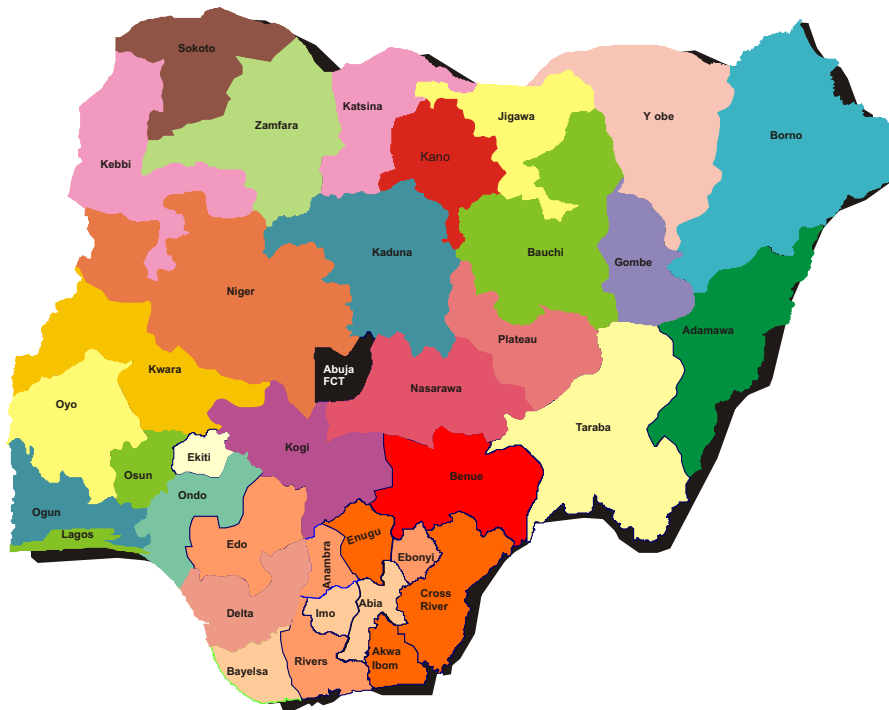




ORPHANS AND VULNERABLE CHILDREN

NATIONAL PLAN OF ACTION 2006 - 2010



**FEDERAL MINISTRY OF WOMEN AFFAIRS AND
SOCIAL DEVELOPMENT
CHILD DEVELOPMENT DEPARTMENT**

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FOREWORD

“Half of Nigerians are children, the bridge to a prosperous future”

Source: NEEDS 2004

The response to the crisis of orphans and vulnerable children due to HIV and AIDS and other causes has been largely community driven with the extended family providing the safety net for protection, care and support. With an estimated orphans’ population of 7 million in 2003, this is but a drop in the sea of massive deprivation. Consequently high levels of poverty resulting in low resource base and lack of basic credit and employment opportunities in most rural communities have jeopardized the realization of the rights of orphans and other vulnerable children in Nigeria. Until recently, the scale of the national response has not been commensurate with the magnitude of the orphans and vulnerable children’s problems.

In spite of some weaknesses where individual children living with caregivers are targeted, there are examples of best practice in pockets of interventions in the country. These are largely community driven responses that work in partnerships with civil society organizations to provide protection, care and support for most vulnerable children and their families. Evidence of such good practice remains limited. In the midst of all these, children have been the missing voice and face of orphans and vulnerable children responses to date.

Without taking determined steps to address the specific needs of children, there will be no chance of meeting the Millennium Development and NEEDS goals; and certainly no chance of halting and beginning to reverse the spread of HIV/AIDS. Failure to meet the goal on HIV and AIDS will adversely affect our chances to meet the other MDGs, as HIV and AIDS will continue to impede efforts to reduce extreme poverty and hunger, ensure universal primary education, and reduce child mortality and improve maternal health. Millions of children, adolescents and young people in the path of the pandemic are at risk and in need of protection.

In the light of emerging challenges, the Federal Ministry of Women Affairs and Social Development is pleased to present this 5-year Orphans and Vulnerable Children National Plan of Action (2006 – 2010), which is designed as an advocacy and resource mobilization tool as well as a management instrument to improve resource distribution, targeting and accountability. The Plan provides a concrete guide for policy makers, programme planners and implementers at all levels for designing and carrying out interventions to mitigate the impact of orphan hood and other causes of vulnerability on children in Nigeria.

I hereby implore the UN, donors, bi-laterals and all development partners, civil society organizations, communities, families and children to join hands with government to respect, protect, facilitate and fulfill the rights of orphans and vulnerable children in Nigeria. This Plan should be adopted as a major component of NEEDS II.

I was informed that during the consultation process for the development of this Plan, children requested not to be labeled with terms such as “OVC”! They claim it stigmatizes them; and I find this instructive and acceptable.

Maryam Inna Ciroma (Mrs.)
Honourable Minister,
Federal Ministry of Women Affairs and Social Development

INTRODUCTORY REMARKS

The Federal Ministry of Women Affairs sees children issues as priority in all our efforts to evolve appropriate policies and support quality service delivery for every Nigerian Child. We adopt a participatory approach to have input from stakeholders.

We believe in adopting the human rights approach to ensuring the wellbeing of the child. The outcome of our activities culminated in the enactment of the Child Rights Act in 2003 by the National Assembly and the consistent advocacy for the adoption of this Act by all States is instructive of our commitment to the welfare of the Nigerian child.

As we continue to work to come up with a supportive child policy, we are not unmindful of children who need special attention and support to meet the challenges of difficult circumstances of their life; hence the urgency attached to the implementation of the Nigeria Plan of Action for orphans and vulnerable children.

We appreciate all organizations and individuals that continue to be of assistance to us in our resolve to achieve wholesome and quality life for our vulnerable children. We also use this opportunity to encourage stakeholders to take interest and support effective implementation of this National Plan of Action as to ensure access to care and support to every orphan and any child made vulnerable at the community level.

Dr. Safiya Mohammed
Permanent Secretary,
Federal Ministry of Women Affairs and Social Development

“People also want higher incomes, but income is never the sum total of human life. For most people, health, security, freedom, love, recognition, and fulfillment through active participation and accomplishment are some of the important things in life.”

Source: Letter from President Olusegun Obasanjo, September 2003, as quoted in NEEDS, page 29.

ACKNOWLEDGMENT

On behalf of the Federal Ministry of Women Affairs and Social Development, Child Development Department, I wish to acknowledge the contribution of all stakeholders to the development of this five-year National Plan of Action for Nigeria's orphans and vulnerable children.

We wish to acknowledge the significant contributions of the National Technical Task Team that was set up by the Ministry to develop this Plan. Most notably, our appreciation goes to UNICEF for providing leadership in the development of the Plan; and to USAID and its implementing agencies - ENHANSE Project and GHAIN; National Action Committee on AIDS (NACA), National Assembly, National Planning Commission, Federal Ministry of Health, Federal Ministry of Education and Save the Children UK. Significant financial contributions were provided by UNICEF, NACA, USAID through its IPS, ENHANSE Project and GHAIN.

The contributions of the State Ministries, non-governmental organizations, community-based organizations and faith-based organizations across the country during the zonal stakeholders' consultations are highly acknowledged. Most impressive was the involvement and participation of children in this process. We are glad to acknowledge the fact that children's voices were heard and their respected views incorporated into the National Plan of Action.

FHI and Futures Group provided technical support for the development of the monitoring and evaluation framework and the costing of the Plan respectively. We appreciate the contribution of all technical partners that participated in these processes.

To the international and national consultants who contributed so enormously to the formulation of this National Plan of Action, we say thank you very much.

Finally, we wish to appreciate the indefatigable efforts of all ministry staff for following up and facilitating these processes to the end.

To all, we say your contributions are most valuable. Let this Plan therefore beckon all stakeholders/ duty bearers to accelerate action to protect, care and support orphans and other vulnerable children in Nigeria; and let children, as rights holders, begin to enjoy their rights.

Dr. Rosemary A. Abdullahi

Director, Child Development Department

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
ART	Antiretroviral therapy
ARV	Antiretroviral Drug
BCC	Behaviour Change Communication
CBO	Community Based Organization
CDA	Community Development Association
CRA	Child Rights Act 2003
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
CSOs	Used in a generic sense in the Plan to refer to NGOs, CBOs, FBOs, Networks
DFID	British Department of International Development
ENHANSE	Enabling HIV/AIDS/TB and Social Sector Environment
EPI	Expanded Programme on Immunization
FBO	Faith Based Organization
FMA	Federal Ministry of Agriculture
FME	Federal Ministry of Education
FMF	Federal Ministry of Finance
FMH	Federal Ministry of Health
FMWA	Federal Ministry of Women Affairs
GHAIN	Global HIV/AIDS Initiative in Nigeria
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HSR	Health Sector Reform
IEC	Information, Education and Communication\
IGA	Income Generating Activities
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
JSS	Junior Secondary School

LACA	Local Action Committee on AIDS
LGA	Local Government Area
M&E	Monitoring and Evaluation
MTCT	Mother to Child Transmission
NASS	National Assembly
NACA	National Action Committee on AIDS
NBS	National Bureau of Statistics
NGO	Non-Governmental Organization
NEEDS	National Economic Empowerment and Development Strategies
NHIS	National Health Insurance Scheme
NNRIMS	Nigeria National Information Management System for HIV/AIDS
NPA	National Plan of Action
NPC	National Planning Commission
NPopC	National Population Commission
OIs	Opportunistic Infections
OR	Operations Research
OVC	Orphans and other Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSS	Psychosocial Support
RAAAP	Rapid Assessment, Analysis and Action Planning
SACA	State Action Committee on AIDS
SASS	State Assembly
SMA	State Ministry of Agriculture
SMH	State Ministry of Health
SMWA	State Ministry of Women Affairs
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
SWO	Social Welfare Officer
TB	Tuberculosis
TBA	Traditional Birth Attendants

UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations International Children's Fund
USAID	United State Agency for International Development
VAD	Vitamin-A Deficiency
VCT	Voluntary Counseling and Testing
VPD	Vaccine Preventable Disease

EXECUTIVE SUMMARY

Too often we attempt to measure progress by statistical aggregate and technical prowess. We thereby tend to overlook that the main goal of life is to ensure survival and to enable everyone to realize his full potential for well-being, fulfillment, and accomplishment in happiness, joy, love, and contentment.”

Letter from President Olusegun Obasanjo, September 2003. As quoted in the National Economic Impoverment and Development Strategy (NEEDS), 2004, p.29.

It is estimated that between 2.9 million and 3.3 million adults in Nigeria were living with HIV in 2005 (FMOH, 2006). Estimated number of orphans from all causes in 2003 was put at 7 million, with a projected increase to 8.2 million by 2010. About 25% (1.8 million) of the 7 million children were orphaned by HIV and AIDS. Given the slow progression of HIV to AIDS, the number of children orphaned by AIDS will continue to rise in the next decade even in the unlikely event that the transmission of the infection is drastically reduced within a short time. Furthermore, the number of vulnerable children is more difficult to determine due to data inadequacy. Although a large number of children are made vulnerable by HIV and AIDS, a far larger number is made vulnerable because of other numerous causes related to familial, social and economic realities which expose them to more risks and deprivation.

A desk review of the situation of orphans and vulnerable children in Nigeria showed that many factors conspired, over the years, to put the rights of orphans and vulnerable children in jeopardy. The root causes for the plight of orphans and vulnerable children include poverty, socio-cultural constraints, gender inequities, inadequate policies and enabling environment. Immediate causes of orphaning and vulnerability of children in Nigeria include among other things accidental death, high maternal mortality during child birth, communal conflicts resulting in death of parents and HIV and AIDS. This National OVC Plan of Action (NPA) has been put in place at a most auspicious time when government is committed to ensuring that the national response is strengthened and accelerated in line with NEEDS.

This five-year *costed* National Plan of Action addresses, in clear terms, the survival, protection, care and support needs of the most vulnerable children in Nigeria. It was developed through consultative and participatory approaches among all stakeholders, including adults and children. The voices of children were heard, and their contributions were taken into account. The Plan adopts a rights-based approach in the development of the framework that will accelerate and provide guidance for the national response on orphans and vulnerable children.

The Plan recognizes the eight elements of legislation, attitudes, open discussion, children's life skills, capacity and awareness of communities, teachers and service providers, services for rehabilitation, monitoring and reporting, and government commitment as integral to the advancement of child's rights and the achievement of the Millennium Development and NEEDS goals and UNGASS commitments.

The NPA sets out a legal and institutional framework for implementation. These include the strengthening of coordination and partnership, implementation structures, advocacy and social mobilization, scaling up the campaign on Children and AIDS, resource mobilization, human resource development, engagement of civil society organizations, participatory rights of children, gender inequities and monitoring and evaluation.

Protecting orphans and vulnerable children requires the strengthening of national and community-level responses. Government, civil society and development partners can make real progress toward the goal of enhancing social protection, legal protection and justice and alternative care.

It is anticipated that budgetary requirements for the implementation of the NPA, which is currently put at \$1,607,897,254 for the five years will increase progressively as more orphans and vulnerable children receive external support from community and government over the years ahead.

CHAPTER 1

Introduction

1.1 Background

Nigeria is the most populous country in Africa, with an estimated population of about 126 million people. However, it ranks amongst the 20 poorest nations in the world with per capita GDP below \$300. More than 65% of the population lives below the poverty line. About 60% of the country is rural, with an annual rapid urbanization rate of 4.5%. A strong correlation exists between the incidence and severity of abject poverty, the living conditions of households, access to basic needs and essential services for orphans and vulnerable children.

The governance structure is in three tiers, namely: the federal government, which is at the apex; the 36 states and the Federal Capital Territory (FCT), which constitute the second tier, and 774 local government areas (LGAs) that make up the third tier. There are over 350 ethnic groups, two major religions, diverse customs and social values, a rich cultural heritage some of whose absurd attitudes and deviations affect children and women negatively and thereby violate the protection of their fundamental human rights. Deprivation rates for education and knowledge is as high as 44.4%, survival deprivation is 33.8%, economic deprivation is 45%, adult literacy is around 55 %, access to safe water as well as health services is at 49%. In all these, children (<18 years) are the most vulnerable.

The return to democratic governance provided the platform for an enabling political environment to promote a national response on orphans and vulnerable children. The first impetus was provided by Nigeria's participation at the 2002 West and Central Africa Regional workshop on orphans and vulnerable children. Developments since then have led to the emergence of this costed five-year National Plan of Action (NPA).

In 2005 the Federal Ministry of Women Affairs (FMWA), in collaboration with various stakeholders, put into motion a process for the development of this NPA. Wide consultations were held with stakeholders including children. During zonal stakeholders'

consultations, parallel sessions were held with orphans and vulnerable children to provide and interactive platform for the expression of their views, which they presented at plenary to ensure their involvement, participation and inclusiveness in the development of the NPA.

1.2 Definitions

Children made significant contributions in defining the children that fall into the category referred to in this Plan as orphans and vulnerable children. Concepts and terms were defined as follows:

A child: is defined as a boy or girl below 18 years of age.

In the context of HIV and AIDS, the definition of a child has particular relevance in the light of

- ~ The age at which compulsory education ends;
- ~ The differences between girls and boys, for example, in relation to marriage and age of sexual consent;
- ~ Legal capacity to inherit and to control property transactions; and
- ~ The ability to lodge complaints or seek redress before a court or other authorities

An orphan: is a child (below the age of 18) who has lost one or both parents irrespective of the cause of death.

A Vulnerable Child

The definition of vulnerability varies from society to society; therefore definitions are likely to be community specific. However, some key indicators affecting children's vulnerability could be identified. Vulnerability is indicated in a child (that);

- with inadequate access to educational, health and other social support
- has a chronically ill parent (regardless of whether the parent lives in the same household as the child);
- lives in a household with terminally or chronically ill parent(s) or caregiver(s);
- lives with old/ frail grandparent(s) or caregiver(s)
- lives outside of family care, i.e. lives with extended family, in an institution or

on the streets;

- is infected with HIV.

Children advocated strongly for the National Plan of Action to include children they perceived to be extremely vulnerable in their communities. Derived from the consultations with stakeholders, including children, the list of children perceived as extremely vulnerable in communities include:¹

- ~ 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
- ~ Destitute children/child beggars
- ~ Child laborers, including domestic child labourers
- ~ 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 age 18
- ~ Children who have dropped out of school
- ~ Abandoned children
- ~ Children living with terminally or chronically ill parent(s) or caregiver(s)

¹ The list is not exhaustive of all children that may be vulnerable but would include other children who may be disadvantaged relative to others as may be confirmed as being in need of additional support depending on the situations of their lives.

During the consultation process for the development of this NPA the children requested not to be ‘labeled’ with terms such as “orphans”, and by implication “OVC”. It is therefore assumed in this Plan that all references to children, unless otherwise stated, refer to the groups described above.

CHAPTER 2

Situation and Response Analysis

2.1 Orphans and Vulnerable Children's Situation in Nigeria

The Situation of the World's Children (UNICEF 2006) reflects the deepening and widening exclusion and invisibility of children in Nigeria. The scanty data available paints a desperate picture of neglect, exploitation and abuse facing a large percentage of children in Nigeria today: 39% of children aged between 5 – 14 years are engaged in child labour; 43% of women aged 20-24 were married or in union before they were 18 years old between 1986 and 2004. Interviews with children living or working on the streets in Nigeria indicate that up to 40% may have been trafficked (ILO-IPEC 2001). An estimated 40% of Nigerian children do not attend primary school (NPC/ORC 2004). Out of an estimated population of 50 million children (below 18 years) it is children from the poorest areas, girls, children with disabilities, children from certain ethnic groups and children affected by HIV and AIDS that are most discriminated against, many of whom are facing multiple forms of discrimination.

Since the first AIDS case was reported in Nigeria in 1986 in a thirteen-year old child, HIV prevalence has increased from 1.8% in 1991 to 4.5% in 1996 to 5.8% in 2001. Prevalence seemed to decline to 5% in 2003 and 4.4% in 2005. The 2005 National HIV Sero-prevalence Sentinel Survey estimates that between 2.9 million and 3.3 million adult Nigerians were living with HIV (FMH, 2006). Nigeria has the 2nd highest burden of HIV infection in sub-Saharan Africa. (See Table 2.1).

The HIV and AIDS epidemic is closely accompanied by a resurgent TB epidemic, opportunistic infections, malaria and growing unprecedented problem of orphans and vulnerable children as a result of rising number of deaths of one or both parents due to HIV and AIDS. These are further compounded by the worsening vulnerability of children through high maternal mortality, poverty, diseases, armed conflicts and communal clashes leading to family dislocation and instability in income. Others in

clude child labor and child trafficking. This underscores the fact that the issue of orphans and vulnerable children go far beyond the bounds of HIV and AIDS. Furthermore, a survey conducted by the World Bank in 12 States with high conflict incidences and some with high HIV prevalence in 2002 indicated that the causes of orphaning and vulnerability of children were due to accidental death (42%), ethnic/communal conflicts (22%), death during child birth (17%) and HIV/AIDS (11%).

All children have a right to protection. However, children affected by AIDS are particularly vulnerable to protection violations because these problems are more likely to cluster in their lives. Second, they share much vulnerability with children who fall into the other categories as listed in the introductory chapter.

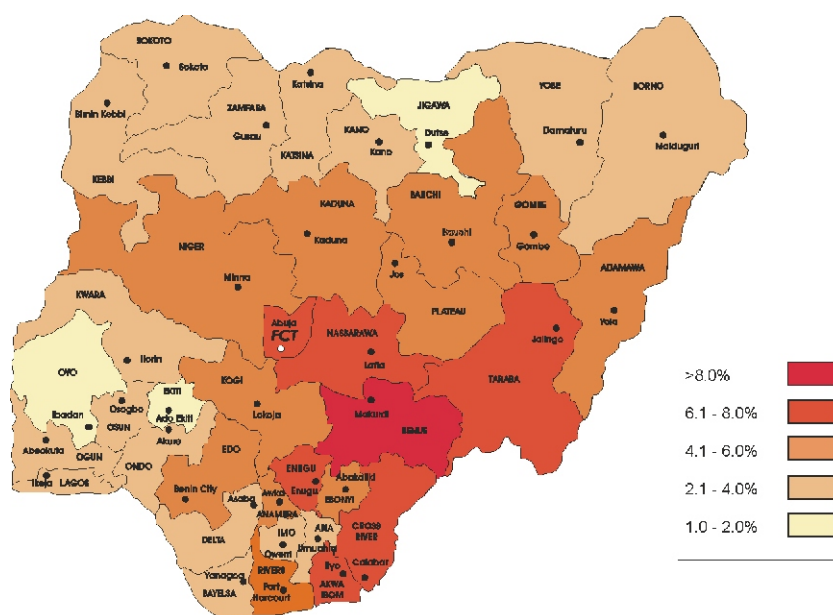
Table 2.1: Indicators of HIV prevalence, 2005

Indicators	2005	2006	2010
No. of people infected	2.86 m	2.99 m	3.4m
Number of new HIV infection			
• Adults	296,320	305,080	346,150
Children (<15 years)	73,550	74,520	75,780
Number requiring ART			
• Adult	412,450	456,790	538,970
• Children (> 15 years)	94,990	98,040	106,840
Annual HIV +ve births	73,550	74,520	75,780
Cummulative deaths	1.35m	1.70m	2.82m

Source: Federal Ministry of Health 2005 sero-prevalence sentinel survey report

Figure 2.1: Spatial distribution of HIV Prevalence by state in Nigeria 2005

HIV Prevalence by State (Nigeria 2005)



There is no aspect of the country or community that has not felt the devastating effect of the HIV/AIDS pandemic. According to the Federal Ministry of Health, the epidemic has extended beyond the commonly classified high-risk groups to the uncommon groups including housewives. A critical consequence of this trend is manifest in the huge and increasing number of orphans and vulnerable children it has left in its trail to

join an already bloated group of children rendered vulnerable by the social and economic realities of the nation which exposes them to severe risks and deprivation.

About one quarter (1.8 million) of the 7 million orphans estimated in 2003 were orphaned due to HIV and AIDS (Children on the Brink Publication¹, 2004). Given the slow progression of HIV to AIDS, the number of children orphaned by AIDS will continue to rise in the next decade even in the unlikely event that the transmission of the infection is drastically reduced within a short time. These figures of orphans do not however reflect the number of children who are living with parents or relatives who are chronically ill or are living in households affected by HIV and AIDS. See Table 2.2 and 2.3 below.

Table 2.2: Relevant Statistics on Nigeria

S/N	Indicators	Estimate
1	Total Population*	126 million
2	Population under 5 (thousands)*	22,591,623
3	Annual Population Growth*	2.8
4	HIV Prevalence**	4.4%

Source: * - National Population Commission, 2003. ** - Federal Ministry of Health, 2006

S/N	Indicators	Estimate
1	Total Number of children under 18	69 million
2	Total orphans as a % of all children	10%
3	Total Number of Children who are Orphans	7 million (10.7%)
4	Number of children who are AIDS Orphans	1.8 million (26%)
5	Maternal Orphans	
	· AIDS	1.2 million
	· Non-AIDS	2.4 million
	· Total	3.6 million
6	Paternal Orphans	
	· AIDS	1.6 million
	· Non-AIDS	3.3 million
	· Total	4.4 million
7	Double Orphans	
	· AIDS	490,000
	· Non-AIDS	420,000
	· Total	920,000
8	Children Orphaned in 2003	870,000
9	Projected Total number of Orphans	8.2 million

Source: UNAIDS, UNICEF & USAID Joint Publication: Children on the Brink, July 2004

Whereas the precise number of orphans has remained difficult to estimate, the number of vulnerable children is even more difficult to know due to the **dearth of data** and the lack of consensus on the definition of vulnerability. A large number of children are made vulnerable by HIV and AIDS, however, a larger number are made vulnerable by other causes which include familial, social and economic realities which expose them to more risks and deprivation than their peers.

Most available data are not disaggregated by orphan hood or level of vulnerability but the statistics are able to reveal a frightening number of children who are made extremely vulnerable to the impact of HIV and AIDS as a result of abuse, exploitation and exclusion from basic health and education services. Evidence gathered from interviews, project reports and general literature indicate that discriminatory practices towards orphans and vulnerable children, even within extended-family households, render them highly susceptible to malnutrition and vitamin deficiency. Higher incidence is found amongst girls as cultural norms often prioritize boys over girls.

Zonal consultations conducted among stakeholders, including children, in the course of the development of the National Plan of Action revealed the following perspectives, including key findings and recommendations, with regards to the situation of orphans and vulnerable children in Nigeria.

2.1.1 Protection, Psychosocial Care and Support

Violence towards women and children in Nigeria is of frightening proportions as it remains relatively unchallenged by government, civil society and families. Sexual abuse, of the increasing number of very young girls now working on the streets, has been well documented demonstrating clear linkages to exposure to HIV and AIDS. On the other hand the incidence of sexual abuse occurring within households remains a taboo subject with only anecdotal evidence and frequency of reporting in daily newspapers. Whilst children have always worked in Nigeria, increasing and deepening poverty and HIV and AIDS are driving millions of children into types of labour that are exploitative and hazardous. Increasingly, rural to urban migration has led to a weakened family safety net and reduced communal sense of responsibility for children.

It is widely recognized that children have increased resilience to be able to bear shocks and hardships when they are surrounded by people who love, care and protect them. The sense of belonging children achieve through such relationships and the hope for a positive future that is nurtured enables them to cope with suffering. Psychosocial wellbeing refers to the love and affection caregivers provide on a daily basis. Psychosocial support and programmes are only needed for a very small number of children for whom the family care is not being provided or is not sufficient to help them cope with the stress or trauma. Children have feelings about their parents becoming ill and eventually dying. This feeling of sadness and in most cases fear are carried into adulthood by some of them unless such children are supported to express them and taught how to deal with them positively.

Like other children, orphans and vulnerable children need to:

- ~ be given every form of love/attachments/affection to attain the right mental, physical and social development
- ~ enjoy every sense of recognition and acceptance.
- ~ be treated as valued members of the family/community and be accord the same respect and comfort that other children are benefiting
- ~ be protected from exposure from all forms of dangers and harms.
- ~ be given the opportunity for enforcement of their fundamental human rights to shelter, legal support/protection, basic life skills including basic education

Key Findings

- (i). Children whose parents are chronically ill, are experiencing conflict in the home, and living with relatives are extremely vulnerable to abuse, exploitation and neglect
- (ii). Children, when consulted, reported children who are working; hawking, domestic workers, barrow pushers, selling petrol as being extremely vulnerable to abuse
- (iii). Children living with relatives are not always guaranteed love and affection. At times they bear the brunt of the household chores, are the first to rise and the last to sleep or eat in the house.

- (iv). Children who have lost parents through illness are being highly stigmatized and are vulnerable to accusation of witchcraft.
- (v). Children are incredibly resilient. When consulted they requested not to be pitied but to be supported to achieve their goals and ambitions.
- (vi). Youths are, as yet, an untapped resource in playing care and protection roles in the lives of orphans and vulnerable children
- (vii). The need to ensure children receive the appropriate protection with reduced risk of abuse and exploitation go largely unrecognized in current interventions with emphasis being placed on meeting material needs
- (viii). The traditional psychosocial response provided by the extended family is on the decrease due to increasing poverty and the overwhelmingly increase in the number of orphans and vulnerable children in communities
- (ix). Current responses tend to focus on meeting the socio economic needs of families and children ignoring the need to ensure the psychosocial care and support needs of children.
- (x). Currently, programmes place emphasis on the need to provide stand alone psychosocial interventions such as memory work, counseling without recognizing or building into planning the importance of ensuring caregivers provide love and affection on a daily basis.

Recommendations

- (1) Programmes need to recognize the importance of supporting caregivers and relatives to provide a stable and protective environment which will in turn increase children's capacity to cope with stressful situations and shocks
- (2) Girls, boys, men and women should be supported to come together to identify the risks of abuse and exploitation facing children in their communities and develop strategies to reduce these harms.
- (3) The capacity of communities, particularly youths and children, to monitor the protection needs of children and families should be developed
- (4) There should be capacity building in Psychosocial Support interventions by training all actors responsible for responding to the needs of orphans and vulnerable children at all levels.

- (5) Programmes should be made to recognize and value the roles that other children can play in meeting the psychosocial care and support needs of the most vulnerable children through involvement in fun activities and providing a supportive space for children to meet and discuss issues that are affecting them
- (6) Psychosocial support should be included as an important aspect of children's rights programming framework by organizations concerned with children.
- (7) Skills building especially for Children affected by HIV and AIDS to cope with the role reversal of becoming caregivers and /or household heads should be given priority.
- (8) Family members, teachers, and other community members should be educated on the needs and problems of children affected by HIV/AIDS and identify ways of creating a more support and nurturing environment, particularly in schools.

2.1.2 Education

Poverty, attitude of parents and caregivers to the value of education; discrimination on the basis of sex, ethnicity, disability, and family economic status are all factors leading to lack of access to basic education in Nigeria. There are no statistics to support anecdotal evidences that orphans and vulnerable children have far lower enrolment figures. However consultations with children and their caregivers highlighted many of these as the challenges faced by children. In spite of the fact that public schools are essentially 'free', the hidden costs of 'PTA levies', exam costs, uniforms and books excludes the poorest and most vulnerable children from accessing basic education. Children, particularly girls, living in households with chronically ill parents are taking on the role of "carers" and also shouldering the burden of the household tasks. In situations where the parents income has been cut due to illness children are forced to drop out of school and engage in various forms of labour, many of which are harmful and expose them to abuse and exploitation. Even for those children who do manage to go to school they contend with poor infrastructure, de-motivated teachers, sexual harassment from teachers, and lack of provision for children with

¹ World Health Statistics, 2006 and The World health report, 2006 Edition.

disabilities.

Key Findings

- (i). There are no clear-cut education policies that specifically address the needs of orphans and vulnerable children especially those at the pre- primary stage.
- (ii). Exorbitant Fees/levies and other financial costs of going to school act as a significant barrier to the most vulnerable children accessing their right to basic education.
- (iii). There is limited awareness and understanding amongst teachers and caregivers of the issues affecting children who are extremely vulnerable and the impact this has on their capacity to learn and participate fully in school
- (iv). Most Schools are not able to provide the required protection and nurturing environment that is required
- (v). There is a lack of access to vocational skills acquisition for orphans and vulnerable children that cannot cope with the regular school system
- (vi). Stigma and discrimination based on disability, gender, economic, social or HIV status of the child inhibits orphans and vulnerable children from attending school
- (vii). Children are not consulted regarding the barriers to accessing education or the possible solutions that could be identified to increase access and regular attendance
- (viii). Certain religious and cultural practices such as exploited almajiri system and early marriage limit the chances of acquiring basic education

Recommendations

- (1) Formulate a policy establishing pre-primary education in public schools
- (2) Support children and adults in communities to identify the barriers affecting their access to education and identify solutions that are sustainable and locally appropriate
- (3) Support communities and schools to manage holistic scholarship scheme for orphans and vulnerable children to take care of their education needs from

pre-primary through vocational education.

- (4) Empower parents/caregivers economically through IGA and micro-credits to be able to support orphans and vulnerable children to access basic education
- (5) Provide functional literacy centers for out of- school children or those constrained by conflicting chores to meet the scheduled demands of formal schools
- (6) Enforce UBE law,
- (7) Enforce Child's Right Act
- (8) Increase advocacy for adequate budgetary allocation to schools to wipe out the need for levies.
- (9) Formulate a back-up law to the UBE scheme abolishing all forms of levies and forced "donations, early marriages, hawking, etc. and
- (10) Empower children to participate in the design and implementation of issues affecting their educational programmes.
- (11) Build parent/caregivers and teachers capacity in the area of guidance and counselling and interpersonal communication (IPC)

2.1.3 Health Care

Reports over the years had shown that that morbidity and mortality in children under five in Nigeria generally are largely from malaria, diarrhea diseases, acute respiratory infections (ARI) especially pneumonia and the vaccine preventable diseases. Under-5 mortality rate ranged from about 152 per thousand births in urban areas to about 243 in rural areas in 2003. Malnutrition is another contributory factor to high morbidity and mortality in children with about 38.3% of children under-5 stunted for their age and about 28.7% underweight for their age in 2003 (WHO, 2006). Vitamin A deficiency contributes to 25 % of infant child and mortality in Nigeria due to reduced resistance to common illnesses. These figures are against the backdrop of a debilitated health system whose user fees predisposition exclude the poorest and most marginalized households from accessing basic health care. Statistics showed that under-5 mortality is higher among people with lowest wealth and children with mothers

with no education. While information about child health has been general, little attention has been given to the peculiar health features of children in disadvantaged situations such as orphans and vulnerable children.

Considering interventions for child health, the Nigeria Child Survival Programme within the National Health Insurance Scheme (NHIS) is targeted at health promotion, disease prevention, and appropriate responses to both preventable and non-preventable diseases. However, OVC are not object of targeted social insurance programme hence the extent to which they can access health care is situated within the overall context of poor child health programming in Nigeria. The data presented on child health are not disaggregated by orphanhood or level of vulnerability of children. The summary of the general state of health of children in Nigeria is that of a gross lack of information about state of health of disadvantaged children such as OVC. However, existing statistics are able to reveal a frightening number of children who are made extremely vulnerable to the impact of HIV and AIDS (see Table 2.3). High levels of abuse, exploitation, deprivation and exclusion from basic health and education services are also supported by findings in the consultative meetings with stakeholders and children as reflected in all parts of this document. But for a few OVC, who may be receiving some health related assistance from few local CBOs, FBOs, and NGOs, the health care needs of most children are provided by the extended family who have been overstretched to provide standard care due to poverty and the increasing number of children they have to care for.

Evidence gathered from interviews, project reports and general literature indicate that discriminatory practices towards orphans and vulnerable children, even within extended family households, renders them highly susceptible to malnutrition and vitamin deficiency. Higher incidence of such discriminatory practices and deprivation are found amongst girls as cultural norms often give priorities to boys though girls often shoulder the physical burden of household tasks.

Determining priority health and health care needs of OVC and providing services to meet target health needs have become a challenge. From the consultative meetings, some of the findings were quite instructive on what the health related problems of

OVC are and these informed the recommendations

Key Findings

- (i). Health policy do not support free services for orphans and vulnerable children
- (ii). OVC experience very poor nutrition (inadequate in quantity and poor in quality), high level of micronutrient and vitamin deficiencies from very early age. There is usually differential weight gains by sex (girls received poorer nutrition especially those from poor social background).
- (iii). OVC and their caregivers lack access to nutritional counseling and support at the community level. This is more serious with HIV+ mothers who by choice would not want to breast feed, but who more often than not have low access to alternatives to breast milk.
- (iv). Most OVC from all parts of Nigeria have poor access to clean and safe water.
- (v). OVC suffer more from common childhood illnesses especially malaria. They acknowledge less and manage common endemic diseases poorly as they also utilize health care settings poorly resulting to higher morbidity, debility and mortality.
- (vi). OVC are poorly informed, they have poor access to counseling services and thus poor utilize counselling services even where such are available
- (vii). There is low knowledge of sexual health and safe sexual health practices among OVC.
- (viii). There is high prevalence of unprotected sex resulting to high occurrence of teenage pregnancy (and abortion) and STD and OVC poorly manage sexual health problems.
- (ix). OVC and their care givers have poor knowledge, poor access to resources for treatment of OIs and ARV (especially pediatric formula) resulting to poor adherence by OVC and care givers
- (x). Existing HBC facilities are poorly organized and insensitive to the peculiar needs of OVC such that access to such facilities for majority of the children is poor.

Recommendations:

- (1) Promote mass mobilization and education about OVC issues giving attention to health needs and support that they need to stay healthy, to respond promptly and manage ill health effectively. The programme should be comprehensive enough to educate on the entire knowledge gap identified in other parts of this document.
- (2) Constitute or strengthen institutional framework (Community Health Action Committee or Village/Community Development Committee), orientation of such community groups and health care providers and building their capacity to respond holistically and to collaborate on agenda to specifically meet the health needs of OVC
- (3) Establish/improve/strengthen existing collaboration between relevant government (ministry of health, health institutions at all levels of care), non-governmental agencies and community representatives to meet health and health care needs of OVC
- (4) Increase advocacy, resource mobilization and funding to meet basic health needs of OVC at all levels (community and government agencies).
- (5) Facilitate health promotion outreach programmes that target OVC at the community levels
- (6) Provide visual aids, and Information, Education and Communication (IEC) materials about health needs of OVC.
- (7) Build capacity of OVC, care givers, health care workers (orthodox and traditional) and community groups to respond, provide services and effectively manage STIs, HIV related diseases, especially opportunistic infections in a comprehensive manner through quality collaboration, referral and networking
- (8) Provide free treatment for OIs and provide ART free to OVC
- (9) Increase educational activities, mass mobilization at the community level for HIV/AIDS prevention, care and support and effective use of VCT with specific programmes targeted at OVC.
- (10) Review health policy and consider providing health care services free to

OVC

- (11) Build a critical mass of stakeholders to re-orientate the society about gender-related health discriminatory practices and the consequences for health of OVC
- (12) Increase human resources and facilities for health promotion for child health and development at the community level
- (13) Promote mass mobilization and education on common childhood illnesses, gender discriminatory practices in health, nutrition and health care access and strategies for change and management
- (14) Establish more VCT centers that are youth friendly with built in sexual and reproductive health services at the community and in health care facilities and build capacity of personnel to manage the centers
- (15) Promote Community Ownership of HBC and provide technical support for the establishment and management of HBC with input from relevant government and non-governmental organization.
- (16) Scale up HIV prevention, care and support activities at the community level.

2.1.4 Household Care and Economic Strengthening

Poverty and vulnerability among households are some of the most critical upshot of the HIV/AIDS epidemic in Africa. As the economically active people in the household come down with the infection or die eventually, families struggle to cope not just emotionally, but also economically.

As household income and savings dwindle, families begin to fragment resulting in orphaned children being sent to live with relatives or neighbors, dropping out of school and assuming new roles as caregivers/ breadwinners or being uprooted from the towns back to the villages where they feel estranged from their new environment

The objective of providing household level care and economic strengthening is to improve the caregivers' ability to provide, protect and care for orphans and vulnerable children. The bulk of household level care for orphans and vulnerable children is still provided by the members of the extended family. However, the overstretching of the

extended family system coupled with the level of poverty and high HIV/AIDS prevalence has diminished the capacity of the age long system to still provide sufficient response to orphans and vulnerable children.

Key Findings

- (i). The gradual collapse of the extended family system compounded by poverty and high HIV/AIDS prevalence rates have aggravated precarious situations of vulnerable households and children
- (ii). Inadequate support for food and nutrition from the members of the extended families and communities at large for OVC as a result of the above
- (iii). Poor living environments for OVC and vulnerable households
- (iv). Inheritance rights of the OVC are often denied thereby increasing their vulnerability at the demise of their parents or breadwinner.
- (v). Minimal support given to OVC and caregivers by community based organization and CSOs using donor funding

Recommendations

- (1) Ensuring food security and Nutrition to orphans and vulnerable children's households by (i) providing nutrition care and support for infants born by mothers with HIV/AIDS and (ii) providing more food and nutrition support to OVC households using locally available foodstuff.
- (2) Providing household items for hygiene such as soap and disinfectant to OVC households to enhance hygienic conditions.
- (3) Providing shelter for OVC as well as helping with repairing and maintenance of OVC households especially the child headed OVC homes.
- (4) Providing support to child headed households for other household equipments and necessities e.g. cooking utensils
- (5) Building the capacity of OVC households to become self sufficient in food provisions through agricultural production skill acquisition.
- (6) Facilitating the formation of OVC household corporative groups for the purpose of undertaking economic activities and accessing micro-finance

facilities.

- (7) Advocating for inheritance rights of OVC by building capacities PLWHAs and other vulnerable caregivers in will writing and provision of legal support when required

2.15 Advocacy and Social Mobilization

Issues affecting children in general, aside from education, are not currently prioritized by government or donors. Therefore it is not surprising that awareness of issues affecting orphans and vulnerable children is low. One important consequence of lack of advocacy and social mobilization strategies is poor resources and political will. Since 2003 the Federal Ministry of Women Affairs has undertaken key advocacy initiatives around the domestication of the Children's Act, paying visits to states where the Act is yet to pass into law. Social mobilization by the government with respect to the most vulnerable children is still lacking but it is expected that the launch of the NPA will revitalize and mobilize efforts towards increasing awareness and provision of basic services.

Civil society organizations have been more effective in undertaking community mobilizations to enlist the support of traditional leaders and influential persons before embarking on specific intervention. Their support to community-based groups will be pivotal in ensuring coordination, effective targeting and transparency in providing effective protection, care and support for the most vulnerable children within communities.

Key Findings

- (i). Awareness of issues and plights of orphans and vulnerable children is low in communities
- (ii). Children are a great resource in being able to communicate their experiences, the problems they face, identifying solutions and advocating with adults in the communities for positive change

- (iii). Mobilizing communities to provide the necessary protection, care and support of orphans and vulnerable children is still in its infancy in Nigeria.
- (iv). A small number of examples of best practice exist which engage men, women, boys and girls in communities to identify and take action to support the most vulnerable children by using local resources and taking collective action e.g. community farms, kitchen gardens, community feeding centres
- (v). Due to the lack of emphasis on the protection of children within the Millennium Development Goals this ranks very low on the priority of donor agencies.

Recommendations

(1) Communities should be supported to develop transparent and representative groups that include men, women, boys and girls in identifying and targeting the most vulnerable children and families for care, protection and support. The mandate of these committees will change but should include some of the following;

- ~ Identify orphans and vulnerable children & develop a register/info system
- ~ Assess individual child's/families situation
- ~ Respond directly e.g. home visits, PSS, ECD, Food etc
- ~ Link or refer to services; bring to attention of authorities - reporting
- ~ Monitor individual children
- ~ Advocacy on child protection, care and support issues including community awareness
- ~ Overseeing activities targeting orphans and vulnerable children e.g. selection participants in training activities,
- ~ Coordination role for all activities relating to orphans and vulnerable children in their communities
- ~ Focal point for reporting of violations
- ~ Include children to ensure strategies are based on real needs and priorities

(2) Capacity building of police, social welfare and health professionals to be able to respond sensitively and in the best interest of the child to incidence of abuse

(3) There is a need to work with children to clearly articulate the issues affecting their rights to protection, care and support to policy and decision makers at all levels.

2.1.6 Legal and Policy Environment

Nigeria is signatory to the African Union (AU) Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child (CRC), ILO Convention on Child Labour and other international treaties and conventions. However, the legal and policy framework for the protection of vulnerable children in Nigeria is not clearly defined. It is rather uncoordinated and out of step with the country's obligations to these international treaties and conventions on child's right. In 2003, the federal government signed into law, the Child Right's Act (CRA), which is patterned after the principles of the Convention on the Rights of the Child (CRC). But the Child's Rights Act is yet to be passed by the majority of states in the country. Although the CRA has comprehensive provision for children generally, it does not have a section specifically addressing issues affecting children in the context of HIV and AIDS. Even in states where the Bill has been passed the capacity and commitment to translate this into concrete action that can be monitored and evaluated is entirely lacking.

The protection, care and support of children have not been integrated or mainstreamed into relevant policies and programmes such as National Policy on Food and Nutrition, Social Development Policy, Health and Education policies, and NEEDS. However, the realization for the need for change and some level of commitment has been demonstrated through the participation of several key line ministries in the development of the National Plan of Action.

Current responses are focusing on care and support, which are provided by families and small organizations including faith based groups within limited geographical areas. The absence of a conceptual framework for coordination leaves these efforts largely uncoordinated with highly compromised quality control and quality assurance of the care and support services delivered as well as the high risks of duplication. The coordination role for orphans and vulnerable children interventions lies firmly within

the Ministry of Women Affairs, which has established “OVC” units at the Federal level and proposed establishment of same in six geo-political zones. Lack of capacity, skills and resources, acting in concert, have hindered the full operationalization of the structure for effective implementation and monitoring of responses nationwide.

Key Findings

Policy Environment

- (i) There is no national policy on orphans and vulnerable children, a huge gap in the face of high and rapidly increasing number of orphans and vulnerable children in the country.
- (ii) Gross lack of OVC database that will form the basis for policy
- (iii) OVC care and support have not been integrated or mainstreamed into relevant policies such as National Policy on Food and Nutrition, Social Development Policy, Health and Education policies.
- (iv) International Conventions that Nigeria has ratified are not known beyond the national level and lack of knowledge of international conventions that Nigeria is obliged to implement leads to poor implementation of issues related to children, particularly OVC.

Service Delivery Environment

- (i) There is lack of coordination among government ministries, states, LGA and agencies involved in OVC response, no guidelines for OVC response programmes implementers.
- (ii) High level of poverty resulting from low resource base and lack of basic credit and employment facilities in most rural communities hinder response to the plight of OVC
- (iii) Inadequate advocacy and resource mobilization structures and strategies with respect to OVC response in the country exists.

Recommendations

- (3) Review Relevant Policies and Acts to Mainstream and Prioritize OVC Issues
- (4) Support Constitutional Review with respect to Children's issues
- (5) Assess Barriers to the Ratification and implementation of the Child's Rights Act and Mainstream OVC issues into the Child's Rights Act
- (6) Strengthen Advocacy and Social Mobilization for OVC at all levels
- (7) Strengthen Administrative and Coordination structures for effective OVC Service Delivery
- (8) Strengthen Community Capacity and Structures for Concerted Community Response to OVC.
- (9) Reorganize the Social Welfare Departments to be more responsive to OVC issues
- (10) Increase Resource Mobilization Efforts, at all levels, for OVC Response

2.1.7 Children's Perspective

Consultations held with children drawn from a pool of children undertaking child to child research on vulnerability. These included girls and boys directly affected by HIV and AIDS, working children, children living positively, orphans, children with disabilities and child advocates. The following key findings and recommendations were derived through these zonal consultations with children.

Key Findings

- (i). Children emphasize the importance of love, affection and protection as priority issues for a child to grow up healthy:
'My grandmother doesn't have money and she doesn't give me all I need but I like her so much because she is caring and shows me love and I think I've also been doing my best to love her back' (Child participant) Enugu.
'Money does a little compared to what love and patience can do' (Girl) Kaduna

- ii). Children are struggling to attend school regularly due to additional school levies and as a result of the long working hours.
- (iii). Children who are engaging in work are exploited and at high risk of abuse. Experiences of beating, sexual harassment and ill treatment by employers were shared by the children.
- (iv). There are relatives who have provided great support, emotional and physical, to children. However, there are also children who experienced neglect and abuse when living with their relatives.
- (v). There is a wide range of factors rendering children vulnerable in Nigeria, including HIV and AIDS.
- (vi). It is not every child that is affected by HIV and AIDS or that is orphaned that is extremely vulnerable.
- (vii). Children do not want to be stereotyped or labeled as OVC. They are individuals with different identities, challenges and skills.

‘I think it is important that we realize that often times our analyses of children are based on stereotypes and not exactly realities’ (Adult) Bauchi

- (viii). Children demonstrated amazing strength and resilience and suggested that if these qualities are positively harnessed they can achieve a great deal in life with minimal support and understanding, not pity.

‘For me these children have shown that they are not passive onlookers or just victims but that they know what is going on’ (Adult) Enugu

- (ix). Parents and other caregivers do not discuss openly what is happening in the household when a parent is sick or dying. Children were confused about what had happened in the family and had never discussed their own feelings.
- (x). The children were rarely consulted and often shouted down when they felt they had something meaningful to contribute.

Recommendations

- (1) Do not label children as OVC. They are children; they have separate identities and names.**
- (2) Adults should try to listen to children and understand the importance of their views on issues.**

‘sometimes it is not because people don’t want to listen to us but they assume they know what we want to tell them, maybe they think we want to beg them for assistance’ girl’ Enugu

‘Why many orphans don’t get attention or listened to is because people think since they don’t have parents the next thing is to beg’ (Girl) Enugu
- (3) Adults and other children should focus on how they can provide help and support, no matter how small, in order to help them achieve their life goals. But not to look at them with pitying eyes**
- (4) Importance should be placed in programmes and plans of the need for love care and affection to be shown towards vulnerable children**
- (5) When deciding where to place a child that has been orphaned, adults should discuss with the children where they feel they will be best cared for.**
- (6) Children want help to go to school by paying school fees, helping with school materials and reducing the hours that they are working**
- (7) Other children should stop calling them names and making fun of them instead they should help them to feel better about their problems, not worse.**
- (8) The opportunity to sit together with other children in similar situations is important and should happen regularly.**
- (9) Children should be involved in identifying vulnerable children in their communities as they know what is happening in the different households and who is facing the most problems**
- (10) Adults should talk to children about what is happening in the house. They know something is happening but feel more scared as no one tells them exactly what is going on until something bad happens.**

2.2 The Response Context and Analysis

2.2.1 The Global Context

The **Millennium Declaration** makes direct references to human rights, which are relevant to this Plan:

- To strive for the full protection and promotion in all our countries of civil, political, economic, social and cultural rights for all
- To encourage the ratification and full implementation of the Convention on the Rights of the Child and its optional protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography.

As part of a long-term response to the growing number of orphans and vulnerable children, concrete targets were set at the **United Nations General Assembly Special Sessions (UNGASS) on HIV/AIDS, in June 2001**. Countries resolved that, together with partners, they would: (a) by 2003, develop and by 2005, implement national policies and strategies, (b) ensure non-discrimination and full and equal enjoyment of all human rights, (c) urge the international community, particularly donor countries, civil society, as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS (paragraphs 65, 66 and 67 of the UNGASS Declaration).

2.2.2 The Regional Context

The initiation of Nigeria's national response on orphans and vulnerable children started with Nigeria's participation at the first West and Central African Regional workshop on children orphaned or made vulnerable by HIV/AIDS held in Yamoussoukro, Ivory Coast, in February 2002. The outcomes of this workshop included the development of a one year plan of action, with focus on raising awareness; building of a critical mass to accelerate the national response; and the holding of the first national conference on orphans and vulnerable children.

The second West and Central African Regional initiative was a skills building workshop on children orphaned or made vulnerable by HIV/AIDS held in July 2004 in Dakar, Senegal. The Nigerian team was made up of high level decision makers and representatives from the National Assembly, Federal Ministry of Women Affairs, National Committee on AIDS (NACA), Federal Ministry of Education, National Network of People Living with HIV/AIDS, and development partners. Commitments were made by the country team, among others, to (a) set up an orphans and vulnerable children (OVC) coordination unit in the Federal Ministry of Women Affairs to provide national leadership and (b) establish a multi-sectoral national steering committee to accelerate the national response. Sectoral commitments were also made at this meeting.

2.2.3 The National Context

This National Plan of Action is situated within the goals of the **National Economic Empowerment and Development Strategy (NEEDS)**. NEEDS is Nigeria's plan for prosperity. The goals of NEEDS include reduction in poverty incidence by 6% annually, set target for primary education, increasing girls literacy, reduction of infant mortality, increased immunization coverage, reduction of maternal mortality, reduce incidence of HIV/AIDS, increased access to safe water and sanitation.

The goal of NEEDS is to mobilize the resources of Nigeria to make a fundamental break with the failures of the past and bequeath a united and prosperous nation to the generations to come.

President Olusegun Obasanjo

NEEDS provides a framework for a nationally coordinated programme of action – including the federal, state and local governments. It focuses on four key strategies: reorientation of values, reducing poverty, creating wealth, and generating employment.

NEEDS provides a safety net for the protection of the vulnerable groups including children. Targeted instruments and interventions for protecting these vulnerable groups include the following:

Table 2.4: NEEDS Targeted Instruments for Protecting Vulnerable Groups

Group	Instruments and Interventions
Rural Poor	Access to credit and land; participation in decision making; agricultural extension services; improved seeds, farm inputs, and implements; strengthening of traditional thrift, savings, and insurance schemes
Urban Poor	Labour-intensive public works schemes; affordable housing, water, and sanitation; skill acquisition and entrepreneurial development; access to credit; scholarships and adult education
Women	Affirmative action (to increase women's representation to at least 30 percent) in all programmes; education, including adult education; scholarships; access to credit and land; maternal and child health
Youth	Education, entrepreneurial development, skill acquisition, access to credit, prevention and control of HIV/AIDS and other sexually transmitted diseases
Children	Children's parliament; Juvenile justice administration; Universal basic education; Education for girls, Care of orphans and vulnerable children (children affected by HIV/AIDS) ; Prevention and treatment of childhood diseases
Rural Communities	Water, rural roads, electricity, schools, health facilities, communications

Source: *NEEDS 2004, page 49*

Improvements in the conditions of all vulnerable groups, a large segment made up of caregivers, have significant implications on the welfare and rights of orphans and vulnerable children. When these goals are met, orphans and vulnerable children will come into the enjoyment of their rights to survival, protection, care and support.

At the State level, the State Economic Empowerment and Development Strategies (SEEDS) address a minimum set of priorities such as agriculture, small and medium-size enterprises, infrastructures, public finance reforms, and the social sectors (health and education). When these priorities are addressed, they will also impact on the situation of orphans and vulnerable children.

This National Plan of Action should form one of the major components of NEEDS II.

The first **national conference on orphans and vulnerable children** was held in February 2004. It turned out to be an international conference with participants drawn from Southern Africa and the international community – largely from the UNICEF offices in New York, USA and Dakar, Senegal; and some international NGOs from southern Africa. Parallel sessions with children were also held throughout the conference period. Their voices were heard and their views were taken into consideration. The conference generated greater commitment to take more action to accelerate the national response at all levels.

The orphans and vulnerable children (OVC) rapid assessment, analysis and action planning (**RAAAP**) process came against the background of the need to strengthen collaboration to scale-up the orphans and vulnerable children's responses in most HIV and AIDS affected countries of sub-Saharan Africa. Nigeria was one of the 17 sub-Saharan countries that participated in the process. It lasted from February – October 2004. The RAAAP process came up with major findings, gaps, challenges, opportunities and immediate actions needed to accelerate the national response on orphans and vulnerable children in Nigeria. What was most significant about this process for the development of this NPA, and also as deduce from literature reviews and stakeholders' consultations, was the identification of gaps vis-à-vis emerging opportunities for accelerated national response.

Nigeria also launched a national **Campaign on Children and AIDS**, as part of a global initiative in 2005. The campaign is aimed at invigorating the focus on children in all national responses to developmental challenges. This resulted in (a) massive awareness on the plight and rights of children infected or affected by HIV and AIDS, (b) commitments for programming and service delivery for children was strengthened and (c) strong partnerships and alliances focusing on children were forged with a view to substantially increase resource mobilization and allocation. The thrust of the campaign focuses on four "Ps": Protection and care for orphans and vulnerable children; Prevention of Mother-to-Child transmission; Paediatric treatment to children

infected by HIV and AIDS; and Prevention of HIV infection, particularly among children, youth and women. These key elements of the campaign further enriched the context for the development of this NPA.

The **National Health Sector Plan, 2005 – 2009**, recognizes that the problem of orphans is long-term and must be addressed. It also recognizes that ARVs for children present special challenges mainly due to problems in the production of stable paediatric formulations and their cost. As part of the effective health sector reform it will address prevention, care and support concerns including ART, OIs, home-based care (HBC) and OVC and nutrition as part of its seven strategic responses. This provides an opportunity for collaboration.

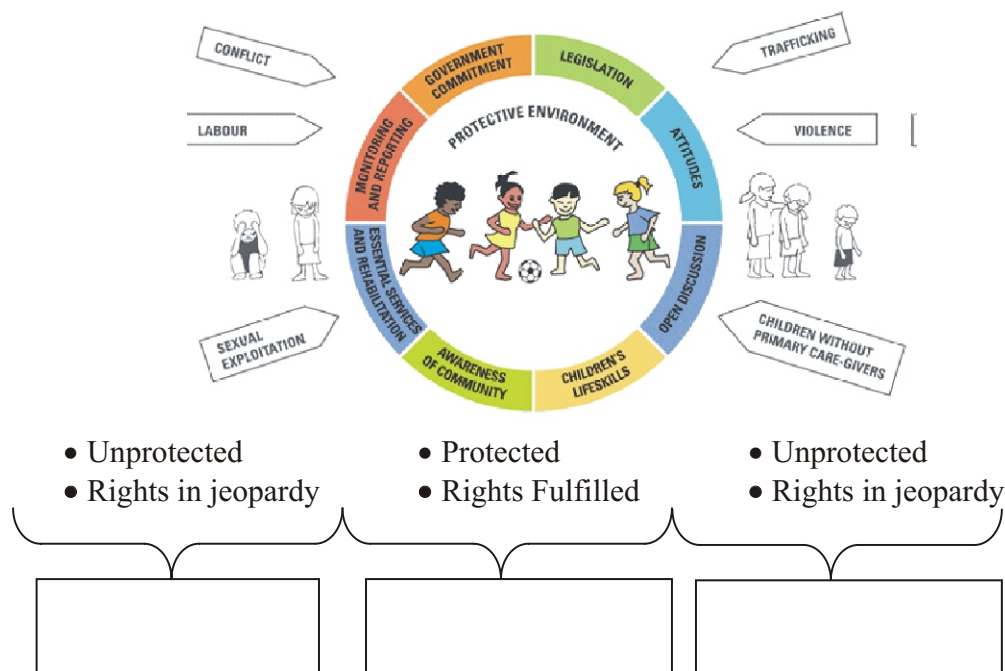
The draft of **National Education Sector HIV and AIDS Strategic Plan (2007 – 2011)** recognizes the rights of orphans and vulnerable children to education. It identifies the challenges faced by orphans and vulnerable children in accessing education and the limited capacity of teachers and caregivers in early child care centers to provide psychosocial support. This plan proposes holistic scholarships for orphans and vulnerable children in improve access to education. Provisions for school feeding and school-based health services are being strengthened in order to improve retention and completion rates of learners, including orphans and vulnerable children. All of these provide opportunities for collaboration.

The **‘Three Ones’ principles** provides a guide for the formulation of the NPA, especially the HIV/AIDS National Strategic Framework (NSF) for Action, while the monitoring and evaluation of the NPA is integrated into the NACA-coordinated Nigeria National Response Information Management System (NNRIMS).

2.3 Conceptual Framework

The conceptual framework for this national response for orphans and vulnerable children is predicated on the fact that children require a protective environment which emphasizes support to a range of commitments such as policies, attitudes and institutions which are prerequisites to good governance and a healthy civil society as demonstrated in the diagram

Fig: 2.2: Conceptual framework for protection, care and support



When children enjoy these rights, they are protected and their rights are fulfilled. When children live outside of the circle of protection, care and support, they are unprotected and their rights are in jeopardy.

Supportive families and communities are central to the national response, while participation and empowerment, enabling policies and institutions serve as pillars for this national response.

Furthermore, the framework for action and recommendations in a recent pre-publication edition by UNICEF (2006), in collaboration with a range of partners is to be used as a guiding framework for the National Plan of Action.

Table 2.5: Generic Framework for Action on Child Protection

ACTIONS AND RECOMENDATIONS	
Action Area	Action
<i>Social Protection</i>	Implement social programmes to ensure the most vulnerable families are able to meet their needs.
	Invest in family support services and ensure appropriate links with social assistance programmes for maximum impact. Involve communities in the provision of social transfers and family support services.
Legal Protection and Justice	Combat disinheritance by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier and promoting public education on wills and trusts.
	Improve civil registration systems by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly accessed services.
	Strengthen and/or develop specialized child protective services in police, justice and social welfare systems that provide a safe environment and sensitive procedures for child victims of abuse and exploitation.
	Strengthen, develop and implement legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect child victims and criminalize and penalize offenders.

	Support community-based monitoring mechanisms, which include building the capacity of teachers, health and community workers to identify children at risk, report on cases of abuse and exploitation and provide referrals.
Alternative Care	Find appropriate ways of supporting and monitoring informal care arrangements to ensure children are protected in extended families and other settings where parents are not present.
	Improve the formal care system to reduce overuse, guard against protection violations, encourage appropriate permanence planning, and provide opportunities for children and caregivers to express their preferences.
	Develop government and community-based protection and monitoring mechanisms that are supported by national guidelines and standards for care providers.
Cross-cutting recommendations	
<p>Address stigma related to HIV, AIDS, abuse and exploitation</p> <ul style="list-style-type: none"> · Facilitate open discussion to promote community-owned social change for children. · Sensitize the media to issues of HIV and AIDS and protection risks, and develop guidelines for reporting abuses. · Train national and community leaders to stimulate discussion on child protection issues and HIV and AIDS. 	
<p>Strengthen the state's social welfare sector</p> <ul style="list-style-type: none"> · Increase budgetary allocations to government agencies responsible for social welfare, alternative care and protective services within national framework, to a level adequate, at minimum, for providing statutory services and coordinating and regulating services provided by local government and non-governmental organizations. 	

- Invest in human resources within the social welfare system to increase the size, competency and reach of staff from both government and non-governmental service providers.
- Develop regulations, guidelines and coordination mechanisms aimed at improving implementation of social protection policies and ensuring more effective service provision.

Source: Child Protection and Children Affected by AIDS: UNICEF Pre-Publication Edition, August 2006, p. 10 and 11.

2.4 Guiding Principles for Implementation of the National Response

- The pro active involvement of children and adults living with HIV and AIDS.
- The involvement of children in the design of policies, programme design, monitoring and evaluation
- Interventions will be based on evidence of local realities.
- Funding should be targeted at supporting communities to reach the most vulnerable households and children
- Programmes will be designed on data disaggregated by age, ethnicity, gender and disability to ensure appropriate targeting and responses that meet the needs of a diverse population
- A multi-sectoral approach will be promoted to ensure effective referral and holistic responses
- The 3 ones principle; 1 plan of action, 1 coordinating body and 1 monitoring system
- The principles guiding the UN Convention on the Rights of the Child; each child's right to survival and development, participation, non discrimination and decisions made in the best interest of the child
- Good Governance, transparency and accountability
- Only NPA derived interventions will be prioritized for access to funding from the Nations resource envelope. The Federal Government will use performance based grants and tax exemptions to motivate State and Local Governments, communities and organized private sector to fund the implementation of the NPA at all levels.

- A high level of commitment demonstrated by the government at all levels
- Child Protection Policy that ensures ethical engagement with children at all times
- Strategies to build upon and work within national strategies and policies to achieve children's basic needs; UBE, NEEDS, National Health Insurance Scheme.

CHAPTER 3

Institutional Framework and Programme Strategies

3.1 Coordination Structures

Coordination at the National Level has the National Steering Committee as the apex body that approves policies, mobilizes resources and ensures implementation of approved plans. The OVC Unit will serve as the secretariat for coordination activities. The National stakeholders' Forum on OVC, where information is shared and critical decisions related to the implementation of the National Plan are reviewed and monitored. The National Coordination Group, constituted by the Federal Ministry of Women Affairs, is responsible for ensuring that the momentum for the national response is maintained and accelerated. Membership is drawn from the line ministries, NACA, development partners, people living with HIV and AIDS, a vulnerable child representative and zonal representatives. Based on the principles of the 'Three-Ones', there is the need for all sectors to come together in order to make significant impact in the realization of the rights of orphans and vulnerable children.

Coordination structures at the State and Local Government levels are, at present, almost non-existent. Mirroring the structure at the Federal level, the State Ministry of Women Affairs or its equivalent, at the state level working with the Social Welfare Units at the local government level, are to coordinate activities related to the welfare of all children and in particular those most vulnerable. Zonal, State and Local Government Coordination and Monitoring Units will be promptly established across the federation. The multi-sectoral necessities for the response to orphans and vulnerable children needs for protection, care and support requires that line ministries, SACA, LACA, development partners - including non-governmental organizations, children and people living with HIV and AIDS make up the functional coordination structure at these levels. This will entail enormous capacity development in skills and resources.

Community level coordination and monitoring does not exist. NGOs, FBOs and CBOs are working largely in isolation of each other, reporting to "fundings" rather than the government. This has led to duplication and variable quality and appropriate

ness with the targeting of individual children causing increased stigma discrimination. This structure will be established and strengthened. Community Coordination Committee's for Children are to be established either through existing CBOs that are representational of men, women, boys and girls in the communities or established with government support. Experience in Nigeria to date has shown that in order to avoid further stigmatizing of children and families affected by HIV and AIDS such committees should not be referred to as 'OVC committees' instead the focus should be on improving the welfare and protection of children. The Ministry of Women Affairs will ensure that appropriate structures are established and strengthened at this level.

3.2 Partnerships

For the lives of the most vulnerable children in Nigeria to dramatically change in the coming years there is a need for all sectors to come together in a coordinated response. Key stakeholders and implementing partners are to be coordinated by the Ministry of Women Affairs or their equivalents at the State and LGA levels. Other key players include civil society organizations - faith based organizations, community based organizations, children, youth and women's organizations, network of people living with HIV and AIDS - National and State Assemblies, Federal and State Government parastatals, line Ministries, Agencies, and development partners like the UN, bilateral development agencies and international NGOs, the private sector and the media.

3.3 Implementation Structures

A functional structure for implementation is essential for the achievement of results outlined in the NPA. The NPA will therefore have the following implementation structures at federal, state, LGA and community levels.

Table 3.1: Implementation Structures

National Stakeholders' Forum	Role
<ul style="list-style-type: none"> ~ Chair: Federal Ministry of Women Affairs; Co-Chair: National Action Committee on AIDS Members are drawn from: <ul style="list-style-type: none"> ~ Representatives of government line ministries: Education, Health, Agriculture, Finance, Information and National Orientation, Agriculture, Labour, etc. ~ Child representatives/ Children's Parliament ~ National Action Committee on AIDS ~ National Assembly ~ National Planning Commission ~ Representatives of government at State level – zonal basis ~ UNICEF, UNAIDS, World Bank, UNDP, ILO ~ Donors and bi-laterals such as USAID and DFID ~ International NGOs – ENHANSE Project, GHAIN, Hope World Wide, CEDPA ~ Save the Children UK ~ Network of people living with HIV/AIDS ~ National Youth Network of HIV and AIDS ~ Civil Society Network on HIV/AIDS ~ Representatives of Local NGOs/CBOs/FBOs at all levels ~ Private Sector 	<p>Sustain momentum for implementation, supervision, contribute to policy formulation, and technical back stopping</p>
<p>Department of Child Development/ OVC Unit</p> <ul style="list-style-type: none"> ~ Headed by a Deputy Director in the Federal Ministry of Women Affairs ~ Accountable to the Department of Child Development ~ Strong linkages with development partners ~ Works with National Assembly, NACA and line ministries like Education, Health 	<ul style="list-style-type: none"> ~ Secretariat for managing implementation of approved plan. ~ Connects to the overall national response in relation to the Three Ones
<p>Technical Working Group</p> <ul style="list-style-type: none"> ~ As specified by the Stakeholders Forum <p>State Level:</p>	<p>Technical leadership in the implementation of specific components of the National Plan.</p>
<ul style="list-style-type: none"> ~ State Implementation Committee (36 + 1) ~ State Action Committee on AIDS ~ Children's parliament ~ Child Protection Networks, especially in endemic States with high incidences of child trafficking ~ NGOs/ FBOs 	<p>Implementation, monitoring and evaluation</p>
<p>Local Government Area Level:</p> <ul style="list-style-type: none"> ~ Local Government Implementation Committee in 744 LGAs ~ Local Government Action Committee on AIDS ~ NGOs, CBOs, FBOs 	<p>Implementation, monitoring and evaluation</p>
<p>Community Level:</p> <ul style="list-style-type: none"> ~ Community Child Welfare and Protection Committees, including children, in wards and villages ~ Community Development Associations ~ Children, Youth and Women's groups ~ FBOS, CBOs, Families, Children ~ Primary Health care Centers or Health Post 	<p>Identification, implementation, protection, monitoring and evaluation</p>

3.4 Programme Strategies

3.4.1 Advocacy and Social Mobilization

The successful implementation of the National Action Plan will be facilitated by a well-defined advocacy and social mobilization strategy. This strategy will demand a strong engagement of parliamentarians, decision-makers in government, donor community and bilaterals, UN system, religious leaders, community/ traditional leaders and children, youth and women's groups to fulfill their obligations and galvanize strong social actions at all levels to ensure that orphans and vulnerable children enjoy their rights.

It will also require a communication strategy that will involve the government, non-governmental organizations, development and implementing partners at the national, zonal and local government levels. The specific aim of this communication strategy is to ensure that all actors are knowledgeable about all of the key provisions as well as their respective roles and responsibilities. The communication plan will pursue a combination of strategies that will include the following:

- ~ Mass media campaigns
- ~ Social mobilization
- ~ Advocacy meetings

3.4.2 Resource Mobilization

The primary objective for the mobilization of financial resources is to ensure that mechanisms, services and concrete support are put in place for the benefit and well-being of orphans and vulnerable children. However, the bulk of resources available currently for supporting orphans and vulnerable children activities in are largely donor-funded. Private sector participation is almost non-existent at the moment and other non-state actors lack coordination in their approach in mobilizing resources, resulting in ineffective fund raising coordination and resource utilizations.

Resource mobilization drive will achieve the following results:

- ~ Adequate budget allocation for programming on orphans and vulnerable children. This will include regular budgets and the MDG or debt relief funds being allocated to sectors.
- ~ Pool donor resources for the implementation of the national plan.
- ~ Private sector investment.
- ~ Commitment of civil society organizations to reach all orphans and vulnerable children with protection, care and support services.

3.4.3 Human Resources

No plan of action can be implemented without sufficient human resources. Human resources for the implementation of this NPA will be drawn from a range of government departments, organizations, institutions and communities. Each department or organization will ensure that its human resources involved in orphans and vulnerable children responses are sufficiently trained and skilled to provide the services required.

3.4.4 Engagement of Civil Society Organizations

The role of civil society organizations in the successful implementation of the Plan of Action can not be overemphasized. From the situation analysis of the national response it is obvious that apart from families and communities, the most active segment of the population engaged in service delivery are civil services organizations. These include the non-governmental organizations, community-based organizations, faith-based organizations and children, youth and women's associations or groups. Importance will therefore be given to ensuring that they have the capacity to deliver quality services to orphans and vulnerable children at all levels. They form the most vital link in the service delivery chain.

3.4.5 Participation Rights and Gender Inequities

Participation and gender are cross-cutting themes that will apply in all areas of the implementation of the National Plan of Action.

As much as adult roles are crucial, children's participation is obligatory; and there are no child rights without their participation. These are derived from the experience of those who are close to the children and try to act "with them or for them". Participation will enable orphans and vulnerable children achieve the following in the process of the implementation of the National Plan of Action:

1. Commit policymakers to issues of concern through creative expression by demanding their rights, services and meaningful participation.
2. Develop skills of creative and positive expression for advocacy, communication, assertiveness, negotiation and leadership.
3. Appreciate positive living and greater involvement of children orphaned, affected and/or infected by HIV/AIDS through greater involvement, positive dreams and capacity to identify and access services
4. Appreciate the need for children to develop a consciousness of opportunities within their reach for information, care and support including through the use of available media and information technology and prevention, treatment, care and support initiatives in their locality.
5. Make children contribute to solutions, service delivery, and positive influence. For instance, consultations with children during the development of the National Plan of Action revealed to adults that children view the world through slightly different lenses. This contrasts with the traditional view that children should be 'seen and not heard' whilst in the company of adults. Children in communities are in no doubt as to which households or even children within the household are most vulnerable. They know who goes to school and who has dropped out. They can tell you which relative treats them with love and care and which ones make them feel uncomfortable or frightened when their parents are not around. For children to be able to share these observations a safe space needs to be created.

On the other hand, gender inequities have been the cause of a lot of deprivations and poverty among children, especially the girl child. Within the Nigerian setting, the rights of the girl child are often more in jeopardy than that of the boy child. Conscious efforts will therefore be made to ensure that gender inequities are addressed at every level of intervention. Finally, wherever we ask the question “who” in the course of the implementation of this Plan or disaggregate data, we must distinguish the situation for girls and boys, men and women.

Chapter 4

National Plan of Action

4.1 Development Process of the Plan

The process of developing a National Plan of Action to respond to orphans and vulnerable children issues commenced in 2004 with the completion of Rapid Assessment, Analysis and Action Planning (RAAAP) process for orphans and vulnerable children. Through this process, valuable information was collected to provide the basis for action. It is on this premise that this costed National Action Plan is developed.

The purpose of the NPA is to provide a five-year (2006 – 2010) framework for the acceleration of the national response to orphans and vulnerable children, building on previous and existing experiences to reach more children with basic services on a sustainable basis.

4.1.1 Data Collection Approaches

The Federal Ministry of Women Affairs inaugurated a technical task team in 2005 to develop a national plan of action for orphans and vulnerable children. Thereafter, comprehensive, consultative and participatory approaches with adults and children were adopted for the development of the Plan. Desk reviews and in-depth interviews were held with government departments, UN agencies and implementing partners. Zonal stakeholders' consultations were also held covering the six geopolitical zones of Nigeria. Participants were drawn from government, civil society organizations including non-governmental organizations, community based organization and faith based organization; community leaders and caregivers. Through a series of participatory approaches the consultations highlighted the needs and priorities of the most vulnerable children in each zone. It also highlighted distinct regional variations in the situation of children and proffered mechanisms for responding to the crisis.

Parallel children's consultations were also held in the zones. This enabled vulnerable children to (a) share information on their definition of vulnerability, (b) identify and prioritize their problems and (c) suggest solutions. The children used drawings and role plays to share their findings with the adult group. They engaged the adults in small group discussions. In each zone, the children advocated strongly for adults to be more considerate in determining a child's vulnerability. Children's voices were heard and their inputs taken into consideration in the formulation of this NPA.

Futures Group and Family Health International provided technical assistance for the costing of the National Plan and the development of a monitoring and evaluation framework respectively.

This Plan of Action provides a concrete guide for policy makers, programme planners and implementers at all levels for designing and carrying out interventions to mitigate the impact of orphan hood and other causes of vulnerability on children in Nigeria. It is designed as an advocacy and resource mobilization tool as well as a management instrument to improve targeting, accountability and resource distribution.

4.2. Goal and Objectives of the National Response

4.2.1 Goal

By 2010, mechanisms for the protection, care and support of orphans and vulnerable children are in place and facilitating the provision of basic services within a supportive environment from national to household level

4.2.2 Strategic Objectives

The strategic objectives of this National Plan of Action are to:

1. Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children

2. Engender mechanisms that mobilize and support community-based responses to enable at least 25% of the most vulnerable children have access to protection, care and support
3. Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration
4. Raise awareness and increase understanding of issues affecting orphans and vulnerable children amongst policy makers and general population through advocacy and social mobilization
5. Ensure that government at all levels protect the most vulnerable children through improved policy and legislation
6. Strengthen coordination and institutional mechanisms for programme implementation, monitoring and evaluation at all levels

4.2.3 Expected Outcomes/ Results

Objective 1: Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children.

- 1.1 NGOs, CSOs and FBOs deliver quality psychosocial care and support and protection services to orphans and vulnerable children, families and communities
- 1.2 Orphans and vulnerable children have increased capacity to protect themselves from abuse and exploitation through the development of life skills
- 1.3 Girls and boys participate in decision-making that affects their lives
- 1.4 More families are economically empowered are providing household care
- 1.5 Increased social actions to reduce the number of children living outside of family environment in all affected areas
- 1.6 Orphans and vulnerable children re-integrated back to families, relative or foster parents

- 1.7 Orphans and vulnerable children are living in good shelter and have adequate household equipment and necessities

Objective 2: Engender mechanisms that mobilize and support community-based responses to enable at least 25% of the most vulnerable children have access to protection, care and support.

- 2.1 Transparent and representative Child welfare and protection committees and networks at community level, comprising of men, women, boys and girls
- 2.2 Plans of action developed targeting community wide and household specific interventions
- 2.3 An effective referral system at community level for reporting and responding sensitively to incidence of abuse and exploitation
- 2.4 Locally determined measures to increase protection for the most vulnerable children in the community e.g. reduction of harmful work
- 2.5 Systems established to monitor the protection, care and support being provided for extremely vulnerable households and individual children in the community
- 2.6 Increase in locally derived resources to provide protection, care and support for the most vulnerable children.
- 2.7 A coordination system to support youths, children and adult men and women to play a volunteer role in supporting orphans and vulnerable children in their community
- 2.8 Increased capacity of the government to play the coordination role in the set up and monitoring of child welfare and protection committee's/networks

Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration.

- 3.1 Supportive policies and environment
- 3.2 Increased access by orphans and vulnerable children to education
- 3.3 Decline in school drop-out rate among orphans and vulnerable children
- 3.4 Increased family/caregiver and community support and commitment to protect the rights of orphans and vulnerable children to education
- 3.5 Orphans and vulnerable children have quality vocational and livelihood skills

- 3.6 Good health seeking behaviour among orphans and vulnerable children and family/caregiver
- 3.7 Improved access by orphans and vulnerable children to basic health services, including treatment and care
- 3.8 Strong support for community-oriented actions for health promotion and disease prevention for orphans and vulnerable children among health workers
- 3.9 Access to quality community based counseling units incorporating VCT
- 3.10 Improved care for HIV infected mothers enrolled in PMTCT service and the infants of mothers living with HIV
- 3.11 Health Facilities support for home-based care (HBC)
- 3.12 Functional structures and mechanisms for birth registration at LGA and community levels
- 3.13 Birth registers kept and updated at community level

Objective 4: Raise awareness and increase understanding of issues affecting orphans and vulnerable children amongst policy makers and general population through advocacy and social mobilization.

- 4.1 Relevant information, education and communication/ behaviour change communication (IEC/BCC) and advocacy materials developed and distributed at all levels
- 4.2 Increased commitment and social actions on orphans and vulnerable children interventions at all levels
- 4.3 Improved budget allocation and resources to orphans and vulnerable children programmes at all levels

Objective 5: Ensure that government at all levels protects the most vulnerable children through improved policy and legislation.

5.1 Child Rights Act passed in all States

- 5.2 Child Rights Act implemented at all levels
- 5.3 Orphans and vulnerable children's issues mainstreamed into macro-economic policies and programmes
- 5.4 Guidelines and sector-specific standards developed
- 5.5 New legislations and relevant policies passed

Objective 6: Strengthen coordination and institutional mechanisms for programme implementation, monitoring and evaluation at all levels.

- 6.1 Functional structures and mechanisms at national, State, LGA and community levels
- 6.2 Plans of action and implementation plans developed at all levels
- 6.3 Functional social welfare system for effective orphans and other vulnerable response
- 6.4 Community orphans and vulnerable children coordinating committees formed and action plans developed
- 6.5 Adequate resource generated at all levels to accelerate national response
- 6.6 Sectoral and gender-disaggregated baseline data on orphans and vulnerable children
- 6.7 Monitoring and evaluation mechanisms in place at all levels and integrated into the "Three-Ones", especially the NNRIMS
- 6.8 Operational systems for monitoring and evaluation at all levels

CHAPTER 5

Monitoring and Evaluation Plan

5.1 Key Elements of the Plan

The Monitoring and Evaluation Plan was developed concurrently with the National Plan of Action. Key elements of the M&E Plan include the following.

- (a). The Monitoring and Evaluation Framework provides a basis for,
 - ~ measuring the contribution of program activities to improving the socioeconomic conditions of the orphans and vulnerable children and their households;
 - ~ monitoring program activities and outputs as well as ensuring that quality services are available to the orphans and vulnerable children and their households;
 - ~ implementing appropriate strategies to ensure the sustainability of positive changes

- (b). The plan also calls for:
 - ~ The development of guidelines and Standard Operating Procedures (SOP) to ensure the quality of services provided
 - ~ The development/revision of data collection tools (by all partners) to ensure that their tools are able to capture information needed to measure and track program achievements and effects;
 - ~ The dissemination of results at the national, state, local government and community levels with a feedback to the community from LACA;

- (c). This M&E Plan is guided by the principle of the ‘Three Ones’¹. In this respect, the National Plan of Action Monitoring and Evaluation system has been informed by the HIV/AIDS National Strategic Framework (NSF) for Action and will be integrated into the NACA-coordinated Nigeria National Response Information Management System (NNRIMS).

¹ One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; One National AIDS Coordinating Authority, with a broad-based multi-sector mandate; One agreed country level Monitoring and Evaluation System

5.2 Monitoring and Evaluation Strategies

1. Harmonize data collection across partners, the OVC Unit, through LACA, SACA and NACA to:
 - ~ Ensure that implementing partners select and collect information on indicators that are relevant to their project activities from the NPA list of indicators;
Support and advise partners on how to monitor their project activities and achievements;
 - ~ Ensure that orphans and vulnerable children indicators are similarly defined and measured across partners.
2. Facilitate the implementation of the "Three-Ones" principle on M&E, the OVC Unit, through the LACA, SACA and NACA to:
 - ~ Ensure that this M&E plan is consistent with national M&E requirements
 - ~ Recommend and facilitate the collection of additional M&E information that might be needed by relevant national bodies
 - ~ Collaborate with relevant national bodies, for instance the National Population Commission (NPopC) and the National Bureau of Statistics (NBS), and seek for the harmonization of M&E activities countrywide;
 - ~ Support the process of developing, reviewing and implementing the National HIV/AIDS M&E work plans as the need arises.
3. Ensure adequate utilization of the results from M&E activities and improve the implementation of Plan by the OVC Unit, through the LACA, SACA and NACA to:
 - ~ Document and disseminate to relevant partners and stakeholders the lessons learned in the orphans and vulnerable children program;
 - ~ Document and disseminate to relevant partners the positive changes observed during the implementation of orphans and vulnerable children NPA activities and propose ways to sustain those changes;
 - ~ Work closely with the partners to improve their performance.
4. To ensure sustainability of the M&E efforts, the OVC Unit will:

- ~Support the provision of technical assistance to partners and LACA, SACA and NACA to strengthen their M&E capacity;
- ~Ensure that monitoring and evaluation tools are developed in a participatory manner, incorporating inputs from the partners and other stakeholders.

5.3 Data Reporting System

The NPA monitoring data will be reported through the existing NACA coordinated NNRIMS system (Appendix II). The NNRIMS structure requires that service organizations report data collected in the communities to LACA using a prescribed form. Data sent to LACA will be reviewed for completeness and consistency. The OVC Unit in the Federal Ministry of Women Affairs is to work closely with NACA to ensure integration.

It is recommended that the Local Government Social Welfare Officer be a member of LACA in order to mainstream orphans and vulnerable children data issues within LACA.

Any deficiency/inconsistency detected in the data will be reported to the concerned partner/service organization for clarification/reconciliation. The data will also be examined for variations in program activities and outputs by community and service organization. LACA, in collaboration with Ministry of Women Affairs, will provide a feedback to the communities through their leaders to facilitate a collaborative decision making process on ways to improve program performance as well as the lives of orphans and vulnerable children and their households. LACA, in collaboration with the Ministry of Women Affairs, will disseminate the M&E results to the service organizations and communities.

From LACA, data will be sent to SACA where it will also be reviewed for completeness. SACA will analyze the data received from LACA for variations by LGA and service organization. SACA will undertake state level dissemination of the monitoring results. From the state, data will be sent to NACA where the national OVC M&E officer and the national coordinator will ensure adequate analysis of the NPA related

data.

5.4 Methods for Monitoring and Evaluating the NPA

Process Evaluation: The OVC Unit(s), through the coordinators, the State Desk Officers and the local government Social Welfare Officer will review process and output data collected by service organizations/implementing partners. This process of evaluation will help to determine whether activities are implemented as planned, what resources are used, what services are offered, how well services are provided, how many people are reached, and who the program is reaching. To ensure adequate record keeping, LACA with support from the local government Social Welfare Officer will visit service delivery sites periodically to examine the records of the service providers and provide/recommend technical assistance when needed.

Measuring Program Outcome and Impact: Data for outcome/impact indicators, usually measured at the population level, will be obtained through population-based surveys of the orphans and vulnerable children and their households. Surveys conducted or supported by the National Bureau of Statistics (NBS) and the National Population Commission (NPopC) such as the Demographic and Health Surveys (DHS) will be utilized to generate the required outcome data. The OVC Secretariat and the OVC technical team will meet with the two bodies to explore how the surveys they conduct at regular intervals could be used to generate data for the outcome indicators. Depending on the progress of implementation and the depth of information generated from the population-based surveys, a **mid-term evaluation** may be conducted mid-way during the implementation of the NPA to determine the level of success and to make adjustments in the Plan where necessary to ensure that the desired outcomes are achieved.

Special Studies: Special studies, for instance operation research (**OR**), could be undertaken to address special issues that arise during implementation of the NPA. In addition to OR, **qualitative studies** could be undertaken to examine changes in attitudes, behavior and socioeconomic conditions of the orphans and vulnerable children and their households. The qualitative data supplements the quantitative data and

helps to explain processes that could not be captured by the quantitative data.

Timeline for M&E Activities: Appropriate timeline for the various activities will be developed by the OVC Unit with input from the partners. While data is collected everyday, reporting to the appropriate levels is expected to be done according to the schedule in the indicator matrix of the M&E framework.

5.5 Quality Management System

Quality of services: As part of the activities to monitor quality of services, the OVC Unit and partners will develop assessment tools for routine activities and for internal and external assessments of the quality of services. Tools for,

- ~ interviews with providers to assess capability, and with orphans and vulnerable children and their households to assess satisfaction;
- ~ regular site visits to observe service delivery process, particularly orphans and vulnerable children-provider interaction; review data forms/records, or assess training needs and the extent to which recommended changes have been implemented.

The secretariat and the partners will also document supervisory activities and observations as well as document and disseminate best practices and lesson learned.

Data quality: The data collected and reported by the service providers will be subjected to the following quality checks at the local government (LACA) level:

- ~ Completeness – There is a need to ensure that all the required information that permits disaggregation by sex, age, service provided etc. is provided on the activity reporting forms
- ~ Consistency: We must ensure that information recorded in different sections of the form is consistent with one another. For instance, the reported total number of orphans and vulnerable children served should equal the sum of male and female orphans and vulnerable children served.
- ~ Reliability: There is a need to find out, occasionally, whether the service provider actually provided service to the number of persons reported on the registers and on the reporting forms.

5.6 Data Management, Dissemination and Use

Data is to be analyzed at the local government, state and national levels. The M&E results will be disseminated to various stakeholders through different forums/reports. Dissemination will be tailored to the interests of the different stakeholders. National level dissemination workshops will be conducted with relevant government officials, ministries, donors, NGOs and collaborating agencies.

Local government/community-level disseminations will be conducted as appropriate in order to provide feedback to service providers and communities.

The OVC Unit and the partners will meet at regular intervals to review data.

Data generated will help to:

- ~ Document project performance – encourages accountability;
- ~ Determine whether Plan activities are implemented as planned;
- ~ Inform decisions about the appropriateness of the resources and strategies being deployed as well as the need to adjust them;
- ~ Inform decisions about the scope of the project;
- ~ Document lessons learned;
- ~ Conduct advocacy to stakeholders and policy makers to sustain their support and to make them commit resources to the Plan.

CHAPTER 6

Costed Plan of Action and Overall Budget

6.1 Costed Plan of Action

Strategic Objective 1: Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
1.1 NGOs, CBOs and communities have increased capacity to deliver quality psychosocial care and support	- Conduct OVC Program analysis on psychosocial needs at national to community level	FMWA/SMWA Development Partners CSOs/CBOs/FBOs	Hiring of Two (2) Consultants	\$42,000	0	0	0	0
	- Develop/adapt and produce training curricula on psychosocial skills and distribute to stakeholders	FMWA/SMWA	Hiring of Three (3) Consultants	\$516,100	0	\$385,000	0	\$385,000
	- Train core master trainers on psychosocial skills for training of OVC, families and CSOs at community level	FMWA/SMWA CSOs	See costing notes	\$20,000	\$285,000	\$270,000	0	0
1.2 Orphans and vulnerable children have increased capacity to protect themselves from abuse and exploitation through the development of life skills and participation in decision making that affects their lives	- Provide grants to NGOs CBOs and FBOs on a competitive basis to psychosocial support and at community level	FMWA/SMWA	Costing notes	0	0	\$1,727,000	\$1,727,000	\$1,727,000
	- Train master trainers on life skills, listening and discussing with children	FMWA/SMWA CSOs/CBOs/FBOs	See costing notes	\$20,000	\$285,000	\$270,000	0	
	- Facilitate children's participation in the LGA and community action plans to support orphans and vulnerable children ~ Production of IEC materials	FMWA/SMWA CSOs/CBOs/FBOs FMWA/SMWA Federal Ministry	Part of integrated programme budget Costing notes	0	0	0	0	\$2,500 0 \$10,000 0 \$10,000,000

Strategic Objective 1: Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
.3 Girls and boys participate in decision-making that affects their lives	~ Promote children/ family, community, government and CSO dialogue on protection, care and support	FMWA/SMWA, CSOs/CBOs/FBOs	Part of integrated programme budget	0	0	0	0	0
	~ Strengthen the capacity of civil society organizations to effectively design, monitor and evaluate Programmes, involving the most vulnerable children							
.1.4 More families are economically empowered are providing household care	~ Reduce stigma and discrimination around HIV/AIDS, particularly children affected by HIV and AIDS, through community dialogue and action planning							
	~ Mainstream OVC issues into play centers and strengthen OVC intervention programmes to address psychosocial needs	FMWA/SMWA, CSOs/CBOs/FBOs	Part of integrated programme budget	0	0	0	0	0
	~ Provide business grants to individuals/OVC, households (who have organized themselves into groups) to establish income generating activities	FMWA, SMWA, SACA, LACA, Development Partners, NGOs,/CSOs/FBOs	Business grants to 1% of OVC in the 1 st year; 3% in the 2 nd year; 6% in the 3 rd year; 9% in the 4 th year and 12% in the 5 th year.	\$10,971,735	\$18,720,706	\$26,933,963	\$35,433,578	\$52,103,221
	~ Trainer to train in Income Generating Skills at community level							

Strategic Objective 1: Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
	~ Provide microfinance to OVC and OVC caregivers at LGA level	Funds for providing Loans/Credit + Funds for 1 day training in business management		\$10,442,365	\$18,720,706	\$26,933,963	\$30,576,391	\$46,834,356
1.5 Healthy and protected orphans and vulnerable children in communities	~ Support communities to provide food supplements for households with OVC most in need	FMWA/SMWA, FMA, FMH, FME, SMA, Development Partners NGOs CSOs	Beans - 1 bag; rice-1 bag, powdered milk-1 bag palm oil-1 tin or 20 liters Leguminous Seeds, 2 goats, cattle, Maize seeds	\$5,200,000	\$15,600,000	\$26,100,000	\$26,100,000	\$15,600,000
	~ Support households with OVC to undertake nutrition gardening for 11,350 households or 22,748 OVC per year			\$1,296,609	\$2,654,442	\$5,415,209	\$8,230,460	\$11,067,675
	~ Two pairs of clothing (village standard) per year per OVC ~ Provide Shoes	FMWA, NACA, FME, Development Partners NGOs/CSOs/CBOs /FBOs	Clothes for 1% of OVC in the first year and scale up to 10% by the year 2010 (i.e. 1% first year 2.5% second year 5% third year; 7.5% fourth year and 10% fifth year)	\$2,092,772	\$5,355,453	\$7,647,795	\$9,963,189	\$11,164,760

Strategic Objective 1: Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
	~ Provide Blankets and bedding materials		Shoes for 1% of OVC in the first year and scale up to 10% by the year 2010 (i.e. 1% first year 2.5% second year 5% third year; 7.5% fourth year and 10% fifth year) Blankets and bedding for 1% of OVC in the first year and scale up to 10% by the year 2010 (i.e. 0.003%					
1.6 Increased social actions to reduce the number of children living outside of family environment in all affected areas,	Massive advocacy and social mobilization at all levels, especially in endemic regions, to create awareness on the jeopardy of children deprived of protection and care	FMWA, NAPTIP, NHRC, Development Partners	Integrated budget into programmes. There are also specific national programmes to address this	0	0	0	0	0
1.7 Most orphans and vulnerable children re-integrated back to families,	Facilitating linking the OVC with their family, relatives or foster parents	FMWA, SMWA, Development	Cost of training and coordinating law enforcement,					

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
relative or foster parents		Partners CSOs/CBOs/FBOs	orphanage staff, social workers, and social development workers together is included strategic objective					
1.8 Orphans and vulnerable children are living in good and have adequate household equipment and necessities Resources and rehabilitations centers	~ Providing/supporting households with OVC especially the child headed households, with shelter by building dwellings in rural areas and providing house rent in urban areas Helping with repairing and maintenance of the houses in critical need for repair and maintenance and Provide support for other household equipments and necessities	FMWA, SMWA, Development Partners CSOs/CBOs/FBOs NAPTIP,	Provide thatch, poles, sticks, tin roofs, cement for patching, wooden planks, and latrines- as well as household equipments as needed	0	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000

Strategic Objective 1: Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
2.1 Transparent and representative Child welfare and protection committees and networks at community level comprising of men, women, boys and girls	<ul style="list-style-type: none"> - Develop training manual on the set up, roles, responsibilities of child welfare and protection committee's/networks. - Build the capacity of CSOs to have the skills to build confidence and encourage the participation of girls and boys in community for a 	FMWA/SMWA, CSOs	Costing notes	0	\$909,630	\$909,630	\$909,630	\$909,630
2.2 Plans of action developed targeting community wide and household specific interventions to support vulnerable households	Communities to be supported to develop action plans that identify the needs of children, locally determined action to be taken and the resources locally sourced. (community action)	FMWA/SMWA Development Partners CSOs/CBOs FBOs		0	0	0	0	0
2.3 An effective referral system at community level for reporting and responding sensitively to abuse and exploitation of the most vulnerable children	Training for Police, Health, Education providers at community, LGA and State level, together with the child welfare and protection committees to understand harms affecting children, best practice for responding in the best interest of the child	FMWA/SMWA, Development Partners CSOs		0	0	0	0	0

Strategic Objective 1: Strengthen the capacity of families, including children, to protect and care for themselves and support other orphans and vulnerable children

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
2.4 Locally determined measures developed to increase protection for the most vulnerable children in community e.g. reduction of harmful work	CSOs to develop skills in support communities to identify harms facing children in the community and facilitate action for change through community dialogue, theatre for development and behaviour change strategies	FMWA/SMWA, Development Partners CSOs		0	0	0	0	0
2.5 Systems established to monitor the protection, care and support being provided for extremely vulnerable households and children in the community	CSOs to support community child welfare and protection committees to undertake a monitoring system for vulnerable households	FMWA/SMWA Development Partners CSOs/CBOs/FBOs		0	0	0	0	0
2.6 Increase in locally derived resources to provide protection, care and support for the most vulnerable children	To increase sustainability of support, where possible local resources and strategies to be identified and mobilized. E.g. market trader contribution, community gardens - provide training for committees on proposal development and financial management and accountability	FMWA/SMWA Development Partners CSOs		0	0	0	0	0
2.7 Coordination systems are established to support youths, children, adult men and women to play a	CSOs to facilitate community volunteer schemes that ensure provision of child focused home based care and psychosocial support	FMWA/SMWA Development Partners CSOs/CBOs/FBOs		0	0	0	0	0

Strategic Objective 2: Engender mechanisms that mobilize and support community-based responses to enable at least 25% of the most vulnerable children have access to protection, care and support

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost					
				2006	2007	2008	2009	2010	
volunteer role in supporting orphans and vulnerable children.	port for the most vulnerable children								
2.8 Increased capacity of the government to play the coordination role in the set up and monitoring of child welfare and protection committee's/networks	Holding 4 meetings a year at the state level to consult, identify problems at the community level, set goals, develop and compare monitoring tools and results, measuring progress towards achievement of benchmarks. 60 network people will come to the meeting	FMWA/SMWA Development Partners CSOs/CBOs/ FBOs	Costing notes	0	\$909,630	\$909,630	\$909,630	\$909,630	
3.1 Supportive policies and environment	<ul style="list-style-type: none"> ~ Mainstream OVC issues into existing education policies, e.g. UBE policy ~ Mainstream OVC issues into curriculum, extra-curricula activities and programmes ~ Train teachers Develop new policies, legislations and guidelines for the educational system, where they are non-existent	FMWA/SMWA Development Partners CSOs/CBOs/ FBOs FME,	On-going efforts by FME. Funding is ministry specific	0	0	0	0	0	
3.2 Increased capacity of schools and communities to ensure access to formal education for orphans and vulnerable children	Support schools and community child welfare and protection committee's to: <ul style="list-style-type: none"> ~ Identify pre-school, primary school, and secondary school age OVC by commu 	FME, FMWA/SMWA Development Partners CSOs/CBOs/ FBOs	Costing notes	\$3,020,564	\$4,346,866	\$5,721,324	\$7,109,867	\$8,505,714	

Strategic Objective 2: Engender mechanisms that mobilize and support community-based responses to enable at least 25% of the most vulnerable children have access to protection, care and support

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
Decline in school drop-out rate among orphans and vulnerable children	nity ward, LGA, State, and Federal levels			\$1,463,882	\$1,459,310	\$1,449,522	\$1,431,488	\$1,409,184
	~ Provide holistic scholarship to pre-primary school OVC to cover fees, books, uniforms, exam registrations, school meal, transportation etc. where Private pre-primary schools exist and or when public pre-primary schools are established.							
	~ Provide holistic scholarships to OVC of primary age to cover fees, books, uniforms, exam registrations school meal and transportation				\$22,006,772	\$33,721,900	\$45,746,095	\$57,773,387
	~ Provide holistic scholarships to OVC of secondary school age to cover fees, books, uniforms, exam registrations school meal and transportation			\$18,079,319	\$30,434,994	\$43,528,514	\$57,074,029	\$70,950,554

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
3.1 Supportive policies and environment	<p>~ Mainstream OVC issues into existing education policies, e.g. UBE policy</p> <p>~ Mainstream OVC issues into curriculum, extra-curricula activities and programmes</p> <p>~ Train teachers</p> <p>Develop new policies, legislations and guidelines for the educational system, where they are non-existent</p>	FMWA/SMWA Development Partners CSOs/CBOs/ FBOs FME,	On-going efforts by FME. Funding is ministry specific	0	0	0	0	0
3.2 Increased capacity of schools and communities to ensure access to formal education for orphans and vulnerable children	<p>Support schools and community child welfare and protection committee's to:</p> <p>~ Identify pre-school, primary school, and secondary school age OVC by community ward, LGA, State, and Federal levels</p> <p>~ Provide holistic scholarship to pre-primary school OVC to cover fees, books, uniforms, examination registrations, school meal, transportation etc. where Private pre-primary schools exist and or when public pre-primary schools are established.</p>	FME, FMWA/SMWA Development Partners CSOs/CBOs/ FBOs	Costing notes	\$3,020,564	\$1,459,310	\$5,721,324	\$7,109,867	\$8,505,714
Decline in school drop-out rate among orphans and vulnerable children				\$1,463,882	\$33,721,900	\$1,449,522	\$1,431,488	\$1,409,184

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
~ Provide holistic scholarships to OVC of primary age to cover fees, books, uniforms, exam registrations school meal and transportation				\$22,006,772	\$33,721,900	\$45,746,095	\$57,773,387	\$69,694,412
~ Provide holistic scholarships to OVC of secondary school age to cover fees, books, uniforms, exam registrations school meal and transportation				\$18,079,319	\$30,434,994	\$43,528,514	\$57,074,029	\$70,950,554
3. 3 Increased family/caregiver and community support and commitment to protect the rights of orphans and vulnerable children to education	Sensitization of teachers at all levels in psychosocial issues for OVC- this will be mainstreamed into on going teachers training at zonal level			0	\$332,310	0	\$332,310	0
3.4 Orphans and vulnerable children have quality vocational and livelihood skills	~ Pay required charges / expenses for the vocational training and or apprenticeship and provide OVC with necessary allowances	FME, FMWA/SMWA Development Partners CSOs/CBOs/ FBOs	Costing notes	\$3,350,259	\$3,470,693	\$4,301,985	\$5,885,955	\$7,513,011

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
	~ Provide start up capital for those OVC participating in vocational training ~ Training of vocational trainers in order to sensitize them to OVC issues and in basic psychosocial care/support ~ Training of NGO trainers for conducting training among vocational trade association meetings ~ Bring/pooling of CBOs and FBOs together to train at LGAs areas		Costing notes					
3.5 Good health seeking behaviour among orphans and vulnerable children and family/ caregiver	~ Develop/Adapt training manual for serialized educational and skills building programmes on various aspects of health promotion and disease prevention for OVC at different levels of development (Growth monitoring, infant nutrition and nutritional support, common childhood illnesses, sexual and reproductive health, home based care etc)	FMWA/SMWA FMH, FME Development Partners CSOs/CBOs/ FBOs	Costing notes	\$687,200	\$2,105,000	\$2,235,000	\$1,850,000	\$2,235,000

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
	~ Conduct 10 days Training of Trainers of OVC Committee members at the state level			\$6,700,518	\$6,941,385	\$8,603,9690	\$11,771,911	\$15,026,022
	~ Train OVC Committee members and other community health workers on relevant health promotion and disease prevention strategies/programmes on various aspects of health promotion and disease prevention for OVC			\$36,831	0	0	0	0
	~ Facilitate Implementation of serialized educational and skills building programmes on various aspects of health promotion and disease prevention OVC Committee at the community levels			\$45,540	0	0	0	0
	~ Promote formation of support groups for OVC focused actions and child monitoring at community level							
	Advocate and Mobilize for resources for community nutritional support, (and other needs) to support very vulnerable household							
	~ Produce OVC focused IEC materials that address OVC health related issues (4 zonal	FMWA, SMWA,		\$10,000,000	0	\$10,000,000	0	\$10,000,000

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
	meetings (SW, SE, North, Middle Belt) with consultant to facilitate development/ adaptation of materials to 10 local languages (Distribution through civil society groups (support groups, OVC Committees, etc.) Provide ITN free to OVC below the age of 5 years	FMH, SMH, PHC, NACA, SACA, LACA, Development Partners CSOs/CBOs/FBOs						
	Evolve technical/ professional and development partnerships for program development, planning, implementation, monitoring and evaluation to work with OVC committee	FME, FMWA, NACA SMWA, SACA, LACA, CSOs Professional groups	Cost is part of integrated programme	0	0	0	0	0
3.6 Improved access by orphans and vulnerable children to basic health services, including treatment and care	~ Pay user fees for OVC especially where other programmes do not cover their health expenses ~ Support vulnerable household/households with OVC with payment of health insurance	NHIS, FMH, FMWA/SMWA Development Partners, CSOs	National Health Insurance Scheme to be scaled up to reach all households by 2010: OVC to be covered by special insurance program till 21 yrs of age. Integrated cost	\$4,094,554	\$6,985,374	\$9,975,385	\$12,995,464	\$14,562,730

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
	Advocate through social mobilization to increase demand, provide outreach activities from a health post or LGA facility, and establish a linkage between communities and NGOs.	NHIS, FMH, FMWA/SMWA, CSOs	Integrated cost	0	0	0	0	0
	Provide health care to HIV infected infants ~ Vitamins (A, Zinc, iron) ~ Treatment of OIs – oral thrush, worm, infestation, diarrhea, respiratory tract infections, skin infections ~ Breast Milk Substitute ~ Water treatment ~ Pediatric ART + cotrimoxazole (PCP prophylaxis) ~ 5 – 9 years old: ART + cotrimoxazole ~ 10 – 18 years old: ART + cotrimoxazole (PCP prophylaxis)	FMH, SMH, PHC, NACA, SACA, CSOs Development Partners	Costing notes	\$2,306,597 \$13,130,232 \$1,003,441 \$6,479,250 \$3,567,384 \$4,341,431 \$5,609,101	\$2,759,273 \$16,552,970 \$1,013,539 \$1,049,637 \$7,112,486 \$8,802,461 \$11,572,692	\$3,608,888 \$3,996,742 \$230,660 \$342,596 \$10,597,165 \$13,323,357 \$17,849,280	\$930,829 \$1,068,235 \$287,424 \$451,111 \$13,953,764 \$17,787,358 \$24,310,046	\$3,176,017 \$1,059,842 \$3,197,558 \$555,103 \$17,170,446 \$22,142,175 \$37,069,913

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
3.7 Strong support for community-oriented actions for health promotion and disease prevention for OVC among health workers	Hold sensitization workshops for Primary Health care coordinators (at LGA level) for social mobilization on OVC issues at community level	FMWA/SMWA D e v e l o p m e n t Partners CSOs/CBOs/ FBOs FME,	Costing notes	\$110,770	0	\$110,770	0	\$110,770
3.8 Access to quality community based counseling units incorporating VCT	Train peer counselors at already-established VCT centers at community level to support OVC in facilities for counseling	FME, FMWA/SMWA D e v e l o p m e n t Partners CSOs/CBOs/ FBOs	The Global Fund/PEPFAR/oth ers are providing support for expansion of VCT centers nationwide	0	0	0	0	0
3.9 Improved care for HIV infected mothers enrolled in PMTCT service and the infants of mothers living with HIV	Strengthen referrals of HIV-infected mothers to ARV, TB services, and other needed treatment services	FMH, SMH, CSOs FMWA/SMWA, NPopC, LGA, CSOs	Part of a national programme	0	0	0	0	0
Health Facilities support for home-based care (HBC)	Provide Health facility with kits for HBC kits/year	FMH, SMH, CSOs	Costing notes	\$22,748	\$46,569	\$95,004	\$144,394	\$194,170
3.10 Functional structures and mechanisms for birth registration at LGA and community levels	Embark on advocacy meetings with National Population Commission, UNICEF and other partners at all levels on birth registration	FMWA/SMWA, NPopC, LGA, C S O s	Funded by other national programmes	0	0	0	0	0

Strategic Objective 3: Ensure that orphans and most vulnerable children have increased access to essential services including health, education, nutrition and birth registration

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
3.11 Birth registers kept and updated at community level	Sensitize and mobilize families and communities on the rights of identify for OVC	NPopC, FMWA/SMWA LGA, CSOs	As part of social mobilization campaigns	0	0	0	0	0

Strategic Objective 4: Raise awareness and increase understanding of issues affecting orphans and vulnerable children amongst policy makers and general population through advocacy and social mobilization

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
4.1 Relevant IEC/BCC and advocacy materials developed and distributed at all levels	<p>~ FMWA to develop advocacy plan for the national response in tune with the campaign on Children and AIDS.</p> <p>~ Develop and pre-test advocacy materials along thematic areas, e.g. enrollment in preprimary schools, girl child rights, inheritance, increased access to services by OVC, etc.</p> <p>~ Finalize and distribute advocacy kits</p> <p>~ Develop and produce radio jingles, translate into relevant languages</p> <p>~ Launch mass media campaign through phone-in-programs, TV/radio talk shows, soap operas, meetings with electronic and print</p>	FMWA/SMWA Children, NACA, NASS, FMI & NO, FME, FMH, NPC, Development Partners, CSOs	Details in costing notes	\$417,500	\$4,221,500	\$1,146,900	\$4,910,000	\$783,000

Strategic Objective 5: Ensure that government at all levels protects the most vulnerable children through improved policy and legislation

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
5.1 Child Rights Act passed in all states	~ Organize stakeholders meeting to review lessons learned from the ratification and non-ratification of CRA ~ Embark on advocacy visits to states that have not ratified CRA ~ Review the Child's Rights Act to identify gaps with respect to OVC issues ~ Work with NHRC, FMWA to ensure implementation of the CRA	FMWA/SMWA NHRC, Development Partners, CSOs,	Mostly at no cost	\$3,750	0	0	0	0
5.2 Child Rights Act implemented at all levels								
5.3 Orphans and vulnerable children issues mainstreamed into macro-economic policies and programmes	Review existing policies to mainstream OVC issues, including: Education Policy; Health Policy, HIV/AIDS Policy; Adolescent RH Policy, National Policy on Child Labour, Social Welfare Policy, NEEDS, SEEDS, LEEDS, etc	FMWA/SMWA, NASS, Development Partners, CSOs	Costing notes	\$74,300	0	0	0	0
5.4 Guidelines and sector-specific standards developed	~ Develop sector-specific guidelines for OVC for integration/coordination of OVC issues ~ Develop standards of practice for OVC	FMWA/SMWA, Development Partners, CSOs	Mostly funded by development partners	0	0	0	0	0

Strategic Objective 5: Ensure that government at all levels protects the most vulnerable children through improved policy and legislation

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
5.5 New legislations and relevant policies passed	Organize 1 stake-holders meeting to articulate advocacy position and memo for constitutional and legislative reviews, amendments or development of new ones	FMWA/SMWA, NASS, SASS, Development Partners, CSOs,	Inputs from partners	\$5,203	0	0	0	0
6.1 Capacity of all operatives for effective administration and coordination of orphans and vulnerable children response at all levels developed	Ensure effective coordination and monitoring of government and civil society partners at state, LGA and community levels, including purchase of computers and ICT materials for FMWA and at all levels	FMWA, Children, SMWA, LGA Development Partners	Cost set at about 1 % of total program costs (to be determined)	\$7,585,600	\$17,800,107	\$18,951,792	\$14,574,702	\$17,663,056
6.2 Plans of Action and implementation plans developed at all levels	<p>~ Print and distribute 5000 copies of OVC Plan of Action</p> <p>~ Develop, print and disseminate implementation plan for the national OVC Plan of Action by expanded OVC Task Force</p> <p>~ Launch the National OVC Plan of Action at all levels</p> <p>~ Develop action and implementation plans at State, LGA and community levels</p>	FMWA/SMWA, NASS, Development Partners	Details in costing notes Some costs included in Administrative /Coordination budgetline With improved resource mobilization	\$26,615	0	0	0	0

Strategic Objective 6: Strengthen coordination and institutional mechanisms for programme implementation, monitoring and evaluation at all levels

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
6.3 Effective Social Welfare systems for orphans and vulnerable children response.	Train and deploy enough Social Welfare Officers to all LGAs	FMWA/SMWA LGA CSOs	Details in costing notes	0	\$372,000	0	0	0
6.4 Community orphans and vulnerable children Coordinating Committee	Organize capacity building workshop for selected members of the Community OVC Committee	FMWA/SMWA LGA, CDA	Grants to NGOs, CBOs, FBOs under Health, Psychosocial, etc.					
6.5 Adequate resources generated at all levels to scale-up responses	~ Hold pledging meetings among inter-national donors ~ Hold pledging meeting among potential corporate donors ~ Hold resource mobilization meeting at LGA level to tap local businesses and private individual donations FMWA,	NACA NPC, FMF, FME, FMH, NASS, SASS SMWA, SACA,	LGA, Development Partners	0	0	0	0	0
6.6 Sectoral and gender-disaggregated baseline data on orphans and vulnerable children	~ Conduct a situation analysis of orphans and vulnerable children ~ Develop a database of NGOs, CBOs, FBOs, children, youth and women groups providing services to orphans and vulnerable children, including types of services and numbers reached	FMWA/SMWA, NBS NPopC, Development Partners, CSOs	Approved in the Round 5 submission by the Global Fund. Government and other stakeholders Not costed	0	0	0	0	0

Strategic Objective 6: Strengthen coordination and institutional mechanisms for programme implementation, monitoring and evaluation at all levels

Outcome	Key Action	Main Actors	Means & Resources	Total Annual Cost				
				2006	2007	2008	2009	2010
6.7 Monitoring and evaluation mechanisms in place at all levels	~ Technical Assistance for the development of M&E framework in line with the Three-Ones ~ Development of tools	FMWA, NACA, Development Partners.	Cost build into 10% for M&E	0	0	0	0	0
6.8 Operational systems for monitoring and evaluation at all levels	~ Training of staff and partners at all levels on M&E							
	~ Conduct computer and M&E training for Social Welfare Officers	FMWA, NACA, SACA, SMWA, LACA, LGA, CSOs	Computer literacy part of M&E budget	0	\$774,000	\$774,000	0	0
	~ Purchase computers and software packages for M&E		Computer/ software purchase				0	0

6.2 Overall Budget

The costs and overall budget were derived from a costing workshop using the draft of the orphans and vulnerable children NPA. The workshop was facilitated through technical assistance provided by Futures Group and funded by UNICEF.

The table below gives the overall budget for the implementation of the OVC National Plan of Action.

Table 5.1: Summary of overall orphans and vulnerable children NPA budget

	Overall NPA Annual Budget in US Dollars (\$)						
	2004	2005	2006	2007	2008	2009	2010
Education	2,998,844	5,973,699	54,703,684	81,023,622	109,451,409	141,478,946	173,198,898
Health care	2,935,903	6,077,554	34,053,928	45,516,132	69,852,608	91,826,969	128,606,781
Psychosocial Support	0	0	10,603,100	311,300	4,882,000	1,727,000	12,112,000
Household Care	8,024,811	8,313,543	36,190,808	81,248,806	114,004,078	137,634,015	171,453,774
Community support	787,347	2,191,188	3,347,071	5,420,584	6,584,665	7,655,779	8,434,042
Organization/M&E	7,373	15,789	7,585,600	17,800,107	18,951,792	14,574,702	17,663,056
Total	14,754,279	22,571,773	146,484,190	231,320,551	323,726,552	394,897,411	511,468,550

Unit cost per OVC = \$33,07455409

Although the outline of the final orphans and vulnerable children NPA changed and the costing exercise used the draft, the contents remain the same.

APPENDICES

APPENDIX I

Minimum Care Package for “OVC” in Nigeria

Education

Holistic scholarships for pre-primary (2 – 5 years olds)

Registration; Fees; Books; Uniforms (includes school bags and sandals); Exams fees; School meals

\$126.93/OVC/year

Holistic scholarships for primary age OVC

Levies, books, uniforms (includes school bags and sandals), exam fees, registration, school meal,

\$96.16 per primary age OVC per year)

Holistic scholarships for secondary age OVC

Levies/fees, books, uniforms (includes school bags and sandals), exam fees, school meals, transport

\$300 per secondary age OVC per year

Vocational training – community level: Pay required charges/expenses for the vocational training and/or apprenticeship and provide OVC with necessary allowances \$77 training grant + \$154 Start-up grant per OVC who complete training = \$231

\$231

Health

1. Basic education and skills for health maintenance for caregivers of OVC and OVC
2. Breast milk substitute for 0-1yrs olds)
3. Water treatment for 0-5 yrs olds
4. Vitamin A, zinc and iron supplements for Under5 children
5. ARV Treatment & cotrim to HIV-infected children
6. Provide ITN
7. RH and HIV prevention information and care services
8. Treatment of Opportunistic Infections
9. Pay user fees for OVC (all ages)

Approximately \$300/OVC

Approximately \$1000 per OVC, ART (\$703) inclusive)

Clothing:

Provide at least 2 pairs of clothes to each OVC annually - \$23

Provide leather sandals - \$16

Provide blankets and beddings - \$15

\$54

Shelter:

Provide accommodation for OVC on the street – **\$10**

Support households with OVC to undertake nutrition gardening - Packages to include leguminous seeds, 2 goats, cattle, maize seeds depending on location and type of farming predominant in location of HH of OVC – **\$57**

Economic Support

Provide business grants to secondary school age out-of-school OVC and OVC caregivers at household level - \$445/OVC. + Micro-financing = \$400/OVC = **\$845**

APPENDIX II

Monitoring System and Levels of Accountability

The monitoring system and levels of accountability for the implementation of the National Plan of Action will be as indicated in the diagram below.

Figure 4.1: Data collection and reporting structure – Monitoring System

APPENDIX III

Terms of Reference and Membership of the National “OVC” Steering Committee

The National “OVC” Steering Committee is the highest decision-making body on orphans and vulnerable children issues. It is mandated to:

1. Ensure coordination, harmonization and implementation of the national response on orphans and vulnerable children in Nigeria.
2. Evolve a time frame for the development and implementation of National Plan of Action for Orphans and vulnerable children and to ensure the mainstreaming of orphans and vulnerable children’s issues into macro-economic strategies
3. Give guidance and advice to the Minister of Women Affairs, and direct the technical working groups on all issues relating to the coordination, harmonization and implementation of national response on orphans and vulnerable children.
4. Institute the formation of Technical Working Groups from the present National Stakeholders’ Forum.
5. Ensure the development/review of policies, legislations and guidelines for national orphans and vulnerable children’s intervention.
6. Define a national care and support package for orphans and vulnerable children in Nigeria.
7. Ensure monitoring of the implementation of the national response at all levels.
8. Mobilize and leverage resources for the implementation of the orphans and vulnerable children’s national response.
9. Provide the required support and input to the national and six geo-political “OVC” Coordinating and Monitoring Units to be set up by the Federal Ministry of Women Affairs.
10. Ensure effective multi-dimensional and multi-sectoral national orphans and vulnerable children’s response.

The Committee has about 14 representatives as follows:

1. Hon. Minister, Federal Ministry of Women Affairs – Chairperson
2. Chairman, National Action Committee on AIDS (NACA) – Co-Chair
3. Child/ Young Persons Representative
4. Hon. Minister, Federal Ministry of Education
5. Hon. Minister, Federal Ministry of Health

6. Hon. Minister, Federal Ministry of Information & National Orientation
 7. Chairman, National Planning Commission (NPC)
 8. Country Representative, DFID
 9. National Assembly (Chairman, House Committee on Women and Youth)
 10. UNICEF Country Representative
 11. Representative of USAID
 12. Representative of USG Implementing Group (ENHANSE Project)
 13. World Bank Country Representative
 14. The Director, Action AID Nigeria
 15. Programme Director, Save the Children UK
 16. Country Director, Hope Worldwide, Nig.
 17. A Representative of the Academia
- The Head of the National OVC Unit is the Secretary.

APPENDIX IV

The Technical Task Team that Developed the NPA

Membership of the Task Team was constituted with technical expertise from the following organizations:

1.	United Nations Children's Fund (UNICEF)	-	Chair
2.	Federal Ministry of Women Affairs	-	Co-Chair
3.	National Planning Commission	-	Member
4.	National Action Committee on AIDS	-	Member
5.	National Assembly	-	Member
6.	Federal Ministry of Education	-	Member
7.	Federal Ministry of Health	-	Member
8.	Federal Ministry of Information & National Orientation	-	Member
9.	National Network of People Living with HIV/AIDS	-	Member
10.	USAID	-	Member
11.	World Bank	-	Member
12.	ENHANSE Project	-	Member
13.	Global HIV/AIDS Initiative in Nigeria (GHAIN)	-	Member
14.	Save the Children UK	-	Member
15.	Department for International Development (DFID)	-	Member
16.	Gede Foundation	-	Member

A total of five consultants were engaged by the Task Team to provide technical support in the development of the orphans and vulnerable children National Plan of Action: four from academia and one from civil society.