

The GHAIN Programme for Orphans and Vulnerable Children

ACHIEVEMENTS AND LESSONS



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© 2007 **Global HIV/AIDS Initiative Nigeria (GHAIN)**. GHAIN is a partnership between international organisations that is coordinated by FHI/Nigeria. Funded by the US President's Emergency Plan for AIDS Relief through the US Agency for International Development, the five-year project is the largest comprehensive HIV/AIDS project ever implemented in a single developing country. GHAIN is strengthening and expanding a wide range of HIV/AIDS services to support the government of Nigeria's response to the epidemic.

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ACKNOWLEDGMENTS

Although the GHAIN Orphans and Vulnerable Children (OVC) Programme lasted only a relatively short period, from April 2005 to June 2006, it was the flagship of US Government-funded OVC programmes in Nigeria. Chronicling its experiences is important because the programme achieved many firsts and provided opportunities to learn many new lessons. In addition, few documents on OVC programmes in Nigeria are publicly available. This is not because there are no programmes with useful experiences to share; many such reports remain on the shelves of organisations as “grey literature,” where access is extremely limited.

Prepared by former GHAIN Senior OVC Advisor Angela Odiachi, this document is based on reports by implementing agencies and GHAIN staff. It attempts to share experiences and lessons in the hope that new programmes will seize the opportunity to build on and make use of GHAIN practices and major lessons to create programmes that yield good results.

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral drug
ART	Antiretroviral therapy
CCO	Care for the Child Organisation
COP	Country operational plan
COYATOHAN	Counselling of Youth and Teenagers on HIV/AIDS in Nigeria
FBO	Faith-based organisation
FCT	Federal Capital Territory
FHI	Family Health International
FORWARD	Foundation for Women's Health, Research and Development
GHAIN	Global HIV/AIDS Initiative Nigeria
HIV	Human immunodeficiency virus
IMPACT	Implementing AIDS Prevention and Care Project
LGA	Local government area
M&E	Monitoring and evaluation
Methcare	Methodist Care and Support Project
NCW+	Nigeria Community of Women Living with HIV/AIDS
NEPWHAN	Network of Persons Living with HIV/AIDS in Nigeria
NGO	Nongovernmental organisation
OVC	Orphans and vulnerable children
PAC	Project advisory committee
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHA	People living with HIV/AIDS
PLON	Positive Life Organisation Nigeria
PMT	Project management team
PMTCT	Prevention of mother-to-child transmission
SWAAN	Society for Women and AIDS in Africa, Nigeria
TREM	The Redeemed Evangelical Mission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
VCT	Voluntary counselling and testing

EXECUTIVE SUMMARY

The GHAIN Orphans and Vulnerable Children (OVC) Programme was implemented between April 2005 and June 2006 in six states in Nigeria whose total population is over 34 million. The programme worked with 31 local implementing agencies to strengthen the capacity of over 5,411 families in 277 communities to care for, support, and protect over 14,000 orphans and vulnerable children, providing psychosocial support, food, education (including early childhood development and life skills education), health services, legal support, vocational skills training, and support for household economic strengthening.

Besides strengthening the capacity of families to protect and care for orphans and vulnerable children, core programme strategies included mobilising and strengthening community-based responses to care for these children and ensuring that they have access to essential services. While the programme aimed to support the Federal Government of Nigeria's role of protecting vulnerable children, it also aimed to ensure that beneficiaries had a substantive role in its activities.

By linking support groups of people living with HIV/AIDS (PLHA) to the rest of the community through participatory activities aimed at improving the welfare and wellbeing of orphans and vulnerable children, the programme helped to reduce stigma and discrimination directed at PLHA. To further reduce stigma and discrimination against children living with or affected by HIV, the programme encouraged and valued the active participation of other children orphaned or made vulnerable by causes other than HIV/AIDS in its activities. In addition, the OVC programme responded to some immediate concerns of PLHA, including that their children might forfeit their bequests. In response to these fears, training on legal education and will writing was conducted and a legal support structures set up in the project states. These interventions were much appreciated, and their dividends are still evident.

At the policy level, the programme provided technical assistance to the Federal Ministry of Women Affairs and Social Development to develop the *National Guidelines and Standards of Practice on Orphans and Vulnerable Children*, which promises to improve the quality of OVC programmes in the country. The GHAIN OVC Programme was also represented on the National OVC Task Team and contributed to the development of the National OVC Plan of Action 2006–2010.

In response to donor regulations, GHAIN was obliged to scale down its budgetary and project activities and close down the OVC component in 2006, two years earlier than the planned end-date.

BACKGROUND

The Global HIV/AIDS Initiative Nigeria (GHAIN) is the largest comprehensive HIV/AIDS project ever implemented in a single developing country. Funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through the US Agency for International Development (USAID), the five-year project is rapidly strengthening and expanding a wide range of HIV/AIDS services to support the Federal Government of Nigeria's response to the epidemic.

GHAIN is a partnership between international organisations that is coordinated by Family Health International (FHI). GHAIN is helping to meet PEPFAR goals in Nigeria of treating 350,000 people with antiretroviral drugs (ARVs), providing 1.75 million people with HIV care, and preventing 1,145,545 new infections by 2008. While GHAIN currently works in 32 states, the OVC programme was implemented in six high-prevalence states: Anambra, Cross River, Edo, Federal Capital Territory (FCT), Kano, and Lagos.

Working since 2004 with the Federal Government of Nigeria and national partners, GHAIN is building the skills and capacity of national groups to provide HIV services; prevent new infections by promoting abstinence and faithfulness; and educate youth, people living with HIV/AIDS, and groups most at risk of infection. GHAIN is also improving the quality of HIV and AIDS services and expanding access to these services, including voluntary counselling and testing for HIV (VCT); prevention of mother-to-child transmission (PMTCT); clinical care and provision of antiretroviral therapy (ART); treatment of sexually transmitted infections; and prevention and treatment of tuberculosis and other opportunistic infections. GHAIN is also supporting palliative care and services for orphans and vulnerable children and is strengthening the monitoring and evaluation (M&E) capacity of Nigerian partner organisations.

The Impact of HIV/AIDS in Nigeria

The number of [orphans and vulnerable children] is increasing ... In most cases, they are very young, and their guardians and caregivers are not able to provide support. Some of the children don't know where to go.

— Comment by a woman, 24, during a focus-group discussion for a FHI situation analysis in Kano State

PEPFAR Goals in Nigeria

By 2008

- treat 350,000 people with antiretroviral drugs
- provide 1.75 million people with HIV care
- prevent 1.14 million new infections

The first AIDS case in Nigeria was officially reported in 1986. The epidemic grew steadily until a recently reported drop in prevalence.¹ The number of PLHA was estimated at 2.86 million by the end of 2005, the third largest number in any country, after South Africa and India. Included in this number are 238,000 children under age 15.

The *2006 Report on the Global AIDS Epidemic* by UNAIDS states that 1.3 million children in Nigeria (ages 0–17) lost one or both parents to AIDS in 2005. This represents one-quarter of orphans from all causes and an increase from the 800,000 children orphaned by AIDS in 2003. A 2004 publication by Federal Ministry of Women Affairs and UNICEF estimated that the number of children orphaned by AIDS will rise to 3.25 million by 2010—almost half the predicted estimate of 8.2 million orphans from all causes (Federal Ministry of Women Affairs/UNICEF 2004).

¹ In Nigeria, adult HIV prevalence increased from 1.8 percent in 1991 to 4.5 percent in 1996 and 5.8 percent in 2001, but declined to 5 percent in 2003 and 4.4 percent in 2005.

Effect on the community: Who will take care of the children?

PLHA were most concerned about who will take care of their children after their deaths. Most believed that relatives such as husbands, wives, brothers, sisters, or parents would help out when the time came. Some expressed concern that other adults might try to steal their children's property once they became orphans. While the respondents preferred that the extended family take care of orphans, they added that government should supervise these activities. They said they would consider sending orphans to motherless babies' homes and offering them for adoption. Respondents said their children needed psychosocial and spiritual support [and] religious guidance, as well as education, clothing, and food.

—FHI Situation Analysis, Anambra State

To date, communities have driven the response to the crisis by providing the initial safety net for affected children who lack support outside of their immediate families. HIV/AIDS and other causes of mortality have resulted in one out of every ten Nigerian households caring for at least one orphan (Federal Ministry of Women Affairs/UNICEF 2004). In some communities with high HIV prevalence, families are overextended and economically burdened. An average family cares for three or four orphans, and these households are more likely to be female-headed.

Current programmes that are largely driven by NGOs are limited in scope and size, with gaps in the quality and consistency of care provided. They do not reflect the magnitude and dimension of the OVC situation in Nigeria and reach only a few thousand children (Federal Ministry of Women Affairs/UNICEF 2004).

Notable examples of larger-scale programmes include the USAID-funded Vulnerable Children Project. Implemented from 1999 to 2004 by the Centre for Development and Population Activities, it provided support to 1,500 children and their caregivers in two local government areas (LGAs) in Benue State. Under the USAID-funded Implementing AIDS Prevention and Care (IMPACT) Project in 2003–04, FHI worked with NGOs and faith-based organisations (FBOs) to support 1,417 children in Anambra, Ebonyi, and Osun states.

Though the GHAIN OVC Programme built on these interventions and existing networks to expand care into Edo, Cross River, Lagos, Kano, and the FCT, the programme's scope was unique and targeted 10,000 children. Unlike previous OVC programmes that were essentially stand-alone projects, the GHAIN OVC Programme was a component of a comprehensive and integrated HIV/AIDS initiative. As a result, it included support to children orphaned or

Definitions

An **orphan** is a child under 18 who has lost one or both parents.

A **vulnerable child** is one affected by HIV through illness of a parent or principal caretaker. Vulnerable children can also be defined as such by a participatory community process.

In a **child-headed household**, the breadwinner, caregiver, and head of the household is a child younger than 18 who has responsibility for younger children.

In a **grandparent-headed household**, a grandparent and no other adult (18 or older) lives with the child or children. Biological parents are not living in the household or they may have died.

An **out-of-school child** is between age 6 and 17 but not in school. (Children 5 and under are not officially of school-going age.)

Provider/caregiver refers to anyone who ensures care for orphans and vulnerable children, including those providing or overseeing social services or making referrals to such services. Providers and caregivers include parents and guardians; other caregivers; members of extended families; neighbours; community leaders; police officers; social workers; national, district, and/or local social welfare ministry staff; and healthcare workers, teachers, or community workers who receive training on how to address the needs of orphans and vulnerable children.

Training refers to new training or retraining that complies with national or international standards, when these exist. Training must have specific learning objectives and a course outline or curriculum, and should detail the knowledge, skills, and competencies that participants can gain.

made vulnerable by HIV as well as HIV prevention, PMTCT, palliative care services, ART (paediatric and adult), VCT, and laboratory services for infected and affected children and their caregivers. The programme effectively leveraged comprehensive prevention, care, support, and treatment services for children and families infected and affected by HIV through its integrated model of care.

PROGRAMME DESCRIPTION

Between April 2005 and June 2006, the GHAIN OVC Programme worked with 31 implementing partners comprising support groups of PLHA, Christian and Muslim FBOs, and NGOs. The programme's overall goal was to protect and improve the well-being of orphans and vulnerable children and decrease the burden of HIV/AIDS on children, families, and communities. GHAIN defined an orphan as a child under age 18 who has lost one or both parents and a vulnerable child as a child affected by HIV as a result of the illness of a parent or principal caregiver.

Strategies

The programme was guided by principles and strategies espoused in the widely endorsed *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF 2004) as well as those derived from FHI experiences around the globe.

Five main strategies were followed:

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children.
2. Mobilise and strengthen community-based responses.
3. Ensure access to essential services for orphans and vulnerable children.
4. Support the Federal Government of Nigeria's role in protecting vulnerable children.
5. Ensure a substantive role for children and youth in programme activities.

To reach children orphaned by AIDS and made vulnerable by HIV, GHAIN worked intensively with support groups of PLHA and also asked project communities to define and identify households and children they considered vulnerable. The programme worked with children living with or affected by HIV as active and respected participants to reduce stigma and discrimination against them. It also forged linkages and collaborations with other GHAIN programme components and agencies, a critical step towards ensuring sustainability.

Instead of focusing solely on children, the programme considered the entire family or household as the programming unit. The GHAIN OVC Programme strengthened the capacity of 5,411 families and 277 communities to care for, support, and protect 14,162 orphans and vulnerable children through the provision of psychosocial support, food, education (including early childhood development and life skills), health services, legal support, vocational skills training, and household economic strengthening.

Orphans and Vulnerable Children in Nigeria

In 2003

- 7 million orphans from all causes
- 1.8 million children orphaned by AIDS (26 percent of all orphans)
- 0.8 million children orphaned by AIDS during that year alone

In 2005

- 1.3 million children orphaned by AIDS
- 238,000 children living with HIV/AIDS

In 2010

- 8.2 million orphans from all causes
- 3.25 million children orphaned by AIDS (40 percent of all orphans)

Guiding Principles

Programme activities were driven by the following principles and considerations:

Best interest of the child: Considerations of the child's best interest guided all programme decisions, especially those concerning the allocation of resources and strategies for delivering programme services.

Entry-point support groups of PLHA: An effective and non-stigmatising route to reach children directly affected by HIV was to work with families experiencing HIV and support groups of PLHA. The programme supported children age 17 or younger of all support group members. The type and quantity of service depended on their needs and ages, as well as the implementing agency involved.

The family as the programming unit: Jealousy and resentment can result when children who are placed with relatives or other caregivers benefit from interventions that are denied to their biological children. In some cases, caregivers could not afford to obtain for their biological children the health services that were readily available to the children placed in their care (Amolo et al. 2003).

Age-appropriate support: Children at various ages have different developmental, physical, and psychosocial needs, and those of children under age 5 and adolescents are often not adequately covered by programmes. The GHAIN OVC Programme focussed special attention on ensuring that children under 5 received broad-based services (such as access to immunizations, treatment of minor childhood ailments, and early childhood development and stimulation) and that teenagers received life skills and education to prepare them for responsible adulthood and making informed choices.

Programme sustainability and integration: To promote sustainability and integration, GHAIN linked community-based activities with palliative care, VCT, and access to ART for children and their parents. Key partnerships were established with federal, state, and local government line ministries (such as women affairs, youth, education, and health) and with other stakeholders and the private sector. In addition, programme activities incorporated gender and diversity considerations and addressed the reduction of stigma and discrimination. Ensuring and assuring quality of services was an integral and ongoing process.

Targets and Achievements

The table below shows country operational plan (COP) targets between 1 April 2005 and 31 March 2006, as well as the programme's achievements. Although 28 subgrants had been signed at programme close-out, all 31 implementing agencies selected for the programme participated in all training and other capacity building activities.

	COP 05 Targets	Achievement		Percent
Number of OVC programmes	30	28		93
Number of orphans and vulnerable children served	10,000	14,162		137
		female 6,867	male 7,006	
Number of providers and caregivers trained in caring for orphans and vulnerable children	490	1,717		350

At programme start-up, the Office of the Global AIDS Coordinator had not released guidance on OVC programmes, and there were no national guidelines and standards for minimum packages of care. Notwithstanding,

GHAIN adopted a minimum package of three age-appropriate services per child, after discussions with USAID/Nigeria and FHI/Arlington. The programme also determined that psychosocial support must form part of the services provided for each child.

Major Activities

In project communities in the six states, programme activities included initial stakeholder meetings and an orientation seminar, the formation of project management teams and advisory committees, recruitment of volunteers, community mapping exercises that identified vulnerable children and families, and advocacy visits and community mobilisation activities.

Programme start-up

Very early on, GHAIN convened a one-day meeting of stakeholders (line ministries, the National Agency for the Control of AIDS, US Government implementing partners, UNICEF, and other civil society organisations) to review the proposed strategy and workplan. Discussions at the meeting helped to finalise the programme's strategy.

Soon after, an orientation seminar marked the official beginning of the project in a community, provided information, raised awareness on OVC issues, and mobilised support. Start-up activities included recruitment of volunteers—unremunerated community members who were trained by the project in the care and support of vulnerable children.

In each project community, other start-up activities included the creation of a project management team (PMT), which held monthly meetings to plan and review activities and was responsible for overall coordination and the day-to-day running of the project. A project advisory committee (PAC) was formed to oversee implementation. It met on a quarterly basis to review progress and offer advice and practical solutions to challenges identified in project communities. PAC members included community and religious leaders and representatives of LGAs and market associations, as well as officials of relevant state ministries (women affairs, youth development, education, and health) and other key stakeholders.

Advocacy visits and community mobilisation

Advocacy and community mobilisation activities targeted community leaders, LGA chairmen, local government, boards of education, zakkat commissions,² market women associations, school principals, and staff of the National Population Council and the Federal Ministry of Agriculture and Rural Development.

Accelerated service delivery

Strategies for accelerated service delivery included phased-in enrolment of children by GHAIN implementing agencies. The programme began by enrolling children of PLHA support group members age 17 and under, then embarked on the enrolment of other children identified and selected through community consultations.

Community mapping, identification, and selection of children

Identifying and selecting children for an OVC programme is an important but sensitive process; it can do more harm than good if not well thought through. GHAIN adopted a participatory process to define and

² Zakkat is one of the five pillars of Islam that requires Muslims to give a certain percentage of their resources (farm produce, money, and so on) to the poor. It is similar to the Christian tithe. Zakkat commissions take on the responsibility of disbursing these charitable contributions.

develop criteria for assessing vulnerability. Communities played a central role and helped to ensure that limited programme resources reached children who were most in need.

The GHAIN country office developed an identification and selection guide, which was reviewed and revised during meetings of community stakeholders in each of the six states. Revisions sought to make the guide more state-specific and relevant for addressing community issues and sensitivities. The process used participatory learning and action tools, such as key informant interviews, community mapping and ranking exercises, and focus group discussions. The discussions were held with traditional and community leaders and representatives of community development associations and youth groups.

Community consultations contributed to the following criteria to identify a vulnerable child: one who had lost one or both parents (an orphan) or whose parents are critically ill, a child living with one or more grandparents who can no longer work or make a living, and a child living in a child-headed household.

A three-day mapping exercise to identify programme beneficiaries used the criteria developed. Community leaders, community members, and project volunteers participated in the exercise, which was followed by the registration of selected children and their households.

Package of Services

Though services offered by implementing agencies varied, they generally covered health and nutrition; shelter; education, vocational skills training, and life skills; household economic strengthening; psychosocial support; and legal support and child protection. Because Nigeria officially offers free, universal basic education, the programme paid for selected levies and exam fees, rather than school fees.

Type of Service	Package
<p style="text-align: center;">Health</p>	<ul style="list-style-type: none"> • Mobilisation for immunization against common childhood diseases • Health education (infant feeding options for HIV-exposed or infected children) for all caregivers during a training workshop or support group meetings for regular caregivers • Growth monitoring of children • Routine medical checkups for children • Transport support to access healthcare • Deworming (with funds from non-GHAIN sources) • Purchase and distribution of insecticide-treated nets • Provision of point-of-use water treatment commodities (Waterguard) • Referral for ART for eligible HIV-positive children • Funds to offset hospital and drug costs, in full or in part • Referrals of adolescents to reproductive health services • ART adherence training for caregivers of children on ART • Referrals to services to manage opportunistic infections for HIV-positive children or caregivers • Links to other sources of healthcare for children

Type of Service	Package
Nutrition	<ul style="list-style-type: none"> • Nutrition education and counselling for caregivers and older children • Distribution of food (from non-GHAIN sources) to households • Meals during children’s support group meetings • Meals for children during caregivers support group meetings • Links to other sources of food for children and families
Shelter	<ul style="list-style-type: none"> • Reunification of children with their families • Placement of children with other families or in foster homes in the community • Construction of shelter or houses (with non-GHAIN funds)
Education	<ul style="list-style-type: none"> • Provision of school materials: books, bags, shoes, and/or uniforms • Payment of school levies or exam fees • Enrolment in playgroups and early childhood development centres • Support to re-enrol out-of-school children • Advocacy to school authorities to waive school levies
Vocational skills training	<ul style="list-style-type: none"> • Vocational skills training for children, with or without start-up grant at end of training
Life skills	<ul style="list-style-type: none"> • Life skills education, either through participation in training workshops or in child support group meetings and discussion sessions on life skills
Household economic strengthening	<ul style="list-style-type: none"> • Vocational skills training for caregivers or older children, with or without start-up grants at the end of training • Microcredit or loan for caregivers or older siblings • Provision of funds to families through zakkat or other philanthropic donations • Participation of caregivers or older siblings in business management training • Links to microfinance support for households
Psychosocial support	<ul style="list-style-type: none"> • At least one visit per month for child, either in school or at home, from a project volunteer • Participation for children in child support group meetings, child corners, and children’s clubs • Links with mentors, especially for children in child-headed households • Succession plans by parents or caregivers • Training of caregivers in psychosocial support
Legal support and child protection	<ul style="list-style-type: none"> • Training in legal education and will writing for a caregiver, older child, or sibling • Legal support for a child, caregiver, or household • Assistance with birth registration

RESULTS

Building Capacity, Empowering Communities

At the outset of the programme, what most of the local partners had was potential that could be nurtured... Technical competence to implement OVC programming was not very strong. However, the series of strategic training programmes that the PMT was exposed to not only informed but transformed them into effective managers of the programme.

—Programme Manager Kalu I. Kalu, Positive Life Organisation Nigeria (PLON), an implementing agency in Lagos State

Mama Geoffrey, in her late 20s, is the mother of three children ages 6–10. She is a member of a PLHA support group affiliated to SWAAN Edo [Society for Women and AIDS in Africa, Nigeria], an implementing agency. Her husband's property was taken away by his relatives after he died in 2006. After she participated in the legal education training workshop, she contacted the state chapter of the International Federation of Women Lawyers for legal advice.

—SWAAN Edo beneficiary

Capacity building was a core strategy of the OVC programme. Efforts targeted different categories and groups of stakeholders, including orphans and vulnerable children, their caregivers, implementing agencies, and community and political leaders. The knowledge that was gained empowered beneficiaries to make more informed decisions about their own lives and motivated actions that improved the wellbeing of the children and the community.

Capacity building and training covered such critical areas as health and nutrition education, project and financial management, legal education and will writing, and ART adherence for caregivers of children. Training and capacity building, a major component of the programme, aimed at increasing the capacity of stakeholders to provide quality care and support for orphans and vulnerable children

Proposal writing

Following a competitive award process, 31 agencies and the Network of Persons Living with HIV/AIDS in Nigeria (NEPWHAN) were invited to a five-day proposal-writing workshop to develop their concept papers into full project proposals. GHAIN staff provided technical support.

Project management

Five representatives from each implementing agency benefited from training on financial and programme management and M&E. Some participants went on to train and mentor others, both within and outside their organisations. Implementing agencies also received equipment to support project implementation, including computers, printers, and office furniture.

OVC care, support, and protection

The programme trained two individuals as trainers from each implementing agency, building their capacity to deliver quality services to children. During the training-of-trainers workshop, participants were introduced to basic issues, principles, and strategies of programming for children affected by HIV/AIDS. The training built technical teams who will continue to be a resource for caregivers and children affected by HIV/AIDS. Training activities covered reduction of stigma and discrimination, healthcare, education, psychosocial support, household economic strengthening, and community mobilisation.

In turn, the implementing agencies contributed to the efforts of families and communities to care for and support children. Seventy-five individuals from implementing agencies, NEPWHAN, and federal and state ministries of Women Affairs were trained in OVC care and support. For most (if not all), it was the first time they had received formal training on the care, support, and protection of children affected by HIV/AIDS. The programme also provided important resource materials to support this work, including training manuals, a toolkit CD, and other related publications.

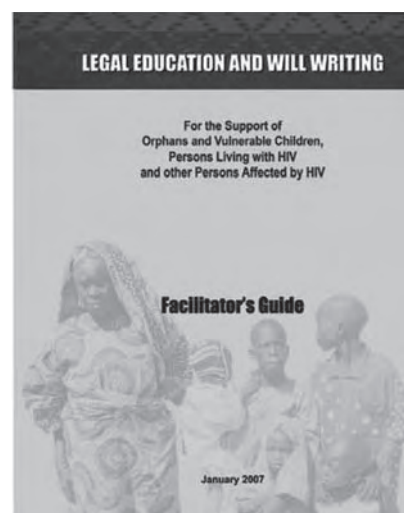
Legal education and support

A manual on legal education and will writing was developed and field-tested in the six states, in response to needs expressed. Representatives of the 31 implementing agencies and community leaders were trained with this manual,

and step-down training was conducted for the PMT, caregivers, and older children. Thereafter, legal support structures were set up in the six states, and children and their caregivers started receiving legal support.

Child protection

A GHAIN-supported implementing agency, The Anglican Diocese of Newi, facilitated the registration of 250 children under age 4 who had not been registered at birth. Methodist Care and Support Project (Methcare), another implementing agency, placed 27 children with foster parents, with assistance from the Social Welfare Department of the Osun State Ministry of Information and Social Development. Care for the Child Organisation (CCO) Anambra placed eight children with foster parents and united others with their extended families.



Enabling Access to Critical Services

At the start of the programme, many orphans and vulnerable children in project communities were unable to access even the most basic health services, such as immunisation, or cover the costs of school uniforms or school levies.

Education

Despite a government policy of free education, school children in Nigeria are still expected to pay examination, development, and other levies and provide their own books, uniforms, and other school materials. Some schools even insist that uniforms and books must be purchased directly from them, often at higher cost. The programme thus provided direct education support at pre-primary, primary, and secondary levels in the form of school uniforms, bags, sandals, textbooks, and notebooks. These materials were presented to beneficiaries during support group meetings, home or school visits, or in the offices of implementing agencies. Other services included assistance with reenrolment of out-of-school children, payment of exam fees and other levies, early childhood development activities, and advocacy to school authorities to waive school levies.

Health education and healthcare

The GHAIN OVC Programme delivered health education within community settings, thus allowing maximum attendance by the children and their caregivers. In a typical meeting, the agenda was split between health education and medical service delivery, and both were assisted by health professionals. The programme provided essential health services, such as routine medical checkups for the children, growth monitoring, deworming, provision of multivitamins and insecticide-treated nets (especially for families with children under 5), and point-of-use water treatment.

Health education was presented verbally and with the aid of posters. Topics included health during pregnancy—for example, the importance of a balanced diet and rest—and health promotion, including the importance of immunisation and personal and environmental hygiene. Education was also provided on home management of common childhood illnesses such as diarrhoea and fevers, with emphasis on when to seek medical attention. Question-and-answer sessions followed. Adolescent children received reproductive health information and referrals for services.

In the case of Foundation for Women's Health, Research and Development (FORWARD) Kano, individual assessments of each child and other aspects of medical-service delivery took place right after health education talks. All children received the deworming suspension Zentel, a bag of Soyalac, and an orange. Multivitamins and Astymin were given to children who appeared anaemic or malnourished. One month later, the team revisited each community for a follow-up assessment. The project also sensitised and mobilised communities on immunisation and covered consultation, surgical, and medical fees of beneficiaries.

During support group meetings of the Nigeria Community of Women Living with HIV/AIDS (NCW+) in Lagos, a volunteer nurse provided medical care to the children, monitoring their growth, development, and health status. Children in need were also referred for further medical attention to sites that were easily accessed.

Referrals for HIV and AIDS services

Referrals and links to ART services were provided to HIV-positive children and their HIV-positive parents and caregivers. This enabled them to access ARVs and drugs for managing opportunistic infections. This critical service contributed to a reduction in orphaning and prolonged the lives of parents and caregivers, ensuring that they could care for and support their children and families for a longer time. The programme also covered transportation costs that were incurred by beneficiaries to access these services. Where necessary, children and their caregivers were also referred for VCT services.

The Children's Centre in Nyanya, FCT, was formally commissioned by the GHAIN chief of party. Even after GHAIN funding ended, this centre continued to provide a range of services to orphans and vulnerable children, including growth monitoring, nutrition counselling, identification and management of childhood illnesses, and referrals for more specialised care. The centre is managed by a volunteer nutritionist, a nurse, and a laboratory scientist.

Nutrition support

Nutrition education, targeted at all caregivers, covered areas such as the use of nutritious, locally available items and training in food production and preparation. As with the nutrition training, nutritional support was provided within community settings.

The programme trained implementing agencies on how to mobilise food and other resources from the community. As a result, Ummah Support Group mobilised Muslims and established food banks through zakkat in the FCT. Donations of food from market women associations in the Ojo community of Lagos were provided to NCW+ and the organisation Counselling of Youth and Teenagers on HIV/AIDS in Nigeria (COYATOHAN) for distribution to children and families.

The Store House Project of the Redeemed Evangelical Mission (TREM) also provided nutritional support to 109 households and 315 children. The organisation mobilised TREM church members to donate 26 bags of rice, 15 bundles of clothes, and a cow. Foodstuffs were distributed to widows and children during the Christmas season in 2005 and during the Mother's Day celebration in 2006. Implementing agencies in Anambra mobilised and distributed food

Food Support

Care for the Child Organisation (CCO), Anambra State, received and distributed the following items from the Anambra State Ministry of Women Affairs to vulnerable children and their families:

- 100 kg bag guinea corn
- 2 bags rice
- 150 kg beans
- 2 buckets custard powder
- 4 bags detergent
- 5 cartons biscuits
- 5 tins of Bournvita (beverage)
- 12 dozen tins of milk
- 12 dozen packs of sugar cubes
- 124 bars of soap
- 82 pieces of children's wear

to 530 households, and FORWARD trained caregivers of vulnerable children to prepare readily available nutritious meals. Some implementers also provided meals to children during support group meetings.

Home-based assessments by FORWARD in the communities of Ajumawa, Zago, Gwanda, and Dambatta in Kano State revealed that many children were malnourished due to poor diet. FORWARD's Well Woman Children Centre offered a nutritional programme for women and children that integrated education with food preparation demonstrations.

FORWARD's nutritionist helped to develop a nutritious meal called Soyalac, which contains millet, soybeans, and groundnuts. These ingredients are cheap, staple foods that are readily available in the community. Soyalac was adopted by the GHAIN programme and introduced into four communities where nutritional training activities were being implemented. The programme distributed the Soyalac formula twice a month to children age 5 and under, allowing them one sachet per day.

When the project closed out, the nutrition programme had run for three months. Most of the 166 children assessed in project communities showed considerable improvement in weight, complexion, hair colour, and growth patterns. Follow-up after the nutrition training revealed that many caregivers are now processing Soyalac in their homes.

Economic empowerment of households

The capacity of families to ensure the wellbeing of their children depends largely on the ability of the household to meet immediate needs, ensure a steady income, and maintain the integrity of its economic safety net (UNICEF et al. 2004). The programme therefore strengthened the economic capacity of the households it supported by providing vocational skills training for some caregivers and older children in catering, soap making, computer programming, baking, hairdressing, and tailoring. At the completion of the training, participants received small start-up grants or microcredit for their businesses. In addition, some received training in business management skills, which aimed to increase their capacity to procure credit.

Psychosocial support

Psychosocial support is essential to the development of orphans and vulnerable children, and constitutes the ongoing process of meeting their physical, social, emotional, mental, and spiritual needs (Federal Ministry of Women Affairs and Social Development 2007). Project volunteers and caregivers received training on psychosocial support and other skills needed to support children and their families. Each child enrolled in the programme received monthly visits, at home and in school, to ensure that his or her physical and psychological needs were assessed and addressed. During these visits, the children and their caregivers had opportunities to express their concerns.

Project volunteers and selected adult community members also mentored children who were heads of households, and caregivers received training on succession planning, including will writing and writing of memory books. Adolescents received life skills and leadership training, which provided them with the skills and the confidence to negotiate life issues. The programme established child corners, children's clubs, and OVC support group meetings to help improve the children's self-esteem and wellbeing.

Recognising the importance of setting aside a safe space for children to recreate and learn, FORWARD renovated a computer classroom to serve as a children's corner. Equipment purchased included a television, video player, children's video tapes, and an alphabet wall chart. The children's corner is open every Saturday from 10 am to noon and is very popular. Over a three-month period, 608 children attended. Those who did exhibited greatly improved learning and social skills.

HIV prevention and life skills

HIV prevention has been a key strategy of the GHAIN OVC Programme. The component incorporated life skills and sexuality education to empower young people to make informed and positive life choices. Selected children received leadership and life-skills training in areas such as decision-making, negotiation, communication, self esteem, goal setting, peer pressure, teenage pregnancy, risk perception, and abstinence, as well as basic information on HIV/AIDS. Those trained became peer educators in their communities and facilitated regular support group meetings.

Such training and education are essential because young people—especially girls—are at higher risk of HIV infection. Unintended pregnancies may cause young people to drop out of school and expose them to risky behaviours, including attempts to terminate the pregnancy under the care of unqualified medical practitioners or by self-medication. CCO Anambra provided training in baby care and provided basic childcare supplies to six teenaged mothers. The project also mobilised older women in the communities to assist young mothers with babysitting and give them moral support.

Other GHAIN implementing agencies funded to carry out HIV prevention activities complemented the GHAIN OVC Programme by carrying out community mobilisation and sensitisation on HIV and AIDS that decreased stigma and discrimination against PLHA.

Caring for children with disability

Vulnerable children with disability experience a double burden. They are exposed to increased risk of infection due to sexual exploitation, abuse, and rape, and have less access to prevention and care services. Children with disability may also have low or no education; many do not attend school and cannot access correct HIV information (Federal Ministry of Women Affairs and Social Development 2007). Other factors that limit their access to advice and HIV awareness education include poverty, low self-esteem, and communication difficulties, particularly for those who are hearing-, speech-, or sight-impaired.

GHAIN OVC Programme partners addressed the needs of children living with disability and, in some cases, also with HIV and AIDS. For example, CCO Anambra provided wheelchairs for eight children with disability through support from the Catholic Church and the state government. Hopegivers Organisation, another implementing agency in the state, provided education support to two visually impaired children, thereby enabling them to attend a special school to learn to read and write using Braille. Methcare in Lagos provided crutches for two children living with disability and enrolled them in a special school.

Building Partnerships to Support Vulnerable Children

The impact of HIV/AIDS on children, their families, and communities cannot be addressed by any one organisation without the active support and collaboration of other stakeholders. The GHAIN stakeholder partnership included government ministries, including ministries of women affairs, agriculture, education, and health; government parastatals, such as the State Poverty Alleviation Programme; and the private sector. This was a key strategy for increasing awareness about orphans and vulnerable children and mobilising resources and support, especially for children outside GHAIN's mandate. Building these partnerships enhanced community ownership of the programme and contributed to sustainability.

Ministry representatives became members of the various PACs. In states such as Anambra, the permanent secretaries of each ministry attended quarterly PAC meetings or delegated staff to attend. The programme also enhanced the capacity of government ministries and communities to care for, support, and protect affected children and their families through capacity building training organised by GHAIN.

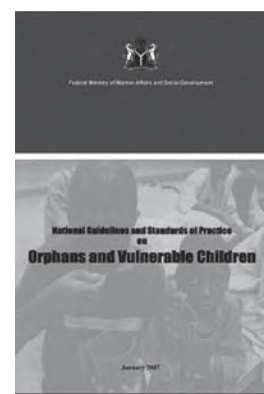
GHAIN partnered with the International Federation of Women Lawyers to develop a training manual on legal education and will writing for the support of children and families affected by HIV. Private sector and nongovernmental institutions also formed part of OVC stakeholder networks. The dividends produced were numerous and varied.

Strengthening the policy framework

At national, state, and local government levels, GHAIN provided technical assistance to implementing partners and government departments to strengthen their capacities and reach in OVC programming.

GHAIN provided technical assistance to the Federal Ministry of Women Affairs and Social Development and funded two three-day workshops (in November 2005 and June 2006) to develop and finalise the *National Guidelines and Standards of Practice on Orphans and Vulnerable Children*. GHAIN OVC and quality management staff facilitated and provided technical assistance at both workshops. The application of the guidelines is expected to assure and improve the quality of services related to the wellbeing, protection, and development of orphans and vulnerable children in Nigeria.

The programme developed an OVC service monitoring and supervision checklist, which was included in the guidelines as an appendix. GHAIN has printed and distributed 1,000 copies of this publication, which can be downloaded from the FHI website.³



GHAIN staff were also members of the 17-member National OVC Task Team inaugurated by the minister of the Federal Ministry of Women Affairs and Social Development. They participated in zonal consultation workshops and task-team meetings to plan, develop, cost and finalise the National OVC Plan of Action, 2006–2010. The programme funded the workshop to develop the plan's M&E framework in November 2005 and provided technical assistance at the workshop through FHI/Arlington. The meeting engaged in extensive discussions of definitions, including whether the term "most vulnerable child" should be used to underscore the fact that not all orphans are vulnerable and that many vulnerable children are not orphans. In the end, it was agreed that the term should not be changed since this would entail many legislative processes.

Dividends of Networking

Financial and material support

- School levy waivers were provided by Owan East LGA of Edo State and the FCT by Owan East Support Group and Society for Community Development.
- The sum of N130,000 (about US\$ 1,000) was donated to Oriaifo Support Group, another GHAIN-supported implementing agency, by Esan North East LGA of Edo State.
- The FCT authority donated land for the construction of a primary school (with non-GHAIN funds) to Society for Development, a GHAIN implementing agency.
- The International Institute of Tropical Agriculture supplied high-yielding and disease-resistant maize seeds to caregivers supported by Oriaifo Support Group, Edo State.
- The FCT Action Committee on AIDS supplied insecticide-treated nets to Unique AIDS Control Organisation in the FCT.
- The Osun State Poverty Alleviation Programme augmented the microcredit given to caregivers supported by Methcare in Osun State.
- SWAAN, an implementing agency in Edo State, linked four caregivers with Lift Above Poverty Organisation, a microcredit NGO in Benin City.

Capacity building

- The Catholic Church trained 49 caregivers and older children supported by CCO Anambra on various vocational skills.
- Lagos State Universal Basic Education Board partnered with TREM Lagos to institute a book revolving scheme in two schools in Ajeromi-Ifelodun LGA.

³ <www.fhi.org/en/HIVAIDS/pub/res_OVC_SOP_Nigeria.htm>

FACILITATING FACTORS AND CHALLENGES

Facilitating Factors

GHAIN is a comprehensive programme that incorporates prevention, VCT, PMTCT, palliative care, and adult and paediatric ART. Beneficiaries can access all these services from within the same project through seamless referrals and linkages between various programme components. For HIV-infected children and caregivers, the OVC programme provided referral linkages for accessing ART, PMTCT services, and palliative care. The result was better health outcomes, improved quality of life for children and their caregivers, and a reduction in orphaning. Working with PLHA support groups provided quick access to children living with or affected by HIV through a process that was non-stigmatising.

Immense support from the federal and state ministries of women affairs, other government ministries and agencies, and project communities contributed in no small way to the successes of the programme. Engaging these crucial stakeholders early and throughout the programme ensured political and community commitment and enabled the mobilisation of needed complementary resources and programme support.

Experiences shared by OVC programme managers in Malawi and Uganda during the OVC training-of-trainers workshop enriched training experiences. Implementing agencies learned how similar situations and challenges were addressed in these countries, and they applied some of these lessons to their own projects.

Challenges

Despite the successes recorded during the relatively short period of programme implementation, the following challenges should be highlighted.

Slow start-up of activities

Identification of implementing agencies involved advertising in national newspapers, reviewing the submitted concept papers, and assessing potential candidates, a time-consuming process. The 31 selected implementing agencies were then invited to a proposal-writing workshop, and the finalisation of proposals, the drawing up of contracts, and their execution also took time. Most implementers began work eight months after the start of the programme.

Limited implementing capacity and experience

Often, when organisations think of support for vulnerable children, they consider only their urgent, basic needs. However, children also need psychosocial support and life skills to develop into responsible adults. Implementing agencies often lacked the skills to meet these needs. Capacity strengthening was thus a key component of the programme, which trained two staff from each of the 31 implementing agencies during a five-day, intensive training-of-trainers workshop on OVC care, support, and protection. For most (if not all) of these organisations, it was the first time they had received any formal training on the subject.

The programme also gave smaller grants and devised smaller targets (to reach fewer children and their households) to organisations with low capacity. Over time, with evidence of improved capacity for programme management, increased grants and targets were foreseen.

Short-term versus long-term priorities

Vulnerable children and their households often require essential services to be provided on an emergency basis. However, preparing the ground for long-term development goals is also essential. While it may be expedient

to pay school levies for children supported by the programme, it is not a long-term solution. What may be required is to address the reason that school levies are charged, despite a national free-education programme, and the issue of reduced government subventions to the education sector. Strategies that target long-term solutions are especially pertinent, since OVC programmes often depend on short-term donor funding for their continued existence.

Budget constraints and increased demand for services

As expected in communities that face widespread poverty and many other challenges, resources available did not match needs. Nearly all implementing agencies identified more vulnerable children and households than the agreed-upon programme limits, and many implementers enrolled many more children than their agreed targets. This stretched limited resources and brought the attendant risk of undermining the programme's quality, impact, and sustainability.

The programme also battled to keep service delivery costs low to ensure that resources that reached children and their families were maximized, project staff were adequately remunerated, and incentives were available to assist the recruitment of capable project volunteers.

Volunteer fatigue and continuous calls for upward review of remuneration for paid staff and incentives for project volunteers were among recurring challenges, along with high expectations from children and caregivers that programme resources could not meet.

With the rollout of free VCT, PMTCT, and ART services, more children and adults have come to know their serostatus and accessed treatment. The programme's care and support services could not keep pace with the increasing number of children living with or affected by HIV in need of support.

Donor regulations on funding levels

GHAIN had to scale back its budget by closing down the OVC programme before the 2008 programme end-date. This posed a major challenge for GHAIN, the implementing agencies, and project communities, and risked undermining the acceptability of future programmes in these communities. Notwithstanding, a number of PACs are exploring ways of mobilizing funds to continue providing needed support to orphans and vulnerable children and their households.

