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2 Initiative for Integrated Community Welfare in Nigeria
*Corresponding author
Administrative Structure of Nigeria
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<th>Abbreviation</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AONN</td>
<td>Association of OVC NGOs in Nigeria</td>
</tr>
<tr>
<td>CBO</td>
<td>Community based organization</td>
</tr>
<tr>
<td>CEDPA</td>
<td>Centre for Development and Population Activities</td>
</tr>
<tr>
<td>CRA</td>
<td>Child Rights Act</td>
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<tr>
<td>CRC</td>
<td>Convention for the Rights of the Child</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial Sex Workers</td>
</tr>
<tr>
<td>CU-ICAP</td>
<td>Columbia University’s International Centre for AIDS Care and Treatment Programs</td>
</tr>
<tr>
<td>DP</td>
<td>Development Partners</td>
</tr>
<tr>
<td>ENHANSE</td>
<td>The Enabling HIV/AIDS – TB and Social Sector Environment Project</td>
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<tr>
<td>FBO</td>
<td>Faith based organizations</td>
</tr>
<tr>
<td>FCT</td>
<td>Federal Capital Territory</td>
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<tr>
<td>FHI</td>
<td>Family Health International</td>
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<tr>
<td>FMOE</td>
<td>Federal Ministry of Education</td>
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<tr>
<td>FMOH</td>
<td>Federal Ministry of Health</td>
</tr>
<tr>
<td>FMWA&amp;SD</td>
<td>Federal Ministry of Women Affairs and Social Development</td>
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<tr>
<td>GFATM</td>
<td>Global Funds to fight AIDS Tuberculosis and Malaria</td>
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<tr>
<td>GHAIN</td>
<td>Global HIV/AIDS Initiative Nigeria</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injection Drug Users</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>IGA</td>
<td>Income Generating Activities</td>
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<tr>
<td>IP</td>
<td>Implementing Partners</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Area</td>
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<tr>
<td>MSM</td>
<td>Men having Sex with Men</td>
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<tr>
<td>NACA</td>
<td>National Agency for AIDS Control</td>
</tr>
<tr>
<td>NARHS</td>
<td>National HIV/AIDS &amp; Reproductive Health Survey</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NISER</td>
<td>Nigeria Institute of Social and Economic Research</td>
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<tr>
<td>NPC</td>
<td>National Population Commission</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission of HIV/AIDS</td>
</tr>
<tr>
<td>PSS</td>
<td>Psychosocial Support</td>
</tr>
<tr>
<td>RAAAPP</td>
<td>Rapid Assessment, Analysis and Action Planning Process</td>
</tr>
<tr>
<td>SACA</td>
<td>State Action Committee on AIDS</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Program on HIV/AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nation Fund for Population Activities</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United State Agency for International Development</td>
</tr>
<tr>
<td>UBE</td>
<td>Universal Basic Education</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

This study, which is part of a five-country research situation analysis on Orphans and Vulnerable Children (OVC), is a collaborative product between the OVC-CARE Applied Research program at Boston University (BU) Center for Global Health and Development and the Initiative for Integrated Community Welfare in Nigeria (IICWIN). We are particularly grateful to Dr. Ebunlomo Walker the country Principal Investigator for her excellent collaborative work in carrying out this study and putting together the report. The study was funded by USAID through PEPFAR. We are very grateful to USAID for this support. We are especially grateful to Christian Fung, the COTR for the OVC-CARE Project at USAID, Washington, for his excellent guidance and support to this work.

BU also greatly appreciates the support from the USAID Mission in Nigeria through Irene Philomena. The Federal Ministry of Women Affairs and Social Development (FMWA&SD) provided excellent support and input into this work. We are very grateful to Barrister Gloria O. Ezezeka and the entire OVC team at the FMWA&SD whose contributions shaped this report.

We also appreciate the great contributions from UNICEF through Comfort Agada and many other stakeholders, institutions and individuals who contributed valuable information and time to the successful completion of this work.
EXECUTIVE SUMMARY

Background

Nigeria has one of the highest population of orphans and vulnerable children (OVC) in the world; now estimated at 17.5 million, which is 24.5% of all children under the age of 17 years in Nigeria. This has grave implications for the current and future well-being of the nation. Recognizing the enormity of this situation, the Federal Government of Nigeria, through the principal ministry, the Ministry of Women Affairs, commenced an ambitious policies and intervention response in 2005, with the goal of holistically addressing the health, psychosocial, education, protection needs of these children and their caregivers. For this well intentioned response to work, it is vitally important that it is fully backed by reliable research evidence.

Purpose of the Study

The main purpose of the study was to review the research done on OVC in Nigeria, identify gaps in OVC knowledge, and synthesize available evidence to inform OVC policies and programmes. The overall goal was to come up with a National OVC Research Agenda that would provide ongoing strategic information and evidence for improving the effectiveness and efficiency of OVC programs.

Methods

This research situation analysis involved an extensive review of literature, administration of a survey questionnaire, key informant interviews, and focus group discussions. Due to resource and time constraints, only 4 zones and the central capital, were sampled; out of the six zones in the country. There were 41 in-depth interviews conducted, 70 questionnaires completed, and 52 OVC practitioners participated in the Focus Group Discussions.

Key Findings

Magnitude of OVC:

- No. of OVC: 17.5 million (FMWA&SD 2008)
- No. of Children living with HIV: 220,000 (UNAIDS, 2008)
- No. of Orphans: 9.7 million (UNICEF/Childinfo, 2008); third highest number of Orphans in the world.
- No. of Orphans due to HIV/AIDS: 2.4 million (FMOH 2008)

---

1 UNAIDS quotes 1.2million; the 2008 Situation Analysis estimates 2.39million.
National Response:
A Policy and Strategic Framework has been put in place for the scale up of OVC programs. Below is a list of some of the existing legal, policy and strategic instruments relevant to OVC.

- **Relevant Legislation**: Child Rights Act
- **Strategic Framework and Guiding documents**:
  - National Plan of Action (NPA, 2006-2010) for OVC
  - Guidelines and Standards of Practice for OVC; defining a minimum package of services for OVC
  - National OVC M&E Framework
  - OVC Eligibility Criteria
  - OVC Advocacy package
  - Psychosocial training manual
  - OVC Unit in FMWA&SD
  - National Steering Committee on OVC
  - OVC Stakeholders’ Forum

The Federal Ministry of Women Affairs and Social Development has an OVC Unit which coordinates all OVC activities in the country. It works with international development partners, international implementing partners, local NGOs, and communities to provide various OVC services. From the sample of 70 organizations the proportion providing each service is summarized below.

- **Percentage of Organizations providing OVC services in**:
  - Educational Support – 79%
  - Food and Nutrition – 89%
  - Shelter and Care – 73%
  - Psychosocial Support – 90%
  - Child Protection – 71%
  - Health Care – 91%

- **Models of Care**: informal foster care, community based care, institutional, mobile, and home-based care.

- **Service Gaps**: Inadequate services for under-five OVC, more services in urban than rural, and no transitional services for vulnerable youths over 18 years.

- **Research**: 28 studies were conducted between 2003 and 2008. 67% of these were situation analyses or needs assessments; there have been very few longitudinal cohort studies, following children over time to measure various aspects of their well being, and no studies on the effectiveness and impact of various OVC interventions. 14 studies covered general topics, with few studies under each of the OVC service domains and no studies on education or shelter.

- **Knowledge Gaps**:
  - Magnitude and characterization of OVC population in terms of total number of OVC by state and district; categories of OVC by sex, age, and needs.
  - Effectiveness and impact of various OVC interventions and models of care.
  - Cost and cost-effectiveness of OVC interventions.
Dealing with Stigma and Discrimination - What are the factors leading to stigma and discrimination against OVC within households and communities? How do stigma and discrimination against OVC within the household/community affect access to and utilization of care interventions by OVC? What are most effective strategies to reduce stigma and discrimination?

Resource Allocation Strategies - What are the best resource allocation and monitoring mechanisms that will ensure that resources reach the grassroots to strengthen the local NGOs and other stakeholders for direct care of the OVC?

Specific Service Domain Data Gaps:

- **Health Care** - What are the factors leading to inadequate access of OVC to health services in rural areas? What needs to be done to ensure increased access to health services by OVC under five years?
- **Education** - What are the causes and patterns of school absenteeism among OVC? How can they be addressed? What are the school completion rates of OVC versus Non-OVC?
- **Shelter** - What are the challenges of transiting from institutional care to family centered care? What are the challenges faced in fostering/adoption of OVC? How can they be overcome?
- **Food and Nutrition** - What are the cost and benefits of OVC Food & Nutrition interventions in Nigeria?
- **Household Economic Strengthening** - What are the appropriate strategies for identifying and mobilizing community resources for economic strengthening of households taking care of OVC?
- **Psychosocial Support** - What is the current community knowledge, attitudes, perceptions, responses to the current psychosocial support interventions?
- **Child Protection** - What are the causes of resistance to the adoption and ratification of the Child Rights Act?

**Challenges to OVC Research:**

- Inadequate Funding
- Inadequate research capacity
- Negative Attitudes towards research
- Limited Research Dissemination

**Recommended Program Relevant Research Priorities**

- OVC Survey to accurately determine the magnitude and characterization of OVC population in terms of total number of OVC by province and district, and categories of OVC by sex, age, and needs.
- Evaluation of the effectiveness and impact of various OVC interventions and models of care.
- Determination of Cost and cost-effectiveness of OVC interventions

**Recommended Supportive Actions for Research**

- Develop National OVC Research Agenda with implementation strategy, backed by resources
- Commission National Longitudinal Cohort to evaluate over time the effectiveness and impact of interventions on OVC.
• Provide Funding Mechanism for OVC Research by setting up an OVC research Fund or allocating at least 10% of OVC budgets to research.
• Improve the current system to monitor and evaluate all OVC programming. Set up a Central OVC database to capture among other essential data, information on all OVC service organizations by geographical and service coverage, and numbers of OVC by gender, age, and geographic area.
• Implement a research capacity building program for researchers interested in program-relevant OVC research, so as to facilitate the conduct of quality research and production of reliable evidence to improve OVC programming.
BACKGROUND

Introduction
Nigeria is facing an orphaning and child vulnerability crisis of potentially catastrophic proportions. In spite of relatively low HIV prevalence rates (compared with general prevalence rates in the East and Southern African region), Nigeria, by virtue of her huge population, has one of the highest orphan and vulnerable children populations in the world. This has resulted from the HIV/AIDS epidemic in addition to the upward trends in the prevalence of other vulnerability instigating factors such as exploitative labor, poverty, abandonment, violence, and other causes related to the national socio-economic profile.

The international development partners such as USAID, DFID, CIDA, Ireland Aid and the UN agencies such as UNDP, UNICEF, and UNAIDS are therefore currently actively engaged in collaborating with countries by putting in place policies, programmes, national frameworks and international conventions to address the great challenges posed by OVC from a multidisciplinary and multi-sectoral perspective while at the same time following international agreements such as the Paris Declaration on good Aid Practices.

As a community of practice, the development community is awakening to the importance of evidence-based policy responses and programming, especially as it concerns response effectiveness and quality, identification of potential successes and failures that can be rapidly applied at scale, and the efficiency of allocation of scarce resource dollars. In the context of national-level OVC policy, measurement and research bear the potential of illuminating current knowledge of the causes, consequences, and potential solutions to the vulnerability of OVC. Programmatically, research is essential for developing and evaluating strategies for preventing vulnerability and testing or piloting interventions targeted at OVC. The high-level responsiveness to the global OVC crisis by UN Organizations, the USG Government, Multilateral institutions and international non-governmental organizations (NGOs) since the early 2000s can be largely attributed to a substantial body of evidence demonstrating the scale and depth of the problem, and its attendant ramifications for international development.
The response to Nigeria’s OVC challenge has been rapid at the national, regional, and global levels. The Government of the Federal Republic of Nigeria has taken a lead in responding to this developmental challenge, fostering of a favorable policy environment. Global and international development partners have developed frameworks and provided substantive support at the policy and implementation levels, to support the national efforts. With the cooperation of development partners, several interventions are currently being articulated and implemented to address the causes and impact of vulnerability on the children, their families and communities.

In spite of the tremendous contributory potential that research holds for the national policy and programming response to Nigeria’s OVC quagmire, it is not known how much the OVC response in Nigeria is evidence-based. The extent of the effectiveness and efficiencies of interventions needs closer scrutiny in light of the magnitude of the problem and limitation of resources.

For this reason, this OVC research situation analysis was commissioned by the OVC-Care Team of the Boston University USA, as part of a multi-country situational analysis, with the intention of assessing the role and positioning of research in the policy and program efforts targeted at OVC in Nigeria.

Country Profile
With a population of 140,020,952 people (National Population Census 2007) and over 350 ethnic nationalities, Nigeria is the most populous African country with a complex social structure of diverse beliefs, values and cultural practices. Despite rich endowments she remains one of the poorest countries in the world, ranking 158th on the United Nations Development Program (UNDP) Human Poverty Index (UNDP 2007/2008 Human Development Report). Seventy percent (70%) of the population subsists on less than a dollar a day. Table 1 below enumerates some of the key development indicators for Nigeria:
Table 1: Nigeria Development Indicators Source: World Development Indicators

<table>
<thead>
<tr>
<th>KEY INDICATORS</th>
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<tbody>
<tr>
<td>Surface Area (sq. Km) (thousands)</td>
<td>923.8</td>
</tr>
<tr>
<td>Population growth (annual %) (2009)</td>
<td>1.999</td>
</tr>
<tr>
<td>Percentage population under 15 years (CIA Fact)</td>
<td>41.5</td>
</tr>
<tr>
<td>Life Expectancy at birth yr, (WHO)</td>
<td>46</td>
</tr>
<tr>
<td>Total Fertility Rate (NPC &amp; ORC Macro, 2004)</td>
<td>5.7</td>
</tr>
<tr>
<td>Crude Birth rate (per 1,000 live population)</td>
<td>37.23</td>
</tr>
<tr>
<td>Crude Death rate (per 1,000 live population)</td>
<td>16.88</td>
</tr>
<tr>
<td>Infant Mortality rate (per 1,000 live births)</td>
<td>99</td>
</tr>
<tr>
<td>Under Five mortality rate (per 1,000 live births)</td>
<td>191</td>
</tr>
<tr>
<td>Literacy rate, youth female (% of females aged 15-24)</td>
<td>86.5</td>
</tr>
<tr>
<td>Gross Domestic Product (GDP) per capita (2008 est.)</td>
<td>$2,300</td>
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Administratively, there are three tiers of governance which consist of the central government, 36 federating states and 770 Local Government Areas (LGAs), and a Federal Capital Territory. The government is democratic with an executive president.

The national educational system consists of 6 years of primary education, 3 years of Junior Secondary School, 3 years of Senior Secondary School, and 2 - 4 years of post-secondary education. A child is expected to have completed the Senior Secondary Education by the age of 18 years.

The nation’s healthcare system consists of a Primary Health Care element which serves the grassroots population; Secondary Healthcare centers for which the State Governments are largely responsible; and Tertiary Healthcare, to which the Federal Government (central-level) is the main contributor. Nigeria’s private health sector, though vastly unregulated, contributes up to 60% of health care for both urban and rural populations. The Health Insurance System came on board in the last 10 years and is still evolving slowly. Largely as a consequence of the federated nature of government, the nation’s healthcare system is fragmented and uncoordinated.
Definitions

*An Orphan* is a boy or girl child under the age of 18 years who lost one parent (maternal or paternal orphan) or both parents (total orphan).

*A Vulnerable Child:* is a child who, because of birth or environmental circumstances, lacks access to basic needs, care and protection that are necessary for optimal growth and development. Such a child is disadvantaged compared with his/her peers and is prone to abuse and deprivation, which if unaddressed might result in physical, mental, emotional harm.

*Provider/Caregiver:* Anyone who cares for OVC. These include parents, guardians, members of extended families and other home caregivers such as neighbours, community leaders. Also includes those providing or overseeing social services or making referrals such as community leaders, police officer, social workers, health care worker, teachers who have received training in how to address the needs of OVC.

**HIV/AIDS Situation**

*Overview of HIV/AIDS Epidemic*

Nigeria has a high burden of disease attributable to HIV/AIDS, with an estimated 2,600,000 people living with HIV/AIDS, constituting the second largest epidemic globally (NARHS 2007). As a result of the significant number of deaths due to AIDS, life expectancy at birth has dropped to 46 and 45 years for females and males respectively (WHO 2006), erasing decades of gradual gains since the early 1970s. Deaths among young adults in their reproductive prime are fueling the increasing population of OVCs, a secondary epidemic that rides on the nation’s HIV/AIDS epidemic.

The Nigerian epidemic is generalized in nature, spreading from three key high-risk groups identified in the early- and mid- 1990 – the military, commercial sex workers, and drug users. Hyper-epidemics persist within pockets of these high-risk groups, in addition to wide zonal variations in intensity. All age groups are infected, with higher rates among youth aged 20-29 years, especially young girls and women, who are disproportionately affected by the epidemic (NARHS 2007). The main driver of the epidemic includes high-risk/unprotected heterosexual sex (80%), unsafe blood transfusion (10%), and mother-to-child (10%). Stigma and discrimination
towards PLHIV reinforces and intensifies transmission of the virus within the general population.

By 2005, 220,000 children were living with HIV (UNAIDS, 2008). An estimated 1.2 million children have been orphaned by the epidemic (FMOH, 2006b, UNAIDS: Epidemiological Fact Sheet on HIV and AIDS Estimates, 2008).

National Response to HIV/AIDS Epidemic

Nigeria has made a rapid transition through the stages of denial, purely health-sector based approaches, leading to the current multi-sectoral approach, in line with international best practice. Current approaches combine prevention, care & support, treatment and impact mitigation, with coordination as a key component. There is a strong political commitment evidenced by the establishment of the National Agency for the Control HIV/AIDS (NACA) under the direct auspices of the Office of the Presidency. NACA has a specific mandate to co-ordinate the multi-sectoral response, in addition to many other functions. Some of the key enabling frameworks and papers guiding the national response include: Health Sector Strategic Plan; HIV& AIDS National Strategic Framework for Action (2005-2009), and Plan to Scale-up Antiretroviral Treatment for HIV & AIDS in Nigeria (2005-2009). While there is no doubt about the enabling environment for HIV work in the country, the level of implementation of the various commitments have to be further looked into if the country is to sustain the initial progress it is making after a long period of relative denial and inactivity.

Orphans and Vulnerable Children (OVC) Situation

There is an alarming increase in the number of orphans and vulnerable children. While the official figures estimate that there are 17.5 million OVC, including 7.3 million are orphans, practitioners in the field believe these figures could be underestimating the size and scope of the problem (Nigeria OVC Situation Analysis 2008). The UNICEF/Childinfo data base estimates the number of Orphans in Nigeria to be 9.7 million; making it the third highest absolute number of orphans in the world, after India (25 million) and China (17 million).

Nigeria adopted a national definition of an orphan and vulnerable child (National Action Plan 2006-2010), which equally considers HIV-related and non HIV-related causes of orphanhood and vulnerability. The recognized contributory factors include the loss of a parent or both from

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2 http://www.childinfo.org/hiv_aids_orphanestimates.php
any cause, the cut-off age and lack of access to basic care and interventions for optimum growth and development.

The categories of OVC, defined in the National Guidelines, and arising from wide consultations with stakeholders, include: Children affected by HIV or other chronic illnesses; Children in need of alternative family care; Children who are abused or neglected; Children in hard-to-reach areas; Children with disability related vulnerability; Children affected by armed conflict; and Children in need of legal protection. A list of the categories of children identified as extremely vulnerable is exhibited below in Figure I.

Highly Vulnerable Children as perceived by Communities

~ Children with physical and mental disabilities
~ Sexually abused children
~ Neglected children
~ Children in conflict with the law
~ Exploited “Almajiri”
~ Child beggars, destitute children and scavengers
~ Children from broken homes
~ Child laborers
~ Children in child-headed homes
~ Internally displaced children
~ Children hawkers
~ Trafficked children
~ Children of migrant workers such as fishermen, nomads
~ Children living with HIV
~ Children living with aged/frail grandparents
~ Child sex workers
~ Children whose parents have disability
~ Children who marry before the age of 18
~ Children who have dropped out of school
~ Abandoned children
Children are affected by the epidemic through mother-to-child transmission, orphanhood, and caring for infected and incapacitated parents. About 1,200,000 of the 7 million orphans and 17 million OVC are AIDS orphans (2008 Situation Assessment and Analysis on OVC, FMWA&SD). In addition 220,000 children below 15 years are living with HIV (UNAIDS: Epidemiological Fact Sheet on HIV and AIDS).

The OVC confront tremendous physical, emotional and psychological challenges on a daily basis. Left unaddressed, these portend serious implications on their development as productive members of their communities, and the nation as a whole. Various situation assessments conducted between 2007 and 2008 highlight deep vulnerability, including restricted access to education, health, social protection, and psychosocial care. Though there is a high level of school enrollment, there is also a high prevalence of absenteeism and school drop-out among OVCs. Ill health is prevalent, compounded by caregivers’ poor health seeking behavior and poor quality healthcare. The absence of parental care and guidance results in widespread psychosocial disorders such as chronic fear and anxiety, poor interpersonal relations, aggression and other social disorders. Many OVC are denied their right to participation. Many are engaged in dangerous and exploitative labor, and other activities that compromise their well-being.

The initial national response to the needs of OVC was community-based implemented by families and communities drawing from the age-old family and community interdependency to cater for the needy ones within the extended family system. With increasing number of OVCs and the sharp national economic deterioration which render most families unable to take up added responsibilities of fostering OVC, this response became inadequate.
National Policy and Strategy Framework

The national response, currently coordinated by the Federal Ministry of Women Affairs and Social Development (FMWA&SD), was kicked off by the Rapid Assessment, Analysis and Action Planning Process (RAAAPP) and the National OVC Conference in 2004. In addition Nigeria is signatory to many of the declarations with respect to OVC and Child Rights. Consequently, in the last few years various activities were undertaken to foster a favorable policy environment with the support of development partners to move the OVC agenda forwards. All these resulted in the development of the Draft Action Plan for OVC (National OVC Plan of Action, 2006-2010) and other activities as shown on Table 2. Thus several interventions are currently being articulated and implemented to address the multifarious needs of OVC to impact on their health, education, protection, emotional and overall wellbeing.

*Table 2: History of the National OVC Policy Response*

<table>
<thead>
<tr>
<th>Response</th>
<th>Date</th>
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<tbody>
<tr>
<td>National OVC Conference</td>
<td>February 2004</td>
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<tr>
<td>Establishment of OVC Unit in the Federal Ministry of Women Affairs</td>
<td>September 2004</td>
</tr>
<tr>
<td>Inauguration of the National Steering Committee on OVC</td>
<td>March 2005</td>
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<tr>
<td>Inauguration of the National OVC Stakeholders Forum</td>
<td>April 2005</td>
</tr>
<tr>
<td>Inauguration of the National OVC Plan of Action Task Team</td>
<td>September 2005</td>
</tr>
<tr>
<td>Zonal Consultation Workshops to develop the national OVC Plan of Action (2006-2010)</td>
<td>October – November 2005</td>
</tr>
<tr>
<td>Development of the National M &amp; E Framework for the National OVC Plan of Action</td>
<td>November 2005</td>
</tr>
<tr>
<td>Situation Assessment and Analysis on OVC in Nigeria</td>
<td>2008</td>
</tr>
<tr>
<td>Child Rights Act</td>
<td>2007</td>
</tr>
</tbody>
</table>

In recognition of the importance of generally representative information on the OVC field in Nigeria, a National Situation Assessment and Analysis was conducted in 2008 with the collaboration of FMOWA&SD, the Millennium Development Goals (MDG) Unit in the Office of the Presidency, UNICEF, USAID and other key stakeholders. Children were key participants in
this exercise, the key findings of which are now available (The 2008 Situation Assessment and Analysis on OVC in Nigeria, FMWA&SD).

Every OVC is entitled to a Minimum Package of Services and Rights, (National Guidelines and Standards of Practice on Orphans and Vulnerable Children, January 2007, FMWA&SD). This consists of: Education support, Food/Nutrition, Psychosocial support, Health Care, Shelter, Child Protection (from abuse, exploitation), Clothes and Household economic strengthening

In recognition of the drastic impact of HIV & AIDS on the sector, and the crucial role of education in lifting the OVC out of their predicament, a section of the National Policy on HIV & AIDS for Education Sector in Nigeria is focused on the OVC, making provision for their educational needs (National Policy on HIV & AIDS for Education Sector in Nigeria, 2005). This policy is appended as Annex I.

**STUDY OBJECTIVES**

The main purpose of the study was to review the research done on OVC in Nigeria, identify the knowledge gaps, and synthesize the available evidence to inform OVC policies and programmes. The overall goal is to create a knowledge base for improving the effectiveness and efficiency of OVC programs.

The objectives of this study were as follows:

1. Identify the various OVC Programmes and models of care in Namibia;
2. Identify key challenges faced by various OVC programs in meeting the needs of OVC;
3. Identify Research undertaken to answer key OVC care questions between 2004 and 2008;
4. Identify Research Gaps/unanswered research questions in OVC;
5. Produce a synthesis document that provides a knowledge base to improve program effectiveness and efficiency in responding to the needs of OVC;
6. Produce a National OVC Research Agenda

**STUDY DESIGN AND METHODS**
Employing qualitative and quantitative data collection methods, Information was gathered through a desk review of the key literature and documents, a rapid scan of the published literature, focus group discussions (FGDs), in-depth interviews (IDIs) and questionnaire interviews of stakeholders in the studied sites.

**Sampling and Sampling Frame**

A stratified sampling methodology was utilized to select the study sites. There are six national zones and one autonomous Federal Capital Territory in the country. Due to resource and time constraints, only 4 zones were represented – Central, North-west, South-south and South-west. In each selected study zones, one state and city were purposively selected within each zone. In the South West zone, Oyo State with Ibadan was selected because of its prominence as a national center of excellence in research. Lagos State, geographically a part of the South West zone, was additionally selected because of its uniqueness as a cosmopolitan center, which is more reflective of the national character, and is less representative of the social and cultural context prevailing in the South West zone. As such, the study sites were purposively selected to give a degree of national representation as much as was feasible. These consisted of (see Figure 1):

- Federal Capital Territory (Abuja),
- Central Zone: Benue State (Makurdi)
- South-south: Cross River State (Ugep/Calabar)
- South-west: Oyo State (Ibadan)
- North-west: Kano State (Kano) and
- Megacity/Cosmopolitan: Lagos State (Lagos)

**Data Collection Instruments**

The data collection tools consisted of:

i. A focus group guide *(Annex II)*

ii. In-depth Interview Guide for Policy Makers, Development Agencies, Implementing Partners and NGO Officials *(Annex III)*

iii. In-depth Interview Guide for OVC Researchers *(Annex IV)*

iv. A structured questionnaire *(Annex V).*
The questionnaire was originally developed by Family Health International (FHI 2005) and adapted on behalf of Boston University for the CIHD OVC-Care Project by Crystal Beuker et al of PharmAccess Namibia. The tool was further adapted for use in Nigeria by the consultant, (Dr Ebunlomo Walker). The instrument was designed to collect data from the selected NGOs/CBOs, including organizational background, children and/or families targeted, program focus/interventions, research conducted, and Monitoring and Evaluation. The FGD and IDI guides were developed in-country and consisted of exploratory questions to collect information on the different relevant thematic areas of OVC.

Procedure

The first step in this rapid analysis was a desk-review of literature to identify key documents and publications of research done in Nigeria within the 5 years prior to the analysis (1st January 2003 – 31st December 2008). This was done through internet search and browsing of relevant documents such as Abstract Books. This was supplemented at later stages with enquiries during in-depth interviews of stakeholders for any known research within the stated period. Each full publication or abstract was then studied for method, results and recommendations, and identified as being for program, for policy or both.

The Nigerian literature on OVC was identified through four general strategies:

1. **Keyword searches of the peer review literature**: Publication database including PubMed and the INFO Project Database/Popline were searched for keywords likely to generate all publications related to the OVC field in Nigeria

2. **Unrestricted Online Search**: A general search for keywords likely to generate all publications related to OVC research in Nigeria was conducted using Google search engine

3. **Conference Abstract Search**: Both electronic and analog/hard copy versions of the abstract books for the last two meetings of the International Conference on AIDS and STDs in Africa (ICASA) - ICASA 2008 and 2007- and all conferences of the International AIDS Society held between 2003 and 2008 (International AIDS Conferences XV to XVII and the 2nd to 4th IAS Conferences on HIV Pathogenesis and Treatment) were reviewed, searching for all abstracts published from Nigeria. From this general list, the published
abstracts related to OVC action/participatory and intervention research were identified and included in the final publications list.

4. **Word of mouth**: Key resource persons were requested to provide information about seminal research publications on the field of practice in Nigeria, and/or for potential sources through which primary research could be identified.

For the field work, highly experienced data collectors were recruited from research institutions in Ibadan, and received a 1-day training session on the use of the instruments to ensure quality of data collection. Each data collector was assigned a contact person from each study site to eliminate the challenge of an unfamiliar terrain. Field work lasted for 5 days from the 27th April until the 1st of May 2009.

During the in-depth and questionnaire interviews and focus group discussions, apart from programmatic and policy issues as the case may be, specific questions were asked on knowledge of OVC research, attitudes to research and known gaps as well as focus areas for research. In addition, the approaches and motivation for engaging in OVC research were carefully investigated.

The interviews were conducted among OVC stakeholders, including policy makers in Federal and selected states’ Ministries of Women Affairs and Education, Development Partners, Implementing Partners, known researchers who had conducted research into OVC and national NGOs, CBOs and FBOs, including umbrella organizations *(Annex VI)*. While most of the interviews were conducted in-person, a few were conducted by phone. Notes were taken during the interviews and later reviewed and analyzed.

One FGD was conducted in each state among the OVC NGO program officers who were identified and contacted for the discussion. Each focus group consisted of 7-12 participants. The FGDs explored the programmatic, research and government policy issues in OVC as well as the interconnectivity between their programs, research activities, and government policies. The discussions also examined the issues of resources for research and programs and rural/urban differential in access.
Specific dimensions explored included: Definition and causes of Orphan and vulnerability; role of HIV in orphaning and vulnerability; relationship between orphaning and vulnerability due to HIV versus other causes of orphaning; types of research conducted (if any); attitudes to research; contribution of research to defining and refining program approaches and interventions; adequacy of capacity for research; Existence or nonexistence of government policies; factors affecting the policy environment. The discussions were recorded electronically, and notes were taken by trained note takers. The data was analyzed to elucidate the themes outlined in the guide.

**Data Analysis**

The questionnaire was coded, and data entry, cleaning and analysis was conducted using the Statistical Package for Social Science (SPSS), which assisted with ranking and sorting the most common responses to the instrument items.

The notes on the FGDs and IDIs were analyzed by the consultant for salient themes and trends, in conformity with the research questions and the research protocol. Additional themes which were not anticipated, but which emerged during the course of the data collection/field work phase of this study were identified. The themes emerging from FGDs and IDIs were triangulated with the findings from the desk review and the literature/publications search, giving depth and context to these study findings.
STUDY FINDINGS

The major outputs of the field work done for this project are presented in this section. A summary of the work done by location is presented on Table 3.

Table 3: Fieldwork conducted by study site (zone)

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FGD</th>
<th>IDI</th>
<th>QUESTIONNAIRE RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUJA (FCT)</td>
<td>1</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>OYO (SOUTH)</td>
<td>1</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>KANO (NORTH)</td>
<td>1</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>LAGOS (SOUTH)</td>
<td>-</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>CALABAR (SOUTH)</td>
<td>1</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>MAKURDI (CENTRAL)</td>
<td>1</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
<td>47</td>
<td>70</td>
</tr>
</tbody>
</table>

The general response and attitudes to this OVC research situation analysis were largely positive. There was cooperation at all levels, as most participants regarded the project as particularly well-timed and relevant to a pressing situation on ground. Non-response and failure to collaborate was very low both among program implementers (CBOs and well known NGOs), and implementing partners.

The findings of this study are discussed under the following themes:

i. Current OVC programs and models and their geographic locations in Nigeria (Program Gap Analysis) and their challenges

ii. Classification of OVC Research done between January 1 2003 and December 31st 2008 by type, population, gender and geographic region/area. the key documents and research publications documenting research completed & Analysis of OVC Research conducted between January 1st 2003 and December 31st 2008, including

iii. Discussion of OVC programs challenges and research gaps

iv. OVC Research Priorities and Recommendations for the future
Country Data on OVC

The data on orphans and vulnerable children with respect to the general and children populations with year of estimation and sources are as shown on Table 4.

Table 4: OVC and General Populations Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Data</th>
<th>Year of Estimation</th>
<th>Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Orphans</td>
<td>7,200,000</td>
<td>2008</td>
<td>Federal Ministry of Women Affairs and Social Development (FMWASD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Collated during National Situation Analysis and Assessment of OVC (2008)</td>
</tr>
<tr>
<td>No. of OVC</td>
<td>17,000,000</td>
<td>2008</td>
<td>FMWASD</td>
</tr>
<tr>
<td>Proportion (%) of children 0-18 years who are orphans</td>
<td>10.2</td>
<td>2008</td>
<td>FMWASD</td>
</tr>
<tr>
<td>Proportion (%) of children 0-18 years who are OVC</td>
<td>24.5</td>
<td>2008</td>
<td>FMWASD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Includes only children whose vulnerability derives from orphanhood and presence of chronically ill adult/caregiver in the household for at least 3 months in the past year</td>
</tr>
<tr>
<td>Proportion (%) of the total Population who are orphans</td>
<td>5.1</td>
<td>2008</td>
<td>Computed from National Population Estimate &amp; Figures from Situation Analysis</td>
</tr>
<tr>
<td>Proportion (%) of the total population who are OVC</td>
<td>12.1</td>
<td>2008</td>
<td>&quot;</td>
</tr>
</tbody>
</table>
Documents for OVC Care & Support

The following documents were identified in the course of document search:

**The Orphans and Vulnerable Children (OVC) Index**: The eligibility Criteria for accessing OVC Funds. Developed by FMWA&SD, ARFH and GTFATM, it is a tool for determining the OVC most in need of support. It utilizes criteria adopted from the National Plan of Action on OVC to determine the degree of vulnerability or risks arising from internal and external factors militating against the well-being of the OVC.

Because of the extent of emotional trauma on the OVC and their families/caregivers, a great emphasis is placed on psychosocial aspect of need and support.

**Orphans and Vulnerable Children in Nigeria: Advocacy Package**: This is a simple tool that serves as a guide for those who advocate for OVC in Nigeria. It deals with who can advocate for OVC, what strategic advocacy is about, 7 steps to successful advocacy and provided basic resource materials about OVC situation in the country.

**A Psychosocial Training Manual**: The Federal Ministry of Women Affairs and Social Development is supporting the development of a training manual, to standardize the training of caregivers of OVC for provision of psychosocial support. This manual is currently in the field testing phase.

**List and Description of Organizations Supporting Orphans and Vulnerable Children**

The stakeholders involved in providing services and programs for the care of the OVC are: the families, communities, the government, and non-state organizations of which there are 3 streams:

- International NGOs (USG and Global Fund Implementing Partners) such as the Columbia University International Center for AIDS Care and Treatment Programs – CU-IPAC, Catholic Relief Services – Catholic Relief Services (CRS), Center for Development and Population Activities – CEDPA, Winrock International/AIM).
- Local/Community-Based, including Faith-Based Organizations.
- Private-sector

Although data on specific contributions of various cooperating partners is limited, the USG contribution to OVC programming in Nigeria is clearly significant. Among the major USG contributions include the support to FMWA&SD in the development of the National Plan of Action on OVC, National Guidelines and Standards of Practice on OVC, and the 2008 Situation Assessment and Analysis on OVC. Through the USG PEPFAR implementing partners, and
collaboration with the Nigerian government and other partners, FY2008, 94,200 OVCs were served by an OVC program (PEPFAR, FY2008 Country Profile: Nigeria).

**Implementing Partners**

The International NGOs receive funds from the DPs to build the capacity of the local/community-based, faith-based, and civil society organizations in focal states selected on the basis of HIV burden. A few of the notable national/regional/umbrella organizations also receive funds directly from the Development Partners to undertake capacity-building program for smaller, local/community-based entities within the high burden area, and thus are implementing partners.

**National OVC Organizations**

The local/community-based including faith-based organizations are numerous and of various sizes and capacities spread unevenly across the country. They spring up in response to the extreme child vulnerability problems in their communities. A few of these receive funds through IP while a few have attained the status of IP receiving funds directly from the DP. There are on-going efforts at organizing as state chapters under the umbrella of AONN. Currently there is no comprehensive list of OVC organizations in the country. Different directories of OVC organizations exist with the various stakeholders, which include the Ministry of Women Affairs and Social Development at the central and state levels. The Association of OVC NGOs in Nigeria (AONN) is carrying out a compilation of lists from its member chapters.

**Private Sector**

The role of the private sector is rudimentary currently. However it is expected that their contribution to the OVC care and support will increase as advocacy activities mount within communities and in the country generally. The MTN Foundation is the largest known private sector supporting organizations in the implementation of interventions catering to the needs of OVC, as part of its Corporate and Social Responsibility (CSR)

**List and Description of Organizations involved in OVC Research**

There is no organization involved in OVC research as its sole mandate. However research on different aspects of OVC had been conducted by:

- Implementing Partners
• The Federal Ministry of Women Affairs and Social Development
• Nigeria universities and Research Institutes
• National Association of AIDS Research in Nigeria (NARN)
• Independent researchers

The umbrella organization of HIV Researches, National Association of AIDS Research in Nigeria (NARN), does not have a record of any NGO under it that had carried out any OVC research. This organization has challenges with funds for research.

The Implementing Partners (IP) are mainly foreign NGOs that receive funding directly from Development Partners and render services directly or through national NGO/CBO/FBOs in their coverage areas. Very few of the IP conduct situation analysis and assessment to serve as baseline and monitoring/evaluation tools for their programs. These include CRS, Christian Aid, Save the Children UK, COMPASS, MSH.

Summary of Respondents
In all 41 responded to the In-depth interview (from the UN – 2, Development Partner – 1, USG & non-USG Implementing Partners 9, Federal Government 4, State government 11, CSO 12, and Researchers 3), OVC Program Implementers from 70 national organizations completed the questionnaire interview and 52 OVC practitioners participated in the FGD. The list of those interviewed is as shown in Annex VI.

Summary of OVC Programs
The OVC programs implemented by national organizations and Implementing Partners are in alignment with the areas of care stipulated by the National Guidelines and Standards of Practice which were defined based on the findings of national needs assessment (National Guidelines and Standards of Practice, 2007). As defined in this document, the minimum package of services and rights that each child should receive consists of:

i. Food and nutrition
ii. Education
iii. Psychosocial support (PSS)
iv. Healthcare
This package is remarkably congruent with PEPFAR’s 6+1 care package, which prioritizes the services outlined by the Minimum Service Package except clothing, which is factored into Shelter and Care by PEPFAR. It is noteworthy that the 6+1 package had been articulated, and was in use prior to the national situation assessment exercise conducted by the FMWA&SD and Development Partners in 2008. The major components of each package area as detailed in Family Health International’s (FHI’s) report, *The GHAIN Program for Orphans and Vulnerable Children: Achievements and Lessons*, as reproduced in Table 5 below.

**Table 5: Care items in the Minimum Package of Care for Orphans and Vulnerable Children (OVC)**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Package</th>
</tr>
</thead>
</table>
| **Health**      | • Mobilization for immunization against common childhood diseases  
                  • Health Education (infant feeding options for HIV-exposed or infected children) for all caregivers during a training workshop or support meetings for regular caregivers  
                  • Growth monitoring of children  
                  • Routine medical checkups for children  
                  • Transport support to access healthcare  
                  • De-worming  
                  • Purchase and distribution of insecticide-treated nets  
                  • Provision of point-of-use water treatment commodities (Waterguard®)  
                  • Referral for ART for eligible HIV positive children  
                  • Funds to offset hospital and drug costs, in part or in full  
                  • Referrals of adolescents to reproductive health services  
                  • ART Adherence training for caregivers of children on ART  
                  • Referrals to services to manage opportunistic infections for HIV positive children or caregivers |
| **Nutrition**   | • Nutrition Education and counseling for caregivers and older children  
                  • Distribution of food to households  
                  • Meals during children support group meetings  
                  • Meals for children during caregivers support group meetings |
Each organization provides services, which may be multiple, within its area of competitive advantage and capacity, while networking with other points of service to ensure that the child is provided a complete package that addresses his/her multifaceted needs for improved quality of life and optimal growth and development. There is also a trend towards more emphasis on household economic strengthening to ensure sufficiency of families and communities.
Based on documentation available about practices within the implementation community, and the rapid research situation analysis process, five models of care being utilized address the needs of the Nigerian OVC population are:

- Community-based care
- Informal foster care
- Institutional based care
- Home-based care
- Mobile care services

Community-based care is the most dominant model and the one promoted by the National policy as it ensures the OVC grow and socialize into their communities where they can grow into productive adults for meaningful contribution into development.

Informal foster care is part of the community response whereby OVC are placed in families within the extended family system or unrelated but willing families in the communities.

‘... the care givers are those women in the community who are in their homes. The extended family network is there. For instance, if a child becomes an orphan, the extend family will most likely accommodate him/her.

NGO Program Officer from the Lagos Focus Group Discussion

Institutional care is an urban arrangement, very rare in rural areas. It is stipulated that Institutional care should be a last resort and should be a temporary arrangement pending placement into homes in the community. The Almajiri system falls into this category. These institutions are largely not well monitored. It is not clear how many young people live in such institutional arrangements.

That the situation regarding institutional care is hazy and may pose great hazards to the long-term well being of the OVC was highlighted during a group discussion:

‘...Because in most cases, they (children in institutional care) are used for trafficking (cuts in: you that is common here) yes, some of these children are taking to ... and handed over to foreigners in exchange for money...’
Mobile Care caters for the needs of homeless/street children, especially in the urban centres. Some organizations cater for the needs of these children through mobile services and outreach work in market places, public garages and motor parks, where these children tend to congregate. Such care includes education, nutrition, sports therapy, healthcare, sexual and reproductive health, and livelihood skills transfer schemes. Some of the organizations offering these services assist with reuniting and reintegrating these children into their families and/or communities.

**OVС Programs by Implementing Partner**

The Implementing Partners are involved in:

- Mobilizing and strengthening community responses through capacity building of smaller organizations/ multiplier organizations to reach far into the communities – through technical training and funding
- Direct service delivery in the OVC thematic areas – for example treatment of HIV infected children, household/community economic strengthening
- Support the Federal Government of Nigeria in protecting OVC by providing technical assistance in developing Policy instruments such as OVC Action Plan and Practice Standards and Guidelines
Table 6 shows a list of USG-funded and non USG-funded implementing partners active in OVC care and support, the services they provide, their coverage areas, and the estimated number of beneficiaries served.

**Table 6: OVC Implementing Partners and their OVC Services/Programs and Coverage**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Winrock Int’l/AIM Project</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Anambra, Edo, Lagos, Oyo, FCT, Kano, Bauchi</td>
<td>4,000</td>
</tr>
<tr>
<td>Catholic Relief Services (CRS)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Benue, Nassarawa, Kaduna, Plateau, Niger, Edo Kogi States FCT</td>
<td></td>
</tr>
<tr>
<td>Institute of Human Virology (IHV)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FCT, Kaduna, Anambra, Plateau, Kano Lagos Cross River</td>
<td>4,900</td>
</tr>
<tr>
<td>Columbia University – Centre</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cross River, Kaduna,</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Size (OVC &amp; OVC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian Aid Community Care in Nigeria</td>
<td>Anambra, Edo, FCT, Kano, Niger, Lagos, Adamawa, Benue</td>
<td>30,000 (both non-OVC &amp; OVC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sesame Street Workshop</td>
<td>Abuja, Lagos, Kano, Ebonyi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope Worldwide</td>
<td>Lagos, Cross River, Oyo, FCT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing AIDS Prevention &amp; Care (IMPACT)- 2003 - 2004</td>
<td>Anambra, Ebonyi, Osun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre for Population and Development</td>
<td>Benue</td>
<td>1,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OVC Programs by National Organizations

The results of the questionnaire study and the focus group discussions highlights the types of organizations, programs implemented and some of the issues that dominate in OVC care and support at the grassroots program level. These are discussed below.

Types of Organizations providing OVC Care

This project surveyed 70 purposively selected OVC-serving organizations involved in direct care. Their composition reflects the nature of the national organizations - mostly NGOs/CBOs and FBOs. Some are, governmental, umbrella organization, private-not-for-profits and some un-classified organizations are also included (Table 7).

All the organizations surveyed were structured organizations with defined overall organizational objectives (100%). Fifty percent (50%) of these had organizational goals and/or objectives that specifically target OVCs, while 31% were targeted at children, youth and women. Almost half of these organizations (47.9%) targeted the ‘less privileged’ generally.

Specific objectives targeted at OVC include: to provide educational, nutritional, and psychological support (28 of the 70 sampled); to improve the living standard of the under-privileged (21 of the 70 sampled); and to advocate for the elimination of all discrimination against children (12 of the 70 sampled).
Table 7: Types of National OVC Organizations Sampled for Participation in the Study

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-governmental Organization</td>
<td>49</td>
</tr>
<tr>
<td>Governmental</td>
<td>6</td>
</tr>
<tr>
<td>Community-based Organization</td>
<td>6</td>
</tr>
<tr>
<td>Faith-Based Organization</td>
<td>6</td>
</tr>
<tr>
<td>Umbrella Organization</td>
<td>1</td>
</tr>
<tr>
<td>Private not for profit Organization</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
</tr>
</tbody>
</table>

Programs/Services Provided by National OVC NGOs
The key interventions that service providers reported providing to OVCs are ranked according to the (Table 8). More organizations provide general health care, psychosocial support, education support, nutrition support and clothing. A significant proportion of these institutions (22.5%) provide institutional care such as orphanage.

Table 8: Types of OVC Services Offered by the OVC Service Providers

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Number of orgs providing service</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food and Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Counseling and Education</td>
<td>54</td>
<td>76.1%</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>52</td>
<td>73.2%</td>
</tr>
<tr>
<td>Food Security</td>
<td>23</td>
<td>32.4%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>15.5%</td>
</tr>
<tr>
<td><strong>Home-Based Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care, clothing</td>
<td>54</td>
<td>76.1%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>22.5%</td>
</tr>
<tr>
<td><strong>Shelter</strong></td>
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<tr>
<td>Shelter (e.g. repair or provision of residential house/hut)</td>
<td>29</td>
<td>40.8%</td>
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<tr>
<td>Long-term residential care e.g. orphanage</td>
<td>16</td>
<td>22.5%</td>
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</table>
### Gender of OVC Service Recipients

The service providers reported that there is no gender bias in the provision of core services to the OVC (Table 9). Most organizations reported that both boys and girls are targeted as recipients of services; with only a few providing for a single gender (eight organizations reported that their services are designed to cater exclusively a specific gender group).
**Table 9: Gender specificity of Service Provision**

<table>
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<tr>
<th>Program</th>
<th>Gender</th>
<th>Boys Only</th>
<th>Girls only</th>
<th>Boys and Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and nutrition</td>
<td></td>
<td>0</td>
<td>2</td>
<td>60 (84.5%)</td>
</tr>
<tr>
<td>HBC</td>
<td></td>
<td>0</td>
<td>0</td>
<td>51 (71.8%)</td>
</tr>
<tr>
<td>Shelter</td>
<td></td>
<td>1</td>
<td>0</td>
<td>43 (60.6%)</td>
</tr>
<tr>
<td>Child Protection</td>
<td></td>
<td>1</td>
<td>0</td>
<td>49 (69.0%)</td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
<td>1</td>
<td>1</td>
<td>62 (87.3%)</td>
</tr>
<tr>
<td>PSS</td>
<td></td>
<td>0</td>
<td>0</td>
<td>63 (88.7%)</td>
</tr>
<tr>
<td>Education &amp; Skills</td>
<td></td>
<td>1</td>
<td>1</td>
<td>53 (74.6%)</td>
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</table>

However, there is a gender asymmetry in the burden of care-giving among the primary caregivers for OVC, with women predominating. This is reflective of the traditional role of women as caregivers within their families and communities, as noted by a respondent in one of the focus groups.

**Resources for OVC Care**

Though 35 (49.3%) of the organizations surveyed receive funds from foreign donors, it must be noted that these are the NGOs, CBOs and FBOs that are more visible and more likely to receive national and international support for their programs. It is noteworthy that approximately half of the organizations surveyed are contributing to the national effort through innovative resource mobilization, including fundraising through local donors, modest government contributions, fundraising drives, and local church/mosque contributions (Table 10).

**Table 10: Sources of Funding Reported by Participating Organizations**

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<thead>
<tr>
<th>Source of Funding</th>
<th>No of Organizations</th>
<th>%</th>
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<tbody>
<tr>
<td>Foreign Donors</td>
<td>35</td>
<td>49.3</td>
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<tr>
<td>Local Donors</td>
<td>27</td>
<td>38.0</td>
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<tr>
<td>Government Ministry</td>
<td>26</td>
<td>36.6</td>
</tr>
<tr>
<td>Community</td>
<td>17</td>
<td>23.9</td>
</tr>
<tr>
<td>Fundraising Events</td>
<td>14</td>
<td>19.7</td>
</tr>
<tr>
<td>Local Church</td>
<td>12</td>
<td>16.9</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>26.8</td>
</tr>
</tbody>
</table>
The issue of resource scarcity was highlighted strongly in the Focus Group Discussions and in-depth interviews as follow

‘..We do not have enough funds. We still need more hands because we have to reach the remote parts of the state. We need more personnel to go into these areas. We are still incapacitated by shortage of funds, project vehicle; concentration is much in the town…’

CBO Participant, Cross Rivers Focus Group Discussion

Another respondent adds:

5000 orphans, so when you have 5000 orphans and you can only give assistance to (like only) 10, then there is a huge gap…’

CBO Participant, Cross Rivers Focus Group Discussion

Even those who currently enjoy some level of funding from the implementing partners of the development community are bothered by the issue of sustainability of programs when the donors withdraw or end their projects:

‘…There (are) not enough funds for the sustainability of the programs, we need support in terms of coverage, we are yet to cover all the wards in ...Also funding is a problem, if the donors disengage, we need to look for funds. If there were funds, spread of OVC program will be large...

NGO Participant, Kano State Focus Group Discussion

A focus group highlighted the fact that much of the resources used come from the communities from organizations and philanthropists without much documentation. It was mentioned that the external (donor) funding does not reach many organizations.

‘Local NGOs use private funders and do not come out to talk about it. Though we have local funders but no records are been kept, our culture does not encourage record keeping’.
‘External funders are not really working through so many NGOs’. There is low input of direct donor funds, but government is trying.

Respondents from Abuja FGD

**Rural/Urban Access to OVC services**

Most OVC organizations are concentrated in the urban areas. Most of the entities operating in the rural areas are outreaches of urban based programs. There is a consensus of opinion that the rural OVCs are not being reached or served, as the participants at the FGD noted strongly.

**Moderator:** ‘Let us look at urban and the rural setting. What is your perception of access to resources by urban and rural OVC?’

**Respondent:** The rural are generally disadvantaged. The real OVC are those in the rural areas. I use to say that OVC are not in Calabar, they are not in Abuja; they are in the rural areas of Nigeria. These people can’t even move to the interior, there are people in the interior who don’t even know the council headquarter, they are suffering and they can’t access these needs. Such people need help.’

Cross Rivers Focus Group Discussion

**Respondent 2:** In terms of resources such as health most rural OVCs don’t have access to health, no road, most of the private pharmacists come to exploit them, in terms of schooling education poor in the rural communities, most of the teachers are not well educated and awareness or too much in the rural communities, the parents don’t want to hear you, they take the children to the farms…’

**Respondent 3:** The gap is very wide in the state that rural OVC don’t have access to many amenities as compared with the urban OVC e.g. at the end of each year during Christmas or Sallah, you will see the governor wife visiting the motherless homes or orphan and this would be one in 20 in the cities. How many Governors’ (wives) have even visited the ones in the rural areas or villages to that effect…Most of the support they give, how many of them get to the rural areas. If not because of our organization who are working in rural areas, they would have completely cut off the rural OVC. They were grossly marginalized…’

Oyo State Focus Group Discussion
Monitoring and Evaluation Activities Conducted by National Organizations

About half of the sampled organizations (48.0%) monitor their activities through use of school report cards and school attendance; slightly more than a quarter (26.8%) through questionnaires to school heads, households and communities and approximately a third (32.4%) through routine monitoring & final evaluation of the projects. Thirty eight percent (38.0%) of the organizations had been externally evaluated while 35.2% had never undergone an external evaluation exercise. The outcome indicators employed in monitoring of OVC Programs were as shown on Table 11.

Table 11: Outcome Indicators for Monitoring OVC Programs

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Orphans selected from HIV/AIDS affected areas</td>
<td>18 (25.4%)</td>
</tr>
<tr>
<td>Orphans who are promoted to new classes</td>
<td>28 (39.4%)</td>
</tr>
<tr>
<td>No of orphans who learn marketable skills</td>
<td>32 (45.1%)</td>
</tr>
<tr>
<td>No of households benefitting from food supply</td>
<td>27 (38.0%)</td>
</tr>
<tr>
<td>No of people who receive medical care</td>
<td>20 (28.2%)</td>
</tr>
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</table>

Organization-level Research

Research activities were undertaken by about a third (33.8%) of the organizations, while about 60% had not. Most of these research studies took place between 2003 and 2008. These research activities include: OVC needs assessment predominating (67%), strengthening the capacity of the caregivers (16%) and research on children orphaned by HIV/AIDS (12%). The research was conducted mostly by people from within the organization (92.0%). The results shared with 78.6% of the organizations that conducted research were utilized for planning among 20%. Almost a quarter (23.9%) was awareness of other researches, though only about 50% of them could mention a specific research. The suggested topics for research include baseline survey on the magnitude and need of orphans (60.9%) and awareness and government interest in OVC response in Nigeria (31%). Almost forty percent (39.4%) thought that their organizations should conduct the research, NGOs 39.4%, a research organization (36.6%), tertiary institutions (15.5%), community system (15.5%), and religious organizations (11.3%).
Key Challenges and Lessons Learned in working with OVC

The participants in this situation analysis were exceptionally forthright about the challenges they face in managing institutions that respond to the national OVC crisis. These challenges arise at 3 levels: Government (central and states), implementing partners and national organizations.

**National Organizations**

1. **Lack of Resources**: This limits the ability of organizations within the general community of practice to provide adequate support. The participants, through the focus group discussions, in-depth interviews, and structured questionnaires, expressed the general consensus that the macro-economic environment handicap families and communities from rendering support to the OVC and increases their own burden of care. Lack of funds was cited by 55 of the 70 organizations sampled. Judging from the contributions of participants, this need appears to be more acute the closer to the community-level an organization is. *In their dogged determination to deliver on the core mandate of service to the most vulnerable, community-based organizations are devising innovative and cost-effective service delivery models to cope with the dire and systemic resource constraints.*

2. Another key challenge cited widely across the spectrum of individuals and organizations interviewed is the adverse child psychosocial environment prevailing in the nation. In spite of the ratification of the Child Rights Act by the National House of Assembly, Nigeria largely remains a child-unfriendly nation. Orphans and vulnerable children experience stigmatization and discrimination, doubly so the children who are affected by HIV/AIDS (or as suspected to be such). Identification of OVCs is very difficult, especially earlier in their vulnerability experience (cited by 48 of the 70 participating institutions).

3. The adverse climate for vulnerable children is highly intertwined with the high prevalence of child labor and exploitation. A third (24 of 70) of the participating institutions indicated that the highly entrenched practice of child labor is a challenge in fully addressing the vulnerability of children in Nigeria. It can be expected that children
who are engaged in labor are more likely to experience frequent absenteeism from school, drop out (or be school dropouts), and are less likely to be reached with critical health and social services. In addition, child labor drives the prevalent child trafficking practice, which is local/national (across zones in the country) and international (within the West African Region, and recorded to reach as far as Europe and the Mediterranean Region) in dimension.

4. A recurrent theme in discussions with members within the national organizations is a general lack of capacity-building and technical support which they expect from the national and/or regional levels of the government; the implementing partners and umbrella organizations; and the development partners (cited by 39 of 70 sampled organizations).

5. Deriving from the general socio-cultural milieu, including cultural practices, beliefs, and attitudes, several organizations (46 organizations) indicated that a lack of cooperation from the caregivers as a significant barrier to accessing and providing care and support to their primary constituents.

6. A few organizations made the critical observation that there is an absence of the needed medical services, and that as such, the healthcare needs of these orphans go unattended to (cited by 15 of the organizations).

7. The issue of sustainability of programs was raised during the FGD. This is more so for those who are on being supported by the Implementing Partners. The fear of what goes on beyond the project cycle was expressed by these organizations.

**Implementing Partners**

Resources Constraint, for obvious reasons, does not present as an acute a problem to the IP as it is to the national organizations.

However the challenges that confront them include:
1. Organizational capacities for NGO operation including documentation, project and financial management are lacking generally among the numerous national OVC organizations that form the pool for selecting their community partners.

2. There is a dearth of hard data with which to base and evaluate their programs.

3. Issues of cultural practices, beliefs and attitudes equally confront the Implementing Partners. This is with regards to the OVC on the behalf of whom they operate and the community which forms the milieu of operation. For example providing OVC services, and indeed services for other children among mobile populations, poses a daunting task.

**Government**

1. Funding is a major constraint both at the central and state levels. Many of the Ministries of Women Affairs do not receive adequate budget for OVC activities though they carry out some OVC support activities. There appears to be a lack of appreciation of the gravity of the OVC problem by the fund approval and allocating bodies. Many of the states do not take initiatives for OVC activities and wait on the central Ministry.

**Summary of Research and Research Gaps**

In this section, the following key questions which the study set out to answer are discussed: What types of, and how much OVC research has been conducted in Nigeria? Are current policies and programs evidence-based? Have the impacts (of existing policies and programs) been assessed through systematic research? What are the factors that constrain the conduct of research in Nigeria? Did the current (national) situation analysis address the situation of research, or give any recommendation regarding research?

Though still in its infancy, there is an emerging body of knowledge on Nigeria’s OVC challenge (Annex VII provides a summary of the identified literature, reflecting on methodology and findings). The search of the grey and white literature conducted as part of this research situation analysis demonstrated a low level of research activities over the last five years. This may be attributable to the recent emergence of OVC as a pressing phenomenon at community and national levels.
The search yielded 28 research publications, including peer-reviewed articles, published abstracts and program research,

Generally, some of the research was designed to specifically inform programmatic responses (FMWA, CRS and Christian Aid Situation Analysis and Survey). However, most of the research publications available in the form of peer reviewed literature and conference abstracts were limited in their scope and reach, probably a result of the challenges in conducting research in a resource-constrained setting.

**Classification of the key documents and research publications documenting research completed between January 1st 2003 and December 31st 2008**

The research publications are categorized along the following themes:

- Situation Analyses, Impact Analyses and Cross-sectional Surveys, including epidemiology, characteristics of OVC
- Child Rights and Protection
- Food and Nutrition
- Shelter
- Healthcare and Biomedical
- Psychosocial
- Education
- Economic dimension of vulnerability including Household/Community Economic Strengthening
- Cultural context of OVC

**Table 12** below displays the research activity by category.

The vast majority of publications were in the situation analysis/impact analysis/cross-sectional survey category, which is largely a reflection of the fact that research work completed in the OVC arena are largely part of the processes embedded within response projects supported by the development partners. The summaries of the research literature identified are attached as **Annex VIII.**
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<tbody>
<tr>
<td>Key Findings from the 2008 Situation Assessment and Analysis on OVC in Nigeria. Federal Ministry of Women Affairs and Social Development (2008).</td>
<td>• The female child domestic worker: A Research to document implications of sexual abuse in respect to HIV infection in Amwuo-Odofin Local Gov't Area In Lagos State Nigeria (Udofia)</td>
<td>• HIV and Infant feeding counseling: Knowledge, attitude and practice of health workers in Wesley Guild Hospital, Ilesa, Nigeria (Adejuyigbe et al., 200x)</td>
<td>• The influence of infant feeding choice on morbidity and mortality in HIV-exposed infants in Southwestern Nigeria (Adejuyigbe et al., 200x)</td>
<td>• Mortality of HIV-exposed infants in Jos (Pam et al., 200x)</td>
<td>Psychosocial characteristics of AIDS orphans and vulnerable children in Sagamu, Ogun State, Nigeria. (Ohnishi et al, 200x)</td>
<td>• HIV/AIDS and family support systems: A situation analysis of people living with HIV/AIDS in Lagos State (Oluweagbemiga, 2007).</td>
<td>• Cultural context of mother to child transmission of HIV in the Yoruba society (Adewole et al., 2008)</td>
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*Nigeria Orphans and Vulnerable Children Research Situation Analysis, August, 2009*
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<tr>
<td>Assessment, Analysis and Action Planning Process (RAAAPP) for Orphans and Vulnerable Children.</td>
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<td></td>
<td></td>
<td>(Olaleye, CRS/Nigeria and Partners, 200x)</td>
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<tr>
<td>• Orphans and Vulnerable Children Assessment in 4 States of Nigeria: The Process, in Nigeria’s Contribution to Regional and Global Meetings on HIV/AIDS/STIs</td>
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<td></td>
<td>• Paediatric HIV in a tertiary health facility in Nigeria (Year, Eneh et al.)</td>
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<tr>
<td>• Impact of Aids in Benue State: Implications for Rural Livelihoods - Draft report [June 2003].</td>
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<td>• HIV/AIDS and family support systems: A situation analysis of people living with HIV/AIDS in Lagos State (Oluweagbemiga, 2007)</td>
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<td>• Caregivers’ and non-caregivers’ knowledge regarding HIV/AIDS and attitudes towards HIV/AIDS and orphans in Nigeria (Ohnishi et al., 2008)</td>
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<td>Risky sexual behaviors among the orphans and vulnerable children (OVC) in the North Central Nigeria (Olaleye, CRS/Nigeria and Partners, 200x)</td>
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<td>• Factors associated with the vulnerability of children in Nigeria.(Olaleye et al., 2008)</td>
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<td>• Psychosocial characteristics of AIDS orphans and vulnerable children in Sagamu, Ogun State, Nigeria. (Ohnishi et al, 200x)</td>
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<td>• Factors associated with the vulnerability of children in Nigeria.(Olaleye et al., 2008)</td>
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<td>• Peculiar</td>
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<td>vulnerability factors of OVC and their caregivers in Nigeria. (Udanyi et al., 2008)</td>
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*Table 12: Categorization of OVC Research Literature*
Who conducts OVC Research in Nigeria?

The identified stakeholders in OVC research in Nigeria include the government (Federal and State Ministries of Women Affairs & Social Development, Education, Health, and other numerous agencies and parastatals), researchers in the universities and other research institutes, program implementers at all levels, development partners and their implementing partners.

In this research situation analysis, most of the OVC research to inform policy and programs was conducted by, or at the instance of development agencies and their implementing partners such as CRS, Christian Aid. The major research by national government and institutions were donor granted and supported. In this group are the National Assessment & Situation Analysis of OVC, 2007 and the research on the socio-economic impact of HIV/AIDS on the Children affected by HIV/AID, Ajala et al of the National Institute of Social and Economic Research.

The State Ministries have generally not conducted OVC research. In interview, most of the key informants from the state-level government institutions explained that research was conducted centrally by FMOW&SD, obviating the “duplication” of efforts at the state- and local-levels.

The other publications cited are researches from the universities with little immediate impact on policy and practice of OVC.

There appears some degree of local organizational research goes on within the national organizations, as some research activities were undertaken by about a third (33.8%) of the sampled organizations, while about 60% had not. Most of these studies took place between 2003 and 2008. Research completed includes: needs assessments (67%), strengthening the capacity of the caregivers (16%) and research on children orphaned by HIV/AIDS (12%). The research was conducted mostly by staff from within the organization. Most of the organizations (78.6%) that conducted research utilized the results for planning purposes.
Almost a quarter (23.9%) of the key informants was aware of research conducted by other organizations, although only about 50% of them could mention a specific research study. The research topics/scopes of interest cited by the participants included baseline surveys on the magnitude and need of orphans (60.9%) and awareness and government interest in OVC response in Nigeria (31%).

Almost forty percent (39.4%) of the key informants and questionnaire respondents thought that their organizations should conduct the research, 39.4% thought that NGOs should conduct research, 36.6% and 15.5% preferred a research organization or a tertiary institution respectively. Few participants thought that community organizations/systems and religious organizations could or should conduct research (15.5% and 11.3% of participants respectively).

**Attitudes to OVC Research**

However focus group discussions and key informant interviews demonstrated that majority of the program implementers appreciated the significance of research for policy-setting, program planning, and implementation and research most specifically cited were those conducted by CRS, Christian Aid and the Federal Ministry of Women Affairs (all of which are situation analyses).

However, some program implementers at the community level do not believe that research is a priority with them. They rated addressing the immediate needs of the OVC as more urgent than ‘wasting time and resources’ on research. An excerpt from one of the FGDs, encapsulating the response to a question on the need for, and adequacy of current available research follows:

**Moderator:** Do you think there is enough research on OVC?

**Respondent:** ‘OVC in practical term is a day in day out thing. It is something you see every day and it is something you feel, you don’t need any research to know what they need,
because every day we see them we interact with them, we know their problem. So talking about research for these sets of people will be a waste of time because there are more urgent things that could be done to address their immediate needs. For instance, I just came from a community yesterday, they are just taking care of about twenty, but we have about 1000 children that are available in the community.’

**Moderator**: You are saying there is no need for research now rather the needs of orphans and vulnerable children should be addressed. Do you all agree to that?

**Respondent**: Yes (chorus response). I agree with that completely. For instance in my community we have about 2300 OVC, but we are talking about provision of only 200. So what are we saying? We are saying that we need further funding for providing education to the remaining 2100 orphan children in the community.

A respondent had not heard about OVC research before the discussion.

**Respondent**: ‘I think research into OVC is limited because this is the first time I am hearing about OVC research.’

The nature and quality of some research also militates against their relevance. This was highlighted by a respondent (a policy maker) that most research does not have an impact on policy and programs.

**Moderator**: How does research guide your policies and programs?

**Response**: Most of the researches are done to satisfy researchers, they never share findings with shareholders and at times the researchers are professionals that it does not make sense to policy makers. But for now the researches don’t have impact on our programs.

**What types of, and how much OVC research has been conducted in Nigeria?**

The literature search on the grey and white evidence base suggests that very little research has been conducted on the area of OVCs in Nigeria. As discussed earlier, the majority of
research studies and publications were situation analysis/impact analysis/cross-sectional surveys/baselines. Very little intervention research is available, and the little intervention research is of questionable methodological rigor.

Categorization of the available research under the OVC care dimension is as showed on Table 11. At least 50% of the available published works are situation/impact analysis/assessment, epidemiology and characteristics of OVC. In addition, some of the research investigated issues that have bearings on OVC practice such as cultural context of OVC, vulnerability factors such as age and gender (Adewole et al 2008 & Udanyi et al, Fawole et al and Olaleye et al).

The studies are methodologically weak and extremely limited in scope. Generally there has been little effort to disaggregate the children according to the type of vulnerability they face, which is of great relevance because interventions are most likely to differ according to the risk group targeted. Documentation was available for a variety of interventions addressing the spectrum of vulnerable children. However, evidence of their impact is lacking completely or at best tenuous, and the literature tends to be more descriptive than research/assessment-based. The available body of evidence is limited in scope and tenuous, and does not meet rigorous scientific criteria. This limits the usefulness of most of the researches.

**Are the Current Policies, Instruments and Programs Evidence-Based?**

Reference has earlier been made to the Nigerian Orphan and Vulnerable Children National Plan of Action 2006 – 2010, conducted by the Federal Ministry of Women’s Affairs and Social Development; the National Guidelines and Standards of Practice on Orphans and Vulnerable Children (2007), also conducted by the Federal Ministry of Women’s Affairs and Social Development; and the Key Findings from the 2008 Situation Assessment and Analysis on OVC in Nigeria.
While both a Situation Assessment and Analysis (2008) and a Rapid Assessment, Analysis, and Action Planning Process (RAAAP) exist, it is unclear that the Plan of Action and the National Guidelines/Standards of Practice package were based on a coherent body of national evidence. The National Plan of Action and National Guidelines/Standards of Practice (2006-2010) preceded the Situational Analysis 2008. Moreover, at the time of development of the National Plan of Action and National Guidelines, the RAAAP, which was a useful process when it was conducted, was five years out of date.

The development of some instruments/tools in OVC advocacy, training and programming identified include: Psychosocial Care training manual, OVC Vulnerability Index Card and OVC Advocacy Package. Though field tested after development, there was no systematic research to guide their development. There is no document/policy in support of the role of research in catalyzing rapid actions for the OVC.

In the absence of documentation of the strategic approach to research, it is clear that research efforts are currently fragmented, inefficient, bordering on irrelevance, and/or excluding major stakeholders at the local/community levels, for whom research outcomes have the most bearing.

**Have the Impacts (of existing policies and programs been assessed through systematic research activity?**

It is not known if systematic and rigorous impact analysis research studies are presently in planning at the very highest levels of government. However, to date, no systematic research activity has been cited by any informants within the community of practice, including key focal points interviewed for this study, including the OVC focal points in the different development partners (DfID, UNICEF, USAID); Federal Ministries (NACA and FMWA&SD); and State Ministries (SACA, FMWA&SD).
**OVG Research Gaps**

As there have been minimal systematic OVC research activities in Nigeria, several gaps were identified in the following areas of OVC:

I. OVC policies, instruments and

II. OVC programming

III. OVC issues such as

- Equity of access with relation to age and geographical location – rural/urban
- Stigma & Discrimination
- Cultural Perspectives of OVC
- Funding & Sustainability

**Gaps in OVC Research related to OVC Policy and Instruments**

Most of the policies, action plan and instrument by the government lack thorough research preceding their development and implementation.

- The OVC Action Plan 2006-2010 was based on the RAAAP, which was a general assessment and analysis which was not methodologically rigorous. The Action Plan predated the National Situation Analysis and Assessment.

- The National Guidelines and Standards of Practice on Orphans and Vulnerable Children were developed after consultations and not on any methodologically sound research.

- Some of the instruments such as the OVC Vulnerability Index have not been subjected to scientific testing for age-, -gender and –location specificity and sensitivity.

**Gaps in OVC Research related to OVC Programming**

1. Many organizations (Implementing partners and their organizations, and local organizations) are implementing several interventions. Many of these, identified in publications including abstract books are on Food & Nutrition, healthcare, education. Many of them are based on International Best Practice i.e. what have worked in other places. The interventions implemented locally have not been subjected to local research to factor in local dimensions, though several IPs conducted base-line studies and few carried out Situation Analysis of OVC in their areas of coverage, such as CRS and Christian Aid. Therefore many of the programs lack evidence to show their effectiveness locally.
In OVC Care areas where there are different interventions, there are no studies to show cost-effectiveness to identify those that can be scaled up at affordable costs, for example education, healthcare.

2. Shelter and Legal Protection of OVC are service areas where there are very few interventions, and little done in terms of research.

3. The research publications identified are mainly on infant feeding among HIV-exposed infants (Adejuyigbe, Adejuyigbe et al, Oladokun et al), and antiretroviral treatment for children (Pam et al, Iyaji et al). There has been no study on the medium and long-term survival of children on ART. There is also no local evidence for correlation between infant feeding options and the survival of children infected with HIV.

4. Though the role of psychosocial care in ensuring a well-adjusted personality for the OVC is known, research into the different modalities of psychosocial care is limited. A solid body of evidence on the psychosocial dimensions of vulnerability at various levels and in relation to the various models of care is needed.

**Gaps in Research related to OVC Issues**

There is a paucity of research on the following OVC Issues:

1. Inequity Issues resulting in :
   a. *Under-coverage of under-five year old OVC*: There is a dearth of programs for this group of children, as most interventions are for older OVC (6-17/18 years). Most of the studies identified addressed the problems and challenges of orphans in the older age group, 6-17 years. The scope of orphan-hood and vulnerability and the challenges and needs among the under-five OVCs have received little attention. Apart from a few hospital-based studies on infant feeding in the context of HIV transmission, there is a startling lack of community-based studies that address the needs and prognosis of vulnerable infants (under-five years). For the OVC in this age group, the evidence base on epidemiological, socio-economic, cultural context including family and community dynamics is simply missing.
b. *Rural OVC do not receive interventions in all the care areas* in the Minimum Package for OVC. They seem to have been forgotten, except for 1-2 Implementing partners that target some rural areas in addition to their urban coverage. This omission is more felt in the healthcare provision.

c. Programming problem in the *transition period between childhood and youth*

2. Stigma & Discrimination of OVC and their influence on access to critical care such as health. Stigma & Discrimination may also be major determinants in child abuse and labour.

3. Cultural Perspectives of OVC – Definition of OVC, attitudes and perception of OVC

   The cultural context of orphan-hood and vulnerability has not been fully explored to provide the answers to the course issues surrounding cultural beliefs, perception and practices, especially those surrounding gender and care-giving, male participation, definition of orphan and vulnerability, all which may be factors that affect how OVCs are accepted and cared for within the community. Some of these issues are potential determinants of the uptake and utilization of services for the OVC. Two searched papers (Adewole *et al.*.) dealt with the role of the family and male participation in prevention of mother-to-child-transmission, a critical strategy in reaching HIV related vulnerable children. This gap has grave implications for policy and interventions at community level, considering that Nigeria is a culturally diverse country and most likely one single intervention may not be applicable across the board. It also potentially limits the responsiveness of the policy, agenda-setting and resource allocation at national level to cultural factors that trigger systemic risk to children across the nation.

4. Funding & Sustainability: These intertwined issues are critical in all interventions especially at the community level. Alternate and potential ways of mobilizing resources to meet OVC needs have not been subjected to critical research. sources of resources
Determining the National OVC Research Agenda

One of the core objectives of this study was to secure country input for a prioritized national OVC research agenda, which will aid the shaping of coherent national efforts within the OVC sphere.

One the 3rd of June, 2009, 27 stakeholders from a broad cross-section of the OVC community of practice participated in a research dissemination and analysis workshop. Attendees were subject-matter experts and practitioners from numerous regions of the country, representing the following institutions and agencies: the National Agency for the Control of AIDS (NACA), the Federal Ministry of Women’s Affairs and Social Development, the Development Partners (the US Agency for International Development-USAID and the United Nations’ Children’s Fund – UNICEF), National Organizations involved in mounting a coherent response to the crisis of child orphanhood and vulnerability (the Association of OVC NGOs in Nigeria – AONN), research institutions (the University of Ibadan and the Nigerian Institute for Social and Economic Research – NISER, and the University of Benue State Makurdi), international non-governmental organizations (Hope Worldwide, Winrock International, Christian Aid, Catholic Relief Services, and Family Health International). The list of participants is appended to this document as Annex IX.

The full-day workshop, convened at the Asokoro, Abuja Office of the ENHANSE (Enabling HIV/AIDS, TB and Social Sector Environment) Project, was opened by Dr. Jerome Mafeni, with a goodwill message by the Deputy Director of the Child Development Unit, Federal Ministry of Women’s Affairs and Social Development, Barrister Gloria Ezezika.

The objectives of this meeting were to discuss the findings of the OVC research situation analysis, and to synthesize a prioritized national OVC research agenda, utilizing the findings issued. The policy-setting, research, monitoring and evaluation, and field practitioners competencies were adequately represented, providing an opportunity for cross-disciplinary discussion. A core research issue was identified for each component of the minimum service
package, as defined by the Ministry of Women’s Affairs and the development partner (discussed further below), with strong country buy-in for the outcomes of the discussion, and the larger agenda of linking research to policy setting, and practice. The identified research issues will undergo further development in the ensuing phases of this project. The meeting adjourned with a commitment by the Ministry of Women’s Affairs and Social Development to convene a larger stakeholders’ meeting, as a means to garner wider buy-in from the wider community of practice, which will feed into a follow-on OVC Situation Analysis/Review exercise, currently in planning.
Challenges to OVC Research

**The Funding Environment**

Inadequacy of funds is a major challenge. There is poor funding by the relevant authorities, mainly the government, at every level. It appears that the government officials at lower levels (State and Local Governments) do not sufficiently appreciate and prioritize research in their activities. Most of the large studies in the OVC field are externally-funded. The private sector is not yet involved in funding research into social issues, largely because of the profit motive. As such, there is a dearth of private foundations to fund research. On the other hand, investigators have not taken advantage of other studies in the field of HIV/AIDS to make inroads into OVC research.

**Lack of Capacity**

Despite the interest of researchers to work, they are hampered by lack of capacity, technical and infrastructural. Capacity-building by the DP and the IP are limited to their areas of interest within.

**Negative Attitudes and Perception Towards Research**

Effective OVC research will involve the collaboration of the children and all the stakeholders. Stakeholders are antagonistic or indifferent to documentation and research regarding them as unnecessary, time- and money-wasting. This attitudinal and perception gap can only hamper research.

** Poor Appreciation for Research Potential**

There is poor appreciation of the magnitude and potential consequences of the nation’s OVC crisis, even with heightened attention being paid to the OVC challenge, relegating research in this area a neglected priority. Government establishments, such as line Ministries relevant to OVC are not conducting any OVC research because of lack of fund and capacity.
**WEAK INSTITUTIONAL CAPACITY**

The research institutions and universities suffer institutional weaknesses that prevent them from conducting the quality of research that would provide the evidence to drive OVC issues (policy and interventions). Additionally, most of the research done locally is not action oriented. As such, the universities are not contributing to policy and program research, including those for OVC.

**LIMITED RESEARCH DISSEMINATION**

Information collected by projects is not widely disseminated. A significant source of research evidence is the body of Masters’ and Doctoral dissertations and research papers, which are often designed to address salient research questions in the local context. A significant research dissemination gap exists, in that these studies are usually not disseminated nationally or internationally.
DISCUSSION, CONCLUSIONS AND RECOMMENDATION FOR ACTION

Limitations of the Study
The research analysis is limited in scope and depth, and is intended to serve as an exploratory probe of the state of OVC practice and research in Nigeria. Though the selection of the study state/city was purposive, overall a stratified sampling methodology was employed to select the study sites, due largely to resource and time constraints. A fairly national representation was obtained.

The NGOs sampled are largely urban-based and are more likely to be the visible ones within the reach of the officials at the Ministries and CSO headquarters. This might have left out the rural organizations with their own perspective of the OVC work. However during the FGD, a strong case was made for the rural OVCs and their lack of access to essential care for their well-being.

The literature search was likely to have systematically omitted the grey literature generated from the educational institutions, which usually are not well disseminated and/or published, including and particularly research conducted at Master’s and Doctoral dissertation studies.

Nevertheless, while limited due to cost and time constraints, the results of this rapid situation analysis, can serve to illuminate the diverse structural, methodological, and leadership/governance issues that may be impeding high-quality research in the OVC arena.

The situation analysis interviewed national stakeholders and USG -implementing partners with only 2-3 from other development partners. However the representativeness of the data generated is not in doubt.

While limited due to cost and time constraints, the results of this rapid research situation analysis, can serve to illuminate the diverse structural, methodological, and leadership/governance issues that may be impeding high-quality research in the OVC arena.
Key Findings

There is a huge number of OVC in Nigeria, 17.5 million constituting 24.5% of the total children population, a number which presents enormous health, education, protection, psychosocial, shelter, and food and nutrition needs to be addressed.

There are in place enabling institutional policy, framework and instruments to facilitate OVC work by the various stakeholders, who are currently engaged in providing much needed care and support services offering the component of the nationally-defined Minimum care package for the OVC (food & nutrition, healthcare, psychosocial care, shelter, Child Protection, education and household strengthening). These stakeholders include: government, development partners and their implementing partners, national NGO/CBO and FBO operators. Models of care include community-based care, informal foster, institutional, mobile, and home-based care. Though there is no gender-bias in the implementation of interventions, there is age-relate (under-five OVC uncared for) and geographical location (urban vs rural) inequity in OVC care and support. There are no OVC programs for under-five OVCs.

The development and articulation of the Minimum OVC Care package are not based on local Nigerian data, and they appear to have been adopted from international Best-Practice. The effectiveness of the programs offering these care dimensions have also not been subjected to rigorous analytical research methods.

The OVC research stakeholders are the government, development and implementing partners, researchers from the university and research institutes. While the most stakeholders are positive about research, some local operators exhibited negative and antagonistic attitudes. The OVC stakeholders are confronted by challenges which include: resource constraints (more so for the national NGOs), cultural dimensions of OVC definition and care, hostile economic environment, lack of capacity, and issue of sustainability.

Paucity of research into OVC and its various dimensions has been demonstrated by this project. Only about 28 literatures were found during a rigorous search. Most of these are
situation/impact analysis, few on health care, food & security, household economic strengthening while shelter and education of the OVC is virtually un-researched.

There are gaps in OVC policy, instruments, programming and issues and research related to them. Areas with little programming and research include: shelter, legal and social protection and psychosocial care.

Research Priorities
Based on the gaps identified in the critical areas of inequity, cultural dimensions of OVC, shelter, legal and social protection, psychosocial care, education and household economic strengthening components of the Minimum Care Package, the stakeholders during the meeting, in line with the 2nd objective of the meeting identified the following priority areas for research through research questions:

**Health Care**
What are the factors related to health services for the OVC in urban and rural areas of Nigeria?
What is the healthcare package for the under-five OVC?

**Education**
What are the causes and patterns of school absenteeism and retention amongst OVC, and how can these be addressed?

**Shelter**
What process is involved in the transition of OVC from institutional care to household care and what are the challenges faced in fostering/adoption of OVC?

**Food and Nutrition**
What is the cost and benefits of OVC Food & Nutrition interventions in Nigeria?

**Household Economic Strengthening**
What are the appropriate strategies for identifying and mobilizing community resources for economic strengthening of OVC households?

**Psychosocial Support**
What do communities understand by psychosocial support and how do they respond to the existing PSS?

**Legal and Social Protection**
What are the causes of resistance to the adoption and ratification of the Child Rights Act?

**Cross-Cutting Issues**
What are the factors relating to Stigma and discrimination against the OVC within household and communities and their effect on access to and utilization of care services and interventions by OVC?

How to ensure that allocated resources reach the grass-roots to strengthen the local NGO and other stakeholders for direct care of the OVC?

How should the urban/rural inequity in access to OVC care interventions be addressed?

**General Recommendations**
There is a need for technical capacity building on a nation-wide basis for research. This will facilitate multi-centre research for data collection on defined research theme on a nation-wide basis to provide evidence for policy at national level.

There is a need for sensitization of the grass-root organizations operators who are in direct contact with the OVC, on the importance of research, and to build the capacity of these cadres in simple research methodologies, including data collection and documentation. Involving the NGOs, CBOs and FBOs in OVC data collection and research has the potential to streamline and improve the efficiency and effectiveness of the budgeting and resource allocation processes.
The nation needs a cadre of research leaders and centers of excellence in OVC-specific research. Capacity-building efforts focused on the universities and research institutions should be intensified and/or strengthened and be facilitated to work with OVC organization operators to carry out action research. Funding of research within these institutions needs to be prioritized to ensure the relevance and proper alignment of national strategic documents and strategy papers.

The development partners and their implementing partners need to commit more resources into monitoring and evaluating their program through research. They should include research capacity-building of local organizations and institutions as part of their mandate.

The ministry officials require training on problem identification and problem-solving research, especially beyond the federal levels, which have more of a direct effect on implementation quality and coverage.
Summary of Research Priority Areas and Recommended Supportive Actions

Based on an analysis of policy and program relevant research gaps identified in this research situation analysis and the recommendations of the Stakeholders’ meeting held on the 3rd of June 2009, the following short-term and medium term broad priority areas are being recommended for a National OVC Research Agenda (Table 13).

Table 13: Short Term Research Priorities

<table>
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<tr>
<th>Priority Research Area</th>
<th>Key Research Question(s)</th>
<th>Program Utility of the Research</th>
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</thead>
</table>
| 1. Magnitude and Characterization of the OVC Population   | • "What is the total number of OVC in Nigeria, by state and by district?  
• What are the subpopulation groups of OVC, their numbers, sex, age, and needs? (under 6 population size unknown)  
• What proportion of OVC is under various living arrangements (e.g. households, institutions, etc)                                                                                                                                                                                                 | Knowledge of numbers of OVC in households, on the street, in orphanages, in children’s villages or group homes will help the country more effectively plan for and monitor alternative care services for OVC. Knowledge of what proportion of OVC in need is covered with the minimum package of OVC services at a point in time is a useful early indicator of program effectiveness, and would help policy makers and programmers plan how much more to scale up the programs to have the desired impact. To estimate coverage, there is need to have a good estimate of the target population; hence the need to identify total numbers of OVC and those most in need. For more concrete measures of effectiveness, programs can measure achievement against clearly defined desired outcomes. Common outcomes across a range of interventions facilitate the comparison of their utility and determination of the cost-effectiveness of the various interventions. |
| 2. Effectiveness of OVC Care & Support Programs            | • What is the coverage of OVC interventions and do they reach the right targets?  
• Are OVC Care and Support Programs providing quality services and achieving measurable impact?                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

3 Current figures are estimates and not fully agreed upon by stakeholders as accurate.
### Priority Research Area

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<th>Priority Research Area</th>
<th>Key Research Question(s)</th>
<th>Program Utility of the Research</th>
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| 3. **Cost and Cost-Effectiveness of OVC Care & Support Programs** | • What are the fixed and variable costs of different models of OVC care?  
• Which models are most cost-effective for achieving desired outcomes? | Stakeholders wish to make the best use of limited funds available for OVC programs. A clear understanding of the fixed and variable costs of programs provides information related to costs for scaling up effective programs. Combining costs with impact measures (above) assists funders in the allocation of resources towards the greatest benefit. |

With the “building blocks” above in place or at least under way, more complex questions can be posed in the medium term for even greater program benefit. These include more qualitative questions to understand the “why” behind the OVC situation, so that underlying causes of this social epidemic can be addressed in addition to mitigating the consequences. Other questions will help to tailor specific types of interventions to best address different needs of OVC. Table 14 presents some priority areas for the next steps in filling the evidence base gaps, grouped by service domain, as identified by OVC stakeholders in Nigeria.
Table 14: Medium Term Research Priorities, by OVC Domains

<table>
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<tr>
<th>Priority Research Area</th>
<th>Key Research Question(s)</th>
<th>Program Utility of Research</th>
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<tbody>
<tr>
<td>1. Child Protection</td>
<td>• What are the reasons for the failure of some states to adopt the Child Rights Act of 2003?</td>
<td>Policy and legislative changes have the potential to have the greatest impact on OVC because of their breadth of coverage. Where a particular piece of legislation or policy has been inadequately applied or implemented, such as is the case with the Child Rights Act, data on reasons why that is the case will help policy makers find strategies and interventions to remedy the situation.</td>
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<tr>
<td>2. Shelter</td>
<td>• What are the processes and challenges involved in the transition of OVC from institutional care to family centred/community-based care?</td>
<td>Nigeria recommends family centred/community-based care of the OVC in preference to institutional care. Identification of issues that need to be dealt with and challenges that should be overcome in the transition from institutional to family centred models will assist programmers come up with appropriate strategies in the design and implementation of the household approach. Data on numbers and characteristics of care givers and their capacities, proportion of needy families currently being supported, numbers of OVC under various care placements, current coping strategies at household level, will all go a long way in the planning process for scale up of family centered care through the household approach.</td>
</tr>
<tr>
<td>3. Food and Nutrition</td>
<td>• What is the cost and benefits of the different OVC Food and Nutrition interventions in Nigeria?</td>
<td>There are a number of interventions currently being implemented to ensure good nutrition for OVC and food security for the households. There is no data on the costs, benefits and long-term impact of such interventions on OVC wellbeing, households and the community. Such data will help programmers make in-formed decisions on which of the food and nutrition interventions give the best value for money in terms of improvements in outcome measures of food security and nutritional status.</td>
</tr>
<tr>
<td>4. Health</td>
<td>• What are the factors leading to inadequate access of OVC to health services in rural areas? What can be done to address the situation? • What needs to be done to ensure increased access to health services by OVC under-five years?</td>
<td>There is some evidence that rural OVC have less access to all forms of care, including health, compared to those in urban areas. Data on factors leading to the inequities will help policy makers design strategies to address them more effectively. Under-five OVC are missing in the picture of OVC in all domains of care; including health care. Data on why this is the case will help programmers more adequately address this gap.</td>
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<tr>
<td>Priority Research Area</td>
<td>Key Research Question(s)</td>
<td>Program Utility of Research</td>
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<td>5. Education &amp; Training</td>
<td>• What are the causes and patterns of school absenteeism and low school retention among OVC, and how can this be addressed?</td>
<td>As much as there is a high level of school enrolment among the OVC so also are school absenteeism and school drop-out rates. Studies that assess the causes of these challenges and possible effective interventions will help government and its partners address these challenges more effectively.</td>
</tr>
<tr>
<td>6. Psychosocial Support</td>
<td>• What do communities understand by psychosocial support (PSS) and how do they respond to PSS?</td>
<td>Data on community understanding of psychosocial support and the need for it will help programmers in the design of effective messages to increase demand for this service.</td>
</tr>
<tr>
<td>7. Economic Strengthening</td>
<td>• What are the appropriate strategies for identifying and mobilizing community resources for economic strengthening of vulnerable households?</td>
<td>Increasing household income has the potential to increase the capacity of the household to care for OVC. OVC service staff would need data on the most effective, appropriate, and sustainable strategies to do this. An evaluation of the effectiveness of the current economic strengthening strategies would be the starting point.</td>
</tr>
<tr>
<td>8. Other cross-cutting issues</td>
<td>• How do stigma and discrimination against OVC within the household/community affect access to and utilization of care interventions by OVC? • What are the best resource allocation and monitoring mechanisms that will ensure that resources reach the grassroots to strengthen the local NGOs and other stakeholders for direct care of the OVC?</td>
<td>Stigma and discrimination play a significant role in reducing access to care. Understanding the dynamics of stigma and discrimination in the households/communities would help policy makers and OVC program staff design effective strategies to reduce stigma and increase OVC access to key services. Grassroots OVC practitioners complain of lack of resources for grassroots work, despite the huge resources deployed by the Development Partners and governments. Studies on options for resource allocation and monitoring will help find the best mechanism to ensure that allocated resources reach the intended targets (OVC).</td>
</tr>
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**Recommended Supportive Actions for OVC Research**

In addition to prioritizing research questions to be answered in Nigeria, stakeholders can play a crucial role in creating a policy and funding environment for program-relevant research to thrive. Several key recommended actions are listed below:

- **Convene a National Research Dissemination Conference** to disseminate the findings of the full report to a wider audience and draft a clear and comprehensive national research agenda with a clear proposed implementation strategy to be presented to the appropriate arms of government for approval and further action.

- **Consider setting up longitudinal cohort(s) of OVC** to pose different research questions over time, including those related to the effectiveness, cost-effectiveness, and impact of the various OVC interventions in place. Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.

- **Engage national and international stakeholders** to support program-relevant research. USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.

- **Provide a Funding Mechanism for OVC Research** by setting up an OVC Research Fund or allocating at least 10% of OVC budgets to research.

- **Implement a research capacity building program** for researchers interested in program-relevant OVC research, so as to facilitate the conduct of quality research and production of reliable evidence to improve OVC programming.

- **Improve the current system to monitor and evaluate** all OVC programming. Incorporate shared, well defined indicators across programs for ease of comparison.

- **Set up a central OVC Data base** to capture, among other essential data, information on all service organizations by geographic and service coverage, numbers of OVC by gender, age, and geographic area.
REFERENCES


Annex I: Education Sector Policy Strategies on Orphans and Vulnerable Children

6.7.1. The Sector shall work to create linkages with the Child Development Unit of the Ministries of Women Affairs and other organizations and support groups working on OVC to ensure that they access their services.

6.7.2. The Sector shall ensure that the HIV status of a child or parents is not used as a criterion for school admission or exclusion from school activities.

6.7.3. The Sector shall enforce the principle of non-discrimination and non-stigmatization of OVC within the sector.

6.7.4. The sector shall sensitize all staff and learners to the special physical and psychosocial need of OVC and provide psychosocial, support and counseling services for OVC.

6.7.5. The Sector shall ensure that OVC have free access to education and advocate for the removal of all barriers that prevent OVC from obtaining quality education.

6.7.6. Head of educational institutions shall as far as possible accommodate the peculiar needs of orphans and vulnerable children by way of flexible school hours to enable them access treatment or attend counseling sessions when necessary.

6.7.7. The Sector shall work in collaboration with Health Ministries to strengthen school-based clinics and referral systems to ensure OVC who are adolescents to access reproductive health services.
6.7.8. The Sector shall ensure that OVC have access to bursaries, loans and scholarships for higher education
Annex II: Focus Group Discussion Guide

Definition
What do you understand by OVC? What other names are they called?
What are the cultural perception about OVC and their needs?

Causes
What are the causes of OVC? Explore for HIV & Other causes
What are the causes of the vulnerability of HIV OVC? Explore for spiritual, psychological, political, and economic

Needs of vulnerable children
How are these needs/vulnerabilities addressed? Explore for interventions/programs

OVC Researches
How much are these needs and interventions defined by research?
Are there enough researches into OVC and their needs? If not enough, why? Explore for lack of funding, Failure of govt. to appreciate the importance of local research in policy

Suggest Way out

Resources
What do you think of adequacy of resources for meeting the needs of OVC? For OVC research?
Why is it that most funders are external? Is there a peculiar problem regarding this?
Why don’t we have more local funding?

Rural/Urban Access to Resources for OVC
What is your perception of the access to resources by rural OVCs compared with the urban?

**Government Policy**

Are there government policies on OVC? Are they implemented? What are the factors that influence articulation and implementation of the policies? (positive & negative).

What in your own opinion are the ways out?

1. Introduction
2. Interview

Orphan definition

Who in this State is regarded as an orphan? Explore for age, dead parents’ sex, etc

Where does this definition come from (national legal definition, developed by state?)

Who in this state is regarded as a needy child?

Family provision for needs

How do families in this state provide for the needs of orphans (e.g. parental care, shelter, education, clothing, health care)?

How do families in this state provide for the needs of needy children?

Impact of HIV/AIDS on Orphans and needy children

Do you think HIV/AIDS has affected the situation of orphans and children in need?

In what ways has HIV/AIDS affected the situation of orphans and children in need?

Other needy children

What other categories of children are in greatest need of support in this state? (e.g. street children, almajiri, area boys and girls, hawkers, child beggars and child prostitutes)

How are these information arrived at? (Was there any research, survey etc?)

Policies
What are the specific policies of the state government regarding children in these categories? Are these written policies? (request for copies). Note when policies were enacted.

Is there a specific policy for orphans, children affected by AIDS, or needy children? If not, are there plans for one?

Are these policies evidence-based, i.e. backed by research? What researches, if yes?

**OVC Policy Implementation and Monitoring**

What efforts and measures are in place to ensure effective implementation and monitoring of existing OVC policies?

**Programs**

What programs does your ministry have in place to support these children? (Explore for the type and location of programs, categories of children, age range of beneficiaries, and criteria for selection)? Is there any collaboration with NGOs/Charitable organizations?

What are the successes of these OVC programs?

What are the limitations of these programs? (adequacy, coverage, sustainability)

(Explore how the limitations can be addressed)

**Research**

How do researches affect/dictate/guide your policies? programs?

Has there been any research conducted by your Ministry (directly or through a contractor)?

Explore what research, by whom, report and application (categorize).

Are you aware of any OVC research between January 1 2003 and December 2008? If Yes, where, what, who, shared/know result, used results?
Are there researches that could be done to improve your Ministry’s OVC policy and programs? If Yes, what researches? Who should conduct it? Explore: Your organization, Government, NGOs, Religious organizations, Tertiary Institutions, Community, A Research Organization or University.
Annex IV: In-depth Interview Guide for Researchers

1. Introduction

2. Interview

1. What aspects of OVC research do you conduct? What research questions did you set out to address? Who defined these questions?

   Explore for type of research: KAP studies, operations research, documentation of best practices, evaluation of intervention, baseline studies on the situation of orphans

   Explore for research into feeding, psychosocial, education, health, economics/resources etc (needs and intervention)

   Explore further for care-giving, addressing stigma and discrimination, community vs. hospital based etc

2. Are individuals, families, PLHIV and communities involved in such research?

3. Who mandated your research into OVC issues?

4. Describe the findings of your OVC research?

5. Have these findings been utilized for: Policy? Programming?

6. Were your findings communicated to the relevant stakeholders? If Yes how?

7. Apart from your own research, what other researches do you know of?

8. What are the gaps in OVC research in Nigeria that you are aware of?

9. What are the challenges you face as a researcher in OVC in Nigeria?

10. What are your recommendations regarding a research agenda for OVC in Nigeria?

*** ASK FOR PUBLICATIONS
Annex V: Questionnaire for Data Collection Among NGO Programmers

CIHD OVC-CARE Program

Survey Instrument for OVC Research Situation analysis

(Please attach copies of documents of evaluation and research that had been done.)

Country:------------------------- Date:----------------------

<table>
<thead>
<tr>
<th>1.</th>
<th>Name of organization</th>
</tr>
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<tbody>
<tr>
<td>2.</td>
<td>Postal Address</td>
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<tr>
<td>3.</td>
<td>Physical Address</td>
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Acknowledgement: This instrument was adapted from work submitted to BU by Crystal Beukes and Ingrid de Beer of PharmAccess, Namibia; BU is highly grateful for their work.
<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>4.</td>
<td>Telephone number</td>
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<td>5.</td>
<td>Fax number</td>
</tr>
<tr>
<td>6.</td>
<td>Name of contact person</td>
</tr>
<tr>
<td>7.</td>
<td>Email address</td>
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<td>8.</td>
<td>Type of organization</td>
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<td>Governmental Organisation</td>
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<td></td>
<td>Nongovernmental Organisation</td>
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<tr>
<td></td>
<td>Private, Not for Profit organisation</td>
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<tr>
<td></td>
<td>Community based Organisation</td>
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<tr>
<td></td>
<td>Faith-based Organisation</td>
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<td></td>
<td>Umbrella Organisation</td>
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<tr>
<td></td>
<td>Other (please specify) ______________________________</td>
</tr>
<tr>
<td>9.</td>
<td>When did your organisation’s operations start in Nigeria?</td>
</tr>
<tr>
<td>10.</td>
<td>What are the overall objectives of your organisation?</td>
</tr>
</tbody>
</table>
### 11. What are your objectives targeted at Orphans and/or vulnerable children? (if different from No. 10)

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

### 12. What are the organisation’s sources of funding for orphans and/or vulnerable children?

- [ ] Community
- [ ] Local church, Which?
- [ ] Government, Ministry?
- [ ] Foreign donors, Which?
- [ ] Local donor, Which?
- [ ] Fundraising event, What?
- [ ] Other: ________________________________

### OVC PROGRAM FOCUS

### 13. How does your organisation define the Orphans and Vulnerable children that you support? (Tick all that apply)

- [ ] Children who have lost one or both parents to HIV/AIDS
- [ ] Children who have lost one or both parents to other causes
- [ ] Children infected with the HIV virus
- [ ] Children having one parent infected with the HIV virus
- [ ] Children who live without adequate adult support
- [ ] Children who are marginalised
- [ ] Children who are stigmatised
- [ ] Children who are discriminated against
- [ ] Children living on the street
- [ ] Children who are in danger of living on the street
- [ ] Abused children
- [ ] Other: ________________________________
14. What type of assistance does your organisation provide to orphans and/or vulnerable children? (Tick all that apply)

- **Food and Nutrition**
  - Food assistance
  - Nutrition counselling and education
  - Food Security, e.g. seed supply and gardening
  - Other Specify _________________________________

- **Home-Based Care**
  - Care, clothing
  - Other (Specify) _______________________________

- **Shelter**
  - Shelter (e.g. repair or provision of residential house/hut)
  - Long term residential care, e.g. orphanage
  - Other (Specify) _______________________________

- **Child Protection**
  - Activities against abuse and exploitation
  - Legal protection
  - Other (specify) _______________________________

- **Health care**
  - General health care
  - Specific care for children with HIV

- **Psychosocial Support**
  - e.g. Counselling, memory books, other psychological or spiritual assistance

- **Education and Skills Training**
  - Provision of:
    - Primary education
    - Secondary education
    - Post Secondary education
15. When did your support start for the indicated programme/s in No. 14? (Tick appropriate dates)

<table>
<thead>
<tr>
<th>Date</th>
<th>Program 1</th>
<th>Program 2</th>
<th>Program 3</th>
<th>Program 4</th>
<th>Program 5</th>
<th>Program 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
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</tr>
<tr>
<td>2004</td>
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<td>2005</td>
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<td>2006</td>
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<td>2007</td>
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<td>2008</td>
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<td>2009</td>
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</table>

16. Is your organisation supporting both girls and boys or only one of the two in the programme/s indicated in 14?

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<thead>
<tr>
<th>Gender</th>
<th>Program 1</th>
<th>Program 2</th>
<th>Program 3</th>
<th>Program 4</th>
<th>Program 5</th>
<th>Program 6</th>
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</thead>
<tbody>
<tr>
<td>Boys only</td>
<td></td>
<td></td>
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<tr>
<td>Girls only</td>
<td></td>
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<td></td>
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<tr>
<td>Boys and Girls</td>
<td></td>
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</tr>
</tbody>
</table>
17. What is the age range of the children in your indicated programme/s?

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Program 1</th>
<th>Program 2</th>
<th>Program 3</th>
<th>Program 4</th>
<th>Program 5</th>
<th>Program 6</th>
</tr>
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<tbody>
<tr>
<td>0 – 1yr</td>
<td>Before</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1 – 5yrs</td>
<td>2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5 – 10yrs</td>
<td>2005</td>
<td></td>
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<tr>
<td>10 – 15 yrs</td>
<td>2006</td>
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<tr>
<td>15 – 18yrs</td>
<td>2007</td>
<td></td>
<td></td>
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</tbody>
</table>

18. How many children are benefiting from your programme/s?

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Program 1</th>
<th>Program 2</th>
<th>Program 3</th>
<th>Program 4</th>
<th>Program 5</th>
<th>Program 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -10</td>
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<td>11 -30</td>
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<tr>
<td>31 – 50</td>
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<td>51 – 100</td>
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<tr>
<td>100 – 500</td>
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<tr>
<td>500+</td>
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</tbody>
</table>

19. What is your monthly budget needed to run your programme/s indicated in 14?

<table>
<thead>
<tr>
<th>Budget (In US$)</th>
<th>Program 1</th>
<th>Program 2</th>
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<tbody>
<tr>
<td>Less than 1,000</td>
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<td>1,000-10,000</td>
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<tr>
<td>10,000-50,000</td>
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<td>50,000-100,000</td>
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<tr>
<td>100,000+</td>
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</table>

Local Currency Exchange Rate: __________________________ = 1 US$

20. Are you able to cover all costs needed for the programme?

( ) Yes
( ) No
( ) Sometimes

21. How does your organisation monitor/evaluate its activities/programs?

__________________________________________________________________________
__________________________________________________________________________

OVC RESEARCH, MONITORING AND EVALUATION
22. What Outcome Indicators do you use to monitor your OVC Program(s)

- Indicator 1.0
- Indicator 2.0
- Indicator 3.0
- Indicator 4.0
- Indicator 5.0

23. Has your program been externally evaluated?

- Yes
- No

If Yes; kindly provide a summary or full report

24. List up to five (5) Key Challenges and five (5) lessons learnt by your organisation in working with Orphans and or vulnerable children

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Lessons learnt</th>
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<tbody>
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</table>

*Please attach separate sheets if your answers cannot fit in the spaces provided*
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<tbody>
<tr>
<td>25.</td>
<td><strong>Has your organization conducted any research on orphans and vulnerable children?</strong> <em>(Please add supporting documents)</em></td>
<td>( ) Yes</td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td><strong>If yes, when?</strong></td>
<td>______________________</td>
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<tr>
<td>27.</td>
<td><strong>If yes, what was the research about?</strong></td>
<td>__________________________________________</td>
<td></td>
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<tr>
<td>28.</td>
<td><strong>Who conducted the research?</strong></td>
<td>( ) People from within the organisation</td>
<td>( ) Independent researchers</td>
<td>( ) Other __________________________________________</td>
</tr>
<tr>
<td>29.</td>
<td><strong>Were the results of the research shared with the organisation?</strong></td>
<td>( ) Yes</td>
<td>( ) No</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>30. How has the results of the research that was done impacted your organisation’s operations?</td>
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<tr>
<td>31. Are you aware of any other OVC research that has been conducted in Namibia between 2004 and 2008?</td>
<td>( ) Yes</td>
<td></td>
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<tr>
<td></td>
<td>( ) No</td>
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<tr>
<td></td>
<td>If Yes, please provide reference or actual article/abstract</td>
<td></td>
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<tr>
<td>32. Is there any other research that you think should be done that could improve your organisation’s work with orphans and/or vulnerable children?</td>
<td>( ) Yes</td>
<td></td>
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<td></td>
<td>( ) No</td>
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<tr>
<td>33. If yes, what research do you think should be done?</td>
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<tr>
<td>34. Who do you think should conduct this research?</td>
<td>( ) Your organisation</td>
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<td></td>
<td>( ) Government</td>
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<td>( ) NGO’s</td>
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<td>( ) Religious organisations</td>
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<td>( ) Tertiary Institutions</td>
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<tr>
<td></td>
<td>( ) Community</td>
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<tr>
<td></td>
<td>( ) A Research Organization or University</td>
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<tr>
<td></td>
<td>( ) Doesn’t matter</td>
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</table>
Annex VI: List of Stakeholders/Organizations Interviewed

**UN Agency**

World Health Organization – The representative

United Nations Children’s Fund – Focal Officer in charge of OVC

**Development Partners**

United States Agency for International Development (USAID) – OVC Focal Officer

**Implementing Partners**

**USG**

ENHANSE – OVC Program Manager, Grant Manager

Catholic Relief Services (CRS) – M & E Advisor

Institute of Human Virology (IHV), Kano – Program Manager

CU-ICAP - Central Palliative Care Officer

**Non USG**

Save the Children UK – Thematic Coordinator, Child Protection

Action Aid –

Bill Clinton Foundation – Country Director, Program Manager
Government

Federal

Federal Ministry of Women Affairs and Social Development - Deputy Director OVC Unit

Federal Ministry of Education - HIV Desk Officer

NASCAP, Federal Ministry of Health - OVC Focal Person

NACA Abuja - Principal Program Officer Strategic Knowledge Management

Oyo State

Oyo State Ministry of Women Affairs and Community Development - OVC Desk Officer

Oyo State Ministry of Education - HIV Desk Officer

OYO State Action Committee on AIDS - Acting Program Manager

Kano State

Primary Health Care - Deputy Director

Directorate of Youth Development - Director General

Child & Social Welfare, Ministry of Women Affairs - Director

Benue State

Ministry of Women Affairs - OVC Desk Officer,

Ministry of Education - HIV/AIDS Coordinator,

Ministry of Health - Care and Support Program Manager,

Ministry of Youth and Sports - Director of Youth Development,
Cross River State

Cross River State Action Committee on AIDS

Civil Society Organizations

NGOs/CBOs/FBOs

GEDE Foundation, Abuja – OVC Program Manager

Hope Worldwide, Lagos - Program Officer

New Hope Agency Abuja - Chief Executive Officer

NELA, Ibadan – Senior Program Manager OVC

Hope Worldwide, Calabar – Program Officer

JDPC – Calabar

Neighborhood Health Outreach

Umbrella Organizations

NEPWHAN – Cross River State – Coordinator

Association of OVC NGO Nigeria (AONN) -

Network of AIDS Research Nigeria (NARN) – Program Officer

CISHAN Kano State - State Coordinator

NEPWHAN Oyo State - Deputy Coordinator

Researchers

Dr Tamen – Lecturer Benue State University, Makurdi, Benue State

Dr Ajala- Nigeria Institute of Social and Economic Research, Ibadan Oyo State
NGO Researcher - Calabar
# ANNEX VII: List of Questionnaire Respondents

<table>
<thead>
<tr>
<th></th>
<th>Organization</th>
<th>Physical Address</th>
<th>Postal Address</th>
<th>Contact Person</th>
<th>Telephone Number</th>
<th>E-mail</th>
</tr>
</thead>
</table>
| 1 | Network of HIV Research in Nigeria (NARN)         | CSO House, 4 Jaba Close, Opposite Minister’s Gate, Area II, Abuja | CSO House, 4 Jaba Close, Opposite Minister’s Gate, Area II, Abuja | Ms Monica Moru         | 08023089545 | monicamoru@yahoo.com
<pre><code>                         |                                                      |                                                      |                        |                         | narnnigeria@yahoo.com |
</code></pre>
<p>| 2 | Public-Private Sector Development Initiative      | Suite B51, Shakir Plaza, Michika Street, Area II Garki |                                                     | Dr Emmanuel Alhassan    | 08027781100 | <a href="mailto:ppsdi@yahoo.com">ppsdi@yahoo.com</a> |
| 3 | Christian Broadcasting Network (Operation Blessing) | Shippers Plaza, Opposite IBRO Hotel, Zone 5 Wuse, Abuja | PMB 700, Garki Abuja                                  | Okey Onwudiwe           | 08034530869 | <a href="mailto:okey.onwudiwe@cbnnigeria.org">okey.onwudiwe@cbnnigeria.org</a> |
|                                                      |                                                      |                        |                         | 08036022533 |
|                                                      |                                                      |                        |                         | 09-98704133 |
|                                                      |                                                      |                        |                         | 09-7816965  |
|                                                      |                                                      |                        |                         | Fax: 09-52417000 |
| 4 | Anti Child Abuse Society of Africa (ACASA)         | CSO House, 4 Jaba Close, Opposite Minister’s Gate, Area II, Abuja | CSO House, 4 Jaba Close, Opposite Minister’s Gate, Area II, Abuja | Omoera Victoria Osariemen | 08025717200 | <a href="mailto:vomoera@yahoo.com">vomoera@yahoo.com</a> |
|                                                      |                                                      |                        |                         | 09-78000073 |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Organization Name</th>
<th>Address Description</th>
<th>Contact Name</th>
<th>Contact Phone Numbers</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Fatherless/Motherless Children Aid Organization</td>
<td>Suite 11 Block D POWA Plaza Nyanya</td>
<td>Mrs. Ngozi Anih</td>
<td>08065667590 08082359373</td>
<td><a href="mailto:Facado2006@yahoo.com">Facado2006@yahoo.com</a></td>
</tr>
<tr>
<td>6</td>
<td>Isong Children &amp; Health Foundation</td>
<td>Block B Flat 2. Zamfara Close, Gaduwa Estate, Abuja</td>
<td>Mrs. Atim Isong</td>
<td>08027643030 07025202112</td>
<td><a href="mailto:edetjrl@yahoo.com">edetjrl@yahoo.com</a></td>
</tr>
<tr>
<td>7</td>
<td>Tender Care for Human Development</td>
<td>Suite 203 Ansar Plaza, Berger Junction, Mpape Hill, Abuja</td>
<td>Chinele Odiakosa</td>
<td>07030363120 08034724238</td>
<td><a href="mailto:tcd_nigeia@yahoo.co.uk">tcd_nigeia@yahoo.co.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>With offices in Gombe (North East) Akure, Ondo State (South-west) Abuja (North Central)</td>
<td></td>
<td></td>
<td><a href="mailto:info@tendercareng.org">info@tendercareng.org</a></td>
</tr>
<tr>
<td>8</td>
<td>New Hope Agency</td>
<td>Plot T86 Suite 4, Ladoke Akintola Boulevard Garki 2, Abuja</td>
<td>Mrs. Uzoamaka Akobundu</td>
<td>08023332654</td>
<td><a href="mailto:nnewhopeagency@yahoo.com">nnewhopeagency@yahoo.com</a></td>
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<tr>
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<td>Plot T86 Suite 4, Ladoke Akintola Boulevard Garki 2, Abuja</td>
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<td><a href="mailto:kegosumeh@yahoo.com">kegosumeh@yahoo.com</a></td>
</tr>
<tr>
<td>9</td>
<td>Total Child Care Initiative (TCCI)</td>
<td>DB 14, Apo Shopping Complex, Apo Legislative Quarters Abuja</td>
<td>Akubo Afar Grace</td>
<td>08053501132</td>
<td><a href="mailto:Okiye@yahoo.com">Okiye@yahoo.com</a></td>
</tr>
<tr>
<td>No.</td>
<td>Organization</td>
<td>Address</td>
<td>Contact Person</td>
<td>Phone Numbers</td>
<td>Email Addresses</td>
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<tr>
<td>10</td>
<td>Network On Ethics/Human Rights, Law HIV/AIDS – Prevention, Support &amp; Care (NELA)</td>
<td>Block B, House 17, Temidire Housing Estate, Behind former SDP Secretariat, Ibadan</td>
<td>Mrs. Kemi Olowookere</td>
<td>08080502125 08077012855 08038296736</td>
<td><a href="mailto:ayaolowo@yahoo.com">ayaolowo@yahoo.com</a> <a href="mailto:nelakasora@yahoo.com">nelakasora@yahoo.com</a></td>
</tr>
<tr>
<td>11</td>
<td>Community Development Alliance (CDA)</td>
<td>Office No 218, Adelabu Shopping Complex, Orita Challenge Ibadan</td>
<td>Mr. S.O. Okewoye</td>
<td>08057212433</td>
<td><a href="mailto:comdeva2003@yahoo.com">comdeva2003@yahoo.com</a> <a href="mailto:samok48@yahoo.com">samok48@yahoo.com</a></td>
</tr>
<tr>
<td>12</td>
<td>Christian Care for Widows, Aged &amp; Orphans (CCWAO)</td>
<td>24m Bashorun Ogunmola Street, Ashi, Ibadan Oyo State, Nigeria</td>
<td>Dr Joan O. Agunloye</td>
<td>08022701807 08055201005</td>
<td><a href="mailto:jagunloye2001@yahoo.com">jagunloye2001@yahoo.com</a> <a href="mailto:wicora2008@yahoo.com">wicora2008@yahoo.com</a></td>
</tr>
<tr>
<td>13</td>
<td>Rural-Child Support Initiative (RUCSIN)</td>
<td>No 30 Francis Okediji Street, Old Bodija, Ibadan</td>
<td>Mr. Abu Adekunle Stephen (Baba Rural)</td>
<td>08055253779</td>
<td><a href="mailto:Rural_child@yahoo.com">Rural_child@yahoo.com</a></td>
</tr>
<tr>
<td>14</td>
<td>Centre for Child Health and Education (CCHED)</td>
<td>No 3 Kunle Abass Close New Bodija Ibadan</td>
<td>Mrs. L.U. Aneni</td>
<td>08055250676</td>
<td><a href="mailto:cchedng@yahoo.com">cchedng@yahoo.com</a></td>
</tr>
<tr>
<td>15</td>
<td>Women and Children Alive</td>
<td>3 Agbakin Layout, Idi Ape Iwo Road Ibadan</td>
<td>Mrs. Victoria Balogun</td>
<td>08037286153</td>
<td><a href="mailto:childrenalive2004@yahoo.com">childrenalive2004@yahoo.com</a></td>
</tr>
<tr>
<td>16</td>
<td>RESTANCHOR</td>
<td>Glass House Shopping</td>
<td>Elder Leye</td>
<td>08032486796</td>
<td><a href="mailto:restanchor@yahoo.com">restanchor@yahoo.com</a></td>
</tr>
<tr>
<td>No.</td>
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<td>Address</td>
<td>Contact Person</td>
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<td>17</td>
<td>Livewell Women Foundation (Support Group of Women, Orphans and Vulnerable Children living with HIV)</td>
<td>Ante-natal Building University College Hospital, APIN PLUS PMTCT</td>
<td>Ms Bukky Afolabi</td>
<td>08033915930, 08059561624, 08060466773</td>
<td><a href="mailto:meekbeauty4real@yahoo.com">meekbeauty4real@yahoo.com</a></td>
</tr>
<tr>
<td>18</td>
<td>Oyiza Orphanage</td>
<td>No 24 NTC Road, Oke-Ado Ibadan</td>
<td>Miss Joy Idris</td>
<td>08038095964, 08052237525</td>
<td><a href="mailto:Oyiza.Orphanagehome@yahoo.com">Oyiza.Orphanagehome@yahoo.com</a></td>
</tr>
<tr>
<td>19</td>
<td>Living Word Mission</td>
<td>3, Olanipekun Street, IsaleOsosami, OKe-Ado Ibadan</td>
<td>Pastor Marcus Williams</td>
<td>08038565552, 08060155587, 07027509551</td>
<td><a href="mailto:livingwordmission@yahoo.com">livingwordmission@yahoo.com</a></td>
</tr>
<tr>
<td>20</td>
<td>Council of Positive People (COPOP) KANEPWHAN</td>
<td>No 378 G/Kaya , Aminu Kano Way, Kano</td>
<td>Abdulahi Suleman</td>
<td>08060709257</td>
<td><a href="mailto:Copop2004@yahoo.com">Copop2004@yahoo.com</a></td>
</tr>
<tr>
<td>21</td>
<td>Gooiya Support Group</td>
<td>No 15, Zaria Road, Gyadi-Gyadi Opp Babeban Layi, Kano</td>
<td>Ali Baba Isyaku</td>
<td>07030169137, 08039432256</td>
<td><a href="mailto:godiyasgroup@yahoo.com">godiyasgroup@yahoo.com</a></td>
</tr>
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<td>No.</td>
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<tr>
<td>22</td>
<td>Women Gender Developers Association (WOGEND)</td>
<td>No 101, Shehu Na Allah Street, by Hadejia Road, Kano</td>
<td>c/o Haruna T. Bello, P.M.B. 3130, Kano Nigeria</td>
<td>Halima T. Bello</td>
<td>08035901988</td>
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<tr>
<td>23</td>
<td>Society for Youth Awareness &amp; Health Development (SYAHD)</td>
<td>No 9B, Wudil Road, Opposite Tarauni Primary School, Tarauni, Kano State</td>
<td>P.O. Box 13638 Kano State</td>
<td>Ahmed Isa Mohammed</td>
<td>08037159703</td>
</tr>
<tr>
<td>24</td>
<td>WAZOBIA Support Group</td>
<td>No 2 Opposite N.D.E. Hotoro Maiduguri Road, Kano</td>
<td></td>
<td>Danladi Ibrahim</td>
<td>08027395389</td>
</tr>
<tr>
<td>25</td>
<td>Voice of the Hopefuls</td>
<td>Plot 4, Opp VVF Hospital, Zoo Road, Kano</td>
<td></td>
<td>Nura D Adamu</td>
<td>08036282633</td>
</tr>
<tr>
<td>26</td>
<td>Yakasai Zumunta</td>
<td>Kasuwa Rimi Road, Opposite Shekara Girls’ Secondary School</td>
<td>Kasuwa Rimi Road, Opposite Shekara Girls’ Secondary School</td>
<td>Aminu Aliyu</td>
<td>08065513636</td>
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<tr>
<td>27</td>
<td>Women of Value Foundation for HIV Support (WOVAFAS)</td>
<td>Opposite Oxford Int’l Schools, U Turn Kawanar, Zaria Road, Masalachi Naibalia, Kano State Nigeria</td>
<td>c/o Victory Chapel Int’l Naibawa Opposite Hadiza House, Naibala Motor Park, Kano</td>
<td>Ewomann Hannatu Etuwoma (Ms)</td>
<td>08038529741</td>
</tr>
<tr>
<td>No</td>
<td>Organization</td>
<td>Address 1</td>
<td>Address 2</td>
<td>Contact 1</td>
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<td>28</td>
<td>Tamako Support Group</td>
<td>No 16, IBB Way, Gidan Rabiatu, Kano</td>
<td></td>
<td>Usman Mohammed</td>
<td>08036702515 08029121902</td>
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<tr>
<td>29</td>
<td>Daurawa Women Farmers &amp; Multipurpose Cooperative Society</td>
<td>No 281, Daurawa Maiduguri Road, Gidan Ach. Bawa</td>
<td>No 281, Daurawa Maiduguri Road, Gidan Ach. Bawa</td>
<td>Ummahani Aliyu</td>
<td>08036255547</td>
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<tr>
<td>30</td>
<td>Grassroots health Organization of Nigeria (GHON)</td>
<td>No3 Abdu Sambo Street, Ganchun/Albasan Opp. Rail Cross Kano</td>
<td>P.O. Box 4704 Kano</td>
<td>Hajiya Hadiza Nagona</td>
<td>08036128184</td>
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<tr>
<td>31</td>
<td>Mother2Mother</td>
<td>Aminu Kano Teaching Hospital, Kano, Kano State</td>
<td></td>
<td></td>
<td>08028109452 08033810281</td>
</tr>
<tr>
<td>32</td>
<td>Haske Support Group</td>
<td>No 1 Iyaka Road, Al-Noury Hospital</td>
<td></td>
<td>Saminu Muhammad, Unini K Mohamed</td>
<td>08065873715 08020964939</td>
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<tr>
<td>33</td>
<td>Taimako Support Group</td>
<td>16 IBB Way Gidan Rabiatu</td>
<td>16 IBB Way Gidan Rabiatu</td>
<td>Abdulahi Abdulahi</td>
<td>08053334747</td>
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<tr>
<td>34</td>
<td>Munafata Support Group (HOPE)</td>
<td>Yan Romo, Maikalwa Street</td>
<td></td>
<td></td>
<td>07086134941</td>
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<tr>
<td>35</td>
<td>Community Home Based Care</td>
<td>Aminu Kano Teaching Hospital, Kano</td>
<td></td>
<td>Jummai Yaro</td>
<td>08065463363</td>
</tr>
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<tr>
<td>36</td>
<td>Lagos State Ministry of Health</td>
<td>Alausa Secretariat, Block 4, 3rd Floor Room 311</td>
<td>Mrs. Bolanle Olawoyin</td>
<td>08024938336</td>
<td><a href="mailto:bolanlealao@yahoo.com">bolanlealao@yahoo.com</a></td>
</tr>
<tr>
<td>37</td>
<td>Journalists Against AIDS (JAAIDS) Nigeria</td>
<td>44B Ijaye Road, Ogba Lagos</td>
<td>Adejoke Sonoiki</td>
<td>08033687519</td>
<td><a href="mailto:adejoke@nigeria-aids.org">adejoke@nigeria-aids.org</a>, <a href="mailto:adejokesonoike@gmail.com">adejokesonoike@gmail.com</a></td>
</tr>
<tr>
<td>38</td>
<td>Hope Worldwide Nigeria</td>
<td>230, Ikorodu Rd, Obanikoro Lagos</td>
<td>Yemi Osilaja</td>
<td>08033058395</td>
<td><a href="mailto:yemi.osilaja@gmail.com">yemi.osilaja@gmail.com</a>, <a href="mailto:yemi.osilaja@hwnigeria.com">yemi.osilaja@hwnigeria.com</a></td>
</tr>
<tr>
<td>39</td>
<td>Community Participation for Action in the Social Sector</td>
<td>Citeco Towers, No 7 Abati Cole Street, Agidingbi, Ikeja Lagos</td>
<td>Folake Aliu</td>
<td>08028291122</td>
<td><a href="mailto:Flatledo12002@yahoo.com">Flatledo12002@yahoo.com</a></td>
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<tr>
<td>40</td>
<td>Redeem Community Health Consult</td>
<td>13 Esther Ebun Street, V/Estate Iba Ojoo Lagos</td>
<td>Dr Ikechukwu E.I.N.</td>
<td>07031223067</td>
<td><a href="mailto:redeeminternational@yahoo.com">redeeminternational@yahoo.com</a></td>
</tr>
<tr>
<td>41</td>
<td>INRI Widow Foundation</td>
<td>Primate Ayodele Crescent, INRI Bus Stop, Afa Ejigbo-Lagos Nigeria</td>
<td>P.O. Box 687 Mushin Post Office Lagos Nigeria</td>
<td>08037118026</td>
<td><a href="mailto:dapobamisaye@inriwidowsfoundations.com">dapobamisaye@inriwidowsfoundations.com</a></td>
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<tr>
<td>42</td>
<td>Orphans and Vulnerable Children (LASUTH)</td>
<td>Lagos State University Teaching Hospital</td>
<td>Mrs. Osanyinlusi</td>
<td>08059387340</td>
<td><a href="mailto:ajitoyosanyinlus@yahoo.com">ajitoyosanyinlus@yahoo.com</a></td>
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<tr>
<td>43</td>
<td>Community Empowerment Partners Int’l (CEPI)</td>
<td>5, Kabowei Close, Ajah</td>
<td>Bunmi Tejumola</td>
<td>08023225321</td>
<td><a href="mailto:cepinig@yahoo.com">cepinig@yahoo.com</a></td>
</tr>
<tr>
<td>44</td>
<td>Centre for Health, Education &amp; Development</td>
<td>167, Iju Rd (Fagba B/Stop), Ifako/Ijaye,</td>
<td>Mrs. Wumi Sina-Falana</td>
<td>08023275938</td>
<td><a href="mailto:chedcom@yahoo.com">chedcom@yahoo.com</a>, <a href="mailto:wumisinafalana@gmail.com">wumisinafalana@gmail.com</a></td>
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<tr>
<td><strong>45</strong></td>
<td>Humanity Family Foundation for Peace and Development</td>
<td>6B, Kayode Anifowose St. Off Liberty St. By the TOS Benson Rd. Ebute, Ikorodu Lagos</td>
<td>P.O. Box 88, Surulere, Lagos</td>
<td>Mr. Adenigba Henry Oluwarotimi</td>
<td>08037062369</td>
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<td><strong>46</strong></td>
<td>The Good Neighbour</td>
<td>2 Agunbiade St, Off Olateju Str, Mushin Lagos</td>
<td>P.O. Box 56124 Falomo, Ikoyi Lagos</td>
<td>Chibuike Amaechi</td>
<td>08023336279</td>
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<tr>
<td><strong>47</strong></td>
<td>Lagos State Ministry of Women Affairs and Poverty Alleviation</td>
<td>Lagos State Secretariat, Alausa Ikeja</td>
<td>Lagos State Secretariat, Alausa Ikeja</td>
<td>Mrs. M.F. Dada</td>
<td>08032513565</td>
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<td><strong>48</strong></td>
<td>Virtuous Women Orphanage</td>
<td>Magistrate Home Lekpakon Ugep</td>
<td>c/o P.O. Box 29, Ugep</td>
<td>Mrs. Mary O.Oka</td>
<td>08058207988</td>
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<tr>
<td><strong>49</strong></td>
<td>Futimes Initiative</td>
<td>24 Ikot Effa Street, Off Parliamentary Village, Calabar</td>
<td></td>
<td>Emem Akapakpan</td>
<td>08032146291</td>
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<td><strong>50</strong></td>
<td>Positive Development Foundation</td>
<td>46, Target Street, Calabar</td>
<td></td>
<td>Esse Usiet Uwakama</td>
<td>08068251372</td>
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<tr>
<td><strong>51</strong></td>
<td>Ladies of Zion International Christian Organization</td>
<td>City of Testimonies, Ikot Eneobong, Calabar</td>
<td>P.O. Box 2023 Calabar</td>
<td>Anyaegbu Tochi Helen</td>
<td>08037626074</td>
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<tr>
<td><strong>52</strong></td>
<td>Oten Ita Foundation</td>
<td>1/4 Mayne Avenue,</td>
<td>P.O. Box 1687</td>
<td>Elder (Mrs.)</td>
<td>08035900700</td>
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<tr>
<td>ID</td>
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<td>Contact 1</td>
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<td>53</td>
<td>Action for Sustainable Health (ASH) formerly Health Sustenance Action</td>
<td>94, White House St, Near William George Junction, Calabar Cross River State</td>
<td>P.O. Box 3124, GPO, Calabar, Nigeria</td>
<td>Dr Ani Etokidem 08038227878</td>
<td>08035001576 08023297130</td>
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<tr>
<td>54</td>
<td>Calabar Archdiocesan Action Committee for AIDS</td>
<td>5, Esighi St. off Bateba St, Calabar</td>
<td>5, Esighi St. off Bateba St, Calabar</td>
<td>Rev Fr. Francis Obong 08028822592</td>
<td>87 – 231666 07071022221</td>
</tr>
<tr>
<td>55</td>
<td>Initiative for Peoples Good Health (IPGH)</td>
<td>No 3 Omini Ukwa Lane, Off Ubi Ujong Avenue Ugep Yarurr LGA, Cross River State</td>
<td>No 3 Omini Ukwa Lane, Off Ubi Ujong Avenue Ugep Yarurr LGA, Cross River State</td>
<td>Grace Ofem Ibor 4687736</td>
<td>08032681011 08066015040</td>
</tr>
<tr>
<td>56</td>
<td>State Agency for The Control of HIV/AIDS Cross River State</td>
<td>9/13 Atekong Drive, State Nursing Estate Calabar CRS</td>
<td>9/13 Atekong Drive, State Nursing Estate Calabar CRS</td>
<td>Mrs. Nenka Alobi Alobi 08035810757</td>
<td></td>
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<tr>
<td>57</td>
<td>Neighbourhood Care Outreach (NCO)</td>
<td>No 4 Edem Street, Calabar Cross River State</td>
<td>No 4 Edem Street, Calabar Cross River State</td>
<td>Vickie Emah Emah 08023520517</td>
<td>0807845877</td>
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<tr>
<td>58</td>
<td>El-Shaddai Health Care Development foundation Markurdi</td>
<td>El-Shaddai Specialist Hospital Plot 2319, Kanshio, Makurdi</td>
<td>Plot 2319, P.O. Box 855, Makurdi</td>
<td>Mrs. Felicia Ben-Ameh &amp; 08058941707</td>
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<td>59</td>
<td>Mama Abayor Children Orphanage Home</td>
<td>No 31 Konshish Street, High Level, Makurdi</td>
<td>c/o Ministry of Women Affairs and Social Development, Makurdi</td>
<td>Anderson Onazi</td>
<td>08027669284</td>
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<tr>
<td>60</td>
<td>Rusa OVC Care Givers</td>
<td>c/o Ministry of Women Affairs and Social Development</td>
<td>P.O. Box 102073</td>
<td>Saror, S.I.</td>
<td>08034274976</td>
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<tr>
<td>61</td>
<td>Ochilla Daughters Foundation</td>
<td>No 3 Secretariat Road, Oju, Oju LGA Benue State</td>
<td>P.O. Box 25 Makurdi</td>
<td>Esther Igwe</td>
<td>08080793953</td>
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<td>62</td>
<td>Peace Health Care Initiative</td>
<td>No 43, New Bridge Road, Makurdi</td>
<td>No 43, New Bridge Road, Makurdi</td>
<td>Rita Abari</td>
<td>08050778363</td>
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<tr>
<td>63</td>
<td>Society for Women and AIDS in Africa, Nigeria, (SWAAN) Benue State Chapter</td>
<td>No 4, Iorchia Ayu Road, Satos Press</td>
<td>Queen I Bem Or Mrs. Agende</td>
<td>08036741770 07039059518</td>
<td></td>
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<tr>
<td>64</td>
<td>Association of OVC NGOs of Nigeria (AONN), Benue Chapter</td>
<td>1st Floor Nigerian Agricultural Co-operative and Rural</td>
<td>Mrs. Veronica Garba</td>
<td>07035622063 08074818751</td>
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<td></td>
<td>Organization Name and Contact Information</td>
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<tr>
<td>65</td>
<td><strong>NKST Markurdi Support Program for OVC, Makurdi</strong>&lt;br&gt;Along Benue Crescent Makurdi&lt;br&gt;NKST Makurdi Central, P.O. Box Makurdi&lt;br&gt;NSST Makurdi Central&lt;br&gt;07038209681&lt;br&gt;<a href="mailto:nkstovcmkd@yahoo.com">nkstovcmkd@yahoo.com</a></td>
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<td>66</td>
<td><strong>First Step Foundation Association</strong>&lt;br&gt;No 43 New Bridge Road (Near GTB Bank) Makurdi&lt;br&gt;P.O. Box 1662, Makurdi Benue State&lt;br&gt;Rosemary Hua&lt;br&gt;07037782714&lt;br&gt;<a href="mailto:fofbenue@yahoo.com">fofbenue@yahoo.com</a></td>
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<td>67</td>
<td><strong>Makurdi Traditional Council Against HIV/AIDS</strong>&lt;br&gt;Ter Makurdi Palace&lt;br&gt;Chief Justine Terseer Ihwakar&lt;br&gt;08032882359</td>
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<td><strong>Mbalagh Women and Youth Initiative</strong>&lt;br&gt;Satos Press House, No 4, Iyorchia Ayu Road, Makurdi&lt;br&gt;Satos Press House, No 4, Iyorchia Ayu Road, Makurdi&lt;br&gt;Engr. Isaiah Akaha Bajah&lt;br&gt;08055798071&lt;br&gt;<a href="mailto:isaiahbajah@yahoo.com">isaiahbajah@yahoo.com</a></td>
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Annex VIII: Summaries of the Cited Literature Sources


Type of Research: Assessment and Analysis

Stated Objective: i. Determine the number and national distribution of OVC

ii. Identify risk factors for orphan-hood and vulnerability among children 0-17 years

iii. Describe the socio-economic wellbeing and living conditions of OVC in Nigeria

iv. Assess the educational, health, nutritional, psychosocial status and protection need of OVC in Nigeria

v. Investigate the community-level factors (perception, attitudes and practices etc) that impact the well-being of OVC

Coverage: All the 36 States + FCT

Focus of Survey: OVC in households, OVC residing in institutions and other group quarters and homeless OVC including street children

Methodology: Combination of quantitative and qualitative methods. Quantitative survey was a cross sectional study that used a structured questionnaire. Selection was through a multi-stage stratified sampling procedure, with convenient sampling for homeless children.

Findings

Project sampled 23,227 caregivers in households, 37,475 children in households; 1,636 children in institutions and 1,298 homeless children. Sex distribution of OVC in household is 50.6% males to 49.5% females. More than four-fifth of homeless children were boys, with homelessness
among children mainly an urban phenomenon (96.8% urban). Similarly urban children constituted 80.3% of children in care institutions.

The orphan population in Nigeria is estimated at 7.3 million, comprising of 11% of urban and 10% of rural children. Paternal orphans constituted more than 50% of all orphans. States with highest number of Orphans were: Benue (26%), Akwa Ibom (22%), Rivers 20%, Imo and Enugu (19% each), Kogi (18%), Cross River (16%), Abia (16%), Anambra (15%), Delta (13%), Lagos (20%), Kano (11%). The states with the least number of orphans included: Yobe (5%), Kebbi (5%), Jigawa (4.5%), Sokoto (2.5%), and Niger (3%)

Orphans and Vulnerable Children in Nigeria are estimated at 17.5 million constituting 24.5% of all children. Distribution of OVC by state shows: Benue (48.8%), Imo (45.1%), Rivers (41.4%), Bayelsa (36.1%), Abia (35%), Enugu (34.6%), Akwa Ibom (34.4%), Katsina (32.7%), Kano (32.2%). The states with the least include: Kwara (9.4%), Jigawa (10%), Kebbi (10.9%), Oyo (11.3%) and Osun (12.8%)

Health: More OVC reported ill health in the month preceding the survey compared with non-OVC: 38.2% household OVC 44.4% children in institution, 42.1% among homeless children compared to 26.6% among non-OVC in households. Major causes of ill-health were fever/(malaria), diarrhea, cold/catarrh, and stomach ache. Patent Medicine shop is the most patronized facility for health care delivery especially by the homeless children.

Nutrition: More OVC compared with non-OVC ate fewer meals than needed in the last 4 weeks (34.9% vs. 20%), had no food in household in the last 4 weeks (22.5% vs. 10.6%) and slept without meals in the last 4 weeks (12.4% vs. 5.3%).

Education: Homeless children suffer more education disadvantage than other OVC with only about 5% of them currently in school. Household OVC seem to be advantaged over household non-OVC (more household non-OVC were out of school). Financial problems and death of parents/caregiver were the most frequent reasons for stopping school. School attendance was 74% among rural and 92% among urban children. Gender difference in school attendance among OVC was marginal (73% female compared with 79% males).
Shelter: More OVC across the zones slept on bare floor compared with non-OVC

Exploitation of Children: 29% of household OVC compared with 20.6% of household non-OVC have ever worked for money. Over a third of OVC put in a few hours work per day while 19.4% work for half day. Working whole day or whole night is very minimal. Higher percentage (25%) of female household OVC compared with 1.5% male household OVC had been forced to have sexual intercourse.

Emotional and Psychosocial Well-being: High frequency of negative emotions were recorded among household OVC (feeling lonely always 23% 14.6% 12.4%, 4.2% and 3.5%).

Child Rights and Protection Issues: Nationally, less household OVC possess birth certificates compared with household non-OVC (25% non-OVC vs. 21% household OVC) though this show zonal variations.

Sexual and other risky behavior: Significantly more of the homeless children (29.4%) had ever had sex compared with 13.4% household OVC, 9.7% children in institutions and 16.1% of non-OVC in households). Significantly more OVC had ever smoked (3.5% OVC vs. 0.7% non-OVC), had ever taken alcohol (11.5% OVC vs. 8.6% non-OVC and had ever taken illicit drugs (2.2% OVC vs. 0.9% non-OVC).

HIV/AIDS Awareness & Knowledge: More homeless children (60.1%) ever heard of HIV/AIDS compared with children in institutions (53.7%), household OVC (50.3%) and household non-OVC (42.8%). More of the OVC had the knowledge of sexual transmission of HIV (61.1%) compared with sharing of sharp objects (54.1%), blood transfusion (29.5%) and mother to child transmission (16.2%).

Key Recommendations:

- The FMWA & SD should facilitate the establishment of inter-sectoral coordinating task force at the national and state levels to coordinate the implementation of the OVC-NPA.
- The Federal and State MOE needs to facilitate access and retention of OVC in schools taking advantage of the UBE law.
• Immediate scale up of the implementation for the IMNCH Strategy by the Federal & state Ministries of Health with deliberate effort directed at OVC in all settings

• Inter-Sectoral efforts need to be intensified and sustained with focus on Awareness Creation, Behavior Change, Counseling & Medical checks on critical health concerns including HIV/AIDS

• Enforcement of the standards in the Guideline for the establishment of Child Care institutions in Nigeria by FMWA&SD

• FMWA&SD needs to initiate Universal Social Protection Agenda for Children

• FMWA&SD needs to develop comprehensive M & E system to guide policies, plans and programs


**Type of Research:** Situation Analysis

**Stated Objectives:** To generate reliable data on prevalence, pattern, condition and severity of OVC and to provide a benchmark for SUN project

**Coverage:** 8 states – Benue, Edo, Nassarawa, Niger, Kaduna, Kogi, Plateau and FCT

**Focus of Research:** OVC aged 6-17 years, Caregivers, community and religious leaders

**Methodology:** Qualitative and quantitative data were collected through questionnaire interview, focus group discussion and in-depth interviews

**Findings:**

- **Education** Up to 14% of OVC not attending school due to non-attendance (5%) and drop-out (9%). No gender difference in access to educational; Non-orphans had better access to education.

- **Health:** high prevalence of ill-health due majorly to malaria in 3 months preceding
study; poor access to health care – 13% received no treatment and only 10% received
treatment in government hospitals and 22% in local chemist. Food Security – food was a major
problem in 20% of the children; Psychosocial and emotional problems more prevalent among
urban children, among girls and among double compared to single orphans. Child Protection: A
third of the children engaged in economic activity for money; Almost three-quarters of the
children had no birth certificates especially among the rural children. Sexual and Reproductive
Health: Up to two-thirds had heard about HIV & AIDS. Knowledge of mode of transmission and
method of prevention was low. 16% of the children had had sexual intercourse, with rural
community children more sexually active.

Rural children were disadvantaged with regards to education, Health status and access to
health care, but had advantage where food security was concerned. They were also more
sexually active.

Recommendation: Support for traditional safety net of extended family structure including
economic strengthening interventions for households; Universal access to education and health
care services and promotion of good health seeking and sexual behavior among the children
and their caregivers.

   Baseline Survey 2007

Type of Research: Situation Analysis

Stated Objectives: To provide information that will support the evaluation in the Community
Care in Nigeria (CCN) program and support the targeting of services in CCN. The generated
information will increase the awareness of relevant stakeholders to the situation of OVC.

Coverage: 8 states – Anambra, Edo, FCT, Kano, Niger, Lagos, Adamawa and Benue States

Focus of Research: OVC aged 12-17 years, OVC household heads/caregivers and community
members
Methodology: Employed qualitative and quantitative methods involving questionnaire and focus group discussion.

Findings: 80.2% of caregivers were females. At least 49.6% of the caregivers had primary education and 5.6 % nil education. Up to 15.4% of them had no means of livelihood. Highlighted source of water, toilet facility, house roofing, electricity, means of preparing food and assets of the household. Educational: High level of school attendance by OVC (higher among those with fathers alive) though external support is needed. Ill-health due mainly to malaria is prevalent while care seeking behavior is poor. Protection: significant numbers were subjected to abusive behavior in the household, such as name-calling. A significant proportion had lost properties following their parents’ death. Psychosocial health was positive for over 65% of OVC, the remaining having psychosocial issue ranging from. There was a lack of recreational activities. Food and Security: Food supply was adjudged problematic as they all live in household where at least someone goes to bed hungry. Sexual and Reproductive health: There was a high level of sexual activity among the OVC 15-17 years. Awareness of information on HIV transmission and condom was high. There was some measure of community support for education and food from faith-based organizations and local NGO.

Recommendation: Emphasized the need for: i. sexual and reproductive health education; a community and household approach to service delivery; the imperative for strengthening the households economically to enable them provide food and sustenance for themselves; need to equip OVCs with life-skills; need for local NGOs to work with legal practitioner for the legal protection of the children; Educational support strategy to move beyond supply of educational materials to ensuring quality of education received; and OVCs need malaria prevention supplies.

Type of Research: Cross-sectional Study/Survey

Coverage: 1 State, Oyo State, Southwest Nigeria

Methodology: Quantitative method using a structured questionnaire

Findings: 135 PLHIV and 206 of their Children surveyed. HIV/AIDS affected the income of a significant proportion of them (74.1% of males and 63.0% females), with some having lost their jobs. 44% of the children were orphans while 2% of those 6-5 years were infected with HIV. Some of the children were involved in labor, hawking specifically, to augment family income to meet needs. The children’s identified needs included: scholastic materials

Recommendation: Highlighted the need for a response through community and policy interventions to alleviate the impact of HIV/AIDS on the children and families.


Type of Research: Situation Assessment and Analysis

Stated Objectives:

Coverage:

Focus of Research: Stakeholders including traditional, religious, community leaders, child advocacy groups, representative of international agencies

Methodology: Literature and desk review, review of publications, search and analysis of statistical data, focus group discussions, key informant interviews, interviews through telephone and e-mails.
Findings: Highlighted the situation of orphans, context of OVC response, Community response including categories of responses and their gaps and opportunities. The National response with its constraints and challenges was discussed. There were 7 million orphans in Nigeria with zonal variation. One in three is maternal, and two in three paternal. Major causes of vulnerability highlighted were HIV/AIDS, poverty, conflict and gender.

Recommendation: An urgent need for an Action Plan which derived from the Assessment and Analysis


Type of Research: Situational assessment analysis

Objective: To gather information for the design and implementation of OVC projects in the four states by FHI and the NGOs it supported.

Coverage: Four States – Lagos, Anambra, Osun, Ebonyi)

Methodology: Qualitative and Quantitative methods were used to collect data through questionnaire and key informant interviews and focus group discussions.

Findings:

Conclusion & Recommendations:

**Type of Research:** Situation Analysis

**Stated Objectives:** Analyze the current and possible future impact of HIV/AIDS on rural livelihoods; determine the size of the shock, the epidemiology of HIV/AIDS, and the impact on Benue’s demography; how many households are affected by this shock, and which households or subgroup of households are most vulnerable; to address the factors that make some households more vulnerable than others; to assess the effects (impact) of illness and death on the livelihoods of individuals and households (and to lesser extent, communities) and how they cope with it. How do households replace lost labour, how do they pay for extra medical expenses or funeral costs? Are they stigmatized and what are the consequences? Which strategies leave households impacted (human, financial, physical, natural, social, political) by illness and death? How are their social networks affected?; to assess the outcome of the ways in which people try to cope with chronic illness and death?

**Coverage:** 1 state – Benue State

**Focus of Research:** Communities/households/People living with HIV/People affected by HIV

**Methodology:** Community participatory approach using quantitative and qualitative data collection methods

**Findings (in part):** 34% of total households in the study reported having orphans with a total of 374 orphans living in 169 households, an average of 2.2 orphans per household. In 60% of the cases there was more than 1 orphan. 43% of the orphans did not live in the current household before they became orphaned. 89% of the orphans are single orphans, with 75% of these being paternal orphans. High school attendance among the orphans (83%), with only 8% of them engaged in economic activities. In 46 cases (34.1%), HIV/AIDS was either mentioned directly or at least two AIDS related symptoms were mentioned.

**Type of Research:** A cross-sectional descriptive study/survey

**Stated Objective:** To assess the perspective of orphans and vulnerable children in a rural community in Anambra State Nigeria

**Coverage:** Anambra State

**Focus of Research:** Primary school teachers and pupils in public and private primary schools

**Methodology:** Quantitative (questionnaires) and qualitative (school attendance and performance records) methods

**Findings:** Mean age was 7.4 ± 3.5 years. About 17.2%, 40.6% and 42.2% were maternal, paternal and double orphans respectively. About 35.9% were in foster care, 26% living in a child-headed household and only 1.6% with grandparents. Help came from family relations and faith-based organizations came to 60% of the orphans. The government offered no assistance. None received educational support. There were challenges with education as 31% had to stop school sometimes, 34.4% dropped a class. Twenty-eight percent engaged in street hawking after school while only 23.4% had time for study or home-work. About 57.4% of orphans rated their living conditions as good-fair, while 42.3% rated their condition as poor. Most of them had no hope of continuing beyond primary school

**Conclusion & Recommendation:** The needs of orphans are neglected. There is an urgent need for concerted efforts by all stakeholders to meet the challenges.

No FrOrC219 at the 14th International Conference on AIDS and STIs in Africa, 4-9 December, Abuja, Nigeria.

**Type of Research:** Situation Analysis

**Stated Objectives:** To evaluate infant feeding choices and practices and their determinants among counseled HIV positive women participating in PMTCT program in Ibadan.

**Coverage:** Ibadan, Oyo State Nigeria

**Focus of Research:** HIV positive enrolled in PMTCT program

**Methodology:** Involves a questionnaire interview of selected counseled women, (how selected not explicitly stated)

**Findings:** Sero-discordance rate was 48.4%, with status of 26% of partners not known. The majority chose to formula-feed (87.9%). 14.3% practiced mixed feeding. A major challenge among non-breastfeeding mothers was stigmatization. The non-breastfeeding women experienced greatest pressure from relatives and friends to breastfeed at the end of 1st week of delivery (traditional naming ceremony period).

**Recommendation:** When adequately counseled, the HIV positive women would formula-feed their infants, the high premium on breastfeeding notwithstanding.

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10.


**Type of Research:** A limited survey
Stated Objectives: The aim was to highlight the effect of HIV and AIDS on the relationship between the older and younger people

Coverage: 1 state – River State

Focus of Research: Health officials and AIDS relief workers

Methodology: This research made use of secondary data supplemented by a mail survey

Findings: Young children affected by AIDS are challenged by the following problems: ill-health without adequate care; engagement in economic activities at a young age (child labor), risk of ending up on the street as street kids, lack of education or skills.

Recommendation: Suggests: Creating a fund for transport and feeding allowances to be disbursed by the Local Government Social Welfare Services; ii. Healthy young people could form volunteer corp within the community to encourage and support both young and old affected.

11. A. Olaleye¹, D. Polsy¹, D. Atamawanlen¹, K. Polsky², O. Ibe³. Factors associated with the vulnerability of children in Nigeria

Type of Research: Baseline Survey

Stated Objectives: To determine demographic characteristics of the most vulnerable children in Nigeria.

Coverage: 8 states -
**Methodology:** Quantitative methods employing a structured questionnaire on a population of 3086 vulnerable children age 6-17 years selected through multi-stage stratified probability sampling.

**Findings:** Parental status, disability and place of residence were significant factors associated with children vulnerability

**Conclusions and Recommendations:** Double-orphans and children with disabilities were the most vulnerable children by the 6 vulnerability indicators and they should be given priority in interventions. Program should also address sexual abuse among rural children and children with disabilities.

*AIDS 2008 - XVII International AIDS Conference
Abstract no. TUPE0774*

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12. P.G. Iyaji¹, J. Idoko², O. Agbaji², P. Agaba², P. Kanki³, K.D. Falang², I. Abah², A. Finangwei². 

**Reasons for ARV treatment modification in HIV positive children in a resource limited setting**

**Objective:** To identify reasons for treatment modification in children in a resource limited setting.

**Coverage:** Hospital-based study on 326 HIV-positive children on ARV enrolled for care in the pediatric unit of the Harvard PEPFAR program at the Jos University Teaching Hospital, North-central Nigeria

**Methods:** Demographic and immunologic parameters were assessed as well as reasons for ARV modification.

**Results:** There was ARV treatment modification among 8.3% of the children mainly due to drug toxicity, physician instruction. Other reasons were drug-drug interaction, immunologic failure, poor adherence and virologic failure.

**Conclusions:** The need for adequate drug information before treatment initiation and
proper documentation of drug modification were highlighted.

_AIDS 2008 - XVII International AIDS Conference_
_Abstract no. CDB0437_

13. **P. Odiahi. The economic burden of illness for household in Lagos: a study focusing on HIV/AIDS and OVC: home based care experience**

**Type of Research:** Survey

**Objective:** This study aims at measuring the economic cost and the consequences of HIV illness on HIV/AIDS clients and their families in Lagos, Nigeria

**Coverage:** 1,500 households in 5 rural-urban communities in Lagos

**Focus of Research:**

**Methods:** A survey of the households

**Results:** The mean direct cost is found ranging between 17- 25% of household income, with most community households exceeding catastrophic cost burden level (>10%). Indirect and direct costs of household income on OVC cases with all the selected communities expending more than 10% of the household income on OVC care, while indirect cost is between 3.5% and 8%.

**Conclusions:** Poor households in Lagos with a member affected with HIV/AIDS spend a large proportion of their income on HIV care with the high potential of worsening pre-existing poverty.

_AIDS 2008 - XVII International AIDS Conference_
_Abstract no. MOPE0709_

**Type of Research:** Descriptive, Survey

**Coverage:** (Not indicated)

**Focus of Research:** OVC and their caregivers

**Objective:** To ascertain the peculiar vulnerability factors of the OVC, and know the nature and scope of the care given to them.

**Methodology:** Quantitative with questionnaire and Qualitative with focus group discussions

**Findings:** 100 kids reunited with their families, 20 placed in foster homes. Parental neglect (17.6%), child labor (15.2%) and divorce/separation (12.4%) are major causes of children being on the street. There is a high correlation between the OVC problem and HIV and AIDS in Nigeria: 57% of the children at risk became vulnerable at the death of parent(s). Majority of OVC caregivers are widows and 79% of them being biological widows. Ill-health was prevalent among caregivers with 35.5% of them being HIV +. The caregivers face economic hardship with 30% having no income and 83% of those with income have income limitations to give adequate care and support to OVC.

**Recommendation:** The cause and effect links should be examined more when designing OVC programs and/or implementation.

*AIDS 2008 - XVII International AIDS Conference*  
*Abstract no. WEPE0643*

15. A. Olaleye¹, D. Polsy¹, D. Atamawanlen¹, K. Polsky², O. Ibe³, S. Shannon⁴, CRS/Nigeria and Partners. **Risky sexual behaviours among the orphans and vulnerable children (OVC) in the North Central Nigeria.**
Objective: To document OVCs sexual behavior and HIV knowledge

Coverage: 24 communities in the North-Central Nigeria

Methodology: Quantitative Study using FGD among orphans and street children aged 13-17 years.

Findings: High degree of sexual activity through sexual coercion including rape among orphans. Street children lured into sexual activity, including homosexuality. Low knowledge of HIV transmission and prevention demonstrated despite high level of awareness. All street children engage in economic activities for their sustenance including that of their family members.

Conclusion: Urgent actions to address the knowledge gaps on HIV and risky sexual behavior among OVC.

AIDS 2008 - XVII International AIDS Conference
Abstract no. WEPE0605

16. E A Adejuyigbe, A I Odebiyi. HIV and Infant feeding counselling: Knowledge, attitude and practice of health workers in Wesley Guild Hospital, Ilesa, Nigeria

Stated Objectives: to determine the knowledge, attitude and practice of health workers on appropriate infant feeding in the context of HIV in Wesley Guild Hospital (WGH), Ilesa, Nigeria.

Coverage: Hospital location

Focus of Research: Health Workers of different categories

Methodology: Qualitative through in-depth interview and observation of clinic sessions

Findings: Very low awareness of national Policy on HIV and Infant feeding (2.7%). Lack of training of health workers on infant feeding counseling was demonstrated by all subjects. Majority of midwifes believe that all infants of HIV+ mothers get infected. Most obstetricians
believe that exclusive breastfeeding rather than mixed feeding would increase the risk of MCT through breastfeeding. Subjects were conversant with wet nursing and commercial infant formula as the only feeding options.

**Conclusion and Recommendation:** Most of the health workers are not equipped with knowledge and skills to provide infant feeding counseling for HIV-infected mothers. The need for urgent dissemination of policies relating to MTCT and training of health workers was highlighted.

*The XV International AIDS Conference*  
*Abstract no. MoOrE1068*

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17. E. Adejuyigbe¹, E. Orji². **The influence of infant feeding choice on morbidity and mortality in HIV-exposed infants in southwestern Nigeria**

**Objectives:** To determine the influence of maternal infant feeding practices on morbidity and mortality of HIV-exposed infants.

**Coverage:** Ife-Ijesa zone, Osun State Nigeria

**Focus of Research:** HIV positive mother and their infants at birth

**Methodology:** Mother and child recruited at infant’s birth or within 1 week of delivery. Mother-child pair was followed up monthly for 6 months to monitor infant feeding practices, illnesses, hospitalization and deaths with a proforma recording.

**Findings and Conclusions:** Choice of exclusive breastfeeding (EBF) was higher than exclusive formula feeding (EFF) among the 58 women (65.5% EBF vs. 34.5% EFF). HIV-exposed infants of mothers who choose EFF in Ife-Ijesa zone of southwest are at a higher risk of mixed feeding, higher frequency of illness and death.

*AIDS 2006 – XVI International AIDS Conference Abstract no. MOPE0237*

Objectives: To determine the factors influencing feeding choice

Coverage: Ife-Ijesa zone, Osun State southwest Nigeria

Focus of Research: HIV positive Mothers

Methodology: Semi-structured questionnaire administered on consecutive pregnant or just delivered HIV positive mothers to collect data on socio-demographic characteristics, marriage type, partner’s HIV status, partner’s awareness of mother’s status, infant feeding choices, and number of children alive.

Findings: 35 HIV positive mothers were seen. Choice of exclusive breastfeeding (EBF) was high (71.4%) compared 28.6% of those who chose exclusive (commercial) formula feeding (EFF). No mother chose wet nursing heat-treated breast milk or home-prepared formula. Higher proportions of those who chose EFF had HIV positive partners compared with 48% of those who chose EBF. Disclosure rate was higher among women who chose EFF. More of the women who chose EFF had lost a baby in the preceding two years (80% vs. 20%)

Recommendation: Socio-behavioural factors influence infant feeding choices of HIV-positive mothers in Ife-Ijesa zone of southwest Nigeria.

The 3rd LAS Conference on HIV Pathogenesis and Treatment. Abs no TuPe5.5P16

**Stated Objectives:** examines certain cultural categories that may influence vertical transmission of HIV within the context of Yoruba culture.

**Coverage:** Ibadan Metropolis, South-west Nigeria

**Focus of Research:** Male and Female Yoruba resident in Ibadan

**Methodology:** Questionnaire interview of and FGD

**Findings:** Almost one third (31.8%) will not disclose status to their partners if they test positive. Patriarchy and matriarchy affect decision making, as 20% of respondents will tell their fathers before their partners.

**Recommendation:** There is a need for an in-depth understanding of the existing institutions and cultural practices of a people for adequate prevention and control of HIV transmission among them.

*The XV International AIDS Conference
Abstract no. D12489*

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20. I F Adewole¹, A S Jegede¹, A O Adesina¹, A E Bamgboyé¹, P O Adejumo¹, P Smart¹, T Adegbola¹, J L Sankale², P Kanki². **Male responsibilities in prevention of mother to child transmission of HIV in Nigeria**

**Type of Research:** Survey

**Objective:** to understand the role men play in preventing HIV transmission.

**Coverage:** Ibadan Metropolis, Oyo State, southwest Nigeria

**Focus of Research:** couples and significant others mothers-in-law, fathers-in-law, sisters-in-law

**Methodology:** Both quantitative and qualitative data were collected from the respondents
**Findings:** 50 couples with 1000 respondents were studied. More than 50% of male respondents were unwilling to use condom. Ultimate fertility decision rested with the husband according to 70% of respondents. Generally, about 30% of the males wanted their wives to continue to breastfeed despite their HIV sero-positive status. About 40% of the males consult with their mothers about their marital affairs.

**Conclusion and Recommendation:** Data suggest negative attitude of male partners to their positive partners. Male dominance constitutes an obstacle to prevention of mother to child transmission resulting from high fertility preference and intervention of the significant others. For effective preventive measure, males must see themselves as partners in progress in pursuing all possibilities to stem the tide of mother to child transmission of HIV.

*The XV International AIDS Conference
Abstract no. WePeD6320*

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21. O M Ohnishi¹, A B Anoemuah², J T Jagah³, F D Feyisetan⁴ **Psychosocial characteristics of AIDS orphans and vulnerable children in Sagamu, Ogun State, Nigeria.**

**Stated Objectives:** Aimed at identifying the psychosocial characteristics of AIDS orphans in Sagamu, Ogun State, Nigeria.

**Coverage:** 5 political wards in Sagamu, Ogun State

**Focus of Research:** AIDS orphan and vulnerable children

**Methodology:** Structured interview of a proportionate sample

**Findings:** A total of 717 orphans interviewed of which 21.2% were complete orphans, mean age 14.5 ± 2.8 years. More than half (52.0%) of the respondents wanted caregivers to stop abusing and/or beating them. Lower satisfaction with life was demonstrated among maternal compared with paternal orphans (p < .001). Children who had 3 meals per day (p < 0.001), children who felt the community treated them impartially (p < 0.001), and children who had a good
relationship with caregivers (p < 0.001) demonstrate a higher satisfaction of life.

**Conclusion and Recommendation:** Important factors for the appropriate care and support of AIDS orphans and vulnerable children must include attitudinal change and improvement of quality care by caregivers based on the children’s psychosocial characteristics.

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**Abstract no. WePeD6558**

22. Pam S.D.¹, Sagay A.S.¹, Egah D.¹, Imade G.¹, Agbaji O.¹, Adekwu O.¹, Ochoga M.¹, Akor F.¹, Ejeliogu C.¹, Sankale J.-L.², Kapiga S.², Idoko J.A.¹, Kanki P.².  *Mortality of HIV-exposed infants in Jos*

**Objectives:** Monitoring of HIV-exposed infants to identify AIDS related signs early

**Coverage:** A teaching hospital

**Focus of Research:** HIV infected infants of HIV positive women attending an Infectious Disease Clinic

**Methodology:** Clinic attendance follow-up at birth, 6 weeks, 3 months, and 6 months of HIV infected women and their infants who were offered nevirapine.

**Findings:** 8 of the 9 infants tested were PCR DNA positive. One was negative. All died in infancy from dehydration, septicaemia, sudden death, pulmonary tuberculosis, pneumonia and bullous impetigo. None of the infants had ART because of costs (pre free-ART era). All infants died before the age of 9 months. 1 child died of dehydration.

**Recommendation:** More efforts needed to provide free drugs for HIV-infected infants. Mothers need education on use of breast milk substitute. Death from dehydration could have been prevented.

Stated Objectives: To describe the epidemiology of paediatric HIV infection and highlight important management and preventive issues.

Coverage: A Teaching Hospital serving a State

Focus of Research: All HIV positive Children aged 0-15 years in a teaching hospital


Findings: 501 children received care. Presentation peaked in 2000. Likely mode of transmission were vertical (91.7%), blood transfusion-related (7.9%) and 0.4% sexual

AIDS 2006 – XVI International AIDS Conference, Abstract no. THPE0245

24. F. Fawole, A. Adekeye. Vulnerability to HIV infection due to gender based violence: evidence from girls in the Informal sector in Ibadan

Stated Objectives: To determine the vulnerability to HIV infection due to violence to young girls

Coverage: 6 groups of communities in Ibadan, Oyo State southwest Nigeria

Focus of Research: Young girls in the informal sector

Methodology: Cross sectional survey
Findings: 700 female apprentices, hawkers, sales girls and shop receptionists were interviewed. Low educational attainments among the girls. Sexual harassment and attempted rape were common (22.9% and 27.7 respectively) Rape was common (5.7% with complications of STI). Neither health care nor legal redress was sought following the act. Knowledge of HIV and GBV (Gender-based Violence) was high but very low proportions recognized their link. Willingness to have HIV counseling and testing was high but so also is fear of positive result militating against testing. Other forms of GBV were: forced marriage and childbearing (10.9%) and economic exploitation by masters (23.4%).

Conclusions and Recommendation: Girls in the informal sector are at risk of contracting HIV due to sexual, economic and culturally promoted forms of violence. Yet they do not fully perceive the risk of the disease. Interventions aimed at ending violence should educate on HIV/AIDS, and be targeted at the young women, parents and instructors.

AIDS 2006 - XVI International AIDS Conference
Abstract no. THPE0681


Stated Objectives: assessing the immunologic outcomes in children attending the Paediatric Infectious Disease Clinic

Coverage: A teaching hospital

Focus of Research: HIV positive infants

Methodology: Analysis of CD4 Count levels of children receiving ART(triple drugs – lamivudine, nevirapine and zidovudine) at commencement of therapy and three months later.
Findings: 35 children were followed up, with majority in WHO Clinical stage 1. There was no stage 4 illness. Rate of CD4 rise was higher among ART naïve children compared with those who were ART experienced, though not statistically significant.

Recommendation: The demonstration of a potential for the development of resistance to ART due to erratic drug supply calls for a sustained governmental and non-governmental support for HIV care

AIDS 2006 - XVI International AIDS Conference
Abstract no. CDB0493

26. U R Udofia The female child domestic worker: A Research to document implications of sexual abuse in respect to HIV infection in Amuwo-Odofin Local government Area In Lagos State Nigeria

Type of Study: A pilot project, survey

Objective: To establish relationship of sexual exploitation of female child domestics and HIV infection

Coverage: Amuwo-Odofin Community, Lagos State

Focus of Research: Female child domestic help aged 9-21 years

Methodology: Unstructured questionnaire was combined with in-depth discussion with randomly selected respondents. Data was collected on: age, method of recruitment, knowledge of sexual health, HIV/AIDS/STIs, condoms, hormonal contraceptives, number of sexual partners and history of STIs, pregnancy and abortion.

Findings: Of the 200 respondents, 10% aged < 16 years. All the girls were recruited through a village member in the city. 85% of them had experienced sexual coercion from a male member
of the household served. 80% were involved in sexual relationship with male members of the household and others. 20% had no information about HIV/STI, while 80% had misinformation. Only 5% had knowledge of hormonal contraceptive but 10% had knowledge of condom and use through sex partner. 80% had had symptoms of one form of STI or the other. Abortion rate was high 20% having had abortion more than 5 times.

**Conclusion and Recommendation:** Young female children who are engaged as domestic help in household face a marked degree of vulnerability to HIV and other STIs emanating from sexual exploitation by the male members of the household served. A holistic approach addressing prevention, care and support should be adopted to address the peculiar nature of this issue hence mitigate the exacerbation of HIV infection especially among young females.

The XV International AIDS Conference
Abstract no. D10017

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**Type of Study:** Community Survey

**Objective:** To characterize caregivers' knowledge regarding HIV/AIDS and their attitude towards HIV/AIDS, orphans in general and AIDS orphans in particular.

**Coverage:** Nigeria (the area not stated)
Focus of Research: Caregivers of Orphans generally and AIDS orphan in particular

Methodology: Interview (type not stated) of caregivers and non-caregivers age 25-70 years on their demographic characteristics, background status, knowledge regarding HIV and attitudes towards HIV/AIDS, orphans and AIDS orphans

Findings: Of a total of 824 respondents (with 82.4% response rate), 35.2% were current caregivers of orphans. Female gender and belief that AIDS is a common disease were factors relate to higher knowledge of HIV/AIDS while factors associated with Positive attitudes were associated with age (35-44 years), Koranic education, polygamy and the belief that there are increasing number of orphans in the community and having relatives and friends with HIV/AIDS.

Recommendation: Demographic characteristics and personal experience should be taken into consideration to improve attitudes and behaviour related to HIV/AIDS and caring for orphans and AIDS orphans.


Type of Study: A Survey

Stated Objectives: to address the socio-economic effects of HIV infection on individuals and their families.

Coverage: Lagos State

Focus of Research:
Methodology: Qualitative method employing in-depth interview to collect information from People living with HIV (PLHIV) and focus group discussion among People affected by AIDS (PABA)

Findings: Grandparents are increasingly assuming caregivers’ role for children of infected parents and orphans of dead parents. Grandparents were often unable to meet the need of the children. They struggle to cope by working more than they should, borrowing. Some of the infected people have had to sell properties to meet up with lack of finances, their children dropped out of school for lack of school fees.

Recommendation: It was suggested that PLWHA should be economically empowered, in addition to adequate medical treatment, in order to reduce the impact of the disease on the family.
Annex IX: OVC Research Situational Analysis, Stakeholders’ Meeting

OBJECTIVES

- To disseminate the findings of the OVC situation analysis project to the major OVC Stakeholders
- Based on the situation analysis findings and the field knowledge and experience of the stakeholders, to proffer and prioritize OVC research questions on OVC policy and programming issues that require strengthening with evidence from research.

DATE: June 03 2009

VENUE: Conference Room, ENHANSE Project Office, 50 Haile Sellasie Avenue, Asokoro Abuja

PARTICIPANTS

There were 27 participants at the meeting. Table 1 below shows the list of participants and the organizations represented.

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Nigeria Orphans and Vulnerable Children Research Situation Analysis, June 2009
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