

Raising Nigerian Children: Community-Based Solutions Bring Hope



Nigeria is home to 17.5 million orphans and vulnerable children (OVC). According to the Federal Ministry of Women Affairs and Social Development, one in every four children in Nigeria is considered vulnerable due to unmet needs for nutrition, education, shelter, care, or support.

The Need for New Solutions

Traditionally, Nigerian community members have taken on the responsibility of caring for children in the wake of their parents' death or the absence of family support. Today, however, with 2.5 million Nigerian AIDS orphans, the OVC burden has become too large for communities to bear. Without resources or social structures to help these children, many grow up impoverished, ill, and uneducated, and become vulnerable to abuse and exploitation.

Stakeholder Collaboration for System Strengthening

In 2009, to address these needs, the PEPFAR-funded, USAID-implemented Community-Based Support for OVC (CUBS) project began supporting vulnerable children in 11 of Nigeria's 36 states. Implemented by Management Sciences for Health (MSH) in partnership with Africare, CUBS worked with 38 civil society organizations (CSOs) to improve support for vulnerable children. These organizations collaborated with caregivers, community leaders, and state ministries to develop the local capacity and social systems that are now supporting more than 51,200 vulnerable children.

Strengthening the Community Response

To ensure the CSOs were meeting each child's unique needs, CUBS used the Child Status Index (CSI), a tool developed by USAID's Measure Evaluation project to quantify children's health and well-being and track their progress in six holistic areas: *food and nutrition; health; shelter and care; psychosocial care; protection; and education and skills*. The CSOs measured each OVC's CSI scores every six months over the life of the project and aggregated the data to show trends in their progress. Every child received a score of 1–4 in each of the six areas, based on the following matrix:

4 Good	The child's status or situation is good; there are no concerns and no apparent risk for the child in this factor.
3 Fair	The child's status or situation is generally acceptable, but there are some concerns on the part of the caregiver or care worker. Additional resources might be helpful, if available.
2 Bad	There is concern that the child's status or situation is observably not good. Additional resources or services are needed.
1 Very Bad	The child is at serious risk on this factor. Urgent attention to the child or the situation may be needed.

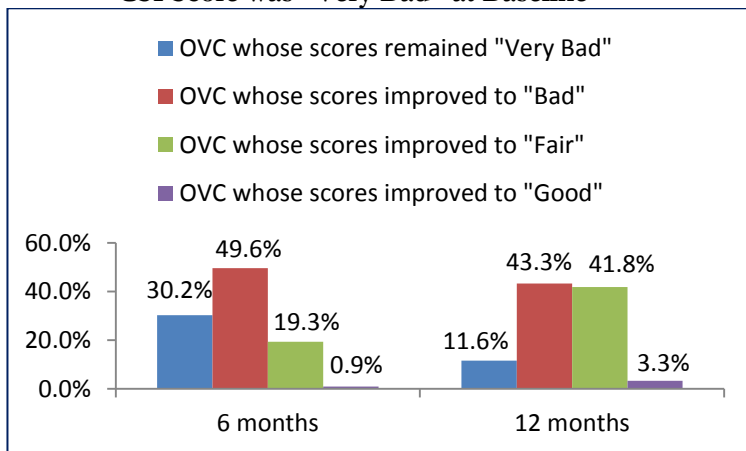
From 2009 to 2014, CUBS and its CSO partners reached more than 51,200 children with one or more service. Rather than offering all children the same service package, CUBS trained CSOs to conduct home-based assessments every six months to ensure each child was receiving appropriate support and showing improvement over the course of the year.

Food and Nutrition

CUBS provided more than 10,000 children with food donations and other nutritional services, while OVC caregivers learned homestead gardening and income-generating skills so they could afford and maintain an ample supply of nutrient-rich food to feed themselves and those in their care. CUBS also trained more than 1,300 caregivers in income generating skills. The project provided seed money to more than 500 individuals, which catalyzed their businesses, enabling them to earn enough money to purchase an adequate supply of food for their families.

As shown in Figure 1, 70 percent of OVC showed improved nutritional status after six months of CUBS' support, rising to 88 percent after 12 months of CUBS' support.

Figure 1: OVC's Food Security after 6 and 12 Months of CUBS' Support among those whose Food Security CSI Score was "Very Bad" at Baseline



"Previously, we often didn't have anything to eat and sometimes we were sent home from school for not paying the fees. It was tough. But now, after FOSH PAD (a local CSO) has helped... going to school is not challenging. I have books, school uniforms, and sandals. And to eat is not challenging. We have relief."

~ Oni Odunola, CUBS OVC beneficiary

Health Center Offers Free Care to OVC



Ihemesi community in Imo State, Nigeria has a single health center that serves nearly 10,000 residents.¹ Malaria, typhoid fever, and malnutrition are common and many caregivers cannot afford to pay for their children to be treated at the health center. The facility used to turn away children who could not pay.

In June 2011, CUBS initiated a support program for OVC in Ihemesi. Working with a local CSO, CUBS facilitated sensitization sessions to teach villagers about the importance of caring for OVC and convinced the health center to provide free care to these children for malaria, typhoid fever, malnutrition and minor ailments.

To improve the quality of care, CUBS trained an OVC focal person in growth monitoring, health education, HIV testing and counseling, prevention of mother-to-child transmission of HIV, and basic child care skills.

CUBS' training and advocacy activities have ignited a passion for OVC at Ihemesi Health Center. The staff now pay attention to these children and teach community members to bring ill children to the facility for care. Since 2011, CUBS has enrolled 1,106 vulnerable children into the care program.

Ihemesi's local leaders are grateful for the project's work in their community. "CUBS is really taking care of our children. They are placing children in school, giving them educational materials, and providing free medical treatment," said one of the village chiefs.

To sustain this work, CUBS has integrated training on OVC care into staff programs at the Ministry of Women Affairs and Social Development, the Ministry of Health, local government areas, and community organizations.

¹ Community name has been changed.



Education and Skills

In Nigeria, final school exams can cost as much as 17,000 naira (US \$100). For poor OVC, these fees and annual tuition costs are often the greatest barrier to school attendance. In response, CUBS has taught CSOs and CPCs to advocate for educational support for vulnerable children. Some villages have convinced schools to waive tuition fees for the most vulnerable children and others have raised funds from local businesses, philanthropists, and community groups to send these children to school.

Advocacy efforts have inspired community members to donate or pay for books, uniforms, and school supplies for vulnerable children. In total, CSOs and CPCs have provided educational support to more than 10,000 OVC.

Health

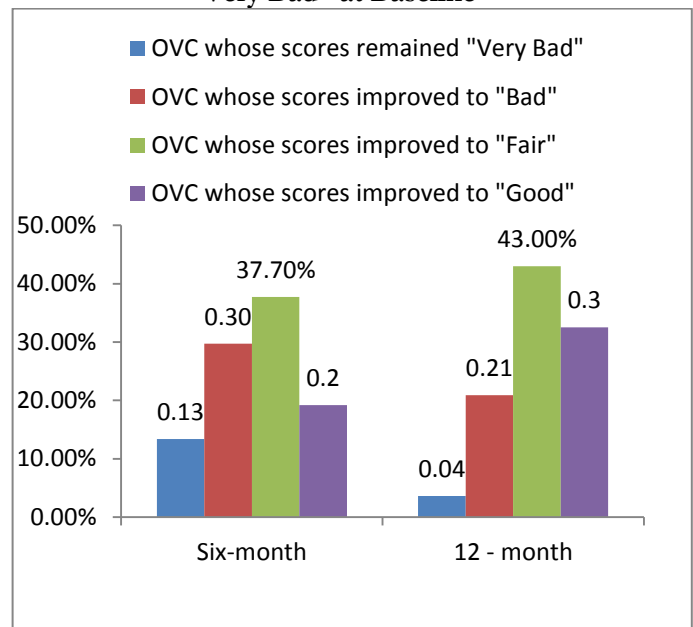
Because many OVC do not have an adult in their lives to provide them with consistent care, these children often become ill and malnourished. Health centers will rarely treat children who present for services without an adult, and even if they are seen, few OVC can afford to pay for health services. To improve OVC's access to health care, CUBS taught CSOs and community-based child protection committees (CPCs) to advocate for free services for OVC from local health facilities. These efforts were successful in 116 communities, leading to provision of health services to more than 28,000 OVC. CUBS is continuing to work with CPCs and CSOs to expand these gains in other needy communities.

Psychosocial

Many OVC have experienced loss, neglect, violence, abuse, and exploitation. Such trauma can leave children depressed and insecure, without the skills they need to recover. To help OVC become more emotionally stable and resilient, CUBS initiated Kids Clubs and Girl Groups, which now operate in all 38 project-supported CSOs. These groups provide children with emotional support and teach them critical lifeskills such as prevention of sexually transmitted infections, personal hygiene, assertiveness, and sexual and reproductive health. Group members are also invited to social activities such as sporting events and drama performances to give them a sense of companionship and belonging. The CSOs' Kids Clubs and Girl Groups currently have more than 40,000 members and, each year, more children join. CUBS' most recent biannual assessment showed that Kids Clubs, Girl Groups, and caregiver psychosocial support trainings have improved the emotional health of more than 30,000 OVC.

As shown in Figure 2, 86 percent of OVC demonstrated improved social behavior after six months of CUBS' support; this rose to 96 percent after 12 months of CUBS' support.

Figure 2: OVC's Social Behavior after 6 and 12 Months of CUBS' Support among those whose Social Behavior CSI Score was "Very Bad" at Baseline





Shelter and Care

CSOs ensured that all children were living in a shelter that was adequate, dry, and safe, with at least one adult who provided them with consistent care, attention, and support. If a child needed shelter, the CSOs advocated for building support from community leaders or discounted housing from local landlords. If children were being neglected at home, CUBS offered parenting training to caregivers and invited the children to support groups for life skills training, counseling, and peer support. In five years, CUBS provided more than 16,000 caregivers with parenting skills and more than 46,000 children with life skills education and counseling. Thus far, project beneficiaries have also received housing support from their communities. CUBS trained the CSOs and CPCs to sustain these interventions for years to come.

Protection

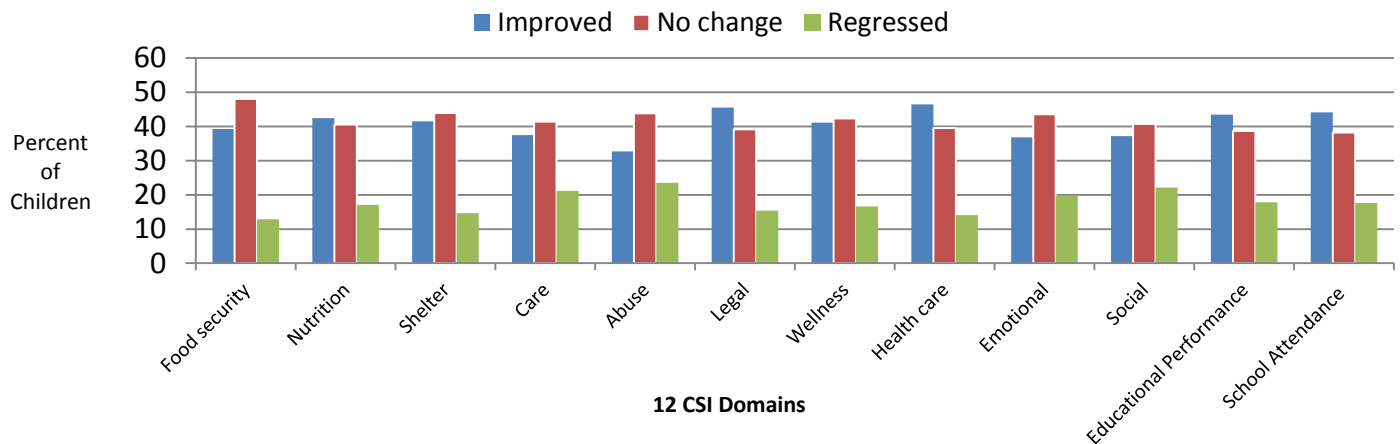
Many OVC suffer physical and sexual abuse and exploitation. To protect the children from these violations, the CSOs taught community members to report the offenses they witness or suspect. Through the CPCs, CSOs also trained police and legal authorities to prosecute perpetrators and offer protective housing and care to children in unsafe environments. Finally, CSOs evaluated if OVC needed birth certificates and/or legal support to obtain family inheritance and helped them access this support. In total, CUBS, CSOs, and CPCs provided legal and social protection support to more than 16,000 OVC and their caregivers.

Impact

The CSI allowed CUBS to track and assess the impact of its interventions through two indicators in each of the six areas: *food and nutrition, health, shelter and care, psychosocial care, protection, and education and skills*. CSI data on a cohort of 12,419 OVC showed that, after being enrolled in a CUBS-supported CSO for six months, 30 percent of the children had improved status across all 12 CSI indicators. After being enrolled for 12 months, 40 percent of these children showed improved status across the 12 CSI indicators. Although another 40 percent of children had showed “no change” after 12 months, many of these children may have regressed without CUBS’ support to improve their care.

These trends were consistent for all OVC cohorts and across the life of the project.

Figure 3: CSI Outcomes among a Cohort of OVC after 12 Months of CUBS’ Support



Maintaining Momentum

Although CUBS is closing in 2014, the project will leave behind 38 CSOs, 116 child protection committees, and 16,000 caregivers who are equipped and inspired to care for OVC in their communities. These leaders now know how to train OVC, where to refer them for support, and how to raise funds so that all children in their community have access to food, shelter, health care, psychosocial care, and education.



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