SERVICES AVAILABLE FOR ORPHANS AND VULNERABLE CHILDREN IN ENUGU STATE

BY

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PG/PGD/09/51204

DEPARTMENT OF SOCIAL WORK
UNIVERSITY OF NIGERIA, NSUKKA

MARCH, 2011
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A LONG ESSAY SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK, UNIVERSITY OF NIGERIA, NSUKKA IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A POSTGRADUATE DIPLOMA IN SOCIAL WORK

DEPARTMENT OF SOCIAL WORK
UNIVERSITY OF NIGERIA, NSUKKA

MARCH, 2011
APPROVAL PAGE

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To my beloved Mummy, Aka-Oluchukwu Olive and my spiritual father Rev. Professor Daddy Hezekaiah who encouraged me to read more because knowledge is power. Above all to Almighty God for making my dream come into reality.
ACKNOWLEDGEMENTS

I am highly grateful to God Almighty for His guidance divine provision to run this programme. My sincere thanks go to my supervisor, Miss C. Uzuegbu whose advice, encouragement and commitment saw me through. My gratitude also goes to Mr. F.U. Mbah for his encouragement.

Finally, I appreciate my brother Uka Ibeh, for all his untiring effort that made my dream to come to pass.

Ibeh, Esther Ngozi
Abstract

This study sought to find out services available for orphans and vulnerable children in Enugu State and the social workers' roles in the provision of services for the OVC. The study revealed among other things, that conditions of OVC in Enugu are deplorable as they are exposed to neglect, violence, exploitation and all forms of abuse. The study revealed that NGOs intervention in assisting the OVC is not only necessary but also an indication of societal positive response to the situation and government failure to provide a comprehensive and realistic community oriented framework for the OVC. Furthermore, social workers involvement is needed in ameliorating the problems of the OVC in Enugu. Finally, it was recommended that all levels through advocacy and social mobilization increase the access of OVC to essential services (health, education, nutrition, medical, shelter and psycho-social) and ensure the involvement of trained social workers in the provision of service of OVC in the society.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title Page</td>
<td>i</td>
</tr>
<tr>
<td>Approval Page</td>
<td>ii</td>
</tr>
<tr>
<td>Dedication</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iv</td>
</tr>
<tr>
<td>Abstract</td>
<td>v</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>1</td>
</tr>
<tr>
<td><strong>CHAPTER ONE: INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>1.1 Background to the Study</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Statement of the Problem</td>
<td>4</td>
</tr>
<tr>
<td>1.3 Research Questions</td>
<td>7</td>
</tr>
<tr>
<td>1.4 Objectives of the Study</td>
<td>7</td>
</tr>
<tr>
<td>1.5 Significance of the Study</td>
<td>8</td>
</tr>
<tr>
<td>1.6 Definition of Concepts</td>
<td>9</td>
</tr>
<tr>
<td><strong>CHAPTER TWO: LITERATURE REVIEW</strong></td>
<td>10</td>
</tr>
<tr>
<td>2.1 Overview of Orphans and Vulnerable Children in Nigeria</td>
<td>10</td>
</tr>
<tr>
<td>2.2 The Plight of OVC in Nigeria</td>
<td>12</td>
</tr>
<tr>
<td>2.3 The Role of Orphanage and NGOs on OVC in Enugu, Nigeria</td>
<td>16</td>
</tr>
<tr>
<td>2.4 The Government and OVC in Nigeria</td>
<td>22</td>
</tr>
<tr>
<td>2.5 A Reflection on Social Work Services to OVC</td>
<td>25</td>
</tr>
<tr>
<td><strong>CHAPTER THREE: IMPLICATION, CONCLUSION AND RECOMMENDITIONS</strong></td>
<td>29</td>
</tr>
<tr>
<td>3.1 Implication of the Study for the Social Work</td>
<td>29</td>
</tr>
<tr>
<td>3.2 Conclusion</td>
<td>30</td>
</tr>
<tr>
<td>3.3 Recommendations</td>
<td>31</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>33</td>
</tr>
</tbody>
</table>
CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

The HIV/AIDS epidemic is shattering children’s lives and reversing many hard won children’s right to gains. Even in countries with well-established epidemics, HIV/AIDS-related stigma and discrimination are often pervasive. Typically this is not restricted to individuals who are infected but affects their families as well. Children from HIV/AIDS-affected households report experiencing stigma and discrimination on many levels and in all aspects of their lives.

Within the extended family, children orphaned by HIV/AIDS tell of being expected to work harder than other children in the family and being the last to get food or school fees. Within the community, they are socially ostracized and marginalized by adults as well as by other children. Discrimination at schools in health services, and in other institutions comprises their rights and frequently limits their access to opportunities and benefits.

There is evidence that challenges the assumptions that orphans are the most vulnerable children. Studies by Ainsworth and Filmer, and Huber and Gould, where non-enrolment and non-attendance at school were used as proxies for vulnerability, found that, in many countries, poor children (rather than orphans) were most likely to be enrolled or to be out of school. Though generalizations across countries (28 countries in four regions in the Ainsworth and Filmer study) can be challenged, the link between poverty and vulnerability
seems well established. Suggesting the policies to raise enrolment among the poor will also have a position impact on disadvantaged OVC.

In Nigeria, children who need special protection on account of being in vulnerable situations such as orphanhood and homelessness are observably increasing due to growing levels of poverty and the poor socio-economic situation of the country. The Cove Welfare Indicator Questionnaire (CWIQ) survey (2006) indicated that 0.4% of children under the age of 18 were orphans who have lost both parents. In addition, about 3.4% lost their fathers while 1.3% lost their mothers.

Interrelated social, cultural, political and economic forces which have in recent times over-stretched the coping capacities of family, communities, and government fuel the above disturbing trend. The family, being the primary socialization agent and a safety not for the care and support of the under-privileged including orphans and vulnerable children, no longer performs its functions. This is a clear indication of social disorganization in the society. This has a number of implications on the children, the communities and the society. A vulnerable child has less access to nutrition, healthcare, and education. In addition, report of the Rapid Assessment Analysis Action Planning (RAAAP, 2004) indicates that a vulnerable child is less likely to enroll in school, and more likely dropout of school to engage in risky sexual behaviour, and engage in substance abuse. Often such child is exposed to abuse, exploitation and social exclusion.

Child rights protection issues cover wide range of areas bordering on obligations of all levels, tiers of government, parents, families, communities,
civil society groups and other stakeholders, to orphans and vulnerable children in the society. Laden (2006) observes that obligations to observe, respect, promote and protect the survival, development, protection and participation of OVC's rights are grossly lacking when viewed against the various manifestations of child abandonment, exposure to moral danger, maltreatment, abuse and all forms of exploitation in Nigeria. The result is OVC are vulnerable to victimization, child trafficking, ritual killings, drug abuse, sexual/labour, economic exploitations and recruitment as agents of destruction in times of civil disturbance. In such situations, they also are deprived of their rights to life, human dignity, qualitative and quantitative education, health and access to healthcare services, growing up within a family with care, love and affection and to safe or secure environment free from neglect, violence, exploitation and all forms of abuse.

Enugu State is populated with 3,267,837 million people (2006 Population and Housing Census of the Federal Republic of Nigeria, National Population Commission). In this town, children that need special protection on account of being in vulnerable conditions and situations such as orphanhood and homeless are observably increasing. To ensure that the orphans and vulnerable children (OVC) grow up under proper care and support is not sole responsibility of the government alone but also of their relatives and general public. In other words, the society has a vital role to play in improving the conditions of the OVC, and by extension is drastically reducing the tendencies for the risks the children are exposed to, as well as on the communities and society. Following more than a decade of inadequate action, there is now an
absolute imperative that the global community, every individual nation, USAID personnel (such as health and population officers in missions), other donors, and programme managers in government and in civil society.

Structures (such as non-governmental organizations) (NGOs) urgently mount large-scale multifaceted responses to secure the future of all orphans and vulnerable children (OVC). Therefore, this study is concerned with collective societal efforts to improve the lives of orphans and vulnerable children in Enugu. It specifically examines the plight of OVC and the services available for them in the state.

1.2 Statement of the Problem

The HIV/AIDS epidemic is producing orphans on unrivaled scale. Historically, large-scale orphaning has been a sporadic, short term problem associated with war, famine, or disease orphaning caused by HIV/AIDS is and increasingly will be a long-term, chronic problem, affecting developing countries throughout the world.

In Nigeria, the number of orphans was estimated at 7 million in 2003 of whom 1.8 million are orphaned by HIV/AIDS (children on the Brink, 2004), and many more children live in households with a chronically ill parent or care-giver, elderly care-givers, orphans and others are homeless. In addition, the National Situation Assessment and Analysis on OVC in Nigeria (2008) indicates that there is an estimate of 14 million OVC in the country. One out of ten Nigerian children is an orphan. Of these, one in three is a maternal orphan and two in three are paternal orphans. Similarly, the UNICEF Report (2007) indicates that
up to 10.7 million of the estimated 69 million Nigerian children may be categorized as vulnerable. The disturbing trend is fueled by international social, cultural, political and economic forces which have in recent times overstretched the coping capacities of familiar communities and government. The care of OVC is not solely the responsibility of the government, but also of their relatives, the communities in which they live as well as the society at large. These community members have an obligation to render all the necessary support needed in order to help the children live a better life because failure to do so will have negative consequences as well as spill-over effects that impact not only on the children but the community and society at large.

The human and social costs of the epidemic are enormous for children in seriously affected communities whose nature of childhood is changing fundamentally. Children are at increased risk of losing opportunities for school, healthcare, growth, development, nutrition, and shelter. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear, and hopelessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities and disturbed social behaviour. This is frequently compounded by “self-stigma” – children blaming themselves for their parents’ illness and death and for the family’s misfortune.

At the family level, the epidemic causes incomes to dwindle and assets to shrink as breadwinners fall ill and die. This, in turn, results in family structure changing and households fragmenting becoming poorer and facing destitution, particularly those headed by grandparents or heads by children themselves.
At the community level, the growing demands on communities as a result of the HIV/AIDS epidemic are multiple and multifaceted. That communities have an enduring capacity to cope is a presumption that figures prominently in the literature and that frequently underpins policy and practice. The presumption, however, is seriously flawed. The reality particularly in communities seriously affected by HIV/AIDS, is of coping mechanisms strained to the breaking point and traditional safety nets unraveling (Baylies, 2002).

Due to disruption in family values orphans and vulnerable children may become involved with deviant peer groups that can seriously endanger successful transition into mainstream adulthood. Educationally, OVC suffer from high rates of school failure, high school dropout and incarceration. They also have limited educational opportunities, as well as minimal or poor experience with civic engagement and social institutions. Again, many neglected children experience racism, prejudice, and cultural intolerance that alienate some adolescents and make them withdraw or rebel against mainstream society and conational social institutions.

Many studies have been conducted on children: their rights, privileges, development and future. Others examine the causes, conditions, and prospects of orphans and vulnerable children in Nigeria (example Shetima, 2009; Aluaigba, 2009; Badamasiuy, 2009; The Rapid Assessment Analysis Action Planning (RAAAP), 2004, etc.). Nevertheless, little attention has been paid in Nigeria to the dynamic relationships that led to the conditions of the OVC. Specifically and more importantly, collective societal response as intervention strategy for solidifying and cementing relationship has been
neglected or silenced. This study seeks to fill the existing gaps as identified above.

1.3 Research Questions

The following research questions will guide the study:

1. What are the conditions of and challenges facing orphans and vulnerable children (OVC) in Enugu State?
2. What are the services provided for orphans and vulnerable children in Enugu State?
3. What are the roles of NGOs, orphanage and government on the orphans and vulnerable children in Enugu State?
4. What are the roles of social workers in terms of services for the orphans and vulnerable children (OVC) in Enugu State?

1.4 Objectives of the Study

General Aim: The general objective of this study is to examine the condition of orphans and vulnerable children (OVC) in Enugu State and to explore societal response to the problem.

Specific Objectives: The specific objectives of this study are to:

1. examine conditions of (and challenges facing) orphans and vulnerable children (OVC) in Enugu State;
2. identify the societal response to OVC specifically through the activities of NGOs, orphanage and government;
3. determine social workers’ roles in terms of services for the OVC.
1.5 **Significance of the Study**

The long essay will serve as a pointer to the NGOs, government and social workers to their roles as advocates, conveners and to their outreach role in OVC in Enugu State. It will also serve to awaken NGOs, orphanages, government and social workers to their duty of coming up with a policy statement on OVC in their daily practice based on the Nigeria situation. And in sponsoring symposium on OVC and in attending such symposium in organized and sponsored by stakeholders for current information and knowledge of OVC, the study will highlight to the NGOs, orphanages and government and association of schools of social work and social work educators in Nigeria the great needs of introducing into the different levels of school curriculum, the HIV/AIDS and OVC related issues. This will definitely touch the professional lives of almost all Nigeria contemporary stakeholders.

Through this long essay, the needed information to guide the designing and development of services on OVC would be identified. In their outreach role, Nigerian public will be conscientized on the need for effective counselling of the OVC. Social workers, as members of the helping professions will be better equipped to create awareness, counsel and educate their colleagues and members of interdisciplinary team on the importance of service on OVC. Furthermore, as activists, will help stimulate policy makers and the Nigerian public on the urgent need of coming up with just social policies and programmes on OVC.
1.6 Definition of Concepts

**AIDS** – Acquired Immune Deficiency Syndrome

**HIV** – Human Immunodeficiency Virus

**Intervention** – An emerging programme focusing or eliminating a social problem. It is the particular provision that NGOs introduce to interfere with force to solve some of the problems orphans face due to ineffectiveness of the existing family or government structures.

**NGOs** – Non-Governmental Organizations. These are private organizations that act towards some common humanitarian purpose. They are working towards improving the quality of life for humans usually in their communities and beyond. They register with the Corporate Affairs Commission (CAC) a government regulatory body for the activities of corporations. Some of the NGOs rely on foreign aid to run their organizations.

**OVC** – Orphans and Vulnerable Children.

**Response** – This term is used to illustrate the attitudes including actions and inactions of the community towards the orphans and vulnerable children. It encompasses the methods or strategies that the people adopt to identify, reform, interference or intervene to alleviate consequences of orphanhood and vulnerability.

**RAAAP** – Rapid Assessment, Analysis and Action Planning.

**Extended Family** – Relatives who are not part of the nuclear family, including grandparents, aunts, uncles, cousins and in-laws.
CHAPTER TWO
LITERATURE REVIEW

2.1 Overview of Orphan and Vulnerable Children in Nigeria

The Nigeria Country Report (2004) defines an orphan as a child under the age of 18 years whose mother (maternal orphan), father (paternal orphan) or both (double orphan) are dead. A child is defined as a vulnerable when that child is most at risk of facing increased negative outcomes compared to the average child in the defined society. Negative outcomes include malnutrition, higher morbidity and mortality, low school attendance and completion rate and increased risk of abuse and psychosocial consequences.

According to the National Plan of Action on Orphans and Vulnerable Children in Nigeria (2007), categories of children who could be vulnerable may not be exhaustive but for working purposes on a general note, a child is defined as a boy or girl below 18 years of age. An orphan on the other hand is a child (below the age of 18) who has lost one or both parents, irrespective of the cause of death. Those who have lost both parents are commonly referred to as “double orphaned”. The definition of vulnerability varies from society to society; therefore definitions are community specific. Nevertheless, the Federal Ministry of Social Development (2007) provides some key indicators determining children’s vulnerability including children that are:

- from poverty stricken homes;
- with inadequate access to educational, health and other social support;
- live in a household with terminally ill parents or care-giver(s);
- live outside of family care, i.e. live with extended family, in an institution or on the streets;
- infected with HIV.

In line with the above, the National Action Plan of Nigeria enumerates specifically the list of children perceived as extremely vulnerable in communities to include:
- Children with physical and material disabilities
- Neglected children
- Child beggars, destitute children and scavengers
- Children from broken homes
- Internally displaced children
- Children who have dropped out of school
- Abandoned children.

The above lists present characteristics of children considered vulnerable in the society, and who need some care and support. But the lists could be too broad and cover a wide range of categories. More so, government agencies for certain model intervention define them. A major criterion in defining and conceptualizing orphanhood and child vulnerability as used in this study is that members of the studied associations, being part of the communities in which the children live are those who define who fits in the categories and therefore who need care and support. The National Guidelines and Standard of Practice on OVC (2007) defines cave and support to include material and non-material support to meet basic physical, cognitive and psychological needs of OVC, their care-givers and communities within a long term and in a sustainable
manner, clothing, shelter, emotional support, hygienic environment, recreation as well as life building skills are some of the basic needs of OVC.

2.2 The Plight of OVC 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. Out of 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 forms of discrimination.

The HIV and AIDS epidemic is closely accompanied by assurgent T.B. epidemic, opportunistic infections, malaria and growing unprecedented problem of orphans and vulnerable 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 include child labour 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 conflict incidences and some with the 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%).

A cause of social phenomenon according to Shutt (2006) is “an explanation for some characteristics attitudes, or behaviour of groups, individuals, or other entities or for events”. A number of social, economic, political factors are considered responsible for the orphanhood and vulnerability of the children. Garba (2007) blames colonization for disrupting the comprehensive traditional social welfare provisions for children, the elderly, the poor, the sick and the needy. Colonization brought about disruption in the family structure, and significant alterations were made in all the social, economic, political, educational systems, thereby making life very difficult. Disruption of traditional values and the ideas of communal living and spirit of brotherhood was replaced with money-economy and excessive individualism. Millany (2006) argues that in Nigerian farmers, “individualism in all facets of family life is strengthening among family members”. Birmingham (1995) buttresses this position, identifying some of the negative conditions brought by the process of colonization to include hunger, arbitrary government, foreign exploitation, neglect of indigenous cultural heritage, and also, urban-bids introduction of foreign alien values that contradict the rich traditional ones, ecological neglect, and many more which have brought about an alien inadequate formal social welfare policy.

Another factor responsible for children’s vulnerability linked to urbanization is high rate of divorce, leading to single parenthood, especially
female headed households. The culture of female headed households is viewed as alien in patriarchal society like Enugu, thereby creating more problems including urban-bias and increase in the deteriorating conditions of children. Similarly, Coles (1977) identified some factors that jeopardize the efforts of maternal resources in providing subsistence needs and socialization of the younger ones. These include kin dispersal, ecological pressures, environmental stress, economic disasters, growing burdens of labour-intensive work, increasing number of women depending on their children for current survival and future security. Most of the above-mentioned factors are linked to colonization. Yet, Deretakn (2004) believes that we should not over-burden colonization, instead, we should consider globalization as the major cause of Nigerians’ and Africans’ contemporary problems including those associated with OVC. His position therefore gives a self-critique of state of the Nation State. He argues that if a democratic culture is firmly established in Nigeria, then the country would have become a significant player in the process of globalization.

But Dorman (2002) argues that there will be no successful children development programme without recognizing and addressing the critical role that poverty plays in the poor development of the children from the grassroots level. Similarly, Oguonu (2005) sees poverty as a major hindrance to sustainable development in Nigeria.

He believes that the increase of the poverty level in Nigeria led to the increase in the number of orphans and vulnerable children as well as their deteriorating conditions. Lanchman et al (2002) identify the challenges facing
children in the 21st century as immense, and as impediments to achieving the goal of universal child protection. They went further to identify three specific constraints on child protection in Nigeria namely poverty, HIV/AIDS infection, and war. They emphasized poverty, which can be both financial and psychological and can have serious negative effects in the continent, leading to many children becoming orphans and therefore, vulnerable.

All children have a right to protection. Evans and Murvay (2008) argued that vulnerable children deserve to be treated with dignity and respect as stipulated in the Article 19 of the African Charter on Human and People’s Rights (ACHPR). The Article says “all peoples (OVC inclusive) shall be equal; they shall enjoy the same respect and shall have the same rights …”). The above is enshrined in Nigeria’s constitution but unfortunately, many of these children are left unattended and live in filthy conditions, exposed to many problems concerning health, education, moral, psychological development and others with varying degrees of harm to both the children and society. Similarly, Jasen (2000) argues that deteriorating environmental conditions have had profound impact on infants and children. He further asserts that “all children are exposed from the pre-natal phase, to a barrage of environmental threats to their health and survival. It costs millions of children their lives and impedes the growth and progress of countless others. This means, if all children are exposed to environmental threats, then OVC are more exposed because among many other disadvantages, they lack care and support. Despite the efforts that the government does at various levels, legislation inclusive, the
problems persist partly because government responses fail to recognize the existing family values.

2.3 **The Role of Orphanage and NGOs on OVC in Nigeria**

The role of orphanage includes:

- protect, care and support orphans and vulnerable children for their safety and basic needs;
- provide the love, guidance and attention children need to develop in healthy ways and to become active members of their family and community;
- plan for the welfare of the children including succession planning and will writing;
- participate in the review and or formulation of national and international policies that promote the rights of orphans and vulnerable children;
- ensure births and deaths within the orphanage are registered with the appropriate local authorities.

Non-Governmental Organizations (NGOs) are private organizations that act towards some common, humanitarian purposes. The idea of NGOs has been around since 1800s, though officially entered the mainstream because of the UN in 1945 (Human Rights Charter, 1948). Some of the criteria for establishing an NGO include being independent from government control; non-profit seeking, non-criminal, and not to challenge governments on issues of control or power. NGOs cannot enforce or become a political party. NGOs can vary in size, from grassroots movements to juggernauts such as Red Cross,
which is currently the largest. Mcphail (2009) argues that NGOs have good intentions despite some controversies associated with their activities, sources of fund as well as spending, ideologies for which they are established, structural biases, unhealthy rivalry and competition among sister NGOs, etc.

There are four categories of NGOs with different motives for establishment; service orientation and empower orientation. Majority of NGOs are the ones that provide services to community. Some of the areas of intervention include hygiene, feeding, shelter, education, skills and acquisition and placement or OVC. An interesting function that the NGOs perform is identifying and assisting widows and reconnecting with the orphans’ relatives. This is very good strategy because it does not only facilitate the process of home-care intervention, but also creates re-union of families that have had misunderstandings. Above all it provides an avenue for assisting OVC to reintegrate with their families, relatives, communities, and society as a whole. It eliminates most of the problems as a whole. It eliminates most of the problems associated with OVC in institutional care. This position is in conformity with the findings of Bradley (2003) that in Nigeria, non-governmental organizations can and do play a vital role in civil society and they may begin to take on roles hitherto unseen, not just in Nigeria but throughout the developing world and even in mature political and economic systems. Similarly, Amutabi (2006) posited that in Africa, one of the functions of NGOs is to serve as agents of genuine development.

NGOs act as motivators in solving the problems of the needy especially orphans and vulnerable children by reminding the public of the necessity for
contributing and supporting the under-privileged. They therefore perform many functions that include identifying and solving problems, and constantly reminding both the civil society and the governments of their responsibilities.

The NGOs adopt different methods and strategies for intervention in responding to the conditions of OVC in Enugu metropolis. These include conducting census of widows, orphans, and vulnerable children in the communities in order to have a reliable data base, having medicines and picking medical bills of OVC, their parents, and other needy members of the families, sponsoring the children to certain levels of education, providing shelter and clothing, to OVC and widows, visits to orphanages and home hosting OVC, and raising awareness at all levels through advocacy and social mobilization to create a supportive environment for OVC.

It is worthy to acknowledge and emphasize that the NGOs adopt a very vital strategy for intervention by identifying relatives of the children and settling disputes, reconnecting and reinforcing relationships between the children on the one hand and their relatives as well as society on the other. In other words, the NGOs network not only with the children but with the families that should be proving primary socialization to the children.

In Enugu State, NGOs are involved in providing services for the orphans and other vulnerable children. These services include education, food and nutrition, health care, psychosocial care, protection, shelter and economic strengthening.

One of the most important needs that OVC have is education. Education is a basic human right for all children, as recognized in the
convention of the rights of the child. A child who has access to quality primary
school has a better chance in life. The NGOs in Enugu have gone a long way
in supporting OVC in communities to identify the barriers affecting their access
to education and identify solutions that are sustainable and locally appropriate;
supporting communities and schools to manage holistic scholarship scheme for
OVC to take care of their education needs; and are providing functional literacy
for out of school OVC and those constrained by conflicting chores to meet the
scheduled demands of formal schools.

Food and nutrition are important components of OVC support. Food aid/
support through the NGOs in Enugu are provided to the OVC as caregivers.

Orphans and vulnerable children require support for survival, such as
food and healthcare. OVC are receiving some health related assistance from
NGOs in Enugu. They 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.

Psychosocial support involves all action that enables orphans and
vulnerable children to live meaningful and positive lives. It is an on-going
process of meeting the physical, social, emotional, mental and spiritual needs
of children, all of which are essential elements for meaningful and positive
human development. Psychosocial well-being refers to the love/attachment/
affection to attain the right mental, physical and social development to OVC;
mitigating the impact and reducing stigma and discriminating against orphans
and vulnerable children and their households; and are building resilience of
orphans and vulnerable children through the development of the skills to reduce vulnerability.

Child protection entails all initiatives carried out by children, families, communities, development partners, government and the private sector (NGOs) that prevent violation of the rights of children in relation to abuse, exploitation and neglect. Orphans and vulnerable children need dedicated interventions to protect them from harm, to assist them when affected, and to promote their overall development. In Enugu, NGOs are strengthening the capacities of children, families and communities to protect and care for OVC; building OVC resilience and support their participation – in their own protection, including child to child support; and revitalizing/strengthening the registration of all births and deaths in the communities.

Most orphans and vulnerable children in Enugu State live in the communities with their extended families. It is recognized that the most appropriate place for their care is within their own families and communities. NGOs in Enugu are ensuring that institutions and families where OVC are placed protect the best interests of the children; and strengthening the child headed households are linking them with adult community members who will protect the best interests of the children, without being exploitative.

Some families living with orphans and vulnerable children may lack adequate economic resources to cater for their physical and material needs. This undermines their ability to fulfill the rights of those children. In Enugu, NGOs are building the socio-economic strengthening activities are those improving the economic situation of the family, such as increasing savings,
income generating activities, better resource utilization, improved business skills and links with the markets.

Some of the NGOs in Enugu State that provide services for OVC are:

(1) Home Giver Foundation  
(2) Spring of Life Support Group  
(3) Christian Centres for Community  
(4) Life Line Plus Foundation  
(5) Committed Child Trust  
(6) Truth is Life  
(7) Needy Empowerment Support Organization  
(8) Uzoma Childcare Foundation  
(9) Blessed Child Improvement Child Initiative  
(10) Poverty in Africa Alternative  
(11) Youth Child Support Initiative  

(Ministry of Agenda Affairs & Social Development, Enugu State, 2011)

**Home Giver Foundation:**

Home Giver and Foundation was established and registered with Ministry of Gender Affairs and Social Development of Enugu State and started operative in 2005. The organization has been rendering services to OVC in Enugu State. It raises fund for its services through free will donations by individuals, contributions by members, philanthropists and government. The organization is also being sponsored by International donors carried out by Association for Productive & Family Health (APEH) and psychosocial support. Basically, they concentrate their services in education and psychosocial. The
organization has now 300 OVC. It is sponsoring care for and also makes referrals of OVC with HIV, disability, or victims of sexual abuse for specialists care. It has its branches in Isi-Uzo, Nkanu East, Nkanu West and Awgu Local Government Areas in Enugu State. American International Health Alliance (AIHA) has trained some of its staff in para-social work (MAASD, Enugu State, 2011).

Life plus foundation was established and registered with Corporate Affairs Commission (CAC) in 2000. The organization operates both in Enugu and Ebonyi States. They cover Enugu-Ezike, Udi and Uzo-Uwani Local Government Areas. It receives grants from various donors and Association for Productive and Family Health (APFH) sponsor it. It renders home base care services. Every last Friday of every month, the organization does nutritional support for OVC and their caregivers. American International Health Alliance (AIHA) trains its staff on para-social work.

2.4 The Government and OVC in Nigeria

The Federal Government of Nigeria is a signatory to two important internationally declarations on the rights of children. These are the United Nations Convention on the Rights of Children (CRC) and the African Charter on Rights and welfare of children (ACRWC). The two Declarations emphatically require signatory states parties. Nigeria therefore, inclusive to take steps to ensure the recognition and enforcement of the rights of children. In conformity with the recognition and enforcement of the rights of children, federal government of Nigeria became committed to the issue by establishing an OVC
Unit in the Federal Ministry of Women Affairs charged with the responsibility of coordinating the national response to the OVC phenomenon. Among other efforts, the federal government and relevant stakeholders organized a national conference which reviewed the OVC situation in Nigeria and made recommendations on ways to tackle the issue in February, 2004. Nigeria was one of 17 countries in Sub-Saharan Africa that conducted a Rapid Assessment Analysis Action Planning (RAAAP) exercise with the support of UNICEF, USAID and UNAIDS in 2004. In addition, the government embarked on a 5-years National Plan of Action (NPA) (from 2006 – 2010) on OVC to provide framework for elevating the responses to OVC, and build on previous and existing experiences to reach more children with basic services on sustainable basis. The process of developing the national plan of action commenced with the completion of RAAAP process to collect valuable information to provide the basis for action.

The federal government of Nigeria has taken a number of initiatives to address OVC needs. In February 2004, a national conference on OVC was held after the child right Act had been passed by the National Assembly in 2003. A country team was also constituted to coordinate the responses to OVC and a development of a national information kit. With technical support provided by USAID, UNICEF, UNAIDS, NACA, World Bank and Ministry of Women Affairs, a Rapid Assessment, Analysis and Action Planning process (RAAAP) was undertaken. In all 47 communities were surveyed across the country and findings show that health, education, financial support and psychosocial needs are crucial for OVC survival. It was noted that these
services are being scantly provided by some faith based organizations, CBOS and NGOs without any proper coordination. Other national programmes like UBE also address OVC needs but only in general terms.

The federal government of Nigeria describes the responsibilities of different role players and levels of government as follows:

- The Federal Government of Nigeria shall enact, disseminate and enforce legislation focused on protecting the rights of OVC as citizens of Nigeria, especially as regards their access to basic housing, education, healthcare, food and clothing.
- The Federal Government of Nigeria shall enact, disseminate and enforce legislation focused on protecting inheritance and property rights of OVC, and
- The three tiers of the government of Nigeria shall facilitate private organizations, communities and families for organizational, community and family-based OVC support initiatives.

Despite the government at all levels, the future of the government to address the problem could be attributed to many factors including alien social welfare policy mocked after advanced countries, which are not compatible with the people’s culture. In addition, the top-down approach to the issue discourages the public from participating and cooperating with some of the strategies. I therefore, argue that government efforts alone cannot solve the problem without some positive collective responses from the general public. This can be geared through the activities of non-governmental organizations that are part of the communities in which the children live.
2.5 **A Reflection of Social Work Services to OVC**

Social work is a helping profession philosophy, social workers endeavour to meet basic survival needs and higher order of self-actualization needs of their clients. In their practice and interventions, they gave priority to personal and social values, optimal social functional, self-actualization, the dignity and worth of individual, social justice, equity, community social responsibility and social welfare.

The above attributes of social work profession make its practitioners core service procedures in the global fight for OVC. OVC often are associated with stigma and discrimination that deprive them of their humanness. As human persons, they need to satisfy their physical and survival needs. They need food, shelter and clothes. They lack confidence in themselves, one of their problems is poor self-image. These problems are an off-shoot of not being able to actualize their physiological or survival needs. Abrahim Maslow observed that gratification of needs of each level of needs starting with lowest, frees a person for higher level of gratification. Those persons in whom a need has been satisfied are most equipped to deal with deprivation of that need in the future. He went on to say that, “the healthy person is the one whose basic needs have been met so that he/she is principally motivated by his/her need to actualize his/her highest potentialities”.

In the fight for OVC, everybody’s contributions are needed, which is to say everybody has a role to play. We acknowledge the role of the extended family, the local community and the government to provide the necessary help especially in the case of vulnerable children and AIDS orphans who are
steadily increasing in number. Thus, social workers within knowledge base and experiences will carry out their roles of teachers, brokers, advocates, catalysis, activists, enablers, facilitators, conveners, planners, trainers and outreach role in OVC awareness and working closely with them. Furthermore, OVC awareness and care need different roles of different service providers such as social workers, psychologists, therapists, counsellors. Social workers as core service providers are well experienced in interdisciplinary approaches should coordinate their team roles that offer promise and hope in response for the OVC.

Today, the traumatic impact of OVC has touched every stratum of the world communities including social work concern. It is no longer the problem of poor people or developing nations while calls for social work intervention that deals with human system at all levels, to promote and support normal social functioning within their environment.

Whatever setting social workers find themselves in when encountering with OVC, ideally they should approach these children with the appropriate skills, attitudes, values, and knowledge to adequately address their needs. Social workers need to know about the social issues unique to OVC. Building a knowledge base regarding OVC, requires empowerment. Traditional social work practice respects OVC rights to informed consent, confidentiality, non-judgemental attitude, self determination, acceptance and so on. Thus in regards to OVC issues, the Nigeria social workers need to keep in mind that the mechanisms for overcoming powerlessness and oppression are defined by
the client themselves and that the discovery of those mechanisms often occur within a group content (Qutiarez, 1990).

The process of value clarification within a professional peer support network on help social workers to be more nurturing and more emotionally available to OVC. When it comes to values and ethical issue, I feel that Nigerian social workers will try to avoid the wholesome adoptive of western social work style and practice. Jackson (1990), commenting on the findings and recommendations of CASSW report AIDS and social work training in Canada noted, we are concerned to avoid the uncritical wholesome adoption of Western social work culture and practice. The actual range of concerns for us would vary, with less focus on minority and disenfranchised groups, for example (one different from those identified in Canada and developed nations in general) and overtime more focus on social economic implications of AIDS/OVC, although she continues, this has not yet been effectively developed. Social work education in developing countries has been increasing concerned with developmental, as opposed to remedial issues and with avoiding the uncritical adoption of western social work values, principles and practice methods. We also face the imperative of bringing in many community organizations as possible both to educate and support people within them and utilize them as change agents. The few qualified social workers, psychologists and trained counsellors need to have very much a facilitating, training, motivating and mobilizing role. In order to do this, they first need to be very educated on OVC/AIDS and its implications themselves.
The social workers in their daily practice, must use series of measures to fight for OVC. The best intervention activity is to create awareness and care through well-planned, systematic and detailed awareness programmes.
3.1 Implication of the Study for the Social Work

Identification and targeting of most vulnerable children should involve both social worker, local decision-making at the community level to determine the factors that contribute to child’s vulnerability and children and households who are at greatest risk. Social workers intervention in the problem of OVC early enough speedily and adequately as possible without inadvertently undermining the coping capacities of the children, their households and communities should reduce vulnerability. Orphans and vulnerable children constitute a serious problem to development. It needs social workers’ contributions and it is not an over-statement to say that there will be no successful or orphanhood and vulnerability prevention without the intervention of social workers. Social workers are needed to enlighten people about many factors such as poverty and conflict in addition to HIV as a major contributor that makes children and their households vulnerable. However, no single factor has increased the number of vulnerable children and families unprecedented numbers as HIV. Qualified social workers are available to guide them in identifying their area of strengths, weaknesses and interests.

Finally, social work has been described as the profession that helps society work better for people and help function better within society. Professional social workers should be employed in order to build up collaboration of the various agencies, and they act as advocates and educators. All children, especially orphans and vulnerable children are
exposed to health risk from factors. They face deprivation and poor access to the basic services that promote and maintain health. Within the support of social worker on OVC, services can be easily accessed and effectively towards the targeted population.

3.2 Conclusion

The whole study as shown the general state of being or conditions of orphans and vulnerable children in Enugu State. The conditions are deplorable and therefore the children are exposed to neglect, violence, exploitation and all forms of abuse. The major cause of the OVC’s condition is a conflict between maternal and paternal relatives of the children: either separated, divorced, paternal orphaned, maternal orphaned or disruption in the extended family structure. The study indicated that the phenomenon of OVC’s vulnerability is increasing due to many factors including poverty, population explosion, illiteracy, a general breakdown in family values and HIV.

The study also indicates that it is worthy to acknowledge and emphasize that the NGOs adopt a very vital strategy for intervention by identifying relatives of the children on the one hand, and their relatives as well as society on the other. In other words, the NGOs network not only with the children but with the families that should be proving primary socialization to the children. Furthermore, the study shows that the intervention of NGOs in assisting the OVC is not only necessary but also an indication of societal positive response to the situation. The participation of NGOs has greatly and positively impacted the lives of the target groups. The materials, procedures and strategies for
intervention utilize the available human and material resources to touch the lives of the under-privileged members of the society, specifically orphans and vulnerable children. Nevertheless that does not mean that the problems associated with OVC in the area are eradicated. This could be the factors already discussed including increase in population, cultural practices, unemployment …. On a whole, government’s failure to provide comprehensive and realistic community-oriented framework for the OVC is a major hindrance to addressing problems of OVC in Enugu and Nigeria cities.

In addition, from the discussion made so far, it is imperative that social workers involvement is needed in ameliorating the problems of the orphan and vulnerable children in Enugu.

Finally, for the lives of the most vulnerable children in Nigeria to be drastically changed in the coming years, there is need for all sectors to come together in a coordinated response. Key stakeholders and implementing partners are to be coordinated by the government at Federal, State and Local Government Area (LGA) levels. Other key players include NGOs, social workers, private sector and media.

3.3 **Recommendations**

Based on the findings of this study, the following recommendations are made:

1. Government, NGOs and social workers to raise awareness of orphan and vulnerable children at all levels through advocacy and social
mobilization. Both civil society and media attention to spread informed messages about orphans and vulnerable children.

2. Government, NGOs and social workers to strengthen the capacity of families and communities to support, protect and care for orphan and vulnerable children. The government has to create favourable atmosphere for the parents or relatives to provide welfare for the OVC. It is therefore, a responsibility to be shared among the families, community and the government.

3. Government, NGOs and social workers to increase the access of vulnerable children to essential services (health, education, nutrition, medical, shelter and psycho-social).

4. Government, NGOs and social workers to enhance the capacity of orphan vulnerable children, especially adolescents, to participate in the process of meeting their own needs.

5. Government to build capacity of stakeholders at all levels to coordinate, plan and leverage resources for most vulnerable children’s programmes.

6. Prioritizing the alleviation of poverty by Government and NGOs with a particular emphasis on fighting poverty from child’s perspective.

7. Government to ensure the involvement of trained social workers in the affairs of orphans and vulnerable children’s cases in the society.
References


