zonal offices to monitor implementation of peer education programs in schools.

- Provide support to schools to procure basic gender-sensitive materials to start off peer education clubs in schools.

- Support focus schools to identify and develop alternative support mechanisms for OVC school fees, especially female adolescent OVC school improvements and access.

- Review IGA and business development services (BDS) programs to identify appropriate models to support OVC families and female adolescent as well as female heads of households.

- Develop database of vocational and IGA/BDS programs provided by government, local organizations, institutions, and donors/NGO for referral and support to IGA.

7. Review and identify the best economic strengthening models which will be used to support families of OVC with finances for small business. Female adolescents and female household heads should be targeted.
8. Strengthen networks, systems, and leverage wrap-around programs.

- Develop links with SMWCA, other public sector and private sector programs, as part of the referral systems.

- Provide ongoing guidance, counseling, mentoring, and technical support to OVC families and provider organizations on IGA services.

- Explore feasibility of piloting a family scheme to benefit parents of OVC, female adolescent OVC and female heads of households the National Poverty Alleviation Program of the federal government.

- Meet with financial institutions and donors to explore opportunity of micro credit provision to families of OVC and female heads of households to enable them run small businesses.

- Support FMWA to host a workshop of donors engaged in supporting OVC and develop a donor SharePoint that could identify needs and funds.

- Support SMWA, state ministries of health, and state ministries of education to conduct a roundtable where donors can discuss funding needs and identify opportunities to leverage support.
Objective 4: To address gender-related issues in OVC programming particularly the vulnerability of the girl-child, female-headed households, and the burden of care that rest on females

9. Help OVC to acquire the skills and knowledge that protect them from HIV infection. Include in BCC strategy.

- Promote prevention through peer education networks involving local youth (raising awareness and understanding of risk factors through peer education).

1. Evaluate and replicate promising integrated models that reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

- Develop a gender position paper/strategy to be widely shared by all colleagues and major partners (after the assessment/desk review of best practices).

- Carry out a baseline gender needs assessment to include one national and two or three zonal level roundtables with relevant stakeholders to share experiences about workable models and constraints to OVC programming to generate evidence for advocacy and legislative action.

- Conduct a one-day workshop for key national and state level staff and key partners on gender-sensitive programming.

- Design an operations research framework to assess risk to female OVC and female heads of OVC households.
- Discuss and share with FMWA and SMWA partners approaches to guide the development of a localized girl-child support program.

- Provide support to SMWA in focal states to adjust to local context such approaches/models, specifically in the scope of the National Guidelines on Mainstreaming Economic Empowerment of Vulnerable Women into HIV/AIDS response to pilot life skills projects for vulnerable female OVC in schools and communities pilot programs in schools and communities.

- Support the monitoring of progress made in implementation of such models in the focal areas and document evidence of success and challenges to enable review and revision of such models.

- Identify strategies to keep girls in schools with state ministries of education and SMWA.

- Using general assessment criteria, identify female OVCs most at risk of dropping out of school and provide appropriate support within the home and through school- or community-based program strategies to support such girls.
3. Develop and assist SMWA in implementing approaches to address boys’ vulnerability.

- Design a scholarship program for girls in secondary schools that could access funds from businesses and other NGOs to support girls at risk of dropping out of school.

- Support SMWA and state ministries of education to build their capacity to support teachers of life skills at schools to integrate age-appropriate learning materials in the areas of reproductive health, nutrition, and HIV prevention and deliver such to their students.

- Support SMWA and state ministries of education to identify orphan and vulnerable boys and develop strategies to support them.

-Reproductive health trainings in 11 states (2 trainings per state* 40 women/girls*11 states*$6)

-Sexual prevention training (TOT) - (11 states * 2 communities*20 participants* $6 each). Ensure gender balance in trainers and the trained, and ensure gender balance in step down training and re-training.
Objective 5: To document and disseminate successful innovative approaches, sustainable models, evidence-based best practices and lessons learned, in addition to new tools and methodologies in HIV/AIDS OVC programming

Ensure meaningful participation of children and their families to the fullest extent of their capacities, through the entire project cycle of planning, implementing, and M&E.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a system of key stakeholder engagement in project design and M&amp;E.</td>
<td>-Conduct stakeholder review and planning meetings at local government, state, and federal level. Ensure gender balance and inclusion of female and male adolescents and gender issues.</td>
</tr>
<tr>
<td></td>
<td>-Conduct information sharing sessions with OVC, PLWA, female adolescent OVC, female heads of households and parents to hear their views, needs and how these are being addressed by the project (see objective 1).</td>
</tr>
</tbody>
</table>
Appendix 3: Literature Review

Given its worrying and distressful effects on the society, the challenge of OVC, especially the impact on female adolescents, has in recent times gained the attention of local, national, and global development thinkers and program planners. This section seeks to analyze the basic concepts involved in the analysis and programs to address the problems of OVC. It covers the review of literature by relevant scholars and schools of thought and also aims to explore, among others, the thinking that informs programming and addressing the OVC challenge.

In the course of the rapid assessment, various policy documents reviewed include the National Guidelines and Standards of Practice on OVC (2007); The President’s Emergency Plan for AIDS Relief: Office of the US Global AIDS Coordinator (July 2006); and The Child’s Rights Act. Others were the National Plan of Action for Orphans and Vulnerable Children (2006 2010); National Policy on Food and Nutrition (reprinted 2005), and the National Policy on Health and Development of Adolescents and Young People (2007). Also reviewed was the FMWASD (2008) The 2008 Situation Assessment and Analysis on Orphans and Vulnerable Children (OVC) in Nigeria. Other related literature was reviewed to understand the policy environment, general OVC programming best practices, and the ongoing work to address gender issues in OVC programming, with special emphasis on female adolescents and female heads of households.

OVC Programs in Nigeria – The Current Situation

Nigeria is recognized as having one of the largest burdens of OVC in the world. The 2008 Situation Assessment and Analysis on OVC (FMWASD 2008) revealed that 17.5 million (24.5 percent) of Nigerian children are OVC. The survey further showed that the major causes of orphaning in Nigeria include AIDS, road accidents, high rate of maternal mortality and ethnoreligious conflicts, poverty, harmful cultural practices, and gender inequities.

During civil unrest and armed conflict, young women and girls are even more likely to become victims of sexual violence and coercion. In some countries in Sub-Saharan Africa, HIV prevalence among teenage girls is five times higher than among teenage boys. Most of these infections occur as a result of unprotected heterosexual sex, often with older men. Young men have a potentially strong role to play in promoting and creating safe environments and can act as positive role models both to protect themselves from risk and protect their partners. A particular challenge is therefore men who have sex with men since this is considered criminal in many countries and regarded with much stigmatization and discrimination making this particular group hard to reach (Gravgaard, E. and Martin Rosenkilde, A Vicious Circle of Vulnerability).

Evidence exists to show that OVC in Nigeria live in deplorable conditions; they are exposed to neglect, abuse, and exploitation; and they are deprived of basic human rights and needs. It is estimated that 29 percent of children between the ages of 6 and 17 years are engaged in child labor, 20.3 percent are not regularly in school, 15 percent lack access to health facilities, more than 20 percent are without birth certificates or other forms of identity as citizens, and 17.8 percent are victims of sexual abuse (FMWASD, 2008). A large proportion (40 percent) of street
children in Nigeria may have been trafficked (ILO-IPEC 2001). The deplorable situation of OVC in Nigeria is further compounded by the HIV and AIDS epidemic.

In spite of the scope of the problem, the work in this area has been done by isolated actors (mostly nongovernment actors) working autonomously on individual programs at various levels. Attempts to involve community by various individuals and organizations have been no more than a drop in the ocean because of the enormity of deprivation and problems on the ground.

“While there is growing interest among many players in improving the situation of OVC in Nigeria, there is need for intensive and adequate capacity-building within the public sector agencies taking the leadership for the national OVC response. This must be ensured if ownership of the process and sustainability of programmes is to be achieved. Recommendations: International organisations planning to support and work with public sector agencies for OVC programme planning and implementation in Nigeria need to pay attention to capacity-building needs of such government agencies.” Ibe OE “Challenges in orphans and vulnerable children programming in Nigeria: A policy perspective (lessons learned from the policy project),” International Conference on AIDS (15th: 2004: Bangkok, Thailand).

Thus, recent happenings indicating increasing commitment on the part of government seems a step in the right direction. The national response is now being propelled by government at all levels to stem the enormous challenge of the OVC crisis. It is gladdening that government is beginning to court multiple stakeholders and players and to channel their efforts into a national response. These include MDAs, CSOs, FBOs, CBOs, private sector, and development partners with the FMWASD as the coordinating agency to drive the process.

The federal government’s commitment to effectively address the issue through a coordinated program led to the development of the National Plan of Action (NPA) for OVC (2006 2010), envisaged to provide a single framework for the OVC response in Nigeria. The NPA is a five-year plan that addresses the survival, protection, participation, development, care, and support needs of OVC in Nigeria. It serves as a policy framework for all actors working to improve the welfare of OVC. It serves to facilitate a supportive environment from the national to household level. NPA underlines a commitment to gender equality and the promotion of the rights of the child. It was developed through a consultative and participatory approach involving all stakeholders including children.

In the bid to effectively address the vulnerability of female adolescents and female heads of households in urban and rural areas, concerned parties have continued to call for a review of current thinking and methodologies on HIV/AIDS prevention for added value and quality improvement. According to some of these experts, unlike other epidemics where the physical environments play a key role in driving such, HIV/AIDS has become recognized as more a social disease driven by poverty and compounded by gender inequities and lack of social cohesion.
Also critical for programming is the fact that those most affected by HIV and AIDS are precisely those also most affected by these distressing social factors.

The truth is that female adolescents and female heads of households are also very adversely affected by the physical environment (including the effects on the immune system of malnutrition, helminthes, and bilharzias), and the social environment generally. For those who migrate to town, to live and work in squatter areas, or to work as housemaids and servants, their vulnerability increases because they are isolated, and easily become victims of sexual exploitation and abuse. Increasingly too, the highest number of female adolescents and female-headed households currently exist in the rural areas as well as informal settlements in urban areas. These are areas most prone to sexual abuse and the higher HIV prevalence.

Odhiambo, J., Ochieng, S., (2002). Gender issues affecting care for orphans and vulnerable children (OVCs) by elderly grandparents in Kenya Int Conf AIDS. 2002 Jul 7-12; 14: The POLICY Project, Nairobi, Kenya, draws attention to the possible negative social outcomes of leaving adolescents and young people in the care of elderly grandparents who are completely out of sync with current trends. The author warns of the dangers this poses as the elderly tend to perpetuate gender stereotypes and practices that expose the young people in the care of the elderly to HIV infection. The author recommends “Rapid, expedient and practical measures ...to educate and provide material support for the elderly caregivers of OVCs. Programs need to intensify focus on social change targeting the caregivers whereby skills would be developed, bodies, minds and attitudes transformed and funds provided.”

Despite the weaknesses that characterize programs developed for OVC and their caregivers, there are examples of best practice interventions in the country. These are largely community-driven responses that work in partnership with civil society organizations to provide protection, care, and support for the most vulnerable children and their families. But evidence of such good interventions remains limited. Even among the laudable interventions, programs that target the specific needs of female adolescents and female heads of households still remain the missing link in OVC responses to date. (Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners, July 2006)

For example, one would expect that a document highlighting the outcomes of a workshop convened by the Consortium on AIDS and International Development – “Symposium on Sharing of Best Practice in Orphans and Vulnerable Children programming Workshop, November 2004”, would provide some insights into gender-sensitive programming. The document is quite silent on gender issues—girls are mentioned only with regard to scholarships to retain them in schools. The symposium also drew attention to other issues; for instance, the empowerment that comes with helping the community understand the short and long-term implications of HIV—so that they themselves can act as change agents and drive the programs. They could, for instance, advocate to waive school fees for children orphaned by AIDS; waive registration fees at primary health care centers, reducing stigma as well as raising funds to support uniforms, books; and have women affected (heads of households, caregivers) accepted in credit groups.
The symposium also made very useful recommendations about driving a national approach to social protection noting that it should be comprehensive involving all partners—and crucially the finance ministry—integrated into current macro policies and documents; country driven with harmonized support from development agencies; and long-term in scope. It also should incorporate large-scale capacity-building of FBOS, CBOs, and NGOs and should provide adequate funds to cover the extensive capacity-building required.

Available literature further highlights the inadequacies of current behavior change interventions. This is besides the fact that they may not even be reaching the most vulnerable segments of the society such as female adolescents and female heads of households. The argument therefore is for all stakeholders, including government to pay conscious attention to these target groups to ensure they are identified, included, and allowed to participate in developing protective environments and safe spaces in the community, in schools, and in the area of livelihoods that will decrease their vulnerability to HIV infection and other crises. The answer therefore lies in addressing the underlying and basic factors that perpetuate gender inequities.

Within this context, Nigeria’s population, particularly the women and female adolescents are on the edge. Only few can rise through the system and succeed. Many slip out of the formal education sector, facing poverty, unemployment, and a sense of complete helplessness. Effectively addressing the needs of the OVC, their ability to increase income levels and access to viable employment opportunities, will play an important role in the transition from a precarious present to a more stable future (Nwagbara, 2006).

Unfortunately, there is currently a serious disconnect between the needs of unemployed youths seeking employment opportunities and existing workforce development programs. Typically, the latter concentrate on providing traditional skills training only and do not include the types of support services required to build bridges between the skills acquired and the employment or self-employment opportunities actually available in the Nigerian marketplace.

If the vicious cycle of the HIV/AIDS epidemic is to be truncated, then it is critical to look at strategies that prevent infection of girls, women, and the newborn. It was therefore surprising to discover that knowledge about PMTCT is so low that services are still underutilized. Yet, access to information and services is important. Adeneye et al. in a 2007 study in Nigeria found that only 27 percent of women attending antenatal care knew about PMTCT.

*The President’s Emergency Plan for AIDS Relief (PEPFAR): Office of the US Global AIDS Coordinator (July 2006) Orphans and Other Vulnerable Children Programming Document for United States Government In-Country Staff and Implementing Partners* is one of two reference documents providing guidelines for the CUBS project. The other key document is the *National Guidelines and Standards of Practice on OVC*. These are important documents because of their direct references to the importance of gender.

The PEPFAR document provides guidelines covering the important programmatic focus areas, ethics, implementation, collaborations, partnership, and other areas and also makes some
provisions on gender-sensitive programming. Page 4 of the document recommends, “Programs must implement effective measures to prevent gender inequity, mitigate further degradation of family structures, and reduce social marginalization and stigmatization.”

More explicitly page 5 has a paragraph with the title “Promote Action on Gender Disparities.” This paragraph cautions that, “Careful attention should be given to conceptualizing and implementing OVC activities to ensure that differing needs of boys and girls are identified and addressed appropriate to their developmental state.” The paragraph also notes that girls often experience higher levels of vulnerability to HIV infection than boys. It further suggests a few strategies (e.g., supporting girls to continue in school, including secondary school and vocational training and providing safe social spaces for girls through youth centers and kids’ clubs).

This section draws attention to issues of gender-based sexual abuse and violence especially directed at girls as they reach puberty. The CUBS project directly responds to these recommendations but also offers a targeted gender component addressing the needs of female adolescents ages 12 to 17 and female heads of households.

About the Research Study

Objectives

- To identify, assess the factors that fuel vulnerability of female adolescent OVC and female heads of OVC households
- Evaluate, recommend, document promising integrated models that reach highly vulnerable adolescent girls and female heads of households

Focus Sites

States Covered
- Akwa Ibom
- Bayelsa
- Delta
- Gombe
- Rivers
- Taraba
Field Visits

Field research was conducted in two locations (Gombe and Port Harcourt) with representation from the neighboring Taraba State in Gombe and from Akwa Ibom, Bayelsa, Delta, and Rivers states for the Port Harcourt roundtable). These six states constitute a representative sample of the CUBS program’s 11 focus states.

The field investigation took three main formats: (1) community-level engagement, FGDs with two groups of adolescent OVC (one group of boys and another group of girls); (2) interviews with female heads of households; and (3) roundtable discussions with representatives of a broad spectrum of governmental and nongovernmental actors working in the area of OVC in the two locations and at the national level, the FCT Abuja.

The state-level roundtables held in Gombe on April 13, and Port Harcourt on April 16, 2010, and aimed to identify current OVC activities (at the national, state, and community levels); share lessons learned in implementation of OVC programs; find out if and how men’s (boys’) and women’s (girls’) concerns are addressed within current OVC programs; and find out ways to reduce vulnerability of adolescent female OVC and female heads of households.

Key research questions were as follows: What are the current OVC program activities at the community, state, and national levels? What would be the best and most practical response to the needs of OVC within communities? In your experience of OVC programming, what has worked and what has not worked and why? (Please provide tangible examples and proffer solutions for the way forward.) What do you consider the peculiar challenges faced by adolescent female OVC as different from adolescent male OVCs? How can these challenges be overcome for each of the genders? What practical steps can be taken to reduce the vulnerability of adolescent female OVC and female heads of households?

The national-level roundtable on April 19, 2010, examined factors that fuel the vulnerability of female adolescents and female heads of households and sought to understand how gender interfaces with OVC issues at the various program levels, but with specific emphasis on policy concerns.

The FGDs with male and female adolescents in Gombe were facilitated by an NGO, Kishimi Shelter and Care Foundation, and took place on April 12, 2010; the Rivers State FGDs on April 17 were facilitated by an FBO, Perpetual Succor for Women and Children, working in Ogoni land and with an office in Kpean. The area is called Kenkana, a district in Ogoni with 15 localities. Kpean is situated close to Opobo in Cross River and Ikot Abasi as well as Andoni.

Interviews with female heads of households in Gombe also took place on April 12, 2010, and were facilitated by both Kishimi and Centre for Community Health and Development.

A final validation/dissemination meeting was held on April 28 in Abuja and attended by representatives of donor agencies, NGO and government leaders. Consultants presented their findings at this validation meeting and received useful feedback for this report.
Appendix 4: Reports on Stakeholder Engagement

Appendix 4A: Gombe, Gombe State

GOMBE ROUNTABLE

Officially started at 9.46 a.m.

Opening prayer by a Muslim volunteer.

Format for Introductions

1. Name:
   (Think of attributes commonly associated with the male or female gender that correspond with any of the letters in your name, e.g., Industrious Irene, and explain briefly what this adjective portrays about the gender in question in your community or local context.)

2. Organization

3. Describe involvement in OVC programs

Responses from participants

M—Mother - women or mothers are the ones who give life.

Murna—A happy woman and man makes a happy home

Ladabi—A woman who obeys her husband in whatever he tells her

Diligent—Both women and men are diligent

Innovative—Men are innovative in both business and family

Perseverance—Both men and women have to persevere. Men persevere in economic setting and women in homemaking.

Hankuri—Means that both gender have to be patient with each other.

Responsible—That everything goes well with her biological and community children

Understanding—Both men and women have to understand each other
Trustworthy—A man has to be trustworthy as the head of the family. Thus we can entrust him with our children and health.

Supportive and Attentive—Both father and mother have to be supportive and attentive to family.

Baba—in all cultures, Baba means father and also found in all setting.

See attendance list for names and organization of participants

Roundtable Objectives

1. To identify current OVC activities (at national, state, and community levels)
2. To share lessons learned in implementation of OVC programs
3. To find out if and how men’s (boys’) and women’s (girls’) concerns are addressed within current OVC programs and by whom (with complete contact details for followup)
4. To find out ways to reduce vulnerability of adolescent female OVC and female heads of households

However, the consultants explained to participants that emphasis is laid on the girl-child because they are more disadvantaged.

Case Study

Mainene’s Story

My name is Mainene. I am 13 years old. My father died two years ago and shortly after his burial, my mother became very ill and could no longer do anything for herself. None of my parents’ relatives could help us. They said they had their own problems. My younger ones (a boy and two girls) and I had to care for Mother. We had to stop going to school because we could not afford it. Even feeding ourselves is difficult enough. Things moved from bad to worse until the night Mother died last year. God decided to take our mother away in spite of all our prayers, our hunger, withdrawal from school, and every effort we made to save her life.

I lost all control that night. Maybe I should have gone with her. I cried, screamed, and rolled over my mother in an attempt to wake her up; she refused to open her eyes until people came and took her away. Nobody remembered that we had not eaten and that we had no money. When Baby, my kid sister, started crying, I realized that I had to take up the responsibility of looking for food for my younger ones.

We survive by running errands for people and selling pure water to raise money for our feeding and other needs. Only uncle Hankuri remembers to bring us food once in a while. I look forward to his visits because he normally brings us something nice to eat.

But, the last time he came, Uncle made me sit on his lap. I was shy and afraid but he insisted I must. He told me that I was beautiful and touched my breast; then I got up and moved away.
Uncle says he will bring more things for us, and even send my brother to school if I sit on his laps more often and allow him touch my breasts too.

I am so confused and afraid, even the other day; I saw blood coming out of me.... I am so confused.... please, advice me on what to do.

Mainene’s Story and Responses

PLENARY DISCUSSIONS

- We need to go back to the community way of life; not just focusing on the nuclei family. We must all be prepared to help relatives or the situation will continue to deteriorate.
- Story highlights vulnerability of the girl child—abuse and exploitation by an uncle
- OVC girls—sale of pure water cannot help them. They will continue to fall into the hands of unscrupulous people such as Uncle Hakuri. No structures in place. No refuge for the young girl. Nowhere to get food that would reduce the pressure
- Need for well laid-out structure to take care of this kind of problem
- There is stark poverty. The closer relative to the orphan may have 8 children and no job—so it is not surprising that relatives run away.
- We have not been taking into consideration the extended family system.
- LGA and community members, those at the grassroots are not represented in this roundtable
- It is not government’s responsibility alone
- We need to go to the community to ask them what their problems are.
- Identify best practices.
- Traditional rulers should be involved.
- I lost my sister in 2006. Her husband died soon after she did. Last weekend I was summoned to the village. The village head (maiangwur) wants to take back the land he gave to the children’s father. He says they should take the building off the land. He wants his land back. The value systems are eroded because of pursuit of wealth. We need special sessions with village heads. I lost my father when I was a child. Today, I am a graduate because of my experience, now I have 12 orphans living in my home. We need to back to our villages to offer support. Even religious leaders no longer have empathy.
Group Work

Group 3

What do you consider the peculiar challenges faced by adolescent female OVC as different from adolescent male OVCs? How can these challenges be overcome for each of the genders?

What practical steps can be taken to reduce the vulnerability of adolescent female OVC and female heads of households?

Group 3 Responses

Challenges

Boys/girls

Body image issues (Can be addressed by FLHE. Gombe has adapted FLHE curriculum for use in secondary schools. It is being implemented in about 200 secondary schools. Also adapted for use in mosques for reaching out of school. Language adapted in places (e.g., use local language alternatives to vagina, penis, and include relevant sections from the Koran).

OVC thematic areas important to boys and girls.

Boys and girls suffer self-esteem problems (may be tackled with life skills).

ADDRESSING THE CHALLENGES

1. FLHE/ARH
2. Access to formal education
3. Basic needs should be provided by government, CSOs, community, and extended family

Story on importance of sexuality education—a young woman phoned into a radio program to explain that her husband has been having anal sex with her for over 10 years. Married as an adolescent and completely ignorant about her body and sexuality, she was under the impression that anal sex was the only way to have sexual intercourse and had to endure in spite of injuries to her genitals.

PRACTICAL STEPS

- Create awareness about OVC issues.
- Use rights-based approach.
- Mobilize resources through government, philanthropists, proposal writing, contributions from community members.
- Use community structures (CBOs) to form child protection committees.
- Make use of IGAs.

The group explained that SUK helped set up child protection committees (CPCs) to address each of the thematic areas. It was the business of the CPC to track the children from house to house
and establish the neediest and their peculiar needs and then mobilize the resources to meet these needs. Community ownership was built on the ideology that “we must address our own problems and not leave it to outsiders.”

IGA seed grants were given to discourage families from sending girls out to hawk. Rather, families were encouraged to do their trading from the homes where the girls are relatively safer.

FLHE was taught through church and mosque groups.

Community mobilization on key issues was also done.

How IGA was made sustainable? Through revolving funds

Adolescent guidance and counseling important

**Group 2**

Question-

In your experience of OVC programming, what has worked and what has not worked and why? (Please provide tangible examples and proffer solutions for the way forward.)

**What has worked?**

1. Strengthening the extended family system – (e.g., through micro credit)

2. Community enlightenment using participatory methodologies (i.e., dialogues and community capacity enhancement)

3. Empowerment of caregivers through—
   a. IGAs
   b. Cash transfer programs—these could be conditional or unconditional. Conditional means allocating some money to an OVC. It may be in the form of monthly payments tied to education or school fees. Unconditional means you give for instance the caregiver a lump sum to be used in the best interest of the orphan.

4. Establishment of day care units

5. Establishment of ward/village committees on OVCs

**What has not worked?**

1. Top-bottom OVC policies

2. Non-participatory implementation of OVC programs

3. Poor alignment of interventions with cultural values

4. Institutionalizing OVCs

Recommendation: Do the right thing rightly at a scale that will make a difference
**Group 1**

Questions:

What are the current OVC program activities at community, state, and national levels?

What would be the best and most practical response to the needs of OVC within communities?

**Current OVC Programs:**

1. Advocacy visits
2. Sensitization/awareness
3. Economic empowerment (IGA)
4. Communal farms/food banking
5. Legislation
6. Radio/TV discussion on OVC
7. Establishment of OVC centers at the community level
8. Re-orientation of our value systems

**Practical Response:**

1. Psychosocial support
2. Shelter and food bank (functional food bank)
3. Educational support
4. Security (e.g., legal councils)

**Final Recommendations on Actions OVC Should Take**

1. Build on existing activities/plans (e.g., Save the Children (UK), Gombe OVC action plan). (Director of Child/Desk Officer OVC to provide a copy.)
2. Encourage formation of community-based OVC support committees.
3. Form committee to look into Gombe State OVC plan of action to involve all the stakeholders.
<table>
<thead>
<tr>
<th>S/n</th>
<th>Names</th>
<th>Organization/Nature of Work</th>
<th>Designation</th>
<th>E-mail Address</th>
<th>Phone Number</th>
<th>Gender</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mayamba Jerius D.</td>
<td>MOWA &amp; SW</td>
<td>Director Child</td>
<td></td>
<td>08024325796</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Yelwa Abdullahi</td>
<td>FOMWAN</td>
<td>PRO</td>
<td><a href="mailto:fomwangme@gmail.com">fomwangme@gmail.com</a></td>
<td>08080495859</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Dickson Kwamah</td>
<td>DEC Jalingo</td>
<td>Manager</td>
<td></td>
<td>08060877781</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Abubakar M. Muazu</td>
<td>MSH, Gombe</td>
<td>Snr Prog Officer</td>
<td></td>
<td>08036892090</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Isa Garba Bakori</td>
<td>CUBS/MHS, Gombe</td>
<td>M&amp;E officer</td>
<td><a href="mailto:Isagarba2001@yahoo.co.uk">Isagarba2001@yahoo.co.uk</a></td>
<td>08057290925</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Adamu Umar Usman</td>
<td>GOMSACA</td>
<td>PM</td>
<td><a href="mailto:umaruugombe@yahoo.com">umaruugombe@yahoo.com</a></td>
<td>08024013326</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Dr Bilkisu Y. Kaltungo</td>
<td>Min of Agric, Gombe</td>
<td>SVO</td>
<td><a href="mailto:docbilk@yahoo.com">docbilk@yahoo.com</a></td>
<td>08038884381</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Grace Samuel</td>
<td>Kishimi Shelter &amp; Care Foundation</td>
<td>Executive Director</td>
<td>Kishimi care @ yahoo.com</td>
<td>07031962908</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Yaya Hammari</td>
<td>J.N. I Gombe</td>
<td>Chairman Health Community</td>
<td></td>
<td>08034593934</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Alfa Garba</td>
<td>MOWA &amp;SD Gombe</td>
<td>DWA</td>
<td><a href="mailto:aifagarba@yahoo.com">aifagarba@yahoo.com</a></td>
<td>08027047091</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Umaru Garba</td>
<td>MDGS-GOMBE</td>
<td>Director</td>
<td><a href="mailto:umaruguram@yahoo.com">umaruguram@yahoo.com</a></td>
<td>08067006804</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Organization</td>
<td>Position</td>
<td>Email</td>
<td>Phone</td>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------------------------</td>
<td>----------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Thomas Ayan</td>
<td>N.D.E Gombe</td>
<td>S/C</td>
<td><a href="mailto:Ndegombeprs@yahoo.com">Ndegombeprs@yahoo.com</a>.</td>
<td>08036175988</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Matthew Manu</td>
<td>Advancement For Women &amp; Youth Initiative (JOWYI)</td>
<td>Project Officer</td>
<td>Sinhiki <a href="mailto:65@yahoo.com">65@yahoo.com</a></td>
<td>08036844055</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Anita E. Ukpoju</td>
<td>G C D A</td>
<td>Project Officer</td>
<td>Anitasabo <a href="mailto:2007@yahoo.com">2007@yahoo.com</a></td>
<td>08064626614</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Evang. Ibrahim Aliyu</td>
<td>C A N</td>
<td>REP. Chairman</td>
<td><a href="mailto:Talk2maty@yahoo.com">Talk2maty@yahoo.com</a></td>
<td>08036562872</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Dachalson Peace Satzen</td>
<td>MSTI Gombe</td>
<td>NYSC Corp member</td>
<td>Peace <a href="mailto:Satzen@hotmail.com">Satzen@hotmail.com</a></td>
<td>08069531425</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Shadrack Steven Yerima</td>
<td>Knightingale</td>
<td>Volunteer</td>
<td><a href="mailto:Kgaleorganisation@yahoo.com">Kgaleorganisation@yahoo.com</a></td>
<td>08027996259, 08039747411</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Jima Mercy Celestine</td>
<td>MSIT Gombe</td>
<td>NYSC Corp member</td>
<td><a href="mailto:Pensiluv@yahoo.com">Pensiluv@yahoo.com</a></td>
<td>07030559582</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Hadiza Suleman</td>
<td>DSS Gombe</td>
<td></td>
<td><a href="mailto:Hgrange@yahoo.com">Hgrange@yahoo.com</a></td>
<td>08039540240</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Oma Asu cobham Nsa</td>
<td>CUBS Consultant</td>
<td>Consultant</td>
<td><a href="mailto:omacobhamnsa@yahoo.com">omacobhamnsa@yahoo.com</a></td>
<td>08055363472</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Arit Oku</td>
<td>CUBS Consultant</td>
<td>Consultant</td>
<td><a href="mailto:aritomatic@yahoo.com">aritomatic@yahoo.com</a></td>
<td>08073275540</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>
GOMBE FGDs

Authors’ Note: We are most grateful to Mrs. Grace Samuel of Kishimi Shelter and Care Foundation. Behind Joy Academy, Buba-Shongo. Gombe who facilitated the FGDs and also assisted with translations.

Before the FGDs, Hafsat about 5 years, melted into tears when the children were asked to sing a song from school (as an ice-breaker). She said “I do not go to school. My father is dead.” Four of the girls were under pressure to leave the FGD because food had been prepared by their guardians and they were to go out to hawk. The same pressure was not on the boys.

Zalhatu—Father dead. From a family of 9 children (3 girls and 6 boys). Lives in the home of village head who is Mom’s brother. Mom and all the children live with Mom’s brother.

Talatu—13 in JS1 has 2 living siblings. The family is made up of 1 boy and 2 girls. All live with their mother who hawks wares for a living.

Summaya—Both parents are dead; she lives with an aunt. She is the only one of her three siblings living with the aunt. One of her siblings is married and the other one is in Bauchi.

On menstruation and preparations for it and how they learned about it—The Muslim respondents said they are taught in Islamiya School. This is the main source of information. On probing, they said they tell them about the duration of the menstrual cycle. Christian girls learned from Mom and from the girls’ brigade. In the household, caregivers provide sanitary towels (they mentioned the Always brand). With regard to another respondent, 18 year old who has been head of his household for the past years, he did not discuss this with his younger female wards. He gives them money to buy the towels themselves when the need arises.

On the challenges they face as girls, respondents indicated that girls do all the sweeping, washing and cooking and boys don’t. Girls do the hawking. One of the respondents said bluntly, “I don’t like washing and hawking.” Another said, “After primary and sometimes secondary school, girls marry and boys go for higher education.”

Who decides it is time for marriage? Talatu who indicated that preparations were being made for her marriage said her uncle whom she is living with decided. She however added that the choice of suitor was hers and she met him while on her daily hawking routine.

“When I went hawking, I met the man and we got talking... I asked him to come and talk to my people.” Talatu said her intended spouse is about 31 years-old. She was not very clear about whether he has a wife already.

Who decides it is time for marriage? Talatu said it is her uncle whom she lives with.

Some of the girls were clear on the dreams they have for the future – one indicated she wanted to become a pharmacist and another accountant. One of them did indicate that where there is not enough money for all, boys are preferred.

Majority indicated that the biggest challenge for a child or young person who has lost one or both parents is education.
“Before, I used to have my textbooks but now, I do not have even one. Before I used to have breakfast money in addition to cooked meal to take to school.”

“When father was alive, I used to have everything for school, but now, I have to work to earn it because I have no one to give me.”

They indicated that when their parents were alive, they were not hawking. As orphans they hawk food items—beans and stew/ yam and stew.

On what they knew about HIV/AIDS, one of the girls said, “It is real,” which is a common slogan in Nigeria.

Do you know how people can get HIV? They mentioned sex, sharp objects and blood transfusions.

On prevention methods, they mentioned not having sex and not using sharp objects but none spoke about condom use or other barrier methods.

Interviews with three boys – we did not have enough boys to conduct an FGD

Abubakar Ahmed (18) lives with Mom who is a house help. When Father died, he left some money behind which they used to purchase an Okada (motorcycle uses as a form of commercial transport.) He said that the peculiar challenges that he faced when he lost his father were paying for school needs. He said that when father was alive, he was up to date with payments but nowadays, they even send him away from school. (He melted into tears at this point.) Abubakar would like to become an accountant.

On the roles that women and men play, Abubakar said, “A woman cannot do hard labor; she sweeps, cooks and takes care of the home.” Abubakar said that if he had limited resources he would support the most intelligent to attend school. He would sponsor the one that delivers results, irrespective of their gender. He said, “The community does not respond, does not help. It is the NGOs who help one.”

On being asked if there are structures that help boys and girls to learn about life, he said there are none except the Islamiya School.

Adamu Mohammed (13) said, “I wish the governor would pay fees and buy books for children.” He said in the house, he fetches water, runs errands, and washes clothes when his sisters go hawking.

He said, “hawking is not good; but when Mother has no money, she has to send them hawking.”

Aishe Abubakar (15) said, “When my father died, I had to cut my hair. My mother cannot give me any of the things father used to provide. I love my father more than my mother. He was there for me.”
The children repeatedly affirmed the importance of education. Aisha said, “Education is important. Some of the children have no food to eat. They even have to beg for alms.” She added, “My classmate who lost both parents lives with an auntie. She goes to school early in the morning at about 7:30 a.m. and returns at about 5:00 p.m. without any food.” According to Aisha, the classmate begs friends for food in school and treks to and from school. Aisha further noted that her classmate is often molested by her auntie and the only people she can talk to are her friends in school.

INTERVIEWS WITH WIIDOWS/CAREGIVERS (they were being trained on tailoring by Kishimi).

Asabe—is a widow and did not remarry. She has one biological daughter, age 10 years.

Aisha Umar—has one child too; a 6-year-old daughter. When Aisha’s husband died, she had to go through a period of mourning and then she returned with her children to her family house. But when her father who took care of their needs also died, she had to look for ways to fend for their basic needs. After her father died, the family house was sold and the proceeds shared. With the bit that came to her, she bought a plot of land for her daughter. Since then, they had to manage with what she could bring in. She does some petty trading and now getting some skills in tailoring.

Aisha noted that from the Islamic perspective, in the sharing of property, the woman is disadvantaged. A woman receives half of what goes to the man. She stressed the importance of education, noting that in the mosque, they help orphans sometimes. She said help comes from NGOs as well.

She re-affirmed what previous respondents said: “children who lose both parents... they will be lucky to have an uncle who is faithful enough to take care of them. There is usually no community support.”

Maimuna has six children. One of her children married at age 17 years. The boys go to Almajiri school because she has no money to cater for them. She had to share out the girls to relatives. She has only one of the girls living with her.

When girls are shared out in this manner to strangers, they are exposed to abuse. Some are used as house helps and servants and some exposed to prostitution.

CENTER FOR COMMUNITY HEALTH AND DEVELOPMENT

Here, we met three different families who had all lost their parents to HIV.

Samuel Stephen (18) and has been caring for his siblings, two girls and three boys, since Mother died March 28, 2008 and Father died April of the same year. He plays music (keyboard, guitar, and drums) in churches and other gatherings and gets paid.
He had to drop out of school so that his siblings will remain in school. His junior brother, Nehemiah (11) is HIV-positive.

Stephen said, “My senior brother and I took care of our parents before they died. If your parents are alive, you can do more things for yourself. Nobody knows how I feel. As for relatives, some of them are showing us kindness; some run away from us because my parents died of HIV.”

Stephen continued: “After our parents died, I noticed some rashes on my brother’s body. I went to the chemist and they said I should take him for a test. I took him to the Federal Medical Centre and there I met the auntie from CHAD [that is the NGO], and they said they would help us.”

Speaking about his adolescent female siblings under his care, Stephen said he never discussed menstruation with them but, “I always give them the money to go and buy sanitary towels.”

Zara Mohammed (15) in JSS3 is HIV-positive. Both her parents died of HIV. She lives with her senior sister who is hardly at home because she is attending school. Zara essentially lives alone and fend for herself. She knows how to go to the hospital to collect her medicines. She has been on antiretroviral medicines for one year.

The NGO is looking for a caregiver and home where she can be placed. Zara has been placed on antiretroviral medicines and is receiving nutrition and health support.

Rhoda Amos (23) is HIV-negative and has been taking care of siblings for about eight years since parents died. She is taking care of two younger siblings. She is being trained on IGA—producing tie-dye textiles, shea butter, and petroleum jelly.

Umi who is about 12 years old has been taking care of her younger siblings now for the past four years. When she was much younger, she used to boil eggs and hawk them all around town to make money for their food and other needs. Her grandmother gave her N2000 with which she started the business before the grandmother relocated to Jos where she died. As she grew older, she started to sell soya bean cakes. But recently an auntie relocated from Kano to Gombe to take care of them. The auntie sold the parents’ house and they moved in with her.
Response to teaser

- Awareness creation in the communities.
- Use community structure for awareness-raising.
- Reacting to family units through the church or community structures, community heads.
- Regular meetings—what could be done before the situation get to Preye’s case. Teams go out (charity) regularly identify issues that affect.
- Mainstream into the school system OVC services.
- Children peer groups could also proffer solutions.
- Long-term solution is including it to the school curriculum.
- Communities should be more sensitized. School and media to create awareness about OVC and channel them to their services and community.
- Peer educators—NYSC-trained peer educators train children and teachers in Akwa Ibom; four children being abused by their father.
- Chief expects government to give money.
- Identify real stake holders—Are there structures in place in our communities? NO
- OVC has been a co-ordination dilemma—RSOME has received support
Group 3

- Networking/referrals
- Life skills/promote high self esteem
- Girls are more prone to sexual activities than boys.

Sexual abuse of females—Girl-child’s education: Out of school or uneducated parents are always silent as against those educated and informed
  - Long term, medium term, short term
  - Sexuality education

Ministry of Education through guidance and counseling. The girl child suffers more.

What legal activities

Defilement and rape differences

A case of defilement is a greater offence. Defilement is for children, and rape for adults and both attract different punishments.

River State currently works with FIDA. A recent case of sexual abuse of a child by her father when reported, FIDA was asked to go to the police and the case was lost. FIDA, doctors and other stakeholders will meet to determine whether the girl should tell the parents or not.

Solutions should be found and made within the confines of the law. A case of a child that had itching and was taken to hospital, the parents were told by the doctor that they have no right to touch their daughter’s private part.

Program activities should have a global outlook
  - Urgent treatment for rape and defilement victims

GRPT Presentation

No defined structures for OVC

NAPEP

Delsat—Female school drop-outs rehabilitation covers training on skills acquisition

Help female headed houses and female PLPs that have no support

NAPEP core programs target the most vulnerable; support is on condition that parents allow children go to school
  - 1,500 children returned to school; N5000 given to parents monthly. Penalty of payback for those who do not comply with their conditions. Linkage to micro finance services
- 10 LGAs per state; 10 communities per LGA
- Sensitize communities for the selection of beneficiaries
- Governor’s wife logs on and gives additional funds to beneficiary families
- At state level, SACA is the coordinating agency; NAPEP collaborates with SACA and parents.

**Group 2 Presentation**

Protection—giving the child identity and legal protection, especially for states that have the CRA

- Family courts

Free and compulsory education

Akwa Ibom and Rivers: Social linkages. Police to social welfare etc. Community watch committees

- Get children and caregivers to share lessons

What has not worked? – Food bank – witchcraft saga

Lack of monitoring – e.g. roll back malaria/net distribution – Because it is women and children, importance and interest is not attached (given)

- Awareness creation and media jingles

**Needs Assessment**

For example, HIV/AIDS orphans

- Not sure

- Children don’t know parents’ HIV/AIDS status, lack of capacity among those responsible for needs assessment

- Lack of discipline on the part of beneficiaries selling items and equipment for empowerment (there should be conditions, rules and guidelines)

**M&E what is successful?**

- Quantitative & qualitative feedback mechanisms

- Vulnerability index is used for needs assessment, especially nutritional support

- Quantitative & qualitative, especially when implementing

How are we ready to give out to them?
- Child sex workers

- Behavior change in men towards gender issues (e.g., issues of male children in homes)

- Early marriages; pushed by poverty, lack of supervision. CSOs to sensitize on teenage pregnancy

SIRA—first daughter that is not allowed to marry but keeps making babies for her parents

- Harmful widowhood practices

Closing by

Votes thanks to government agencies; Grace – Director, Child Development, Rivers State MOWA, farewell message.

NAPEP INITIATIVE

It is a national each state.

Rivers seven months pilot; focus on poor and vulnerable child-headed household (CHH), widows VPH.

- Identify through LGA community social assistant community conducts assessment for selection at community town squares, NAPEP sensitizes communities committees who facilitate.

- Viability- most beneficent are women and vulnerable people (HIV/AIDS).

- Look at structure and adapt to suit service assistance to women and girls- break the vicious circle of poverty. Education is compulsory enforcement of N5000 per household. Intergenerational transfer of poverty. 50 household per LGA it is working in all the states.

- LGA committee headed by chairman of council state- LGA community’s emphasis is on community’s volunteerism.

**********************************************************************

FGD in Kpean, Kenkana, Gokana LGA, Rivers State

The FGD was facilitated by NGO; Perpetual Succor for Women and Children (PESWAC).

The NGO PESWAC started when some concerned Catholic reverend sisters came together to address the problem of children. On World AIDS Day 2006, they mobilized the community getting contributions in cash and kind to share with PLWA; about 40 of them in a parish in the
town. Thereafter, the arrowhead of this community mobilization, Rev. Sr. Patricia Ndinwa was invited by some priests to come and work in Kpean and environs to address the problems arising from the Biaken (SIRA) syndrome.

SIRA syndrome is a traditional practice in this area of the Niger Delta whereby a first daughter does not get married but is encouraged to have multiple sex partners and bear children that are brought into her parents’ family. She is kept as a treasure for the family. The situation this creates is one whereby we have a single mother, children hover around her and she does not have the means to care for them. For example, a 16-year-old who heads a family and who depends on uncles are casualties of SIRA syndrome, the Rev. Sr. said. The caregivers are the casualties.

Catholic Relief Services had been working here but left when the militancy and kidnappings started in the area. The issues affect girls more than boys. SIRA women are now caregivers, having been trained by the LGA to cater for children in schools. They have no farms of their own but only work on other people’s farms and get paid for it. Some can acquire land if they have money while some others desire to set up a skill acquisition as livelihood options.

1. Caregivers are empowered for economic purposes
2. Agro allied, petty trading

The Christian community has been campaigning against the SIRA syndrome and recorded success with many of the women now getting married even though they may be second or third wives. The upkeep of children born outside of wedlock is now a burden for the single mothers and because it is not easy for these women; they are forced into various unhealthy practices to fend for the children.

The use of the participatory approach:

Involvement of community members—conduct needs assessment. House-to-house check for OVC selection. The chief delegates members of the community to be part of their activities.

- SIRA campaign
- Support group

Kpean community has 18 oil wells. It is the late Ken Saro Wiwa’s hometown. The town has not had power supply since 2003. NACA/SACA, Rivers State Sustainable Development Agency and HOPE Worldwide have shown some interest in working here.

- Africare provided mobile voluntary counseling and testing after a rally with IFESH and women groups.
- Ken Khana—15 communities near Opobo, Andonai, Akwa Ibom a big market.
FGD with Girls

What girls do

- Chores
- Pray
- Sweep
- Wash plates
- Go to school at 7:30 a.m. (trek or get help from bikes)
- Methodist high school; UBE school Kpean
- Like school, like teaching, like mathematics
- Have break; buy snacks when there is money or read when there is no money; visit each other after school.
- Stay with my aunt, dead mother, poor father and have two younger ones living with my father. Waaka which means virtuous woman (SSS3).

Kina Gloria

Lives in Bori with aunt. Mom died last year and was unmarried till her death. She was a SIRA.

Nuator Barinaale means “Nothing is greater than God.” She lives with her grandmother. With her parents dead, Nuator depends on her grandmother’s farms for a living. The oldest of four children, two boys and two girls, she is 12 years of age and in JSS 2.

Angela (JSS 3)—Three in the house with her sister married at age 20, and she lives with her father and her mother is dead.

Kabari—12 years old and in primary 5, lives with mother, there are three boys and two girls first child. The father is dead.

Kina Gloria—16 years old has three siblings a boy and two girls. Her mother died last year, mother did not marry because she was a SIRA peer educator.

Mienebari—14 years old in SSS2, lives with mother who has four boys and two girls, dead father.

Zorbari—has seven siblings, four boys and three girls’ lives with the mother and father’s dead.

Problems of Girls in This Community
Victoria—17 years old

- Have boyfriends
- They don’t like staying with their mothers because she does not take care of them. She does not have money.
- Some girls are disrespectful to their moms and some have boyfriends, from about 12 years. And they get pregnant early and because there is no money; they go out to flirt with boys for money. Even 10-year-old girls get pregnant for boys between age 16 and 20 years in this town.

It is a problem, and why the problem?

- Some want clothing and parents cannot afford. Boys are involved in farming or bricklaying while the girls don’t work because they wait for money from outside. Because some girls are pampered by parents. When parents can no longer supply these things, they go out and get boyfriends.
- Education—Parent or guardian has no money to fund education; boys go to school, go out of the village and later dump the girls
- SIRA syndrome – First daughters do not get married, stay home to cater for the family; get pregnant and have babies without fathers. Many are not allowed to go to school. The community leaders and LGC chair should allow girls go to school so they can develop and overcome their socioeconomic challenges
- The boy in the house does not go to school. He works to take care of us. He became head of household at 15 when father died. Mum is not doing anything; engaged in subsistent farming while brother works on people’s farms for money.
- School fees, textbooks are a problem. School fee is about N4, 500–5,000 a term.
- Sobari (16) live with Grandma; does not eat well; no school fees so had to drop out in SS1. Now sells groundnuts. No health care; brother not in school; boys work; now girls are in school more than boys because people feel that girls are helping to care for the home and younger ones, old parents preference for girls education. Brother does casual work to feed the family.
- Clubs—boys stealing and robbing people in the past now.
- Peer education training, told about menses; “peak” is the visitor nickname for menses; there is no place to go for personal counseling

Barilee 12 years

Stays with Aunty. PESWAC located her in school and now pays her fees.
**Stella**—Other girls use toilet paper as sanitary towel because it is more affordable. Stella cannot even afford toilet paper. She wears four pants during her menstruation.

Some of the girls learned about menstruation form peer education training programs in schools. No information from the home. They said they did not know of any women groups in the community they can talk to if they have problems.

**Boys FGD – Problems**

Lack schools fees, school materials; in and out school. **John** (17 years and in JSS 3) should be in SS 3, but because he is in and out of school, he is still in JSS 3. His mom is a farmer and cannot meet up with paying the fees.

**Prince Suanu** (17, in JSS2) lives alone. He lost his parents early in life. He was initially brought up by a sister but now and takes care of himself. Sister works in Port Harcourt as a servant. He works as a casual worker at building sites.

**William Kekii**—17 years old; first of 5 children; mother is late; no father. There are three boys and two girls; works as a casual worker to provide for his younger ones, only one of them (13 year old girl in primary school) is still in school. His father did not marry his mum and does not care for any of them. He lives in another town. He last saw father when he was a kid. Dropped out of school in JSS3.

**Precious**—12 years old in primary 6; lives with the mother, a widow and sometimes sleeps without food and is in need of school fees and books. Even though it is supposed to be free, school levies children N5,000 before they can sit for the JSS3 exams.

- Education
- Vocational skills
- No electricity since 2003

Some have parents who cannot afford anything. HIV prevalence rate is 7.5 percent in this area, the second highest in the state.

Meeting at PESWAC was attended by the following:

1. John Umo-Orong (M&E, PESWAC)
2. Femi Osuntokun (M&E, Africare)
3. Barinua Ishmael Nwitama
4. James Ribaradum
5. Mrs. Christina Nwibana
6. Hon. James W. Nwibana
7. Mrs. Lekana Anthony Nwinia
8. Pyagbara precious N. – Site Manager
9. Rev Sr. Patricia Ndinwa
10. Esther D. Ike
Appendix 4C: Abuja, FCT

Abuja National Roundtable

Start time: 9:50 a.m.

Introduction of participants. Maisha introduces CUBS OVC program

1st year SS, SE,

2nd year Enugu-Imo, Ekiti,

5 year project.

4th component- reason why we are here today. Vulnerability of girls and female heads of HHS, SH, unwanted pregnancy, teenage pregnancy. Looking forward to a dynamic discussion.

Facilitator (Charmaine Pereira) asked participants to share experiences on sexual vulnerability in particular. What comes into your mind when you hear the phrase sexual vulnerability?

- NAPTIP—as long as you are a woman you are sexually vulnerable. Should talk about incest which is now on the high side.

- Image that comes to mind young children, teens are vulnerable.

- FMWA— casts her mind to a daughter of 16 sleeping with a 60-year-old man. A girl brought to the hospital in blood, the father owed N3,000, the debtor demanded 9-year-old daughter in exchange for money; he tried to penetrate and used razor to cut her.

- Ex-governor of Zamfara who took a wife of 13, 14 years; there should be a law that says defaulters should be castrated.

- Unprotected, exposed, unable to help self; need to be helped by others are vulnerable because they lack information.

- Family can make child vulnerable.

- Community.

- Public space, policy regardless of age.

These are layers of vulnerability.

Stella—tribunal on GCE, girls were brought to share testimonies, from 8 to 9 years of age. Family of four lost both parents lived in an uncompleted building. A 15-year-old girl befriends a man who moved them to Abuja.
- Failure of the Nigerian state to protect its own.
- Religious beliefs. Why should a government official take a 13 year old? Health implication.
- The people must be informed. Tradition, culture, religion is always used to explain vulnerability. Disparity in treatment of girls of the rich and the poor. There are overlapping layers of protection vulnerability of women and girls.
- OVC—children with additional vulnerability where the layers of protection are not there, isolated from anything that can protect them (incest, early marriage are a betrayal of trust); parents, aunts, uncle betray the child. How do we deal with these special problems? There are systems and structures in place to protect the children.
- FWMA—can these structures be prepared? what are they meant to do? Change them at the community level; change the orientation of how things should be done. Each community has its own problems.
- Arit gave an example: the SIRA syndrome (parents could be there but children are still vulnerable). Is sex a currency?
- Sexual vulnerability- structures and systems - dimensions of girls opting out of the norm to adopt sexual risky behaviors. Does this imply absence or weakness of structures or the choice of girls?
- Need to make some shifts.
- Vulnerable children not homogenous
- Vulnerability changes with age of a child. With failure of nurture comes failure of nurturing layers.
- Run—the core structures, the variables, the stages of development of the child.
- Presentation by FMWASD —OVC had more girls than boys at start. Introduced gender mainstreaming. On gender mainstreaming, developed manual.
- Cooks in government houses are all men. Intelligence is not only for boys; girls are also intelligent. The needs of children are not the same. Boys and girls have different needs.
Gender Analysis on OVC Programming

Standard practices, M&E indicators; sex (male and female) in 2011 will really go down to communities for change of orientation, meeting with traditional rulers on how to deal with boys and girls at community level; LGA chairmen 40 percent success; free education for girls. M&E plan should be able to come up with proper gender analysis, 24 states have domesticated the CRA but implementation is still an issue.

2nd Presentation

Female heads of households within the context of OVC.

- Poverty has the face of women; females assume the role of men in OVC.
- Compendium of good practices in gender in Nigeria; 12 critical areas of the conference female in this context assumes the role of men some of these are children.
- Persistent burden of poverty in the community; poverty wears the face of a woman.
- Unequal access to education.
- Unequal access to health.
- Violence: women at the receiving end of violence in armed conflicts, economic structures, inequality in the sharing of power.

How Does The Work of FMWASD Address Vulnerability?

1. Advocacy to change perception of inequality, the ministries and traditional rulers. Ministry trying to change.
2. WOTCLEF—sexual vulnerability linked to trafficking.
3. Create atmosphere conducive for the girls to feel free.
4. WOTCLEFT— Anti-trafficking law translated into Igbo, Hausa, and Yoruba.
5. Worked with teachers, principals, and head teachers worked with NAPTIP to create clubs to help girls.
6. FMWA- catalytic role. Does not implements; no data of children in programs, response to OVC- weakness, female, female adolescent, 0%.

SACA, have no gender points.

What is FMWA doing with other ministries to reduce the vulnerability of girls?

NAPTIP—most trafficked children are orphans

- Awareness creation. We need to expose women to child-rearing skills; family heads, organization of family heads in Akwa Ibom state.
- Use with education agencies to have retraining for teachers recommends translation of jingles into local languages.

Trafficked victims are mostly HIV-positive.

Child’s Rights Act

Family courts established.

- Legislation cases of OVC should be given accelerated hearing.
- Victims are traced back to school.
- Vocational skills.
- No road.
- What of the children? The children are empowered.
- Parents are also empowered.
- Poverty is a big issue; it makes teachers aggressive.
- Increased in skill child enrollment.
- Deborah.

How and what medium? They need to using jingles, documentaries and translate them into local languages.

The need to take them to communities

1. Make them participatory.
2. Do and use the jingles well. (What the messages do and do they communicate the message?)
3. What forces women into prostitution?
4. More women in decision-making positions.

NAPTIP (On Girl Trafficking)

Teenage mothers sell their babies; teens and youth work with OVC from 6 months to 17 years.

Things that have worked

- Edo state committees met with community and religious leaders. Comm. Acceptability of rehabilitated sex workers, community selection committee makes room for ex-prostitutes.
- Return them to community; love is enough to bring them back.
- Counseling and mentoring of orphans (rehabilitated).
- Acada training center; some return to formal schools, some up to tertiary institutions (3) some get married.
- School blocks, library, and scholastic materials.
- Empower caregivers.
- Skill acquisition training.
- Startup capital for businesses.
- Reconciliation with families.
- Leverage funds from community members for sustainability.
- Youth clubs—recreation; where they were able to open up; 15 plus are HIV-positive, mother and child positive married to a positive man. The man’s family had to call her (the mother was taken).

The root causes of vulnerability, families (starting point). What can we do using the layers model to reduce vulnerability?
- Need to carry the media along to look beyond on the spot.
- Follow-up stories; look at the role of the media.
- Media involvement.

Layers of protection of OVC in the context of OVC, different context gives more information.

Program approaches that work
- Increased awareness at family level about issues of incest etc., and other forms of sexual exploitation.
- Between individual members of the family (networking) example girls clubs.
- Peer groups—experience sharing, role modeling.
- Peer education—children don’t like being associated with OVC etc.
- Reduce stigmatization within family and community.
- Kid clubs are open in membership.
- Accosted that NAPTIP was returning HIV-positive person to the community; there were road blocks.
- Need to involve respected community members, teachers, principals, and head teachers to build capacity to work with girls.
- Law enforcement agencies CIDA.
- Enforcement of the law testing the law.
- Case of defilement 48 years against 10 years.

Government accelerated hearing
- Pushing from the legal perspective.
- Gander desk of the police.
- Explore and address the curriculum; ART for adolescents need for collaboration with MOH etc. integrating FMWA into MOH.
- OVC division.

Policy environment

BCC programs
- Messages in local languages.
- Engage the media.
- Right approaches.
- Community theatre—someone’s struggle to come out of it.

Constraining or enabling programs in adolescents and FHH comments of policy environment. How bureaucratic structures affect programming in OVC especially the girl child and FHH.

The Child’s Right Act

Adoption is not allowed outside a child’s community.
- No government involvement in moving children from one location to another
- Directors meeting to look at ways of involving chairmen. To be able to report to the FMWA three states have done two desk officers on OVC and want to do two at LGA.
- No actions down the line; nothing is working at the LGA level. LGA is an arm of government that is not working.
- Nothing to do if they have to work on how to mobilize LGA.
How to reach the LGA by FMWA through CSO?

- Wives of LGA chairmen.
- Forward leaders.
- Relating with them outside official forums.
- Capacity-building of different actors at different levels.

Gender policy

- Not yet disseminated GP and NPA lunched the same day.
- Should review gender policy.
- Gender desk in all ministries.
- Having structures that don’t work.

Challenges /Opportunities

Vulnerability of adolescent

Vesicovaginal fistula—discourages early marriage; OVC is more susceptible.

Perception of Women

- OVC intervention in polygamous families drives the spread of HIV.
- Some states have refused to adopt the CRA; no single strategy is a panacea.
- Child witch—Cross River and Akwa Ibom states are prone to sexual vulnerability.

Wrap Up

- Need for special and more relevant information.
- Programs can work at different levels in other ways that no single way of programming that works.
- Use of funds is critical; how much money is being used for what?
- Role of the media and how they can be more effectively used need to form relationships and cultivate relationship with the media.
- Derives from our understanding of inequities, differences between men and women in our intervention; to what extent do activities challenge these stereotypes.
- Are they really empowered or replicate them?